



# Gulf Coast HIDTA Initiative On-Site Review

**Initiative:**

**Supervisor:**

**Lead Agency:**

**Reviewer:**

**Date:**

**Time:**

**Approved Level:**

**Present Level:**

**Number of Full-Time Personnel:**

**Number of Part-Time Personnel:**

Does the number of full-time personnel agree with the approved initiative submission?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain discrepancies:

## *INTERVIEW*

|  | Count | Yes/No | Comments |
|--|-------|--------|----------|
| 1. Co-located?   |       |        |          |
| 2. Commingled?   |       |        |          |
| 3. How many active HIDTA cases?                                  |       |        |          |
| 4. How many active DTO cases?                                    |       |        |          |
| 5. How many OCDETF cases?  |       |        |          |
| 6. Are full-timers actually full-time?                           |       |        |          |
| 7. Are agencies meeting commitments?                             |       |        |          |
| 8. Contractors?  |       |        |          |
| 9. Non-HIDTA grants?   |       |        |          |
| 10. Any problems with lead agency concept?                       |       |        |          |
| 11. Relationship with participating agencies?                    |       |        |          |
| 12. Does supervisor understand PMP?                              |       |        |          |
| 13. Is supervisor familiar with HIDTA SOP and Supervisor Manual? |       |        |          |
| 14. Any new drug trends observed?                                |       |        |          |

|  | Count      | Yes/No         | Comments        |
|--|------------|----------------|-----------------|
| 15. Review expected outputs for calendar year  |            |                |                 |
| 16. Are outputs likely to produce specific outcomes?   |            |                |                 |
| 17. Is the initiative working within its focus and scope as described in its <i>Expectations</i> ? |            |                |                 |
| 18. Notification of significant investigations/seizures/arrests?                                   |            |                |                 |
| 19. Track seizures (drugs, assets, etc.)   |            |                |                 |
| 20. Overtime controls or certifications?   |            |                |                 |
| 21. Review budget to date - spending money appropriately?  |            |                |                 |
| 22. SAFETNet participation/support?  |            |                |                 |
| 23. Does Initiative/County continue to meet statutory criteria for inclusion in the program.       |            |                |                 |
| 24. Rate the facilities:   | Poor _____ | Adequate _____ | Excellent _____ |
| 25. Rate quarterly report:   | Poor _____ | Adequate _____ | Excellent _____ |

REMARKS (if necessary):

Reviewed by: \_\_\_\_\_  
Director

Date: \_\_\_\_\_