Caring for Women with Opioid Use Disorder:
A Toolkit for Organization Leaders and Providers

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Terms to know

Addiction is a "treatable, chronic medical disease involving complex interactions among a person's brain... [system], genetics, environment, and...life experiences. People with addiction use substances... despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases."[1]

Care coordination is the "deliberate organization of patient care activities...to facilitate the appropriate delivery of health care services."[2] It involves the individual's health care team as well as the individual.[2] Other disciplines may use terms such as "case management" to describe the organization of an individual's care activities.

Health centers are community-based health clinics that provide primary care services in underserved areas.

Health Resources and Services Administration (HRSA), "an agency of the US Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable."[3]

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs give "pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn."[4]

Opioid use disorder (OUD) is defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) as a "problematic pattern of opioid use leading to clinically significant impairment or distress."[5] It is a type of substance use disorder that involves use of illegal (for example, heroin) or prescription (for example, oxycodone) opioids.[6] This disorder results in health problems, disability, and difficulty meeting major responsibilities at home, work, or school.[7]

Providers are people involved in the treatment and recovery of women with OUD. For this toolkit, providers include people who work in health care and social service organizations, including physicians and other medical providers, care coordinators, social workers, home visitors, and peer navigators. Providers are in a position to identify women with OUD, recommend a range of treatment and supports, and assess the strengths women can draw on during treatment and recovery. They can also connect women to other staff and resources to help address their needs and leverage their strengths.

Polysubstance use is the use of drugs "in combination with each other" including, but not limited to, tobacco and alcohol.[8]

Rural health clinics are health care facilities located in rural, underserved areas that deliver primary care and preventive services.

Ryan White HIV/AIDS clinics are community-based organizations that receive funds from the Ryan White HIV/AIDS Program through HRSA to provide primary care for individuals living with HIV or AIDS.

Substance use disorder (SUD) is a treatable, chronic medical disease that is defined in the DSM-5 as a "problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress."[9] Substance use becomes compulsive and results in health problems, disability, and difficulty meeting major responsibilities at home, work, or school.[7]

Stigma is a "mark of disgrace or infamy, a stain or reproach, as on one's reputation."[10] Public stigma refers to negative stereotypes from others. "Self-stigma refers to the internalization of negative stereotypes" on one's self.[11]

Trauma is an "event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening… [with] lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being."[12]

Trauma-informed care is a care delivery approach that "realizes the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, and staff;… and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to …resist re-traumatization."[12]

Withdrawal is a group of symptoms and signs resulting from the sudden stop or abrupt decrease in the regular dosage of a drug. Symptoms may include vomiting, hypertension, diarrhea, anxiety, and insomnia.[13,14]

References:

[1] American Society of Addiction Medicine. "Definition of Addiction." 2019. Available at https://www.asam.org/Quality-Science/definition-of-addiction.

[2] Agency for Healthcare Research and Quality. "Care Coordination Measures Atlas Update." Rockville, MD: Agency for Healthcare Research and Quality, June 2014.

[3] Health Resources and Services Administration. "About HRSA." Available at https://www.hrsa.gov/about/index.html.

[4] Health Resources and Services Administration. "Home Visiting." Available at https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview.

[5] Centers for Disease Control and Prevention (CDC). "Module 5: Assessing and Addressing Opioid Use Disorder." Available at https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html.

[6] National Institute on Drug Abuse. "Opioid Overdose Crisis." March 2018. Available at https://www.drugabuse.gov/drugs-abuse/opioids/ opioid-overdose-crisis.

[7] Substance Abuse and Mental Health Service Administration (SAMHSA). "Substance Use Disorders." October 2015. Available at https://www.samhsa.gov/disorders/substance-use.

[8] CDC. "Other Drugs." August 2019. Available at https://www.cdc.gov/drugoverdose/data/otherdrugs.html.

[9] Psych Central. "Symptoms of Substance Use Disorder." January 2020. Available at https://psychcentral.com/addictions/substance-use-disorder-symptoms/.

[10] SAMHSA's Center for the Application of Prevention Technologies. "Words Matter: How Language Choice Can Reduce Stigma." Available at https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf.

[11] Pattyn, E., M. Verhaeghe, C. Sercu, and P. Bracke. "Public Stigma and Self-Stigma: Differential Association With Attitudes Toward Formal and Informal Help Seeking." February 1, 2014. Available at https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201200561#:~:text=Perceived%20public%20stigma%20refers%20to%20discrimination%20and%20devaluation,of%20negative%20stereotypes%20about%20people%20who%20seek%20help.

[12] Substance Abuse and Mental Health Services Administration (SAMHSA). "Concept of Trauma and Guidance for Trauma-Informed Approach." 2014. Available at https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.

[13] Bonhomme, J. J. "Managing Opioid Abuse, Dependence, and Addiction in a Primary Care Setting." n.d. Available at https://attchub.org/userfiles/file/opioid_ppt.pdf.

[14] Provider Clinical Support System. "Opioid Use Disorder: What is Opioid Addiction?" December, 2017. Available at https://pcssnow.org/ resource/opioid-use-disorder-opioid-addiction/.

Introduction to Caring for Women with Opioid Use Disorder: A Toolkit for Organization Leaders and Providers

Did you know?

- OUD can affect women in particular ways at all stages of life—including adolescence, adulthood, pregnancy, parenthood, and older age.

- Women with childcare responsibilities may face challenges in getting treatment.

- Many women with OUD may have a history of or experience with intimate partner violence and other forms of trauma.

- Women with OUD are more likely to have an unintended pregnancy than women in the general population.[2,3]

Opioid use disorder (OUD) is a public health crisis affecting women, men, children, and society.[1]

Women with OUD have unique care needs and require a broad range of medical, behavioral health, and social services to meet these needs.

Care coordination is important to manage the array of services that might be delivered to women in different settings.

Without care coordination, women with OUD might struggle to access the services they need to get treatment and maintain recovery.

> **Because you are on the front lines of caring for women, you are critical for supporting women with OUD with their treatment and recovery.**

[1] Office of the Surgeon General. "Surgeon General Priority: Opioids and Addiction." Washington, DC: Office of the Surgeon General, May 2019. Available at https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/index.html.

[2] Fischbein, R., Lanese, B., Falletta, L., Hamilton, K., King, J., Kenne, D. (2018). "Pregnant or Recently Pregnant Opioid Users: Contraception Decisions, Perceptions and Preferences." Contraception and Reproductive Medicine, 3(4).

[3] Heil, S., Jones, H., Arria, A., Kaltenbach, K., Coyle, M., Fischer, G., Stine, S., Selby, P., Martin, P. (2011). "Unintended Pregnancy in Opioid-abusing Women." Journal of Substance Abuse Treatment, 40(2).

HRSA-supported programs

Health centers

Rural health clinics

Ryan White HIV/AIDS clinics

MIECHV programs

National Emergency Considerations

Health care and social service organizations and providers are responding to, or recovering from, recent national emergencies, such as COVID-19 public health emergencies. This toolkit acknowledges that organization leaders and providers may have limited resources and may experience burnout and trauma stemming from these emergencies. Some of the tools in the toolkit offer guidance that you can implement during this time; other tools offer guidance that you can implement at a later time.

This toolkit is a guide to help you and other health care and social service organization leaders and providers improve care coordination for women with OUD in HRSA-supported programs. The information in this toolkit may also apply to other settings of care.

- You may use all or some of the resources in the toolkit based on your organization characteristics, provider characteristics, and the characteristics of the woman with OUD that you are serving.

- Some of the resources in the toolkit may apply to your work with women with substance use disorder more broadly.

Toolkit structure and roadmap

The information in this toolkit is organized into three major sections:

Shifting the culture around addiction and treatment

Engaging women with opioid use disorder (OUD) in care

Creating and maintaining partnerships that support care coordination for women with OUD

Each section includes tools that organization leaders and providers may use to improve the delivery of coordinated care to women with OUD. A list of additional resources that may be helpful is provided at the end of the toolkit.

As you use the toolkit please use the following icons to guide you

Looking for information about…?	Icon to look for
Tools	
Key takeaways	
Considerations for organization leaders	
Considerations for providers serving women with OUD at different life stages	
Additional resources	

Shifting the culture around addiction and treatment

- Shifting the culture around addiction and treatment will help improve the quality of care for women with opioid use disorder (OUD) and the way providers coordinate their care.

- Organization leaders and providers might have beliefs that interfere with a woman's treatment for and recovery from OUD.

Tool: Addiction as a chronic medical disease

Misconceptions about addiction, especially among providers, can prevent women with OUD from getting effective treatment. This tool describes how addiction is a chronic medical disease and corrects myths providers might have heard.

Tool: Evidence-based treatment options for women with opioid use disorder

Evidence-based treatment options for OUD exist. If a woman with OUD and her providers understand available evidence-based treatments for OUD, she is more likely to get the treatment option that best meets her needs and more likely to have a health care plan that will help her recover. This tool corrects myths that providers might believe about evidence-based treatment options for OUD. It also includes some factors a woman and her providers should consider when developing her health care plan.

At the end of the toolkit, you will find a list of links to additional resources that have information on addiction as a medical disease as well as evidence-based treatment options for OUD.

Addiction as a chronic medical disease

Key takeaways

- Addiction is a manageable disease. Like other diseases, there are ups and downs. Women with OUD need support over time.[5,6]

- Most addictive substances change the brain. When these changes occur, a person might have intense cravings for the substance and will continue to use it despite negative consequences.[4]

- Opioid use is different from other types of substance use. It can lead to physical dependence faster.[7]

- The words people use to talk about addiction can help address misconceptions about the disease.[8,9]

There's more information in the toolkit!

