

Bureau of Justice Assistance's
Comprehensive Opioid, Stimulant, and Substance Abuse Program
Evidence-based Treatment in Custody
Jail-Based Mentor Site Selection Application

Frequently Asked Questions

The Bureau of Justice Assistance (BJA) is pleased to announce the creation of the Evidence-based Treatment in Custody, Jail-Based Mentor Site Program, expected to launch in September 2020. This program is part of the training and technical assistance (TTA) available for local jurisdictions through BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP).

Developed as part of the 2016 Comprehensive Addiction and Recovery Act, COSSAP provides financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. COSSAP was expanded in 2019 to include stimulants and other substances.

Advocates for Human Potential, Inc. (AHP), in its role as a COSSAP TTA provider, is facilitating the selection process for mentor sites.

Q: What is medication-assisted treatment (MAT)?

A: MAT is the use of Food and Drug Administration (FDA)-approved medications, in combination **with counseling and behavioral therapies**, to provide a whole-patient approach to treatment of substance use disorders.¹

therapies to be delivered appropriately, they must be provided by qualified, trained providers.

Examples of evidence-based behavioral therapies include the following:

- Cognitive Behavioral Therapy (CBT)
- Contingency Management
- Motivational Enhancement Therapy
- Interventions that target criminal thinking and behavior
- Relapse Prevention Therapy
- Mutual aid support groups (e.g., AA/NA)
- Peer recovery support

Q: What is evidence-based behavioral therapy?

A: Behavioral therapies are structured treatment approaches that help patients recognize the impact of their behaviors on their substance use and ability to function in a healthy, safe, and productive manner. Behavioral therapies also motivate and teach patients how to change their behaviors in order to recover from substance use disorders.² For evidence-based behavioral

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Q: Who comprises the pre-trial detainee population?

A: Pre-trial detainees are individuals charged with a crime and detained while awaiting trial, either because of a failure to post bail or denial of release. These individuals have not been convicted or sentenced.

According to the Prison Policy Initiative data, pre-trial populations account for up to 75 percent of the local jail population.³

Q: What medications are approved by the FDA for MAT?

A: Three FDA-approved medications are commonly used to treat opioid addiction:⁴

- **Methadone** is an opioid agonist that prevents withdrawal but does not block the effects from other narcotics. It is administered daily in liquid form by regulated specialty clinics.
- **Naltrexone** is a nonaddictive opioid antagonist that blocks the effects of all opioid drugs. It is administered in an office setting as a daily pill or by monthly injection. (Naltrexone is also effective in treating alcohol addiction.)
- **Buprenorphine** is an opioid agonist/antagonist that blocks the effects from other narcotics while reducing withdrawal risk. It is administered either daily as a dissolving tablet or a cheek film or via a 6-month implant under the skin.

Q: What is naloxone?

A: Naloxone is a medication approved by the FDA to prevent opioid overdose, such as from heroin, morphine, and oxycodone. It blocks opioid receptor sites in the brain and can reverse the toxic effects of overdose. The medication can be administered by intranasal spray, intramuscularly (into muscle), subcutaneously (under the skin), or through intravenous injection.⁵

Q: What are common types of MAT programs?⁶

A:

- **Off-site medication administration:** Individuals are transported to community opioid treatment programs (OTPs), hospitals, or other medical providers.
- **On-site medication administration by an external provider:** External OTPs or other prescribers administer medication to individuals within the correctional facility and under the license of the external OTP or provider.
- **Licensed OTP:** The correctional facility obtains OTP licensure permitting use of methadone and buprenorphine for treatment of opioid use disorders and withdrawal.
- **Licensed correctional prescribers:** Facility physicians, nurse practitioners, or physician assistants who are licensed to prescribe buprenorphine administer medication within the correctional facility for treatment of opioid use disorders and withdrawal. Correctional health care providers administer naltrexone within the facility.
- **Licensed health care facility:** The correctional facility obtains State and Drug Enforcement Administration licensing, which entitles the facility to the same exemptions as hospitals for dispensing methadone or buprenorphine during pregnancy or ensuring treatment of other conditions (e.g., HIV, mental illness).

