



A Guide to Building M110 Policies

- This template is designed to provide examples of what your organization's M110 policies could look like.
- In each section, you will find as a guide:
 - the purpose of the sub-section
 - an example of what the text could say
 - a set of questions that could help you generate the text yourself.
- Your organization is welcome to use any of the template language in your policy. OHA acknowledges this may reduce administrative burden.
- Your organization is also welcome to revise **part** or **all** of the language from the examples given. While the intent is cover many issues, the template might not address all issues, and some parts might not be applicable for use by every organization.
- OHA acknowledges that writing policy in your own language centers your organization's perspectives.

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

Culturally and Linguistically Responsive Services

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 paragraphs, the “Reason for Policy” cites the organization’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirement the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

*In contrast to culturally and linguistically specific services, culturally and linguistically **responsive** services may not center a specific culture in their service/practice but are obliged to respond to any/all cultural needs of diverse communities served. Culturally and linguistically responsive organizations acknowledge within-group and between-group differences, including considering an individual’s beliefs or approaches to healthcare in treatment planning.*

[Organization] is committed to coordinating or offering, to the best of our ability, culturally and linguistically specific services in response to the preference or request of service user. This includes translator capabilities or care coordination with other culturally specific providers if needed. It is also [Organization’s] responsibility to continuously educate and train our providers and administration, regardless of cultural background, to be sensitive and responsive to diverse cultural needs. [Organization] will consistently re-evaluate and measure accountability of staff and services in their ability to respond to culturally specific needs of service users.

Guiding Questions:

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1. What is the difference between culturally/linguistically specific and culturally/linguistically responsive services for your organization?
2. Why should BHRN recipients be responsive to any and all cultural needs, regardless of the services they provide?
3. How can a culturally and linguistically responsive policy help eliminate health inequities in a white-dominant, heteronormative healthcare system?

POLICY STATEMENT

Generally, 1-2 paragraphs, the “Policy Statement” states the policy’s intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

Paragraph 1) Covers the culturally-specific services from the view of the individual

[Organization] ensures culturally responsive services by providing a welcoming and respectful space for diverse service users to express their unique needs. All providers communicate to individuals in a culturally competent and sensitive manner; providers offer or coordinate the specific cultural requests of service users. All linguistic and translation barriers are addressed by providing written materials and/or verbal translation (at accessible reading levels) to individuals of any linguistic/cultural background within 24 hours of seeking care. Providers also open lines of feedback from individuals post services.

Paragraph 2) Addresses how the workforce/provider ensures safety, belonging, and agency of individuals

[Organization] maintains a diverse, culturally responsive workforce according to the needs of the community. [Organization] initiates any additional competency, language, or educational materials for diverse populations we serve. [Organization] ensures the well-being of our workforce, providing livable compensation and holistic healthcare for all staff. Through these and other acts, we will develop and maintain capacity to deliver culturally and linguistically responsive services, as required by our grant agreement and law.

Guiding Questions

1. Will your agency ensure culturally/linguistically responsive services are provided?
2. Will your agency ensure the safety, comfort, and agency of diverse individuals?
3. Will language barriers be addressed?
4. Will your agency provide translation services?

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5. Will your agency recruit, support, and sustain a culturally/linguistically responsive or diverse workforce?
6. Will your agency allow individuals to provide you feedback on the specificity and responsiveness of your services?

SCOPE

All categories of people, process, and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exceptions

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of “ALL”.
Example may be “this includes HR in hiring practices, non-clinical staff and administrative staff”
2. Refer to other policies or rules that this policy overrides or further enhances

DEFINITIONS

Terms specific to this Policy.

Example

TERM	DEFINITION
Culturally and Linguistically Specific Services	means provision of culturally and linguistically responsive services designed for a specific population by a provider who shares the culture, language, or identity with the individual seeking services.
Culturally and Linguistically Responsive Services	means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Behavioral Health Resource Network	means an organization, Tribal entity or network of organizations that receives funds from the Oversight and Accountability Council or the Oregon Health Authority under Section 2, Chapter

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	2 Oregon Laws 2021 (Ballot Measure 110 (2020)) and the rules in OAR 944 Division 001.
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PROCEDURES

Procedures outline how the policy’s requirements will be met.

Example

Service Delivery	<p>Treatment planning prioritizes individual-driven preferences, provider offers various culturally-specific services.</p> <p>[Organization] will not discriminate based on protected classes.</p> <p>[Organization] will have culturally/linguistically specific approaches and expertise in providing SUDT for diverse populations.</p> <p>Services may be provided through culturally/linguistically specific providers that individual trusts more than county behavioral health partners.</p> <p><i>[For housing providers]:</i> [Organization] will build or provide housing in areas of population most affected by the War on Drugs.</p> <p><i>[For supported employment providers]:</i> [Organization] will help individuals develop skills that enable them to combat systemic racism in the job market.</p>
Communication	<p>All written and verbal communications are in the preferred language of the individual or with a translator, with any relevant cultural competency concepts (e.g. “did you serve in the military vs. are you a veteran”)</p>
Feedback	<p>Individuals, family members and caregivers are provided the opportunity to provide feedback on policies, procedures and services.</p>
Workforce	<p>[Organization] will hire culturally/linguistically specific peers to meet the needs of their population/ have lived experience of War on Drugs.</p>

FORMS

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Links to any forms needed to meet the policy’s requirements. Use of links recommended, however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK
	e.g. REALD/SOGI

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the major responsibilities – the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive Leader(s) Ensures staff are aware of policy and procedure, follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P.

Clinical Staff: Uses culturally competent communication, facilitates person-driven treatment planning, is responsive to all cultural and linguistic needs.

Administrative Staff: Ensures correct documentation serves community needs; ensures culturally competent language with individuals accessing services.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization’s performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers, and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill*

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development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.

3. Individual non-adherence to policy and procedures will be addressed in accordance with [Organization's] human resources policies on employee conduct and responsibilities.

Guiding Questions

- How will your organization know whether it is adhering to policy and providing culturally responsive services?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals, family members, caregivers, and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual's communication preferences and needs?
- If your organization is not meeting its goals to provide culturally responsive services, what will it do to address it?
 - Who will be involved in developing improvement ideas and plans?
 - What do those plans look like?
 - How often will plans be made?
 - How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents, and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
Multnomah County Culturally-Specific Workgroup Recommendations	https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/Culturally%20Specific%20Workgroup%20Recommendations%20-%20FINAL%20-2015.pdf

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BIPOC Behavioral Health Report	https://www.coalitioncommunitiescolor.org/ccc-news/behavioral-health-report
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POLICY HISTORY

Revision Date	Author	Description

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Culturally and Linguistically Specific Services

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
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PURPOSE

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Example

Systemic oppression (e.g. racism, gender, various protected classes) affects all aspects of the US healthcare system. Culturally and linguistically specific services differ from standard care by recognizing historic power differentials that lead to adverse health outcomes for non-dominant communities. Such services adopt the cultural and social values of diverse communities by delivering services informed by their own lived experience(s).

[Organization] believes culturally and linguistically specific services remove barriers created by culturally-oppressive structures, creating instead a sense of deep belonging and care.

[Organization] acknowledges that even culturally-specific organizations must be committed to eliminating anti-blackness and other forms of intersectional prejudice within diverse communities. In addition, [Organization] will consistently re-evaluate and measure accountability to ensure all staff, practices, and beliefs are inclusive of all communities served. Community voices and expressed needs are prioritized and lead the work of [Organization.]

Guiding Questions

1. Why should culturally/linguistically specific providers distinguish their approaches to healthcare in policy and procedure?
2. Why does policy and procedure protect culturally/linguistically specific providers in a white-dominant, capitalist system of healthcare?
3. Why must all healthcare providers monitor and challenge power differentials with those they serve?
4. What does it mean to be anti-racist? What core values does your agency have that reflect its anti-racist commitment?

POLICY STATEMENT

Generally, 1-2 paragraphs, the “Policy Statement” states the policy’s intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Examples

Paragraph 1) Covers the culturally-specific services from the view of the individual accessing services

[Organization] ensures that all culturally specific services are welcoming, respectful, and meaningful for needs of culturally specific/diverse individuals. [Organization] creates and uses interventions that are created by the population served. [Organization] engages in continual quality improvement by maintaining open lines of feedback from the population served. All staff must communicate to individuals in a culturally competent manner. All linguistic and translation barriers are addressed by providing written materials or verbal translation to individuals of any linguistic/cultural background within 24 hours of seeking care.

Paragraph 2) Addresses how the workforce/provider ensures safety, belonging, and agency of individuals

[Organization] maintains a diverse, culturally specific workforce according to the needs of the population(s) served. [Organization] will initiate any additional competency, language, or educational materials for diverse populations we serve. [Organization] ensures the safety and belonging of its own workforce, providing livable compensation and holistic healthcare for all staff.

Guiding Questions

1. How will your agency ensure culturally/linguistically specific services are provided?
2. How will your agency ensure the safety, comfort, and sense of belonging for diverse individuals?
3. How will language barriers be addressed?
4. How will your agency provide translation services?

5. How will your agency recruit, support, and sustain a culturally/linguistically specific or diverse workforce?
6. How will your agency allow individuals to provide you feedback on the specificity and responsiveness of your services?

SCOPE

All categories of people, process and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of “ALL”.
Example may be “this includes HR in hiring practices, non-clinical staff and administrative staff”
2. Refer to other policies or rules that this policy overrides or further enhances

DEFINITIONS

Terms specific to this Policy.

Example

TERM	DEFINITION
Culturally and Linguistically Specific Services	means provision of culturally and linguistically responsive services designed for a specific population by a provider who shares the culture, language, or identity with the individual seeking services.
Culturally and Linguistically Responsive Services	means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Behavioral Health Resource Network	means an organization, Tribal entity or network of organizations that receives funds from the Oversight and Accountability Council or the Oregon Health Authority under Section 2, Chapter 2 Oregon Laws 2021 (Ballot Measure 110 (2020)) and the rules in OAR 944 Division 001.

PROCEDURES

Procedures outline how the policy’s requirements will be met. Please include specific procedures for each service provided by your agency. This section outlines the philosophy and approach of culturally specific services as it is implemented in the specific service and details procedures and human touchpoints where the policy will be emphasized.

Example

<p>Service Delivery</p>	<p>Treatment planning prioritizes person-driven preferences, provider offers various culturally-specific services.</p> <p><i>[For housing providers]:</i> [Organization] recognizes that people of color are unhoused at higher rates than white individuals. [Organization’s] housing program addresses these harms by centering communities of color in all planning for our housing units, such as location, interior design, management and residents’ personal needs.</p> <p><i>[For supported employment providers]:</i> [Organization] will help individuals develop skills that enable them to combat systemic racism in the job market.</p>
<p>Communication</p>	<p>Written and verbal communications are in the preferred language of the person or with a translator, with any relevant cultural competency concepts (e.g. “did you serve in the military vs. are you a veteran”)</p>
<p>Feedback</p>	<p>Individuals, family members and caregivers are offered opportunity to provide feedback on policies, procedures and services.</p>

FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended, however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., colleges, departments, offices, faculty, students, employees, etc.). Summarize the major responsibilities

– the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive Leader(s): Ensures staff are aware of policy and procedure, follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P.

Clinical Staff: Uses culturally competent communication, facilitates person-driven treatment planning, is responsive to all cultural and linguistic needs.

Administrative Staff: Ensures correct documentation serves community needs; ensures culturally competent language with individuals.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization’s performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers, and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to policy and procedures will be addressed in accordance with [Organization’s] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is adhering to policy and providing culturally specific services?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals, family members, caregivers and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?

- How can your organization make sure the process for gathering feedback is accessible and responsive to an individual’s communication preferences and needs?
- If your organization is not meeting its goals to provide culturally specific services, what will it do to address it?
 - Who will be involved in developing improvement ideas and plans?
 - What do those plans look like?
 - How often will plans be made?
 - How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents, and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Resource	Link
Multnomah County Culturally-Specific Workgroup Recommendations	https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/Culturally%20Specific%20Workgroup%20Recommendations%20-%20FINAL%20-2015.pdf
BIPOC Behavioral Health Report	https://www.coalitioncommunitiescolor.org/ccn-news/behavioral-health-report

POLICY HISTORY

Revision Date	Author	Description

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Process and Procedures for Data Collection

In Compliance with OAR 944-001-0040

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

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Example

The purpose of Measure 110 (later codified as the Drug Addiction Treatment and Recovery Act) is to make screening, health assessment, treatment, and recovery services for substance use disorder available to all those who need and want access to those services; and to adopt a health approach to substance use disorder. Data collection and reporting is required by the grant agreement for M110 funds and by OAR 944-001-0040 and is fundamental to ensuring a complete understanding of the populations who are, or are not, seeking, receiving, and continuing services. Oregon Administrative Rule (OAR) 944-001-0040(1) requires that recipients of grant funds must keep accurate books, records, and accounts that are subject to inspection and audit by the Secretary of State Audits Division. [Organization] is committed to collecting and reporting the set of data elements required for all grantees in a consistent, timely, and accurate manner.

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Guiding Questions:

1. Why is it important for service providers to collect and report data? What impact does it have on service delivery and treatment outcomes?
2. How does this policy support the organization's mission, vision, and goals?
3. How does this policy fit in with local, state and national policies, regulations, and laws?

POLICY STATEMENT

Generally, 1-2 paragraphs, the "Policy Statement" states the policy's intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

[Organization] understands the importance of reporting on the data collected in order to contribute to the performance impact evaluation of the BHRNs, and to deliver on M110's purpose: to make screening, health assessment, treatment, and recovery services for substance use disorders available to all those who need and want access to those services.