Evidence-based treatments for opioid use disorder

Additional resources

Misconceptions about addiction, especially among providers, can prevent women with opioid use disorder (OUD) from engaging in treatment. This tool describes how addiction is a manageable chronic medical disease and corrects myths providers may have heard.

> **What is addiction?**
>
> Addiction is a treatable, chronic medical disease involving complex interactions among a person's brain system, genetics, environment, and life experiences. People with addiction use substances despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases."[1]

Myth: Addiction is caused by a woman's choice to use substances, which means it is not a disease.

Fact: Addiction is defined as a disease by medical associations including the American Medical Association. "Like diabetes and cancer, addiction is caused by behavioral, environmental, and genetic factors"[2,3]

Myth: Substance use does not change the brain.

Fact: In addition to physical changes, most addictive substances cause the brain to release high levels of certain chemicals that are associated with pleasure. "Continued release of these chemicals causes changes in the brain system involved in reward, motivation, and memory."[4] When these changes occur, a person might need the substance to feel normal. The person might also "experience intense cravings for the substance and will continue to use it despite…[negative] consequences."[4] Addiction can cause a person to prioritize drug use over their own or other's well-being.[4]

ⓧ *Myth: Opioid use is the same as other types of substance use.*

☑ Fact: Opioids can lead to physical dependence faster than other types of substances, and women become dependent faster than men.[10] Physical dependence can occur in as little as 4-8 weeks. In addition, overdose and death are more likely consequences of first-time opioid use compared to many other substances.[7]

ⓧ *Myth: Addiction is not manageable.*

☑ Fact: All forms of addiction can be managed, usually with long-term treatment and monitoring and support for recovery.[5] The consequences of unmanaged addiction include physical and mental health disorders; problems in relationships with others; and difficulty managing work, school, or home.[11] "If left untreated over time, addiction becomes more severe, disabling, and life-threatening."[4]

ⓧ *Myth: The words people use to talk about addiction do not matter.*

☑ Fact: The words people use to talk about addiction can result in misunderstandings and stigma about the disease and the provision of worse care. It is important to use person-first, non-judgmental, and medically accurate language about addiction to address mistaken beliefs. Below are tips on how to talk about OUD.

Words to avoid	Words to use	Why?
Opioid misuse or abuse	Opioid use, "experience with opioids"	Medically accurate and non-judgmental language emphasizes that OUD is a medical disease, not misconduct by the woman.
Non-compliant	Not engaged with health care plan	
Relapsed	Had a setback, recurrence of use	
Addict, junkie, drug seeker	Woman with OUD	Person-first language does not define a woman by her medical disease.
Former addict	Woman in recovery	
Opioid replacement	Medications for Opioid Use Disorder (MOUD)	Medically accurate language emphasizes that medication is a critical part of treatment rather than implying that illegal opioid use is replaced with legal opioid use.
Medication is a crutch	Medication is a treatment tool	
Being "clean"	In recovery	Non-judgmental language does not imply that a woman using opioids is dirty.
"Dirty" drug screen	Positive drug screen	

Sources: Government of Canada. "Changing How We Talk about Substance Use." 2019. Available at https://www.canada.ca/en/health-canada/ services/substance-use/problematic-prescription-drug-use/opioids/stigma/stigmatips-talk-substance-use.html.; and National Council for Behavioral Health. "Language Matters." n.d. Available at https://www.thenationalcouncil.org/surgeon-general-toolkit/language-matters/.

References:

[1] American Society of Addiction Medicine. "Definition of Addiction." 2019. Available at https://www.asam.org/Quality-Science/definition-of-addiction.

[2] Haffajee, R. "Fight the Urge to Criminalize Opioid Addiction Behaviors." March 9, 2016. Available at https://www.healthaffairs.org/do/10.1377/hblog20160309.053806/full/.

[3] Jarlenski, M., Barry, C.L., Gollust, S., Graves, A.J., Kennedy-Hendricks, A., & Kozhimannil, K. (2017). "Polysubstance Use Among US Women of Reproductive Age Who Use Opioids for Nonmedical Reasons." *American Journal of Public Health*, 107(8), 1308–1310. https://doi.org/10.2105/AJPH.2017.303825.

[4] Center on Addiction. "Addiction as a Disease." 2017. Available at https://www.centeronaddiction.org/what-addiction/addiction-disease.

[5] Individual stakeholder input on key care coordination strategies was collected through three regional consultations with an Expert Review Workgroup (ERW) comprised of clinical and behavioral health experts and other relevant stakeholders. More information regarding the ERW process available at: https://www.hrsa.gov/sites/default/files/hrsa/RegOpioidConsultInitiative-508.pdf.

[6] Institute for Patient- and Family-Centered Care. "Partnerships to Address the Opioid Epidemic." n.d. Available at https://www.ipfcc.org/bestpractices/opioid-epidemic/index.html.

[7] American Psychiatric Association. "Opioid Use Disorder." 2018. Available at https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder/opioid-use-disorder.

[8] Government of Canada. "Changing How We Talk about Substance Use." 2019. Available at https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/stigma/stigmatips-talk-substance-use.html.

[9] National Council for Behavioral Health. "Language Matters." n.d. Available at https://www.thenationalcouncil.org/surgeon-general-toolkit/language-matters/.

[10] Office on Women's Health. "Final Report: Opioid Use, Misuse, and Overdose in Women." 2017. Available at https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf.

Evidence-based treatment options for opioid use disorder

Key takeaways

- Three medications have approval from the FDA to treat OUD: buprenorphine, methadone, and naltrexone. Providers can receive training to administer medication treatment to women with OUD.[7]

- A woman and her providers should work together to determine which of the three medications will work best for her.[1]

- When delivered with one of the three medications, counseling and social support is an evidence-based treatment for OUD.[2]

- People are starting to say "medication treatment" instead of "medication-assisted treatment" because it emphasizes that medication is critical to treatment.[6]

- Evidence suggests methadone and buprenorphrine maintenance treatments are superior to withdrawal management alone.[8]

There's more information in the toolkit!

Addiction as a chronic medical disease

Opioid use disorder (OUD) is a treatable disease. If a woman with OUD and her providers understand available treatment options, she is more likely to engage with the treatment option that best meets her needs.[1] This tool offers some facts providers need to know about evidence-based treatment options for OUD. This includes issues to consider when developing a woman's health care plan.

⊗ *Myth: Medication is not an evidence-based treatment for OUD.*

⊘ Fact: Three medications, approved by the Food and Drug Administration (FDA), can treat OUD:

- Buprenorphine
- Methadone
- Naltrexone

Research shows that medication treatment can help a person eliminate or reduce their non-medical or illicit opioid use. Medication treatment can restore balance to the brain systems affected by addiction, relieve physical cravings for the substance, and return body functions to normal.[2,3,4,5] "Medication used in treatment does not get a person high."[2]

⊗ *Myth: Counseling and social support, delivered alone, is an evidence-based treatment for OUD.*

⊘ Fact: Research shows that combining one of three medications (buprenorphine, naltrexone, or methadone) and counseling and social support can treat OUD. This combination works because medication can address the physical and psychological aspects of OUD, and counseling and social support can encourage a woman with OUD to change and identify coping strategies to prevent setbacks.[2,6]

⊗ *Myth: Withdrawal management alone is an evidence-based treatment for OUD.*

⊘ Fact: Withdrawal management, sometimes referred to as detoxification, on its own is not a recommended method to treat OUD. In fact, a woman is at greater risk of overdose if she stops her use of opioids and later starts again. This is because her tolerance level is lower than before. A woman with OUD and her providers might, however, consider including withdrawal management as part of her comprehensive health care plan. Lofexidine is an FDA-approved medication used for withdrawal management. Clonidine is also used for withdrawal management, but it is not approved by the FDA.[8,9]

⊗ *Myth: Naloxone will prevent a woman with OUD from engaging in treatment.*

⊘ Fact: The FDA-approved medication naloxone reverses opioid overdoses. Some people might believe that having access to a medication that reverses overdoses discourages people with OUD from getting treatment because it makes opioids easier to use. But there is no evidence showing that naloxone prevents anyone with OUD from getting treatment.[10,11]

Factors to consider when developing a health care plan:

A woman with OUD and her providers should work together to develop her health care plan. This includes deciding which of the three OUD treatment medications (buprenorphine, naltrexone, or methadone) best meets her needs. Here are a few factors to consider when choosing:

Factor to consider	Buprenorphine	Methadone	Naltrexone
Pregnant or breastfeeding*	Recommended by clinical guidelines	Recommended by clinical guidelines	May be used with caution
Co-occurring physical and mental health conditions	May be used with caution by women who have, for example, alcohol use disorder	May be used with caution by women who have, for example, decompensated liver disease	May be used with caution by women who have, for example, psychiatric disorders
Availability	Prescribed or dispensed in various settings by trained and qualified health care providers	Dispensed through opioid treatment programs	Prescribed in any setting by a health care provider licensed to prescribe medications

Sources: Input gathered from an expert workgroup; Center for Disease Control. "Module 5: Assessing and Addressing Opioid Use Disorder." n.d. Available at https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html. Accessed April 6, 2020.; and The American College of Obstetricians and Gynecologists. "Opioid Use Disorder and Pregnancy." 2020. Available at https://www.acog.org/patient-resources/faqs/pregnancy/opioid-use-disorder-and-pregnancy.