Q: What is the purpose of the COSSAP evidence-based treatment in custody mentor programs?

A: Jail-based mentor sites will provide a unique opportunity for jails across the country interested in providing MAT services to observe and learn from established and innovative programs that have shown success in meeting the substance use treatment needs of individuals in jail. The mentor sites selected through

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this application process will host individuals and teams from facilities interested in starting a MAT program or established programs interested in learning innovative practices.

A process for facilities to electronically submit a request to visit a mentor program will be developed, and BJA will support the travel of up to three individuals from approved facilities to one of the mentor sites.

Q: What will BJA require of mentor sites?

A: Mentor sites will serve as hosts for similar facilities interested in planning and implementing a MAT program for individuals within their jails. The selected sites will be expected to serve as mentor sites for two years, beginning on or around September 1, 2020.

BJA anticipates that each mentor site will be asked to host two to three peer-to-peer exchange visits to support the mentor program each year for the life of the grant. Mentor site visits will typically be conducted over 1.5 days plus travel. During this time, mentor sites will be expected to provide opportunities for observation and peer-to-peer exchanges. The selected mentor sites should be prepared to work with BJA's TTA provider, Advocates for Human Potential, Inc., to schedule visits, create site visit agendas, provide opportunities to observe the MAT program in action, and allow peer facilities to engage with all program personnel.

Q: What are the benefits of being a mentor site?

A: Mentor sites will be recognized by BJA as exemplary models of providing MAT to individuals, who often have a short length of stay in a facility. As part of the program, the sites will be provided with TTA. A stipend of \$2,000/site will be provided to cover costs associated with hosting visitors, such as for photocopying and transportation.

Q: How will mentor sites be selected?

A: Interested MAT jail programs must submit online applications by **April 30, 2020**. BJA and AHP will review completed applications and requested attachments. Applicants do not need to be current COSSAP grantees to apply. BJA or AHP will conduct phone interviews with finalists and may conduct site visits to finalize selections.

Applicant programs will be evaluated on a variety of areas, including, but not limited to:

- Current program operations
- Overall impact of MAT treatment program
- Geographical location
- Jurisdiction size

Jails with programming specifically targeted to pre-trial detainees will be awarded additional points in application scoring.

BJA anticipates selecting two to six mentor sites that are geographically diverse and span a variety of operational models. The timeline for selection is as follows:

- **Applications due:** April 30, 2020
- **Review of applications:** June 5, 2020
- **Notification of selected mentor sites:** No later than June 19, 2020
- **Orientation webinars for new mentor sites:** July–August 2020
- **Launch of peer visits:** September 2020

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Endnotes

¹ Substance Abuse and Mental Health Service Administration. (2019, September 9). *Medication-assisted treatment*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration. <https://www.samhsa.gov/medication-assisted-treatment>.

² Center for Health Information and Analysis. (2015). *Access to substance use disorder treatment in Massachusetts*. (15-112-CHIA-01). Boston, MA: Center for Health Information and Analysis, Commonwealth of Massachusetts.

³ Prison Policy Initiative. (2020, February). *Mass incarceration: The whole pie 2019*. <https://www.prisonpolicy.org/reports/pie2019.html>.

⁴ Substance Abuse and Mental Health Service Administration. (2019, September 9). *Medication-assisted treatment*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration. <https://www.samhsa.gov/medication-assisted-treatment>.

⁵ Substance Abuse and Mental Health Service Administration. (2019, September 27). *What is naloxone*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service Administration. <https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>.

⁶ Vital Strategies and National Council for Behavioral Health. (2020, January). *Medication-assisted treatment for opioid use disorder in jails and prisons: A planning and implementation toolkit*. National Council for Behavioral Health. <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>.

Visit the COSSAP Resource Center at www.cossapresources.org.

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