[Organization] commits to:

- *Collecting data in accordance with OAR 944 and OAR 943 Division 070.*
- *Establishing mechanisms to ensure data collection is compliant with OAR 944 and OAR 943 Division 070, including conducting regular reviews of [Organization's] data collection processes*
- *Ensuring that staff understand rules around data collection and why data collection is critical to ensuring high-quality, equitable services*
- *Responding to state requests for information in a timely manner; maintaining a collaborative relationship with state officials.*

Guiding Questions:

1. Broadly, what will your organization do to ensure it is collecting data in compliance with state requirements?
2. How does this policy support the organization's mission, vision, and goals?
3. How does this policy fit in with state, national and other prominent calls to action?

SCOPE

All categories of people, process and governance to which the policy applies.

Example

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This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of “ALL”.
Example may be “this includes HR in hiring practices, non-clinical staff and administrative staff”
2. Refer to other policies or rules that this policy overrides or further enhances.

DEFINITIONS

Terms specific to this Policy.

Example

TERM	DEFINITION
REALD	REALD stands for “Race, Ethnicity, and Language, Disability.” The term refers to demographic information that providers must collect and report, in accordance with regulatory and statutory requirements.
SOGI	SOGI stands for “Sexual Orientation and Gender Identity.” The term refers to demographic information that providers must collect and report, in accordance with regulatory and statutory requirements.

PROCEDURES

Procedures outline how the policy’s requirements will be met. Please include specific procedures for each service provided by your organization.

Example

Organizational Commitment and Endorsement	Leadership understands that accurate and complete data collection and reporting is central to effective service delivery and evaluation. <ol style="list-style-type: none">1. All leaders shall understand and promote the importance of consistent data collection and reporting.2. Leaders shall be held accountable for developing, implementing, and overseeing proper data collection, storage,
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	<p>reporting processes, and responses to state requests for information.</p> <ol style="list-style-type: none"> 3. The goal of eliminating health inequity is integrated into policies, practices, and strategic planning. 4. Leaders shall require demographic information to be collected in accordance with OAR 943-070.
Workforce development	<ol style="list-style-type: none"> 1. All staff are trained in the organizations data collection, entry and reporting processes as appropriate.
Service Delivery	<ol style="list-style-type: none"> 1. Organization clearly communicates to all clients that services are not contingent on the client disclosing or self-identifying their information, including demographic characteristics. 2. Demographic information from clients must be collected in accordance with OAR 943-070, in a self-reported manner.
Data Deliverance	<ol style="list-style-type: none"> 1. Data will be reported out in a phased approach, per the BHRN grant reporting language. 2. Required data as outlined in the Data Work Plan will be submitted via a linked form for the first year of funding. Thereafter, client level data will be reported to, and stored via, Oregon state system ROADS (Resilience, Outcomes, Analysis, Data Submission).

Other Procedures to Consider:

- How client data will be collected
- Where client data will be stored and secured
- Who has access to data and at what level
- Roles and responsibilities for providing needed data to the state

FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended, however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the major responsibilities – the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive Leaders: Ensures staff are aware of policy and procedure (P&P), follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P. Maintains collaborative and responsive relationship with state officials.

Staff: adheres to data collection policy and procedures; completes required trainings on data collection, if applicable; notifies executive leaders of any issues in data collection in a timely fashion.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Staff will be given a safe and accessible way to provide feedback on any issues related to data collection, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization’s performance on data collection policy and procedures on a recurring basis. The formal review shall take into consideration feedback from staff. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Instances of non-adherence to policy and procedures will be addressed in accordance with [Organization’s] human resources policies on employee conduct and responsibilities.*

Guiding Questions:

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1. How will your organization know the data it is collecting is accurate and complete?
2. Who will be responsible for periodic data reviews?
3. How will your organization ensure data is collected and entered in a uniform manner?
4. Who will be responsible for training?
5. If your organization is not meeting its goals to collect and report accurate data in a timely manner, what will it do to address it?
6. Who will be involved in developing improvement ideas and plans?
 - a. What do those plans look like?
 - b. How will your organization monitor progress on making improvements?
7. How will your organization respond when an individual staff member does not adhere to your data policies and procedures?

RELATED INFORMATION

List related policy documents and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
OAR Chapter 944	https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=6678
OAR Chapter 943, Division 70	https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=229987

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ORS 430.392	See section of the statute to learn more about Secretary of State audit process, including anticipated data and program performance measurement requests. https://www.oregonlegislature.gov/bills_laws/ors/ors430.html
Grant Agreement Data Reporting Language	https://www.oregon.gov/oha/HSD/AMH/docs/BHRN-Reporting-Language.pdf
Oregon Health Authority: REALD and SOGI Data Collection	https://www.oregon.gov/oha/OEI/Pages/Demographics.aspx

POLICY HISTORY

Revision Date	Author	Description

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Gender Affirming and Responsive Care

944 rules (M110) - policies

Subject:	Gender Affirming and Responsive Care	Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

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Example

Transgender and non-binary individuals experience higher rates of substance use and mental health disabilities than the general population and are at increased risk for negative outcomes resulting from these challenges. Due to discrimination, including homophobia, transphobia, queerphobia and heterosexism, many transgender and non-binary individuals find it difficult to access behavioral health services or are uncomfortable utilizing these services. Many service providers are not equipped to serve this population in a culturally responsive way, and the environment in which services are provided may not be reflective of a gender affirming, inclusive, and responsive space. In addition, transgender and gender diverse individuals may not seek care due to the perception that providers do not offer inclusive services.

Transgender youth and gender diverse youth experience immense hardship in accessing services due to a lack of affirming service providers or a lack of affirming family members slash spaces where they can safely express themselves. Gender diverse youth experiencing discrimination and school-based harassment may be at heightened risk for suicidality and mental health distress compared to their peers. This is an especially vulnerable population

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especially for gender diverse youth who use drugs or are in recovery. Due to stigma and misunderstanding about transgender and gender diverse youth these individuals are often considered to not have agency which can result in the individual being outed to parents or guardians without their consent. Providing gender affirming services to gender diverse youth is important, however this is complicated due to regulations that require parental consent for provision of services.

Transgender and non-binary individuals who belong to other marginalized communities face additional challenges. Black, Indigenous, and People of Color who identify as transgender, in particular, face high levels of violence and discrimination, and experience higher rates of unemployment, homelessness and extreme poverty. Transgender and non-binary youth have an even higher risk of experiencing these challenges and also face additional unique challenges resulting in a need for higher acuity services. These additional challenges include being subjected to bullying in schools as well as family rejection, which can result in homelessness and compound other negative health outcomes experienced by this community.

The unique challenges and life experiences of transgender and non-binary individuals, which often differ from that of the general population, result in unique clinical and service needs. [Organization] believes that providing gender affirming, inclusive, and responsive care and services removes barriers to treatment and improves treatment outcomes for transgender and non-binary individuals.

Guiding Questions:

1. Why do transgender and non-binary individuals experience unequal treatment, and what impact does that have on access to care and treatment outcomes?
2. Why is it important for service providers to understand and support the unique needs of transgender and non-binary individuals?
3. How does this policy support the organization's mission, vision, and goals?
4. How does this policy fit in with local, state, and national policies, regulations, and laws?

POLICY STATEMENT

Generally, 1-2 paragraphs, the "Policy Statement" states the policy's intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

[Organization] ensures that all services are provided in a gender affirming, inclusive and responsive manner. [Organization] ensures that all staff, regardless of their role in the provision of services, receive training and guidance on providing gender affirming care and are

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provided with clear expectations regarding their work and creating an inclusive and respectful space for all individuals seeking services. All staff will at all times engage with individuals in an affirming, inclusive, and responsive manner.

[Organization] is committed to providing gender affirming, inclusive and responsive care and ensures this care is provided by:

- Employing and maintaining a diverse workforce with the experience, training, and values that enable them to understand and be responsive to the needs of transgender and non-binary individuals.*
- Providing adequate training to all staff regarding service provision specific to the transgender and non-binary community. This includes investing in making gender affirming educational materials available to existing and new staff as well as engaging with subject matter experts to provide applicable training on a regular basis.*
- Creating a physical space free from discrimination where individuals seeking services feel that their gender identity/expression is honored and respected. This may include: avoiding gendered language in office materials and communication, making your commitment to gender affirming care outwardly apparent by having LGBTQIA2S+ and trans-focused materials on display and available to individuals in the workspace, and making pronoun sharing the standard in the workplace.*
- Actively soliciting feedback from individuals receiving services to better understand the experiences of those being served and identify areas for improvement. [Organization] will critically review feedback received from individuals receiving services and will change or adapt practices, procedures and care standards appropriately. [Organization] should consider implementing a third-party service to collect complaints from clients or to ensure that complaints are not handled by their direct service provider without the consent of the patient.*
- Engaging with the transgender and non-binary community through intentional outreach to help inform and guide the work of the organization. This includes coordinating with LGBTQIA2S+ service providers or other organizations that specialize in gender appropriate care in order to better provide services for gender diverse and sexually diverse clients.*
- Ensuring that all services, referrals, and resources provided are to inclusive programs and services which eliminate barriers and trauma related to an individual's gender identity. This includes services which provide safe housing that recognizes, honors, and respects an individual's gender identity.*
- Ensuring compliance with all applicable state and federal laws, including non-discrimination laws, across all areas of life including employment, education, public*

spaces, housing, services, and state or federally funded programs. [Organization] will keep up to date with any changes to all relevant state and federal laws and adapt policies and procedures accordingly.

- Creating and maintaining policies and procedures specific to transgender and non-binary youth and family services. [Organization] will have policies and procedures reflecting how the organization will address and respond to the unique challenges faced by transgender and non-binary youth.*
- Organization upholds the autonomy and privacy of patients to self-identity their gender and/or sexuality on situational basis, understanding that how individuals understand their gender identities and/or sexualities may change over time and during the course of treatment. If the provision of services does not require information about an individual's gender identity to be provided, the organization should avoid asking an individual to disclose this information. For example, a dentist does not need to know whether a patient identifies as transgender.*
- All individuals, regardless of gender identity, must be supported to select a provider whose gender is most comfortable or culturally appropriate for the client. This is important for client safety and inclusion and can also help to meet the needs of clients from cultures that value gender-specific treatment environments.*
- All individuals should be supported in changing providers, when necessary, especially when there is a perception of, or actual discrimination (including unintentional actions that disparage the client) towards the patient.*
- Organization has policies surrounding the disclosure of a patient's gender identity and or sexual orientation, especially in the case of youth and otherwise dependent patients who have unsupportive families or in cases where individuals are not able to publicly disclose their sexuality due to safety or unfair treatment concerns.*
- Organizations ensure that all individuals will be provided with services which honor and respect their gender identity regardless of surgical status or use of hormone replacement therapy.*
- Organization is responsive to disclosures of gender identity and/or sexuality and make timely and appropriate accommodations as needed. Gender affirming accommodations will not be denied if determined to be needed after initiating treatment/services.*
- Providers should be encouraged to ask clarifying questions to the client during intake to avoid burden on the client and to avoid the client needing to reinform other staff members or personnel.*
- Patients should not be expected to educate providers on gender identity basics. Provider will be expected to undergo continuing education and retraining when necessary or when met with a client whose needs are unfamiliar to the provider. It is not appropriate*

for a provider who is new to providing services to LGBTQIA2S+ individuals to rely on the patient as a source of information rather than seeking appropriate medical advice or training.

- Where medically appropriate, organization will support patients receiving gender affirming health care services including hormone replacement therapy. Organization will have policies that affirm the medical necessity of hormonal replacement therapy based on informed consent or puberty suppression medication.*
- Patient will not be denied services on the basis of having undergone or currently being in the process of medical or social transition nor be denied gender appropriate services on the basis of not having undergone any specific process of medical or social transition.*
- Where applicable, organization has policies to address the needs of non-traditional family arrangements and work with clients on developing familial visitation and therapy options that meet the needs of the individual.*
- [Organization] has policies ensuring that individuals are not discriminated against based on HIV status or sexual practices. Providers must respect and avoid passing judgement or making assumptions about an individual's engagement in sexual activity. This includes but is not limited to individuals engaging in sex work, number of sex partners, and the context of sexual or romantic relationships.*
- Organization has policies that allow individuals and employees to use a name and or gender pronouns which reflects their choice. Patients will not be forced to use a name or gender pronouns that is incongruent with their identity.*
- Organizations protects against the use and disclosure of former names, legal names, or other names no-longer in use by gender diverse clients.*
- [Organization] is committed to engaging with the transgender and non-binary community to create opportunities to develop interventions that are created by and for the population being served.*
- [Organization] will seek out feedback from the transgender and non-binary community and engage in continuous quality improvement based on the feedback received.*
- [Organization] will initiate a timely referral process for any need that cannot be met by the organization.*
- [Organization] will have a formal process for receiving complaints and set expectations that all complaints will be responded to and investigated in a timely manner.*

Guiding Questions:

1. How will your organization ensure gender affirming, inclusive, and responsive services are provided?

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2. How will your organization ensure the safety, comfort, and sense of belonging for diverse individuals?
3. How will language barriers be addressed?
4. How will your organization provide referral services?
5. How will your organization recruit, support, and sustain a diverse workforce?
6. How will your organization actively solicit feedback from individuals regarding their experience seeking and receiving services from your organization?
7. How will your organization engage with the transgender and non-binary community in order to inform the provision of care and organization practices?

SCOPE

All categories of people, process and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of “ALL”.
Example may be “this includes HR in hiring practices, non-clinical staff and administrative staff”
2. Refer to other policies or rules that this policy overrides or further enhances.