* Pregnant or breastfeeding women with OUD may be hesitant to take medication as part of their addiction treatment because they are afraid it will hurt their baby. Research, to date, does not show that buprenorphine or methadone cause birth defects. Babies born to women taking methadone or buprenorphrine can have temporary withdrawal symptoms, which can be managed. The decision to use naltrexone treatment before pregnancy should involve careful discussion with the patient comparing limited safety data and potential risk of relapse. Mothers who are stable on buprenorphine or methadone are generally encouraged to breastfeed. Women with OUD and their care teams should discuss the benefits and risks of breastfeeding while taking medication as part of treatment.[12]

References:

[1] Individual stakeholder input on key care coordination strategies was collected through three regional consultations with an Expert Review Workgroup (ERW) comprised of clinical and behavioral health experts and other relevant stakeholders. More information regarding the ERW process available at: https://www.hrsa.gov/sites/default/files/hrsa/RegOpioidConsultInitiative-508.pdf.

[2] American Psychiatric Association. "Opioid Use Disorder." 2018. Available at https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder/opioid-use-disorder.

[3] National Institute on Drug Abuse. "Medications to Treat Opioid Use Disorder Research Report: Overview." June 2018. Available at https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview. Accessed June 16, 2020.

[4] Substance Abuse and Mental Health Services Administration. "Medication and Counseling Treatment." 2020. Available at https:// www.samhsa.gov/medication-assisted-treatment/treatment.

[5] Wakeman, S.E., M.R. Larochelle, O. Ameli, C.E. Chaisson, J. Thomas McPheeters, W.H. Crown, F. Azocar, and D. Sanghavi. "Comparative Effectiveness of Different Pathways for Opioid Use Disorder." *JAMA Network Open*, 2020. Available at https://jamanetwork.com/journals/ jamanetworkopen/fullarticle/2760032.

[6] McLoone, I. "Can We Stop Calling it 'Medication-Assisted Treatment'?" *Rehabs Pro Talk*, 2019. Available at https://www.rehabs.com/pro-talk/can-we-stop-calling-it-medication-assisted-treatment/.

[7] Center for Disease Control. "Module 5: Assessing and Addressing Opioid Use Disorder." n.d. Available at https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html. Accessed April 6, 2020.

[8] American Society of Addiction Medicines. "National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update." Rockville, MD: American Society of Addiction Medicines, 2020. Available at https://www.asam.org/docs/default-source/quality-science/npg-jam-supplement.pdf?sfvrsn=a00a52c2_2.

[9] Sofuoglo, M., E.E. DeVito, and K.M. Carroll. "Pharmacological and Behavioral Treatment of Opioid Use Disorder." *Psychiatric Research & Clinical Practice*, 2018. Available at https://prcp.psychiatryonline.org/doi/full/10.1176/appi.prcp.20180006.

[10] Indiana State Department of Health. "Naloxone Myths Debunked." n.d. Available at https://www.in.gov/isdh/files/47_ naloxone%20myths%20debunked.pdf. Accessed April 6, 2020.

[11] American Society of Addiction Medicine. "Public Policy Statement ont he Use of Naloxone for the Prevention of Opioid Overdose Deaths." 2016. Available at https://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf.

[12] The American College of Obstetricians and Gynecologists. "Opioid Use Disorder and Pregnancy." 2020. Available at https://www.acog.org/patient-resources/faqs/pregnancy/opioid-use-disorder-and-pregnancy.

Engaging women with opioid use disorder in care

- Women who seek care for opioid use disorder (OUD) show courage and strength. They might also feel anxious when talking with providers about their addiction, treatment, and recovery because of social stigma and fear of involvement from the criminal justice system and child welfare agencies.

- A supportive and trusting relationship with providers and organizations can help women feel safe and engaged in their care.

- Organizational leaders and providers can create a supportive culture that fosters safety and trust for women with OUD, her family and friends, and her providers.

National Emergency Considerations

Organizations are responding to, or recovering from, recent national emergencies, such as COVID-19 public health emergencies. This toolkit acknowledges that you may have limited resources and may experience burnout and trauma stemming from these emergencies. Some of the tools in this chapter offer guidance that you can implement during this time; other tools offer guidance that you can implement at a later time.

In this chapter, you will find the following:

Tool: Strategies for organizations to provide trauma-informed care to women with opioid use disorder

Many women receiving substance use disorder treatment experience trauma at some point in their lives. Providers might also experience trauma through normal day-to-day operations or during periods of unusual stress. This tool describes how organization leaders and providers can incorporate principles of trauma-informed care into practice.

Tool: Navigating the first appointments with women with opioid use disorder

A provider's first several meetings with a woman with OUD can be challenging, with the provider balancing the necessity of gathering information about the woman's needs with the necessity of establishing a trusting and supportive relationship. This tool offers tips for providers on how to manage the first several meetings with a woman with OUD.

Tool: Remember to engage women's support systems

A woman's support system, including partners, children, parents, and friends, can play a critical role in her treatment and recovery. This tool offers tips for organization leaders and providers on how to include a woman's family and friends in her care.

At the end of the toolkit, you will find a list of links to additional resources with information on engaging women with OUD in their care.
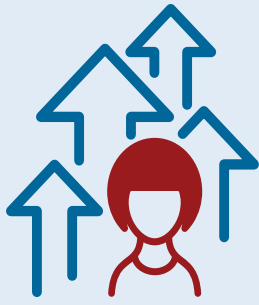
Strategies for organizations to provide trauma-informed care to women with opioid use disorder

Key takeaways

- Trauma is something anyone can experience, including providers and the women they serve.[1]

- Organization leaders and providers do not need to address specific trauma histories in order to be trauma informed.[1]

- Organization leaders and providers have critical roles in creating a trauma-informed culture.[1]

There's more information in the toolkit!

Sharing information about opioid use disorder with partners in the community

Identifying potential partners in your community

Tips for organization leaders to strengthen partnerships in their communities

Additional resources

Trauma is common among women with substance use disorder (SUD). Providers can also experience trauma through their jobs and in their own lives. Trauma occurs when someone is overwhelmed by events or circumstances that they feel are harmful or life-threatening.[1]

> By providing trauma-informed care, organizations can avoid the repeating of trauma for women with opioid use disorder (OUD), improve women's engagement in care, and support providers who might experience trauma themselves at work or in their lives.

Trauma-informed care comes from an organization's commitment to **understanding** the signs and impact of trauma, recognizing the signs of trauma, **responding** appropriately to signs of trauma, and **preventing the repeating of trauma**. Organization leaders and their providers each have critical roles in creating a trauma-informed culture.[1] This tool provides an overview of strategies that organization leaders and providers can implement to understand and respond to trauma, and prevent the repeating of trauma for women with OUD and providers.

Understand the signs and impact of trauma* → **Respond** with a trauma-informed approach → **Prevent the repeating of trauma** for women and providers
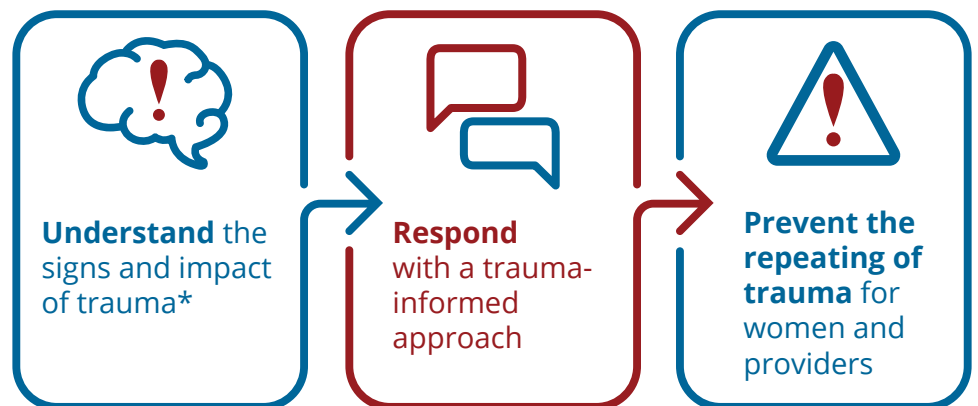
*Understanding the signs and impact of trauma in an organization require changes at the organizational level.

Organizations can implement the following strategies to provide trauma-informed care to women with OUD and their providers.

Understand the signs and impact of trauma

Identify a champion to ensure trauma-informed care remains an organizational priority.

Develop policies that commit to practices preventing the repeating of trauma and promoting recovery. This includes making sure accommodations are in place for women with physical and cognitive disabilities as a lack of accommodations can induce trauma.

Form partnerships with organizations that share a commitment to trauma-informed care.

Train all staff on an ongoing basis about the causes and potential impacts of trauma, potential triggers for women with OUD, and deescalation techniques.

Measure progress toward becoming trauma informed.

Respond with a trauma-informed approach

Build and maintain trust with women with OUD by having transparent policies. Explain situations in which confidentiality cannot be maintained, such as child abuse or neglect.

Provide peer support to women with OUD. Integrate peer services into health teams by connecting women to peers with similar lived experiences.

Collaborate at all levels between all people at your organization. Allow all people at your organization, including providers, administrators, front office staff, and clients, to provide open feedback about services or organizational policies.

Empower the women you serve by engaging in shared decision making. Give women a choice, by asking who among their family and friends they want involved in their care. Empower women to make their own decisions. For example, a woman might be more interested in reduction than abstinence.

