

Bureau of Justice Assistance (BJA)

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)

# Peer Recovery Support Services Mentoring Initiative (PRSSMI)

## Mentee Application

This form is an application for a jurisdiction or program team to visit a mentor site. Please save a copy of this form, complete it, and upload it with all supporting documents through the Peer Recovery Support Services Mentoring Initiative (PRSSMI) Mentee Document Uploader at [http://s.iir.com/PRSSMI\\_Mentee2020](http://s.iir.com/PRSSMI_Mentee2020).

**All questions MUST be answered for your submission to be considered.** Further details on the PRSSMI program and application process are available on the [Mentor Program](#) and [Mentee Program](#) FAQs. For questions not addressed by these documents or for tailored assistance, please contact Tiffany Lombardo at [Tiffany.Lombardo@altarum.org](mailto:Tiffany.Lombardo@altarum.org).

### Organization Information

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Website:

Congressional District:

Which one of the following best describes your organization?

County Health Department

Jail/Detention Center

Problem-Solving Court

Law Enforcement

First Responder

Health Care Agency

Treatment/Addiction Services Organization

Recovery Community Organization

SSA/Behavioral Health Council

Other (please specify):

## Primary Contact Person

First and Last Name:

Email Address:

Phone Number:

## General Questions

List at least three team members who will participate in the virtual consultations and learning sessions. Indicate whether they will participate in the site visit.

First and Last Name	Email Address	Position/Role in PRSS Program	Participate in Site Visit?	
			Yes	No

Is your PRSS program operational?      Yes      No

How did you learn about the COSSUP Peer Recovery Support Services Mentoring Initiative (PRSSMI) program?

If your PRSS program is operational, complete the following "Operational PRSS Program" section. If your program is not operational, skip to the "New PRSS Program" section on page 4.

## Program Information – Operational PRSS Program

What is the title of your program?

Please provide a brief description of your program.

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What geographic area does your program serve?

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How is your PRSS program funded?

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Do you have an active BJA or Substance Abuse and Mental Health Services (SAMHSA) grant?      Yes      No

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On which intercept(s) does your PRSS program focus? (Check all that apply.)

Intercept	Yes	No	If "yes" was selected, what peer service do you provide at that intercept?
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Intercept 0 – Community/crisis response

Intercept 1 – Law enforcement

Intercept 2 – Initial detention/  
initial court hearings

Intercept 3 – Jails/courts

Intercept 4 – Reentry

Intercept 5 – Community corrections

Other (please specify):

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Are the peer workers employed by your agency or by a collaborating organization? \*\*Radio button option

Our agency

Collaborating organization

Other (please specify):

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What are the anticipated outcomes for your program?

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What are the outcome measures?

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What performance and/or outcomes data do you collect?

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Who or what are the key partners/collaborating organizations for your program?

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## Program Information – New PRSS Program

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What is the title of your program?

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Please provide a brief description of your program.

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What geographic area does your program serve?

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At what stage of development is your program?

Idea and concept development  
Stakeholder engagement and planning

Pilot testing and evaluating (proof-of-concept)  
Seeking funding

Recently funded  
Close to launch

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How is your PRSS program funded?

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Do you have an active BJA or Substance Abuse and Mental Health Services (SAMHSA) grant?

Yes    No

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On which intercept(s) does your PRSS program focus? (Check all that apply.)

Intercept	Yes	No	If "yes" was selected, what peer service do you provide at that intercept?
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Intercept 0 – Community/crisis response

Intercept 1 – Law enforcement

Intercept 2 – Initial detention/  
initial court hearings

Intercept 3 – Jails/courts

Intercept 4 – Reentry

Intercept 5 – Community corrections

Other (please specify)

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Who or what are the key partners/collaborating organizations for your project?

## Focus Questions

What is the nature and scope of the substance problem (opioids, stimulants, and/or other substances) in your service area?  
How will (or are) peer supports help(ing) address the issues?

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What are your primary goals for the mentorship? How will achieving these goals improve your PRSS program? How will achieving these goals assist your community in addressing the substance use epidemic? What does "success" look like six months after this mentorship begins?

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What challenges, barriers, or obstacles are you facing that being a mentee could help address?

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During a visit to a mentor site: What activities would you like to engage in? What experiences would you particularly like to have? What two key questions would you want to have answered?



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What support do you have from key stakeholders that will help you implement changes resulting from the mentorship?  
Please explain.

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Please tell us any additional information you would like staff members to know about your program that has not been covered in the above questions.

Please visit the PRSSMI Mentee Document Uploader at [http://s.iir.com/PRSSMI\\_Mentee2020](http://s.iir.com/PRSSMI_Mentee2020) and upload the following documents in support of your application. PDF documents are preferred; however, MS Word documents are acceptable.

- ◀ Program staffing (or anticipated staffing) chart
- ◀ Any other documents you would like to include in support of your application

By checking this box, you certify that, if selected, your program agrees to the following:

- ◀ Participate in virtual learning sessions throughout the mentorship.
- ◀ Complete and submit a post-site visit evaluation form.
- ◀ Prepare for consultative calls with the assigned mentor site.
- ◀ Send at least two team members to visit the assigned mentor site.
- ◀ Develop a brief program development workplan based on lessons learned from the mentorship.
- ◀ At the end of the mentorship, complete a brief questionnaire to summarize the experience.

Visit the COSSUP Resource Center at [www.cossup.org](http://www.cossup.org).

## About BJA

The Bureau of Justice Assistance (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 X (formerly known as Twitter) (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.

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