DEFINITIONS

Terms specific to this Policy.

Example

This document contains definitions related to sexual orientation and gender identity drawn from a variety of resources and thinkers in the LGBTQIA2S+ community. It is important to acknowledge that an individual’s identity is personal and specific, and, thus, these terms may not align with every individual’s experience. This section also does not contain the totality of labels that are used throughout the LGBTQIA2S+ community. For these reasons, it is important to honor each individual’s unique identity, and allow them to define their identity using their own terms.

TERM	DEFINITION
Cisgender	Describes an individual whose sense of personal identity and gender corresponds with the sex they were assigned at birth.

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Cisnormativity	An ideology that assumes that cisgender is “normal” or “natural” and superior to non-cisgender identities.
Gender Affirming/Responsive Care	Encompasses a range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual’s gender identity.
Gender Identity	An individual’s personal sense of having a particular gender. This may or may not be in alignment with the sex an individual was assigned at birth.
Gender Expression	The way in which an individual expresses their gender identity, typically through their appearance, dress, and behavior.
Intersex	Intersex refers to the naturally occurring variations of bodies that fall outside the strict male/female sex binary through some combination of primary and secondary sex characteristics or genetics. Some Intersex conditions are considered to sexual development disorders and have specific medical needs associated with them.
LGBTQIA2S+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, Two-Spirit. The + is an acknowledgement that there are other non-cisgender and non-heterosexual identities such as non-binary, pansexual and other non-listed identities.
LGBTQIA2S+ Affirming/Responsive Care	Provision of healthcare that recognizes the significant impact of sexual/gender minority status on an individual’s health.
Non-binary	<p>Non-binary is an umbrella term for gender identities that fall outside of the normative gender binary of male and female. This includes individuals who identify or are fluid between binary genders, and individuals who don’t identify with a particular gender at all (agender.)</p> <p>Non-binary is a third legal gender category and gender identity signifier used in the State of Oregon.</p>
Queer	Queer is a reclaimed term to describe a spectrum of sexual orientations and/or gender identities that fall outside of heterosexual and cisgender norms. It is important to note that some people in the LGBTQIA2S+ community consider this term pejorative, while others may find it empowering.

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Questioning	The process of exploring one's sexual orientation, gender identity, and/ or gender expression.
Transgender	A gender identity indicating an individual whose sense of gender identity does not correspond to the sex they were assigned at birth. Some individuals who identify as transgender may also identify as non-binary.
Two-Spirit	Two Spirited is a term used by some American Indian/Alaska Native and other Indigenous people. Indian Health Services defines this as a term to indicate a distinct, alternative sexual, gender and/or spiritual status. The term may indicate an individual's sexual orientation and/or gender identity among other aspects of an individual's personal identity. Many Indigenous communities have specific terms for gender-diverse members of their communities and the social and spiritual roles these individuals have historically fulfilled. Not all Indigenous cultures perceive Two-Spirit in the same way.

PROCEDURES

Procedures outline how the policy's requirements will be met. Please include specific procedures for each service provided by your organization. This section outlines the philosophy and approach of culturally specific services as it is implemented in the specific service and details procedures and human touchpoints where the policy will be emphasized.

Example

Environment and Facilities	<p>Create a physical space where individuals seeking services feel that their sexual orientation and gender identity/expression is honored and respected. This includes providing access to bathrooms that are inclusive of all genders and based on self-identification. This may include the use of nongendered, single occupancy bathrooms, but no individual is required to use a single occupancy bathroom based on their gender identity. If bathrooms are organized by gender, individuals will not be directed to use a particular bathroom based on perception of their gender.</p> <p>All medical forms and chart systems will provide opportunities for individuals to provide unlisted or non-typical terminology for their gender, sex, and sexuality.</p>
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	<p>An individual's gender identity, intersex status, or sexual orientation will never be categorized based on perception without consent of the patient. Classification on medical paperwork will be appropriate to patient identification where possible.</p>
Care/Service Delivery	<p>All staff at all times engage with individuals in a respectful manner and use the individual's self-identified pronouns. Gender neutral language will be used when an individual seeking services has not identified their pronouns. Gender neutral language includes using the pronoun "they" rather than "he/him" or "she/her". Staff will not assume an individual's gender identity or allow perceptions of an individual's gender impact services offered or provided. Ensure all forms and procedures allow individuals to self-identify their gender and set the expectations that all staff are expected to engage with individuals in accordance with their self-identified gender.</p> <p>Unless otherwise required by law, staff will only disclose an individual's gender identity if an individual provides explicit consent to do so, or if specifically needed for provision of services.</p> <p>Staff will, at all times, call an individual by the name they identify and use, regardless of what name is listed on identification cards/documents and insurance cards. Staff will never disclose names that are not being used by the individual. The organization will avoid asking for drivers licenses and other forms of identification unless it is necessary for the provision of services (e.g. for insurance purposes.) If such identification is required, staff will only refer to the individual by the name they use, regardless of any name or other information indicated on a form of identification.</p> <p>Gender affirming and responsive care and services will be provided at all times. Gender affirming care includes not denying services based on expressed gender identity and is based on an individual's comfort with the services. For example, referring an individual to a gender-specific housing service is in accordance with their self-identified gender. The organization also does not</p>

discriminate based on an individual's current or historical use of hormone therapies or gender affirming surgeries. The organization also ensures that individuals continue to have access to any gender affirming care including, but not limited to, hormone therapies regardless of the location where services are being provided. Staff engage with individuals in a respectful and compassionate manner, regardless of staff's perception of an individual's gender, gender expression, or gender identity, and will honor their unique individual identity and life experiences. All services, referrals, and resources provided will eliminate barriers and trauma related to an individual's gender identity and sexual orientation.

Other examples of gender affirming care procedures:

1. Monitoring for urinary analysis (UA): (1) do not require a monitor for urine collection, unless necessary for legal compliance; (2) if individuals are monitored for UA or any other reason due to legal requirements, they must be provided with a gender appropriate monitor based on their expressed gender identity. This monitor must be trained in gender affirming care.
2. If services involve gender specific housing, the organization will ensure that individuals are housed in accordance with their expressed gender and based on their comfort with the environment. To the extent permitted or required by law, accommodations must be made for gender diverse individuals, or the service is provided in an appropriate setting elsewhere.
3. To the extent permitted or required by law, ensure that all billing is completed in a manner which will not result in claims being denied due to an individual's gender identity. The organization is familiar with situations involving an individual's sex or gender which could result in discrepancies. This can include services such as well persons exams, pap smear, sexual health, etc.

	<p>Provide individuals with a safe, accessible way to provide feedback on services, and the policies and procedures that affect them on a continuous basis. Staff review and assess this feedback in a meaningful way and adapt policies and procedures appropriately.</p> <p>Engage the transgender and non-binary community to understand and respond to the needs of individuals and communities. Engage individuals and this community to design and redesign policies, procedures, and services.</p> <p>For housing providers: All housing resources are provided in accordance with an individual’s expressed gender identity. If gender affirming housing is not available, the organization refers to other providers or works with organizations outside of the BHRN network to obtain such services. The provision of services is not delayed due to the need for gender affirming housing. If the organization is unwilling or unable to find gender affirming housing, the individual is provided with private housing accommodations (housing vouchers, living stipend, etc.) until such services are obtained. Independent housing should not serve as a long-term supplement for other gender affirming housing services.</p> <p>For supported employment providers: The organization must ensure that all employment services and referrals affirm and honor an individual’s expressed gender identity. Unless otherwise required by law, the organization must at no time disclose whether an individual identifies as transgender, non-binary or as part of the LGBTQIA2S+ community without the individual’s consent. The organization must only use the name used by the individual and refer to the individual by their self-identified pronouns.</p>
Workforce Development	<p>Employ a diverse workforce with the experience, training, and values that enable them to understand and be responsive to the needs of the transgender and non-binary community.</p> <p>Provide adequate training and resources for staff to deliver services specific to the LGBTQIA2S+ community.</p>

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FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended, however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the major responsibilities – the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive Leaders: Ensures staff are aware of policy and procedure (P&P), follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P.

Clinical Staff: Uses culturally competent communication, facilitates treatment planning driven by individuals, is responsive to all individuals’ cultural and linguistic needs.

Administrative Staff: Uses culturally competent communication, ensures any feedback received from individuals, family members and caregivers—including complaints—is routed to the appropriate staff and/or executives.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] monitors adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in accordance with*

the urgency of the situation and an individual's concern. For individual's expressing time sensitive/urgent issues, [organization] will outreach the individual as soon as possible, but no later than one business day after the concern is received and develop a plan to address the concern. [Organization] will respond to all concerns within two business days. To the extent allowable under privacy/confidentiality requirements, [Organization] will provide an individual in writing and explanation of the outcome of an investigation into their complaint.

- 2. [Organization] conducts a formal review of the organization's performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers, and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] develops and implements a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to policy and procedures is addressed in accordance with [Organization's] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is adhering to policy and providing equitable services to transgender and non-binary individuals?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals and community members?
 - How can your organization ensure that individuals feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual's communication preferences and needs?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents, and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

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Example

Resource	Link
Indian Health Service: Health Resource – Two Spirit	https://www.ihs.gov/lgbt/health/twospirit/
Toronto Shelter Network: Two Spirited, Trans, & Gender Diverse Safety in Shelters Project	http://www.torontoshelternetwork.com/transforming-project
NAADAC: Welcoming Transgender and Gender Non-Conforming Clients into SUD Treatment	https://www.naadac.org/assets/2416/aa&r_spring2021_welcoming_transgender_and_gender_non-conforming_clients_into_sud_treatment.pdf
Center of Excellence of LGBTQ+ Behavioral Health Equity	https://lgbtqequity.org/
SAMHSA	https://www.samhsa.gov/behavioral-health-equity/lgbtqi
LGBTQIA2S+ Youth Resources	https://www.oregon.gov/oia/oiiir/Pages/lgbtqi.aspx
National Center for Transgender Equality	https://transequality.org/

POLICY HISTORY

Revision Date	Author	Description

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LGBTQIA2S+ Affirming and Inclusive Services

944 rules (M110) - policies

Subject:	LGBTQIA2S+ Affirming and Inclusive Services	Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 paragraphs, the “Reason for Policy” cites the organization’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirement the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

LGBTQIA2S+ individuals experience higher rates of substance use and mental health challenges than the general population and are therefore at increased risk for negative outcomes resulting from these challenges. Due to discrimination including homophobia, transphobia, queerphobia and heterosexism, many LGBTQIA2S+ individuals find it difficult to access behavioral health services or are uncomfortable utilizing these services. Many service providers are not equipped to serve this population in an affirming and responsive way, and the environment in which services are provided may not be reflective of an LGBTQIA2S+ affirming, inclusive and responsive space. In addition, LGBTQIA2S+ individuals may not seek care due to the perception that providers do not offer inclusive services.

LGBTQIA2S+ individuals who belong to other marginalized communities face additional challenges. Black, Indigenous, and People of Color who identify as transgender, in particular, face high levels of violence and discrimination, and experience higher rates of unemployment, homelessness and extreme poverty. LGBTQ2S+ youth have an even higher risk of experiencing these challenges and also face additional unique challenges resulting in a need for higher

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acuity services. These additional challenges include being subjected to bullying in schools as well as family rejection, which can result in homelessness and compound other negative health outcomes experienced by this community.

LGBTQIA2S+ individuals experience unique challenges and have life experiences which are often different from that of the general population, and result in unique clinical and service needs. [Organization] believes that providing LGBTQIA2S+ affirming, inclusive, and responsive care and services removes barriers to treatment and improves treatment outcomes for LGBTQIA2S+ individuals.

Guiding Questions:

1. Why do individuals belonging to the LGBTQIA2S+ community experience unequal treatment, and what impact does that have on access to care and treatment outcomes?
2. Why is it important for service providers to understand and support the unique needs of LGBTQIA2S+ individuals?
3. How does this policy support the organization's mission, vision, and goals?
4. How does this policy fit in with local, state, and national policies, regulations, and laws?

POLICY STATEMENT

Generally, 1-2 paragraphs, the "Policy Statement" states the policy's intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

[Organization] ensures that all services are provided to LGBTQIA2S+ individuals in an affirming, inclusive and responsive manner. [Organization] ensures that all staff, regardless of their role in the provision of services, receive training and guidance on providing LGBTQIA2S+ and gender affirming care and are provided with clear expectations regarding their work and creating an inclusive and respectful space for all individuals seeking services. All staff will at all times engage with LGBTQIA2S+ individuals in an affirming, inclusive, and responsive manner.

[Organization] is committed to providing LGBTQIA2S+ and gender affirming, inclusive and responsive care and ensures this care is provided by:

- *Employing and maintaining a diverse workforce with the experience, training and values that enable them to understand and be responsive to the needs of the LGBTQIA2S+ community and individuals belonging to other marginalized communities.*
- *Providing adequate training to all staff regarding service provision specific to the LGBTQIA2S+ community. This includes investing in and making LGBTQIA2S+ affirming*

educational materials available to existing and new staff as well as engaging with subject matter experts to provide applicable training on a regular basis.