Prevent the repeating of trauma

Provide a safe and calm environment for providers and women with OUD. Provide a private place to talk with women. This could mean using a white noise machine or finding a private room for at-home visits.

Avoid stereotypes and cultural biases in your language and messaging. Provide gender responsive services that recognize gender identity and display messages in multiple languages to ensure inclusivity for all women.

Providers might find it helpful to engage in self-care strategies, such as taking scheduled breaks, exercising, and talking with peers to maintain physical, mental, and emotional health while working with women with OUD.

Organization leaders should understand the impact that trauma might have on providers and other staff. Providing space for conversations about stressors and strategies to improve work–life balance can prevent burnout and turnover.

Reference:

[1] Substance Abuse and Mental Health Services Administration. "Concept of Trauma and Guidance for Trauma-Informed Approach." 2014. Available at https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.
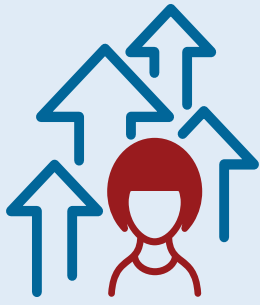
Navigating the first appointments with women with opioid use disorder

Key takeaways

- Providers should get to know a woman beyond her OUD diagnosis.[1]

- When assessing the strengths and needs of a woman with OUD, providers should assess slowly and gently over multiple meetings rather than during a single appointment.[1]

There's more information in the toolkit!

Addiction as a chronic medical disease

Remember to engage women's support systems

Identifying potential partners in your community

Additional resources

- Women with opioid use disorder (OUD) must feel comfortable and safe speaking with providers about their personal experiences with opioid use.

- Women with OUD may feel anxious about meeting with a provider, which could be apparent by her asking many questions or being very quiet during meetings.

- Providers must identify and understand women's strengths and needs so that they can work with them to develop a health care plan using strategies such as shared decision making. In some cases, providers may need to work with women slowly and gently over multiple meetings rather than a single appointment.[1]

Providers: Explain to women the process to assess and screen them when talking about their strengths and needs. Some women might find the process threatening, intrusive, and foreign. In some cultures, for example, questions about personal habits can be considered unnecessarily intrusive. Also, some mothers with OUD may not want to talk about their needs because they fear losing custody of their children.

TIP #1:

To the extent allowed by your organization, make sure the woman knows you are available to provide care for her whenever she is ready

What does this look like?
Be transparent about your organization's policies. If possible, waive penalties for late arrivals and cancelled or missed appointments, and welcome a woman when she is ready for care.[1]

TIP #2:

Get to know the woman beyond her opioid use disorder

What does this look like?

Build rapport with the woman by acknowledging similarities. A provider who has children might share that they understand the woman's committment to making sure her children are healthy and happy. Also approach women from a culturally sensitive and aware position, recognizing how one's race, ethnicity, and gender identity influence the way women engage with treatment and support services.[1]

TIP #3:

Ask if the woman wants family and friends involved in her care

What does this look like?

Including family members and friends in the care process can be challenging. Respect a woman's decision to include her family and friends in care, even if you disagree. At the same time, providers should be aware that a woman might be in an unsafe situation and may feel pressure to include someone in her care that she does not want to. Providers should be prepared to talk about these dynamics with a woman, if necessary.[1]

TIP #4:

Educate the woman and her family and friends

What does this look like?

Make sure the woman and those involved in her care have accurate information about OUD treatment and recovery. Share that OUD is a manageable disease, medication is an effective treatment, and naloxone is a medication that reverses opioid overdoses. Also provide information about the impact stigma can have on a woman's treatment and recovery.[1]

TIP #5:

Identify the woman's strengths

What does this look like?
Have a casual conversation or ask open ended questions:

- What do you enjoy doing?

- Seeking care for OUD is courageous. When you've faced other challenges in the past, how did you overcome them?

- What do you do when things aren't going well? [1]

TIP #6:

Identify the woman's needs

What does this look like?

Use screening tools to identify the woman's needs, but avoid screening for all needs in a single appointment. Instead, screen at regular intervals so the woman is not overwhelmed. Ask the woman what she needs most today. For example, a woman without stable housing may prioritize housing over OUD treatment.[1]

TIP #7:

Help the woman understand her insurance coverage and payment options

What does this look like?

In a clinical setting, staff such as care coordinators might be able to help the woman understand her insurance coverage and payment options. In other settings, a peer navigator or home visitor might be able to help.[1]

TIP #8:

Connect the woman to peers in recovery

What does this look like?

Peer recovery coaches or other women in OUD treatment and recovery can provide support and encouragement, offer guidance on how to overcome challenges, and model how to navigate treatment and recovery. When possible, connect the woman to peers that are culturally matched to her. For example, connect women that are of the same race and ethnicity and/or speak the same native language.[1]

Reference:

[1] Individual stakeholder input on key care coordination strategies was collected through three regional consultations with an Expert Review Workgroup (ERW) comprised of clinical and behavioral health experts and other relevant stakeholders. More information regarding the ERW process available at: https://www.hrsa.gov/sites/default/files/hrsa/RegOpioidConsultInitiative-508.pdf.
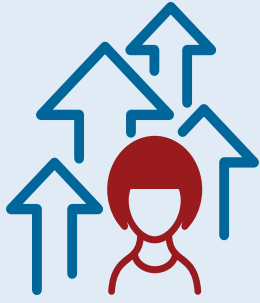
Remember to engage women's support systems

Key takeaways

- Family and friends can provide support for women with OUD.[1]

- Empower a woman with OUD to choose if she wants her family and friends involved in her care.[1]

- Assess physical meeting locations to ensure the spaces are comfortable and inviting for everyone.[1]

- If possible, try to offer virtual involvement of family and friends.[1]

There's more information in the toolkit!

Navigating the first appointments with women with opioid use disorder

Additional resources

- Opioid use disorder (OUD) is a medical disease that can cause stress for women as they balance seeking treatment with caring for their family and friends.[1]

- A woman's support system, including partners, children, parents/caregivers, and friends, can play a critical role in treatment and recovery.[1]

- This tool offers tips on how to include a woman's family and friends in care.

TIP #1:

With a woman's consent, welcome all the family members and friends she wants involved in her care

How? Ask a woman who she wants involved in her care.

What does this mean? A woman may choose to involve family members and friends, even including family members and friends with OUD themselves.[1]

TIP #2:

Provide a woman's support system with information about OUD treatment and recovery

What does this mean? Make sure the woman's support system understands that OUD is a manageable medical disease just like diabetes and heart disease. Provide information on the effective use of medication to treat OUD.[1]

TIP #3:

Encourage the woman and her family and friends to actively participate in conversations

How? Ask both the woman and her family and friends if they have any questions or want to share any comments or observations about the woman's care.[1]

TIP #4:

Ensure the physical meeting space supports the involvement of family and friends

How? Make sure the rooms that you meet the woman and her family and friends in (including waiting rooms, exam rooms, and home visit spaces) have enough seating and provide a welcoming environment for all.

What does this mean? In clinical settings, this may include creating a dedicated space for children to play. In home visit settings, this may include discussing with the woman whether she prefers to meet at her home or other places.[1]

TIP #5:

Offer virtual options for family and friend involvement

How? Use telephone, FaceTime, and other technologies to include family and friends who cannot physically attend appointments with a woman. Offer several virtual options to accommodate different abilities to access technology. Ensure that the use of technologies meets appropriate confidentiality and privacy regulations.[1]

TIP #6:

Periodically check in with the woman to see if her preferences have changed

How? Ask the woman, on a regular basis, if there have been changes in her personal life and relationships and whether she wants to make changes to who is involved in her care. Be prepared to add or remove individuals at any time especially when a woman has been subjected to domestic violence.[1]

Providers: Although a woman may want family and friends involved in her care, the focus of the conversation should always be on her.[1]

Organization leaders: When evaluating your meeting space, ensure it is welcoming and inclusive of all family structures.[1]

Reference:

[1] Individual stakeholder input on key care coordination strategies was collected through three regional consultations with an Expert Review Workgroup (ERW) comprised of clinical and behavioral health experts and other relevant stakeholders. More information regarding the ERW process available at: https://www.hrsa.gov/sites/default/files/hrsa/RegOpioidConsultInitiative-508.pdf.
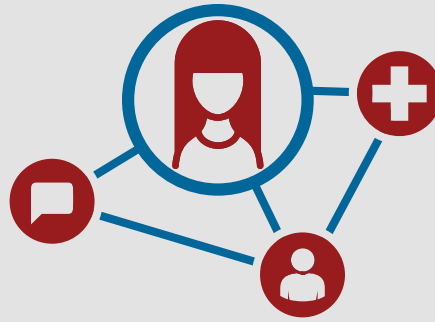
Creating and maintaining partnerships that support care coordination for women with opioid use disorder

- Women with opioid use disorder (OUD) have a range of support and treatment needs.

- Organizations should partner with other organizations to provide a full range of services to women with OUD. These services can include activities that build a supportive community for women with OUD.

- Information about a woman's addiction and treatment is protected by law. It is important to understand the privacy regulations that govern what and how information can be shared with partner organizations.

National Emergency Considerations

Organizations are responding to, or recovering from, recent national emergencies. This toolkit acknowledges that you may have limited resources and may experience burnout and trauma stemming from these emergencies, such as COVID-19 public health emergencies. Some of the tools in this chapter offer guidance that you can implement during this time; other tools offer guidance that you can implement at a later time.

