



Providers  
Clinical Support  
System

# Improving Continuity of Care for Justice-Involved Individuals: Lessons from the Field

**Ed Hayes**

Assistant Superintendent  
Franklin County Sheriff's Office (FCSO)  
Administrative Director of FCSO OTP

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NP Director, Addiction Services  
Friends of the Homeless (FOH), Medical  
Respite

*March 19, 2024*



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# Housekeeping

- Today's webinar is being recorded and all participants will be kept in listen only mode. There will be an opportunity to ask questions at the end of the webinar, so we encourage you to please submit your questions throughout the webinar in the Q&A box located at the bottom of your screen.
- The recording and slides will be made available on the PCSS-MOUD website within 2 weeks.
- Within 24 hours of today's session, you will receive an email from [grantededucation@aaap.org](mailto:grantededucation@aaap.org) with evaluation and certificate claiming information.



*The content of this activity may include discussion of off label or investigative drug uses.  
The faculty is aware that is their responsibility to disclose this information.*

# Funder Information

- This event is brought to you by the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS-MOUD). Content and discussions during this event are prohibited from promoting or selling products or services that serve professional or financial interests of any kind.
- The overarching goal of PCSS-MOUD is to increase healthcare professionals' knowledge, skills, and confidence in providing evidence-based practices in the prevention, treatment, recovery, and harm reduction of OUD.

# Today's Speakers



**Ed Hayes**  
Assistant Superintendent  
Franklin County Sheriff's Office (FCSO)  
Administrative Director of the FCSO OTP

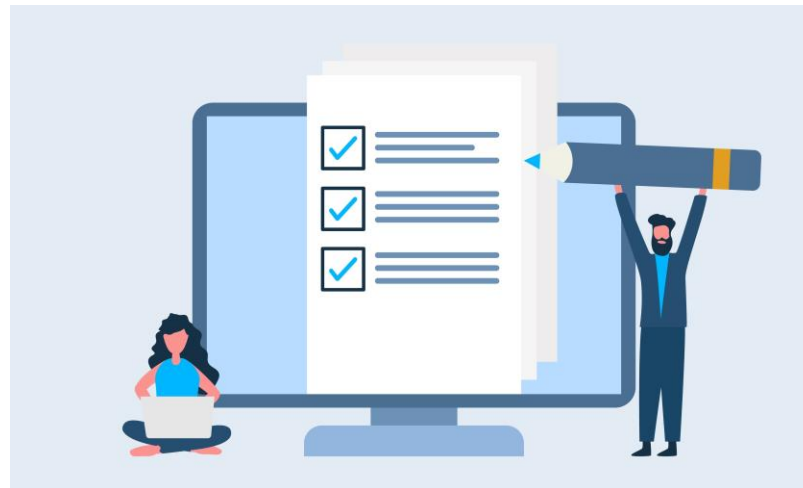


**Rachel Katz, BSN, RN, MSN, FNP-BC**  
NP Director, Addiction Services  
Clinical & Support Options (CSO)  
Friends of the Homeless (FOH),  
Medical Respite

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# Disclosures

- **No disclosures to report**



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# Educational Objectives

At the conclusion of this activity participants should be able to:

- Describe the context of the opioid crisis and its intersection with the jails and prisons.
- Define the components of a successful jail-based opioid treatment program.
- Consider continuity of care planning for patients reentering the community from incarceration with opioid use disorder (OUD).
- Recognize a program that partners with community health care collaborators.



# Closing the Gap: Critical Partnerships between Jails and Community- Based Providers to Ensure Continuity of Care



Ed Hayes, Asst. Superintendent, Franklin County Sheriff's Office (FCSO), Administrative Director of FCSO OTP

Rachel Katz, MSN, FNP-BC, Clinical & Support Options

# A New Paradigm for Correctional Health Care

*Reduce recidivism by  
supporting individuals to  
make a successful  
transition back to the  
community*

- Public Safety Matters
- The future of corrections is using modern **public health strategies** to create public safety outcomes
- The field must stay current with research
- Link clients to services in the community
- Partner, collaborate and cooperate with community-based providers



Photo source: Franklin County Sheriff's Office, n.d.



# Medications for Opioid Use Disorder (MOUD)

## FDA-Approved Medications to Treat Opioid Use Disorder<sup>26</sup>

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
<b>Methadone</b>	Full agonist	Tablet, liquid, wafer	Daily	Opioid treatment program
<b>Buprenorphine</b>	Partial agonist	Tablet or film placed inside cheek or under tongue. Monotherapy: Subutex	Daily	Any clinician with a waiver and appropriate license or under an OTP dispensing authority
		Includes naloxone (Suboxone)		
		Extended release injectable formulation (Sublocade)	Monthly	
		Implant beneath the skin (Probuphine)	Every six months	
<b>Naltrexone</b>	Antagonist	Tablet	Daily	Any clinician with the authority to prescribe
		Extended release injectable formulation	Monthly	

