

Expanding Medication for Opioid Use Disorder in County Jails TeleECHO

Clinic Case Presentation Form

Please complete all items on this form and email Clinic Coordinator Julia Glaccum at jglaccum@wb.hidta.org.

Presenter Information	
1. Name:	
2. Email address:	
Phone number where the Clinic Team can contact you to review the case in advance:	
4. Jail Name:	
Case Presentation Date 5. When would you like to present your case? (Please check any/all that apply.)	 September 8th, 2021 September 22nd, 2021 October 6th, 2021 October 20th, 2021 November 3rd, 2021 November 17th, 2021 December 1st, 2021 December 13th, 2021
Case Presentation Topic6. Please check any topic(s) related to your case.	 Addiction Neuroscience 101 and the Case for Treating Opioid Addiction in Jails Implementation: Systems Change and Key Roles and Partnerships MAT/MOUD Meds: How They Work, For Whom, Implications for Use in Jails Medication Administration and Diversion Mitigation Evidence Based Screening, Assessment and Withdrawal Management Evidence Based, Trauma Informed Behavioral Health Treatment Re-Entry and Release Planning Outcomes and Sustainability

*A member of the Clinic Team will reach out to you in advance to review this information and collect any other details needed well in advance of the session.

Expanding Medication for Opioid Use Disorder in County Jails TeleECHO Clinic Case Presentation Form – Implementation System Presenter: Presenter Role/Title: Date: **Check One**: One New Case □ Follow-Up Select any of the following domains relevant to this case: Ο 3 - Identification 4 - Treatment & 1 - Planning 2 - Implementation 5 - Transition Monitoring Readiness Protocols Screening **Re-entry Planning** Multidisciplinary Team Safeguards Assessment Community Follow-up & Medication Prescribing Outcomes Training Outcomes & Administration Sustainability **Psychosocial Treatment**

What implementation/systems problem are you trying to improve or solve?

Briefly describe what activities have been performed in this area. Include details relevant to your case presentation (e.g., What is/is not working well? Any recent changes contributing to this problem?)

& Support

What data (quantitative, qualitative) do you have to further describe your observation of this problem area?

What specific help are you seeking from the group today?

Please provide an overview of how your MOUD program is currently operating, as relevant to your case presentation. Specify N/A where not applicable.

	Discipline(s) Responsible	Working well	Not working well	
Planning				
Implementation				
Implementation: Evaluation				
What data points are tracked (screening, assessment, medication continuation, medication starts for withdrawal and/or OUD, re-assessment, UDS, etc.)?				
Identification: Screening				
Identification: Assessment				
Treatment: Prescribing				
Treatment: Administration				
What formulations are you using and are they administered in the regular pill line/ med pass or with different procedures?				
Treatment: Psychosocial				
What treatment is being offered, if any at this time? Are mutual support groups available and, if so, what type of support groups?				
Treatment: Monitoring				
Are disciplines interacting (Medical, BH, Custody, etc.)				
Transition: Re-entry				
Does this include medication? Psychosocial treatment?				
Transition: Follow up & Outcomes				
Are re-entry plans are generated? What data points are tracked at community follow up, if any (recidivism? Community overdoses?)				