

BUREAU OF JUSTICE ASSISTANCE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) PERFORMANCE MEASURES

The following pages outline general questions and performance measures for the Bureau of Justice Assistance (BJA) *Prescription Drug Monitoring Program (PDMP)*.

Performance measures are reported in two formats: quantitative (numeric) and qualitative (narrative). The quantitative data are entered in the BJA Performance Measurement Tool (PMT) for each quarterly activity period, referred to as a reporting period. The qualitative data consist of seven open-ended questions reported in January and July of each calendar year and at the close of a grant based on activities that occurred during the previous 6-month period.

In addition, in January and July of each calendar year and at the close of a grant, you are responsible for creating the *GMS or Final Report* from the PMT that you must upload into the Grants Management System (GMS). The PMT will automatically create a *Final Report* based on the grant project period end date. During the nonsubmission periods, you are encouraged to create this report for your records.

Data entry and reporting in the PMT occurs quarterly or every 3-months, with a 30-day submission period following the close of the reporting period.

If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>.

Your response to the questions that follow must be entered in the PMT located at <https://bjapmt.ojp.gov>. If you have any questions about the PMT or performance measures, please call the BJA Performance Tools Help Desk at 1-888/252-6867, or send an e-mail to bjapmt@usdoj.gov.

You will be asked to enter information depending on the type of grant you were awarded, Category 1 and 2, or Category 3.

For this report, it is not necessary to separate your activities by funding source. You should report the results that were made possible by the total funds made available to your PDMP program (both BJA and non-BJA).

These measures ask about a range of activities. Please answer all relevant questions, even if it means reporting grant activity that you may not have proposed in your grant application.

GENERAL AWARD INFORMATION

1. Was there grant **activity** during the reporting period?

There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the BJA-approved grant application. By selecting "yes," the program becomes "Operational" and should remain so until the grant closes out.

- A. Yes
- B. No
- C. If no, please explain

2. In which agency or organization type is the PDMP located?

- A. Health Department
- B. Substance Abuse Agency
- C. Board of Pharmacy
- D. Law Enforcement Agency
- E. Other
- F. If other, please explain _____

PROGRAM CATEGORY

Program Category
Category 1 or 2: Implementation and Enhancement PDMP Data Sharing Grants
Category 3: Data-Driven Multidisciplinary Approaches to Reduce Prescription Drug Abuse Grants
Please provide an explanation of grant activities: _____

MEASURES FOR CATEGORY 1 AND 2 PDMP GRANTS

The next series of questions asks about the number of individuals licensed to prescribe or dispense controlled substances in your state, and the number of investigators authorized to access the PDMP system to conduct law enforcement or regulatory investigations. For these questions, you should report the number of people who are licensed or authorized *as of the last day of the reporting period*. For questions about training, you should report the total (cumulative) number trained to use the PDMP system from the date the system became operational *to the last day of the reporting period*. For questions about system access, you should only report the number of people who accessed the system at least once *during the 3-month reporting period*. This should be the number of unique visitors during the reporting period, not the number of times the system was accessed.

Prescribers are individual practitioners authorized to prescribe controlled substances in the jurisdiction of their practice.

Pharmacists are individuals licensed to dispense controlled substances. The term refers to a person, not groups or companies such as retail pharmacies.

Formal training is usually provided in person and involves the use of some form of structured presentation. While formal training often occurs in a classroom setting, it may also take place at a doctor's office, at a hospital, or at some other kind of facility. Formal training may also include Web-based training if such training requires enrollment, follows a well-defined curriculum, and provides some form of certification indicating that the training has been completed successfully.

Informal training ordinarily involves the provision of informational materials by mail or e-mail. Informational materials may also be provided at professional conferences or trade shows. Downloading materials on the operation of a PDMP system is considered an informal training event and may be counted as such.

PDMP System Training for Licensed Prescribers

1. How many individuals are licensed in your state to prescribe controlled substances?

Report the total number of licensed prescribers as of the last day of the reporting period.