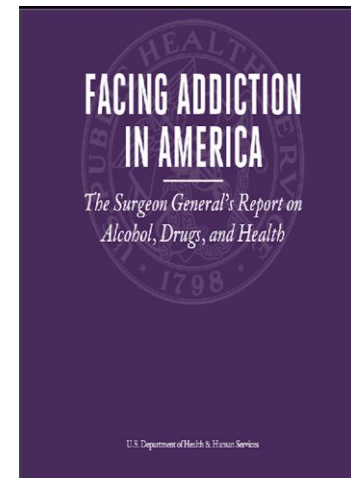


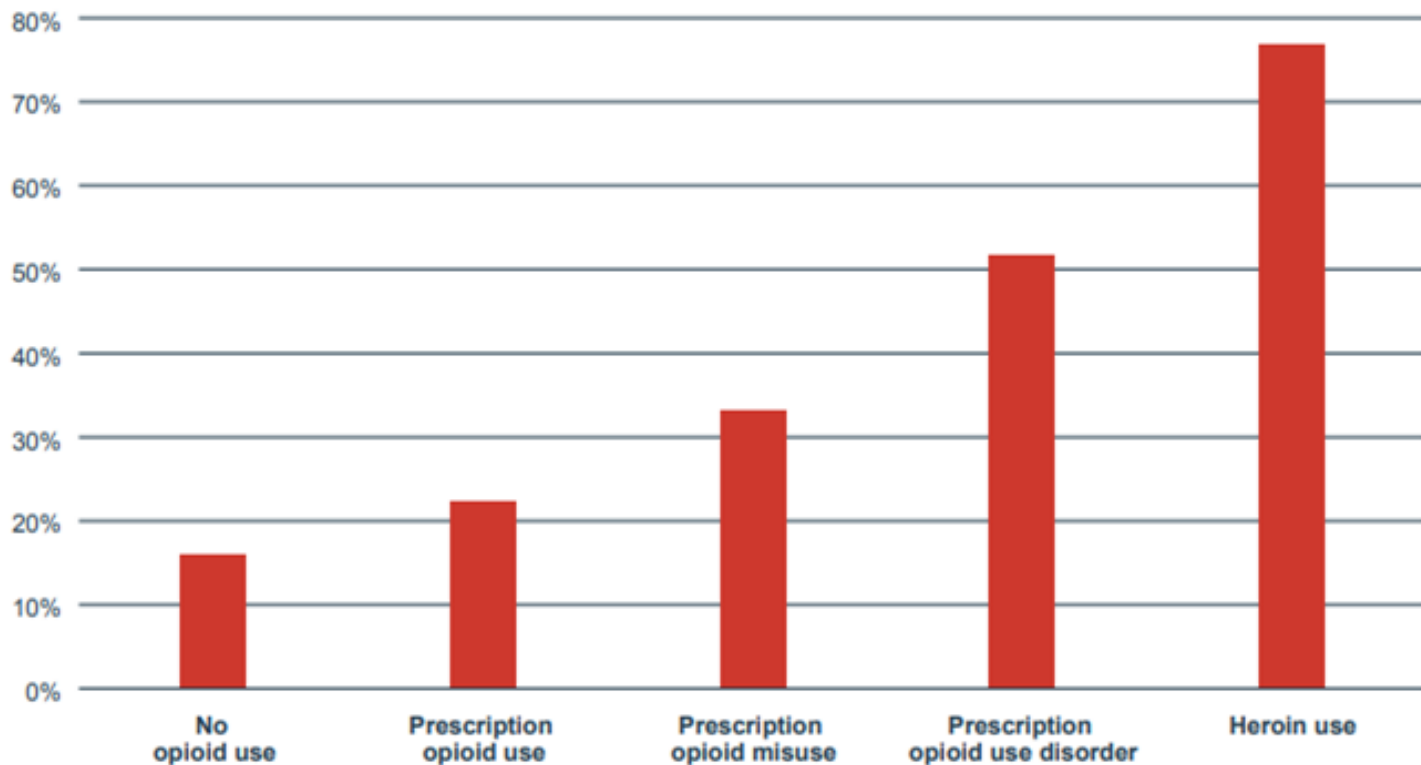
Photo source: SAMHSA, 2016

# The Problem: Missed Opportunities for MOUD in Carceral Legal Systems

- **30 out of 5,100** prisons and jails offered methadone in 2017
- **14 states** offered methadone or buprenorphine to inmates in 2018
- Risk of death was **10-40x higher** within two weeks of release from prison in 2018
- **Less than 5%** of people with OUD who were referred to treatment by criminal justice sources received treatment, **compared to 41%** when referred by other sources

# People Who Use Opioids are More Likely to be Involved in Carceral Legal Systems

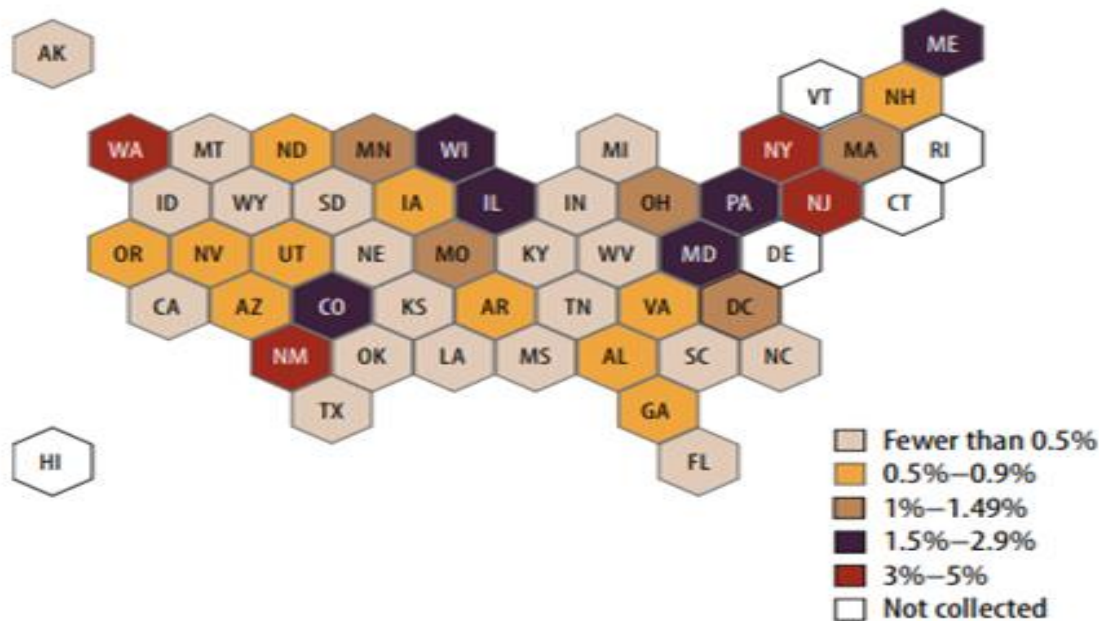
## ■ Criminal Justice Involvement Among Adults in the United States with Varying Levels of Opioid Use, 2015-2016



Source: Winkelman et al. (2018). All pairwise comparisons significant at  $p < .05$ .

# Few Jails Provide MOUD Treatment

**Percent of confined inmates at midyear 2019 receiving medication-assisted treatment for opioid use disorder, by state**



Note: See *Terms and definitions* for details on treatment practices. Excludes the combined jail and prison systems in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont. Includes 15 locally operated jails in Alaska. See appendix table 1 for item response rates. See appendix table 5 for percentages.

Source: Bureau of Justice Statistics, *Census of Jails, 2019*.

# Some Challenges to MOUD Treatment

- <18% of people with opioid use disorder ever receive MOUD treatment. **Less than 1 in 5!**
- 10+ years of opioid use before 1<sup>st</sup> MOUD treatment.
- Many years are spent incarcerated, not in MOUD treatment, which elevates mortality risk.

