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An Analysis of Women's Access to Acute Opioid Detoxification Services in Maine: Identifying the Barriers to Treatment

Karen E. Conley
Muskie School of Public Service, University of Southern Maine

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Identifying the Barriers to Treatment

Karen Elizabeth Conley

University of Southern Maine

The Muskie School of Public Service

Capstone Advisor: **Mary Lindsey Smith**, PhD, MSW

Second Reader: **Bob Fowler**, LCSW, CCS

Abstract

The lack of treatment facilities and services for opioid use disorder in Maine, combined with an increased prevalence of addiction, creates a potential for health inequity between men and women that may be intensified by barriers in access to care. This capstone study utilized detoxification screening inquiry forms and data obtained from the Milestone Foundation's acute opioid detoxification program to assess and categorize barriers to access by gender. A barriers model was developed based on existing literature and was to identify potential associations among and between the known barriers to accessing treatment. Barriers were described as internally or externally based, and categorized as pertaining to availability, affordability, accommodation, accessibility, and acceptability. Categories were compartmentalized in the barrier model by using a framework of structure, process, and outcome, which are Avedis Donabedien's triad of healthcare quality. The results of the study demonstrate that the Milestone Foundation acute opioid detoxification program anticipates and mitigates many of the potential barriers to women, by counteracting deficiencies of specific components in the barrier model with strengths from other components in the category, or with linked components in an associated category. Barriers that prevent women from requesting treatment may still present a problem. Further revisions may be necessary as the prevalence of opioid use disorder in women continue.

Keywords: barriers, access, opioid, detoxification, gender, women, Donabedien

Executive Summary

The causality of Maine's current opioid use disorder (OUD) crisis may be linked to the high rate of prescribing long-acting and high-dose pain relievers in the state. Overdoses and deaths have increased annually, and women are becoming increasingly affected by OUD. The limited number of treatment facilities and providers as well as the increased request for services may potentially cause a health inequity that is disproportionately affecting women.

Located in Portland, the Milestone Foundation is Maine's only non-hospital based acute detoxification program, and one of few Maine organizations that will admit people into a detoxification program without health insurance. The purpose of this study was to provide Milestone Foundation stakeholders with more information about women's access to the acute opioid detoxification program, using the detoxification inquiry screening forms that were completed on each request for treatment.

De-identified detoxification inquiry screening forms were analyzed to gather data on clients requesting opioid detoxification. The analysis comprised a review of six months of requests for opioid detoxification admission, using the data available on the detoxification inquiry screening forms and data obtained from the Milestone Foundation for the months of January, February, June, and July of 2015, and January and February of 2016.

Data obtained from the detoxification inquiry screening forms were assessed by gender to demonstrate potential barriers to access. Barriers to access were categorized using Penchansky and Thomas' (1981) classifications of availability, affordability, accommodation, accessibility, and acceptability.

- **Availability** barriers related to treatment non-entry due to filled capacity or gender issues.

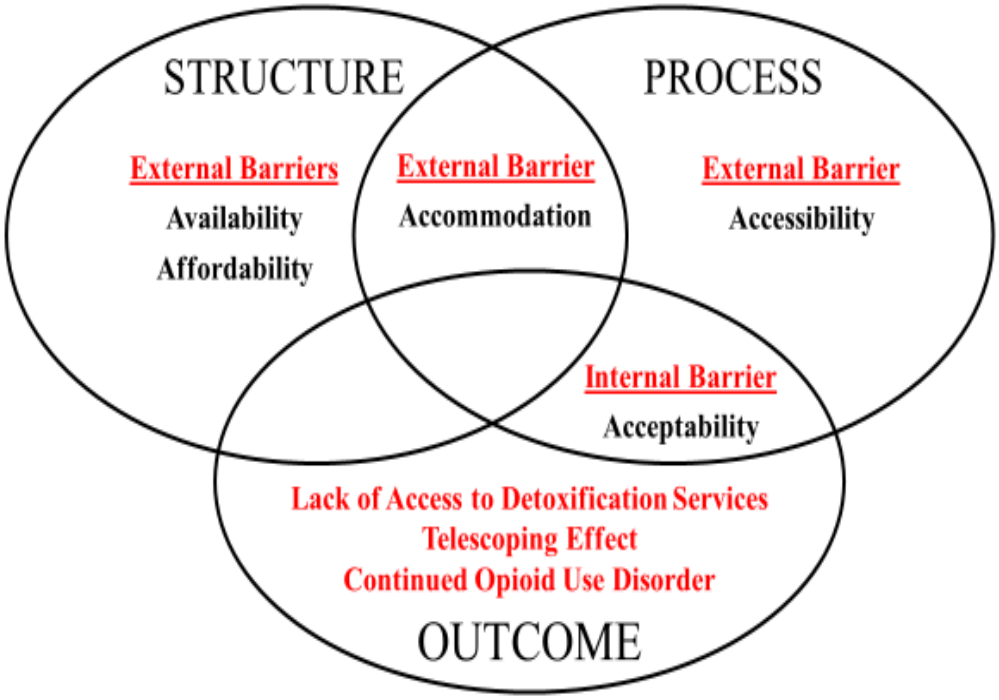
  - This barrier was identified in the study by non-admission due to "PROGRAM FULL," or by LACK OF FEMALE BEDS comments on the detoxification inquiry screening forms.

- **Affordability** barriers were defined as the individual's financial situation such as lack of insurance prevented access to care.
  - This barrier was identified in the study by INSURANCE STATUS.
- **Accommodation** barriers dealt with access related to hours of operation, telecommunications, as well as the ability or inability to make modifications to the system.
  - This barrier was identified in the study by TIMES OF CONTACT, and identified anecdotally by HOURS OF ADMISSION and PHONE AVAILABILITY. Modifications to improve this barrier were identified anecdotally by REARRANGING CLIENTS BEDS/WARDS and a NEW SCREENING/CALL BACK PROCESS WITH PREGNANT CLIENTS.
- **Accessibility** barriers included family care and responsibility, transportation, health issues preventing entry, or incarceration.
  - This barrier was identified in the study by non-admission due to NO SHOWS, MEDICAL CLEARANCE, or LEGAL/MEDICAL APPOINTMENT, and by comments on the detoxification inquiry screening forms.
- **Acceptability** barriers covered the internal barriers of shame and stigma, as well as fear of consequences and treatment difficulties.
  - This barrier was identified in the study by non-admission due to SELF-REFUSAL, and by comments on the detoxification inquiry screening forms.

I identified these 5 barriers as internal or external. The designation was determined by whether they were developed within the individual through actions and beliefs (internal) or caused externally by systems or processes in the individual's surroundings (Hecksher and Hesse, 2009).

Finally, I grouped the categories using Donabedian's (1988) framework of healthcare quality - structure, process, and outcome. **Structure** described the contextual aspect of the system and included components such as physical structures, organizational staffing, and insurance availability. **Process** described the procedures utilized in the system, and the actions taken by all involved. **Outcome** described effects of the system, and the results of processes (Donabedian, 1988, 2005).

I developed a barrier model to demonstrate the synthesis of the three concepts. The model illustrated associations among and between the barriers to access.



Over the time frame of the study, 356 individuals requested opioid detoxification treatment. Phone calls were the mode of contact for 92% of the requests. The clients consisted of 252 men and 104 women, resulting in a relative frequency of 2.42 men: 1 woman requesting treatment. Men were more likely to be homeless (39.1%) than women (23.9%). Over half of the 356 individuals in the study who requested opioid detoxification services, nearly 52%, lacked health insurance. Men requested treatment most often on Mondays, and most contacts occurred between 8 AM and 4 PM daily. Women requested treatment most often on Fridays, with over half of the contacts during the study occurring between 8 AM and 12 noon.

Numerous studies demonstrate that women affected by opioid use disorders (OUD) are more likely to suffer from mental health issues and exhibit increased severity of medical and mental health issues compared to men. This increased severity is known as the "telescoping effect." In a manner consistent with the literature, the analysis of data identified an increased percentage of medical and mental health comments on women's screening forms when compared to men.

The relative frequency of admission into the opioid detoxification program over the course of the study was 1.04 men: 1 woman. In 2013, the most recent year that national data is available, the frequency for opioid detoxification admission in the United States was 1.24 men: 1 woman ("TEDS," 2015). In 2014, Maine's opioid admission frequency was 1.14 men: 1 woman ("DASIS," 2016). Nearly 78% of the female admissions in the study either had no insurance (42.2%) or had public insurance (35.9%). Most men admitted lacked insurance (58.1%), and about 23% were covered by Maine Care/Medicare. The block grant funding that financed the admission of those without insurance available appeared to effectively mitigate the affordability barrier.

The non-admission rate for all clients requesting treatment was 62.4%. A full program capacity prevented the admission of 17% of clients, with equal rates for men and women. Despite the structure limitations present, the availability barrier did not appear to be affect women disproportionately.

Accommodation as it related to structure also appeared to present a barrier to access. However, the Milestone Foundation personnel routinely modified the process, changing nursing duties and client room placements to address and correct issues, thereby mitigating the accommodation barrier. The organization also recently implemented a new process to call back pregnant women with OUDs when a bed became available in situations where a full capacity prevented their admission.

When compared to men, women had a slightly higher percentage of non-admission due to accessibility issues, with 71.2% of women and 67.9% of men not admitted due to health, legal, or transportation issues.

While acceptability issues could not be readily identified in the study, specific comments consistent with this barrier were only noted on female detoxification inquiry screening forms. Self-exclusion, or a failure to initiate the request for detoxification treatment services may be the primary limitation to access faced by women, and cannot be identified using the framework set forth in this study. Causes are numerous, and include most, if not all, of the barrier categories in the study.

The federal funds available through the Affordable Care Act's Medicaid expansion would be beneficial to improving access to opioid detoxification services. As it stands, Maine's current refusal to receive this distribution prevents the improvements to the detoxification and treatment

system, and the increased insurance coverage to Maine's vulnerable populations that it would provide. It's estimated that 30% of Maine's uninsured population suffer from mental illness or substance use disorders, and meet the income requirements for coverage under the expanded Medicaid coverage of the Affordable Care Act (Dey et al., 2016). The sixth attempt at attaining these funds recently passed both the branches of the Maine Legislature, and a veto from the Governor is expected.

Based on the results of the capstone study, the Milestone Foundation performs an excellent service to its clients. The results of the study demonstrate that the Milestone Foundation acute opioid detoxification program anticipates and mitigates many of the potential barriers to women. Milestone Foundation overcomes its structural limitations by utilizing a comprehensive, yet flexible process that can be modified to address specific issues. This is accomplished by counteracting deficiencies of specific components in the barrier model with strengths from other components in the same category, or with linked components in an associated category. The system appears to mitigate many of the barriers to access that women may encounter. However, barriers that prevent women from initially requesting treatment still present a potential problem. Further revisions may be necessary as the prevalence of opioid use disorder in women continue. Subsequently, my recommendations to improve processes and enhance women's access to services at Milestone Foundation are as follows:

1. Reinstitute 24 hour admissions by utilizing The Pharmacy services at Maine Medical Center.
2. Recruit a backup provider with medication assisted treatment (MAT) certification to ensure Suboxone (buprenorphine) availability.

3. Implement marketing strategies directed towards female clients. Create and distribute brochures, and update the homepage on the website to increase awareness of services for women. Utilize the news media to promote detoxification and treatment services.
4. Revise the data inquiry screening form to streamline and simplify the process. Use forms on different colored paper to identify gender. Perform regular audits to ensure that all screening forms are completed, and filled out in a standardized manner.
5. Utilize socio-economic data on the data inquiry screening forms to inform decision making and create new grant-writing or funding opportunities.
6. Access resources available from Maine Quality Counts organization for quality improvement and educational webinars.
7. Future - Implement an electronic system for efficient, accurate screening and admitting processes.
8. Future - Improve telecommunications and increase staffing. Implement and provide staffing for a telephone queue system and an electronic screening/admitting system. Recruit retired nurses for per diem assistance during high volume of admissions or discharges.

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I wish to acknowledge and thank the Milestone Foundation staff for their assistance with this capstone study. I admire their endless dedication to and their care of the men and women who come to them every day requesting treatment. The service that they provide is difficult yet incredibly important, and vital to public health in Maine. They help change people's lives.

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Karen Elizabeth Conley

Introduction

A Description of the Problem

Opioid Use Disorder in Maine

Maine is currently experiencing a public health crisis of epic proportions. Compared to other states, Maine ranks number one in the nation for the rate of prescribed long-acting/extended-release opioid pain relievers and eleventh for high-dose opioid pain relievers per 100 persons (Paulozzi and Hockenberry, 2014). The wide availability of prescription opioids has led to a substantial increase in the rate of opioid use disorders (OUD) in the state. In addition, the increased availability and decreased cost of heroin has resulted in elevated rates of heroin addiction in Maine ("Substance and Mental Health Services - SAMHS," 2012). Medical consequences of OUD include increased risk of overdose, respiratory and cardiovascular illness, as well as infectious diseases like Hepatitis C or HIV (McHugh et al., 2014; Hölscher et al., 2010).

A grim statistic offered by Maine's Office of Chief Medical Examiner reveals that from 2011 to 2014, annual deaths caused by heroin/morphine overdoses rose a staggering 530% ("Hornby," 2015, page 60). With 57 fatalities, heroin/morphine accounted for 69% of all overdose deaths in 2014 ("Hornby," 2015 page 60). Emergent Naloxone administration in that same year prevented fatal opiate overdoses in 829 cases ("Hornby," 2015, page 57). Compared to 2014, the number of overdose deaths in 2015 that were attributed to heroin/morphine doubled, with 107 fatalities documented (Sorg, 2016). Essentially, deaths doubled in one year from approximately 1 per week in 2014 to over 2 per week in 2015. Overdose deaths due to pharmaceutical opioids also rose, from 101 fatalities in 2014 to 111 in 2015 (Sorg, 2016).

Given these facts and continuing trends, there is little surprise that stakeholders in the 2015 Maine Shared Community Needs Assessment survey ranked drug and alcohol abuse as the top health issue in the state ("Maine Shared Health Needs Assessment & Planning Process - SHNAPP," 2015). Unfortunately, the availability of detoxification and treatment options in the state of Maine is limited and has been unable to keep pace with the high demand for treatment services. Statistics also demonstrate that women are becoming increasingly affected by OUD ("DASIS," 2016; Abuse, 2013). With these two factors combined, women may be disproportionately affected by Maine's limited access to care and treatment of OUD, essentially resulting in a health inequity.