A. Number of prescribers _____

2. How many licensed prescribers have been *formally trained* to use the PDMP system (e.g., in a classroom setting)?

Report the cumulative number of prescribers trained since the PDMP program became operational. Include all prescribers who were licensed at the time of training, regardless of their licensure status on the last day of the reporting period.

A. Number of prescribers _____

3. How many licensed prescribers have been *informally trained* to use the PDMP system (e.g., through information found in professional publications or online)?

Report the cumulative number of prescribers trained since the PDMP program became operational. Include all prescribers who were licensed at the time of training, regardless of their licensure status on the last day of the reporting period.

A. Number of prescribers _____

PDMP System Training for Licensed Pharmacists

4. How many pharmacists are licensed to dispense controlled substances in your state?
Report the total number of licensed pharmacists on the last day of the reporting period.
A. Number of pharmacists _____
5. How many pharmacists licensed in your state have been *formally* trained to use the PDMP system (e.g., in a classroom setting)?
Report the cumulative number of pharmacists trained since the PDMP program became operational. Include all pharmacists who were licensed at the time of training, regardless of their licensure status on the last day of the reporting period.
A. Number of pharmacists _____
6. How many pharmacists licensed in your state have been *informally* trained to use the PDMP system (e.g., through information found in professional publications or online)?
Report the cumulative number of pharmacists trained since the PDMP program became operational. Include all pharmacists who were licensed at the time of training, regardless of their licensure status on the last day of the reporting period.
A. Number of pharmacists _____

PDMP System Training for Authorized Investigators

7. How many investigators are authorized to use the PDMP system to conduct investigations for law enforcement or regulatory purposes?
Report the total number of authorized investigators as of the last day of the reporting period.
A. Number of investigators _____
8. How many of the investigators authorized to use the PDMP system have been *formally* trained to use the PDMP system (e.g., in a classroom setting)?
Report the cumulative number of investigators trained since the PDMP program became operational. Include all investigators authorized to use the system at the time of training, regardless of their status on the last day of the reporting period.
A. Number of investigators _____
9. How many of the investigators authorized to use the PDMP system have been *informally* trained to use the PDMP system (e.g., through information found in professional publications or online)?
Report the cumulative number of investigators trained since the PDMP program became operational. Include all investigators authorized to use the system at the time of training, regardless of their status on the last day of the reporting period.
A. Number of investigators _____

Pharmacy Compliance with PDMP Reporting Requirements

10. How many pharmacies are required to report in the PDMP system?
Report the number of pharmacies that were required to report to the PDMP system as of the last day of the reporting period.
A. Number of pharmacies _____
11. How many pharmacies reported to the PDMP at least once during the 3-month reporting period?
Report the number of pharmacies that accessed the PDMP system and submitted at least one report during the 3-month reporting period.
A. Number of pharmacies _____

Number of Registered Users

12. How many prescribers are *registered* to use the PDMP system?

A. Number of prescribers _____

13. How many pharmacists are *registered* to use the PDMP system?

A. Number of pharmacists _____

Law Enforcement and Regulatory Agency Access

14. How many authorized investigators *accessed* the PDMP during the 3-month reporting period?

A. Number of investigators _____

15. How many regulatory agencies *accessed* the PDMP at least once during the 3-month reporting period?

A. Number of regulatory agencies _____

DISPENSING INFORMATION: ALL SCHEDULES (3 MONTHS)

Distribution of Painkillers Greater than 100-mg Morphine Equivalent

16. During the 3-month reporting period, how many adults received prescriptions for painkillers with a morphine equivalent greater than 100 mg per day?
17. During the 3-month reporting period, how many youth received prescriptions for painkillers with a morphine equivalent greater than 100 mg per day?
18. How many patients filled prescriptions for scheduled medication during the 3-month reporting period?

