



# Tri-County Oregon Substance Use Disorder Best Practice Guidelines

Advancing high quality care for substance use disorders in Clackamas, Multnomah, and Washington counties

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TABLE OF CONTENTS

- I. INTRODUCTION ..... 1
  - A. Purpose of The Best Practice Guidelines ..... 1
  - B. Emerging Research ..... 2
  - C. Health Share’s Priorities ..... 2
  - D. Language Throughout the Guidelines ..... 3
  
- II. PRINCIPLES OF SUBSTANCE USE DISORDER CARE ..... 3
  - A. Core Principles
  - B. Principles of Treatment
  
- III. ESSENTIAL CHARACTERISTICS OF THE SYSTEM OF CARE ..... 9
  
- IV. COMMITMENT TO POPULATIONS WITH HIGHEST RISK ..... 14

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- Washington County Health and Human Services
- Youth Contact

## INTRODUCTION

### Purpose of the Best Practice Guidelines

The purpose of these Best Practice Guidelines is to advance standards of care and promote best practice for substance use disorder providers working in the Tri-County region of Oregon. This region includes Clackamas, Multnomah, and Washington counties. Health Share of Oregon is a Coordinated Care Organization, or CCO, that is tasked with coordinating physical, mental health, substance use treatment, and oral health benefits for Medicaid enrollees, as well as working with communities to improve their health, reduce preventable health disparities, and help individuals manage chronic health conditions, including substance use disorders. The National Survey on Drug Use and Health (NSDUH) reports that between 2005 and 2010, 20.7% of persons in the Portland-Vancouver-Hillsboro area used any illicit drug in the past year, higher than the national rate, as is this area's rate of non-medical prescription drug use. The rate of substance use disorders diagnosis was 11.2%, also higher than the nation as a whole.

There is recognition that there are many pathways to recovery and many individuals access recovery supports of all kinds through their communities. All recovery efforts in our community are valued; however the purview of this document is substance use disorder treatment that is provided by Health Share contracted providers.

Health Share aims to work collaboratively with behavioral health providers to advance a comprehensive System of Care to prevent, reduce, and treat substance use disorders and that substance use disorders are a chronic medical condition. The System is built on recognition that substance use disorders undermine all aspects of the health and well-being of individuals, families and communities, including economic well-being, educational achievement, physical and mental health, and safety. To be effective,

the System must be capable of promoting the health and well-being of individuals, families, and communities, as well as address the effects of harmful substance use and substance use disorders.

These Guidelines describe best practices for substance use disorder providers. Health Share's intention is for providers to adopt these Guidelines and work towards implementation of evidence-based best practice.

## Emerging Research

Health Share recognizes that research into substance use disorders, as well as research on prevention and treatment, continues to produce new understanding and that the capacity to define and apply best practices evolves as evidence is tested and disseminated. Health Share is committed to working with providers and partners to improve the capacity of the System of Care to identify and implement best practices, by working closely with communities, providers and provider groups, and by offering training and technical assistance aimed at improving best practice.

Health Share is committed to increasing inter-agency collaboration and closely monitors the activities of federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT), the Office of National Drug Control Policy (ONDCP), the Administration for Children and Families and the Department of Justice, among others.

## Health Share's Priorities

Health Share holds the design and implementation of best practices in this system as a primary goal and has prioritized improving the Substance Use Disorder System of Care, including prevention, screening, treatment, and recovery. This approach focuses on: maximizing inter-agency and inter-system collaboration, identifying and addressing disparities, increasing prevention and linkages to services, improving transitions in levels of care, improving screening and access to services, strengthening the array of recovery-oriented services, workforce development, and improving performance throughout the System.

The Guidelines are drawn from CCO System values and principles, from study of comparable national principles, such as Massachusetts Department of Public Health Bureau of Substance Abuse Services, National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment Principles of Prevention Guidelines of Care Guidelines for Treatment Institute of Medicine, National Quality Forum recommendations. Together, these highlight equity, collaboration, quality improvement, recovery support, prevention and recognition that addiction is a chronic condition requiring a continuum of services.

Health Share values collaboration with health care providers, with individuals served and their families, for example, through the county Consumer Advisory Boards and meetings with providers in a variety of venues. Internally, the CCO highlights priorities such as equity, prevention, early life health, workforce development, integration, etc. This, combined with broad collaboration allows the CCO to effectively coordinate and plan substance-related disorders prevention and treatment programming, policy and practice guidelines and funding.

The Best Practice Guidelines establish expectations for Health Share’s substance use disorder providers. Substance use disorder treatment programs licensed by Oregon Health Authority are also governed by requirements of Oregon Administrative Rules Guidelines for approval/licensure of alcohol and other drug abuse programs 415-012-0000 through 415-012-0090. The Guidelines may be updated and revised periodically. Providers may check Health Share’s website at [www.healthshareoregon.org](http://www.healthshareoregon.org) for the most updated version.

- ✓ ***Throughout these Guidelines, specific contractual requirements are in bold-face type and marked with a checkmark. Beginning on page 20 there is an appendix with all contractual requirements.***

## Language throughout the Guidelines

Throughout this document, we intentionally use person-first language that promotes recovery and aims to reduce the stigma associated with substance use disorders. We refer to people with substance use disorders as “individuals,” “people,” and “parents,” and “clients.” We refer to the people close to individuals with substance use disorders as “family” or “children and youth.”

The term “substance use disorders,” is meant to be inclusive and aligned with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) substance-related disorders, which includes ten separate classes of drugs: alcohol, caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants; tobacco; and other or unknown substances. Gambling Disorders and are outside the purview of these Guidelines.

## PRINCIPLES OF SUBSTANCE USE DISORDER CARE

### Core Beliefs

- We believe substance use disorders can be prevented and must be treated as a chronic health condition.
- We believe in strengthening individuals’ lives through substance use detection, assessment, prevention, treatment, and recovery.
- We believe individuals seeking treatment for substance use disorders must be treated with dignity and respect.
- We believe treatment must address the social determinants of recovery, which are the conditions where people are born, grow, live, work and age.
- We believe individuals with substance use disorders must have access to quality, on-going care that is person centered, individualized, and readily available.
- We believe eliminating the stigma associated with substance use disorders is integral to our prevention and treatment efforts.
- We believe recovery is probable given the right treatment, support, and necessary skills for self-management.

- We believe people with lived experience add value to the System of Care and support their employment at all levels within treatment organizations, including leadership.

## Principles of Treatment

### **Recovery from addiction is probable**

- Treatment must be founded in the hope for every individual's potential of contributing to society and living out their own self-identified purpose.
- Treatment and interventions are supportive of the individual living a meaningful and productive life, defined by that individual.
- Individuals are resilient and have a right to live a life of self-determined purpose and meaning.
- Recovery happens through the creation of healing environments that are culturally appropriate, inclusive, supportive, address holistic health needs, and have shared decision-making.
- Recovery happens in communities where individuals can develop reciprocal and meaningful relationships.