This chapter describes how to identify, create, and maintain partnerships and build communities for women with OUD. Here, you will find the following resources:

Tool: Identifying potential partners in your community

This tool describes entities offering services and supports for women with OUD that organizations might want to partner with in their communities. Such supports and services might include pain management, behavioral health, peer groups, or workforce development, depending on women's personal circumstances, where they live, and their family make-up.

Tool: Tips for organization leaders to strengthen partnerships in their communities

Partnerships with other organizations are key to delivering a range of services and supports to women with OUD. This tool offers tips on how to strengthen and maintain partnerships.

Tool: Sharing information about opioid use disorder with partners in the community

This tool provides tips for organization leaders and providers on how to maintain women's confidentiality and privacy while coordinating care. This is especially important because of the landscape of different information-sharing regulations across states and the concerns some women have about involvement from the criminal justice and child welfare systems.

Tool: Building a community of support for women with opioid use disorder

Some women with OUD might feel isolated, which in turn can increase their risk of drug use. This tool offers guidance on how to create a recovery community.

At the end of this toolkit, you will find a list of links to additional resources with information on creating and maintaining partnerships to coordinate care for women with OUD.

Identifying potential partners in your community

Key takeaways

- Women with OUD have a wide range of care needs.

- You may want to form partnerships with relevant organizations in your community to provide care needed by women with OUD.

- Partners can include traditional health care and social service organizations, as well as non-traditional organizations, such as cell phone companies.[2]

There's more information in the toolkit!

Navigating the first appointments with women with opioid use disorder

Tips for organization leaders to strengthen partnerships in their communities

Additional resources

- Women with opioid use disorder (OUD) may need a range of services and supports depending on their personal circumstances, where they live, and their family make up.[2]

- These needs often include health care services like pain management and behavioral health interventions as well as non-health care services such as peer support groups and workforce development. In addition, women who are jailed for opioid use may need help getting treatment as the criminalization of addiction can inhibit some women from accessing treatment.[2]

- This tool describes the types of organizations that offer services and supports women with OUD may need; you may consider forming partnerships with these types of organizations in your community.

Providers: Develop relationships with a range of partners internal and external to your organization who can meet the needs of women. Relationships with some partners might be prioritized based on how critical certain needs are for women seeking treatment. For example, relationships with housing agencies might be prioritized because stable housing is critical for women with OUD if they are going to consistently attend treatment appointments and maintain recovery.[2]

Organization leaders: Regularly reassess your list of potential partners. Talk with the women you serve to ensure that you are addressing their wide array of care needs.[2]

The following pages have examples of potential partners that can facilitate care coordination. The way you collaborate with these potential partners may vary on certain factors like the type of service or support they offer. For example, your partnership with a child welfare agency may require frequent communication to serve a woman with OUD who is navigating child custody. Conversely, your partnership with a homeless shelter may require less frequent communication to link a woman with OUD to shelter services.[2]

Essential and Potential Partners

Primary care providers:

Primary care providers offer treatment and management of common, non-emergency medical conditions. These providers can also connect women with OUD to other services and supports[1]

Substance use treatment providers:

Substance use treatment providers offer specialty substance use disorder services, such as medication treatment[1]

Mental health providers:

Mental health providers, such as community mental health centers provide treatment and management of co-occurring mental health conditions[1]

Pain management centers:

Chronic pain practitioners can help women with OUD manage chronic pain from arthritis, stress injuries, and other causes[1]

Alternative therapies:

Providers of alternative therapies such as dieticians, physical therapists, and massage therapists can help manage chronic pain[1]

Peer support groups:

Peer support groups may foster a safe community for women with OUD as they engage in treatment and maintain recovery[1]

Reproductive health and family planning:

Fertility clinics and providers that offer birth control, contraceptive, and prenatal care services can provide family planning services[1]

Caregiving support:

Services, like the National Parent Helpline, National Center on Substance Abuse and Child Welfare, National Alliance for Caregiving can offer resources for women in their roles as caregivers[1]

Criminal justice and child welfare systems:

Law enforcement officials, drug and family court attorneys, parole officers, social workers, case workers and others who work with women with OUD who have been involved with the criminal justice and child welfare systems[1]

Cell phone companies and Lifeline program:

Cell phone companies that offer affordable phones and data plans may help women to coordinate and manage their health appointments. In addition, the federal program Lifeline is a resource for potentially lowering phone and Internet costs[1,2]

Domestic violence support:

Domestic violence hotlines and shelters can provide resources and support to women with OUD who are experiencing intimate partner violence and who are transitioning from a traumatic living environment to a safer environment[1]

Sexual assault support:

Services, like the National Sexual Assault Hotline, can offer resources for women who have experienced sexual violence[1]

Housing support:

Housing agencies, such as local housing authorities and supportive housing programs, may work with women with OUD to gain access to safe, supportive, and affordable housing[1]

Homeless shelters:

Homeless shelters can provide women who are experiencing homelessness a safe space to shower and sleep[1]

Workforce development:

Local agencies, such as YMCAs, provide General Equivalency Diploma classes, interview preparation, and resume reviews for women looking to enter/reenter the workforce[1]

Schools:

Schools, such as preschools or special education programs, offer supports to the children of women with OUD. Colleges offer support to women interested in training and higher education

Food assistance agencies:

Agencies that provide food assistance, such as food banks and local social service agencies, can provide women with continuous access to food, meals, and, for eligible women, additional services[1]

References:

[1] Individual stakeholder input on key care coordination strategies was collected through three regional consultations with an Expert Review Workgroup (ERW) comprised of clinical and behavioral health experts and other relevant stakeholders. More information regarding ERW process available at: https://www.hrsa.gov/sites/default/files/hrsa/RegOpioidConsultInitiative-508.pdf.

[2] Universal Service Administration Co. "Lifeline Support." 2020. Available at https://www.lifelinesupport.org/.

Tips for organization leaders to strengthen partnerships in their communities

Key takeaways

- Strong and successful partnerships can help women with OUD get the services and supports they need.

- Organization leaders should work with partners to establish a common goal or outcome to work toward, identify how best to share responsibilities, establish procedures to share information, and build trust and respect among one another.[2]

- Organization leaders should be prepared to make major and minor changes to their partnerships over time to ensure the partnerships are strong and successful.[2]

There's more information in the toolkit!

Identifying potential partners in your community

Additional resources

- Organization leaders should form partnerships with different organizations to serve women with opioid use disorder (OUD) who need a range of services and supports. This includes partnerships with law enforcement officials, judges, drug court attorneys, and others in the criminal justice system.

- Organization leaders should also consider working with local public health and other community leaders who have already formed partnerships or coalitions to support the care of women with OUD.

- Strong and successful partnerships can help women with OUD get the services and supports they need and achieve their OUD treatment goals.

- Partnerships require ongoing support to ensure they are strong and successful.[2]

- This tool offers seven tips for organization leaders on how to strengthen the partnerships in their communities.

TIP #1:

Make sure the partners agree on the reason for maintaining the partnership.

Some partners might only want to work together to address a specific need or organizational priority. Other partners might want to work together to coordinate services for multiple women with OUD.[2]

Tip #2:

Identify a common goal or outcome to work toward.

Some partners might easily identify a common goal to work toward. Other partners might have trouble. When organizations cannot identify a common goal or outcome, this could indicate that the partnership should not continue.[2]

Tip #3:

Identify how best to share responsibilities.

Each partner should have clearly agreed upon roles and responsibilities that leverage their resources and strengths. Details may be documented in a memorandum of understanding.[2]

TIP #4:

Establish information-sharing procedures to maintain continuous communication.

Partners should identify the type of information they need to securely share, how they will share it, and when they will share it. Factors to consider are:

- The partners' common goals

- Number of women with OUD they collaboratively serve through coordination of services

- Geographic closeness to each other

- Whether it is easier to regularly share information in person or using technology

- Whether they should share information after each encounter with a woman or during regularly scheduled meetings and how this can be done legally and confidentially

- Whether organization leaders and providers need to have separate sets of procedures to guide communication[1]

TIP #5:

Identify potential challenges and potential solutions to support the success of the partnerships.

Discuss current and future issues that might hold back the partnership from achieving its common goal or outcome. Identify ways to mitigate or solve these problems. Challenges might include:

- Conflicting priorities among partners

- Limited systems for information-sharing and coordination of services

- Limited staff capacity to attend meetings

- A lack of a "champion" to lead provider-level efforts to collaborate with partners

- A reluctance to collaborate because of a negative experience[1]

TIP #6:

Build trust and respect among partners.

Encourage organization leaders and providers to explore ways to build trust and respect with partners. Consider developing simple rules to guide interactions with partners, such as:

- Keep the focus of the collaboration on supporting women with OUD.

- Be as responsive as possible.

- Be honest about what responsibilities you can or cannot take on.

- Speak openly and honestly about concerns.[2,3]

TIP #7:

Review all of the above periodically to assess the partnership's success.

Organization leaders should be prepared to make both major and minor changes to how the partnership works over time. If they are agile in making any necessary changes, women with OUD are more likely to receive the services and supports they need. Organization leaders should regularly check in with the partners to discuss how the partnership is going.[2]

Examples of how a maternity care provider and a local food assistance agency can follow the tips to strengthen their partnership

TIP #1: Agreeing on the reason for maintaining the partnership. The maternity care provider and the local food assistance agency agree to work together to support a pregnant woman with OUD. The providers also recognize how this partnership can help their individual organizations work toward their missions of providing services and supports to members of their community.