Number of Patients Filling Prescriptions during the Reporting Period (3 Months)		
Schedule of Medication Filled		Number of Patients
A	Schedule II	
B	Schedule II and/or III	
C	Schedule II, III, and/or IV	

19. How many doses were dispensed during the 3-month reporting period?

Number of Doses Dispensed during the Reporting Period (3 Months)					
Schedule of Medication Filled		Pain Relievers	Tranquilizers	Stimulants	Sedatives
A	Schedule II				
B	Schedule III				
C	Schedule IV				

EXCEEDING 3-MONTH THRESHOLDS: SCHEDULE II

This section asks about patients who fill Schedule II drugs from multiple prescribers at multiple pharmacies over the course of the reporting period (3 months). Later you will be asked to answer these questions using a 6-month time frame. The first question asks for the number of *patients* exceeding the stated thresholds, and the second asks for the number of *doses* given to those patients. When answering these questions, you should use the 3 months immediately before *the last day of the reporting period*.

Threshold A: Filling Schedule II drug prescriptions from 5 or more prescribers at 5 or more pharmacies within 3 months

Threshold B: Filling Schedule II drug prescriptions from 10 or more prescribers at 10 or more pharmacies within 3 months

Number of Patients Exceeding 3-Month Thresholds

20. During the 3 months before the last day of the reporting period, how many patients exceeded thresholds A and B?

Number of Patients Exceeding Thresholds for Schedule II Drugs in 3 Months		
	Threshold A: 5+ Prescribers and 5+ Pharmacies in 3 Months	Threshold B: 10+ Prescribers and 10+ Pharmacies in 3 Months
Number of patients exceeding the thresholds for Schedule II drugs in the 3 months before the last day of the reporting period		

Number of Doses Dispensed to Patients Exceeding Thresholds in 3 Months

21. During the 3 months before the last day of the reporting period, how many nonliquid doses of Schedule II prescription drugs were dispensed to patients exceeding thresholds A and B?

Number of Doses of Schedule II Drugs Dispensed to Patients Exceeding Thresholds in 3 Months		
Schedule of Medication Filled	Threshold A: 5+ Prescribers and 5+ Pharmacies	Threshold B: 10+ Prescribers and 10+ Pharmacies
A Pain Relievers		
B Tranquilizers		
C Stimulants		
D Sedatives		
E All Schedule II Drugs		

EXCEEDING 3-MONTH THRESHOLDS: SCHEDULE II AND/OR III

This section asks about patients who fill Schedule II and/or III drugs from multiple prescribers at multiple pharmacies over the course of the reporting period (3 months). Later you will be asked to answer these questions using a 6-month time frame. The first question asks for the number of *patients* exceeding the stated thresholds, and the second asks for the number of *doses* given to those patients. When answering these questions, you should use the 3 months immediately before the last day of the reporting period.

Threshold A: Filling Schedule II and/or III drug prescriptions from 5 or more prescribers at 5 or more pharmacies within 3 months

Threshold B: Filling Schedule II and/or III drug prescriptions from 10 or more prescribers at 10 or more pharmacies within 3 months

Number of Patients Exceeding 3-Month Thresholds

22. During the 3 months before the last day of the reporting period, how many patients exceeded thresholds A and B?

Number of Patients Exceeding Thresholds for Schedule II and/or III Drugs in 3 Months		
	Threshold A: 5+ Prescribers and 5+ Pharmacies in 3 Months	Threshold B: 10+ Prescribers and 10+ Pharmacies in 3 Months
Number of patients exceeding the thresholds for Schedule II and/or III drugs in the 3 months before last day of the reporting period		

Number of Doses Dispensed to Patients Exceeding Thresholds in 3 Months

23. During the 3 months before the last day of the reporting period, how many nonliquid doses of Schedule II and/or III prescription drugs were dispensed to patients exceeding thresholds A and B?

Number of Doses of Schedule II and/or III Drugs Dispensed to Patients Exceeding Thresholds in 3 Months		
Schedule of Medication Filled	Threshold A: 5+ Prescribers and 5+ Pharmacies	Threshold B: 10+ Prescribers and 10+ Pharmacies
A Pain Relievers		
B Tranquilizers		
C Stimulants		
D Sedatives		
E All Schedule II and/or III Drugs		

EXCEEDING 3-MONTH THRESHOLDS: SCHEDULE II, III, AND/OR IV

This section asks about patients who fill Schedule II, III, and/or IV drugs from multiple prescribers at multiple pharmacies over the course of the reporting period (3 months). Later you will be asked to answer these questions using a 6-month time frame. The first question asks for the number of *patients* exceeding the stated thresholds, and the second asks for the number of *doses* given to those patients. When answering these questions, you should use the 3 months immediately before *the last day of the reporting period*.