An Increase in Women's Incidence of Opioid Use Disorder

Although less than men, the percentages of women who are admitted for OUD treatment are increasing. In 2011, 44% of heroin detoxification admissions in Maine were female (Abuse, 2013). In 2014, the percentage of the state's female admissions had risen to 46.7%, compared to 53.3% for men ("DASIS," 2016). One cannot easily ascertain if the lower percentage of female admissions in Maine compared to men is simply due to a lower number of addictions or if it is further exacerbated by limited access to treatment and by barriers to accessing services. One such barrier is noted on the Substance Abuse and Mental Health Services Administration (SAMHSA) website which currently lists only 141 physicians in the state who are authorized to treat OUD with buprenorphine, of which only 24 physicians are located in Portland ("SAMHSA Physician Locator," 2016). Despite being certified, many of them are currently not administering medication assisted treatment (Farwell, 2015).

Respondents in the 2015 Maine Shared Community Needs Assessment survey identified the resources needed to address the growing opioid epidemic in Maine which included "greater access to drug/alcohol treatments; greater access to substance abuse prevention programs, free or low-cost treatments for the uninsured, more substance abuse treatment providers, and additional therapeutic programs" ("SHNAPP," 2015). In addition to the barriers caused by availability of providers, women have specific social and economic issues that may further limit their access to OUD services.

The Milestone Foundation

For many people, the first step to accessing treatment services is through a detoxification program. The Milestone Foundation, providing detoxification services for nearly 50 years, is a Portland-based organization that is committed to providing medical detoxification to men and women with substance use disorders, regardless of their financial or residential situations. In addition to being Maine's only non-hospital based acute detoxification program, the Milestone Foundation is one of few Maine organizations that will admit people into a detoxification program without health insurance (R. Fowler, personal communication, January 25, 2016).

In 2015, the Milestone Foundation received 2,857 requests for admission into the detoxification program. Milestone Foundation provided acute detoxification services to 1,065 clients, of which 20% were women (Unpublished Milestone data, 2015). The availability of detoxification services to women is dependent on their self-referral and social support, as well as their payment options, their geographical access to the program, and on the program's limited capacity for admission. A barrier in any one or several of these areas may affect women's access to acute opioid detoxification services.

Methods

Evolution of the Capstone Study

Initial Interest

The Executive Director at Milestone Foundation approached faculty at Muskie School of Public Service (Muskie) in the summer of 2015 and requested assistance. The foundation was hoping that the Muskie School could help them analyze the standardized data collected in screening forms to help inform decision making and improve processes within the organization. Unlocking any of the information in the forms would enable the organization to increase their understanding of the program's client population.

My interest in partnering with Milestone Foundation was immediate and compelling; the topic of substance use disorders is important to me because I have personal connections with this subject matter. I have witnessed the successful battles with and the continued triumphs over use disorders including: alcohol, opioids, tobacco, and gambling. Subsequently, I understand the devastating effects that substance use disorders can have on health and family, and why there is an ongoing need for access to detoxification and treatment services that is so great.

Capstone Proposal

My capstone proposal evolved from emails, phone calls, and meetings with the Executive Director and the Director of Nursing Services of Milestone Foundation. The Executive Director identified many possible capstones based on the data in the detoxification forms. One of the requests was to gain more understanding about women's access to their services. In order to control the magnitude of the capstone study, I narrowed this topic by selecting women's access to acute opioid detoxification services specifically.

Synthesis of Committee Recommendations

The initial proposal involved a data analysis, informal interviews with the Executive Director and the Director of Nursing Services, and semi-structured interviews with the nursing staff who performed the screening and admitting procedures. At the recommendation of the capstone committee, I eliminated the semi-structured interviews, thereby preventing potential issues and delays with the Internal Review Board process. I also revised the working hypothesis to reflect the language of a null hypothesis and provided an alternate hypothesis based on their suggestions.

Capstone Study Research Questions

My capstone study focuses on addressing the following research questions:

- What is the prevalence of women presenting for OUD detoxification services at Milestone Foundation?
- Is there a difference in the acceptance rate between men and women who present for OUD detoxification treatment?
- What are the barriers to accessing OUD detoxification services in Maine, and are they different for men and women?

Capstone Hypotheses

Null Hypothesis:

It is hypothesized that there is no significant gender difference in access to OUD detoxification treatment services in Maine.

Alternate Hypothesis:

Given the limited availability of detoxification services in the state and the additional barriers to treatment faced by women it is hypothesized that when compared to men, women are disproportionately affected by the limited access to OUD detoxification treatment services in the state of Maine.

Literature Review

A literature review was conducted using URSUS library databases Academic Search Complete and PubMed, as well as OpenAthens and Google Scholar. Numerous searches were performed using combinations of the keywords: Gender, women, substance abuse, substance use disorder, opiate/opioid use disorder, opioid, detoxification, and access. Occasionally, the literature provided insights that required accessing the original study cited in the work. When possible, additional relevant publications referenced in the literature citations were accessed and reviewed.

Study Design

Avedis Donabedian (1988, 2005) described an approach to assess the quality of care that is generally known as the primary foundation for healthcare quality. The model separates information into 3 defined classifications of structure, process, and outcome, and identifies the prerequisite of optimal linkages between the categories in order for quality to be achieved (Donabedian, 2005). I used Donabedian's triad to inform my analysis, to aid in categorizing the information, and to provide a framework for the summary of the capstone study.

Description of Donabedian's Framework

The structure category describes the contextual aspect of the system and includes components such as physical structures, organizational staffing, and insurance availability. Process describes the procedures utilized in the system, and the actions taken by all involved. The outcome classification describes effects of the system, and the results of processes (Donabedian, 1988, 2005).

Defining and Describing Barriers in the Study

In their seminal publication, Penchansky and Thomas (1981) refined the concept of access in healthcare services by defining and categorizing the concept of access to care into 5 classifications: Availability, accessibility, accommodation, affordability and acceptability. In a study set in rural Kentucky, Jackson and Shannon (2012) used four of the five classifications to identify barrier categories limiting women's access to substance use treatment. Limited capacity and gender issues represent availability barriers. Accessibility barriers include family care and responsibility, transportation, health issues preventing entry, or incarceration. Moreover, affordability barriers such as lack of insurance can also prevent access to care. Internal acceptability barriers including shame and stigma, as well as fear of consequences and treatment difficulties, have also been shown to impact treatment access (Jackson and Shannon, 2012). Finally, the fifth classification, accommodation, refers to structural and procedural barriers to access such as hours of operation, telecommunications, and the ability or inability to make modifications to the system (Penchansky and Thomas, 1981). All five classifications were utilized in this capstone study to identify and categorize barriers to access.

Internal Review Board (IRB) Review

I requested an IRB review prior to implementing the capstone study. The review deemed the study to be Non-Research. The IRB review response notification is available in Appendix A.

Data Collection

Detoxification Inquiry Screening Forms and Milestone Statistics

A specific subset of Detoxification Inquiry Screening forms were prescreened and de-identified by Milestone Foundation staffs and only the forms of individuals who requested detoxification from opioid use were utilized in this analysis. A blank sample of the detoxification inquiry screening form is illustrated in Appendix B. I reviewed and analyzed all forms provided. Opioid detoxification inquiry screening form data that had been previously collated by Milestone staffs were also assessed for the same selected time frames.

Time Frame

The analysis comprised a six month review of requests for opioid detoxification admission, using the data available on the detoxification inquiry screening form and data obtained from the Milestone Foundation. In order to demonstrate trends by implementing an analysis over time, and to account for any seasonal variation, data were reviewed for the months of January, February, June, and July of 2015, and January and February of 2016.

Data Table Shells

Two data table shells were used to collate the data. The first table was used to document information from the detoxification inquiry screening forms. A representative table is illustrated in Table 1, with all comments removed. The first iteration of Data Table Shell #1 also had a

column for admissions and non-admissions. However, these data collection points were later removed because the admission information was often unavailable or incomplete on the detoxification inquiry screening form.

Table 1. Data Table Shell #1.

Gender (M/F)	Date	Day of Week	Mode of Contact (Phone/ Walkin)	Time of Inquiry			Health Insurance			Homeless	Comments
				8a-12n	12:01-4p	4:01-8p	YES, Private	YES, Public	NO		
F	2/1/2016	Mon	P	X					X	X	
M	2/1/2016	Mon	W			X			X	X	
M	2/2/2016	Tues	W	UNK	UNK	UNK		X		X	
F	2/3/2016	Wed	UNK	UNK	UNK	UNK	X			X	
F	2/3/2016	Wed	P	UNK	UNK	UNK		X			
M	2/3/2016	Wed	P	X					X	X	
M	2/3/2016	Wed	P	X (05:00)					X		
M	2/3/2016	Wed	P		X		X			X	

The data provided from Milestone Foundation was categorized using a separate table, as illustrated below in Table 2. Both complete data sets are available in Appendices C and D.

Table 2. Data Table Shell #2.

Month- Year	Gender	Resolution	Substance	Insurance	Repeat Client
Jan-15	female	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jan-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jan-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jan-15	Female	Program Full	Opiate	No insurance	no
Jan-15	female	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jan-15	female	legal or medical apt that would prevent completion	Opiate	No insurance	yes
Jan-15	female	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-15	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes
Jan-15	Male	Ct admitted to Detox	Opiate	No insurance	no

Data Analysis

A total of 196 detoxification inquiry screening forms as well as data from 356 requests for detoxification were analyzed. Since each data set contained unique information, both data sets

were utilized concurrently in the study for various quantitative analyses. Whenever possible, I compared the percentages that were generated by the screening forms with those generated from the Milestone data to confirm the relevance and accuracy of both statistics. The data was assessed in monthly increments and *in toto*.

Comparisons

Monthly and overall statistics that were generated from the two data sets were compared by gender, and included:

- Selected client demographics – days and times of request, residential and financial status
- Total and weighted percentages of requests for treatment
- Total and weighted percentages of admissions
- Prevalence and incidence of requests for treatment and admissions
- Total and weighted frequencies of requests for treatment, admissions and non-admissions
- Percentages and causes of non-admissions

Triangulation and Synthesis

Results were assessed in relation to available state, national, and literary data. Non-admissions were categorized in accordance with the 5 access classifications of Penchansky and Thomas (1981), and Donabedian's framework of structure, process and outcome.

Limitations

The capstone study was limited by several factors that may affect the validity of findings.

Structure

The Milestone Foundation detoxification program is limited by program capacity and available nursing staff. These limitations may affect admission statistics. Since most requests occur through telecommunications, results are also limited by the number of phones. Additionally, located in Portland, the Milestone Foundation is situated in the lower tip of Maine. Client population may be affected, as clients may self-select or exclude based on the vast geographical distances found in Maine, and by state demographics.

Process

The program is limited by specific hours of admission, which may impact admission statistics. In addition, the study begins with the Milestone Foundation detoxification inquiry screening form that is initiated when the client requests detoxification treatment. Subsequently, any barriers to access that are related to the individual's actions, or that occur prior to the initial request for service cannot be identified; because these barriers may or may not be readily apparent there is a potential that they may affect the data. Moreover, these analyses were based on data handwritten by numerous Milestone Foundation nursing staffs. Some forms were incomplete, and there appears to be some variation in the screening process. This adds a level of uncertainty to the data. Finally, a form was initiated for each request, regardless of whether the individual had made a recent prior request for services. Each request was identified as one request for treatment; multiple requests by one individual over the period of time reviewed could potentially skew the data.

Outcome

Results of the study are based on data obtained for clients who requested detoxification services related to opioid use only. Clients also presented who requested detoxification from multiple substances that included opioids. This data was excluded from the study, which may affect the percentages yielded in the analysis. Additionally, requests for admission are received from several New England states due to the physical location of the Milestone Foundation, as well as the limited numbers of programs available in New England. Although the number of requests from out-of-state clients in the study was minimal, data obtained is not limited strictly to Maine citizens, and may affect comparisons with Maine data. It is also important to note that data on opioid use disorder in Maine is not readily accessible, and when available, the most recent data is several years old. Comparisons and references are limited by data availability.

Context

Maine's Lack of Access to Detoxification and Treatment Services

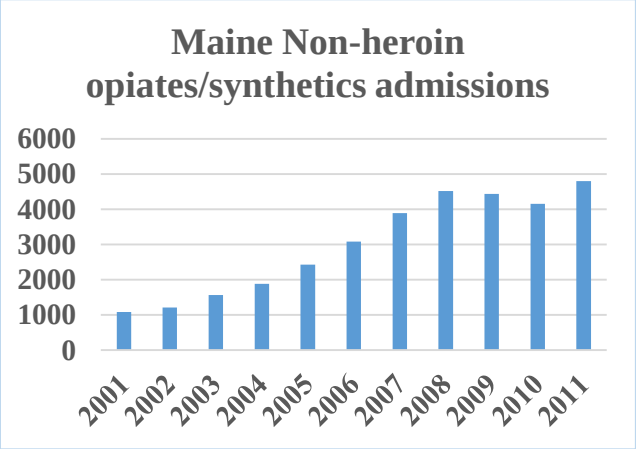
The lack of access to substance abuse treatment is a recurring theme in the state of Maine. Using Donabedian's framework, this issue may be identified primarily as a structural problem. Currently, there are only 14 residential treatment facilities in the state and 7 (50%) of them are in Cumberland County. In addition to limited residential treatment options, Maine has a severe shortage of providers and facilities offering outpatient services for mental health and substance use disorders, especially in its rural areas. In 2002, the Office of Substance Abuse (OSA), the Maine Center for Public Health (MCPA), and the Maine Public Health Association (MPHA) convened a task force to address an opiate epidemic in the state. The MCPH/OSA Opiate Abuse

and Overdose Task Force identified specific recommendations on access to treatment, based on the structural limitations of treatment services:

- "Increase access to treatment, including overdose care, pharmacological treatments (such as methadone and newer office-based treatments such as Buprenorphine), detoxification services where appropriate and long-term treatment, such as therapeutic communities.
- Identify existing barriers and implement actions to improve access to treatment" (Conway, 2002).

Statistics are often utilized to identify generalized prevalence of substance use disorder or to demonstrate trends over time. The increased rate of admissions over time appears to be indicative of increased abuse in the population and not necessarily in increased accessibility to services. For example, between 2001 and 2011, total admissions for non-heroin opiates and synthetics treatment rose 345% in Maine as noted in Figure 1 (Abuse, 2013).