- Creating a physical space free from discrimination where individuals seeking services feel that their sexual orientation and gender identity/expression is honored and respected.*
- Actively soliciting feedback from individuals receiving services to better understand the experiences of those being served and identify areas for improvement. [Organization] will critically review feedback received from individuals receiving services and will change or adapt practices, procedures, and care standards appropriately. This includes coordinating with LGBTQIA2S+ service providers or other organizations that specialize in gender appropriate care in order to better provide services for gender diverse and sexually diverse clients.*
- Engaging with the LGBTQIA2S+ community through intentional outreach to help inform and guide the work of the organization.*
- Ensuring that all services, referrals, and resources provided are to inclusive programs and services which eliminate barriers and trauma related to an individual's gender identity and sexual orientation. This includes services which provide housing that recognizes, honors, and respects an individual's gender identity and sexual orientation.*
- Ensuring compliance with all applicable state and federal laws, including non-discrimination laws, across all areas of life including employment, education, public spaces, housing, services, and state or federally funded programs. [Organization] keeps up to date with any changes to all relevant state and federal laws and adapt policies and procedures accordingly.*
- Creating and maintaining policies and procedures specific to LGBTQIA2S+ and family services. [Organization] has policies and procedures reflecting how the organization will address and respond to the unique challenges faced by LGBTQIA2S+ youth.*
- Organization upholds the autonomy and privacy of patients to self-identity their gender and/or sexuality on situational basis, understanding that how individuals understand their gender identities and/or sexualities may change over time and during the course of treatment.*
- Organization has policies surrounding the disclosure of a patient's gender identity and or sexual orientation, especially in the case of youth and otherwise dependent patients who have unsupportive families or in cases where individuals are not able to publicly disclose their sexuality.*
- Organizations ensures that gender appropriate services are provided to all individuals regardless of surgical status or use of hormone replacement therapy. Individuals will not be denied services on the basis of having undergone or currently being in the process of medical or social transition.*

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- *[Organization] has policies ensuring that individuals are not discriminated against based on HIV status or sexual practices. Providers must respect and avoid passing judgement or making assumptions about an individual's engagement in sexual activity. This includes but is not limited to individuals engaging in sex work, number of sex partners, and the context of sexual or romantic relationships.*
- *Organizations is responsive to disclosures of gender identity and/or sexuality and make timely and appropriate accommodations as needed. Gender affirming accommodations will not be denied if determined to be needed after initiating treatment/services.*
- *Where medically appropriate organization supports patients undergoing gender affirming health care services including hormone replacement therapy. Organization has policies that affirm the medical necessity of hormonal replacement therapy or puberty suppression medication.*
- *Where applicable, organization will have policies to address the needs of non-traditional family arrangements and work with clients on developing familial visitation and therapy options that meet the needs of the patient.*
- *Engaging with the LGBTQIA2S+ community to create opportunities to develop interventions that are created by and for the population being served.*
- *Seeking feedback from this community and engage in continuous quality improvement based on the feedback received.*
- *Initiating a timely referral process for any need that cannot be met by the organization.*
- *Establishing a formal process for receiving complaints and setting expectations that all complaints are be responded to and investigated in a timely manner. Providers should consider implementing a third-party service to collect complaints from clients or to ensure that complaints are not handled by their direct service provider without the consent of the patient.*
- *Individuals must be supported in changing providers, when necessary, especially when there is a perception of, or actual discrimination (including unintentional actions that disparage the client) towards the individual.*
- *All individuals, regardless of gender identity, should be able to select as provider whose gender is most comfortable or culturally appropriate for them. This is important for client safety and inclusion, and can also help to meet the needs of clients from cultures that value gender-specific treatment environments.*
- *Individuals should not be expected to educate providers on gender identity basics. Often when a provider is new to providing services to an LGBTQIA2S+ client they will rely on the patient as a source of information rather than seeking appropriate medical advice or training. Accordingly, [organization] requires providers to undergo continuing education*

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and retraining when necessary or when met with a client whose needs are unfamiliar to the provider.

- *Providers should be encouraged to ask clarifying questions to the client during intake to avoid burden on the client and to avoid the client needing to reinform other staff members or personnel*

Guiding Questions:

1. How will your organization ensure LGBTQIA2S+ Affirming, Inclusive and Responsive services are provided?
2. How will your organization ensure the safety, comfort, and sense of belonging for diverse individuals?
3. How will language barriers be addressed?
4. How will your organization provide referral services?
5. How will your organization recruit, support, and sustain a diverse workforce?
6. How will your organization actively solicit feedback from individuals regarding their experience seeking and receiving services from your organization?
7. How will your organization engage with the LGBTQIA2S+ population in order to inform the provision of care and organization practices?

SCOPE

All categories of people, process and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of “ALL”.
Example may be “this includes HR in hiring practices, non-clinical staff and administrative staff”
2. Refer to other policies or rules that this policy overrides or further enhances.

DEFINITIONS

Terms specific to this Policy.

Example

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

This document contains definitions related to sexual orientation and gender identity drawn from a variety of resources and thinkers in the LGBTQIA2S+ community. It is important to acknowledge that an individual's identity is personal and specific, and, thus, these terms may not align with every individual's experience. This section also does not contain the totality of labels that are used throughout the LGBTQIA2S+ community. For these reasons, it is important to honor each individual's unique identity, and allow them to define their identity using their own terms.

TERM	DEFINITION
Aromantic	Describes someone who experiences little to no romantic attraction. People who identify as aromantic may or may not experience other forms of attraction.
Asexual	Describes someone who experiences little to no sexual attraction or intrinsic desire to have sexual relationships. People who identify as asexual may or may not experience other forms of attraction to others, such as romantic, aesthetic, platonic and/or sensual attraction.
Bisexual	A sexual orientation indicating sexual or romantic attraction to people of multiple genders.
Cisgender	Describes an individual whose sense of personal identity and gender corresponds with the sex they were assigned at birth.
Cisnormativity	An ideology that assumes that cisgender is "normal" or "natural" and superior to non-cisgender identities.
Gender Affirming/Responsive Care	Encompasses a range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual's gender identity.
Gender Identity	An individual's personal sense of having a particular gender. This may or may not be in alignment with the sex an individual was assigned at birth.
Gender Expression	The way in which an individual expresses their gender identity, typically through their appearance, dress, and behavior.
Gay	A sexual orientation indicating sexual or romantic attraction to people of one's same gender. Often a cisgender man who is attracted to other cisgender men.
Heteronormativity	An ideology that asserts that heterosexuality is superior to all other sexual orientations, and that non-heterosexual orientations are "abnormal" or "unnatural."

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Intersex	Intersex is an umbrella term that describes bodies that fall outside the strict male/female binary through some combination of primary and secondary sex characteristics or genetics.
LGBTQIA2S+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, Two-Spirit. The + is an acknowledgement that there are other non-cisgender and non-heterosexual identities such as non-binary, pansexual and other non-listed identities.
LGBTQIA2S+ Affirming/Responsive Care	Provision of healthcare that recognizes the significant impact of sexual/gender minority status on an individual's health.
Lesbian	A sexual orientation indicating sexual or romantic attraction to people of the same gender. Often a cisgender woman who is attracted to other cisgender women.
Non-binary	<p>Non-binary is an umbrella term for gender identities that fall outside of the normative gender binary of male and female. This includes people who identify or are fluid between binary genders, and people who don't identify with a particular gender at all (agender.)</p> <p>Non-binary is a third legal gender category and gender identity signifier used in the State of Oregon.</p>
Pansexual	A sexual orientation indicating sexual or romantic attraction to an individual regardless of their sex or gender.
Queer	Queer is a reclaimed term to describe a spectrum of sexual orientations and/or gender identities that fall outside of heterosexual and cisgender norms. It is important to note that some people in the LGBTQIA2S+ community consider this term pejorative, while others may find it empowering.
Questioning	The process of exploring one's sexual orientation, gender identity, and/ or gender expression.
Sexual Orientation	Sexual orientation refers to an identity based on patterns of sexual and romantic attraction to others.
Transgender	A gender identity indicating an individual whose sense of gender identity does not correspond to the sex they were assigned at birth. Some people who identify as transgender may also identify as non-binary.

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Two-Spirit	A term used by some Native American/Native Alaskan and other Indigenous people. Indian Health Services defines this as a term used to indicate a distinct, alternative sexual, gender and/or spiritual status. The term may indicate an individual's sexual orientation and/or gender identity among other aspects of an individual's personal identity. Many Indigenous communities have specific terms for gender-diverse members of their communities and the social and spiritual roles these individuals have historically fulfilled. Not all Indigenous cultures perceive Two-Spirit in the same way.
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PROCEDURES

Procedures outline how the policy's requirements will be met. Please include specific procedures for each service provided by your organization. This section outlines the philosophy and approach of culturally specific services as it is implemented in the specific service and details procedures and human touchpoints where the policy will be emphasized.

Example

Environment and Facilities	Create a physical space where individuals seeking services feel that their sexual orientation and gender identity is honored and respected. This includes having intake forms which do not include binary choices for sexual orientation and gender identity. Intake forms allowing individuals to self-identify their sexual orientation and gender identity. Individuals may identify as having multiple sexual orientations. For example, an individual may identify as both gay and queer.
Care/Service Delivery	All staff at all times engages with individuals in a respectful manner and use the pronouns the individual uses. Gender neutral language is to be used when an individual seeking services has not identified their pronouns. Gender neutral language includes using the pronoun "they" rather than "he/him" or "she/her." Staff shall not assume an individual's gender identity or sexual orientation or have perceptions of an individual's gender or sexual orientation impact services offered or provided. Gender policing based on staff's perceptions of gender aligning with stereotypes is bias and should be avoided.

Staff will not make assumptions about an individual's lifestyle based on their sexual orientation. This includes assumptions about their sexual or romantic relationships, partners, HIV status, life experiences, or other aspects of an individual's history.

Staff receive training about and become familiar with unique health issues that impact the LGBTQIA2S+ community. This includes HIV and HIV prevention medication such as PrEP, harm reduction resources involving same-sex/queer sexual activity, gender affirming care such as hormone therapy and other unique medical needs some LGBTQIA2S+ individuals may require access to. While assistance with obtaining LGBTQIA2S+ specific services is offered to all individuals, staff must honor all individuals' right to consent, or withhold their consent, from any particular service.

The organization ensures that individuals continue to have access to sexual-activity specific medications, treatments, and health resources. This includes access to HIV prevention medications such as PrEP and access to STI screening and treatment. Access to these resources will be treated as part of the continuity of care and medications. Staff is to be familiar with and provide referrals to resources for free and low-cost sexual health services as needed and requested by the individual. Gender affirming care, such as hormone replacement therapy, will also be treatment as part of continuity of care and medications.

Unless otherwise required by law, staff only disclose an individual's gender identity or sexual orientation if an individual provides explicit consent to do so, or if specifically needed for provision of services.

Staff will, at all times, call an individual by the name they identify and use, regardless of what name is listed on identification cards/documents and insurance cards.

LGBTQIA2S+ affirming and inclusive services are be provided at all times. Staff engage with individuals in a respectful and compassionate manner, regardless of staff's perception of an

	<p>individual’s gender or sexual orientation and honor their unique individual identity and life experiences. All services, referrals, and resources provided eliminate barriers and trauma related to an individual’s gender identity and sexual orientation.</p> <p>Staff does not assume the context of an individual’s relationship with others in their life. This includes the context of sexual, romantic or familial relationships. Staff recognizes that an individual’s family may look differently than that of the dominant culture. Individuals may have “chosen family” which does not align with heteronormative perceptions of what a family looks like. Staff engages with individuals to determine the context of their relationships and is supportive of including all identified people as family support systems.</p> <p>Provide individuals with a safe, responsive, and accessible way to provide feedback on services, and the policies and procedures that affect them.</p> <p>Engage the LGBTQIA2S+ community to understand and respond to the needs of individuals and the communities.</p> <p>Engage individuals and the LGBTQIA2S+ community to design and redesign policies, procedures, and services.</p> <p>For housing providers: The organization ensures that all housing services and referrals provide a safe environment where individuals will not feel compelled to disclose or conceal their sexual orientation and gender identity. If LGBTQIA2S+ affirming housing is not available, the organization refers to other providers or works with organizations outside of the BHRN to obtain such services. The provision of services is not delayed due to the need for LGBTQIA2S+ affirming housing.</p> <p>For supported employment providers: Unless otherwise required by law or by the individual’s consent, the organization never discloses an individual’s sexual orientation or gender identity to an</p>
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	employer, prospective employer, or employment services provider.
Workforce Development	Employ a diverse workforce with the experience, training, and values that enable them to understand and be responsive to the needs of the LGBTQIA2S+ community. Provide adequate training and resources for staff to deliver services specific to the LGBTQIA2S+ community.

For additional policies and procedures specific to providing care for transgender and non-binary individuals, please see [Organization's] policy on Gender Affirming and Responsive Care.

FORMS

Links to any forms needed to meet the policy's requirements. Use of links recommended, however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner's webpage containing policy specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the major responsibilities – the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive Leaders: Ensures staff are aware of policy and procedure (P&P), follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P.

Clinical Staff: Uses culturally competent communication, facilitates treatment planning driven by individuals, is responsive to all individuals' cultural and linguistic needs.

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Administrative Staff: Uses culturally competent communication, ensures any feedback received from individuals, family members and caregivers—including complaints—is routed to the appropriate staff and/or executives.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] monitors adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in accordance with the urgency of the situation and an individual's concern. For individual's expressing time sensitive/urgent issues, [organization] will outreach the individual as soon as possible, but no later than one business day after the concern is received and develop a plan to address the concern. [Organization] will respond to all concerns within two business days. To the extent allowable under privacy/confidentiality requirements, [Organization] will provide an individual in writing and explanation of the outcome of an investigation into their complaint.*
- 2. [Organization] conducts a formal review of the organization's performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers, and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to policy and procedures will be addressed in accordance with [Organization's] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is adhering to policy and providing equitable services to LGBTQIA2S+ individuals?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals and community members?
 - How can your organization ensure that individuals feel safe and comfortable providing feedback?