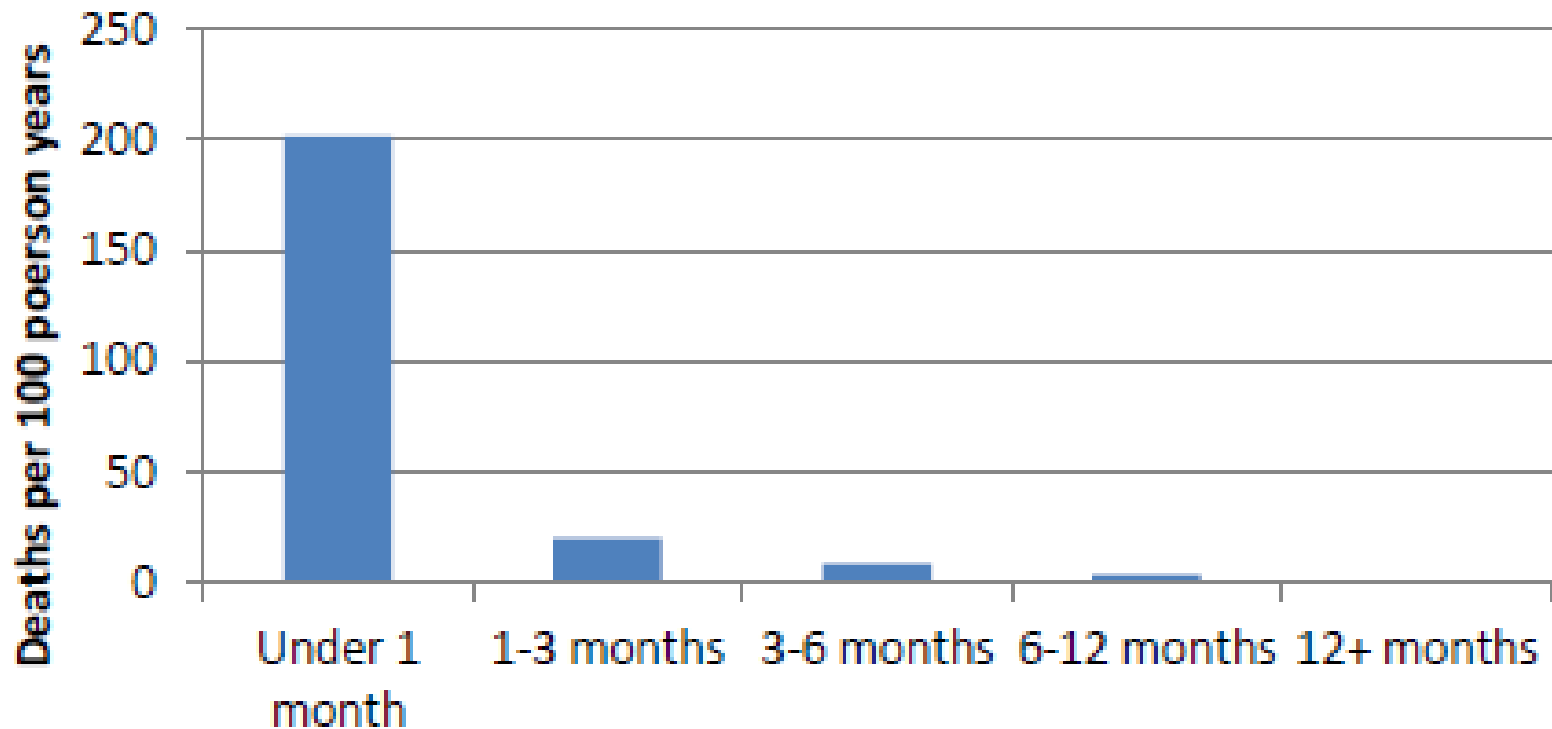
Evans, E., & Hser, YI. (2019). The natural history, clinical course, and long-term recovery from opioid use disorders. *Treating Opioid Addiction*. Springer International.

Hser, YI., Evans, E., Grella, C., Ling, W., & Anglin, D. (2015). Long-term course of opioid addiction. *Harv Rev Psychiatry*, 23(2), 76-89.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/>

# High Risk of Death Among People with Opioid Use Disorder Exiting Incarcerated Settings

## Opioid-Related Death Rates for Former Inmates are Higher in the Month of Release than Later



Massachusetts Dept of Public Health (2017). An assessment of opioid-related overdoses in Massachusetts 2011-2015. <https://www.mass.gov/doc/legislative-report-chapter-55-opioid-overdose-study-august-2017/download>

# Franklin County, Massachusetts

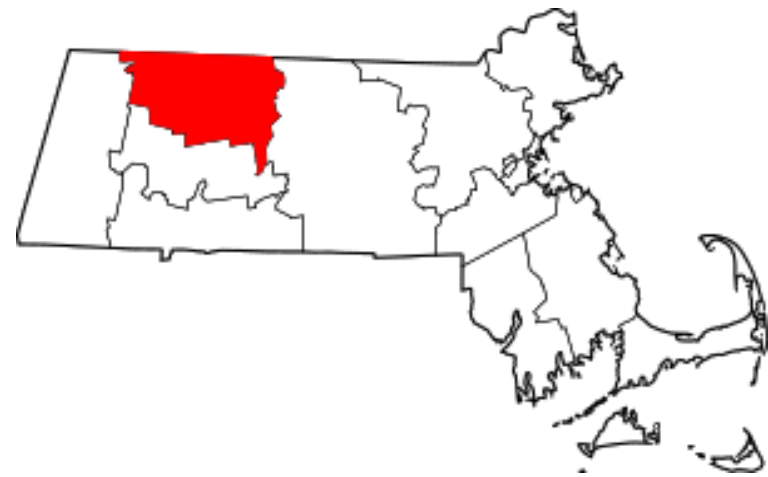


Photo Source: Wikipedia, 2023

- Over 10.5% of population lives below federal poverty level
- Methadone deserts west county
- Poor transportation infrastructure, lower income levels and lower education attainment than other MA counties
- Jail average daily population of 210 pre-Covid and 160 currently. Half are pretrial, half are sentenced. ~20 Women and 140 Men.
- About 70 jail based opioid treatment program patients (OTP) daily (66% of all incarcerated women at FCSO and 40% of men)
- County population of ~73,000
- Federally Designated Rural County with two population centers (Greenfield & Orange/Athol)

# Timeline of Opioid Treatment at Franklin County Sheriff's Office

**2011:** Christopher J Donelan begins time at Franklin County Sheriff (FCSO)

**2013:** FCSO awarded a 2<sup>nd</sup> Chance Grant for Co-Occurring Disorders by the Bureau of Justice.

**2015:** FCSO offers extended-release naltrexone (ie Vivitrol)

**2016:** FCSO offers buprenorphine maintenance

**2018:** FCSO begins a suboxone induction program

**2019:** FCSO becomes incorporated as an Opioid Treatment Program (methadone clinic) in the nation



Photo source: Paul Franz, 2014



Photo source:  
Ruthpotee.com, n.d.