Figure 1. Total admissions for non-heroin opiates/synthetics in Maine.



Between 2009 and 2014, the estimated number of individuals in Maine who used any illicit drug in the previous month increased by 245% ("NSDUH," 2015). At the same time, estimated numbers of those needing but not receiving treatment within the past year dropped only 4% ("NSDUH," 2015). Between 2010 and 2014, only 19% of all Maine individuals who needed treatment for illicit drug use received it within the previous year ("SAMHSA," 2016). Comparatively, from 2009 to 2013, single-day counts of people enrolled in buprenorphine

treatment services in Maine rose only 16.9%. Other New England states averaged a 97% increase, with single-day count increases ranging from 33% in Vermont to approximately 151% in New Hampshire ("SAMHSA," 2015). Single-day counts for methadone treatment enrollment during that same time frame yielded similar lackluster results for Maine, with an increase of only 7.7% in the state. Increases in the other New England states ranged from 13% in Rhode Island to nearly 90% in Vermont ("SAMHSA," 2015). Further review is needed to determine whether the poor enrollment numbers in Maine occur due to barriers in Maine's treatment structure, deficiencies in the process of care, or both.

The Milestone Foundation Detoxification Program (Structure)

Physical Structure

The Milestone Foundation detoxification program is housed in a three-story building located on India Street in Portland. On the ground floor of the building, the organization runs an emergency 41-bed specialty substance use shelter that is accessible from the street. Homeless men can wash their clothes, take a shower, eat a hot meal, and sleep safely. If they are willing, they can also request detoxification services ("Milestone Foundation," 2015). The first floor contains administrative and medical offices, as well as conference and therapy rooms. The acute detoxification unit is located on the second floor. The medically managed unit contains 16 beds: 2 ward rooms with 5 beds, and 2 ward rooms with 3 beds. An office, a storage area, and a nursing station are also located on the second floor. Stairs link all the floors together. All doors are locked externally as a security measure, although are able to be opened from the inside. It is important to note that the client's admission for treatment is voluntary, and subsequently, all are free to voluntarily discharge from the program at any time.

Organizational Structure

A Board of Directors comprised of 11 members oversees the Milestone Foundation organization. Daily administrative operations are controlled by the Executive Director. Other leadership roles at the Milestone Foundation are the Director of Nursing, Director of Finance and Administration, Director of Development, and Director of Community Outreach. Secondary leadership positions include the Shelter Manager, 2 Clinical Team Leaders, and the Operations Manager who oversees the Extended Care Program located in Old Orchard Beach ("Milestone Foundation," 2015).

Financial Structure

The Milestone Foundation is a 501(c) (3) nonprofit organization, with an annual budget of approximately 3 million dollars (R. Fowler, personal communication, April 7, 2016). The program is funded in part by state/federal block grants, foundations, and private donors. It is primarily the state/federal block grants that allow Milestone to provide services to those without insurance (R. Fowler, personal communication, April 7, 2016). Private insurance, MaineCare, and Medicare also help pay for services (R. Fowler, personal communication, January 25, 2016). Additional funding is received from City of Portland, as well as support from Portland Downtown and Mercy Hospital. Maine State Housing helps to fund the shelter (R. Fowler, personal communication, April 7, 2016). Clients who are out-of-state residents are charged $270.21 on admission, which is the cost for their first night in detox (L. Wert, personal communication, April 4, 2016). A payment plan is available for the duration of the stay for out-of-state clients who lack insurance.

Medical and Behavioral Health Support Structure

A Medical Director leads the medically managed detoxification program. The physician is certified to treat opioid use disorders with buprenorphine, also known as Suboxone. A Physician Assistant provides back-up coverage as needed, although is unable to prescribe Suboxone as medication assisted treatment (L. Wert, personal communication, April 4, 2016).

Nursing Structure

The detoxification program operates 24 hours a day, 7 days a week. The Director of Nursing supervises a diverse staff of nursing professionals to ensure that the acute program runs smoothly and clients are safely detoxified. The nursing pool consists of 6 full-time nurses (4 day nurses, 2 night nurses), a number of per diem nurses, 2 full-time CNAs (1 day and 1 night CNA), 3 part-time night CNAs, several per diem day CNAs, and a Unit Coordinator/CNA (R. Fowler, personal communication, January 25, 2016).

The acute detoxification program is staffed by various levels of nursing personnel 24 hours a day. Work shifts occur in 12 hour increments, with shift changes at 7 am and 7 pm. A day shift workforce consists of 1 Charge Nurse, 1 Admitting Nurse, and 1 CNA. During the evening/overnight shift, the unit is staffed by 1 Charge Nurse and 1 CNA (L. Wert, personal communication, April 4, 2016).

Behavioral Health Support

The Milestone Foundation employs 2.5 Substance Use Counsellors. The counsellors perform individual and group counselling, and are responsible for coordinating all aspects of the

clients' case management and aftercare planning ("Milestone Foundation," 2015; R. Fowler, personal communication, January 25, 2016).

Screening and Admitting Procedures (Process)

Clients request acute detoxification services for one or a combination of several addictive substances that may include alcohol, marijuana, cocaine, opioid, methadone or benzodiazepines.

Screening

First contact with the detoxification program may occur by phone, walk-in or through the shelter. During the day, an administrative employee covers the front desk - fielding phone calls, and directing clients who walk in. The telecommunications system includes a phone tree with 2 lines for detoxification requests. There are 2 telephones in the nursing station. Another person may make the initial contact on the client's behalf, however a Milestone Foundation staff must talk directly to the client during the screening procedure (L. Wert, personal communication, January 25, 2016).

The first page of the detoxification inquiry screening form is completed during the screening process. The form is based on the American Society of Addictive Medicine (ASAM) multidimensional assessment criteria shown in Figure 2. Specific

Figure 2. ASAM: The Six Dimensions of Multidimensional Assessment.

www.asam.org

assessments in the initial screening cover aspects of the first three dimensions, and are designated as D-1, D-2 and D-3 on the screening form.

The screening consists of client information, and demographics such as age and gender. Several socio-economic markers are requested during the screening, as the staff will determine the client's residency, homeless status, medical insurance coverage, and ability to read and write. A comprehensive substance use questionnaire is completed verbally that includes drug type, route of intake, amount, frequency, and date/time of last use. The age of onset for alcohol or drug use is also obtained. The client is screened for selected medical conditions such as seizures, chest pain, pregnancy and gastrointestinal bleeding. Mental health status is assessed by identifying presence or absence of a mental health diagnosis or suicidal ideation. On average, the entire screening assessment is completed in about 10 to 15 minutes (L. Wert, personal communication, January 25, 2016).

Based on the screening, the client may be approved for admission, approved contingent on a medical clearance, referred to another medical or behavioral facility, or not admitted. Non-admission may be due to behavioral problems, a full program capacity, or self-refusal of admission. Anecdotally, 95% of requests meet the criteria for admission (R. Fowler/ L. Wert, personal communication, January 25, 2016). If approval for admission has been given and a bed is available, the client is accepted for admission. The bed will be reserved for that client for the amount of time necessary for immediate transportation to the facility. Although some concessions are possible if the client has unforeseen issues in transit, this guideline is strictly enforced due to the high demand for detoxification services, and the potential for no-shows.

Admission

The admitting procedure is performed from 8 AM to 8:30 PM. During the day shift, this process is completed by the Admitting Nurse. On the evening shift, the Charge Nurse will perform the admission.

The admission procedure is manually documented, and can take from 45 minutes to 3 hours (L. Wert, personal communication, January 25, 2016). All initial screening data is reviewed for validity. Vital signs are measured. For opioid detoxification, the admitting nurse will perform an initial Clinical Opiate Withdrawal Scale, or COWS assessment to rate withdrawal symptoms in a standardized manner. The Medical Director is notified, and a medication protocol is implemented.

The client is monitored closely for the first 24 hours. Observations occur every few hours, then increase to every six hours, and then expand to three times per day for the duration of the admission. The client is medically assessed by the doctor within 48 hours of admission (L. Wert, personal communication, January 25, 2016).

A typical detoxification stay lasts between 3 to 7 days. The detoxification process is generally shorter for opioids than for other substances due to differences in the associated medication protocols. While in the detoxification program, the client attends 3 group meetings daily, a morning AA meeting, and individual counselling. The client is given information on resources, and if available, aftercare is coordinated for assistance after detoxification is complete (R. Fowler/ L. Wert, personal communication, January 25, 2016; R. Fowler, personal communication, April 7, 2016).

Results (Outcome)

Requests for Opioid Detoxification

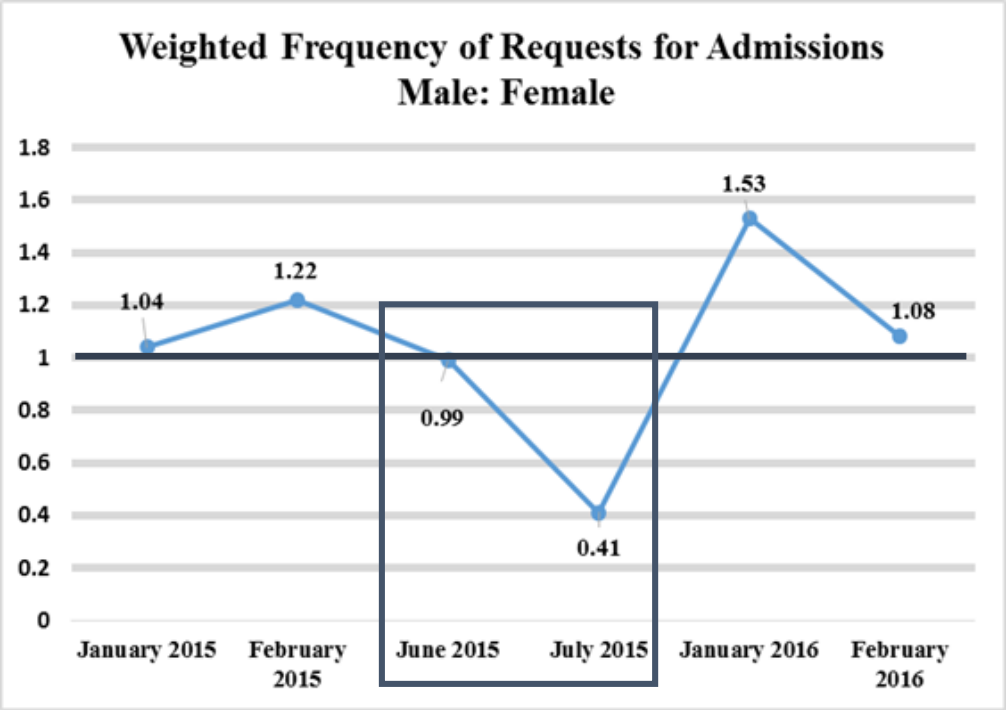
Over the time frame of the study, 356 individuals requested opioid detoxification treatment. Phone calls were the mode of contact for 92% of the requests. The clients consisted of 252 men and 104 women, resulting in a relative frequency of 2.42 men: 1 woman requesting treatment. Table 3 illustrates the raw data for admission requests by month, which are then weighted for 2015 population demographics. In 2015, Maine's population was 49% male and 51% female ("U.S. Census," 2016). The observed proportion of men in the study was 70.8%, and women accounted for 29.2% of the clients requesting treatment. Subsequently, males were given a weight of 0. 69, and females received a weight of 1.75.

Table 3. Weighted percentages and frequencies of clients requesting treatment, by gender and month.

Month	Requesting Treatment							
	Male	Female	TOTAL	Weighted Male	Weighted Female	Percentage Weighted Male	Percentage Weighted Female	Weighted Frequency Male:Female
January 2015	21	8	29	14.49	14.00	50.0%	48.3%	**1.04:1**
February 2015	31	10	41	21.39	17.50	52.2%	42.7%	**1.22:1**
June 2015	48	19	67	33.12	33.25	49.4%	49.6%	**0.99:1**
July 2015	31	30	61	21.39	52.50	35.1%	86.1%	**0.41:1**
January 2016	66	17	83	45.54	29.75	54.9%	35.8%	**1.53:1**
February 2016	55	20	75	37.95	35.00	50.6%	46.7%	**1.08:1**
TOTAL	252	104	356	173.88	182			

An interesting note in this data is the flip in weighted frequency that occurred during the summer months. This is illustrated in Figure 3 on the following page.

Figure 3. Weighted frequency of requests for admissions.



One questions whether this flip is a seasonal occurrence or if results were skewed by an increased number of requests. A continued review of the data over time may identify this as a trend or a deviation from the norm. With the data intact, the average weighted frequency of requests for admission is 1.05 males: 1 female. Removal of the summer data yields an average weighted frequency of 1.22 males: 1 female.

Of those individuals requesting detoxification services, 39.1% of the men were homeless, compared to 23.9% women. Insurance status was available on both data sets. This provided an opportunity to confirm correlation of the data while determining the statistics. As demonstrated in Table 4 on the following page, the percentages were similar with the exception of female requests with public insurance. The data tends to support the 35.9% result obtained from the data

inquiry screening forms as the accurate value. With the close correlations of all the other percentages, and 6.7% of the statuses missing from each gender of the Milestone Foundation data set, the Milestone Foundation percentage is in question.

Table 4. Comparison of Milestone Foundation (MF) and detoxification inquiry screening form (DISF) data: Insurance status of clients requesting treatment, by gender.

Insurance Status of Clients Requesting Treatment							
	No Insurance		Public Insurance		Private Insurance		MF Unknown
	MF data	DISF	MF data	DISF	MF data	DISF	
Male	54.8%	57.8%	21.8%	20.3%	16.7%	18.0%	6.7%
Female	44.2%	42.2%	29.8%	35.9%	19.2%	21.9%	6.7%

The insurance status data demonstrates that nearly 60% of men requesting opioid detoxification lacked health insurance. The remaining clients were divided relatively equally between public and private insurance. At 42%, most women in the study had no insurance, followed closely by those with public insurance at 36%. Only about 1 in 5 women requesting treatment had private insurance.

Men and women tended to request admission most frequently on different days and at different times. A review of the detoxification inquiry screening forms determined that men requested admission most often on Mondays. Most contacts from men occurred in similar percentages between 8am and 12 noon, and 12:01pm and 4pm. Women requested admission most often on Fridays, and over half of the daily contacts occurred between 8am and 12 noon. Total percentile data are noted in Tables 5 and 6.

Table 5. Percentages of contact, by gender and time range.