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- How can your organization make sure the process for gathering feedback is accessible and responsive to an individual’s communication preferences and needs?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents, and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
Center of Excellence of LGBTQ+ Behavioral Health Equity	https://lgbtqequity.org/
Asexuality Visibility and Education Network (AVEN)	https://www.asexuality.org/
SAMHSA	https://www.samhsa.gov/behavioral-health-equity/lgbtqi
LGBTQIA2S+ Youth Resources	https://www.oregon.gov/oia/oia/Pages/lgbtq.aspx
NAADAC: Welcoming Transgender and Gender Non-Conforming Clients into SUD Treatment	https://www.naadac.org/assets/2416/aa&r_spring2021_welcoming_transgender_and_gender_non-conforming_clients_into_sud_treatment.pdf
National Center for Transgender Equality	https://transequality.org/

POLICY HISTORY

Revision Date	Author	Description

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

**Services for Parents and Non-Traditional Parents with
Minor Children**

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 paragraphs, the “Reason for Policy” cites the organization’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirements the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

Parents, non-traditional parents and families with minor children have often been excluded from services due to the complexity of service needs and providers’ failure to understand and support the needs of the full family. They also often face barriers to access because they may: avoid services due to the stigma associated with being a caregiver living with a substance use disorder; avoid services out of fear that minor children may be separated from their families; not have services available at times and locations that are convenient for their schedules; and not be able to access services due to lack of childcare.

[Organization] is committed to provide equitable services to—and understand the specific needs of—parents, non-traditional parents, and families with minor children. [Organization] will ensure that staff have been trained on the specific needs of parents, non-traditional parents, and families with minor children. [Organization] will critically review and change organizational practices to ensure all aspects of our work, beliefs, and practices encourage the engagement of parents, non-traditional parents and families with minor children.

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Guiding Questions

1. Why should services be offered to parents, non-traditional parents, and families with minor children?
2. Why and how do policy and procedure protect parents, non-traditional parents, and family members who use drugs from a historically punitive, instructive, demanding, and hostile system?
3. Why do specific services for parents, non-traditional parents, and families with minor children support an equitable distribution of healthcare resources?
4. Why must all healthcare providers monitor and challenge the exclusionary practice of services for parents, non-traditional parents, and families with minor children?
5. What does it mean to serve parents, non-traditional parents, and families with minor children? What core values does your agency have that reflect the importance and assurance that parents, non-traditional parents, and families with minor children are a priority?

POLICY STATEMENT

Generally, in 1-2 paragraphs, the “Policy Statement” states the policy’s intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Examples

Paragraph 1) Covers services to parents, non-traditional parents, and families with minor children from the view of the individual.

[Organization] ensures that services are welcoming, safe, and meaningful for the needs of parents, non-traditional parents, and families with minor children. [Organization] creates and uses language and interventions that foster individuality and pride, focusing on the entire family. [Organization] engages in continual quality improvement by maintaining open lines of feedback from the population served. All staff must communicate in a non-judgmental and empathetic manner, valuing the individual and family. All written materials or verbal communication will occur in manner that includes, and not excludes, parents, non-traditional parents, and families with minor children.

Paragraph 2) Addresses how the workforce/provider ensures services within their organization, with other BHRN partners, and within the community are easily accessible for parents, non-traditional parents, and families with minor children.

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[Organization] will ensure that that they promote and encourage parents, non-traditional parents and families with minor children to access services and will educate other BHRN members and the public about the importance of serving this population. [Organization] will ensure that all services are easily and readily available for parents, non-traditional parents and families with minor children. [Organization] will not exclude parents, non-traditional parents and families with minor children from services due to their parenting designation or the age of their child(ren).

Guiding Questions

1. How will your agency ensure that services for parents, non-traditional parents, and families with minor children are provided?
2. How will your agency ensure the safety, comfort, and sense of belonging for parents, non-traditional parents, and families with minor children, who use drugs?
3. How will your agency train, support, and direct services for parents, non-traditional parents, and families with minor children?
4. How will your agency allow individuals to provide feedback on the quality of your services for parents, non-traditional parents, and families with minor children?

SCOPE

All categories of people, process and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of “ALL”.
Example may be “this includes HR in hiring practices, non-clinical staff and administrative staff”
2. Refer to other policies or rules that this policy overrides or further enhances.

DEFINITIONS

Terms specific to this Policy.

Example

TERM	DEFINITION
Minor, Children ,or Minor Child(ren)	Any individual under the age of 18

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

Non-traditional parents	include, but are not limited to: blended families, divorced, cohabitating, and same-sex couples, single parents by choice, families with step, adopted, or foster children, grandparents raising grandchildren, and children who care for aging parents.
Behavioral Health Resource Network (BHRN)	Organization, Tribal entity, or network of organizations that receive funds from the Oversight and Accountability Council or the Oregon Health Authority under Section 2, Chapter 2, Oregon Laws 2021 (Ballot Measure 110 (2020)) and the rules in OAR 944 Division 011.

PROCEDURES

Procedures outline how the policy’s requirements will be met. Please include specific guidelines for each service provided by your agency. This section outlines the philosophy and approach of culturally specific services as it is implemented in the particular service and details procedures and human touchpoints where the policy will be emphasized.

Access	<p>Organization will offer services at times and locations that are convenient for parents, non-traditional parents and families.</p> <p>Prioritize the ability for infants to be present during services and respecting napping/feeding schedules.</p>
Communication	<p>All communications with parents, non-traditional parents and family members will be culturally- and linguistically-responsive.</p> <p>All written and verbal communication will avoid stereotypes about caregiving roles and will acknowledge the diversity of family structures. [Organization] will offer caregivers the opportunity to self-identify their relationship with their child.</p>
Housing Connections	<p>The housing application is communicated in the individual’s preferred language or with a translator and does not disqualify parents, non-traditional parents and families with minor children.</p> <p>Application will take into consideration the family’s full needs, which may include: whether the home can accommodate the needs and safety of the family; proximity to schools and childcare;</p>

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	proximity to other family members and support people in a person's network; access to community supports; access to playgrounds and green spaces; access to transportation; access to grocery stores; and neighborhood safety.
Strategy, Policy and Practices	Individuals have the opportunity to provide feedback during housing application and re-evaluation.

FORMS

Links to any forms needed to meet the policy's requirements. Use of links recommended; however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner's webpage containing policy-specific FAQs.

RESPONSIBILITIES

List the units or individuals responsible for policy aspects (e.g. executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the significant responsibilities – the “what,” not the “how” of the burden. Details of “how” should be in the procedures section.

Example

Executive leadership ensures staff are aware of policy and procedure, follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P.

Clinical Staff are responsive to the needs of parents, non-traditional parents, and families with minor children and will create an inclusionary environment. Uses culturally competent communication, facilitates individual-driven treatment planning, and is responsive to all individual's cultural and linguistic needs.

Administrative Staff ensures all written materials or verbal communication will occur in manner that includes, and not excludes, parents, non-traditional parents, and families with minor children; ensures culturally competent language with individuals.

EVALUATION AND IMPROVEMENT

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization's performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to policy and procedures will be addressed in accordance with [Organization's] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is adhering to policy and providing services that meet the full needs of parents, non-traditional parents and families?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals, family members, caregivers and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual's communication preferences and needs?
- If your organization is not meeting its goals to provide services that meet the full needs parents, non-traditional parents and families, what will it do to address it?
 - Who will be involved in developing improvement ideas and plans?
 - What do those plans look like?
 - How often will plans be made?
 - How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

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RELATED INFORMATION

List related policy documents and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
National Center on Substance Abuse and Child Welfare	https://ncsacw.acf.hhs.gov/topics/family-centered-approach.aspx
National Center on Substance Abuse and Child Welfare	https://ncsacw.acf.hhs.gov/topics/parental-substance-use-disorder.aspx

POLICY HISTORY

Revision Date	Author	Description

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

Accessibility for People with Disabilities

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 paragraphs, the “Reason for Policy” cites the organization’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirements the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

Despite the strides that the Americans with Disabilities Act (ADA) and other laws have made to ensure equal rights and opportunities for those living with disabilities, people with disabilities continue to experience stigma, shame and unequal treatment in all areas of public life, including in healthcare and direct service organizations. This unequal treatment not only devalues human life—it denies a person the opportunity to achieve optimal health and wellbeing. [Organization] commits to providing person-centered, inclusive, equitable and high-quality services to all individuals. Accordingly, this policy requires not only compliance with the protections required by state and federal law, but also a commitment to go above and beyond to understand and support the full needs of those living with disabilities.

Guiding Questions:

1. Why do people with disabilities experience unequal treatment, and what impact does that have?
2. Why is it important for service providers to understand and support people with disabilities, specifically?
3. How does this policy support the organization’s mission, vision, and goals?

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4. How does this policy fit in with state, national and other prominent calls to action?

POLICY STATEMENT

Generally, in 1-2 paragraphs, the “Policy Statement” states the policy’s intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

[Organization] will serve people with disabilities with dignity and respect, and ensure they receive the same high-quality, equitable services as everyone else. We will achieve this by:

- *Embedding equity, diversity and inclusion in all policy and practices, and empowering staff to understand and address ableism and other forms of bias and discrimination.*
- *Embracing a person-centered, trauma-informed approach to service, which is responsive to a person’s individual needs, preferences, and goals.*
- *Using non-stigmatizing language at all times.*
- *Ensuring that all facilities, services, goods and resources are accessible for persons with disabilities, in addition to providing individual accommodations.*
- *Employing “universal design” principles: Designing programs, policies, services, tools, products, and facilities so that they are useable, without modification, by the widest range of users possible, considering a variety of abilities and disabilities.*
- *Engaging individuals, family members, caregivers and staff in monitoring and evaluating organizational performance on policies and practices.*

Guiding Questions:

- Broadly, what will the organization do to provide equitable care for persons with disabilities?
- What philosophies or guiding principles will the organization use to shape its approach (include any existing principles the organization has around its mission, care/service delivery, staff support/workplace wellness, commitment to health equity, etc.)

SCOPE

All categories of people, process, and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

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DEFINITIONS

Terms specific to this Policy.

Example

TERM	DEFINITION
Person-Centered	Respect for the person, acknowledging people’s essential human dignity, treating people as individuals, and finding out what is important to them and relevant to their treatment and care.
Non-stigmatizing	Stigma can be any negative thought, word(s), attitude, fear, or practice of exclusion. Stigmatizing is treating someone or something unfairly by disapproving of it. Non-stigmatizing is the act of changing these thoughts, words, attitudes, fears, practices of exclusion, and treating others fairly.
Trauma-informed	A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in individuals, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.
Culturally and Linguistically Responsive	Responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Ableism	Prejudice or discrimination against people with disabilities.
Accessible	Easily used or accessed by people with disabilities. Also, adapted for use by people with disabilities. If a facility: readily usable by a particular person If a program or activity: presented or provided in a way that a person can participate, with or without auxiliary aid If an electronic resource: accessible with or without assistive computer technology
Accommodation	An adjustment to make a program, facility, or resource accessible to a person with a disability.
Disability	As defined by the Americans with Disabilities Act, a disability is a (1) a physical or mental impairment that substantially limits one

	<p>or more major life activities; (2) a record (or past history) of such an impairment; or (3) being regarded as having a disability.</p> <p>There is a wide range of disabilities, which may impact a person's:</p> <ul style="list-style-type: none">• Vision• Movement• Thinking• Remembering• Learning• Communicating• Hearing• Mental health• Social relationships <p>It is important to understand that how a person identifies with their disability is personal. That said, some entities choose to use discrete definitions of disability types and/or categorize them by functional area. Commonly-used categories include: intellectual disabilities; developmental disabilities; physical disabilities; and mental health disabilities.</p>
Universal Design	<p>Designing programs, policies, services, tools, products, and facilities so that they are useable, without modification, by the widest range of users possible, considering a variety of abilities and disabilities. Universal design is also known as “inclusive design” and “design for all.” This approach can meet the needs of as many people as possible throughout their lifetime, regardless of age, ability or situation.</p>
Developmental Disability	<p>The state of Oregon defines a developmental disability as:</p> <ul style="list-style-type: none">• A severe mental or physical impairment or combination of mental and physical impairments• Begins before an individual is 22 years of age or 18 years of age for an intellectual disability;• Begins in and directly affects the brain and has continued, or is expected to continue, indefinitely;

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	<ul style="list-style-type: none">• Causes significant impairment of daily living skills (adaptive behavior) such as, but not limited to, communicating, grooming, dressing, safety and social skills. <p>Other developmental disabilities include autism, cerebral palsy, epilepsy, or other neurological disabling conditions.</p>
Intellectual Disability	<p>The state of Oregon defines an intellectual disability as:</p> <ul style="list-style-type: none">• Significantly sub-average intellectual functioning with an intelligence quotient (IQ) of 70 and under as measured by a qualified professional, along with a lack of daily living skills (adaptive behavior) such as, but not limited to, communicating, grooming, dressing, safety and social skills, that show up prior to 18 years of age.• Individuals with IQs of 71-75 may be considered to have an intellectual disability if there is also significant impairment in adaptive behavior as diagnosed by a licensed clinical or school psychologist.
Physical Disability	<p>Physical disability is commonly described as a physical condition that impacts one or more of a person’s major life activities, such as mobility (e.g. walking, climbing stairs, carrying, lifting), self-care, receptive and expressive language, capacity for independent living, and engaging in education or employment. Examples of physical disabilities may include:</p> <ul style="list-style-type: none">• Musculoskeletal disorders• Muscular dystrophy• Cerebral palsy• Spinal cord injuries• Loss of limbs• Vision impairments• Hearing impairments• Speech impairments
Mental Disabilities	<p>Mental disability—also referred to as mental health or psychiatric disabilities—is commonly described as a mental or psychological impairment that impacts one or more major activities of living. Examples of mental disabilities include:</p>

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	<ul style="list-style-type: none"> • Anxiety disorders (including panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder) • Bipolar disorder • Major depression • Personality Disorders • Schizophrenia and Schizoaffective Disorder
<p>Invisible Disability</p>	<p>Invisible disability—also referred to as a hidden disability—is a term used to describe any disability that may not present signs or symptoms that are obvious to an outside observer. The term can cover a wide range of conditions and impairments, including:</p> <ul style="list-style-type: none"> • Cognitive impairment and brain injury • Chronic illnesses, such as multiple sclerosis, chronic fatigue and pain, autoimmune compromise, and fibromyalgia • Hearing and visual impairments • Autism Spectrum Disorder • Attention Deficit and Hyperactivity Disorder • Learning differences and dyslexia • Mental health disorders

PROCEDURES

Procedures outline how the policy’s requirements will be met. Please include specific guidelines for each service provided by your organization. This section outlines the philosophy and approach as it is implemented in the particular service and details procedures and human touchpoints where the policy will be emphasized.

