



# Clinical Practice Guidelines

Practice Guideline Elements

Revised: 4/16/2024

Reviewed: 5/7/2024

Guideline	Key Clinical Elements
<p>American Psychiatric Association: <i>Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition</i> Published 2016; Reviewed February 2018</p> <p>American Academy of Pediatrics: <i>Guideline for Adolescent Depression in Primary Care (GLAD-PC): Part I</i> Published in <i>Pediatrics</i>. 141(3): 2018. [selected for information on the assessment of the suicidal adolescent individual]</p> <p>Department of Veteran’s Affairs and Department of Defense: <i>Clinical Practice Guideline Assessment and Management of Patients at Risk for Suicide (2019)</i></p>	<p>North Sound BH-ASO recognizes that the utility of any assessment depends on availability of an effective treatment for the identified disorder or risk factor. Despite the limitations of the available research evidence (several of the recommendations within the Practice Guidelines carry moderate to weak levels of research support), there is consensus the benefits of a thorough risk assessment in an initial psychiatric evaluation clearly outweigh the potential harms, including unclear costs.</p> <ul style="list-style-type: none"> <li>▪ Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.</li> <li>▪ The clinician who conducts the initial psychiatric evaluation of a patient who reports current suicidal ideas should document an estimation of the patient’s suicide risk, including factors influencing risk. A standardized instrument for such an assessment is suggested.</li> <li>▪ The assessment of risk factors as part of a comprehensive evaluation of suicide risk should include but not limited to: current suicidal ideation, prior suicide attempt(s), current psychiatric conditions (e.g., mood disorders, substance use disorders) or symptoms (e.g., hopelessness, insomnia, and agitation), prior psychiatric hospitalization, recent bio-psychosocial stressors, and the availability of firearms.             <ul style="list-style-type: none"> <li>○ For Youths: ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors or disposition.</li> </ul> </li> <li>▪ It is suggested that a crisis response plan be completed for individuals with suicidal ideation and/or a lifetime history of suicide attempts.</li> </ul>
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <i>A Guide for Washington State. Health Care Authority 60-0015 (2019)</i> <a href="#">Sharing Substance Use Disorder (SUD) Information: A Guide for Washington State (HCA 60-0015)</a> <a href="#">Substance Abuse Confidentiality Regulations</a> <a href="#">Substance Abuse Confidentiality Regulations   SAMHSA</a> <i>Fact Sheet 42 CFR Part 2 Final Rule</i> Posted: February 8, 2024 <a href="#">Fact Sheet 42 CFR Part 2 Final Rule   HHS.gov</a></p>	<ul style="list-style-type: none"> <li>▪ Providers who treat patients with substance use disorder must know substance use-related disclosure rules and confidentiality requirements and adhere to CFR-42 Part 2.</li> </ul>

Guideline	Key Clinical Elements
<p>Department of Veteran’s Affairs and Department of Defense: <b><i>Clinical Practice Guideline for Management of Substance Use Disorders (SUD)</i></b>  Published 2015; Reviewed May 2017  <b><i>VA/DoD Clinical Practice Guidelines Management of Substance Use Disorder (SUD) (2021)</i></b>  <a href="https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf">https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf</a></p>	<p>Veterans with posttraumatic stress disorder (PTSD), co-occurring SUD was common and found to be associated with an increase in mortality.</p> <ul style="list-style-type: none"> <li>▪ SUD commonly co-occurs with and complicates other conditions or issues.</li> <li>▪ Good communication between healthcare professionals and the patient is essential and should be supported by evidence-based information tailored to the patient’s needs.</li> <li>▪ Coordinate addiction-focused psychosocial interventions with evidence-based intervention(s) for other biopsychosocial problems to address identified concurrent problems consistent with patient priorities.</li> </ul> <p>Screen for unhealthy use of alcohol and other drugs</p> <ul style="list-style-type: none"> <li>▪ Develop a comprehensive discharge plan treatment plan in collaboration with the individual.</li> <li>▪ Adjust treatment plan as needed.</li> </ul>
<p>American Society of Addiction Medicine:  <a href="#">The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update</a>  Updated 2020</p>	<ul style="list-style-type: none"> <li>▪ Consider all appropriate treatment options such as opioid agonists and antagonists.</li> <li>▪ Document the Clinician &amp; patient’s shared treatment option decisions.</li> <li>▪ Consider patient preferences &amp; treatment history &amp; setting to determine medication.</li> <li>▪ Advise patients medications alone for opioid withdrawal not a complete treatment method as they should be accompanied by supports such as: <ul style="list-style-type: none"> <li>○ Supportive counseling</li> <li>○ Links to existing family support</li> <li>○ Referrals to community services such as support groups (ex. 12 step programs)</li> </ul> </li> </ul>
<p>American Psychiatric Association: <b><i>Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder</i></b>  Published 2018; Adopted February 2018</p>	<p>Conduct a face-to-face biopsychosocial evaluation for alcohol use disorder and for co-occurring disorders that be may exacerbate by alcohol use.</p> <ul style="list-style-type: none"> <li>▪ Develop an individualized service plan. <ul style="list-style-type: none"> <li>○ Document progress or lack of progress in medical record.</li> <li>○ Address treatment needs as identified by the individual or the individual’s family.</li> </ul> </li> <li>▪ Have a mechanism in place to monitor alcohol use.</li> <li>▪ Develop a comprehensive discharge plan for additional services and community resources</li> </ul>
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants</i></b>  Published 2018; Last Updated 12/12/2023</p>	<p><u>Pregnant and Parenting Women (PPW)</u></p> <ul style="list-style-type: none"> <li>▪ Women with Substance Use Disorder who are Pregnant, Post-Partum, and/or Parenting have unique treatment needs and often face increased social stigma, including within the medical and treatment community.</li> <li>▪ Best practices include (as indicated) attempts to keep families intact, to maintain contact between mothers and infants/children, and to utilize a variety of interventions, including medication assisted treatment, as part of a holistic person-centered treatment model that seeks to encourage treatment and strengthen families.</li> </ul>