Time of Contact				
	8a to 12n	**12:01 to 4p**	**4 to 8p**	**Time Fell Outside of These Ranges**
Male	41.6%	38.1%	5.8%	10.6%
Female	53.8%	28.8%	9.7%	11.5%

Table 6. Percentages of contact, by gender and day.

Requests for Admission by Day								
	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Unknown**
Male	15.6%	21.1%	10.9%	14.8%	17.2%	14.8%	5.5%	0.0%
Female	9.4%	7.8%	14.1%	14.1%	15.6%	21.9%	14.1%	3.1%

Women's Requests for Detoxification Services at Milestone Foundation

Prevalence

The prevalence of women requesting any detoxification service at Milestone Foundation during the study's time period was 366 women out of 1,366 clients, or 26.8%, compared to 73.2% of men requesting treatment. The analysis demonstrated that the prevalence for women requesting opioid detoxification specifically improved slightly in comparison: 104 women out of 356 clients in the study yielded a prevalence of 29.2% for women compared to 70.8% of men.

Incidence

The data identified if the individual had been admitted to the program previously. The incidence was calculated based on the numbers of clients who were not returning clients: They were either not admitted on previous requests or they were requesting treatment for the first time. These clients were designated as "new requests" for simplicity. The number of days in each month in the study was totaled and the results were calculated to determine the incidence per year. Subsequently, the specific months selected in the study yielded 180 days. New detoxification requests from males occurred in 150 of the 252 requests for admission, or 59.5%. The incidence for men was 304 new requests per year. New requests from females occurred in 75 of the 104 requests for admission, or 72.1%. The incidence for women was 152 new requests per year. The relative frequency of new requests was 2.00 men: 1 woman.

The Acceptance Rate of Men and Women

Much of the available data on OUD is related to treatment. Subsequently, national and state comparisons could only be performed with analyses of the admissions data. During the 6 months of the study, 96 men and 38 women were admitted into the opioid detoxification program. Table 7 below illustrates the percentages of admissions by month, and corresponding admission trends are depicted in Figure 4 on page 39. The relative frequency of admission into the opioid detoxification program over the course of the study was 1.04 men: 1 woman. In 2013, the most recent year that national data is available, the frequency for opioid detoxification admission in the United States was 1.24 men: 1 woman ("TEDS," 2015). In Maine, the relative frequency for admission for any opioid use disorder in 2013 was 1.10 men: 1 woman. In 2014, Maine's opioid admission frequency increased to 1.14 men: 1 woman ("DASIS," 2016). Compared to the state

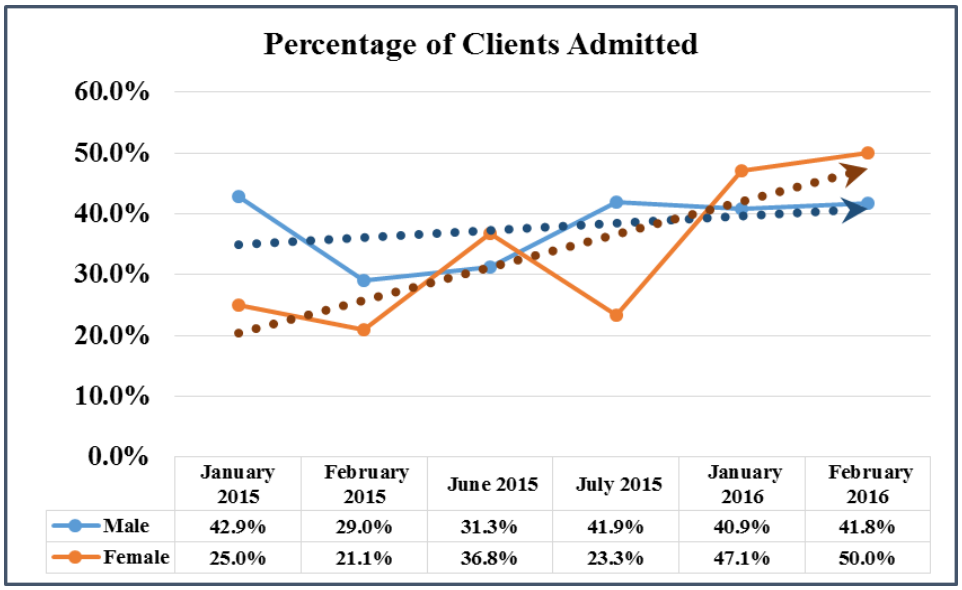
and national data available, Milestone Foundation's admission frequency demonstrated no apparent access barrier for female clients.

Table 7. Percentages of admissions, by gender and month.

Month	Clients Admitted Into the Detoxification Program					
	Males Admitted	Males Requesting Admission	Percentage Males Admitted	Females Admitted	Females Requesting Admission	Percentage Females Admitted
January 2015	9	21	**42.9%**	2	8	**25.0%**
February 2015	9	31	**29.0%**	4	10	**40.0%**
June 2015	15	48	**31.3%**	7	19	**36.8%**
July 2015	13	31	**41.9%**	7	30	**23.3%**
January 2016	27	66	**40.9%**	8	17	**47.1%**
February 2016	23	55	**41.8%**	10	20	**50.0%**
TOTAL	96	252	**38.1%**	38	104	**36.5%**

Although a laudable goal, a 100% admission rate is unachievable, and unlikely. Still, the trend lines of both male and female admissions in Figure 4 on the next page demonstrate that the admission rates are rising. Women's percentages of admissions appear to be rising at a higher rate than men, and based on the trend lines, at a trajectory of about 5:1, meaning that for every 1% rise in male admissions, women's admissions rise by 5%. This may be a reflection of the lower number of women requesting treatment, which would increase the weight of their admissions in the calculations, or an indication that women's access may be improving, and the percentages are in fact approaching an equal amount.

Figure 4. Percentages of clients admitted, by gender, with trend line.



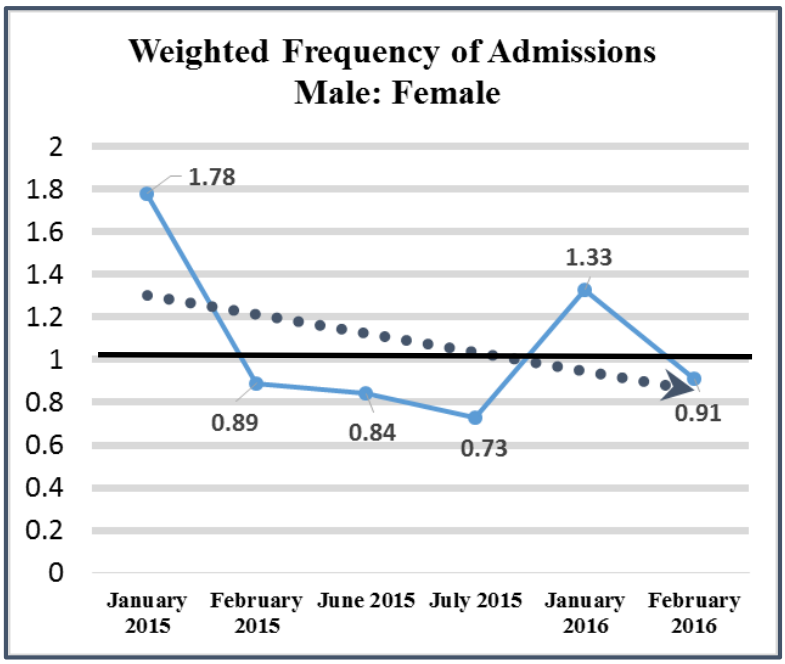
Consistent with the requests for admission, the admission data were weighted to account for Maine's 2015 population demographics. The results are noted in Table 8.

Table 8. Weighted percentages and frequencies of admissions, by gender and month.

Month	Clients Admitted Into the Detoxification Program							
	Males Admitted	Females Admitted	TOTAL	Weighted Male Admissions	Weighted Female Admissions	Percentage Weighted Male Admissions	Percentage Weighted Female Admissions	Weighted Frequency Male: Female
January 2015	9	2	11	6.21	3.50	56.5%	31.8%	**1.78:1**
February 2015	9	4	13	6.21	7.00	47.8%	53.8%	**0.89:1**
June 2015	15	7	22	10.35	12.25	47.0%	55.7%	**0.84:1**
July 2015	13	7	20	8.97	12.25	44.9%	61.3%	**0.73:1**
January 2016	27	8	35	18.63	14.00	53.2%	40.0%	**1.33:1**
February 2016	23	10	33	15.87	17.50	48.1%	53.0%	**0.91:1**
TOTAL	**96**	**38**	**134**	**66.24**	**66.50**			

Figure 5 illustrates the weighted frequency of admissions over the course of the study. The trend line demonstrates that, when weighted for population, the frequency of opioid detoxification admissions for women have generally equaled or surpassed those of men since July 2015.

Figure 5. Weighted frequency of admissions, with trend line.



Prevalence

The prevalence of female admissions for opioid treatment during the analysis time frame was 38 admissions out of 134 total admissions, or 28.4% of the admissions were women, compared to 71.6% men. This prevalence rate was similar to that demonstrated for admission requests.

Incidence

The incidence of admissions was also similar to the incidence of requests for admission. New requests accounted for 54 of male admissions in 180 days, for an incidence of 110 men

admitted per year. Of the 38 women admitted, 28 were new requests, yielding an incidence of 57 female admissions per year. The relative frequency of new request admissions was 1.93 men: 1 woman.

Non-admissions

During the 6 months analyzed, 222 clients seeking treatment were not admitted, resulting in a non-admission rate of 62.4%. No Shows/No Callbacks accounted for 130, or nearly 60% of clients not admitted. A full program capacity prevented the admission of 17% of clients. The non-admission data are presented in Table 9.

Table 9. Non-admissions, by gender and month.

Month	Clients Not Admitted Into the Detoxification Program					
	Males Not Admitted	Males Requesting Admission	Percentage Males Not Admitted	Females Not Admitted	Females Requesting Admission	Percentage Females Not Admitted
January 2015	12	21	**57.1%**	6	8	**75.0%**
February 2015	22	31	**71.0%**	6	10	**60.0%**
June 2015	33	48	**68.8%**	12	19	**63.2%**
July 2015	18	31	**58.1%**	23	30	**76.7%**
January 2016	39	66	**59.1%**	9	17	**52.9%**
February 2016	32	55	**58.2%**	10	20	**50.0%**
TOTAL	156	252	**61.9%**	66	104	**63.5%**

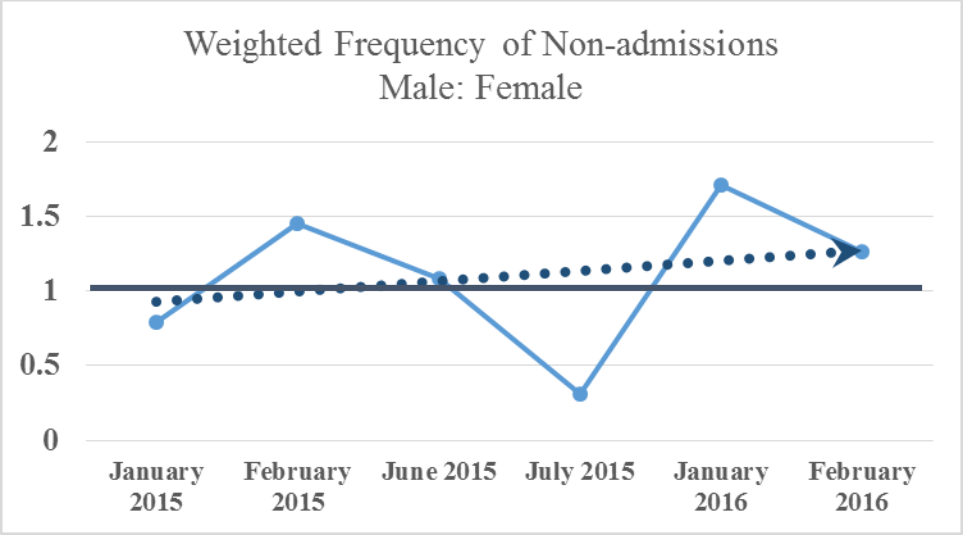
Non-admission data were weighted for Maine's 2015 population demographics and the weighted frequencies were calculated. The results are displayed in Table 10 on page 43.

Table 10. Weighted percentages and frequencies of non-admissions, by gender and month.

MONTH	Clients Not Admitted Into the Detoxification Program							
	Male	Female	TOTAL	Weighted Male	Weighted Female	Percentage Weighted Male	Percentage Weighted Female	Weighted Frequency Male: Female
January 2015	12	6	18	8.28	10.50	46.0%	58.3%	**0.79: 1**
February 2015	22	6	28	15.18	10.50	54.2%	37.5%	**1.45: 1**
June 2015	33	12	45	22.77	21.00	50.6%	46.7%	**1.08: 1**
July 2015	18	23	41	12.42	40.25	30.3%	98.2%	**0.31: 1**
January 2016	39	9	48	26.91	15.75	56.1%	32.8%	**1.71: 1**
February 2016	32	10	42	22.08	17.50	52.6%	41.7%	**1.26: 1**
TOTAL	**156**	**66**	**222**	107.64	115.5			

Figure 6 illustrates the trend over time. In this instance, a rising trend line, as seen here, indicates that the frequency of male non-admissions is increasing, or that those of women are decreasing.

Figure 6. Weighted frequency of non-admissions, with trend line.



Causes for Non-admissions

The causes for non-admissions noted in the study are identified and tabulated in Tables 11 and 12 on the following pages.

Table 11. Causes for non-admission of male clients, total and percentile by month.