Example

<p>Environment and Venue</p>	<p>The environment is trauma-informed, welcoming and accessible.</p> <p>Management ensures the facility is compliant with applicable state and federal law and corrects any known violations immediately.</p> <p>Staff and management provide accommodations upon an individual’s request, and as far in advance as possible. Organization will take steps to ensure individuals are aware of their right to request an accommodation through signage and other notices.</p>
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<p>Communication</p>	<p>All communications are: trauma-informed; culturally and linguistically responsive; person-centered; and non-stigmatizing. All staff ask individuals their preferred methods of communication. Individuals have the opportunity to have a support person in the room.</p> <p>When communicating, staff are warm, patient and calm. Staff are sensitive to non-verbal cues, with particular attention to signals that indicate a person is uncomfortable or in distress.</p> <p>Staff approach conversations with humility and are open and proactive when they make a mistake.</p> <p>Management ensures that communication requirements are compliant with applicable state and federal law and corrects any known violations immediately.</p>
<p>Care and Service Delivery</p>	<p>Individuals set their own treatment and service preferences and goals. Staff do not assume that preferences and goals are driven by a person’s disability; rather, preferences and goals may address any factor that impacts a person’s life.</p> <p>Staff understand and respect individual variability and use a strengths-based perspective.</p>
<p>Continuous Improvement</p>	<p>Organization shall continuously monitor and improve performance on policies and practices. Individuals, family members, caregivers and staff shall be engaged in performance improvement.</p> <p>Management shall ensure that all staff have the resources they need (including training) to provide equitable, person-centered services for people with disabilities.</p>

FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended; however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

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FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner's webpage containing policy-specific FAQs.

RESPONSIBILITIES

List the units or individuals responsible for policy aspects (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the significant responsibilities – the “what,” not the “how” of the burden. Details of “how” should be in the procedures section.

Example

Executive leader(s): Creates and supports organizational culture and practices that provide equitable services for persons with disabilities. Develops organizational policy and procedure, ensures staff are aware of policy and procedure, follows through with enforcement of policy and procedure, and provides training and other resources for staff to adhere to policy and procedure. Regularly reviews, evaluates and updates policies and procedures, in collaboration with staff, individuals, family members and caregivers.

Staff: Provides equitable, person-centered services for persons with disabilities. Treats individuals with dignity and respect. Provides feedback on practices that require improvement or redesign.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization's performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*

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3. *Instances of non-adherence to policy and procedures will be addressed in accordance with [Organization's] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is adhering to policy and providing equitable services for people with disabilities?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals, family members, caregivers and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual's communication preferences and needs?
- If your organization is not meeting its goals to provide equitable care for people with disabilities, what will it do to address it?
 - Who will be involved in developing improvement ideas and plans?
 - What do those plans look like?
 - How often will plans be made?
 - How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
Oregon Disabilities Commission	https://www.oregon.gov/dhs/SENIORS-DISABILITIES/ADVISORY/ODC/Pages/index.aspx
Disability Rights Oregon	https://www.droregon.org/
Northwest ADA Center	https://nwadacenter.org/

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Americans with Disabilities Act Federal Website	https://www.ada.gov/
United States Commission on Civil Rights: Psychiatric Disabilities and the ADA	https://www.usccr.gov/files/pubs/ada/ch5.htm
Oregon Council on Developmental Disabilities	https://www.ocdd.org/
Centers for Disease Control: Disability and Health Overview	https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
Indivisible Disability Project	https://www.invisibledisabilityproject.org/our-mission

POLICY HISTORY

Revision Date	Author	Description

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Patient (Person) Centered and Non-Stigmatizing Services

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 paragraphs, the “Reason for Policy” cites the Institute’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirements the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

Person-centered care—also known as patient-centered care—means individuals have control over their services, including the amount, duration, and scope of services, as well as choice of providers. Person-centered care is respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual.

People who use drugs in the United States have a long history of encountering demeaning and hurtful services and language. This practice of shaming has contributed to the inadequate and ill-informed healthcare system designed to help people who use drugs. Stigmatizing language and care reinforce the lack of empathy of service providers and indicates their misunderstanding of drug use and what helpful services are. Further, many individuals who use drugs have been charged with crimes of using, jailed for using a drug, and sent to prison for a disease which often intensifies the use of derogatory language to describe the individuals. Historically many healthcare providers have forgotten that the individual comes first, and their symptomology comes second. Person-centered, non-stigmatizing services and language differ from this historical treatment and provide compassionate healthcare, value the individual understands the symptoms of using are not adjectives used to describe the person, use affirming language, and the worth of each individual is centered on all encounters and services.

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[Organization] believes person-centered, non-stigmatizing services (affirming) and language create an environment for people who use drugs and for staff that is empathic, caring, and focused on the worth of each person. [Organization] commits to ensuring that individuals receiving services experience the use of a person's first language in a setting that promotes respect and understanding. [Organization] will ensure that staff use person-centered, affirming language. [Organization] will critically review and change organizational practices to ensure all aspects of our work, beliefs, and practices are person-centered and free from stigmatizing language and behaviors.

Guiding Questions:

1. Why should person-centered, non-stigmatizing (affirming) services be offered?
2. Why do policy and procedure protect individuals who use drugs from a historically punitive, instructive, demanding, and hostile system?
3. Why do person-centered, non-stigmatizing (affirming) services support an equitable distribution of healthcare resources?
4. Why must all healthcare providers monitor and challenge the use of stigmatizing services and language with those they serve?
5. What does it mean to be person-centered and non-stigmatizing (affirming)? What core values does your organization have that reflect its non-stigmatizing (affirming) approach?

POLICY STATEMENT

Generally, in 1-2 paragraphs, the "Policy Statement" states the policy's intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

Paragraph 1) Covers the person-centered, non-stigmatizing services from the view of the individual accessing services.

[Organization] ensures that services are welcoming, safe, and meaningful for the needs of individuals. [Organization] creates and uses language and interventions that foster individuality and pride, focusing on the entire person. [Organization] engages in continual quality improvement by maintaining open lines of feedback from the population served. All staff must communicate in a non-judgmental and empathetic manner, prioritizing the value of the individual. All written materials or verbal communication will be person-centered and free from stigmatization.

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Paragraph 2) Addresses how the workforce/provider ensures person-centered, non-stigmatizing services within their organization, with other BHRN members, and within the community.

[Organization] will ensure that all written and verbal communication uses person-centered and non-stigmatizing (affirming) language and will educate other BHRN members and the public about this practice. [Organization] ensures the safety and belonging of its workforce, providing a working environment that is free from stigma and encourages a shift from shaming to empowering.

Guiding Questions:

1. How will your organization ensure that person-centered, non-stigmatizing (affirming) services are provided?
2. How will your organization ensure the safety, comfort, and sense of belonging for people who use drugs?
3. How will your organization train, support, and direct person-centered, non-stigmatizing services (affirming) and language?
4. How will your organization allow individuals to provide feedback on the quality of your person-centered, non-stigmatizing services?

SCOPE

All categories of people, process, and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Identify key personnel or programs to underscore the meaning of “ALL.” An example may be “this includes HR in hiring practices, non-clinical staff, and administrative staff.”
2. Refer to other policies or rules that this policy overrides or further enhances.

DEFINITIONS

Terms specific to this Policy.

Examples

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TERM	DEFINITION
Person-Centered	Respect for the person, acknowledging people’s essential human dignity, treating people as individuals, and finding out what is important to them and relevant to their treatment and care.
Non-stigmatizing	Stigma can be any negative thought, word(s), attitude, fear, or practice of exclusion. Stigmatize is treating someone or something unfairly by disapproving of it. Non-stigmatizing is the act of changing these thoughts, words, attitudes, fears, practices of exclusion, and treating others fairly.
Affirming	The language that inspires hope and advances recovery
Non-Judgmental	Avoiding judgment based on a person’s standards
Empathy (empathetic)	The act of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experiences of another.
Behavioral Health Resource Network (BHRN)	An organization, Tribal entity, or network of organizations that receive funds from the Oversight and Accountability Council or the Oregon Health Authority under Section 2, Chapter 2, Oregon Laws 2021 (Ballot Measure 110 (2020)) and the rules in OAR 944 Division 001.

PROCEDURES

Procedures outline how the policy’s requirements will be met. Please include specific guidelines for each service provided by your organization. This section outlines the philosophy and approach of culturally specific services as it is implemented in the particular service and details procedures and human touchpoints where the policy will be emphasized.

Example

Care/Service Delivery	<p>Staff communicate in an empathetic, person-centered manner, free stigmatizing language.</p> <p>The individual is centered in decision-making around care and services.</p>
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	<p>Provider offers intake document in an individual’s preferred language or with a translator and is free from shaming or stigmatizing descriptors or language.</p> <p><i>[For housing service providers]:</i> [Organization] combats historical discrimination against people who use drugs by providing adequate and safe housing for people who use drugs without the requirement to stop or change their use.</p> <p><i>[For employment service providers]:</i> [Organization] helps individuals to develop skills to combat stigma in the job market.</p>
Feedback and Improvement	Individuals have the opportunity to provide feedback during housing application and re-evaluation.

FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended; however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy-specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the major responsibilities – the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive Leader(s): Ensures staff are aware of policy and procedure, follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P.

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Clinical Staff: Uses culturally competent communication, facilitates person-driven treatment planning, and is responsive to all cultural and linguistic needs. Complies with all policy and procedures.

Administrative Staff: Ensures correct documentation serves community needs; ensures culturally competent language with individuals seeking services; complies with all policy and procedures.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization's performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to policy and procedures will be addressed in accordance with [Organization's] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is adhering to policy and providing person-centered, non-stigmatizing services?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals, family members, caregivers and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual's communication preferences and needs?

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- If your organization is not meeting its goals to provide person-centered, non-stigmatizing services, what will it do to address it?
 - Who will be involved in developing improvement ideas and plans?
 - What do those plans look like?
 - How often will plans be made?
 - How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Resource	Link
Patient and family-centered care organizational self-assessment tool	https://www.ihl.org/resources/Pages/Tools/PatientFamilyCenteredCareOrganizationalSelfAssessmentTool.aspx

POLICY HISTORY

Revision Date	Author	Description

Services for Pregnant Persons

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 paragraphs, the “Reason for Policy” cites the organization’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirement the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

Pregnant persons with substance use disorder often face significant barriers to accessing behavioral health care services. These barriers include, for example, limited services for pregnant individuals, reluctance by medical practitioners to provide care such as Medication Assisted Treatment, limited options for higher levels of care that allow infant placement with the parent and stigma/misinformation by service providers that reinforce shaming. Additionally, there often are legal consequences and requirements linked to child protective services involvement that detrimentally drive pregnant persons away from services.

These barriers can lead to potentially worse outcomes for the pregnant person and their child including:

- *Lack of prenatal and post-partum care*
- *Lack of substance use treatment services*

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- *Pre-term delivery*
- *Increased child protective services involvement leading to foster care placement*

Guiding Questions:

1. Why is it important to provide specific services to this population?
2. What are the effects of shame and stigma on the pregnant person?
3. Why is it important to engage with pregnant persons as soon as possible?
4. How does this policy support the organization's mission, vision and goals?
5. How does this policy fit in with state, national and other prominent calls to action?

POLICY STATEMENT

Generally, 1-2 paragraphs, the "Policy Statement" states the policy's intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

Non-stigmatizing, non-shaming interventions for pregnant persons are essential to healthy outcomes for both the parent and child. [Organization] is committed to provide all clinical and non-clinical services with compassion, an open mind, and a sense of safety. This practice includes the following:

- *Transparency about services that are available and the person's right to choose their level of engagement.*
- *Transparency of what the person can expect when they begin their services.*
- *Transparency about mandatory reporting as it relates to child welfare.*
- *Understanding the behavioral health needs of pregnant persons during and after the birth.*
- *Connection to peer support.*
- *Providing or facilitating services to meet the immediate needs of the pregnant person. This may include but not be limited to food, shelter/housing, transportation, access to medical care, labor and delivery planning, post-partum support, access to contraception and family planning that aligns with the person's reproductive goals.*
- *Supporting the person's decisions related to continuing or ending the pregnancy.*

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- *Offering education to pregnant persons about Medication Supported Recovery if appropriate.*
- *Harm reduction education and support.*
- *Post-delivery pain management support in coordination with a medical practitioner.*
- *Participation as care team provider to ensure seamless coordination of services and post-partum planning.*

Guiding Questions

- Broadly, what will the organization do to ensure pregnant persons are welcomed into services without judgment or preconceived expectations of engagement?
- What philosophies or guiding principles will the organization use to shape its approach (include any existing principles the organization has around its mission, care/services, staff support/workplace wellness, commitment to health equity, etc.)?
- How will the organization ensure that whole person's health is coordinated across providers?
- What is the organization's approach to outreach and engagement for pregnant persons who are fearful of working with providers?
- What is the organization's approach to outreach to and to engagement of pregnant persons who live in rural/frontier areas where there is no transportation?
- How will the organization act as a supportive advocate for the individual if they encounter stigma and shaming with their medical practitioner or other service providers?

