

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.