### **Treatment is person-centered**

- There are many pathways to recovery. No single treatment is appropriate for all individuals.
- Matching treatment settings, interventions, and services to each individual's particular needs is critical to success.
- Effective treatment is culturally-specific, competent, and responsive; beliefs and customs are diverse and impact recovery outcomes.
- Treatment does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location, and socioeconomic status.
- Treatment must address substance use and any associated medical, oral health, psychological, social, vocational, and legal problems.
- Treatment programs must provide opportunities for client feedback that refines programming and treatment services to be inclusive of client voice.

### **Treatment is readily available and accessible**

- There is no such thing as a "motivated client." There are moments of motivation. Treatment provides outreach and responds to these moments through assertive outreach and engagement.
- Treatment adjusts and adapts to where and when the individual is able or wants to engage in treatment without judgment or consequence.

- Treatment does not need to be voluntary to promote recovery. Sanctions or enticements from the family, employment setting, or criminal justice system can increase treatment entry and retention rates.
- Treatment, outreach, and engagement should be trauma-informed and include harm-reduction approaches, including options for individuals who do not abstain from substance use.
- Treatment programs must be responsive when programmatic barriers affect a portion of individuals within or trying to access the program, including location to public transportation and other barriers.

**Treatment must be modified to meet changing needs**

- An individual may require varying combinations of services and treatment components during the course of treatment and recovery.
- In addition to counseling or therapy, an individual may want or require medication, medical services, family therapy, parenting support, vocational rehabilitation, social, or legal services.
- Treatment approaches must be appropriate to the individual's age, gender, language, ethnicity, and culture.
- Certified Recovery Mentors with lived experience in recovery are a vital part of the service array and System of Care.

**Treatment is trauma informed**

- Treatment recognizes the high likelihood of exposure to trauma and provides a safe environment for workers and the people they serve.
- Treatment avoids injuries to people from the care that is intended to help them.
- Treatment addresses adverse life events with a trauma-informed framework.
- Treatment is based on scientific knowledge, evidenced-based practices, and cultural best practices.

**Recovery frequently requires multiple interventions and episodes of treatment**

- As with other chronic health conditions, relapse to substance use can occur during or after successful treatment episodes. Individuals with substance use disorders may require prolonged treatment and multiple episodes of treatment to achieve long-term recovery.
- Transitions between treatment, levels of care, and modalities are a heightened time for relapse. Treatment programs must plan and provide additional resources during transition periods.

## Substance Use Disorder System of Care Overview

### Components of the System of Care

#### Prevention

Health Share works with partners to develop a system that supports prevention strategies in two categories: Universal prevention, which targets all residents in a community; and selective prevention, which focuses on individuals who are at particularly high risk.

- ✓ **Health Share contracted providers are required to be knowledgeable about community prevention efforts and to work with the CCO and its partners to assess need, implement, and sustain prevention efforts.**

### Screening, Brief Intervention, and Referral to Treatment

Universal Screening, Brief Interventions, and Referral to Treatment (SBIRT), as part of routine healthcare practice has been shown to be a cost effective approach to reducing unhealthy substance use, and to save lives and money. Early identification through screening and brief interventions can identify risky use, reduce harm caused by high risk alcohol and substance use, forestall development of disorders, and reduce need for intensive and/or multiple interventions. Health Share, their partners, and providers have worked to establish SBIRT in a variety of healthcare settings. Brief clinician advice is a powerful tool, especially for women of child-bearing age, or women who are pregnant. Adolescence is also a period of considerable risk, and there is an SBIRT guide for pediatricians to screen and counsel pre-teens and teens, as recommended by the American Academy of Pediatrics.

### Treatment within the Specialty Behavioral Health System

The treatment system encompasses several levels of care as described in the American Society of Addiction Medicine (ASAM) Criteria, including withdrawal management services, residential services for youth, adults, and adults with families, and intensive outpatient and outpatient services. Medication assisted treatment (MAT) is not a distinct level of care, but rather an evidence-based treatment modality that can be integrated into any level of care, but is generally provided on an outpatient basis. Each level of care is tailored to respond to specific treatment needs.

- In determining need, developing treatment plans, and monitoring outcomes, Health Share requires all substance use disorder providers to apply criteria established by the American Society of Addiction Medicine.
- All substance use disorder providers are required:
  - To be knowledgeable about the full range of services in the System of Care, and have well-established, well-utilized collaborations and relationships with other treatment providers and community providers such as other levels of SUD treatment, primary care, dental care, culturally-specific services, and mental health services, as evidenced by established referral pathways.



- Provide treatment that is based on a full assessment including the individual's history of substance use, medical, dental and psychiatric care needs, and social history.
- To have established the capacity to facilitate transitions from one level of care to another or one provider to another, as needed.
- To address health disparities based on social history; which includes addressing risks associated with sex work and intravenous drug use, including but not limited to, sexually transmitted infection and pregnancy testing, as well as family planning or effective contraception use.
- To monitor possible substance use for individuals in treatment, which can provide early evidence of substance use and allow the provider and client to adjust treatment, as needed. Treatment should not be terminated due to relapse. The decision to transition to a different level of care based on drug screening results must follow a procedure and evaluate harm to other individuals in the program. The transition to a different level of care or program should include care coordination during the transition.
- As key sources of recovery support in the community, outpatient service providers are required to support relevant or pertinent community prevention efforts and be aware of community groups promoting recovery.
- Health Share requires that providers of withdrawal management programs establish referral and transition systems which ensure smooth and timely transfers to the next appropriate level of care, including developing plans for uninterrupted medication assisted treatment.

## Medication Supported Recovery

Opioid use and abuse, and opioid overdose are the focus of national, state and local coalitions, which target multiple local systems using an ecological approach. These programs aim to implement local policy, practice, systems, and environmental change(s) to prevent the use and abuse of opioids, prevent and reduce fatal and non-fatal opioid overdoses, and increase both the number and capacity of entities addressing these issues. Health Share supports the provision of Naloxone and is committed to increasing its availability and use to prevent overdoses. Health Share encourages the co-prescribing of Naloxone with Opioids that carry risk for respiratory failure.

Research and experience provide an increasingly comprehensive understanding of the physiological changes that accompany or result from substance use. For example, we understand a great deal about substance-related changes in metabolism and brain activities, such as increased or decreased neurotransmitter production. This expanding field of knowledge is accompanied by increased availability of effective treatments using medications which target those physiological effects, for example by disrupting metabolism of the substances or modifying substance-related brain activity. The effectiveness of medication assisted treatment in stabilizing individuals and enabling them to build a recovery-based lifestyle is well documented.