Threshold A: Filling Schedule II, III, and/or IV drug prescriptions from 5 or more prescribers at 5 or more pharmacies within 3 months

Threshold B: Filling Schedule II, III, and/or IV drug prescriptions from 10 or more prescribers at 10 or more pharmacies within 3 months

Number of Patients Exceeding 3-Month Thresholds

24. How many patients exceeded thresholds A and B?

Number of Patients Exceeding Thresholds for Schedule II, III, and/or IV Drugs in 3 Months		
	Threshold A: 5+ Prescribers and 5+ Pharmacies in 3 Months	Threshold B: 10+ Prescribers and 10+ Pharmacies in 3 Months
Number of patients exceeding the thresholds for Schedule II, III, and/or IV drugs in the 3 months before the last day of the reporting period		

Number of Doses Dispensed to Patients Exceeding Thresholds in 3 Months

25. How many nonliquid doses of Schedule II, III, and/or IV prescription drugs were dispensed to patients exceeding thresholds A and B?

Number of Doses of Schedule II, III, and/or IV Drugs Dispensed to Patients Exceeding Thresholds in 3 Months		
Schedule of Medication Filled	Threshold A: 5+ Prescribers and 5+ Pharmacies	Threshold B: 10+ Prescribers and 10+ Pharmacies
A Pain Relievers		
B Tranquilizers		
C Stimulants		
D Sedatives		
E All Schedule II, III, and/or IV Drugs		

PDMP REPORTING

Number of PDMP Reports Produced

26. How many reports did your system produce during the 3-month reporting period?

Please enter "n/a" where you do not have data to report. You must enter a value in each box before the system will let you proceed.

Type of User	Intrastate Reports		Interstate Reports			
	Number of Solicited Reports to End Users In State	Number of Unsolicited Reports to End Users In State	Number of Solicited Reports to End Users In Another State	Number of Unsolicited Reports to End Users In Another State	Number of Solicited Reports to Another PDMP for End User In Another State	Number of Unsolicited Reports to Another PDMP for End User In Another State
A. Prescribers						
B. Pharmacies/ Pharmacists						
C. Law Enforcement						
D. Regulatory Agencies						
E. Patients						
F. Researchers						
G. Medical Examiners/ Coroners						
H. Drug Treatment Programs						
I. Drug Court Judges						
J. Others (please describe below)						
K. Total Number of Reports						

Note: Solicited Reports are reports provided by a PDMP in response to a request from an end user or another PDMP (i.e., requests fulfilled). Unsolicited Reports are reports proactively created by a PDMP and forwarded to an end user or another PDMP.

27. Please describe other users to whom reports were sent.

MEASURES FOR CATEGORY 3 PDMP GRANTS

The next series of questions asks about data-driven multidisciplinary approaches to reducing prescription drug abuse. These questions include five categories: baseline measures, the formation and enhancement of multidisciplinary action groups, data collection, sharing, and analysis, data-driven responses at the local level, and prescription drug diversion and abuse reduction.

Baseline Measures

This information is collected once during the first operational reporting period and will be used to track progress and assess the specific goals of your grant-funded project. Answers to these baseline questions should reflect the status of the area being served before conducting any grant activities (i.e., business as usual before BJA program funds).

28. Is a specific goal of your grant-funded project to expand the use of PDMPs?
A. Yes/No
29. How many individuals are licensed prescribers and pharmacists in your state or target area?
Report the total number of licensed prescribers and pharmacists as of the last day of the reporting period.
A. Number of prescribers _____
B. Number of pharmacists _____
C. Please explain the population reported _____
30. How many prescribers and pharmacists are *registered* to use the PDMP system? _____
A. Number of registered prescribers _____
B. Number of registered pharmacists _____
31. Is a specific goal of your grant-funded project to enhance the capacity of PDMPs to analyze data to identify trends, etc.?
A. Yes/No
32. Is a specific goal of your grant-funded project to use a variety of data sources to enhance your understanding of drug use trends in your service area and identify gaps in existing services?
A. Yes/No
33. If yes, please select the data sources you were using to track outcomes in your target area during the year before the start of the grant. (Check all that apply.)
A. PDMP data
B. Overdose death data
C. Overdose data (non-fatal)
D. Qualitative data (e.g., survey data, focus groups)
E. Hospital admissions
F. Drug Take Back program data
G. Criminal history data
H. Poison control data
I. Prosecutor/court data

