



## 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](mailto:jglaccum@wb.hidta.org).

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

\*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.

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## Clinic Case Presentation Form – Patient Profile

Date: \_\_\_\_\_ Presenter: \_\_\_\_\_ Presenter Role/Title: \_\_\_\_\_

Check One:  New Case  
 Follow-Up

What is your main question about this composite/typical patient?

*For the following section, please only provide the amount of information clinically relevant to this case and your main question about this patient profile. If needed, the Clinic Team can ask for additional details as you prep for the case. Unknown sections can be specified as Unknown.*

**Proposed Treatment Plan:**

**Response to Treatment:**  N/A

**Medical Problems** (e.g., HIV, Hepatitis, cancer, SMI medications, chronic pain, autoimmune):  N/A

**Medications:**  N/A

**Allergies:**  N/A

**Physical/Mental Status:**

Is the Prescription Drug Monitoring Program Report checked for inmates?

**Significant Lab Findings:**

**Past Drug Use**

Substance	First Use	Last Use	Frequency/Quantity of Use	Route of Administration
Amphetamine				
Methamphetamine				
Cocaine				
Opiates				
Heroin				
Benzodiazepines				
Marijuana				
Hallucinogens				
Other:				

**Drug Treatment History** (inpatient or outpatient, date, duration, past use of MAT, and duration of sobriety, self-help groups, withdrawal symptoms):  N/A

**Re-Entry Resources:**

**Current Stage of Change** (check one):

- Precontemplation     Contemplation     Preparation     Action     Maintenance