Health Share is committed to ongoing program evaluations with particular attention to specific populations that are underrepresented in evidence-based research. Health Share supports the use of proven, effective medication assisted treatment in a variety of settings:

- Opioid Treatment Program (OTP): Medication assisted treatment in an Opioid Treatment Program provides a comprehensive, effective treatment, primarily using Opioid agonist therapies such as methadone, in combination with individual and group counseling, and other services.
- Office-based Opioid Treatment (OBOT): Medication assisted treatment in OBOT settings often includes the use of Buprenorphine/ Naloxone, Buprenorphine, or Naltrexone. OBOT services can occur in primary care settings or in specialty behavioral health treatment settings. Within the specialty behavioral health system, there has been an initiative called *Wheelhouse: Expanding Recovery Options*. Wheelhouse aims to increase the capacity of specialty behavioral health providers to integrate high-quality medication supported recovery into their existing programs, which already offer individual and group counseling, and other services.
- Other Medications: Research continues to provide insight into how medications can improve outcomes in the treatment of substance use disorders, and a number of medications are currently used in behavioral health and primary care settings. Medication assisted treatment can support recovery and reduce risk of relapse, overdose, and other harms related to substance use. Examples of additional FDA approved medications used in the treatment of substance use disorders include:
  - *Disulfiram*: a medication that disrupts metabolism of alcohol, causing severe reactions if alcohol is ingested;
  - *Acamprosate*: a medication that modulates and normalizes alcohol-related changes in brain activity;
  - As well as other medications with an evidence base such as *Topiramate* and *Gabapentin*.
- ✓ **All substance use disorder providers are required to:**
  - Be knowledgeable about effectiveness of medication assisted treatment as a primary treatment in conjunction with other levels of care, and to provide accurate and up-to-date information about medication assisted treatment to individuals served.
  - Be aware of and facilitate access to a variety of medication assisted treatment options whether in conjunction with existing treatment, with referral to or support from another provider who offers MAT, or as a transition from one level of care or provider to another.
- ✓ **Substance Use Disorder providers must not discriminate or deny program admission based on an individual engaged in medication supported recovery. Providers must not compel the discontinuation of medication assisted treatment, unless there is a medical rationale from the licensed medical provider recommending discontinuation.**

## Recovery Support from People with Lived Experience

Health Share supports programs and services aimed at supporting individuals, families, and communities in maintaining recovery. Recovery support can be provided by Certified Recovery Mentors who are

employed by peer-run organizations, culturally-specific providers, or other substance use disorder providers. In addition, recovery support may be offered by community-based self-help groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Rational Recovery (RA), faith-based organizations, or other community-based organizations that support those in recovery. There are many roads to recovery. All recovery efforts in our community are valued.

## Essential Characteristics of the System of Care

This section describes the foundations of the System of care. These essential characteristics should be evident throughout the system, varying according to the components. These characteristics are described in detail below:

### Recovery-Oriented System of Care

Health Share is committed to ensuring that its System of Care is recovery oriented. That is, the system recognizes that there are many paths to recovery: some individuals recover on their own, or with the help of their family and friends; some achieve recovery through formal treatment. For some recovery means complete abstinence from substance use. For others, reduction of the harm arising from use is a meaningful goal. Similarly, the nature of effective treatment may vary widely: from a single episode to a series of treatment experiences, comprising different levels and numbers of episodes. An increasing range of medications are proving effective in the treatment of substance use disorders, in combination with other approaches, as well as through primary care. Choices in treatment and in the path to recovery vary according to experiences with substances, age, culture, co-occurring conditions, availability of family and community supports, and a range of other factors.

Health Share is committed to supporting a Culture of Recovery that focuses on building and sustaining an individual's physical, mental, and dental health, engagement in supportive relationships, and productive participation in their community. It recognizes the multiple and varied efforts individuals and their families make to achieve recovery.

- ✓ **Providers are required to demonstrate characteristics of Recovery Oriented Systems of Care and to establish and maintain a Culture of Recovery.**

### Early Identification and Supporting Engagement in Recovery

Individuals, and their families, may approach treatment and recovery in many ways. Health Share is committed to ensuring that the System of Care is capable of responding to any approach or inquiry so that those who need help are effectively and efficiently identified and engaged. This requires that components of the System are welcoming, responsive and skilled, and that components of the system actively coordinate to ensure the System promotes engagement in Recovery.

- ✓ **Health Share requires that providers:**

- Ensure that individual needs are accurately assessed and individuals are referred to the appropriate level of care;
- Develop screening and assessment policies, procedures and tools that:
  - Ensure accurate collection of information;
  - Ensure screening for co-occurring physical, oral, and mental health needs;
  - Ensure screening for trauma, housing, criminal justice, employment, family, and other social support needs;
  - Are appropriate to the age and developmental capacity of the individual;
  - Are inclusive of cultures and ethnicities
  - Responsive to linguistic needs;
  - Responsive to literacy needs;
- Work with each other, and other System components, to ensure that referrals and transfers are carried out in planned, coordinated way, based on established, agreed upon procedures and codified relationships;
- Ensure that planning for discharge from treatment begins at assessment;
- Ensure that regardless of the circumstances of discharge, individuals are supported in continuing in recovery, and reducing harm from substance use;
- Establish mechanisms to promote peer relationships and resources by:
  - **Providing information and peer resources including peer organizations, recovery coaches and mentors, and self-help groups.**
  - **Providing information and referral for family support services and support groups.**

## Targeting Harm and Risk Reduction

The American Society of Addiction Medicine describes harm reduction as: A treatment and prevention approach that encompasses individual and public health needs, aiming to decrease the health and socio-economic costs and consequences of addiction-related problems, especially medical complications and transmission of infectious diseases, without necessarily requiring abstinence. A range of recovery activities may be included in every harm reduction strategy. Health Share supports this definition and add 'Risk Reduction' as a characteristic of the System of Care, aiming to assist individuals, families, and communities to identify risk behaviors in relation to treatment goals and defining strategies related to those goals that decrease health risks. This approach incorporates principles of harm reduction as described by the Harm Reduction Coalition (see below),<sup>1</sup> which focuses on strategies that reduce negative consequences associated with substance use. These strategies represent a continuum from safer use, to managed use, to abstinence. Combined, harm and risk reduction open a range of options which individuals can define as attainable goals.

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<sup>1</sup> <http://harmreduction.org/about-us/principles-of-harm-reduction/>

**The Harm Reduction Coalition considers the following principles central to harm reduction practice:**

- Accepts, for better and or worse, that substance use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using substances are clearly safer than others.
- Establishes quality of individual and community life and well-being—not necessarily cessation of all substance use—as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use substances and the communities in which they live, in order to assist them in reducing harm.
- Ensures that people with, and with a history of, substance use disorders routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms individuals who use substances themselves as the primary agents of reducing the harms of their substance use, and seeks to empower people who use substances to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with substance-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with drug use.
  - ✓ **Health Share requires providers to demonstrate a Harm Reduction approach by working with individuals served to develop goals and strategies that decrease health risks and negative consequences of substance use.**

### Evidence-Based Practice and to Quality Improvement

Health Share is committed to improving practice throughout the System of Care. Our approach focuses on improvement through enhanced availability and use of data; quality assurance; dissemination of evidence-based and best practices; and increasing responsiveness to needs of communities, families, and individuals served. Our Principles of Care call for design and operating decisions to be based on evidence of effectiveness, and SAMHSA underscores the importance of using evidence in making funding decisions, and highlights the importance of assessing the effect of policies and programs on health disparities.

To support these efforts, Health Share is working to refine data collection and analysis so that data are available to treatment providers to support assessments of effectiveness and programming decisions. These data are used to support program assessment, design, and decision making.