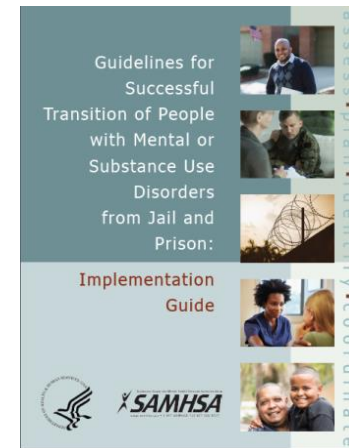


Photo source: SAMHSA, 2017



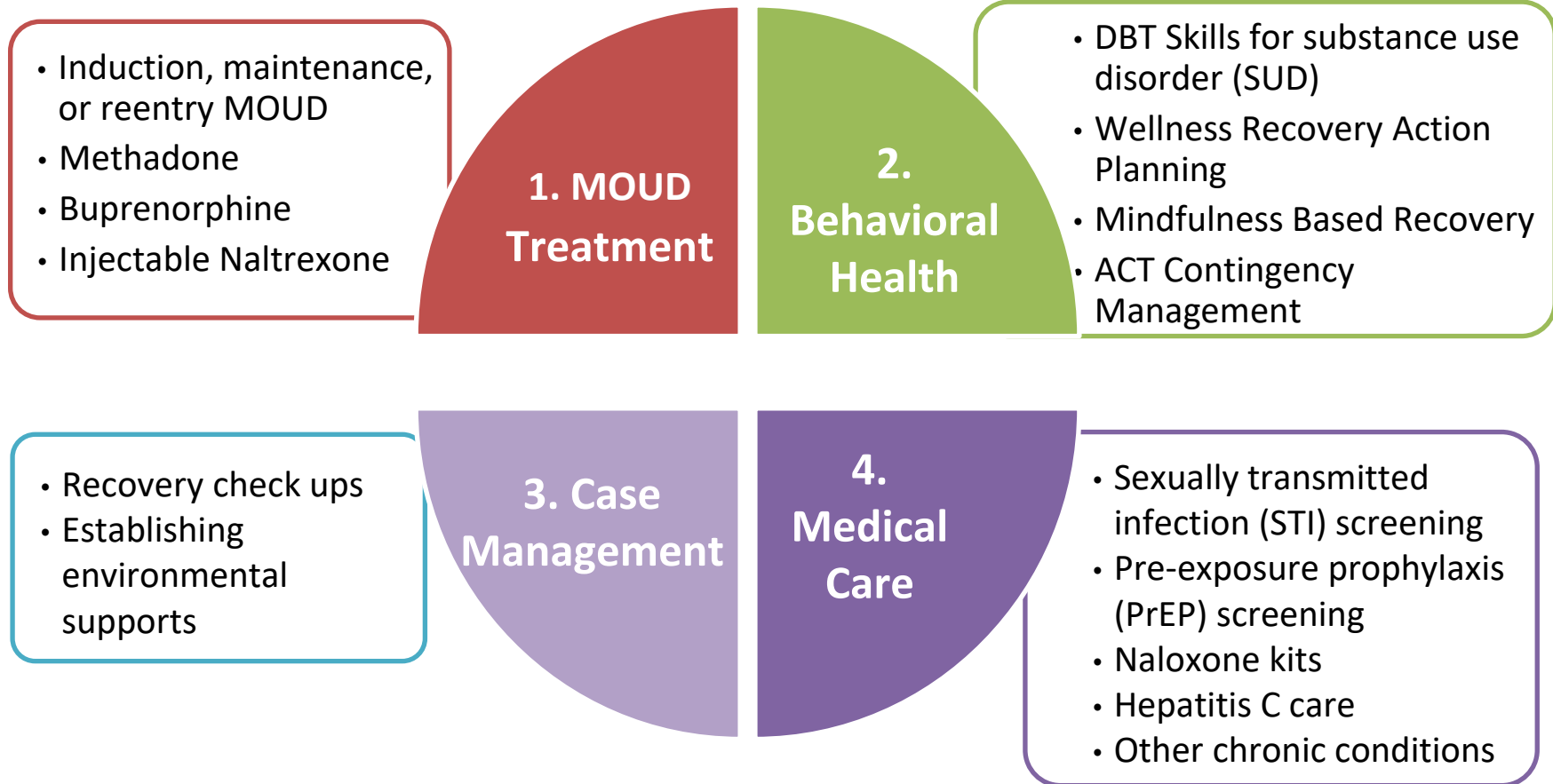
# Treatment in the Jail

- Reentry begins immediately
- Assessment driven/dual diagnosis case management
  - Intensive skills building:
  - Mindfulness-based Cognitive Behavioral Therapy (CBT):
    - Dialectical Behavioral Therapy (DBT)
    - Acceptance and Commitment Therapy (ACT)
  - Substance Use Groups
  - ACT Groups
  - DBT Groups
  - ACT Reentry Group using Contingency Management
  - ACT Peer Led Group
  - Post Release Community ACT Group
- Trauma-informed care
- Educational & vocational training
- Secondary treatment: expressive therapies
- Family Programming
- Post Release casework



Photo source: Franklin County Sherriff's Office, 2015

# A Client Centered Treatment Model



# MOUD Prior to Incarceration

## Characteristics of Opioid Treatment Program (OTP) Patients at Intake

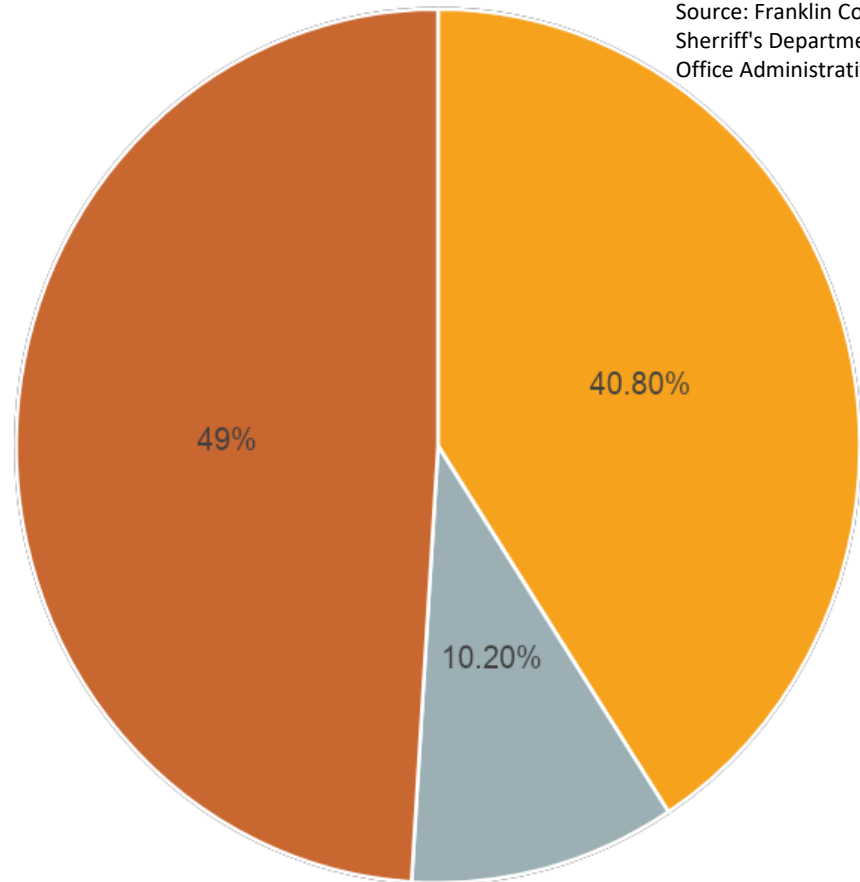
Funded by the Substance and Mental Health Services Administration (SAMHSA)