Month	Causes for Male Client Non-admission Into the Detoxification Program									
	No Admit/show/ call back		Program Full		Medical Clearance/ Higher Level of Care		Legal/Medical Appointment		Detox Requested and Not Needed	
Total Male	**89**	**57.1%**	**26**	**16.7%**	**14**	**9.0%**	**3**	**1.9%**	**10**	**6.4%**
15-Jan	4	33.3%	2	16.7%	2	16.7%	0	0.0%	1	8.3%
15-Feb	7	31.8%	9	40.9%	1	4.5%	1	4.5%	2	9.1%
15-Jun	22	66.7%	3	9.1%	2	6.1%	0	0.0%	2	6.1%
15-Jul	7	38.9%	6	33.3%	1	5.6%	1	5.6%	1	5.6%
16-Jan	27	69.2%	5	12.8%	2	5.1%	0	0.0%	4	10.3%
16-Feb	22	68.8%	1	3.1%	6	18.8%	1	3.1%	0	0.0%

Month	Causes for Male Client Non-admission Into the Detoxification Program								
	Self-Refused		Behavior Issue		Inquiry Not Complete		Cannot Admit With Current Client		Total Not Admitted
Total Male	**7**	**4.5%**	**1**	**0.6%**	**2**	**1.3%**	**4**	**2.6%**	**156**
15-Jan	2	16.7%	1	8.3%	0	0.0%	0	0.0%	**12**
15-Feb	0	0.0%	0	0.0%	0	0.0%	2	9.1%	**22**
15-Jun	2	6.1%	0	0.0%	1	3.0%	1	3.0%	**33**
15-Jul	2	11.1%	0	0.0%	0	0.0%	0	0.0%	**18**
16-Jan	1	2.6%	0	0.0%	0	0.0%	0	0.0%	**39**
16-Feb	0	0.0%	0	0.0%	1	3.1%	1	3.1%	**32**

Table 12. Causes for non-admission of female clients, total and percentile by month.

Month	Causes for Female Client Non-admission Into the Detoxification Program									
	No Admit/show/ call back		Program Full		Medical Clearance/ Higher Level of Care		Legal/Medical Appointment		Detox Requested and Not Needed	
Total Female	**41**	**62.1%**	**11**	**16.7%**	**4**	**6.1%**	**2**	**3.0%**	**1**	**1.5%**
15-Jan	4	66.7%	1	16.7%	0	0.0%	1	16.7%	0	0.0%
15-Feb	3	50.0%	1	16.7%	0	0.0%	0	0.0%	1	16.7%
15-Jun	9	75.0%	3	25.0%	0	0.0%	0	0.0%	0	0.0%
15-Jul	14	60.9%	2	8.7%	2	8.7%	1	4.3%	0	0.0%
16-Jan	3	33.3%	4	44.4%	1	11.1%	0	0.0%	0	0.0%
16-Feb	8	80.0%	0	0.0%	1	10.0%	0	0.0%	0	0.0%

Month	Causes for Female Client Non-admission Into the Detoxification Program								
	Self-Refused		Behavior Issue		Inquiry Not Complete		Cannot Admit With Current Client		Total Not Admitted
Total Female	**3**	**4.5%**	**1**	**1.5%**	**1**	**1.5%**	**2**	**3.0%**	**66**
15-Jan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**6**
15-Feb	0	0.0%	0	0.0%	0	0.0%	1	16.7%	**6**
15-Jun	0	0.0%	0	0.0%	0	0.0%	0	0.0%	**12**
15-Jul	3	13.0%	1	4.3%	0	0.0%	0	0.0%	**23**
16-Jan	0	0.0%	0	0.0%	1	11.1%	0	0.0%	**9**
16-Feb	0	0.0%	0	0.0%	0	0.0%	1	10.0%	**10**

Women and Acute Opioid Use Disorder

The Severity of Women's Issues

Addicted women are more likely to suffer from mental health issues (Grella, 2008; Greenfield et al., 2006; Back et al., 2011; Taylor, 2010). Psychopathology studies have demonstrated that women are more likely to exhibit negative internalizing mental health behaviors such as anxiety, eating disorders and depression, whereas men are more likely to demonstrate externalizing actions: aggression or impulsive behaviors. (Hecksher and Hesse, 2009). Substance use disorder (SUD) is generally considered the manifestation of an externalizing behavior (Zucker, 2008). Subsequently, the disparity experienced by women who display an externalizing behavior such as OUD may intensify the severity of physical and mental health issues that they encounter (Hecksher and Hesse, 2009). This increased severity of issues is known as the "telescoping effect," and is well documented in the literature.

Telescoping Effect

Gender-specific telescoping effect has been noted in substance use disorders, whereby women begin using substances later in life, yet progress more quickly to the harmful consequences caused by SUD. An early study by Piazza et al. (1989) demonstrated that the onset and progression of severity of SUDs were more rapid in women than in men. In a comprehensive literature review, Green (2006) described this telescoping effect in women who suffer from SUD. A separate study on opioid use disorders in six multinational European cities demonstrated a limited telescoping effect between men and women (Hölscher et al., 2010). Different telescoping effects by gender were noted when the age of onset was matched and duration of past consumption was limited to 4 years. The researchers noted that women had increased onset of family and social problems, and

men had more incidence of economic and legal issues (Hölscher et al., 2010). Such telescoping was not noted when duration of use reached 11 and 15 years and the severity of dependence was similar (Hölscher et al., 2010).

Prescription Opioid Abuse

Women's increased severity of medical and mental health problems are also noted in the literature. Back et al. (2011) demonstrated that women's self-reported cravings for opioids were significantly higher than men. In addition, the analysis utilized a concurrent medical history that demonstrated an increase in female medical and psychiatric issues when compared to men (Back et al., 2011). In a study of national hospital admissions between 1993 and 2009, Unick et al. (2013) identified that women had higher rates of prescription opioid-related overdoses than men in every year reviewed. A 2014 Treatment Episode Data Set (TEDS) report by SAMSHA described differences in illicit prescription opioid use by age and gender. The report assessed 2011 data, and noted that in the age groups of 25 – 34, and 65 and older, women had higher proportions of opioid admissions. In the elder category, the percentage of female admissions was 3 times that of men ("TEDS," 2014). Evans et al. (2015) assessed opioid use mortality by gender using standardized mortality ratios (SMR). The study demonstrated that when compared to the general population, women with opioid use disorders had a greater increased risk of mortality than men (Evans et al., 2015).

Barriers to Access

By describing and categorizing barriers to access, we can refine our understanding of these barriers. We are then able to increase the potential to eliminate any barriers to accessing opioid detoxification services as we identify associations among and between the barriers.

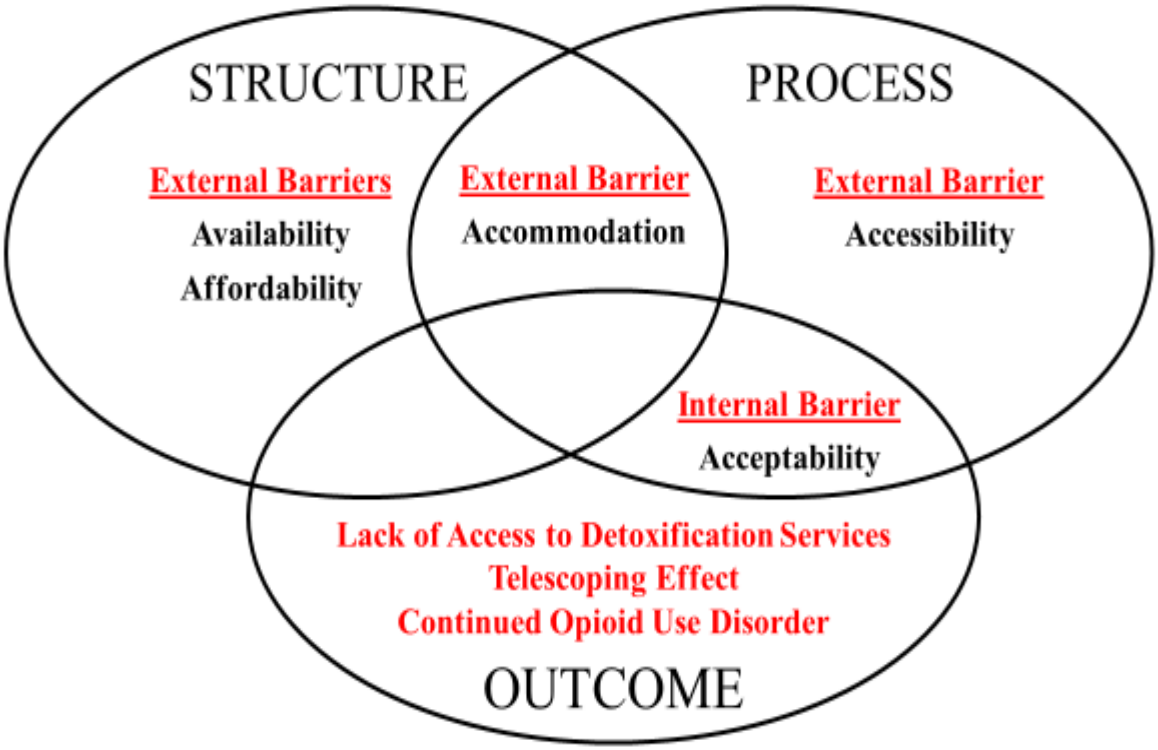
Internal and External Barriers

Comparable to internalizing and externalizing behaviors, one can easily identify barriers relating to access to treatment as either internal or external. Internal or intrinsic barriers to access are developed within the individual through actions and beliefs, while external or extrinsic barriers to access are those caused by systems or processes in the individual's surroundings (Hecksher and Hesse, 2009).

A Synthesis of 3 Concepts

The 5 classifications of access that Penchansky and Thomas (1981) describe may be categorized as external or internal barriers, and compartmentalized using Donabedian's framework. The barrier model in Figure 7 on the following page illustrates this association among and between the barriers, as well as the resulting outcomes caused by barriers that are encountered.

Figure 7. A synthesis of 3 concepts - the barrier model.



Identifying the Barriers in the Study

Availability

This barrier was categorized as a structure element and described as an external barrier, since it related to treatment non-admission caused by filled capacity of the program. A potential availability barrier was identified in the study by non-admissions categorized as "Program Full."

Affordability

This barrier was categorized as a structure element and also described as an external barrier, since access to care may be disallowed by lack of insurance. A potential affordability barrier was identified in the study through the insurance status of clients.

Accommodation

This barrier was described as an external barrier, and categorized as both a structure and a process element, since it related to telecommunications, hours of operation, and modifications to the system. The number of phones was a component of the building. The hours of operation was an organizational process that determined the times that clients could be admitted, and was also dependent on staffing structure. Modification to the system was also an organizational process implemented by the nursing staffs. A potential accommodation barrier was identified in the study by times of contact, and through informal interviews with Milestone Foundation leadership.

Accessibility

This barrier was categorized as a process element and described as an external barrier. Components of this barrier included family care and responsibility, transportation, health issues, and incarceration. A potential accessibility barrier was identified in the study by the non-admissions categorized as "No Admission/Show/Call back," "Legal/Medical Appointment," "Medical Clearance/Higher Level of Care," and by comments on the detoxification inquiry screening form.

Acceptability

This barrier was categorized as both a process and outcome element and described as an internal barrier. Final categorization was based on the premise that all aspects of this barrier – shame, stigma, and a fear of consequences and treatment difficulties, were in themselves outcomes, yet had the potential to impact actions. A potential acceptability barrier was identified in the study by the non-admissions categorized as "Self-Refused," and by comments on the detoxification inquiry screening form.

The Milestone Foundation

The Barrier Model in Action

The results of the study demonstrate that the Milestone Foundation acute opioid detoxification program anticipates and mitigates many of the potential barriers to women. This is accomplished by counteracting deficiencies of specific components in the barrier model with strengths from other components in the category, or with linked components in an associated category.

Structure

Availability

The data in the study fail to demonstrate an availability barrier to women's access. An analysis of the percentages of male and female clients who were not admitted due to a "Program full" over the 6 months studies yielded an equal percentage of clients (16.7%) that were turned away because of a full program capacity.

Milestone Foundation's structural limitations that are present and adversely impact availability (staffing, program capacity, and telecommunications) appear to be counteracted by positive actions and results relating to the other classified components in the Structure category: Affordability and accommodation.

As an additional cautionary note, the absence of this barrier may also be due in part to the decreased numbers of women who requested treatment during this time period. Maine and national statistics identify that women are increasingly suffering from opioid use disorders. As the numbers

of female clients increase, the limited bed capacity and the ward-like structure of rooms may disproportionately affect women.

Affordability

Funding from the state/federal block grants and payments provided through the MaineCare and Medicare systems ensured that many men and women who could not afford treatment received services at Milestone Foundation. The study identified that most women who requested treatment lacked insurance. Primarily, 78% women who were admitted either had no insurance (42.2%) or had MaineCare/Medicare coverage (35.9%). Most men admitted lacked insurance (58.1%), and about 23% were covered by MaineCare/Medicare. Subsequently, this access barrier appears to be mostly eliminated as well. However, the study cannot determine how many women self-excluded from requesting detoxification, with the misperception that they couldn't afford treatment. Out-of-state women who were not under the umbrella of the state/federal block grant, and could not obtain $270, the amount required for admission to the Milestone Foundation detoxification program, were also at a disadvantage. The continued political debate over Medicaid expansion adds an additional level of uncertainty.

Accommodation, Part 1

Accommodation as it relates to structure – specifically operational staffing and telecommunications, appeared to be a barrier to access. There is anecdotal evidence of program vacancies and concurrent requests for detoxification, yet insufficient staffing to admit clients. Since 92% of all requests for admission were received by phone, the telecommunication structure is vital. Two telephone lines may become insufficient to meet demand as requests for admission increase, and more staff may be needed to assist clients who call. Nevertheless, this structural

barrier to access appeared to be overcome by the positive aspects of accommodation that were identified in the process category.

Process

Accommodation, Part 2

There are several accommodation barriers in the process, however the executive and nursing staff at Milestone Foundation have eliminated others by performing modifications to the system. Each detoxification inquiry screening form takes approximately 10 to 15 minutes to complete. The admission procedure is generally performed by the admitting nurse, and the entire process may take up to 3 hours to complete. Admission occurs between 8am and 8:30pm, so the number of admissions that can occur are limited. The limited hours of operation increase the potential for a delay in admission, thereby increasing the risk that women will reconsider a decision to enter the program. Discharges may occur at any hour of the day or night (L. Wert, personal communication, April 12, 2016). Over half of the women who requested treatment in the study did so between 8am and noon. Subsequently, women may be less likely than men to call when a bed is available, which places them at a disadvantage.

While staying within their scope and levels of practice, nursing professionals at Milestone Foundation will routinely modify their duties in order to assist other nursing staffs: The Director of Nursing or the charge nurse will often perform screenings or help to admit clients. When possible, changes to men's room placements are performed if there is a potential to fill a room with women.

Another modification to the system was recently implemented to mitigate availability access barriers for a specific vulnerable population such as pregnant women who suffer from

opioid use disorders. In this new process, if the woman cannot be admitted due to full capacity or a lack of female beds, the staffs obtain call-back information, and will attempt to contact the client when a bed becomes available.