SCOPE

All categories of people, process and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of "ALL". Example may be "this includes HR in hiring practices, non-clinical staff and administrative staff"

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2. Refer to other policies or rules that this policy overrides or further enhances.

DEFINITIONS

Terms specific to this Policy.

Example

TERM	DEFINITION
Medication Supported Recovery/Medication Assisted Treatment (MSR/MAT)	MSR/MAT is a treatment that combines medications (methadone, buprenorphine or naltrexone) with counseling and behavior therapies, such as Motivational Interviewing
Pregnancy	The time period from when an individual misses a menstrual cycle or confirms through a pregnancy test until the day the pregnancy ends or the child is born
Post-Partum	Post-Partum is the first six weeks after giving birth
Project Nurture	Center of Excellence integrated physical and behavioral health care model for pregnant persons with a substance use disorder
Trauma-Informed	A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in individuals, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.
Re-traumatization	Re-traumatization is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.

PROCEDURES

Procedures outline how the policy's requirements will be met. Please include specific procedures for each service provided by your agency. This section outlines the philosophy and approach of culturally specific services as it is implemented in the specific service and details procedures and human touchpoints where the policy will be emphasized.

Example

[Organization] supports evidence-based practices for treatment of pregnant persons with a substance use disorder. [Identify any of the recommended procedures from Project Nurture, SAMHSA and the CDC (links available in the resources section) which procedures your organization adopts.]

<p>Organizational Commitment and Endorsement</p>	<p>Leadership understands that compassionate, nonjudgmental outreach and engagement to pregnant persons is central to effective service delivery and organizational health.</p> <ol style="list-style-type: none"> 1. All leaders shall receive training on evidence-based practices related to providing services to pregnant persons 2. Leaders shall be held accountable for developing, implementing, and overseeing a comprehensive approach to care for pregnant persons that includes warm handoffs to other service providers, collaboration and coordination with medical practitioners and supportive service delivery post pregnancy. 3. Individuals, family members and staff have a formal mechanism for providing feedback, and the organization includes them in program development. 4. Workforce knowledge on the basic needs of pregnant and postpartum persons is an organizational priority. 5. Trauma informed care is integrated into policies, practices, and strategic planning. 6. Equity, inclusion and diversity are integrated into policies, practices and strategic planning.
<p>Care/Service Delivery</p>	<ol style="list-style-type: none"> 1. The first point of contact is welcoming, encouraging, warm. 2. Staff are versed in trauma principles that impact care and services. 3. Clinical care and organizational procedures are designed to avoid re-traumatization. 4. Individuals have a mechanism to provide feedback on policies that affect them. 5. Importance of the individual’s relationship with providers is recognized and supported through policy and practice.

	<ol style="list-style-type: none"> 6. [Organization] provides targeted assistance for individuals to navigate systems and connect them with needed services and supports. 7. [Organization] will conduct formal chart reviews to ensure continuous collaboration and coordination between all medical and behavioral health providers. 8. [Organization] will maintain Executive level relationship with local child protective services agency to ensure trauma-informed planning and promote safety planning for the child’s continued placement with the parent, if appropriate.
<p>Environment and Safety</p>	<p>[Organization] commits to creating a welcoming and trauma-reducing environment.</p> <ol style="list-style-type: none"> 1. Physical space is welcoming and free from actual and perceived safety concerns. 2. Physical environment is reviewed for inclusiveness for employees, individuals, family members, and caregivers. 3. Physical safety and crisis protocols are in place and regularly practiced. 4. Staff, individuals, family members, and caregivers have a process for addressing safety concerns.
<p>Workforce development</p>	<p>Human Resource policies and practices reflect a commitment to non-stigmatizing, non-coercive service delivery by employees.</p> <ol style="list-style-type: none"> 1. All staff are trained in trauma-informed care and the barriers pregnant persons must overcome to access behavioral health care. 2. All staff receive additional training and professional development opportunities related to working with pregnant populations. 3. All staff receive comprehensive training on child protective service laws and interventions.
<p>Hiring and onboarding</p>	<ol style="list-style-type: none"> 1. Interview protocols include assessment of applicants’ understanding and experience with trauma-informed care principles and working with stigmatized populations.

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	<ol style="list-style-type: none"> 2. Individuals, family, or caregivers have the opportunity to participate or consult in the hiring process. 3. New employees receive training on best practices for serving pregnant persons.
Supervision and Support	<ol style="list-style-type: none"> 1. Supervisors regularly meet with staff to review care plans and address any internal biases that may impact service delivery. 2. Performance reviews assess ongoing supportive care to pregnant persons and provide plan for further skill development. 3. Personnel policies reflect principles of transparency, predictability, inclusiveness, and staff voice.
Cross-Sector Collaboration	Organization is working with community partners and other systems to develop relevant care coordination protocols and procedures to ensure the pregnant person receives all desired services in a cohesive and collaborative manner.

FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended, however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy specific FAQs.

RESPONSIBILITIES

Example

Executive Leader(s): Creates and supports organizational culture and practices that advance coordinated care for pregnant persons and organizational wellbeing. Develops organizational policy and procedure, ensures staff are aware of policy and procedure, follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P. Regularly reviews, evaluates and updates policies and procedures, in collaboration with staff, individuals, family members and caregivers.

Clinical and Administrative Staff: Practices outreach and engagement that creates a welcoming environment for individuals, family members and caregivers. Fosters supportive relationships with colleagues. Provides feedback on practices that require improvement or redesign.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization’s performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers, and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to policy and procedures will be addressed in accordance with [Organization’s] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is providing coordinated, welcoming care that supports and engages pregnant persons?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals, family members, caregivers and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual’s communication preferences and needs?
- If your organization is not meeting its goals, what will it do to address it?

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- Who will be involved in developing improvement ideas and plans?
- What do those plans look like?
- How often will plans be made?
- How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents, and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
Substance Abuse and Mental Health Services Administration	https://www.samhsa.gov/
Center for Disease Control and Prevention (CDC)	https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm
Trauma Informed Oregon (TIO) TIO Standards of Practice for Trauma Informed Care – Healthcare Settings	traumainformedoregon.org traumainformedoregon.org/wp-content/uploads/2018/04/TIO-Standards-of-Practice-for-Trauma-Informed-Care-Healthcare-Settings_2018update.pdf

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National Harm Reduction Coalition	https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit/
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POLICY HISTORY

Revision Date	Author	Description

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Trauma Informed Engagement and Care

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 paragraphs, the “Reason for Policy” cites the organization’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirement the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

It is estimated that 62% of adults have experienced at least one adverse childhood experience (ACE), and 25% have experienced three or more.¹ ACEs include: physical, emotional or sexual abuse; physical or emotional neglect; household dysfunctions such as having a parent with a mental health or substance use disorder, an incarcerated relative, domestic violence, or parental divorce.

Children and adults may also be exposed to other forms of traumatic experiences throughout their lifetimes, including:

- *Separation from a loved one*
- *War and other forms of violence, including community violence and exposure to gun violence*
- *Disasters and life-threatening accidents*

¹ Melissa T. Merrick; Derek C. Ford; Katie A. Ports; et al. “Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States.” Journal of the American Medical Association. Online, September 17, 2018. Site: jamapediatrics.2018.2537.

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- *Intensive medical interventions*
- *Cultural, intergenerational and historical trauma, including racism, discrimination and oppression*

The health and social effects of trauma—especially for those who experience many traumatic events—are well documented. For example, people who have experienced trauma are more likely to develop mental health and substance use disorders, adopt health risk behaviors, have higher rates of lung, heart and liver disease; experience social, emotional and cognitive impairments; and have difficulty forming and maintaining relationships.

[Organization] and other behavioral health organizations play a critical role in addressing trauma, as those who live with mental health and substance use disorders are much more likely to have experienced traumatic events when compared to the general population. In addition, behavioral health providers and staff are at risk of developing secondary trauma, and organizations must provide supports to ensure the health and wellbeing of their employees. [Organization] commits to adopting organizational and clinical practices that address trauma and promote resilience and healing among staff and the individuals we serve.

Guiding Questions:

1. What is trauma?
2. What are the effects of trauma?
3. Why is it important to address trauma?
4. Why should behavioral health providers adopt trauma-informed practices?
5. How does this policy support the organization’s mission, vision and goals?
6. How does this policy fit in with state, national and other prominent calls to action?

POLICY STATEMENT

Generally, 1-2 paragraphs, the “Policy Statement” states the policy’s intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Example

[Organization] is committed to being a trauma-informed organization. We adopt the Substance Abuse and Mental Health Administration’s (SAMHSA’s) framework for understanding and addressing trauma, guided by the four “R’s”:

- *Realize how trauma affects the experiences and behaviors of the family, groups, organizations, communities and individuals.*

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- *Recognize the signs of trauma. These signs may be specific to gender, age, or setting.*
- *Respond using language, behaviors and policies that respect children, adults, and staff members who have experienced traumatic events.*
- *Resist re-traumatization. Stressful environments or specific practices can trigger painful memories. This interferes with recovery and well-being. Organizations must review and change practices as needed to avoid re-traumatization.*

We also support SAMHSA's six key principles for building a trauma-informed organization:

1. *Safety: Everyone feels physically and psychologically safe.*
2. *Trustworthiness and transparency: The organization builds and maintains trust with staff and the individuals they serve.*
3. *Peer support: Is made available to help build a sense of safety, trust and empowerment.*
4. *Collaboration and mutuality: Everyone in the organization takes part in creating a trauma informed environment.*
5. *Empowerment, voice and choice: The approach reflects individual experiences/strengths.*
6. *Cultural, historical, and gender issues: The organization is culturally responsive, respects traditional cultural connection and recognizes historical trauma.*

Guiding Questions:

- Broadly, what will the organization do to address trauma?
- What philosophies or guiding principles will the organization use to shape its approach (include any existing principles the organization has around its mission, care/service delivery, staff support/workplace wellness, commitment to health equity, etc.)

SCOPE

All categories of people, process and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

DEFINITIONS

Terms specific to this Policy.

Example

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

TERM	DEFINITION
Trauma	<p>Trauma is an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.</p> <p>Forms of trauma include—but are not limited to—the following:</p> <ul style="list-style-type: none"> • Adverse childhood experiences: physical, emotional or sexual abuse; physical or emotional neglect; household dysfunctions such as having a parent with a mental health or substance use disorder, an incarcerated relative, domestic violence, or parental divorce. • Separation from a loved one • War and other forms of violence, including community violence and exposure to gun violence • Disasters and life-threatening accidents • Frightening medical interventions • Cultural, intergenerational and historical trauma, including racism, discrimination and oppression
Resilience	<p>Resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.</p>
Trauma-Informed	<p>A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in individuals, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.</p>
Re-traumatization	<p>Re-traumatization is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or</p>

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	expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.
Secondary Trauma	Secondary trauma—also known as vicarious trauma or compassion fatigue—is an indirect exposure to trauma through a firsthand account or narrative of a traumatic event. The vivid recounting of trauma may result in a set of symptoms and reactions that resemble post-traumatic stress disorder.

PROCEDURES

Procedures outline how the policy’s requirements will be met. Please include specific procedures for each service provided by your agency. This section outlines the philosophy and approach of culturally specific services as it is implemented in the specific service and details procedures and human touchpoints where the policy will be emphasized.

Example

[Organization] adopts the following practices: [identify which practices your organization will adopt, considering, for example, recommendations from Trauma-Informed Oregon and SAMHSA].

Organizational Commitment and Endorsement	<p>Leadership understands that addressing trauma is central to effective service delivery and organizational health.</p> <ol style="list-style-type: none"> 1. All leaders shall receive training on trauma and trauma informed care. 2. Leaders shall be held accountable for developing, implementing and overseeing trauma informed practices through the inclusion of trauma informed practices in performance review and measurement. 3. Individuals, family members and staff have a formal mechanism for providing feedback, and the organization includes them in program development. 4. Workforce wellness is an organizational priority. 5. Trauma informed care is integrated into policies, practices, and strategic planning. 6. Equity, inclusion and diversity are integrated into policies, practices and strategic planning.
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<p>Care and Service Delivery</p>	<ol style="list-style-type: none"> 1. The first point of contact is welcoming. 2. Staff are versed in trauma principles that impact care and service delivery. 3. Care and services are person-centered, and individuals have voice and choice about their care and services. 4. Staff follow a strengths-based approach to healing that leverages an individual’s capacity for resiliency. 5. Individuals have a mechanism to provide feedback on policies that affect them. 6. Importance of the individual’s relationship with providers is recognized and supported through policy and practice. 7. Organization provides targeted assistance for individuals to navigate systems and connect them with needed services and supports.
<p>Environment and Safety</p>	<p>[Organization] commits to creating a welcoming and trauma-reducing environment.</p> <ol style="list-style-type: none"> 1. Physical space is welcoming and free from actual and perceived safety concerns. 2. Physical environment is reviewed for inclusiveness for employees, individuals, family members, and caregivers. 3. Employees have a dedicated safe space to practice self-care. 4. Physical safety and crisis protocols are in place and regularly practiced. 5. Staff, individuals, family members and caregivers have a process for addressing safety concerns.
<p>Workforce development</p>	<p>Human Resource policies and practices reflect a commitment to TIC for employees and the population serviced.</p> <ol style="list-style-type: none"> 1. All staff are trained in trauma-informed principles and workforce wellness. 2. All staff receive de-escalation training. 3. All staff receive additional training and professional development opportunities related to trauma and trauma informed care.