- J. Medical examiners/coroners
- K. Emergency room data
- L. TEDS data
- M. Jail booking data
- N. Pharmaceutical distribution (e.g., Automation of Reports and Consolidated Orders System [ARCOS])
- O. Drug treatment/admission data
- P. Medicaid data
- Q. Motor vehicle data (e.g., traffic accidents)
- R. Neo-natal abstinence syndrome data
- S. Child protective services data
- T. High Intensity Drug Trafficking Areas (HIDTA)/drug task force data
- U. Arrest data
- V. U.S. Department of Veterans Affairs data
- W. Other
- X. If other, please explain _____

34. Is a specific goal of your grant-funded project to increase engagement in substance abuse treatment?

- A. Yes/No
- B. If yes, the year before the start of the grant, what was the number of prescription drug treatment admissions in the target area? *For example, if your grant starts October 1, 2014, you should report for Calendar Year (CY) 2013. Target area is defined as the city, county, or jurisdiction in which you are carrying out prescription drug-related activities.* _____
- C. If you entered a value of zero, please note whether you have access to prescription drug treatment admissions data.
Yes/No

35. Is a specific goal of your grant-funded project to conduct prescriber/dispenser education?

- A. Yes/No

36. Is a specific goal of your grant-funded project to strengthen multidisciplinary collaborative efforts to address prescription drug and opiate abuse? *Collaborative efforts include the formation of multidisciplinary action groups consisting of county, state, and Federal criminal justice professionals; state and local health authorities; and treatment providers. These efforts can include serving multiple localities with or without their own multidisciplinary action group.*

- A. Yes/No
- B. If yes, during the year before the start of the grant, did you have an existing multidisciplinary workgroup in existence to address prescription drug and opiate abuse in the target area? *For example, if your grant starts October 1, 2014, you should report for Calendar Year (CY) 2013. Target area is defined as the city, county, or jurisdiction in which you are carrying out prescription drug-related activities.*
Yes/No

37. Is a specific goal of your grant-funded project to strengthen the capacity of law enforcement to investigate prescription fraud/aberrant prescribing behavior?

- A. Yes/No

Formation and Enhancement of Multidisciplinary Action Groups

38. Do you have at least one multidisciplinary action group that provides oversight and guidance on grant activities?
- Yes/No
 - If no, are you currently forming a multidisciplinary action group? Yes/No
39. Please enter the number of organizations included in the multidisciplinary action group according to the organization types listed below. (List each participating organization once in one of the fields below)
- PDMPs _____
 - Law enforcement (e.g., local law enforcement, state law enforcement, Sheriff's Department, etc.) _____
 - Probation/Parole Department _____
 - Jail/Detention Center _____
 - District Attorney/Prosecutor's Office _____
 - Health care professionals (doctors, nurses, dentists, veterinarians) _____
 - Health Department _____
 - Hospitals _____
 - Pharmacies/Pharmacists _____
 - Medicaid investigators/oversight agencies _____
 - Health insurance providers _____
 - Worker's Compensation _____
 - Epidemiologists _____
 - Poison control centers _____
 - Media _____
 - U.S. Department of Veterans Affairs _____
 - Business community _____
 - Drug testing companies _____
 - Substance abuse treatment providers (e.g., mental health provider/agency, substance abuse treatment provider/agency) _____
 - Drug prevention groups/agencies _____
 - Community advocacy groups _____
 - Drug courts and other problem-solving courts _____
 - Educational organizations (includes public schools, private schools, colleges, and educational boards or departments) _____
 - Community/Civic Leaders _____
 - Researchers (University based) _____
 - Researchers (non-Universities) _____
 - AA. Other _____
 - BB. If other, please describe _____
40. Did your multidisciplinary action group hold any meetings during the reporting period?
- Yes/No
 - If yes, identify the number of meetings held _____