Accessibility

This barrier encompasses many challenging areas that are outside of the client's control, yet could impact admission. The No Admission/Show/Call back, Legal/Medical Appointment, and Medical Clearance/Higher Level of Care categories were defined as pertaining to the accessibility barrier. No shows/call backs resulted in non-admission for 6 out of 10 clients. Subsequently, a review of these non-admission categories demonstrated that this barrier had the greatest effect on admission. When compared to men, women had a slightly higher percentage of non-admission, with 71.2% of women and 67.9% of men denied admission due to no show, health, legal, or transportation issues. Indeed, family care and responsibilities may be the reason that the study identified more female requests for detoxification on Fridays. The rationale behind this supposition is that other family members would be available to provide childcare or family support over the weekend. The limited hours of admission could also adversely impact transportation, since family members or friends may work. Interestingly, men had a higher percentage of comments on the detoxification inquiry screening forms detailing transportation issues.

Although men had more medical issues preventing admission, women had more comments on the screening forms that described medical issues, with 9% of women who requested treatment identifying health problems compared to 4% of men. In a manner consistent with the literature, women also had more comments describing mental health issues. Admission into the program was not impacted by mental health issues, with the exception of behavioral problems, which

resulted in non-admission. In cases where suicidal ideation was present, the client was directed to a higher level of care.

Process and Outcome

Acceptability

This is a hidden barrier, and therefore, is potentially the most difficult to identify and assess. The percentage male and female clients who refused admission were equal in the study. Although the "No Admit/Show/Call category was utilized in the accessibility category to identify transportation and family care issues, it could just as easily be used to demonstrate an outcome of shame and stigma, or a fear of consequences or treatment difficulties. Specific comments consistent with this barrier were only noted on female detoxification inquiry screening forms. Comments included:

- Wanted to talk to B[oy] F[riend] and call back to finish inquiry
- Patient has to go to work and explain to employer
- Client left after inquiry
- Mother will drive her from Biddeford

The outcomes on these specific clients were unavailable, given the de-identified information used in the study. Nevertheless, the presence of these comments tends to favor that this barrier is present for women, and therefore, also has the potential to impact the process section of the barrier model.

The Potential for Health Inequity

The Insurance Factor

In 2014, 10.1% of Maine adults lacked health insurance ("SHNAPP," 2015). The 2013-2014 Gallup Poll identified that after implementation of the Affordable Care Act, the percentage of Maine's uninsured individuals decreased from 16.1% in 2013 to 11.1% in 2014 (Witters, 2015). Over half, nearly 52% of the 356 individuals in the study who requested opioid detoxification services lacked health insurance. MaineCare and Medicaid accounted for 58% of the health insurance coverage for those clients with insurance.

Substance Use Disorders and Insurance

Becker et al. (2008) performed a study on individuals with opiate use disorder, and identified that 45% of the population either had no insurance or some form of public insurance, such as Medicare or Medicaid. Individuals without insurance acknowledged the lack of financial support as the primary cause of non-treatment (Becker et al., 2008).

Women requesting detoxification services at Milestone Foundation were overwhelmingly likely to either have no insurance or to have public insurance. Nearly 78% of the female requests for admission in the study met this category. Over one-third of all women who requested detoxification services in the study obtained insurance coverage through MaineCare or Medicare. Subsequently, any adverse modifications to public insurance, decreases to services covered, or cuts to payments would incur an overwhelming barrier to women's access of care.

Medicaid and Public Policy

The federal funds available through the Affordable Care Act Medicaid expansion would be beneficial to improving access to opioid detoxification services. As it stands, Maine's current

refusal to receive this distribution prevents the improvements to the detoxification and treatment system, and the increased insurance coverage to Maine's vulnerable populations that it would provide. A recent report estimated that 30% of Maine's uninsured population suffered from mental illness or substance use disorder, and met the income requirements for coverage under the expanded Medicaid coverage of the Affordable Care Act (Dey et al., 2016).

L.D. 633 is the sixth attempt by members of the Maine Legislature to pass this expansion. The bill was submitted by a moderate Republican senator and has bipartisan support (Leary, 2016). The expansion legislation recently passed the Senate by a close vote of 18-17, and received an 85-64 vote in favor in the House. As with all other attempts at passage, a veto from the Governor is expected.

Centers for Medicare & Medicaid Service (CMS)

CMS recently finalized a rule that eliminated a barrier to insurance coverage of substance use disorder services. The mental health and substance use disorder parity rule builds on the Mental Health Parity and Addiction Equity Act of 2008, which ensures that these services are given equal weight in insurance plans when compared to other medical services. The rule reinforces regulations set forth in the Act by instituting a transparency in benefit information and denial ("CMS," 2016). Under the new rule, enrollees may request to receive the criteria used by insurance plans to determine approval or denial of medical necessity claims. States who deny reimbursement are required to disclose the reasons for denial ("CMS," 2016).

Women's Self-Exclusion

Self-exclusion, or a failure to initiate the request for detoxification treatment services may be the primary limitation to access faced by women, and cannot be identified using the framework

set forth in this study. Causes are numerous, and include most, if not all, of the barrier categories in the study. Justifications may include lack of insurance, inability to contact Milestone Foundation, a fear of repercussions or fear of the impact on the family. Any delays in admission may cause women to re-evaluate their decision, and change their mind. Internalizing behaviors such as anxiety or mental health issues may intensify women's failure to seek treatment. Some women may not realize that Milestone Foundation provides services to women, and has funding that assists with payment. Although difficult to assess, the presence of this barrier seems likely by the unequal rate of requests for treatment. If present, it could be overcome using specific strategies.

Recommendations

A star (*) denotes that the recommendation may improve female barriers to access. A double star (**) denotes that the recommendation may improve the generation of valid statistical data that may be used to improve processes. Several of these recommendations could be explored in future Muskie School of Public Service capstone studies.

Reinstitute 24 Hour Admissions *

Initially, the detoxification program utilized 24 hour admissions, and discontinued this practice in 2014 when the pharmacy that delivered medications overnight ceased operations (L. Wert, personal communication, January 25, 2016). In January, Maine Medical Center (MMC) announced plans to staff the hospital pharmacy on a 24 hour basis (Lawler, 2016). "The Pharmacy" is now open and services are available to patients overnight. Leadership at Milestone Foundation may be able to coordinate an agreement for services with MMC that is mutually beneficial to both parties.

Ensure Suboxone Availability

During a portion of the study, the Medical Director's absence highlighted limitations faced by a lack of access to Suboxone. The back-up provider was not authorized to prescribe, and some clients, unable to utilize this treatment regimen, refused admission. A recent review identified 24 providers in Portland who are authorized to treat with the medication. Another back-up provider with Medication Assisted Treatment (MAT) certification would ensure Suboxone availability at all times.

Implement Marketing Strategies *

- Revise the Home Page on the Milestone Foundation website to identify women as a client population in order to create awareness. Use a large font for emphasis. The information is currently available in the "About Us" and the "Detoxification" sections on the website in 10 point font.
- Create informational brochures directed towards women and distribute in women's public health locations throughout the state, including Portland Community Health Center, Planned Parenthood organizations, and obstetrics/gynecology providers.
- Continue to utilize current newsworthy events such as public policy debates over Medicaid expansions or potential changes to treatment services to speak with the news media.
- Contact staffs at Maine Public Radio to discuss the potential for informational radio programs on addiction and detoxification services in Maine.

Revise the Data Inquiry Screening Form **

- Streamlining the form will simplify it and ensure completion. Since most clients make contact by phone, make this option the default, or remove the section entirely.
- Frequency of substance use is a primary cause for non-admission. By placing it higher on the assessment list, the screener can quickly identify if detoxification is not required.
- Use white paper for male screening forms and colored paper for female. This will allow easy identification and sorting for statistical analysis.
- Ensure that all screening forms are completed, and filled out in a standardized manner. Perform regular audits to demonstrate compliance.

Utilize Other Data on the Data Inquiry Screening Form **

- Socio-economic markers are collected during screening, and information may be used as a metric or statistic. Data obtained may be of interest to stakeholders, or may allow Milestone Foundation to apply for other grant funding.

Access Available Resources

- Initiate a Practice Transformation. Maine Quality Counts oversees Maine's practice transformation network, and is available to provide technical and quality information assistance in order to improve services and implement best practices.
- The Maine Quality Counts organization also hosts a "Caring for ME" opioid/heroin online resource. The webpage provides real-time information and free educational webinars ("Quality Counts," 2016).

Future - Implement an electronic system for screening and admitting **

Acquire and implement a secure electronic system that can be utilized for screening and admitting. The program will populate an electronic version of the form with specific demographic and historic information if the client has previously requested treatment. Some information, like gender, birthdate, social security number, and age of alcohol or drug onset will not change. This will increase efficiency while standardizing and simplifying the process. Data on multiple requests for treatment or numerous admissions will be captured easily.

Future - Improve Telecommunications and Increase Staffing

- Increase telephone access by installing additional lines or queue systems with wait times.
- Dedicate one employee during the day shift to coordinate telecommunications, and to perform the electronic data inquiry screening procedures. This employee need not be a nursing professional, but must be skilled on computer processes, and may be trained to perform the screening. The employee will also be able to collate and extract data from the system to help inform decision making and demonstrate successes and challenges.
- Recruit and employ additional per diem retired nursing professionals. Utilize these staffs on an as needed basis during high volume admission or discharge days to facilitate access to treatment.

Final Thoughts

Van Etten and Anthony (1999) identified a correlation between the opportunity to use substances and the actual substance use. The research demonstrated that men were more likely than women to have opportunities to use substances, however once the opportunity presented, both

were equally likely to progress to substance use (Van Etten & Anthony, 1999). As Maine continues to lead the nation in opioid prescription rates, the equal opportunities for substance use disorder continue to rise. Subsequently, men and women are approaching equal rates of opioid use disorder. A failure to approach an equal rate of requests for acute opioid detoxification may indicate the continued presence of barriers to access for women.

A longitudinal study demonstrated that substance use treatment greatly improves the quality of life for women, which is a vital aspect of successful recovery (Pasareanu et al., 2015). Improved access to acute opioid detoxification services will promote a health equity between men and women, thereby ensuring improved public health for all.

Conclusion

Maine's opioid crisis mirrors a national problem. The lack of treatment facilities and services for opioid use disorder, combined with an increased prevalence of addiction in Maine, creates a potential for health inequity between men and women. Barriers to access will intensify that inequity.

The barriers to access may be described as internal and external, and categorized using Penchansky and Thomas' (1981) access concepts of availability, affordability, accommodation, accessibility, and acceptability. Donabedian's (1988) framework of healthcare quality - structure, process, and outcome – provides additional classification, thereby further refining our understanding of these barriers. The descriptions and categorizations help to identify associations among and between the barriers, which may increase the potential to eliminate them.

Based on the results of the capstone study, the Milestone Foundation performs an excellent service to its clients. The results of the study demonstrate that the Milestone Foundation acute opioid detoxification program anticipates and mitigates many of the potential barriers to women. Milestone Foundation overcomes its structural limitations by utilizing a comprehensive, yet flexible process that can be modified to address specific issues. This is accomplished by counteracting deficiencies of specific components in the barrier model with strengths from other components in the category, or with linked components in an associated category. The system appears to mitigate many of the barriers to access that women may encounter. Barriers that prevent women from requesting treatment may still present a problem. Further revisions may be necessary as the prevalence of opioid use disorder in women continue.

Combining state and national forces with Medicaid expansion will increase funding and strengthen the structure of Maine's opioid treatment services. By understanding and eliminating women's barriers to access in acute opioid detoxification services, we will realize the successful outcome of public health for all of Maine's citizens.

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Appendix A: Internal Review Board Determination

UNIVERSITY OF SOUTHERN MAINE
Office of Research Integrity and Outreach

Protocol HRPP # 031016-10

TO: Karen Theberge
M. Lindsey Smith

FROM: Casey Webster

DATE: March 16, 2016

RE: An Assessment of Women's Access to Acute Opiate Detoxification Services

Notice of Evaluation- Not Research 45 CFR 46.102 (d)

The Office of Research Integrity and Outreach (ORIO) has evaluated the information provided in the Request for Determination of Research Involving Human Subjects form and subsequent correspondence. Based on the information you have provided it has been determined that the activity is not designed to develop or contribute to generalizable knowledge. Our understanding is that you intend to review de-identified intake information from Milestone and conduct interviews with the Executive Director and Director of Nursing services at Milestone, in order to identify deficiencies in program services. You do not intend to generalize your results outside of Milestone. If this is not accurate, please contact us immediately.

This activity is not a **systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge**; it does not fall under the definition of research as described in 45 CFR Sect. 46.102(d), and therefore does not require further review or determination.

The ORIO and the USM Institutional Review Board appreciate your efforts to conduct research in compliance with federal regulations that have been established to protect human subjects in research.

Please consult with the ORIO whenever questions arise about whether planned changes to the activity might qualify the activity as research involving human subjects. If you have any questions please feel free to contact us at 207-780-4517 or by email at usmorio@usm.maine.edu.

Date of Determination: March 16, 2016

Sincerely,

Casey E. Webster, CIP
Human Protections Administrator
Office of Research Integrity and Outreach

P.O. Box 9300, Portland, ME 04104-9300
(207) 780-4517, TTY (207) 780-5646, FAX (207) 228-8405
www.usm.maine.edu
A member of the University of Maine System

Appendix B: Detoxification Inquiry Screening Form

Detoxification Inquiry Screening Form

Today's Date _____ Referral Agency:	Time Requesting Detox _____ ☐ Phone ☐ Walk-in ☐ Shelter	Arrival Time _____ Intake Worker

Legal Name		**Physical Address** ☐ Check if same as mailing	
Mailing Address (Are you a Maine resident? ☐Yes ☐ No)		**DOB** / **Age**	**Phone #**
Homeless? ☐ Yes ☐ No	Been to Milestone before? ☐ Yes ☐ No	**Gender**	**SS #**

D-1 Substances Used

Drug Type	Yes	No	Type	Amount	Frequency	Route	Last Used
Alcohol							
Pot/Spice							
Cocaine/Speed							
Heroin/Opiates							
Methadone							
Benzos							
IV Drug Use							
Other (Bath Salts)							

D2 Medical Conditions:

Refer IV Drug users to the India St. Clinic-874-8446

Age of onset for Etoh/Drug use_____ **D-2 Allergies:**

Seizures ☐Yes ☐No	Last Seizure Date:	DT's ☐Yes☐No	Chest Pain ☐ Yes ☐ No	Abdominal Pain ☐ Yes ☐ No	Shortness of Breath ☐Yes ☐No	Pregnant ☐Yes ☐No
GI Bleed ☐Yes ☐No	Fever ☐Yes ☐No	Suicidal Ideation ☐Yes☐No	D-3 MH Diagnosis? ☐ Yes ☐ No *If yes, what is it?*			

Do you smoke cigarettes ☐ Yes ☐ No Age of onset_____ **As of September 1ST 2015 MILESTONE WILL BE NON SMOKING**
Nicotine Gum/lozenge are available, if Client would like patches client is responsible for bringing them in.