TIP #2: Identifying a common goal. The maternity care provider and the local food assistance agency share the goal to help the woman, who is low-income, get access to nutritious food for herself and her unborn child so they can then focus on getting her OUD treatment. The maternity care provider and the local food assistance agency also share the goal of building a safe and trusting relationship with the woman to address her fear that sharing information about her personal experience with OUD will result in her losing custody of her child through involvement with the local child welfare agency and criminal justice system.

TIP #3: Identifying how to share responsibilities. The maternity care provider and the local food assistance agency agree that the maternity care provider is best suited to offer the woman peer support services while the local food assistance agency is best suited to offer the woman connections to other federal, state, and local programs that can provide assistance in meeting other basic needs.

TIP #4: Establishing information sharing procedures. With the woman's permission, the maternity care provider and local food assistance agency agree that it is easiest for them to share information over telephone at least once a month to make sure they keep her health care plan up to date.

TIP #5: Identifying potential challenges. The maternity care provider and the local food assistance agency discuss how the local food assistance agency had a negative experience working with a different health care provider in the past. The maternity care provider and local food assistance agency discuss the challenges and identify ways to mitigate those challenges from occurring in the new partnership.[2]

TIP #6: Building trust and respect. The maternity care provider and local food assistance agency develop simple rules to guide their interactions. They make a point to revisit these simple rules during each interaction they have to ensure that they are following them and to make any necessary updates to the rules.[2,3]

References:

[1] Centre of Excellence for Women's Health. "Mothering and Opioids." 2019. Available at http://bccewh.bc.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf.

[2] Community Tool Box. "Creating and Maintaining Coalitions and Partnerships." 2020. Available at https://ctb.ku.edu/en/creating-and-maintaining-coalitions-and-partnerships.

[3] Human Systems Dynamics Institute. "Simple Rules." 2020. Available at https://www.hsdinstitute.org/about-hsd-institute/simple-rules.html.
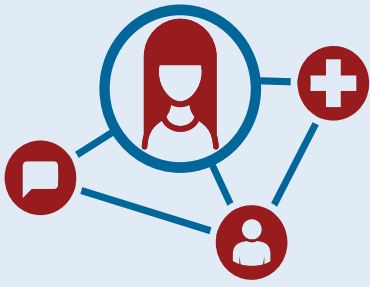
Sharing information about opioid use disorder with partners in the community

Key takeaways

- Federal and state laws and regulations specify which type of SUD-related information can be shared and how.

- If organization leaders and providers do not understand and stay up-to-date on 42 CFR Part 2 and other privacy laws, they could either not share necessary information or unintentionally share more information than is necessary and/or allowed by law. These approaches harm women with OUD and could lead to legal ramifications for the organization.[1]

- Organization leaders and providers should also work with their partners in the community to make sure their partners understand and stay up to-date on information-sharing regulations.

There's more information in the toolkit!

Identifying potential partners in your community

Tips for organization leaders to strengthen partnerships in their communities

Additional resources

To provide coordinated care to a woman with opioid use disorder (OUD), it is important for all providers involved in her care to have a shared understanding of her needs, strengths, and health care plan. A woman with OUD may fear social stigma or have concerns about involvement from the criminal justice and child welfare systems and may not want her information shared. Federal and state laws also stipulate the type of information related to substance use disorder (SUD) that can be shared, and how to share it. It is important for organization leaders and providers to understand and stay up-to-date on information-sharing regulations for SUD, especially because those regulations vary from one state to another.[1] This tool offers tips for sharing OUD and other SUD information.

National Emergency Considerations

Information-sharing regulations are changing in response to recent national emergencies, such as COVID-19 public health emergencies. It is important for organization leaders and providers, and their partners, to stay up-to-date on these regulations.

TIP #1:

Organization leaders and providers should develop a strong understanding of 42 Code of Federal Regulations (CFR) Part 2.

"42 CFR Part 2 applies to federally assisted treatment programs... [who are stated providers] of SUD services... These regulations apply to information that would identify a person as having a SUD and allow very limited disclosures of information without consent." The regulations are "based on legislation passed in the 1970s that was designed to address the...stigma and discrimination," that people with SUD could face.[1] In addition, organization leaders and providers should develop an understanding of criminal penalties women with OUD may face for opioid use.

TIP #2:

Organization leaders should consult with an attorney or legal team to better understand information-sharing regulations.

Information about an individual's SUD and treatment is protected by special laws beyond laws that protect general health information. "Compliance with and interpretation of...[health care privacy laws] is...complex." If organization leaders and providers do not understand these laws, they might "overprotect the information and not share at all, or they...[might unintentionally] share more information than is [necessary and/or] allowed by law."[1]

TIP #3:

Providers should get a woman's written and verbal consent before they share her OUD information with other providers and social supports.

Information about a woman's opioid use can never be shared without a person's explicit consent, unless it is in response to a medical emergency.[1]

TIP #4:

Providers should have a detailed discussion with a woman about sharing her OUD information.

A provider should talk to a woman with OUD about what's involved in sharing her information. The conversation should cover the following topics:

- *What giving or not giving consent means*. A provider should explain clearly how giving or not giving consent for information sharing will affect the care a woman receives. This includes explaining what the provider is allowed and not allowed to share with her other providers and social supports.

- *Why a provider would want to share a woman's information.* A provider should emphasize to a woman that they will carefully consider which other providers and social supports they need to share information with. Providers should only share information with those providers and social supports that absolutely need the information.

- *Which providers and social supports a woman is comfortable sharing information with.* A woman has the right to stipulate which people she wants her information shared with and which people she does not want it shared with.[1]

Language a provider could use when talking to a woman with OUD about consent

- *I know it's hard to share personal information about opioid use and treatment.[1]*

- *Your consent is voluntary. I will continue to support you no matter what you decide.[1]*

- *I know information-sharing regulations are complicated and can be difficult to understand. Can you tell me who's okay to have this information and who's not?*

- *You have legal protections, and I will abide by them. Do you understand these protections? Do you feel protected by them?[1]*

- *Let me share the kind of information I am required to report.*

- *If this makes you feel unsafe or worried, we can talk about it again later. We will go at your pace.[1]*

Reference:

[1] Washington State Health Care Authority. "Sharing Substance Use Disorder Information: A Guide for Washington State." 2019. Available at https://www.hca.wa.gov/assets/billers-and-providers/60-0015-sharing-substance-use-disorder-information-guide.pdf.

Building a community of support for women with opioid use disorder

Key takeaways

- Social isolation can increase the risk of taking drugs.[1]

- Organizations can provide opportunities for community support through formal and informal activities.

There's more information in the toolkit!

Identifying potential partners in your community

Tips for organization leaders to strengthen partnerships in their communities

Strategies for organizations to provide trauma-informed care to women with opioid use disorder

Additional resources

National Emergency Considerations

As a result of recent national emergencies, such as COVID-19 public health emergencies, many women might have heightened feelings of isolation. Organizations have suspended in-person meetings and group activities, which could further increase women's sense of isolation. To foster a virtual recovery community, organizations can consider online recovery meetings as well as other platforms, such as websites like Reddit, where people living with opioid use disorder and in recovery can connect. Information is available at Shatterproof and the Substance Abuse and Mental Health Services Administration's Virtual Recovery Resources page.

- Some women with opioid use disorder (OUD) might feel alone and unsupported, which can increase their risk for drug use.[1]

- Social support is critical to a woman's treatment and recovery.[1]

- Peer recovery coaches are a promising strategy to support women with OUD.

- Organizations can foster a woman's sense of community through mentorship programs and opportunities to socialize with other women.

Tips for creating a community of support at your organization:

Engage a peer recovery coach as part of the care team

A peer recovery coach:

- Works for an organization and is part of the woman's care team

- Coordinates care and provides recovery support services to women with OUD

- Serves as role models for women with OUD

- Demonstrates that recovery is possible

- Provides real-life examples of developing goals and strategies for recovery[1]

Develop a woman-to-woman mentorship program

- Partners women with other women who have lived experience with OUD
- Informally supports, encourages, and helps women connect socially on a range of their needs
- Demonstrates that recovery is possible[1]

Facilitate groups or clubs

- Creates a space for women with OUD to connect with other women
- Provides an outlet for social connection and shared interests for women with OUD
- Focuses on strengths and common interests, such as knitting, reading, or walking
- Recognizes accomplishments and milestones through sober parties and celebrations[1]

Connect women with OUD to partner organizations that offer social support

- Provides opportunities for social connection if your organization doesn't provide those services
- Includes organizations such as libraries, community centers, and YMCAs[1]

Reference:

[1] Individual stakeholder input on key care coordination strategies was collected through three regional consultations with an Expert Review Workgroup (ERW) comprised of clinical and behavioral health experts and other relevant stakeholders. More information regarding the ERW process available at: https://www.hrsa.gov/sites/default/files/hrsa/RegOpioidConsultInitiative-508.pdf.

Self-assessment for organization leaders and providers

Organizations serving women with opioid use disorder (OUD) can use this self-assessment to understand the extent to which they implement components of care coordination described in the toolkit. This self-assessment is not comprehensive and is not intended for research purposes or for use in a formal evaluation.

How to complete the tool:

1. Multiple people should complete the self-assessment independently.

2. If the organization has consistent use of the characteristic, mark the category "Describes us well." If the organization sometimes applies the characteristic or just started to use the characteristic, mark either "Almost there" or "Just getting started," as appropriate. If the organization does not use the characteristic, mark "Does not describe us."