Data Collection, Sharing, and Analysis

41. Did you collect or provide data involving prescription drug diversion or abuse during the reporting period?
- A. Yes/No
42. If yes, please select the data sources used for data collection. (Check all that apply.)
- A. PDMP data
 - B. Overdose death data
 - C. Overdose data (non-fatal)
 - D. Qualitative data about drug use patterns (e.g., survey data, focus groups)
 - E. Hospital admissions data
 - F. Drug Take Back program data
 - G. Criminal history data
 - H. Poison control data
 - I. Prosecutor/court data
 - J. Medical examiners/coroners
 - K. Emergency department data
 - L. Substance Abuse and Mental Health Services Administration (SAMHSA)
 - M. Jail booking data
 - N. Pharmaceutical distribution (e.g., Automation of Reports and Consolidated Orders System [ARCOS])
 - O. Drug treatment/admission data
 - P. Medicaid data
 - Q. Motor vehicle data (e.g., traffic accidents)
 - R. Neo-natal abstinence syndrome data
 - S. Child protective service data
 - T. High Intensity Drug Trafficking Areas (HIDTA)/drug task force data
 - U. Arrest data
 - V. U.S. Department of Veterans Affairs data
 - W. Other
 - X. If other, please explain _____
43. If yes, how was information exchanged? (Check all that apply.)
- A. Manually
 - B. Electronically
44. Did you develop any data sharing agreements during the reporting period?
- A. Yes/No
- B. If yes, please enter the number of data sharing agreements developed _____
45. Have there been any legislative changes in your target area that have affected your data collection, sharing, and analysis activities during the reporting period? *Target area is defined as the city, county, or jurisdiction in which you are carrying out prescription drug–related activities.*
- A. Yes/No
- B. If yes, please describe the legislative changes _____

46. Did you conduct any data analysis during the reporting period?
- A. Yes/No
 - B. If yes, please describe how the data were analyzed _____
47. Did you identify any gaps in your analyses during the reporting period?
- A. Yes/No
 - B. If yes, please describe the gaps identified _____
48. Did you identify any hotspots as a result of any analyses done during the reporting period? *Hotspots include areas of significant prescription drug diversion or abuse activity.*
- A. Yes/No
 - B. If yes, please describe the hotspots identified _____
49. Are there any data you need access to that you cannot currently access? If yes, please select the data you need access to. (Check all that apply.)
- A. PDMP data
 - B. Overdose death data
 - C. Overdose data (non-fatal)
 - D. Qualitative data about drug use patterns (e.g., survey data, focus groups)
 - E. Hospital admissions data
 - F. Drug Take Back program data
 - G. Criminal history data
 - H. Poison control data
 - I. Prosecutor/court data
 - J. Medical examiners/coroners
 - K. Emergency department data
 - L. Substance Abuse and Mental Health Services Administration (SAMHSA)
 - M. Jail booking data
 - N. Pharmaceutical distribution (e.g., Automation of Reports and Consolidated Orders System [ARCOS])
 - O. Drug treatment/admission data
 - P. Medicaid drug data
 - Q. Utilization reviews
 - R. Motor vehicle data (e.g., traffic accidents)
 - S. Neo-natal abstinence syndrome data
 - T. Child protective service data
 - U. High Intensity Drug Trafficking Areas (HIDTA)/drug task force data
 - V. Arrest data
 - W. U.S. Department of Veterans Affairs data
 - X. Other
 - Y. If other, please explain _____
50. What are the obstacles/reasons why you cannot access the data indicated above? (Check all that apply.)
- A. State regulations/laws/rules
 - B. Federal privacy rules

- C. Insufficient staffing to pull the data
- D. Insufficient staffing to analyze the data
- E. Data are not currently collected in a way that they can be analyzed
- F. Other
- G. If other, please explain _____