Center For Substance Abuse Treatment (CSAT)

Grant No. H79TI084139

09/30/2021 – 09/29/2026

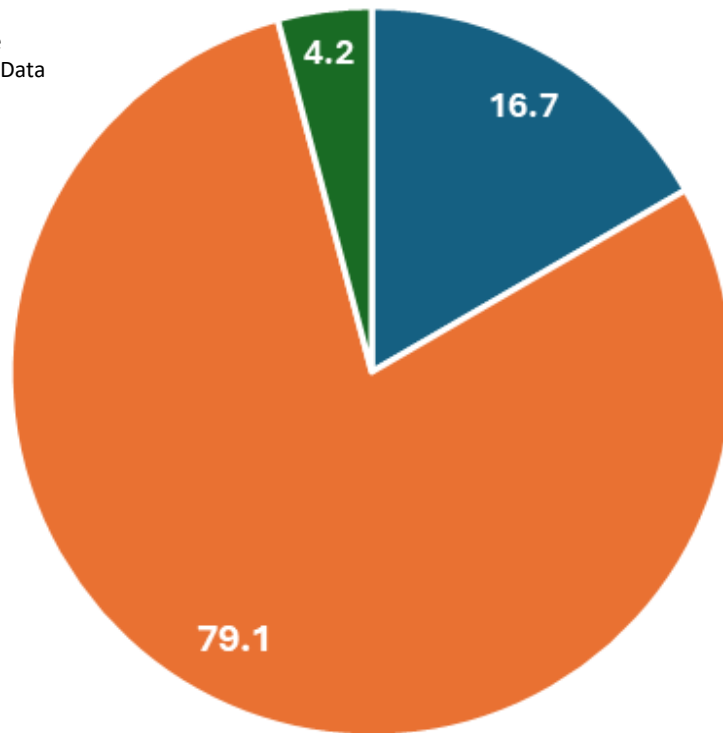
Source: Franklin County Sherriff's Department Office Administrative Data



■ Methadone ■ Buprenorphine ■ None

# Treated With MOUD While Incarcerated

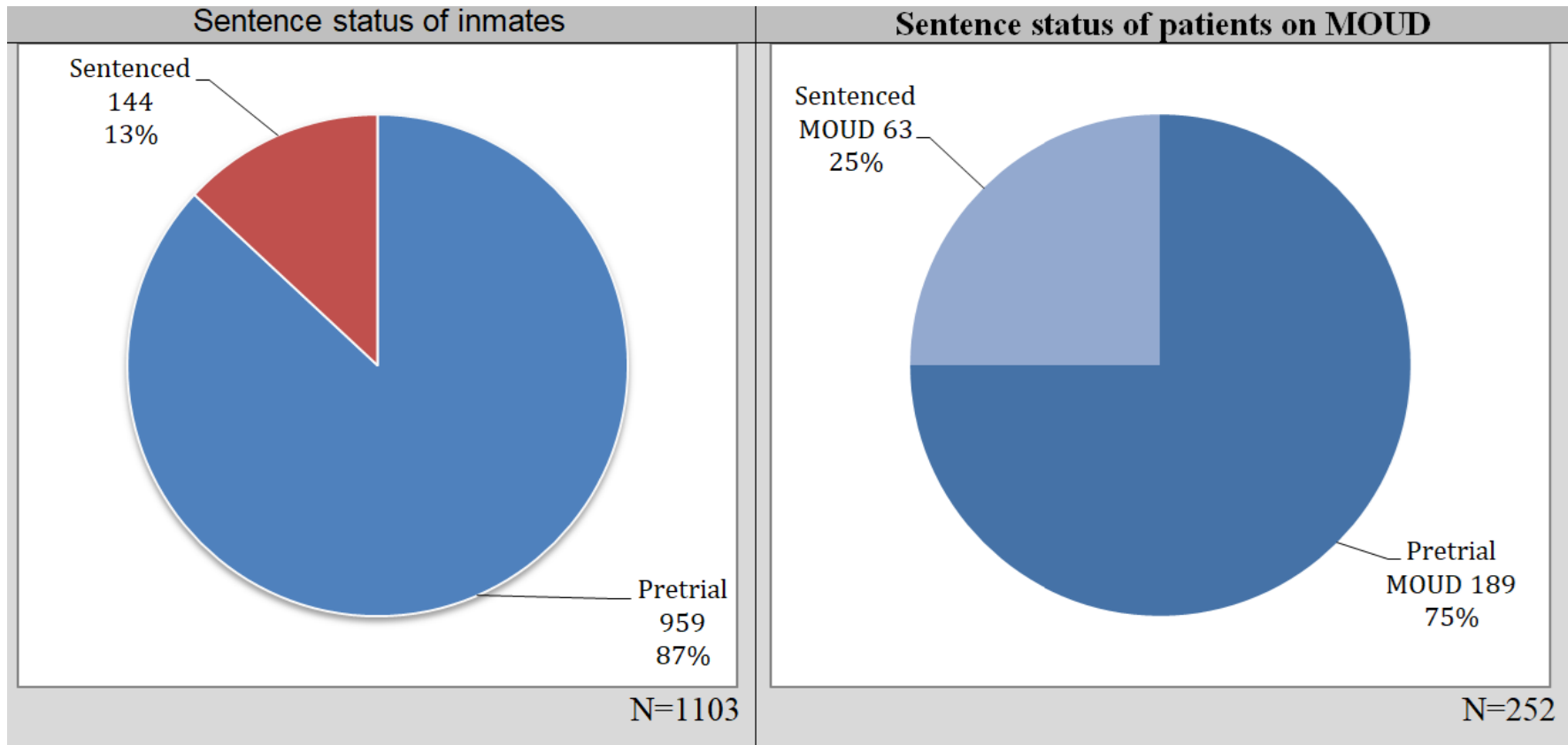
Source: Franklin  
County  
Sherriff's Office  
Administrative Data



■ Buprenorphine ■ Methadone ■ None

- N=1 did not receive MOUD.
- N=1 transferred from buprenorphine to methadone (coded as methadone).