### Committed to Person-Centered Care

Health Share’s Principles underscore the importance of responding to the whole person. Substance use disorders affect all life domains: development, brain function, and behavior, acquisition of life skills,

relationships, employment, education, and housing. Individual characteristics, family and friends, community and environmental factors can hinder or promote prevention and recovery.

✓ **Health Share requires providers:**

- To demonstrate understanding of individuals' varying strengths and vulnerabilities in relation to developmental status.
- To recognize the importance of family and significant relationships.
- To engage individuals and families in their various life circumstances, (e.g., those parenting or building a family; those with housing instability or experiencing homelessness; or those involved with mandated systems, such as the criminal justice system or child welfare system.)
- To demonstrate understanding and affirmation of sexual orientation and gender identity.
- To recognize and respond effectively to co-occurring mental health disorders and trauma.
- To recognize and respond effectively to co-occurring conditions such as: HIV/AIDS, Viral Hepatitis and Tuberculosis; opioid overdose; tobacco use and nicotine addiction, and gambling disorders.

### Providing Trauma Informed Care

Trauma informed care is an approach to the delivery of behavioral health services. The first National Comorbidity Study found that in the general population, 61% of men and 51% of women had at least one traumatic experience. More recently, the National Epidemiologic Survey on Alcohol and Related Conditions found that as many of 71% of persons with substance use disorders had experienced traumatic events, including domestic violence, combat-related trauma, and childhood abuse. By now, the prevalence of exposure to trauma among persons served in the behavioral health system is widely acknowledged. SAMHSA advocates for trauma-informed service systems, the benefits of which – to individuals, families, agencies and programs – are increasingly evident. SAMHSA describes benefits including a greater sense of safety, improved screening, assessment and treatment planning, and decreased risk of re-traumatization. Benefits can apply to staff as well as to individuals served. Trauma-informed care can reduce the impact of trauma and violence. Given the prevalence of trauma among people with substance use disorders and the benefits of trauma-informed approaches, Health Share requires providers to ensure trauma informed care, as evidenced by:

✓ **Health Share requires providers to provide a stated commitment to trauma-informed care, with emphasis on individual choice and decision making;**

- Collaborative partnerships which provide for access to trauma specific services;
- Inclusion of trauma screening in all assessments, and periodic reassessments;
- Prohibition of coercion or force in treatment;
- Recognition that children of individuals served have experienced trauma, and that they and their families may require support and assistance in obtaining effective treatment to address trauma.

- ✓ **Health Share requires providers to conduct periodic assessments of the degree to which policies and procedures:**
  - Ensure that the environment is safe and clearly provides a sense of safety, e.g., interactions are predictable; staff are aware of potential triggers in the environment; service provision is transparent;
  - Review questionnaires and assessment questions to ensure they are responsive to the trauma experiences of those served.
  - Recognize that some behaviors may be attempts to cope with trauma-related symptoms and respond accordingly.
  
- ✓ **Health Share requires providers to ensure that program design and workforce development reflect understanding of:**
  - Pervasive effects of trauma, for example, on relationships, families and communities;
  - The complex links between trauma and addiction;
  - Trauma-informed services do not depend on staff knowledge of an individual's trauma experiences, nor on an individual's disclosure of trauma experiences;
  - Sensitive and effective methods of exploring trauma, making referrals and supporting individuals; and
  - Potential for staff to experience secondary trauma (or their own trauma) thus requiring organizational and supervisory supports.

## Addressing Tobacco Use Disorder

Tobacco-related health conditions are the leading cause of death among persons treated for substance use disorders. Smoking and tobacco use are known to contribute to relapse. Second hand smoke is known to causes a broad range of health problems including asthma and ear infections in children, pregnancy complications, and coronary diseases in adults.

Research has found that simultaneous treatment of other substance use and tobacco use can be more effective than treatment that does not address tobacco use. There are an array of programs and resources to help people discontinue tobacco use. Health Share has supported integration of tobacco policy, education, and treatment into services, in partnership with the Public Health Department.

- ✓ **Health Share requires behavioral health providers to treat tobacco use disorders and support tobacco cessation, including assessments, treatment planning, education, services, and access to medication for smoking cessation.**

## Zero Suicide and Suicide Prevention

Individuals with Substance Use Disorder are at high risk for completing suicide and suicide is the leading cause of death among people with Substance Use Disorders. Comorbidity- or co-occurring mental illness and substance use disorders increases the risk even further.<sup>2</sup>

- ✓ **Health Share requires behavioral health providers to implement available suicide prevention tools, including: suicide risk assessment, lethal means counseling, and safety planning.**

## Commitment to Populations with Highest Risk

### Commitment to Responding to Developmental Status

The components of the System of Care are attuned to risks and abilities associated with developmental status, and individual variations in development. Examples include: Prevention programs targeting youth, aiming to reduce age of first use; and SBIRT programs focusing on youth and women of childbearing age; specialized treatment programs designed to respond to specific developmental needs, for example, programs for youth and young adults, adults with developmental disabilities, or for adults with children.

Being attuned to developmental status is understanding that, while it is convenient to refer to ‘ages’ as delineators of development, human development does not adhere to set timetables. Attunement depends on understanding major domains of human growth, which in addition to physical development include relational capacities, family and social roles and abilities, language, cognition, sexuality, gender identity, health, and personal sources of meaning. Individual variations in development can arise from disabilities, injuries, trauma, physical health challenges, social determinants, and substance use. Using this approach, an inability to anticipate consequences may be viewed as evidence of a cognitive developmental lag or loss, rather than risk-taking; and difficulty in understanding how others might feel may be viewed as evidence of trauma in early life, rather than indifference or not being ‘ready’ for recovery.

- ✓ **Health Share requires providers to be competent to address developmental status in planning and implementing programs and services, as well as in assessing service needs of individuals.**
- ✓ **Health Share requires providers to refer, consult and coordinate with programs to that support recovery for developmental status when the scope is outside of their expertise.**

## Youth with Substance Use Disorders

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<sup>2</sup> Center for Substance Abuse Treatment. (2008). *Substance Abuse and Suicide Prevention: Evidence and Implications—A White Paper*. DHHS Pub. No. SMA-08-4352. Rockville, MD: Substance Abuse and Mental Health Services Administration.



Youth Transitioning into adulthood have some of the highest rates of alcohol and substance abuse. For instance, rates of binge drinking (drinking five or more drinks on a single occasion) in 2014 were 28.5% for people ages 18-20; and 43.3% for people ages 21-25.<sup>3</sup> This population requires approaches that meet them where they are at developmentally as research currently demonstrated continued brain development into the early 20's.

Children and youth are viewed and understood in the context of their families, communities, and cultures. Health share works to promote systems of care that involved youth and their parents in treatment plan and decision making.