Guideline	Key Clinical Elements
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>TIP 63 Medications for Opioid Use Disorder</i></b></p> <p><a href="https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA19-5063FULLDOC">https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA19-5063FULLDOC</a></p> <p>Last Updated: 12/12/2023</p> <p><a href="#">Waiver Elimination (MAT Act)   SAMHSA</a></p> <p>Updated 2023</p> <p>Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).</p> <p>All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for opioid use disorder in their practice if permitted by applicable state law. SAMHSA encourages practitioners to treat patients within their practices who require treatment for a substance use disorder.</p> <p>SAMHSA offers tools, training, and technical assistance to practitioners in the fields of mental and substance use disorders.</p> <p><a href="#">Practitioner Training   SAMHSA</a> HCA includes these resources for clinicians who have not previously prescribed for opioid use disorder:</p> <p><a href="https://pcssnow.org/">https://pcssnow.org/</a></p> <p><a href="https://pcl.psychiatry.uw.edu/">https://pcl.psychiatry.uw.edu/</a></p>	<p><u>Use of Medication Assisted Treatment (MAT)</u></p> <ul style="list-style-type: none"> <li>▪ Medications for opioid use disorder (OUD) are safe and effective when used appropriately. There is no “one size fits all” approach to OUD treatment.</li> <li>▪ Many people with OUD benefit from treatment with medication for varying lengths of time, including lifelong treatment.</li> <li>▪ Ongoing outpatient medication treatment for OUD is linked to better retention and outcomes than treatment without medication.</li> <li>▪ FDA-approved medication, such as Methadone, Buprenorphine, and Naloxone, should be considered and offered to patients with OUD as indicated as part of their treatment.</li> </ul>
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>Opioid Overdose Prevention Toolkit</i></b></p> <p>Publication ID: SMA18-4742</p> <p>Publication Date: 6/2018</p> <p><a href="https://store.samhsa.gov/system/files/sma18-4742.pdf">https://store.samhsa.gov/system/files/sma18-4742.pdf</a></p>	<p><u>Preventing Opioid-Related Overdose</u></p> <ul style="list-style-type: none"> <li>▪ Naloxone is the primary medication for opioid overdose reversal.</li> <li>▪ Every patient who misuses opioids or has OUD should receive opioid overdose prevention education and a Naloxone prescription.</li> <li>▪ Healthcare professionals should educate themselves, their patients and, as appropriate, patient social networks about overdose risk, prevention, identification, and response, including the proper use of Naloxone.</li> </ul>

