

Bureau of Justice Assistance's  
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)  
Evidence-based Treatment in Custody

## Jail-based Mentor Site Selection

### Application

#### Submission Deadline

**Applications for the Bureau of Justice Assistance's COSSAP Evidence-based Treatment in Custody Program are due by 5:00 p.m., ET, on April 30, 2020.** If you are using Adobe Acrobat Reader, please complete this form and submit it through the button on the form. A free download for Adobe Acrobat Reader can be found [here](#).

If you are using another PDF program, please complete the form, save your responses, and email a copy of the

completed form, along with any required documents or attachments, to [COSSAP@iir.com](mailto:COSSAP@iir.com). Thank you.

#### Questions

Should you have any questions about the application process or issues with submission, please send an email to [COSSAP@iir.com](mailto:COSSAP@iir.com). We will do our best to respond promptly.

### Applicant Information

Contact information for person submitting the application:

Name

Job title

Agency

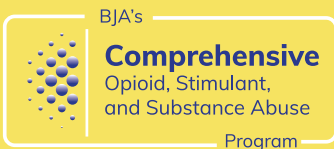
Address

Phone

Email

Name of applicant site

Name of applicant program



## Community Information and Type of Substance Use Disorder (SUD) Challenges

Location (select all that apply, and specify):

Town

City

County

Tribal jurisdiction

Region

What is the population size of the community/communities served by your facility?

Your community is described as:

Urban

Suburban

Rural

Other

## Information About Your Jail Facility

How many jail facilities operate in your community?

What is the average daily population in the jail facility applying to be a mentor site?

Pre-trial

Sentenced

What is the average length of stay for inmates?

Pre-trial

Sentenced

Does your program have a website?    yes    no

If yes, please provide the URL to your website.

Do you have a program brochure?    yes    no

If yes, please submit a copy with your application.

## General Jail Protocols for Individuals with Substance Use Disorders (SUDs)

*Please submit a copy of all protocols/tools with your application.*

Do you have a protocol for screening and/or assessment for SUDs?      yes      no

What percent of the detainees and inmates in your facility have been identified as having a:

SUD

Primarily OUD

Do you have a formal detox protocol for opioids?      yes      no

Do you have a formal detox protocol for alcohol?      yes      no

Do you have a formal detox protocol for pregnant women?      yes      no

Do you have a protocol for screening for co-occurring disorders in your detainee/inmate population?      yes      no

## Behavioral Health Programming

What behavioral health programming do you offer in custody? (check all that apply)

Cognitive behavioral therapy (CBT)

    What curriculum do you use, if any? (please specify)

Contingency management

Motivational enhancement therapy

Evidence-based interventions that target criminal thinking and behavior

    What curriculum do you use, if any?

Relapse prevention therapy

Mutual aid support groups (e.g., AA/NA)

Peer recovery support services

    How many full-time equivalent peers are assigned to your jail?

Other behavioral health treatment services (please describe)

---

Which methods of delivery do you use for behavioral therapies? (check all that apply)

In person

Individual sessions

Group sessions

Combination of individual and group sessions

Via telecommunication/telemedicine

Other (please describe)

---

What pre-release planning/reentry services do you offer and/or connect to? (check all that apply)

Case management

Recovery coaching/peer support

Housing

Transportation

Mental health treatment

Behavioral therapy/SUD treatment

Medicaid or Medicare enrollment assistance

Supplemental Nutrition Assistance Program (SNAP) enrollment

Family reintegration supports

Veterans benefit program

Other (please describe)

---

How many full-time equivalent pre-release/reentry staff serve your facility?

---

Do you provide naloxone to individuals upon release?                      yes      no

---

Do you operate a specific housing unit in the jail for individuals participating in substance use treatment?                      yes      no

If yes, is programming offered as a component of the housing unit?                      yes      no

If yes, is there a minimum length of time individuals must reside in this unit?                      yes      no

---

## Medication-assisted Treatment (MAT)

Do you offer a medication-assisted treatment (MAT) program?                      yes      no

What year did your program begin?

