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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-02367 (12/2022) | | | | | |  | | | **STATE OF WISCONSIN**  Wis. Stat. § 46.47 | | |
| **NON-NARCOTIC, NON-ADDICTIVE INJECTABLE (NNAI) MEDICATION-ASSISTED TREATMENT (MAT) SERVICE WITHIN THE JAIL SETTING**  **GRANT APPLICATION** | | | | | | | | | | | |
| **INSTRUCTIONS:** | | | | Return completed request to Leilani Nino at [DHS DCTS](mailto:DDHSDCTSBPTRFundingOpportunities@dhs.wisconsin.gov?subject=MAT%20service%20within%20jail%20setting). Include attachments or additional pages as needed. | | | | | | | |
| County or Tribe Name | | | | | Contact Name | | | Title | | | |
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| Phone | | | | | Email | | | | | | |
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| **I.** | | **Grant Proposal**  **Unduplicated Number to be Served**: Report the total number of unduplicated persons to be served with these grant funds for July 1, 2023 - June 30, 2024. Total | | | | | | | | | |
|  | | **Services to be Provided:**  Below report the projected services to be provided with this grant funding during the upcoming grant period. Under “Annual Number of Persons to be Served with Grant Funds” (a)-(e), the numbers may be duplicated. For example, if an individual is awaiting both MAT and outpatient services, count the person in each category and include the cost under the funding column. | | | | | | | | | |
| **Allowable MAT Reentry Service Categories** | | | | | | | Annual number of persons to be served by service category (numbers may be duplicated based on need for multiple services) | | | Funding requested for grant services by service category ($ amount) |
| a. Medication: NNAI medication (including storage costs) | | | | | | |  | | |  |
| b. Medical Services: Physical exams, prescribing, and administration of medication | | | | | | |  | | |  |
| c. Care Coordination Services: Assistance with enrollment in medical assistance, supportive counseling, follow up to ensure community substance use disorder services are in place at re-entry | | | | | | |  | | |  |
| d. Assessment Services: Substance use disorder assessment, completion of American Society of Addiction Medicine (ASAM), and referral for ongoing substance use disorder counseling and treatment | | | | | | |  | | |  |
| e. Other (itemize and describe): | | | | | | |  | | |  |
| **Total** | | | | | | | | | | $0.00 |
| **II.** | | **Narrative:** Provide a brief overview of the current county or tribal services offered under this grant funding which are used to administer NNAI medication to voluntary participants with an opioid use disorder within five days prior to reentry into the community from a jail-based setting. | | | | | | | | | |

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|  | Describe how individuals learn of the services offered under this grant program including how and from whom referrals are made to the program. |

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|  | Describe how individuals are assessed for services, including what evidence-based assessment and placement criteria (such as ASAM) is used to determine the appropriate treatment setting and if NNAI medication is the appropriate MAT for the individual. |

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|  | Describe the medical services provided to individuals while in custody to ensure safe administration of a NNAI medication used to treat opioid use disorders. |

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|  | Describe the current process for providing case coordination to participants. Include identification of what established partnerships are in place with treatment providers within the county or tribe for participants upon re-entry into the community to support substance use disorder treatment and recovery as well as the use of peer/recovery support services. |

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|  | Describe how your agency has ensured all program participants are enrolled in medical assistance after leaving the county or tribal jail in order to continue to receive treatment. |

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|  | Describe the type of established treatment court in the county or tribe and the partnership the treatment court has with re-entry into the community and the NNAI-MAT grant. |

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|  | Describe the county or tribal use of naloxone (NARCAN) to reduce overdose deaths. If the area is not currently providing Naloxone, describe the county or tribal interest in providing these services or the obstacles to providing these services to NNAI-MAT participants. |

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|  | Describe any implementation or execution obstacles the county or tribal agency has encountered, including how the NNAI-MAT process has changed or been impacted by COVID-19, and what steps have been taken to overcome those challenges. |

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|  | Describe how this funding will enhance or expand NNAI MAT services for voluntary participants upon re-entry into the community from a jail setting. Provide available data regarding current and former participants including number served, injections provided, medical assistance applications completed, screenings and assessments completed and care coordination services provided. |

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|  | Describe client specific data collection currently being utilized for services (example: Program Participation System or other case management reporting data system) and how it would be utilized to track the client’s progress related to NNAI MAT. |

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| **III.** | Applicant agrees to follow the conditions for NNAI MAT jail reentry grant requirements outlined on the DCTS Action Memo entitled Grant Opportunity for Nonnarcotic, Nonaddictive Injectable Medication Medication-Assisted Treatment Service within the Jail Setting.  Yes  No | |
|  | Applicant agrees to submit monthly reporting via [NNAI-MAT Grant Monthly Report](https://www.surveygizmo.com/s3/4742317/NNAI-MAT-in-the-jail-setting-monthly-report) and to report participant data into PPS.  Yes  No  Applicant agrees to complete and submit a monthly Cost Tracking Workbook (provided by DHS) detailing monthly program expenditures.  Yes  No | |
| Authorizing Official Name | | Date |
|  | |  |