Guideline	Key Clinical Elements
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>TIP 42 Substance Abuse Treatment for People with Co-Occurring Disorders</i></b></p> <p>Publication ID: SKU: SMA13-3992</p> <p>Publication Date: 2020; Last Updated: 01/30/2024</p> <p><a href="https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004">https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004</a></p>	<p><u>Co-Occurring Disorders</u></p> <ul style="list-style-type: none"> <li>▪ A significant percentage of people living with mental health conditions also experience substance use disorders. These individuals will benefit from treatment that takes both behavioral health concerns into account.</li> </ul>
Guideline	Key Clinical Elements
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>Federal Guidelines for Opioid Treatment Programs</i></b></p> <p>Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015</p> <p><a href="#">Federal Guidelines for Opioid Treatment Programs   SAMHSA</a></p> <p>Published 2015; Last Updated: 12/12/2023</p>	<p><u>Opioid Treatment Programs (OTP)</u></p> <ul style="list-style-type: none"> <li>▪ OTPs are Federally licensed to dispense Methadone, a form of treatment for opioid use disorders. OTPs must provide adequate medical, counseling, vocational, educational, and other assessment, and treatment services.</li> <li>▪ Well-run methadone maintenance programs (with programming that includes counseling services, vocational resources, referrals, and appropriate drug monitoring) have been shown to decrease opioid use and related crime, increase employment, and decrease the incidence of human immunodeficiency virus (HIV) related to needle sharing.</li> <li>▪ In addition, treatment in such programs improves physical and mental health and decreases overall mortality from opioid addiction. The necessary first steps in the medical management of opioid addiction are (1) the use of validated screening tools to identify patients who may have an opioid use problem and (2) further assessment to clearly delineate the scope of an opioid addiction problem when one is identified.</li> </ul> <p><u>OTP Treatment of Adolescents</u></p> <ul style="list-style-type: none"> <li>▪ Adolescents are defined as youth ranging in age from 13 to 18.</li> <li>▪ Programs develop and implement policies to ensure that adolescents are provided with developmentally appropriate treatment and evidence-based psychosocial support, such as family involvement, for that treatment.</li> <li>▪ Screenings and assessments tailored to adolescents ensure that medication-assisted treatment is the most appropriate treatment for these patients.</li> </ul> <p><u>Medically Supervised OTP Treatment</u></p> <ul style="list-style-type: none"> <li>▪ Detoxification treatment. An OTP shall maintain current procedures that are designed to ensure that patients are admitted to short- or long-term detoxification treatment by qualified personnel, such as a program physician, who determines that such treatment is appropriate for the specific patient by applying established diagnostic criteria.</li> </ul> <p><u>OTP Treatment of Pregnant Women</u></p> <ul style="list-style-type: none"> <li>▪ Any pregnant women seeking treatment from an OTP must be given priority both for interim maintenance therapy and in the context of</li> </ul>

Guideline	Key Clinical Elements
<p><i>Continued from above</i></p>	<p>transfers from interim maintenance to comprehensive maintenance therapy.</p> <ul style="list-style-type: none"> <li>Reasons for denying admission to a pregnant applicant should be documented in the OTP's intake log or other enduring program records.</li> </ul>
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide</i></b> (SMA)-16-4998 (2017) <a href="https://store.samhsa.gov/system/files/sma16-4998.pdf">https://store.samhsa.gov/system/files/sma16-4998.pdf</a></p> <p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings</i></b> HHS Publication No. PEP19-MATUSECJS (2019) <a href="#">Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings   SAMHSA</a> 2019; Last Updated: 12/12/2023</p>	<p><u>Substance Use Disorder within the Criminal Justice System</u></p> <ul style="list-style-type: none"> <li>Individuals involved in the criminal justice system often also experience substance use disorders. This impacts those within the jail and prison systems and can complicate the transition out of these systems and contribute to recidivism, and other negative outcomes.</li> <li>For individuals with OUD within the criminal justice system, the utilization of medication for the treatment of opioid use disorders is recognized as best practice.</li> </ul>
<p>Substance Abuse and Mental Health Services Association [SAMHSA]: <b><i>TIP 54 Managing Chronic Pain in Adults with or in Recovery from Substance Use Disorders</i></b> SAMHSA Publication 2023 <a href="#">TIP 54: Managing Chronic Pain in Adults with or in Recovery from substance use disorders   SAMHSA</a></p> <p><b><i>CDC Guideline for Prescribing Opioids for Chronic Pain</i></b> (2022) <a href="#">CDC's Clinical Practice Guideline for Prescribing Opioids for Pain   Guidelines   Healthcare Professionals   Opioids   CDC</a></p>	<p><u>Chronic Pain and Substance Use Disorders</u> Individuals with chronic pain conditions are at risk for developing substance use disorders and such conditions can result in complicating the treatment of the SUD.</p>