Who is the target population for your program? (check all that apply)

Pregnant women

Individuals entering jail already on MAT

Individuals entering jail who are NOT on MAT but have an identified OUD

Other (please describe)

What percent of eligible inmates with an OUD participate in MAT while in custody?

When do you induct individuals on to MAT? (check one)

Shortly after jail entry, after managed withdrawal

Shortly after jail entry without managed withdrawal

Just prior to release from jail

Other (please explain)

What medications does your MAT program dispense? (check all that apply)

Methadone

Buprenorphine products (please specify pills, film, etc.)

Naltrexone products (please specify type(s); e.g., injectables, tablets)

Other

---

How do you classify your program model? (check all that apply)

Off-site medication administration

On-site medication administration by external provider

Licensed correctional prescribers on-site

Facility is an opioid treatment program (OTP)<sup>1</sup>/narcotic treatment program (NTP)<sup>2</sup>

Facility is a licensed health care facility

Other (please describe)

---

What population does your MAT program serve? (check one)

Pre-trial population only

Sentenced population only

Both pre-trial and sentenced populations

Other (please explain)

---

Who is served by your MAT program? (check all that apply)

Men

Women

Pregnant women

Other (please describe)

---

<sup>1</sup> OTPs are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and independently accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications for people diagnosed with an opioid use disorder. OTPs must register with the Drug Enforcement Administration (DEA).

<sup>2</sup> DEA refers to OTPs that register with DEA to prescribe, write orders for, or dispense Suboxone® or Subutex® to patients for addiction/dependence treatment under the provisions of the Drug Addiction Act of 2000 as NTPs and provides guidelines regarding diversion control, security, and auditing of narcotics within the OTP.

---

How many individuals does your program serve?

Annual average

Monthly average

Daily average

---

How many individuals have participated in your program since its inception?

---

Are individuals who receive MAT required to participate in the facility's drug treatment program?      yes      no

---

Are individuals who receive MAT housed together in the same housing unit?      yes      no

---

Do you have exclusion criteria?      yes      no

If yes, what would exclude someone from participating?

---

How is your program funded? Include the names of any grants you receive.

Federal funding

State funding

Local funding

Philanthropic funding

Other

---

## Data

---

Have you produced any reports or presentations about the outcomes of your program?      yes      no

If yes, please submit a copy of your latest report or presentation with your application.

---

---

## Mentor Site Activities

---

What program components, practices, or activities have been particularly effective in your facility that would benefit other facilities as they plan, implement, or enhance their programs?

---

What barriers and/or challenges have you overcome that other facilities may face in program planning and implementation?

---

What activities could peer facilities observe and participate in when they visit?

---

Do you have policies and procedures manuals for your program?      yes      no

If yes, please submit copies with your application.

When was the manual last updated?

Are you willing to share this document with mentees?      yes      no

---

Does your program have memoranda of understanding, data and information sharing agreements, chain-of-custody forms, universal release-of-information forms, or other legal or program documents that can be used as model templates?

yes      no

If yes, please provide a copy with your application.

Are you willing to share these documents with mentees?      yes      no



## Logistics

Is your facility close to a major airport?      yes      no

If yes, what is the name of the airport and the estimated travel time from the airport to your location?

Is there a hotel available within 10 miles of your facility?      yes      no

Visit the COSSAP Resource Center at [www.cossapresources.org](http://www.cossapresources.org).

### About BJA

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit [www.bja.gov](http://www.bja.gov) and follow us on Facebook ([www.facebook.com/DOJBJA](https://www.facebook.com/DOJBJA)) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

This project is supported by Grant No. 2017-AR-BX-K003 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Office of Justice Programs, U.S. Department of Justice. The contents of this document were developed by IIR and do not represent the official position or policies of the U.S. Department of Justice.