- ✓ **Providers serving youth and young adults (and/or their parents) are required to demonstrate programmatic capacity to respond to developmental status and needs by:**
  - Using harm reduction strategies and best practices;
  - Responding to relapse in ways which keep the young person engaged in treatment and recovery, and focus on harm reduction;
  - Applying service models which reflect accurate assessment of developmental status, e.g., opportunities for physical activities, shorter group times, help in developing friendships among peers in recovery;
  - Ensuring program capacity and staff skill in addressing sexuality, gender identity and sexual behavior, including addresses risks of sexually transmitted diseases;
  - Establishing capacity, directly or through referral, to respond to a range of youth and young adult vulnerabilities such as emerging mental health disorders;
  - Accessing Recovery Support services for youth and young adults drawing on evidence based curricula and programing, framing decision making in the context of developmental status, and building positive relationships, including developing a network of peers in recovery;
  - Engaging and supporting family and other supportive relationships in the young person's life;
  - Providing opportunities for meaningful participation by the youth/young adult population – opportunities that highlight youth and young adult strengths such as capacity to make intense commitments and invest enthusiastic interest and effort; these may include participating on advisory boards, in program planning, and in engaging other young people; and
  - Demonstrating flexibility and inventiveness in outreach and engagement.
  
- ✓ **Providers are required to have, where appropriate, well established partnerships with:**
  - Early childhood programs;
  - DHS Child Welfare and DHS Self-Sufficiency;
  - Child, Youth, and Family behavioral health providers;

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<sup>3</sup> <https://www.samhsa.gov/specific-populations/age-gender-base>.

- Mechanisms for providing best practices parenting program either directly or by referral.

## Commitment to Families

Health Share’s Ecological Framework underscores the intertwined effects each element has on the others. Substance use disorders never affect only the person with the disorder. Nor did the individual with a substance use disorder develop that chronic health condition in a vacuum. Family members – including siblings, children, parents, partners and family-by-choice – and friends exert influence on, and are influenced by the individual. These significant relationships may support or undermine treatment and recovery, and they may also be transformed by treatment and recovery.

Of particular concern are youth of parents with substance use disorders and youth/ young adults with substance use disorders. SAMHSA highlights the importance of care coordination for children, youth and young adults given the number of systems these individuals may be involved with, and the variety of cultural and linguistic needs.

## Children and Youth

Many treatment admissions, across all levels of care, involve individuals with children, and two-thirds of pregnant women admitted to treatment have children. A parent’s substance use disorder does not unavoidably result in harm to children. Yet, children whose parents have a substance-related disorder are nearly three times more likely to be abused and four times more likely to be neglected than children whose parents do not have an SRD.<sup>4</sup> Between 40% and 80% of children in foster care placement are affected by substance-related disorders.<sup>5</sup> These children are at increased risk of developing substance use related disorders. Therefore, support of parents’ capacity to care for their children can protect children from current harm and prevent future harm.

Once in recovery, parents’ awareness of how their substance misuse may have undermined their ability to care for their children can result in guilt and uncertainty about how to carry out their roles and enjoy their children. Health Share and their partners seek programs that enhance parents’ ability to care for their children, and to enjoy their roles as parents.

- ✓ All treatment providers, including those serving youth, are required to assess whether men and women have children. If the client is a parent, providers are required to explore the status of the parent-child relationship, and to assist the individual in setting and reaching goals in relation to his or her child(ren).
- ✓ Treatment plans should include an evaluation as to whether other family members have needs that require specific interventions by the provider or referral to appropriate services.

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<sup>4</sup> No Safe Haven: Children of Substance Abusing Parents, National Center on Addiction and Substance Abuse, 1998

<sup>5</sup> Research Studies on the Prevalence of Substance Use Disorders in the Child Welfare Population, National Center on Substance Abuse and Child Welfare, SAMHSA

- ✓ Treatment providers are required to participate in enhancing capacity to provide best practices for families and enhance their capacity to support treatment and recovery for families.
- ✓ Health Share requires providers to acknowledge the importance of family relationships in program design and operations.
- ✓ Providers are required to define families in the broadest sense, including ‘family of choice,’ and are required to engage family members, to the extent desired by individuals served, by:
  - Providing information and education about substance use disorders and treatment, and about supports and services available to youth and families;
  - Ensuring family relationships are explored in assessments, and goals regarding these relationships are stated in treatment plans;
  - Providing, either directly or by referral, family therapy and, where indicated, interventions.

### Commitment to People who identify as Lesbian, Gay, Bisexual, Transgender, Two-Spirit and Queer or Questioning (LGBTQ)

Health Share is committed to equity in treatment services for all members. Deliberate and thorough attention must be paid to those whose substance use is exacerbated by discrimination and hostility, and whose treatment access is hampered by the same forces. These effects are felt particularly by lesbian, gay, bisexual, transgender, and queer or questioning youth, young adults and adults.

SAMHSA identifies LGBTQ individuals as a higher risk and underserved community. Data confirms this, suggesting that substance use and substance use disorder rates among LGBTQ individuals are greater than rates in the general population. Lesbian, gay, and bisexual individuals are more likely to report binge drinking and drug use than are people who identify as heterosexual. Data on LGBTQ youth and young adults confirm that these young people -- often living in environments where bullying, threats, and rejection are common -- are more likely than their heterosexual peers to use substances: 65% of lesbian and gay youth and 60% of bisexual youth (vs. 46% of heterosexual youth) reported current alcohol use; 20% of lesbian or gay youth (vs. 2% of heterosexual youth) report having used heroin. Health Share is committed to ensuring that LGBTQ individuals, and their families, including families of choice, can access and safely participate in the System of Care.<sup>6</sup>

- ✓ **Health Share requires providers to:**
  - Provide environments that are welcoming to LGBTQ individuals and their families.
  - Demonstrate safety for LGBTQ individuals by establishing policy, procedure, and effective staff training to prevent harassment, discrimination, and threats.
  - Use data collection instruments, such as intake and assessment forms, which are free of assumptions related to gender and sexual orientation, for example, assumptions about the gender of a spouse or partner.

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<sup>6</sup> A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals, Substance Abuse and Mental Health Services Administration, 2001, <https://store.samhsa.gov/shin/content/SMA12-4104/SMA12-4104.pdf>

- Integrate LGBTQ culture into cultural competence efforts.

## Commitment to People Using Opioids

Health Share is committed to ensuring that individuals, many of whom are young adults, have access to all appropriate levels of care within the treatment system. This includes individuals needing and/or receiving medication assisted treatment, an evidence-based best practice for treatment of opioid use disorder.

- ✓ Health Share requires that all providers admit individuals receiving medication assisted treatment – including but not limited to Methadone, Buprenorphine, injectable or oral naltrexone and Naloxone – who also meet other admission criteria.
- ✓ In addition to ensuring and coordinating residential services for this population, Health Share requires Residential Services providers to ensure their staff are aware of the role of medication assisted treatment in the System of Care and support the recovery of individuals receiving medication assisted treatment.
- ✓ Patients wishing to taper from their medication should seek guidance from the prescriber of that medication. Individuals should only be supported in tapering off their medication when clinically indicated. Even if not clinically indicated, individuals may elect to stop their medication. In that event, the provider should assist in withdrawal management.
- ✓ Behavioral health providers serving individuals with Opioid Use Disorders shall consult the Oregon Prescription Drug Monitoring Program (PDMP) to ensure the safe and appropriate coordination of prescriptions used for medication supported recovery.
- ✓ Health Share requires Residential Services providers that do not have capacity to offer a variety of medication assisted treatment options to establish and maintain an agreement with a provider of MAT specifying:
  - A stated commitment to prevent and reduce opioid overdose;
  - Up-to-date knowledge of overdose prevention and response resources in their communities, including identification of pharmacies stocking naloxone and/or having standing orders for naloxone;
  - Ensuring staff are trained in preventing, recognizing and responding to overdose;
  - Including review of overdose history, including witnessing overdose, in treatment assessments;
  - Educating individuals served about opioid overdose prevention, recognition and response including the use of naloxone;
  - Including opioid overdose risk reduction in treatment and discharge plans;
  - Referring families and friends of individuals who use opioids to overdose prevention resources, including community pharmacies which stock naloxone and/or have standing orders for naloxone so those likely to witness an overdose have access to naloxone.