Do you have any medical or legal issues that will keep you from completing detox? ☐Yes ☐ No
Do you need help with reading and writing? ☐Yes ☐ No

Do you have Private Health Insurance? ☐ YES ☐ NO ☐ MAINECARE ☐ MEDICARE
Name of Insurance Carrier _____

Reminder: ***Bring Insurance card with you to detox***

Reminders for Client:
- ☐ **Bring 7-10 day supply of medication**
- ☐ **Any item that is or can be used as a weapon will be confiscated and destroyed**
- ☐ **Laundry is done daily, only bring 1-2 sets of clothing**
- ☐ **Please bring proof of ID or Residency**

Comments

Current Medications	Current Medications

APPROVED FOR ADMISSION ☐ Yes ☐ No

REASON(S) FOR NON-ADMISSION: ☐ *No Show* ☐ *Past Behavioral Problems (Specify)* _____

☐ *Patient Refused Admission* ☐ *Program Full* ☐ *Other: (Specify)* _____

ASAM Level III – 7 Criteria

- ☐ D 1 – Acute intoxification and/or withdrawal risk
- ☐ D 2 – Bio– medical conditions requires 24 hour nursing/medical monitoring active treatment not to level of acute hospital care

NURSE SIGNATURE_____

Initial Client Assessment

Date:	Arrival/Assessment Time: (on detox unit)	Admission Time:

Client Name:

Blood Alcohol Content:	Weight:

Time	Temperature	Pulse	Respirations	B/P

Current Medications:

7-8 Day Supply of Meds	Suicidal Ideation	Substance Usage & Amounts Reviewed	Does Client Meet Admission Criteria?
☐Yes ☐No	☐Yes ☐No If yes, refer to MMC ER	(from table on front of sheet) ☐Yes ☐No	☐Yes ☐No (if no, fill in reason on front)

Comments:	Form of ID:
	License #:
	Non Driver ID#:
	RN Signature:

NURSE SIGNATURE: _____

Appendix C: Detoxification Inquiry Screening Form Data

Gender (M/F)	Date	Day of Week	Mode of Contact (Phone/ Walkin)	Time of Inquiry			Health Insurance			Homeless	Comments
				8a-12n	12:01-4p	4:01-8p	YES, Private	YES, Public	NO		
M	1/1/2015	Thurs	P		X				X		
M	1/5/2015	Mon	P			X			X	X	Client must attend 2AA meetings prior to admission
M	1/6/2015	Tues	P		X			X			
M	1/12/2015	Mon	P	X				X		X	
M	1/12/2015	Mon	P	X					X	X	
M	1/15/2015	Thurs	P	X					X	X	Client Refused Admission
F	1/17/2015	Sat	P	X					X		
M	1/17/2015	Sat	P		X				X	X	
F	1/18/2015	Sun	P	X					X	X	
M	1/18/2015	Sun	P	X			UNK	UNK	UNK		Behavior Issues
M	1/19/2015	Mon	P		X				X	X	
F	1/20/2015	Tues	P		X				X		
F	1/21/2015	Wed	P		X		X				
F	1/21/2015	Wed	P	X				X			
M	1/21/2015	Wed	P		X		X				
M	1/22/2015	Thurs	W		X		X			X	
F	1/25/2015	Sun	P			X	UNK	UNK	UNK	UNK	
M	1/28/2015	Wed	P		X			X			
F	1/29/2015	Thurs	P		X			X			
M	1/30/2015	Fri	P		X				X	X	
M	2/1/2015	Sun	P		X				X		
F	2/2/2015	Mon	P	X					X	X	
M	2/3/2015	Tues	P	X					X	X	
M	2/3/2015	Tues	P		X				X	X	
M	2/6/2015	Fri	P			X	X				
M	2/6/2015	Fri	P		X				X	X	
M	2/7/2015	Sat	P	X (03:50)					X	X	
M	2/8/2015	Sun	P	X					X	X	Will call back, requesting admission tomorrow
M	2/9/2015	Mon	P	X					X	X	
F	2/11/2015	Wed	P		X				X		
F	2/12/2015	Thurs	P	X					X	X	
M	2/14/2015	Sat	P		X		X				
M	2/14/2015	Sat	P	X (07:36)				X			
M	2/15/2015	Sun	P		X				X		
M	2/16/2015	Mon	P	X			X			X	
F	2/18/2015	Wed	P	X				X			
M	2/18/2015	Wed	UNK	UNK	UNK	UNK			X		
M	2/18/2015	Wed	W	UNK	UNK	UNK			X		
F	2/19/2015	Thurs	P	UNK	UNK	UNK		X			
M	2/19/2015	Thurs	P		X				X	X	
F	2/20/2015	Fri	P			X (21:20)			X		Coming in around 10a 2/21/15
M	2/20/2015	Fri	P	UNK	UNK	UNK		X			Will call in AM
M	2/20/2015	Fri	P	X					X	X	
UNK	2/20/2015	Fri	P		X		UNK	UNK	UNK		
F	2/22/2015	Sun	P		X				X	X	Referred to St Mary's MRC
M	2/22/2015	Sun	P		X				X	X	No Admission Nurse, to call back
M	2/22/2015	Sun	P	X (06:40)			UNK	UNK	UNK	UNK	To call back at 8a
M	2/22/2015	Sun	P		X				X	X	
M	2/23/2015	Mon	P		X				X	X	
M	2/24/2015	Tues	P	X			X				
F	2/27/2015	Fri	P	X				X			Do not admit with current client
M	2/27/2015	Fri	P		X			X			Detox not required - one time use
M	2/27/2015	Fri	P			X	X			X	Do not admit with current client
F	2/28/2015	Sat	UNK		X				X	X	Referred to Mercy ED
M	6/2/2015	Tues	P	X					X	X	
M	6/2/2015	Tues	P	X					X	X	
F	6/3/2015	Wed	P	X				X			Will call back in a few hours
M	6/4/2015	Thurs	P	X					X	X	
M	6/7/2015	Sun	P	X				X			Do not admit with current client
M	6/7/2015	Sun	P	X							

Gender (M/F)	Date	Day of Week	Mode of Contact (Phone/ Walkin)	Time of Inquiry			Health Insurance			Homeless	Comments
				8a-12n	12:01-4p	4:01-8p	YES, Private	YES, Public	NO		
M	6/11/2015	Thurs	P		X				X		Will call tomorrow to see if an empty bed
M	6/11/2015	Thurs	P	X				X		X	
M	6/11/2015	Thurs	P	X				X			
F	6/13/2015	Sat	P			X			X	X	
M	6/15/2015	Mon	P	X					X		No Show
F	6/16/2015	Tues	P	UNK	UNK	UNK	X				Referred to Mercy Recovery
F	6/16/2015	Tues	P	X					X		
M	6/16/2015	Tues	P	X (07:45)					X		
M	6/17/2015	Wed	P	X					X		
M	6/17/2015	Wed	P		X				X	X	
F	6/19/2015	Fri	P	X					X		
F	6/20/2015	Sat	P	UNK	UNK	UNK			X		Arriving at 2pm
M	6/21/2015	Sun	P	X			X				At ED 2 nights ago for detox
M	6/21/2015	Sun	P	UNK	UNK	UNK	X				Will call back with ride
M	6/21/2015	Sun	P	X (07:30)			X				
M	6/21/2015	Sun	P			X			X		
F	6/22/2015	Mon	P	X				X			Currently at St Mary's Crisis
M	6/22/2015	Mon	P	X				X			
M	6/22/2015	Mon	P	X					X	X	
M	6/23/2015	Tues	P			X		X			45 min drive, will call tomorrow
F	6/26/2015	Fri	P		X		X				
M	6/26/2015	Fri	P	X					X		Will call back
M	6/26/2015	Fri	P	X (07:30)				X		X	
M	6/29/2015	Mon	P		X			X		X	Has not used in 7 days, detox not needed
M	6/29/2015	Mon	P		X				X	X	Will call tomorrow
M	6/29/2015	Mon	P			X			X		Will call tomorrow, recent overdose
M	6/29/2015	Mon	P	X			X				
M	6/30/2015	Tues	P	X					X	X	
F	7/1/2015	Wed	P	UNK	UNK	UNK			X		No Suboxone, will call back
M	7/1/2015	Wed	P	X			UNK	UNK	UNK		Client was told no Suboxone. Wants to think about it and may call back
M	7/1/2015	Wed	P		X				X		Will call back with ride
F	7/2/2015	Thurs	P	X			UNK	UNK	UNK		Knows no Suboxone, will call back within the hour
F	7/2/2015	Thurs	P	X				X			Will call back to check on bed availability later
F	7/3/2015	Fri	P	X				X			Has been told no Suboxone
F	7/3/2015	Fri	P	X (07:40)			X				Knows no Suboxone
F	7/3/2015	Fri	P	X (07:15)			UNK	UNK	UNK	X	Told about no Suboxone, wants to think about it, may call back
M	7/3/2015	Fri	P	X				X			Suboxone not available, refused admission
M	7/3/2015	Fri	P	UNK	UNK	UNK			X		Will call back
M	7/3/2015	Fri	P	X			X				Will call back to see if we have a bed
F	7/9/2015	Thurs	P		X				X		
M	7/9/2015	Thurs	P	X					X	X	
M	7/9/2015	Thurs	P		X				X		
F	7/10/2015	Fri	P	UNK	UNK	UNK		X			
F	7/11/2015	Sat	P			X (22:00)	X				Client has blood in GI, Referred to local ED for med clearance, will call in AM
F	7/11/2015	Sat	W		X		X	X			Client left after inquiry
F	7/11/2015	Sat	P		X				X		Will call back when gets a ride (program full when called back)
M	7/11/2015	Sat	P	X				X			
F	7/12/2015	Sun	P	UNK	UNK	UNK	X	X			
F	7/13/2015	Mon	P	UNK	UNK	UNK	X				
F	7/14/2015	Tues	P	X				X		X	NH Medicaid
F	7/14/2015	Tues	P	X					X		Patient has to go to work and explain to employer

Gender (M/F)	Date	Day of Week	Mode of Contact (Phone/ Walkin)	Time of Inquiry			Health Insurance			Homeless	Comments
				8a-12n	12:01-4p	4:01-8p	YES, Private	YES, Public	NO		
F	7/14/2015	Tues	P		X		X				Wants to come in later this afternoon
M	7/14/2015	Tues	P	X			X			X	Client refused admission
F	7/15/2015	Wed	P	X					X		Looking for a ride
F	7/15/2015	Wed	P		X		X				
M	7/15/2015	Wed	P	X					X	X	
M	7/16/2015	Thurs	P		X			X		X	Client needs to go to ED for blood in vomit
M	7/16/2015	Thurs	P		X				X	X	Client needs to go to ED for blood in vomit
F	7/17/2015	Fri	UNK	UNK	UNK	UNK			X		
F	7/18/2015	Sat	P	X					X		
M	7/19/2015	Sun	P		X				X		
M	7/20/2015	Mon	P		X				X	X	No use for 9 days
M	7/22/2015	Wed	P		X				X	X	
F	7/23/2015	Thurs	P	X (07:30)			X				
M	7/23/2015	Thurs	P	X				X			
M	7/23/2015	Thurs	P		X				X	X	
M	7/23/2015	Thurs	P		X				X		
F	7/24/2015	Fri	P		X			X			Wants to come in August 1st
M	7/24/2015	Fri	P			X (21:15)	X			X	
M	7/27/2015	Mon	P		X				X	X	Client looking to come in tomorrow. Will call then.
M	7/27/2015	Mon	P	X			X			X	Client needs to rearrange appointments prior to admission
M	7/27/2015	Mon	P		X			X			
M	7/27/2015	Mon	W		X				X		
F	7/28/2015	Tues	P		X				X		
M	7/28/2015	Tues	P	X					X		
M	7/29/2015	Wed	P/W		X		X				
M	7/29/2015	Wed	P	UNK	UNK	UNK		X			
F	7/30/2015	Thurs	UNK	UNK	UNK	UNK	UNK	UNK	UNK	X	Client will call in AM to finish inquiry
M	7/30/2015	Thurs	W	X			X				Overdosed last night and woke up in ambulance
M	7/30/2015	Thurs	P	X (04:00)				X			Will call back at 8am
M	7/30/2015	Thurs	UNK	UNK	UNK	UNK			X		
F	7/31/2015	Fri	P	X (04:15)			UNK	UNK	UNK		Wanted to talk to BF and call back to finish inquiry
F	7/31/2015	Fri	P	X				X			
M	7/31/2015	Fri	P	X					X		
F	2/1/2016	Mon	P	X					X	X	Lt side pain #5-6, Has employer
M	2/1/2016	Mon	W			X			X	X	
M	2/2/2016	Tues	W	UNK	UNK	UNK		X		X	
F	2/3/2016	Wed	UNK	UNK	UNK	UNK	X			X	No ID from Maine
F	2/3/2016	Wed	P	UNK	UNK	UNK		X			
M	2/3/2016	Wed	P	X					X	X	Out of state resident, been in Maine 4 months
M	2/3/2016	Wed	P	X (05:00)					X		Will call back at 8am for adm, left 2 days ago AMA to get nicotine patches
M	2/3/2016	Wed	P		X		X			X	Will maybe call tomorrow AM
F	2/5/2016	Fri	P	X					X		
M	2/5/2016	Fri	P	X					X	X	Out of state resident, needs to be told no suboxone
M	2/5/2016	Fri	P			X (22:00)			X	X	
M	2/7/2016	Sun	P	X			X				Has to work Monday, out of state resident, visiting friends
M	2/7/2016	Sun	P	X					X		Medical clearance needed GI Bleed
M	2/7/2016	Sun	P			X	X				
M	2/8/2016	Mon	P	X (07:45)			X				Told to bring a piece of mail with address (confirmation of Maine residency)
F	2/9/2016	Tues	P	X			X				Do not admit with current client