Data Driven Responses

51. Did you create or update any *policies or standard operating procedures* during the reporting period in response to data collected, shared, or analyzed?
- A. Yes/No
 - B. If yes, please describe the policies or standard operating procedures that have been created or updated _____
52. Did you develop any *educational or training materials* during the reporting period in response to data collected, shared, or analyzed?
- A. Yes/No
53. If yes, what types of *educational or training materials* were developed during the reporting period? (Check all that apply.)
- A. Curriculum
 - B. Technical assistance manual
 - C. Prescriber guidelines/recommendations
 - D. Dispensing guidelines/recommendations
 - E. Community resource guide
 - F. Brochures, pamphlets, and posters
 - G. Presentations (e.g., PowerPoints)
 - H. Electronic newsletters
 - I. Websites
 - J. Web-based presentations and electronic media (e.g., Webinars or YouTube videos)
 - K. Other
 - L. If other, please explain _____
54. If yes, who was the target audience for the educational or training materials? (Check all that apply.)
- A. Parents
 - B. Youth
 - C. Community/citizens
 - D. PDMPs
 - E. Criminal justice population
 - F. Medical professionals/health organizations
 - G. Pharmacies/pharmacists
 - H. Substance abuse treatment community
 - I. Law enforcement
 - J. Probation and parole
 - K. Courts
 - L. Prevention community

- M. Business community
- N. Educators
- O. Other
- P. If other, please explain _____

55. What types of media were used to disseminate *educational information* during the reporting period?
(Check all that apply.)

- A. Listserv/targeted distribution list
- B. Radio (advertisements or program specials)
- C. Television advertisement (commercial or public service announcement [PSA])
- D. Newspaper (article [op-ed] or advertisement)
- E. Social media (e.g., Facebook, Twitter)
- F. Letters
- G. Other
- H. If other, please specify _____

56. Did you host any training, education or outreach events in the reporting period?

- A. Yes/No

57. If yes, who was the target audience for your training, education or outreach events in the reporting period? (Check all that apply.)

- A. Parents
- B. Youth
- C. Community/citizens
- D. PDMPs
- E. Criminal justice population
- F. Medical professionals/health organizations
- G. Pharmacies/pharmacists
- H. Substance abuse treatment community
- I. Law enforcement
- J. Probation and parole
- K. Courts
- L. Prevention community
- M. Business community
- N. Educators
- O. Other
- P. If other, please explain _____

58. How many people attended the training, education, or outreach events held during the reporting period?

59. What are the outcomes expected from the training, education, or outreach events held during the reporting period? (Check all that apply.)

- A. Increase in the number of prescribers registered to use the state PDMP
- B. Increased utilization of PDMP data

- C. Increased community awareness about prescription drug and opiate abuse
- D. Improved access to substance abuse treatment
- E. Enhanced working relationships across disciplines
- F. Other
- G. If other, please explain _____

Prescription Drug Diversion and Abuse Reduction Closeout Measures

The next set of questions is about prescription drug diversion and abuse reduction. **This section is to be completed at the close of the Category 3 grant.**

60. For programs that had the goal of increasing treatment access, what was the number of prescription drug treatment admissions at the close of the grant? _____
61. For programs that had the goal of increasing PDMP registration
- A. How many individuals were licensed **prescribers** in your state or target area at the close of the grant? _____
 - B. How many individuals were **pharmacists** in your state or target area at the close of the grant?

 - C. How many **prescribers** were registered to use the PDMP system at the close of the grant?

 - D. How many **pharmacists** were registered to use the PDMP system at the close of the grant?

OJP NARRATIVE QUESTIONS

The following questions must be answered in January and July of each calendar year and at the close of the grant. Please answer based on your experience for the last 6-month period. You can use up to 5,000 characters for each of your responses.

1. What were your accomplishments within this reporting period?

2. What goals were accomplished, as they relate to your grant application?

3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

4. Is there any assistance that BJA can provide to address any problems/barriers identified in question #3 above?

- A. Yes (Please explain)
- B. No

5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application?

- A. Yes
- B. No (Please explain)

6. What major activities are planned for the next 6 months?

7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

THANK YOU FOR PARTICIPATING!