## Commitment to Pregnant and Post-Partum Women

Health Share is committed to ensuring that pregnant and post-partum women have priority access to treatment. Pregnant women with substance use disorders are exposed to a range of risks. They are less likely to seek timely prenatal care, and are more likely to experience pregnancy complications, including pre-term delivery. Smoking during pregnancy is linked to pregnancy complications such as preeclampsia, stillbirth, and sudden infant death syndrome. Pregnant women with substance use disorders as a population are higher risk: nearly one-third (32.93%) are between 18 and 25 years old; 76% report lifetime heroin use, and 57% report needle use in the prior year; 28% are homeless. It is not unusual for a woman to learn she is pregnant as a result of detox admission pregnancy test. In addition, pregnant, substance using women are at higher risk for depression during pregnancy and in the post-partum period, and are at increased risk of experiencing violence.

Infants born to women with substance use disorders are more likely to be low birth weight and, depending on the substance used, to experience neonatal withdrawal syndrome. For pregnant women using alcohol, their babies are at risk of fetal alcohol spectrum disorders or birth defects.

Health Share supports Screening, Brief Intervention, and Referral to Treatment (SBIRT) initiatives to screen pregnant women in all care settings and educate them to the risks of alcohol, tobacco, and other substance use during pregnancy. There are centers of excellence programs in the region for pregnant women with substance use disorders.

- ✓ Health Share requires providers to:
  - Identify the unique needs and risks of pregnant women and make appropriate referrals;
  - Establish mechanisms to ensure smooth transitions from one level of care to another, especially for pregnant women using opioids, recognizing that medication assisted treatment, combined with prenatal care, is currently the standard of treatment for opioid use disordered pregnant women,
  - Establish collaborative partnerships with pre-natal and post-partum care, early intervention and early childhood services;
  - Support family planning; including effective contraception use for future pregnancies
  - Provide, directly or through referral:
    - Evidence based parenting services; and
    - Family treatment services, including family therapy.
- ✓ Providers are required to collaborate with mental health care and domestic violence services and resources.

## Commitment to People Involved with the Criminal Justice System

Many individuals receiving substance use disorder treatment are mandated by the Criminal Justice System. Regardless of how individuals begin treatment, recovery is possible and criminal justice involvement and accountability may assist some people with staying in treatment. Substance use disorders and criminal justice involvement substantially increase recidivism, risks of violence and

property loss, undermine public health and safety, and increase risks such as HIV and Viral Hepatitis. Recognition of this synergistic relationship has led to changes in law and criminal justice functioning, in some cases with stricter sentencing, and in others with attempts to incorporate understanding of substance use disorders into judicial processing (e.g., drug courts). Involvement in the criminal justice system may represent an opportunity for individuals to begin recovery and reduce recidivism. SAMHSA reports that offenders are best served when substance abuse treatment and criminal justice systems work together.<sup>65 7</sup>

- ✓ Health Share requires all behavioral health providers to support efforts to improve collaboration with the criminal justice system, as evidenced by:
  - Giving access to individuals involved with the criminal or juvenile justice system;
  - Establishing coordination with local drug courts;
  - Recognizing that individuals recently released from incarceration are at high risk for opioid overdose and therefore ensuring overdose risk is addressed in assessment, treatment planning, and services;
  - Providing case management services focusing on access to insurance, housing, primary care, and support to re-connect with family or other recovery supports.

### Commitment to Engaging and Serving Homeless Individuals and Families

Homeless individuals and families are identified as an underserved population by SAMHSA. Those who are homeless face disproportionate barriers to services, such as housing, health care, education, dental care, mental health care, and opportunities for employment. The United States Interagency Council on Homelessness estimates that almost 50% of homeless individuals have substance use disorders.

- ✓ Providers are required to respond to the needs of homeless individuals and families, by:
  - Establishing relationships with local shelters and housing resources;
  - Ensuring housing and employment needs are addressed during initial assessments and treatment planning; this includes determining at the outset whether the individual or family currently has permanent housing;
  - Ensuring the individual and program address their permanent or transitions housing needs while in treatment for discharge.

### Commitment to Individuals with Co-Occurring Mental Health Disorders

The co-occurrence of substance use and mental health disorders is well documented. SAMHSA has estimated that 50% to 75% of persons treated for substance-related disorders have co-occurring mental health disorders.

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<sup>7</sup> Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Substance Abuse Treatment for Adults in the Criminal Justice System. Treatment Improvement Protocol (TIP) Series 44. HHS Publication No. (SMA) -4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005

Health Share is committed to working with all partners at all levels of care to develop a seamlessly integrated service system for individuals with co-occurring substance use and mental health disorders. Given the incidence of co-occurrence, an integrated system should be the norm. Such a system would be built on shared understanding of: common definitions and terms; competencies needed by providers of substance use disorder services and of mental health services; data elements for monitoring and evaluation; training priorities; Guidelines and guidelines; and funding mechanisms.

✓ **Treatment providers are required to assess their capacity to serve individuals with co-occurring disorders, and to ensure that:**

- Organizational leadership analyze existing systems and operations to identify and implement ways to ensure smooth care coordination; this analysis is included in provider's quality improvement plans;
- Collaboration with mental health service providers are in place and provide for systems for referral and follow-up, care coordination, and periodic review of obstacles and success;
- Screening and assessments include mental health needs; plans specify goals for mental health care; providers are Dual Diagnosis Capable<sup>8</sup>;
- Treatment plans specify referral and follow up for mental health services, process for care coordination, plan for care management, specifically for ensuring proper medication management.

## CONCLUSION

Health Share is committed to working with all providers in the network to ensure adherence to these standards in an effort to promote best practices. This is an initial step towards developing quality and standards of care that can be developed in order to demonstrate our commitment to client outcomes.