Gender (M/F)	Date	Day of Week	Mode of Contact (Phone/ Walkin)	Time of Inquiry			Health Insurance			Homeless	Comments
				8a-12n	12:01-4p	4:01-8p	YES, Private	YES, Public	NO		
M	2/9/2016	Tues	P	X					X		Dr note clearing for detox, No show
F	2/10/2016	e+C58:C6	P	X					X	X	OD last night, friend used Narcan, No show
M	2/10/2016	Wed	P		X				X		1 1/2 hours away, trying to find a ride
M	2/10/2016	Wed	P		X				X	X	Do not admit with current client
F	2/11/2016	Thurs	P		X			X			Needs to bring in $270
F	2/11/2016	Thurs	P	X				X		X	
F	2/12/2016	Fri	UNK	UNK	UNK	UNK		X			Needs a higher level of care
F	2/14/2016	Sun	P			X		X		X	Mother will drive her from Biddeford
F	2/16/2016	Tues	P	X					X	X	Has been told she needs to bring in $270, will call when ready
M	2/16/2016	Tues	P	UNK	UNK	UNK			X		Will call after 8am
F	2/17/2016	Wed	P	X					X	X	Sent to Mercy ED for assessment of possible cellulitis left arm
M	2/18/2016	Thurs	P	X					X		Needs to find ride
M	2/18/2016	Thurs	P	X			X				Wants to come in with wife. XXXX told him we do not allow couples together
M	2/18/2016	Thurs	P		X			X			
M	2/19/2016	Fri	P		X				X		Called again 2/21 at 11:00
M	2/19/2016	Fri	P	X					X	X	No show
M	2/20/2016	Sat	P	X					X		Full, 2 hours away, told to call back later, called again 2/21 at 18:00
M	2/20/2016	Sat	P		X		X				Will call back in AM
F	2/21/2016	Sun	P	UNK	UNK	UNK		X			Going to ED for med clearance, r/o GI Bleed
M	2/21/2016	Sun	P			X			X		
M	2/22/2016	Mon	P	UNK	UNK	UNK	UNK	UNK	UNK		Will call back Wed after appt
M	2/22/2016	Mon	P	UNK	UNK	UNK			X		
M	2/22/2016	Mon	P	UNK	UNK	UNK			X		
M	2/24/2016	Wed	P	UNK	UNK	UNK			X		
M	2/24/2016	Wed	UNK	UNK	UNK	UNK			X		
M	2/25/2016	Thurs	P	X (07:15)				X			4 hours away, will call back when ride is situated
M	2/26/2016	Fri	P			X			X		Client looking to come in on the 27th
F	2/27/2016	Sat	P	X				X			DV survivor, call back to see if admit today
M	2/28/2016	Sun	P		X			X			Needs clearance #6 Chest Pain
M	2/28/2016	Sun	P			X		X			
F	2/29/2016	Mon	P	X				X			
M	2/29/2016	Mon	P		X				X		Needs a ride, will check tomorrow
M	2/29/2016	Mon	P	X				X			
M	2/29/2016	Mon	P	X					X		
F	UNK	UNK	P	UNK	UNK	UNK	X				
F	UNK	UNK	P	UNK	UNK	UNK			X		

Appendix D: Milestone Foundation Data

Month-Year	Gender	Resolution	Substance	Insurance	Repeat Client
Jan-15	female	legal or medical apt that would prevent completion	Opiate	No insurance	yes
Jan-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jan-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jan-15	female	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-15	Female	Program Full	Opiate	No insurance	no
Jan-15	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes
Jan-15	female	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jan-15	female	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jan-15	Male	Ct not in need of medical detox	Opiate	-	no
Jan-15	Male	needs medical/PHY clearance	Opiate	-	no
Jan-15	Male	behavoir issues	Opiate	No insurance	yes
Jan-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-15	Male	Ct self refused detox	Opiate	No insurance	no
Jan-15	Male	Ct self refused detox	Opiate	No insurance	yes
Jan-15	Male	needs medical/PHY clearance	Opiate	No insurance	no
Jan-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-15	Male	Program Full	Opiate	No insurance	no
Jan-15	Male	Program Full	Opiate	No insurance	no
Jan-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jan-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Feb-15	Female	Ct admitted to Detox	Opiate	No insurance	no
Feb-15	Female	Ct admitted to Detox	Opiate	No insurance	no
Feb-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Feb-15	Female	Program Full	Opiate	No insurance	no
Feb-15	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-15	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Feb-15	Female	ct can not be admitted with current detox client	Opiate	Yes (Mecare/medicare)	no
Feb-15	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Feb-15	Male	higher level of care	Opiate	-	-
Feb-15	Male	Program Full	Opiate	-	-
Feb-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-15	male	Ct admitted to Detox	Opiate	No insurance	no
Feb-15	male	Ct admitted to Detox	Opiate	No insurance	no
Feb-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Feb-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Feb-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Feb-15	Male	Ct not in need of medical detox	Opiate	No insurance	yes
Feb-15	Male	legal or medical apt that would prevent completion	Opiate	No insurance	yes
Feb-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Feb-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Feb-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Feb-15	male	Program Full	Opiate	No insurance	no
Feb-15	Male	Program Full	Opiate	No insurance	no
Feb-15	Male	Program Full	Opiate	No insurance	no
Feb-15	Male	Program Full	Opiate	No insurance	yes
Feb-15	Male	Program Full	Opiate	No insurance	yes
Feb-15	male	ct can not be admitted with current detox client	Opiate	Yes (Mecare/medicare)	no
Feb-15	Male	Ct not in need of medical detox	Opiate	Yes (Mecare/medicare)	yes
Feb-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Feb-15	Male	Program Full	Opiate	Yes (Mecare/medicare)	yes

Month-Year	Gender	Resolution	Substance	Insurance	Repeat Client
Feb-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Feb-15	Male	ct can not be admitted with current detox client	Opiate	Yes (private insurance)	no
Feb-15	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Feb-15	male	Program Full	Opiate	Yes (private insurance)	no
Feb-15	Male	Program Full	Opiate	Yes (private insurance)	no
Feb-15	Female	Ct not in need of medical detox	Opiate	-	yes
Feb-15	Female	No Admit/Show/Call back	Opiate	No insurance	yes
Feb-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jun-15	Female	No Admit/Show/Call back	Opiate	-	no
Jun-15	Female	Ct admitted to Detox	Opiate	No insurance	no
Jun-15	Female	Ct admitted to Detox	Opiate	No insurance	no
Jun-15	Female	Ct admitted to Detox	Opiate	No insurance	no
Jun-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jun-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jun-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jun-15	Female	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Female	Program Full	Opiate	No insurance	no
Jun-15	Female	Program Full	Opiate	No insurance	no
Jun-15	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jun-15	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jun-15	Female	Program Full	Opiate	Yes (Mecare/medicare)	no
Jun-15	Female	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Female	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Female	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jun-15	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jun-15	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jun-15	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jun-15	Male	Ct not in need of medical detox	Opiate	-	no
Jun-15	Male	Inquiry Not Complete	Opiate	-	yes
Jun-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Jun-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Jun-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jun-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jun-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jun-15	Male	ct can not be admitted with current detox client	Opiate	No insurance	yes
Jun-15	Male	Ct self refused detox	Opiate	No insurance	yes
Jun-15	Male	higher level of care	Opiate	No insurance	no
Jun-15	Male	higher level of care	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jun-15	Male	Program Full	Opiate	No insurance	no
Jun-15	Male	Program Full	Opiate	No insurance	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jun-15	Male	Ct not in need of medical detox	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	Ct self refused detox	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes

Month-Year	Gender	Resolution	Substance	Insurance	Repeat Client
Jun-15	Male	Program Full	Opiate	Yes (Mecare/medicare)	yes
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jun-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jun-15	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Jul-15	Female	No Admit/Show/Call back	Opiate	-	no
Jul-15	Female	No Admit/Show/Call back	Opiate	-	no
Jul-15	Female	No Admit/Show/Call back	Opiate	-	no
Jul-15	Female	No Admit/Show/Call back	Opiate	-	yes
Jul-15	Female	behavoir issues	Opiate	No insurance	yes
Jul-15	Female	Ct admitted to Detox	Opiate	No insurance	no
Jul-15	Female	Ct self refused detox	Opiate	No insurance	no
Jul-15	Female	Ct self refused detox	Opiate	No insurance	no
Jul-15	Female	legal or medical apt that would prevent completion	Opiate	No insurance	no
Jul-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jul-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jul-15	Female	No Admit/Show/Call back	Opiate	No insurance	no
Jul-15	Female	No Admit/Show/Call back	Opiate	No insurance	yes
Jul-15	Female	No Admit/Show/Call back	Opiate	No insurance	yes
Jul-15	Female	Program Full	Opiate	No insurance	no
Jul-15	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jul-15	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jul-15	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jul-15	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jul-15	Female	Ct self refused detox	Opiate	Yes (Mecare/medicare)	no
Jul-15	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jul-15	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jul-15	Female	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jul-15	Female	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jul-15	Female	higher level of care	Opiate	Yes (private insurance)	yes
Jul-15	Female	needs medical/PHY clearance	Opiate	Yes (private insurance)	no
Jul-15	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jul-15	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jul-15	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Jul-15	Female	Program Full	Opiate	Yes (private insurance)	yes
Jul-15	Male	Ct admitted to Detox	Opiate	-	no
Jul-15	Male	No Admit/Show/Call back	Opiate	-	yes
Jul-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Jul-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Jul-15	Male	Ct admitted to Detox	Opiate	No insurance	no
Jul-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jul-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jul-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jul-15	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jul-15	Male	Ct not in need of medical detox	Opiate	No insurance	no
Jul-15	Male	needs medical/PHY clearance	Opiate	No insurance	no
Jul-15	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jul-15	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jul-15	Male	Program Full	Opiate	No insurance	no
Jul-15	Male	Program Full	Opiate	No insurance	no
Jul-15	Male	Program Full	Opiate	No insurance	no
Jul-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jul-15	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jul-15	Male	Ct self refused detox	Opiate	Yes (Mecare/medicare)	no

Month-Year	Gender	Resolution	Substance	Insurance	Repeat Client
Jul-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes
Jul-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes
Jul-15	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes
Jul-15	Male	Program Full	Opiate	Yes (Mecare/medicare)	no
Jul-15	Male	Program Full	Opiate	Yes (Mecare/medicare)	yes
Jul-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jul-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jul-15	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jul-15	Male	Ct self refused detox	Opiate	Yes (private insurance)	no
Jul-15	Male	legal or medical apt that would prevent completion	Opiate	Yes (private insurance)	yes
Jul-15	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Jul-15	Male	Program Full	Opiate	Yes (private insurance)	yes
Jan-16	Female	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Female	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Female	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Female	higher level of care	Opiate	No insurance	no
Jan-16	Female	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-16	Female	Program Full	Opiate	No insurance	yes
Jan-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	-
Jan-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Female	Inquiry Not Complete	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	Program Full	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	Program Full	Opiate	Yes (Mecare/medicare)	no
Jan-16	Female	Program Full	Opiate	Yes (private insurance)	yes
Jan-16	Male	Ct not in need of medical detox	Opiate	-	no
Jan-16	Male	Ct not in need of medical detox	Opiate	-	no
Jan-16	Male	Program Full	Opiate	-	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Jan-16	Male	Ct not in need of medical detox	Opiate	No insurance	no
Jan-16	Male	Ct self refused detox	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no

Month-Year	Gender	Resolution	Substance	Insurance	Repeat Client
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Jan-16	Male	Program Full	Opiate	No insurance	no
Jan-16	Male	Program Full	Opiate	No insurance	yes
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Male	Ct not in need of medical detox	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Male	needs medical/PHY clearance	Opiate	Yes (Mecare/medicare)	no
Jan-16	Male	needs medical/PHY clearance	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	yes
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jan-16	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Jan-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Jan-16	Male	Program Full	Opiate	Yes (private insurance)	no
Jan-16	Male	Program Full	Opiate	Yes (private insurance)	no
Feb-16	Female	No Admit/Show/Call back	Opiate	-	no
Feb-16	Female	No Admit/Show/Call back	Opiate	NH Wellsense	no
Feb-16	Female	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Female	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Female	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Female	Ct admitted to Detox	Opiate	No insurance	yes
Feb-16	Female	Ct admitted to Detox	Opiate	No insurance	yes
Feb-16	Female	Ct admitted to Detox	Opiate	No insurance	yes
Feb-16	Female	ct can not be admitted with current detox client	Opiate	No insurance	no
Feb-16	Female	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Female	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Female	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-16	Female	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Feb-16	Female	higher level of care	Opiate	Yes (Mecare/medicare)	no
Feb-16	Female	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Feb-16	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Feb-16	Female	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes
Feb-16	Male	Ct admitted to Detox	Opiate	-	-
Feb-16	Male	Ct admitted to Detox	Opiate	-	yes
Feb-16	Male	Inquiry Not Complete	Opiate	-	yes
Feb-16	Male	legal or medical apt that would prevent completion	Opiate	-	no
Feb-16	Male	No Admit/Show/Call back	Opiate	-	no
Feb-16	Male	No Admit/Show/Call back	Opiate	-	yes
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no

Month-Year	Gender	Resolution	Substance	Insurance	Repeat Client
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	no
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Feb-16	Male	Ct admitted to Detox	Opiate	No insurance	yes
Feb-16	Male	needs medical/PHY clearance	Opiate	No insurance	no
Feb-16	Male	needs medical/PHY clearance	Opiate	No insurance	no
Feb-16	Male	needs medical/PHY clearance	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	no
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Feb-16	Male	No Admit/Show/Call back	Opiate	No insurance	yes
Feb-16	Male	Program Full	Opiate	No insurance	yes
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	no
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (Mecare/medicare)	yes
Feb-16	Male	higher level of care	Opiate	Yes (Mecare/medicare)	no
Feb-16	Male	needs medical/PHY clearance	Opiate	Yes (Mecare/medicare)	yes
Feb-16	Male	needs medical/PHY clearance	Opiate	Yes (Mecare/medicare)	yes
Feb-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Feb-16	Male	No Admit/Show/Call back	Opiate	Yes (Mecare/medicare)	no
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Feb-16	Male	Ct admitted to Detox	Opiate	Yes (private insurance)	no
Feb-16	Male	ct can not be admitted with current detox client	Opiate	Yes (private insurance)	yes
Feb-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Feb-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Feb-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	no
Feb-16	Male	No Admit/Show/Call back	Opiate	Yes (private insurance)	yes