3. The organization should identify one person to review the completed self-assessments to identify areas to prioritize in the responses. The organization should then develop a plan to improve the care they deliver to women with OUD.

Care coordination for women with opioid use disorder (OUD)	Describes us well	Almost there	Just getting started	Does not describe us
Shifting the culture around addiction and treatment				
Our organization has written policies about addiction as a medical disease and the use of evidence-based treatments for OUD.				
Our organization trains and supplies resources to providers regarding addiction as a medical disease and evidence-based treatments for OUD.				
Our organization provides training and information on person-first, nonjudgmental, and medically accurate language.				
Our providers understand that addiction is a medical disease.				
Our providers support the use of medication to treat OUD.				
Our providers use person-first, nonjudgmental, and medically accurate language.				

Continued on the next page

Care coordination for women with opioid use disorder (OUD)	Describes us well	Almost there	Just getting started	Does not describe us
Engaging women with OUD in care				
Our organization provides trauma training to all staff as part of their professional development. The training includes information on trauma and its effects on the brain and body, including its effects on substance use treatment and recovery.				
Our organization reviews trauma-informed policies and procedures, such as crisis situations and reporting child abuse and neglect, with all staff at least annually.				
Our organization has written policies that support family-centered care.				
Our organization holds appointments in an environment that is safe, comfortable, accommodating, and considerate for everyone involved, including women with OUD, their families, and their providers.				
Our providers ask women which people they want to attend their appointments and who they want involved in their care.				
Our providers assess women's strengths in addition to their needs.				
Creating and maintaining partnerships that support care coordination for women with OUD				
Our organization has partnered with a range of community agencies that work with women and their families.				
Our organization has written policies on sharing information about women who have OUD with other providers and social supports.				
Our organization provides opportunities for women with OUD to be part of a community of other women in recovery.				
Our providers refer women to services and supports as necessary.				
Our providers coordinate with other providers and social supports as necessary.				
Our providers inform women with OUD when they are legally required to share disclosed information with another agency.				
Our providers obtain consent before sharing information about women who have OUD with other providers and social supports.				

Metrics to monitor and evaluate care coordination for women with opioid use disorder

This list of resources contains information on measures of the quality of care for people with physical and behavioral health problems. While the Health Resources and Services Administration does not require or endorse any of these measures, they may be helpful for monitoring progress at the organizational level.

Medicaid Section 1115 substance use disorder demonstration monitoring metrics. State agencies use these monitoring metrics, which were developed by the Centers for Medicare & Medicaid Services (CMS), to monitor and evaluate Section 1115 substance use demonstration programs.

Core Set of behavioral health measures for Medicaid and CHIP. To support its efforts to improve behavioral health in Medicaid and the Children's Health Insurance Program (CHIP), CMS identified a core set of 18 behavioral health measures for voluntary reporting by state Medicaid and CHIP agencies. CMS will use this Core Set, which consists of 5 measures from the Child Core Set and 13 measures from the Adult Core Set, to measure and evaluate progress toward improvement.

Field guide of National Quality Forum resources. This National Quality Forum webpage is dedicated to helping people find information about the quality measures it endorses. Of particular importance is the Identifying Measures for Use section.

National Quality Forum behavioral health and substance use measures. Measures in this portfolio address tobacco, alcohol, and substance use.

National Quality Forum Quality Positioning System. A full list of National Quality Forum–endorsed measures is available in its Quality Positioning System, better known as QPS. QPS is a web-based tool developed by the National Quality Forum to help people more easily select and use the measures it endorses.

Additional resources

Providing services and supports in the context of COVID-19

Agency for Healthcare Research and Quality. "AHRQ's Easy-to-Understand Telehealth Consent Form." April 2020. Available at https://www.ahrq.gov/health-literacy/informed-consent-telehealth.html. Accessed April 23, 2020.

Bebinger, M. "Addiction is 'A Disease of Isolation' – So Pandemic Puts Recovery at Risk." WBUR, March 30, 2020. Available at https://khn.org/news/addiction-is-a-disease-of-isolation-so-pandemic-puts-recovery-at-risk/.

Federal Emergency Management Agency. "Planning Guides." 2020. Available at https://www.fema.gov/plan. Accessed April 23, 2020.

Thomas Prevoznik, "DEA and SAMHSA Buprenorphine and Telemedicine COVID-19 Guidance." Letter to DEA Qualifying Practitioners and DEA Qualifying Other Practitioners, March 30, 2020. Available at https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf. Accessed April 23, 2020.

University of Rochester Medicine Recovery Center of Excellence. "Making Space for Social Distance: Adapting Opioid Treatment Programs to COVID-19." 2020. Available at https://recoverycenterofexcellence.org/making-space-social-distance-adapting-opioid-treatment-programs-otps-covid-19. Accessed April 23, 2020.

Waters, Annette, Pamela Winston, and Robin Ghertner. "Virtual Case Management Considerations and Resources for Human Services Program." Office of the Assistant Secretary for Planning and Evaluation, April 1, 2020. Available at https://aspe.hhs.gov/pdf-report/virtual-case-management.

Resources on addiction

Addiction Center. "Postpartum Depression and Addiction." 2020. Available at https://www.addictioncenter.com/addiction/postpartum-depression-addiction/.

American Psychiatric Association. "Opioid Use Disorder." 2018. Available at https://www.psychiatry.org/patients-families/addiction/opioid-use-disorder/opioid-use-disorder.

American Society of Addiction Medicine. "Definition of Addiction." n.d. Available at https://www.asam.org/Quality-Science/definition-of-addiction. Accessed April 6, 2020.

Center on Addiction. "Addiction as a Disease." 2017. Available at https://www.centeronaddiction.org/what-addiction/addiction-disease.

Government of Canada. "Changing How We Talk about Substance Use." 2019. Available at https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/stigma/stigmatips-talk-substance-use.html.

Haffajee, R. "Fight the Urge to Criminalize Opioid Addiction Behaviors." March 9, 2016. Available at https://www.healthaffairs.org/do/10.1377/hblog20160309.053806/full/.

Institute for Patient- and Family-Centered Care. "Partnerships to Address the Opioid Epidemic." n.d. Available at https://www.ipfcc.org/bestpractices/opioid-epidemic/index.html. Accessed April 6, 2020.

IT Matters Colorado. "DSM-5 Criteria for Diagnosis of Opioid Use Disorder." 2013. Available at https://www.asam.org/docs/default-source/education-docs/dsm-5-dx-oud-8-28-2017.pdf.

Jarlenski, M., Barry, C.L., Gollust, S., Graves, A.J., Kennedy-Hendricks, A., & Kozhimannil, K. (2017). "Polysubstance Use Among US Women of Reproductive Age Who Use Opioids for Nonmedical Reasons." *American Journal of Public Health*, 107(8), 1308–1310. https://doi.org/10.2105/AJPH.2017.303825.

National Academies of Sciences, Engineering, and Medicine. Opportunities to Improve Opioid Use Disorder and Infectious Disease Services: Integrating Responses to a Dual Epidemic. Washington, DC: The National Academies Press, 2020. Available at https://www.nap.edu/catalog/25626/opportunities-to-improve-opioid-use-disorder-and-infectious-disease-services?utm_source=NASEM+News+and+Publications&utm_campaign=3cc7054a55-Final_Book_2020_03_30_25626&utm_medium=email&utm_term=0_96101de015-3cc7054a55-107317465&goal=0_96101de015-3cc7054a55-107317465&mc_cid=3cc7054a55&mc_eid=74b801cf35.

National Council for Behavioral Health. "Language Matters." n.d. Available at https://www.thenational-council.org/surgeon-general-toolkit/language-matters/. Accessed April 6, 2020.

Noguchi, Y. "Changes in Opioid Supply Create New Risks As Stay-At-Home Orders Rules Ease." May 18, 2020. Available at https://www.npr.org/sections/health-shots/2020/05/18/854729610/changes-in-opioid-supply-create-new-risks-as-stay-at-home-rules-ease.

Schmidt, R., L. Wolfson, J. Stinson, N. Poole, and L. Greaves. "Mothering and Opioids: Addressing Stigma and Acting Collaboratively." Vancouver, BC: Centre of Excellence for Women's Health, 2019. Available at http://bccewh.bc.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf.

Resources on recovery

Harm Reduction International. "What is Harm Reduction?" 2020. Available at https://www.hri.global/what-is-harm-reduction.

Indiana State Department of Health. "Naloxone Myths Debunked." n.d. Available at https://www.in.gov/isdh/files/47_naloxone%20myths%20debunked.pdf. Accessed April 6, 2020.

Kaplan, L. "The Role of Recovery Support Services in Recovery-Oriented Systems of Care." Rockville, MD: Center for Substance Abuse Services, Substance Abuse and Mental Health Services Administration, 2008. Available at http://www.pacdaa.org/SiteCollectionDocuments/SAMHSA%20White%20Paper%20on%20 The%20Role%20of%20Recovery%20Support%20Services.pdf.

Madris, Bertha K., N. Jia Ahmad, Jenny Wen, Joshua Sharfstein, and the Prevention, Treatment, and Recov-ery Working Group of the Action Collaborative on Countering the U.S. Opioid Epidemic. "Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers Within the Treatment System." 2020. Available at https://nam.edu/improving-access-to-evidence-based-medi-cal-treatment-for-opioid-use-disorder-strategies-to-address-key-barriers-within-the-treatment-system/.