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<sup>8</sup> Ibid

## Tri-County Oregon Substance Use Disorder Best Practice Guidelines Contract Requirements for Health Share Providers

### Section I: Essential Knowledge for Providers (How Providers Think)

- ✓ **Health Share requires substance use disorder providers to demonstrate characteristics of Recovery Oriented Systems of Care and to establish and maintain a Culture of Recovery, which includes the following core beliefs:**
  - We believe substance use disorders can be prevented and must be treated as a chronic health condition.
  - We believe in strengthening individuals' lives through substance use detection, assessment, prevention, treatment, and recovery.
  - We believe individuals seeking treatment for substance use disorders must be treated with dignity and respect.
  - We believe treatment must address the social determinants of recovery, which are the conditions where people are born, grow, live, work and age.
  - We believe individuals with substance use disorders must have access to quality, on-going care that is person centered, individualized, and readily available.
  - We believe eliminating the stigma associated with substance use disorders is integral to our prevention and treatment efforts.
  - We believe recovery is probable given the right treatment, support, and necessary skills for self-management.
  - We believe people with lived experience add value to the System of Care and support them being employed at all levels within treatment organizations, including leadership.
- ✓ **Health Share requires substance use disorder providers to demonstrate a Harm Reduction approach by working with individuals served to develop goals and strategies that decrease the health risks and negative consequences of substance use.**
- ✓ **Health Share requires substance use disorder providers to be knowledgeable of and apply criteria established by the American Society of Addiction Medicine.**
- ✓ **Health Share requires substance use disorder providers to be knowledgeable about gambling and other addictive disorders unrelated to alcohol or substance use.**
- ✓ **Health Share requires substance use disorder providers and peers serving people with Substance Use Disorders to ensure their staff are aware of the role and efficacy of medication assisted treatment and support the treatment of individuals engaged in recovery with medicine.**



- ✓ **Health Share requires substance use disorder providers to be aware of and support community-wide overdose prevention efforts. This includes supporting efforts which make Naloxone available to individuals at risk of overdose and the people close to them who may witness an overdose.**
- ✓ **Health Share requires substance use disorder providers to be knowledgeable about trauma-informed care and reflect an understanding the following:**
  - The pervasive effects of trauma on relationships, families, and communities;
  - The complex links between trauma and addiction;
  - The co-occurrence of mental health disorders;
  - That trauma-informed services do not depend on staff knowledge of an individual's trauma experiences, nor on an individual's disclosure of trauma experiences;
  - Sensitive and effective methods of exploring trauma, making referrals, and supporting individuals;
  - The potential for staff to experience secondary trauma (or their own trauma) thus requiring organizational and supervisory supports;
  - Some behaviors may be attempts to cope with trauma-related symptoms;
  - Children and youth of individuals served have experienced trauma. Children or youth and their families may require support and assistance in accessing effective treatment to address trauma.
- ✓ **Health Share requires providers to be knowledgeable about evidence-based practices and feedback-informed care.**
- ✓ **Health Share requires substance use disorder providers to define families in the broadest sense, including 'family of choice,' and are required to engage family members, to the extent desired by the individuals served.**
- ✓ **Health Share requires substance use disorder providers to be knowledgeable about the full range of services in the System of Care, and have well-established relationships with other treatment providers and community providers, such as other levels of care in substance use disorder treatment, primary care, dental care, culturally-specific services, peers, and mental health services, as evidenced by established referral pathways.**
- ✓ **Health Share requires substance use disorder providers to be aware of community-led or self-help groups that promote recovery.**
- ✓ **Health Share requires substance use disorder providers to be knowledgeable about the role and efficacy of peer-delivered services. If a substance use disorder provider does not offer or have access to peer-delivered services themselves, that provider will be knowledgeable about how and where to access Certified Recovery Mentors in the community.**
- ✓ **Health Share requires substance use disorder providers to understand the intellectual and developmental functioning of those they serve.**

- ✓ **Health Share requires substance use disorder providers to demonstrate understanding and affirmation of gender, sexual orientation, and gender identity.**
- ✓ **Health Share requires substance use disorder providers to demonstrate understanding and affirmation of culture and language.**
- ✓ **Health Share requires substance use disorder providers to be knowledgeable about health disparities and work to create a more just treatment system for all individuals served.**

## Section II: Essential Provider Practices with Clients (What Providers Do)

### Whole Person, Comprehensive Care

- ✓ **Health Share requires substance use disorder providers to develop screening and assessment policies, procedures, and tools that:**
  - Ensure screening for co-occurring physical, oral, and mental health needs
  - Ensure screening for trauma, housing, criminal justice, employment, family, and other social support needs
  - Ensure screening for gambling and other addictive disorders
  - Are appropriate to the age and developmental capacity of the individual:
    - Are inclusive of cultural, linguistic, and literacy needs
    - Ensure that transition planning begins at assessment
    - Ensure that regardless of the circumstances of transition, individuals are supported in continuing in recovery, and reducing harm from substance use
- ✓ **Address health disparities based on social history; which includes addressing risks associated with sex work and intravenous drug use, including but not limited to, sexually transmitted infection and pregnancy testing, as well as family planning or effective contraception use.**
- ✓ **Health Share requires substance use disorder providers to treat tobacco use disorders and support tobacco cessation, including assessments, treatment planning, education, services, and access to medication for smoking cessation.**
- ✓ **Health Share requires substance use disorder providers to implement available suicide prevention tools, including: suicide risk assessment, lethal means counseling, and safety planning.**
- ✓ **Health Share requires substance use disorder providers to be knowledgeable about trauma-informed care, which includes:**
  - An emphasis on individual choice and decision making;

- An emphasis on engaging individuals served regardless of the treatment setting and whether an individual is voluntary or mandated to treatment;
- Inclusion of trauma screening in all assessments, and periodic reassessments

### Inclusivity

- ✓ **Health Share requires substance use disorder providers to engage family members or other identified natural supports to the extent desired by individuals served, by:**
  - Providing information and education about substance use disorders and treatment, and about supports and services available to youth and families;
  - Ensuring family relationships are explored in assessments, and goals regarding these relationships are stated in treatment plans;
  - Providing family therapy, either directly or by referral, where indicated.
- ✓ **Health Share requires substance use disorder providers serving youth and young adults to demonstrate programmatic capacity to respond to developmental status and needs by:**
  - Using harm reduction strategies and best practices;
  - Responding to substance use or relapse in ways which keep the young person engaged in treatment and recovery, and focus on harm reduction;
  - Applying service models which reflect accurate assessment of developmental status, e.g., opportunities for physical activities, shorter group times, help in developing friendships among peers in recovery;
  - Ensuring program capacity and staff skill in addressing sexuality, gender identity and sexual behavior, including addressing risks of sexually transmitted infection and unplanned pregnancy;
  - Establishing capacity, directly or through referral, to respond to a range of youth and young adult vulnerabilities, such as emerging mental health disorders or transitioning to adulthood;
  - Accessing Recovery Support services for youth and young adults drawing on evidence based curricula and programing, framing decision making in the context of developmental status, and building positive relationships, including developing a network of peers in recovery;
  - Engaging and supporting family and other supportive relationships in the young person's life;
  - Providing opportunities for meaningful participation by youth and young adults, including opportunities that highlight youth strengths such as capacity to make intense commitments and invest enthusiastic interest and effort; these may include participating on advisory boards, in program planning, and in engaging other young people; and
  - Demonstrating flexibility and inventiveness in engagement.

