

## SUD Best Practice Guidelines

### **Purpose**

- Guidelines are a set of knowledge, skills, and practices
- Advance standards of care and promote best practice
- Purview- contracted SUD providers
- Quality improvement effort in collaboration with providers

### **How Were They Developed?**

- Health Share, FamilyCare, BH Plans, request to TCBHPA for SUD providers representing cross-section of provider community
- Providers: DePaul, Lifeworks NW, NARA, Youth Contact, Cascadia, CODA
- Also Mental Health America of Oregon and Public Health

### **Main Focus Areas in the Guidelines**

1. Trauma Informed Care- be knowledgeable about TIC and the impact of trauma on individuals, families, communities, and within our own organizations
2. MAT- Offer MAT or maintain a codified relationship or MOU with providers who can offer MAT. Guideline Note 175.
3. Harm Reduction- demonstrate a harm reduction approach by working with individuals to develop goals and strategies that decrease health risks and negative consequences of substance use.
4. Lived Experience- people with lived experience add value and we support their contributions within treatment organizations at all levels, including leadership
5. Populations with the greatest risks- subpopulations: pregnant/ postpartum women, youth/ families, I/DD, LGBTQ, people using opioids, people involved with the criminal justice system, homelessness, co-occurring mental health disorders

### **Partnership with Providers**

- Quality Improvement effort
- Early 2019 Guidelines incorporated into contracts, phased approach
- Provider Forum November 13<sup>th</sup>
- Provider Readiness Inventory, sent November 13<sup>th</sup>, due December 7<sup>th</sup>
- TA and Trainings individualized to provider needs/ strengths, beginning in 2019
- Ongoing dialogue with providers/ Ongoing revision of the Guidelines as we develop new learnings