McLoone, I. "Can We Stop Calling it 'Medication-Assisted Treatment'?" Rehabs Pro Talk, 2019. Available at https://www.rehabs.com/pro-talk/can-we-stop-calling-it-medication-assisted-treatment/.

National Institute on Drug Abuse. "Medications to Treat Opioid Use Disorder Research Report: Overview." June 2018. Available at https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opi-oid-addiction/overview. Accessed June 16, 2020.

Rural Health Information Hub. "Rural Response to the Opioid Crisis." 2020. Available at https://www.rural-healthinfo.org/topics/opioids.

Sofuoglo, M., E.E. DeVito, and K.M. Carroll. "Pharmacological and Behavioral Treatment of Opioid Use Disorder." *Psychiatric Research & Clinical Practice*, 2018. Available at https://prcp.psychiatryonline.org/doi/10.1176/appi.prcp.20180006.

Substance Abuse and Mental Health Services Administration. "Medication and Counseling Treatment." 2020. Available at https://www.samhsa.gov/medication-assisted-treatment/treatment.

Substance Abuse and Mental Health Services Administration. "Tip 63: Medications for Opioid Use Disorder." 2020. Available at https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006.

The American College of Obstetricians and Gynecologists. "Opioid Use Disorder and Pregnancy." 2020. Available at https://www.acog.org/patient-resources/faqs/pregnancy/opioid-use-disorder-and-pregnancy.

Wakeman, S.E., M.R. Larochelle, O. Ameli, C.E. Chaisson, J. Thomas McPheeters, W.H. Crown, F. Azocar, and D. Sanghavi. "Comparative Effectiveness of Different Pathways for Opioid Use Disorder." JAMA Network Open, 2020. Available at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032.

Engaging women with opioid use disorder (OUD) in care

Resources on trauma-informed care

National Association of State Mental Health Directors. "NASMHPD's Center for Innovation in Behavioral Health Policy and Practice." Available at https://nasmhpd.org/content/national-center-trauma-informed-care-nctic-0.

National Child Traumatic Stress Network. "Trauma Informed Care." Available at https://www.nctsn.org/trauma-informed-care.

National Council for Behavioral Health. "Advancing Trauma-Informed Primary Care." Available at https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/.

Rural Health Information Hub. "Access to Care for Rural People with Disabilities Toolkit." Available at https://www.ruralhealthinfo.org/toolkits/disabilities.

Substance Abuse and Mental Health Services Administration. "Empowering Change: Motivational Interviewing." n.d. Available at https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/empowering-change.

Substance Abuse and Mental Health Services Administration. "Concept of Trauma and Guidance for Trauma-Informed Approach." 2014. Available at https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.

Substance Abuse and Mental Health Services Administration. "Trauma-Informed Care in BehavioralHealth Services." 2014. Available at https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4420.pdf.

University of Washington. "Six Building Blocks: A Team-Based Approach to Improving Opioid Management in Primary Care." Available at https://depts.washington.edu/fammed/improvingopioidcare/.

Serving women at different life stages

Jones H, Goler N, Werner D. Women's Health, Wellness, and Recovery: An Introduction to Women's Substance Use Disorders and Health [webinar]. May 6, 2015. In the Substance Abuse and Mental Health Services Administration's Women Matter! series. Retrieved from: https://www.youtube.com/watch?v=qX55XsNIKpE.

Office on Women's Health. "Final Report: Opioid Use, Misuse, and Overdose in Women." Available at: https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf.

Substance Abuse and Mental Health Services Administration. "Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder." January 2018. Available at: https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054.

Substance Abuse and Mental Health Services Administration. "Comprehensive Case Management for Substance Abuse Treatment." 2015. Available at https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4215.pdf.

Substance Abuse and Mental Health Services Administration. "Managing Chronic Pain in Adults with or in Recovery for Opioid Use Disorder." November 2013. Available at https://store.samhsa.gov/product/Managing-Chronic-Pain-in-Adults-With-or-in-Recovery-From-Substance-Use-Disorders/SMA13-4792?referer=from_search_result.

Substance Abuse and Mental Health Services Administration. "Pregnancy Planning for Women Treated for Opioid Use Disorder." April 2019. Available at https://store.samhsa.gov/product/pregnancy-planning-for-women-treated-for-opioid-use-disorder/SMA19-5094-FS?referer=from_search_result.

Substance Abuse and Mental Health Services Administration. "Screening, Brief Intervention, and Referral to treatment (SBIRT)." 2017. Available at https://www.samhsa.gov/sbirt.

Substance Abuse and Mental Health Services Administration. "Substance Abuse Treatment: Addressing the Specific Needs of Women." Available at https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf.

Sullivan MA. Prescription Opioid Addiction and Chronic Pain in Older Adults [webinar]. Providers' Clinic Support System for Opioid Therapies Web site. https://pcssnow.org/education-training/training-courses/prescription-opioid-addiction-chronic-pain-older-adults/.

Resources on a woman's support system

Institute for Patient and Family Centered Care. "Partnering with Patients and Families to Strengthen Approaches to the Opioid Epidemic." Available at: https://www.ipfcc.org/bestpractices/opioid-epidemic/IPFCC_Opioid_White_Paper.pdf.

Ohio Family and Children First's "Is Your Organization Family Friendly?," retrieved from https://www.fcf.ohio.gov/Portals/0/Home/Initiatives/Family%20Engagement/AttachmentC[1].pdf.

Creating and maintaining partnerships that support care coordination for women with OUD

Resources on identifying potential partners

Agency for Healthcare Research and Quality. "Link Patients to Non-Medical Support." February 2015. Available at: https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool18.html.

Rural Health Information Hub. "Evidence-based Toolkits for Rural Community Health." 2020. Available at https://www.ruralhealthinfo.org/toolkits.

Substance Abuse and Mental Health Services Administration. "A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders." Available at: https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4978.pdf.

Universal Service Administration Co. "Lifeline Support." 2020. Available at https://www.lifelinesupport.org/.

Resources on strengthening partnerships

Agency for Healthcare Research and Quality. "Make Referrals Easy." February 2015. Available at: https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool21.html.

Center of Excellence for Women's Health. "Mothering and Opioids." Available at: http://bccewh.bc.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf.

Community Tool Box. "Creating and Maintaining Coalitions and Partnerships." Available at: https://ctb.ku.edu/en/creating-and-maintaining-coalitions-and-partnerships.

Human Systems Dynamics Institute. "Simple Rules." 2020. Available at https://www.hsdinstitute.org/about-hsd-institute/simple-rules.html.

Resources on confidentiality and privacy

Substance Abuse and Mental Health Service Administration. "Substance Abuse Confidentiality Regulations." Available at: https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs.

Washington State Healthcare Authority. "Sharing Substance Use Disorder Information." Available at: https://www.hca.wa.gov/assets/billers-and-providers/60-0015-sharing-substance-use-disorder-information-guide.pdf.

Resources on fostering a recovery community

Center of Excellence for Protected Health Information. "SAMHSA 42 CFR Part 2 Revised Rule." Available at: https://www.coephi.org/sites/default/files/SAMHSA%2042%20CFR%20Part%202%20Fact%20Sheet%20_1.pdf

Faces and Voice of Recovery. "Mutual Aid Resources." Available at: https://facesandvoicesofrecovery.org/resources/mutual-aid-resources/.

National Academies of Sciences, Engineering, and Medicine. Opportunities to Improve Opioid Use Disorder and Infectious Disease Services: Integrating Responses to a Dual Epidemic. Washington, DC: The National Academies Press, 2020. Available at: https://www.nap.edu/catalog/25626/opportunities-to-improve-opioid-use-disorder-and-infectious-disease-services.

Substance Abuse and Mental Health Services Administration. "BRSS TACS: Recovery support Tools." Available at: https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources.

Appendix

How was the care coordination model developed?

- **A literature review** of peer-reviewed manuscripts and gray literature to understand the impact of the opioid crisis among women and to identify key care coordination strategies.

- **Solicitation of expert input** on key care coordination strategies through meetings the Health Resources and Services Administration held with experts across the country

Exhibit I presents a care coordination model that guided the creation of this toolkit (shown on the following page). The model outlines key strategies for delivering coordinated care to women with opioid use disorder (OUD) in service settings supported by the Health Resources and Services Administration (HRSA).

The model outlines three main components:

1. **Women with OUD and their families** are at the center of the model. Each woman and her family have a different set of characteristics, strengths, and needs.

2. **Organizational- and provider-level** circles list strategies that organizations and providers can use to deliver coordinated care to the women and their families. Organizations and providers can choose which strategies to use based on the characteristics and the needs of the women and their families.

3. **External conditions** are the items listed below the circle. These are conditions that are outside the immediate control of organizations and providers. These conditions affect the delivery of coordinated care to women with OUD.

Exhibit I: Care coordination model strategies for women with OUD in HRSA-supported service settings

This model provides a framework to guide health care and social service organizations and providers in determining where to focus their efforts to improve care coordination for women with OUD.

Organizations and providers can choose which strategy(ies) to implement. Characteristics that affect selection and implementation include, but are not limited to: organizational leadership, population served, provider beliefs about OUD, client risks and protective factors.

For more information about the care coordination model, see:

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2020). Year One Summary. Regional Opioid Consultation Initiative: Patient and Family-Centered Treatment and Care Coordination Model for Women. Rockville, Maryland: U.S. Department of Health and Human Services. Available at: https://www.hrsa.gov/sites/default/files/hrsa/RegOpioidConsultInitiative-508.pdf.