- ✓ **Health Share requires substance use disorder providers to define families in the broadest sense, including ‘family of choice,’ and are required to engage family members, to the extent desired by the individuals served.**
- ✓ **Health Share requires substance use disorder providers, including those serving youth, to assess whether they have children. If the individual is a parent, providers are required to explore the status of the parent-child relationship, and to assist the individual in setting and reaching goals in relation to his or her child(ren).**
- ✓ **Health Share requires substance use disorder providers to assess whether other family members have treatment needs and either provide intervention or offer referral(s) to appropriate services.**
- ✓ **Health Share requires substance use disorder providers to acknowledge the importance of family relationships in program design and operations.**
- ✓ **Health Share requires substance use disorder providers to:**
  - Provide environments that are welcoming to LGBTQ individuals and their families.
  - Demonstrate safety for LGBTQ individuals by establishing policy, procedure, and effective staff training to prevent harassment, discrimination, and threats.
  - Use data collection instruments, such as intake and assessment forms, which are free of assumptions related to gender and sexual orientation, for example, assumptions about the gender of a spouse or partner.
  - Integrate LGBTQ culture into cultural competence efforts.

### **Responsiveness**

- ✓ **Health Share requires substance use disorder providers to facilitate and actively support transitions from one level of care to another or one provider to another, as needed.**
- ✓ **Monitor possible substance use for individuals in treatment and adjust treatment, as needed. Treatment should not be terminated due to substance use or relapse. The decision to transition to a different level of care based on drug screening results must follow a procedure and evaluate harm to other individuals in the program. The transition to a different level of care or program should include care coordination during the transition.**
- ✓ **Health Share requires substance use disorder providers offering withdrawal management services to establish referral and transition systems which ensure smooth and timely transfers to the next appropriate level of care, including developing plans for uninterrupted medication assisted treatment.**

### **Section III: Provider Policies & Practices (What Organizations Do)**

- ✓ **Health Share requires providers to be knowledgeable and utilize evidence-based practices.**

- ✓ **Health Share requires substance use disorder providers to admit individuals receiving medication assisted treatment – including, but not limited to Methadone, Buprenorphine, Naltrexone, and Naloxone – who also meet other admission criteria.**
- ✓ **To ensure quality patient care health share requires substance use disorder providers to actively coordinate with the prescriber of the medication supported recovery. When medications are prescribed by an individual or agency external to the substance abuse agency providing care, providers must actively coordinate with one another and share information related to progress in treatment. This may include sharing behavioral observations and toxicology results.**
- ✓ **Individuals should only be recommended to taper of their medication when clinically indicated and in coordination between providers. *Even if not clinically indicated, individuals may elect to stop their medication.* In that event, the provider will assist in accessing medically managed withdrawal.**
- ✓ **Health Share requires substance use disorder providers serving individuals with Opioid Use Disorders to consult the Oregon Prescription Drug Monitoring Program (PDMP) to ensure the safe and appropriate coordination of prescriptions used for medication supported recovery.**
- ✓ **Health Share requires substance use disorder providers to conduct periodic assessments of the degree to which their trauma-informed care policies and procedures:**
  - Ensure that the environment is safe and clearly provides a sense of safety, (e.g., interactions are predictable; staff are aware of potential triggers in the environment; service provision is transparent);
  - Review questionnaires and assessment questions to ensure they are responsive to the trauma experiences of those served.
  - Health Share requires substance use disorder providers to be knowledgeable about the full range of services in the System of Care, and have well-established, well-utilized collaborations and relationships with other treatment providers and community providers such as other substance use disorder treatment providers, primary care, dental care, culturally-specific services, and mental health services, as evidenced by established referral pathways.

## Partnerships

- ✓ **Health Share requires substance use disorder providers to establish mechanisms to promote peer services and resources by:**
  - Hiring or contracting with peers and integrate them into the care team;

- Providing information and peer resources including peer organizations, recovery coaches and mentors, and self-help groups.
- Providing information and referral for family support services and support groups.
- ✓ **Health Share requires substance use disorder providers to establish collaborative partnerships which provide for access to trauma-specific services;**
- ✓ **Health Share requires substance use disorder providers to refer, consult, and coordinate with programs that support developmental status when it is outside the scope of their expertise.**
- ✓ **Health Share requires substance use disorder providers that do not offer a variety of medication assisted treatment options to establish and maintain MOUs or other agreements with providers of MAT.**
- ✓ **Health Share requires substance use disorder providers to be aware of and support community-wide overdose prevention efforts, including:**
  - A stated commitment to prevent and reduce opioid overdose;
  - Up-to-date knowledge of overdose prevention and response resources in their communities, including identification of pharmacies offering naloxone and/or having standing orders for naloxone;
  - Referring families and friends of individuals who use opioids to overdose prevention resources, such as where to obtain naloxone.
- ✓ **Health Share requires substance use disorder providers to demonstrate a stated commitment to trauma-informed care.**
- ✓ **Health Share requires substance use disorder providers to have, where appropriate, well established partnerships with:**
  - Early childhood programs;
  - DHS Child Welfare and DHS Self-Sufficiency;
  - Child, Youth, and Family behavioral health providers;
  - Mechanisms for providing best-practices parenting programs either directly or by referral.
- ✓ **Health Share requires substance use disorder providers to respond to the needs of pregnant women by:**
  - Identifying the unique needs and risks of pregnant women and make appropriate referrals;
  - Establishing mechanisms to ensure smooth transitions from one level of care to another, especially for pregnant women using opioids, recognizing that medication assisted treatment, combined with prenatal care, is currently the standard of treatment for pregnant women with Opioid Use Disorders,

- Establishing collaborative partnerships with pre-natal and post-partum care, early intervention and early childhood services;
- Supporting family planning; including effective contraception use for future pregnancies;
- Providing, directly or through referral:
  - Evidence based parenting services; and
  - Family treatment services, including family therapy.
- ✓ **Health Share requires substance use disorder providers to collaborate with mental health care and domestic violence services and resources.**
- ✓ **Health Share requires substance use disorder providers to collaborate with the criminal justice system, as evidenced by:**
  - Ensuring access to individuals involved with the criminal or juvenile justice system;
  - Establishing coordination with local drug courts;
  - Recognizing that individuals recently released from incarceration are at high risk for overdose and therefore ensuring overdose risk is addressed in assessment, treatment planning, and services;
  - Providing case management services focusing on access to insurance, housing, primary care, and support to re-connect with family or other recovery supports
- ✓ **Health Share requires substance use disorder providers to respond to the needs of homeless individuals and families, by:**
  - Establishing relationships with local shelters and housing resources;
  - Ensuring housing and employment needs are addressed during initial assessments and treatment planning; this includes determining at the outset whether the individual or family currently has permanent housing;
  - Ensuring the individual and program address their housing needs while in treatment.
- ✓ **Health Share requires substance use disorder providers to assess their capacity to serve individuals with co-occurring substance use and mental health disorders, and to ensure:**
  - Analysis of their internal capacity to serve individuals with co-occurring disorders;
  - Collaboration agreements with mental health service providers are in place and provide for systems for referral and follow-up, care coordination, and periodic review of obstacles and success;
  - Screening and assessments include mental health needs; treatment plans specify goals for mental health care;
  - Treatment plans specify referral and follow up for mental health services, process for care coordination, and the plan for care management, specifically to ensure proper medication management for individuals with co-occurring needs.