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Hiring and onboarding	<ol style="list-style-type: none"> 1. Interview protocols include assessment of applicants’ understanding and experience with trauma-informed care principles. 2. Individuals, family, or caregivers are offered the opportunity to participate in or give input into developing the hiring process. 3. New employees receive training on trauma-informed care.
Supervision and Support	<ol style="list-style-type: none"> 1. Supervisors regularly meet with staff and incorporate employee wellness principles into supervision. 2. Performance reviews assess ongoing trauma-informed care skill development. 3. Personnel policies reflect principles of transparency, predictability, inclusiveness, and staff voice.
Cross-Sector Collaboration	Organization is working with community partners and other systems to develop relevant trauma-informed protocols and procedures.

FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended, however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the major responsibilities – the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive Leader(s): Creates and supports organizational culture and practices that advance trauma informed care and organizational wellbeing. Develops organizational policy and procedure, ensures staff are aware of policy and procedure, follows up/through with enforcement of policies and procedures, and provides resources for staff to adhere to policy and procedures. Regularly reviews, evaluates and updates policies and procedures, in collaboration with staff, individuals, family members and caregivers.

Staff: Practices trauma-informed care and creates welcoming environment for individuals, family members and caregivers. Fosters supportive relationships with colleagues. Provides feedback on practices that require improvement or redesign.

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to trauma-informed care policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization’s performance on trauma informed care policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to trauma-informed policy and procedures will be addressed in accordance with [Organization’s] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is providing trauma-informed services and adhering to trauma-informed policies and procedures?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?

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- What methods will your organization use to gather feedback from individuals, family members, caregivers and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual’s communication preferences and needs?
- If your organization is not meeting its goals to be trauma-informed, what will it do to address it?
 - Who will be involved in developing improvement ideas and plans?
 - What do those plans look like?
 - How often will plans be made?
 - How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents, and/or external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other related documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
Oregon Department of Human Services: Trauma-Informed Organizational Policy	sharedsystems.dhsoha.state.or.us/DHSForms/Served/de010-022.pdf
Child and Family Behavioral Health, Oregon Health Authority: Trauma-Informed Policy	oregon.gov/oha/HSD/BH-Child-Family/Pages/TIP.aspx
Trauma Informed Oregon (TIO) TIO Standards of Practice for Trauma Informed Care –	traumainformedoregon.org traumainformedoregon.org/wp-content/uploads/2018/04/TIO-Standards-of-Practice-for-Trauma-Informed-Care-Healthcare-Settings_2018update.pdf

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Healthcare Settings	
ACEs Aware	acesaware.org
SAMHSA: Concept of Trauma and Guidance for a Trauma-Informed Approach	store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884
SAMHSA: Trauma-Informed Care in Behavioral Health	ncbi.nlm.nih.gov/books/NBK207195

POLICY HISTORY

Revision Date	Author	Description

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

Youth Friendly and Youth Inclusive Services

944 rules (M110) - policies

Subject:		Number:	
Authority:			
Effective Date:		Last Update:	
Applicability			
Approved			

PURPOSE

Generally, 1-2 sentences, the “Reason for Policy” cites the organization’s commitment to a value or strategic goal, why the policy must exist, the problem or conflict the policy seeks to address, or cites any legal, regulatory, stewardship or other requirements the policy aims to meet. This latter information is helpful in the future when the policy needs to be reviewed/updated.

Example

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that youth and young adults who use substances require interventions that address the whole person. Such person-centered services may include psychosocial interventions, family behavioral therapy, medication, proactive outreach, and specialized applications that can assist or provide an intervention and track symptoms.

Youth and young adults have historically been left out of the conversation and planning for services. For youth and young adults who use drugs in the United States, services have mimicked adult services, which have been ineffective and discount their unique needs. [Organization] believes that services specifically focused on youth and young adults should be friendly and cater to their needs. [Organization] will critically review and change organizational practices to ensure all aspects of our work, beliefs, and practices are youth and young adult-friendly and inclusive of youth and young adults.

Guiding Questions

1. Why should youth and young adult-friendly and inclusive services be offered?

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2. Why do policies and procedures protect youth and young adults who use drugs from a historically punitive, instructive, demanding, and hostile system?
3. Why do youth and young adult-friendly and inclusive specific services support an equitable distribution of healthcare resources?
4. Why must all healthcare providers monitor and challenge systems and individuals who fail to provide services to youth young adult in a friendly and inclusive manner?
5. What does it mean to be youth and young adult-friendly and inclusive? What core values does your agency have that reflect youth and young adult-friendliness and inclusivity?

POLICY STATEMENT

Generally, in 1-2 paragraphs, the “Policy Statement” states the policy’s intent, when the policy applies, and any mandated actions or constraints. It doesn't describe procedures.

Examples

I. Covers youth and young adult-friendly and inclusive services from the view of the individual.

[Organization] will have (or ensure):

- A. Youth and young adult voices within the administrative and policy-making process.*
- B. Integrated services for youth and young adults*
- C. Confidentiality and privacy for youth and young adults*
- D. Technology for services that are conducive to youth and young adults*
- E. A brave space for all youth and young adults where they feel respected, valued, and free from oppressive practices*
- F. Transitional age services that focus on services that transition from children’s services to youth services or from youth services to adult services*
- G. Inclusive and culturally diverse services targeted explicitly toward youth and young adults*
- H. Terminology is empowering and does not pathologize drug use or behaviors*
- I. The physical layout and décor are attractive and geared toward youth and young adults*

II. Addresses how the workforce/provider ensures youth-friendly and inclusive services within their agency, with other BHRN partners, and within the community.

[Organization] will:

- A. Provide training to staff that challenge their paradigms on what is helpful to youth and young adults*

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- B. Integrate youth and young adults into clinical and administrative discussion and decision-making*
- C. Engage in outreach to youth and young adults to publicize employment opportunities at [Organization]*
- D. Employ staff that are welcoming to youth and young adults*
- E. Employ staff that are genuine and have a desire to serve youth and young adults and connect easily with youth and young adults*
- F. Train staff to use easy and informal communication and attire when working with youth and young adults*
- G. Provide services in areas and spaces that are easily accessible to youth and young adults*
- H. Ensure that service times are amenable to youth and young adults schedules (not during school hours OR if provided during school hours services are offered in schools), wait times are short or services are drop-in, or provided through online or telephone medium*
- I. Engage with youth and young adults through recreation, artistic or other innovative mediums*
- J. Assist youth and young adults in building a supportive network if one is absent.*

Guiding Questions

1. How will your agency ensure that youth and young adult-friendly and inclusive services are provided?
2. How will your agency ensure the safety, comfort, and sense of belonging for youth and young adults who use drugs?
3. How will your agency train, support, and direct youth and young adult-friendly and inclusive services?
4. How will your agency allow individuals to provide feedback on the quality of your youth and young adult-friendly and inclusive services?

SCOPE

All categories of people, process and governance to which the policy applies.

Example

This policy applies to ALL staff employed at [Organization] without exception.

This policy applies to ALL programs provided by [Organization] without exception.

This section may also:

1. Specifically identify key personnel or programs to underscore the meaning of “ALL”. Example may be “this includes HR in hiring practices, non-clinical staff and administrative staff”

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2. Refer to other policies or rules that this policy overrides or further enhances.

DEFINITIONS

Terms specific to this Policy.

Example

TERM	DEFINITION
Youth	Individuals ages 12-17
Young Adult	Individuals ages 18-25
Friendly	The language that inspires hope and advances recovery
Inclusive	Avoiding judgment based on a person's standards
Empathy (empathetic)	The act of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experiences of another.
Transitional Services	Services that focus on the transition from children's services to youth services or from youth services to adult services
Behavioral Health Resource Network (BHRN)	An organization, Tribal entity, or network of organizations that receive funds from the Oversight and Accountability Council or the Oregon Health Authority under Section 2, Chapter 2, Oregon Laws 2021 (Ballot Measure 110 (2020)) and the rules in OAR 944 Division 001.

PROCEDURES

Procedures outline how the policy's requirements will be met. Please include specific guidelines for each service provided by your agency. This section outlines the philosophy and approach of youth-friendly and inclusive services as it is implemented in the particular service and details procedures and human touchpoints where the policy will be emphasized.

Example

Access	1. Create spaces in all locations that emphasize that youth and young adults are brave for showing up and encourage respect and value of all youth, and are free from oppressive practices
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	<ol style="list-style-type: none"> 2. Create a physical layout and décor that are attractive and geared toward youth and young adults 3. Provide services in areas and spaces that are easily accessible to youth and young adults 4. Ensure that service times are amenable to youth and young adult schedules (not during school hours OR if provided during school hours services are offered in schools), wait times are short or services are drop-in, or provided through online or telephone medium 5. Offer, create and/or provide a technology for youth and young adults to engage in BHRN services 6. Make outpatient, peer, housing, supported employment, and all other BHRN services available at all service locations
Service Delivery	<ol style="list-style-type: none"> 1. Educate all staff about transitional age services and offer transitional age services to applicable youth and young adults 2. Educate staff about how to implement inclusive and culturally diverse services targeted explicitly toward youth and young adults 3. Use terminology that is empowering and does not pathologize drug use or behaviors 4. Provide training to staff that challenge their paradigms on what is helpful to youth and young adults 5. Give youth and young adults a written explanation to their rights of confidentiality and offer to them the opportunity to sign release of information (if applicable) 6. Train staff to use easy and informal communication and attire when working with youth and young adults 7. Engage with youth and young adults through recreation, artistic or other innovative mediums 8. Offer to assist youth and young adults in building a supportive network if needed
Strategy, Policy and Practices	<ol style="list-style-type: none"> 1. Invite youth and young adults to serve on an advisory council for the organization 2. Invite youth and young adult to give input into developing clinical and administrative policies and practices

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Workforce	<ol style="list-style-type: none">1. Employ staff that are welcoming to youth and young adults2. Employ staff that are genuine and have a desire to serve youth and young adults and connect easily with youth and young adults

FORMS

Links to any forms needed to meet the policy’s requirements. Use of links recommended; however, forms can also be uploaded directly to the policy page, if necessary.

FREQUENTLY ASKED QUESTIONS

Optional: Link to policy owner’s webpage containing policy-specific FAQs.

RESPONSIBILITIES

List the units or individuals who are responsible for aspects of the policy (e.g., executive leaders, managers, clinical staff, direct service providers, administrative staff.) Summarize the major responsibilities – the “what” not the “how” of the responsibility. Details of “how” should be in the procedures section.

Example

Executive leadership ensures staff are aware of policy and procedure, follows up/through with enforcement of P&P, and provides resources for staff to adhere to P&P.

Clinical Staff are responsive to the needs of youth and young adults and will create an inclusionary environment. Uses culturally competent communication, facilitates consumer-driven treatment planning, and is responsive to all individuals’ cultural and linguistic needs.

Administrative Staff ensures all written materials or verbal communication is responsive to the needs of youth and young adults; ensures culturally competent language with all individuals.

FORMS

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Links to any forms needed to meet the policy's requirements. Use of links recommended; however, forms can also be uploaded directly to the policy page, if necessary.

TITLE	LINK

EVALUATION AND IMPROVEMENT

Description of how the organization will evaluate adherence to—and performance on—the policy and procedures. Includes description of how the organization will identify areas needing improvement, and what steps it will take to address them.

Example

- 1. [Organization] will monitor adherence to policy and procedures on a continuous basis. Individuals, family members, caregivers and staff will be given a safe and accessible way to provide feedback, and any immediate concerns will be addressed in real-time.*
- 2. [Organization] will conduct a formal review of the organization's performance on policy and procedures on a recurring basis. The formal review shall take into consideration feedback from individuals, family members, caregivers and staff, in addition to other relevant performance indicators, such as meeting targets for staff training and skill development. [Organization] will develop and implement a plan to address all areas needing improvement following the formal review.*
- 3. Individual non-adherence to policy and procedures will be addressed in accordance with [Organization's] human resources policies on employee conduct and responsibilities.*

Guiding Questions

- How will your organization know whether it is providing coordinated, welcoming care that supports and engages youth and young adults?
 - What will your organization monitor and measure, and how often?
 - Who will be responsible for monitoring and measuring?
- What methods will your organization use to gather feedback from individuals, family members, caregivers and staff?
 - How can your organization ensure that they feel safe and comfortable providing feedback?
 - How can your organization make sure the process for gathering feedback is accessible and responsive to an individual's communication preferences and needs?
- If your organization is not meeting its goals, what will it do to address it?

This template is provided as a courtesy. It is intended to cover many issues, but it might not address all issues, and some parts might not be applicable for use by every organization. It is not legal advice.

- Who will be involved in developing improvement ideas and plans?
- What do those plans look like?
- How often will plans be made?
- How will your organization monitor progress on making improvements?
- How will your organization respond when an individual staff member does not adhere to policies and procedures?

RELATED INFORMATION

List related policy documents and external documents that provide helpful, relevant information to the policy. Use of links is recommended, but appendices and other associated documents can also be uploaded directly to the policy page, if necessary.

Example

Resource	Link
What makes mental health and substance use services youth-friendly? A scoping review of literature	https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4066-5
Treatment Considerations for youth and young adults	https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep20-06-02-001.pdf

POLICY HISTORY

Revision Date	Author	Description