



Jail-based MAT Mentee Site Initiative Application

Jail-based Mentee Site Selection Application

Applicant Information*

First Name*:

Last Name*:

Job Title*:

Agency*:

Street Address*:

City*:

State*:

Zip code*:

Phone Number*:

Email Address*:

How did you learn about COSSUP's TTA and Mentor Site Visit Initiative?*

COSSUP website

COSSUP electronic mailing list

COSSUP webinar

TTA provider

Other - (Please specify): *

Does your local jail facility currently offer a MAT program (medication combined with counseling/behavioral therapies) for opioid use disorder prior to release?*

Yes

No

NOTE: The user will see the questions below if they answer “yes” to having a MAT program.

Medication-assisted Treatment (MAT) Program Information

What is the name of the MAT program?*

Who directs the MAT program? (Select one)*

Correctional facility

Medical contractor

Department of health

Other (Please specify): *

What is the name of the correctional facility?*

What is the name of the medical contractor?*

What is the name of the department of health?*

Who are the partners in your program? (List the key agencies.)*

When did your program start? (Enter month/year.)*

What is the average number of individuals served by your program annually?*

What types of medication does your program offer? (Select all that apply.)*

Buprenorphine

Methadone

Naltrexone

Other (Please specify): *

What geographic area does your facility serve? (Select all that apply.)*

Urban

Suburban

Rural

Frontier

Tribal

Other (Please specify): *

If your program has a website or web page, please provide its URL.

NOTE: The user will see the questions below if they answer “no” to having a MAT program.

In what stage of development of offering MAT is your facility? (Select one.)*

Idea and concept development

Stakeholder engagement and planning

Pilot testing and evaluating (proof of concept)

Seeking funding

Recently funded

Close to launch

What geographic area does your facility serve? (Select all that apply.)*

Urban

Suburban

Rural

Frontier

Tribal

Other (Please specify): *

What type(s) of medication is your facility considering for MAT implementation? (Select all that apply.)*

Buprenorphine

Methadone

Naltrexone

Other (Please specify): *

How are medical services provided at your facility? (Select one.)*

Our facility has onsite medical staff.

Our facility contracts out for medical services.

Our facility has both onsite medical staff and contracted medical providers.

Other (Please specify): *

Need and Interest

What is the nature and scope of the substance use problem in your jail's catchment area?*

List the challenges, barriers, or obstacles that you would like addressed through a mentorship program.*

During a visit to a mentor site, in what activities would you like to engage? (Select all that apply.)*

Tour the facility for ideas on MAT program setup (e.g., respecting confidentiality, ensuring COVID-19 safety).

Observe administration of medication.

Meet with the medical team to discuss collaborating with security staff and/or clinical MAT issues unique to jails.

Meet with the security team to discuss diversion management and other safety measures.

Hear from individuals who are either currently in the program or recently released from custody about their experiences in the program.

Other (Please specify): *

Mentorship Expectations

Check all the boxes to certify that, if selected, your agency agrees to the following:*

Participate in virtual learning sessions throughout the mentorship.

Complete and submit a post-site visit evaluation form.

Prepare for consultation calls with the assigned mentor site.

Send (either virtually or in person) at least three team members to visit the assigned mentor site.

Develop brief program action steps for your facility based on lessons learned from the mentorship.

Complete a brief questionnaire and/or a follow-up interview to summarize the experience upon completion of the mentorship.

Please note anything else we should know about your program/facility.