# Treating Pretrial Detainees



- 75% of MOUD patients are pretrial
- Most pretrial patients are in custody under 2 weeks, often only a couple of days
- Interventions must be quick and rely on community linkages

Source: Franklin County  
Sherriff's Office  
Administrative Data

# Dispensing Process

- Assign staff to oversee the process
- Ensure dispensing is done under scrutiny of a camera
- Train and involve security staff to observe dispensing
- Educate patients about the process on a daily basis
- Minimize patient movements during dispensing
- Wait for buprenorphine to dissolve sublingually
- Perform multiple mouth checks



Photo source: Elise Amendola, Associated Press 2018

# Dispensing Process



Photo source: Christopher Capozziello, The New York Times 2018

# Dispensing Process



Photo source: Elise Amendola, Associated Press 2018



# Diversion: Uncommon and Preventable



Contents lists available at [ScienceDirect](#)

## Journal of Substance Abuse Treatment

journal homepage: [www.elsevier.com/locate/jSAT](http://www.elsevier.com/locate/jSAT)



## Uncommon and preventable: Perceptions of diversion of medication for opioid use disorder in jail

Elizabeth A. Evans<sup>a,\*</sup>, Ekaterina Pivovarova<sup>b</sup>, Thomas J. Stopka<sup>c</sup>, Claudia Santelices<sup>d</sup>, Warren J. Ferguson<sup>b</sup>, Peter D. Friedmann<sup>e</sup>

Photo source: ScienceDirect, 2022

# Reentry Planning and Continuity of Care

## Franklin County Sheriff's Office Client Reentry Plan - Post Release Copy -

Name: XXXXX, XXXXXX

Release Date: xx/xx/xxxx

The following needs have been identified and appointments / referrals may have been made prior to your release.

If you have any questions or need assistance, contact

Need	Resource Name	Resource Address	Phone #	Instructions
Birth Certificate	Greenfield Town Hall	14 Court Square Greenfield MA 01301	(413) 772-1500	Please find your new birth certificate in your property.
Clothing	Salvation Army	Greenfield/Turners Falls/Hadley		Please enter qualifying Salvation Army store to redeem your voucher within 30 day, an ID is required.
Community Reentry Group	Women's Reentry Group	90 Federal Street Greenfield MA 01301	(413) 834-3478	Please attend weekly reentry group for support and food, Thursday's 3:30 – 4:30PM, at the Community Action Family Center
Department of Children & Families	DCF – Greenfield	143 Munson Street Greenfield MA 01301	(413) 775-5000	Please contact your DCF worker upon release to schedule an appointment.
Education	Greenfield Community College	1 College Drive Greenfield MA 01301	(413) 775-1000	Please visit GCC upon release to explore further education options.
Housing	Department of Housing & Community Development	Greenfield Family Inn 128 Federal Street Greenfield MA 01301	(413) 774-6382	You have been approved for EA Shelter benefits through DHCD. Your shelter placement will be at the Greenfield Family Inn, please arrive by 3:00 PM on day of release.
Housing	Franklin County Regional Housing Redevelopment Authority	241 Millers Falls Road Turners Falls MA 01376	(413) 863-9781	You have been added to the centralized Section 8 waitlist. Please follow up with subsidized housing application upon release. Please contact FCRHRA to update contact info upon release.
Housing	Greenfield Housing Authority	1 Elm Terrace Greenfield MA 01301	(413) 774-2932	Please return completed housing application to GHA upon release.
Health Insurance	Mass Health	MA	(800) 841-2900	Mass Health active member #XXXXXXXXXX, you are enrolled in Partners Health Care Choice (800) 231-2722, Member #XXXXXXXXXX
Medical	Pioneer's Women's Health	48 Sanderson Street Greenfield MA 01301	(413) 773-2200	You have an appointment scheduled on XX/XX/XX @ 11:00 AM
Medical	Community Health Center Franklin County	102 Main Street Greenfield MA 01301	(413) 325-8500	You have an appointment scheduled on XX/XX/XX @ 3:15 PM
Mental Health	CHD – Greenfield	102 Main Street Greenfield MA 01301	(413) 774-6252	You have an appointment scheduled on XX/XX/XX @ 10:00 AM
MAT	Clean Slate – Greenfield	1 Arch Street Greenfield MA 01301	(413) 376-4343	You have an appointment scheduled on XX/XX/XX @ 1:45 PM
Probation	Greenfield District Court	43 Hope Street Greenfield MA 01301	(413) 774-5533	Please check in with your probation officer on day of release.

Need	Resource Name	Resource Address	Phone #	Instructions
Recovery Support	EMPOWER Program	48 Sanderson Street Greenfield MA 01301	(413) 773-2001	You have an intake scheduled on XX/XX/XX @ 9:30 AM. They will help connect you with Recovery Coach, doula, prenatal/perinatal support, MAT support, case management, etc.
Recovery Support	Recover Project	55 Federal Street Greenfield MA 01301	(413) 774-5489	Please visit the RP upon release to complete orientation.
Recovery Support	Peer Meetings			Please refer to the meeting lists provided by your reentry case worker and continue to attend peer meetings upon release. You expressed interest in AANA/AJ Recovery meetings.
Recovery Support	Community Action Family Center	90 Federal Street Greenfield MA 01301	(413) 475-1555	Please visit the Family Center to inquire about available services.
Recovery Support	The Salasin Project (Women's Center)	474 Main Street Greenfield MA 01301	(413) 774-4307	Please visit the Salasin Project to inquire about available services.
Recovery Support	NELCWIT	479 Main Street Greenfield MA 01301	(413) 772-0806	You have an appointment scheduled on XX/XX/XX @ 2:30 PM
SNAP Benefits	DTA- Greenfield	143 Munson Street, Unit #3 Greenfield MA 01301	(413) 772-3400	Visit the DTA office on the day of release with reentry case worker to reactivate your benefits.
Identification Card	RMV – Greenfield	18 Miner Street Greenfield MA 01301	(857) 368-8000	Please visit the RMV to obtain an ID card upon release.
Social Security Card	Social Security Office – Holyoke	200 High Street, 2 <sup>nd</sup> Floor Holyoke MA 01040	(877) 480-4989	Please find your new SSN Card in your property.
Reentry Case Worker (RCW)	FCSO Reentry Services	160 Elm Street Greenfield MA 01301	(413) 774-4014	Your assigned reentry caseworker is XXXX, (413) 834-3478. Please rely on your caseworker for your reentry needs. Your reentry case worker will meet with you on XX/XX/XX to review day of release activities.
Transportation	FCSO Reentry Services	160 Elm Street Greenfield MA 01301	(413) 774-4014	Your reentry caseworker will meet you in the lobby on the day of release and help with transportation.

# Collaborating with a Community Partner

## Continued need for MOUD and other care

- Patient is at increased risk of overdose and other poor health in the first few weeks post-release.
  - Seamless transition from jail to community is critical.
- Continuing MOUD from jail entry through incarceration improves health outcomes and increases MOUD retention post-release.
  - Rapid maintenance/induction of MOUD is critical.

## Need for gender-sensitive and trauma-responsive care in correctional settings

- Nearly all clients in the OTP report trauma.
- Nearly all women incarcerated report trauma, have an OUD, and report current or historical commercial sexual exploitation.



Photo source: The Community Health Center of Franklin County (CHCFC), n.d.

# Collaborating with a Community Partner

**Development of a relationship with a care-provider while incarcerated who continues to provide support in the community. The Franklin County Sheriff's Office collaborates closely with:**

- The Community Health Center of Franklin County (CHCFC)
- The Center for Human Development, a community based behavioral health provider
- Clinical & Support Options, behavioral health and office-based addiction treatment provider
- The Salasin Project, a peer advocacy agency
- Trauma disrupts one's sense of trust and safety in the world, and the belief that one is worthy of care and love.
- *Developing a relationship with a provider that supports the client both in the community and FCSO is critical.*



Photo source: The Community Health Center of Franklin County (CHCFC), n.d.

# Case Study

E.N. is a 37-year-old male who presents to re-establish care with CHCFC after recent incarceration.

His past medical history includes Tourette's Syndrome, Hepatitis C, Opiate Use Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Seizure Disorder, and Bipolar Disorder. He initially established care with the health center in 2020, after a 2.5-year incarceration. He was seen intermittently in 2020 with continued illicit drug use as well as several suicide attempts through overdose. He transferred to my care early in 2021 after a near-fatal suicide attempt and overdose (OD).

He has had multiple incarcerations at the Franklin County and nearby Hampshire County jails, mostly short stays for crimes related to his drug use. During his last incarceration, he was treated for acute detox with a methadone detox protocol and then transitioned to Suboxone. He was released from jail after 1 injection of Sublocade.

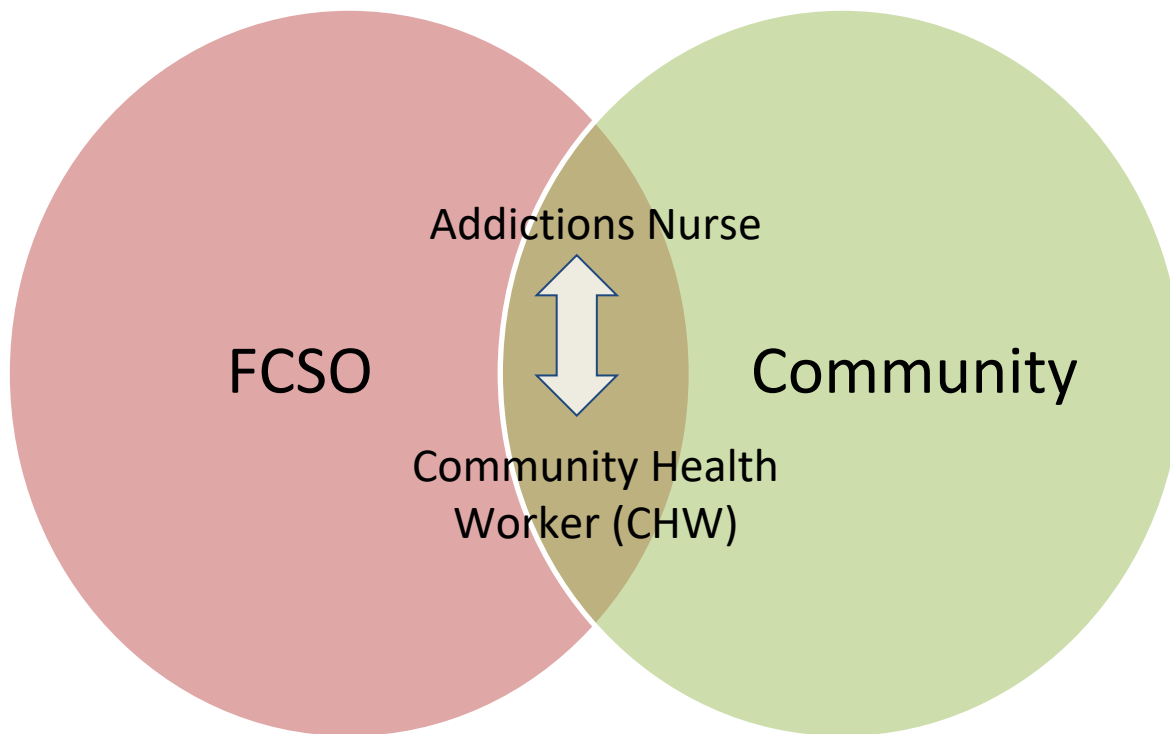
# Office Based Addiction Treatment (OBAT)

- Model of treating addiction in the context of outpatient primary care
- Pioneered by Boston Medical Center & known as the “Massachusetts Model”
- Utilizes registered nurses as Nurse Care Managers (NCMs)
  - NCMs as the primary therapeutic relationship with patient
  - Allows primary care and addiction clinicians to more efficiently use their time
- Multidisciplinary team including registered nurses, medical providers, social workers, and outreach workers
- Recognizes importance of patient-led decision making, harm reduction, and trauma-informed care
- Patients able to receive OBAT services without being abstinent from drugs
  - Medication first model of care



Photo source: iStock, Getty Images Plus

# Continuity of Care through Collaboration



- Patient remains incarcerated.
- NCM and OBAT Director are kept up to date on patient's status through the CHW.
- Plan to reestablish care with CHCFC OBAT as soon as he is released.
- OBAT NCM will be able to provide same-day appointment to avoid any gap in MOUD.

# Case Study Continued

E.N. had been released from jail with a buprenorphine-naloxone prescription and was living in a jail-diversion clinical stabilization services (CSS) program. At his initial visit, he requested medication refills and adjustments. He was also due for his 2nd Sublocade injection.

The nurse practitioner (NP) interrogated the Massachusetts Prescription Awareness Tool (MassPAT) and confirmed his last dose of Sublocade; she was also able to confirm his medication list with the CSS and speak with his Department of Mental Health (DMH) case-worker who attended the visit with him. CHCFC has buy-and-bill Sublocade which meant that E.N. got his 2nd injection on the same day and he was able to enroll in CHCFC's OBAT program.



# Case Study Continued

After 3 biweekly visits, E.N. no-showed several visits in a row. He had become increasingly unstable in his mental health and had left the CSS; his living situation was unclear during this period of time. The CHCFC OBAT team contacted the FCSO Community Health Worker who was able to contact E.N.'s jail release worker to inform them that E.N. had been missing appointments. The OBAT team also contacted the CHW who confirmed that the patient had not been involved in a recent OD or hospitalization.

1 week later the OBAT NP saw and spoke with E.N. in the shared parking lot between CHCFC and the FCSO Release Center. E.N. appeared well and agreed to make a follow-up appointment for the next week.



Photo source: Microsoft PowerPoint, 2024

# Case Study Continued

E.N. once again no-showed his follow-up appointment and once again, the team reached out to the FCSO CHW and the FCSO case workers. E.N.'s caseworker confirmed that he would personally bring E.N. to his next visit.

E.N. arrived for his next visit with his FCSO caseworker. His clinical condition had stabilized, and he was living in a community respite facility. He maintained his sobriety on Sublocade. He was working with DMH and had gotten a housing voucher. He was very pleased with his progress and grateful for the clinical and community team.

1 month later, E.N. returned for medication management and his 3rd Sublocade injection. He remained sober and in stable housing and had started weekly visits with his 2-year-old son.

# Case Study Take Homes

- Established Data Transfer and Use Agreements (DTUAs) and Release of Information processes (ROIs) - allows for seamless transfer of data
- Trauma-informed lens - both behind the wall and outside
- Co-location of services
  - OBAT
  - OTP
  - Socio-legal services
- Continuity of care
- Peer-professional model for outreach and wrap around services
  - Understand multiple pathways to recovery
  - Harm reduction services

# Challenges

- Paradigm of socio-legal involvement - how to create communication between entities whose world views and paradigms are vastly different
- Nurse-led OBAT with doctor/nurse support
- Patient/client-focused harm reduction framework
- Trauma informed care across the full continuum of a person's involvement with the medical-social-criminal-legal system

# Case Study Final

I saw E.N. last week and he remains sober and doing well. Has a permanent bed in respite housing. Continues to see his son weekly and has an active co-parenting relationship with his son's mother. Continues on Sublocade monthly through CHCFC's OBAT.

*In one of the most economically depressed counties in Massachusetts, our Sheriff's office, community partners, and medical providers have established a shared vision of collaboration around scarcity. We provide trauma-informed care across an entire spectrum and timeline of care, and we have an unwavering belief that our patients & clients want to get better despite their actions at times. We hold space for people when they cannot hold it for themselves.*

# A Natural Experiment


- Two Houses of Corrections (HOC) in Western Massachusetts (HOC, jail), mostly rural.
- In 2015, Franklin County HOC began providing buprenorphine, in addition to naltrexone.
  - Buprenorphine induction and continuation at jail entry.
  - Initially focused on sentenced individuals, later included pre-trial individuals.
- At the same time, Hampshire HOC was providing naltrexone, mostly at HOC exit, and no buprenorphine.



Photo source: Wikipedia, 2010

# A Natural Experiment

- Individuals at jail that offered buprenorphine, and later methadone, were significantly less likely to be reincarcerated or re-arraigned than those at a jail that did not offer these medications
- Provides support for agonists being offered in carceral settings



Contents lists available at [ScienceDirect](#)

Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)

Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder

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Naltrexone  
Medications for opioid use disorder (MOUD)  
Criminal justice settings  
Massachusetts Justice Community Opioid Innovation Network (MassJOIN)

ABSTRACT

**Background:** Buprenorphine is an effective medication for opioid use disorder (MOUD) when offered in community-based settings, but evidence is limited for incarcerated populations, particularly in relation to recidivism. In Massachusetts, Franklin County jail (FCSO) was among the first to provide buprenorphine; adjacent Hampshire County jail (HCHC) offered it more recently. These jails present a natural experiment to determine whether outcomes are different between individuals who did and did not have the opportunity to receive buprenorphine in jail.

**Methods:** We examined outcomes of all incarcerated adults with opioid use disorder (n = 469) who did (FCSO n = 197) and did not (HCHC n = 272) have the opportunity to receive buprenorphine. The primary outcome was post-release recidivism, defined as time from jail exit to a recidivism event (incarceration, probation violation, arraignment). Using Cox proportional hazards models, we investigated site as a predictor, controlling for covariates. We also examined post-release deaths.

**Results:** Fewer FCSO than HCHC individuals recidivated (48.2% vs. 62.5%; p = 0.001); fewer FCSO individuals were re-arraigned (36.0% vs. 47.1%; p = 0.046) or re-incarcerated (21.3% vs. 39.0%; p < 0.0001). Recidivism risk was lower in the FCSO group (hazard ratio 0.71, 95% confidence interval 0.56, 0.89; p = 0.003), net of covariates (adjusted hazard ratio 0.68, 95% confidence interval 0.53, 0.86; p = 0.001). At each site, 3% of participants died.

**Conclusions:** Among incarcerated adults with opioid use disorder, risk of recidivism after jail exit is lower among those who were offered buprenorphine during incarceration. Findings support the growing movement in jails nationwide to offer buprenorphine and other agonist medications for opioid use disorder.

Photo source: ScienceDirect, 2022

# Questions?





# Thank You!!!

**Franklin County Sheriff's Office**

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**Clinical & Support Options**

Rachel Katz: [rachelekatz@gmail.com](mailto:rachelekatz@gmail.com)

# PCSS-MOUD Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

**For more information visit:**

**<https://pcssNOW.org/mentoring/>**

# PCSS-MOUD Discussion Forum

Have a clinical question?

## Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>

Addiction Policy Forum	American College of Medical Toxicology
Addiction Technology Transfer Center*	American Dental Association
African American Behavioral Health Center of Excellence	American Medical Association*
American Academy of Addiction Psychiatry*	American Orthopedic Association
American Academy of Child and Adolescent Psychiatry	American Osteopathic Academy of Addiction Medicine*
American Academy of Family Physicians	American Pharmacists Association*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Chronic Pain Association	Coalition of Physician Education
American College of Emergency Physicians*	College of Psychiatric and Neurologic Pharmacists
Black Faces Black Voices	

Columbia University, Department of Psychiatry*	Partnership for Drug-Free Kids
Council on Social Work Education*	Physician Assistant Education Association
Faces and Voices of Recovery	Project Lazarus
Medscape	Public Health Foundation (TRAIN Learning Network)
NAADAC Association for Addiction Professionals*	Sickle Cell Adult Provider Network
National Alliance for HIV Education and Workforce Development	Society for Academic Emergency Medicine*
National Association of Community Health Centers	Society of General Internal Medicine
National Association of Drug Court Professionals	Society of Teachers of Family Medicine
National Association of Social Workers*	The National Judicial College
National Council for Mental Wellbeing*	Veterans Health Administration
National Council of State Boards of Nursing	Voices Project
National Institute of Drug Abuse Clinical Trials Network	World Psychiatric Association
Northwest Portland Area Indian Health Board	Young People In Recovery



Providers  
Clinical Support  
System

Educate. Train. Mentor



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