2018

Grantee Organization Spotlight: Tri-County Mental Health Services. MeHAF's Addition Care Program

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MeHAF's Addiction Care Program

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THE OPIOID PROBLEM IN MAINE

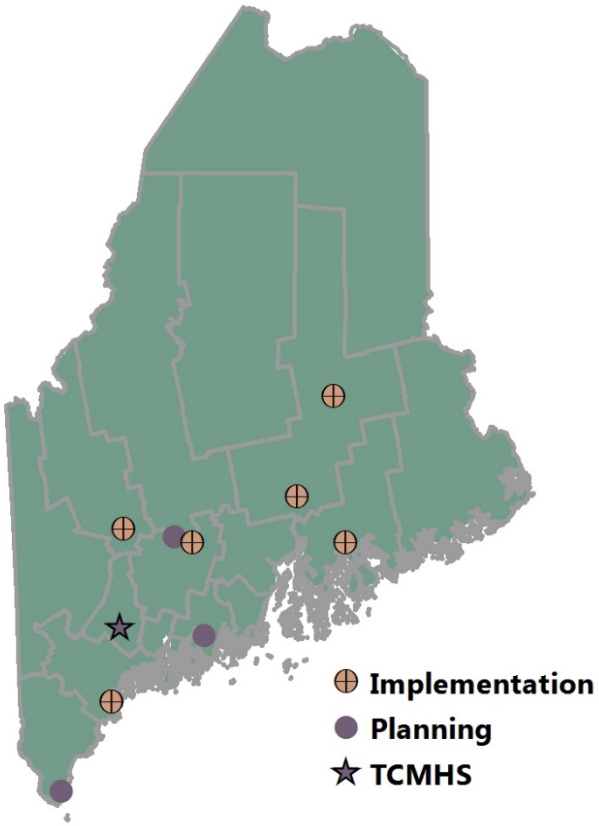
The misuse of opioids and subsequent addiction continues to be a national and local public health crisis. In the United States, 0.8 percent of people (ages 12 and older) have an opioid use disorder[1] and more than 115 Americans die after overdosing on opioids each day[2]. In Maine, there were 418 overdoses involving opioids (pharmaceutical or non-pharmaceutical) in 2017 – this accounts for 85% of all drug-related deaths in the state. Data from 2016 indicates Maine had the 8th highest rate of opioid-related overdose deaths and the 27th highest rate of opioid prescriptions.[3] Between 2016 and 2017, there was an 11% increase in the total number of drug-related deaths, a 27% increase in overdoses due to non-pharmaceutical fentanyl/fentanyl analogs, and 27% decrease in deaths due to heroin use.[4]

ADDRESSING THE PROBLEM

While the statistics are alarming, this public health crisis can be successfully addressed through comprehensive initiatives, policies, and strategies. Stakeholders from different sectors (e.g. public health, healthcare, law enforcement, government) are all working to create the necessary clinical-community linkages to address this problem. Within primary care, one evidence-based strategy to address opioid use disorders (OUDs) is **Medicated Assisted Treatment** (MAT). MAT combines the use of behavioral therapy with medication – for OUDs the medication is buprenorphine (common brand names Suboxone or Subutex). Primary care providers are uniquely situated to deliver MAT as they are at the front line of the health care system and provide therapy for chronic pain, which often involves prescribing opioids. However, implementation of MAT within the primary care setting is challenging due to barriers at the patient, provider, and practice-levels.

Understanding the existence of these barriers, the Maine Health Access Foundation (MeHAF) is providing funds to expand access to patient-centered addiction care for people with OUDs through their Addiction Care Program. Started in April of 2017, this two-year program has provided a total of approximately $800,000 to ten grantees across the state of Maine.

Addiction Care Program Grantee Locations



[1] SAMHSA. Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf

[2] National Institute on Drug Abuse. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis. Accessed 11 April 2018.

[3] National Institute on Drug Abuse. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state. Accessed 11 April 2018.

[4] Sorg, MarcellaH. Expanded Maine Drug Death Report for 2017. Margaret Chase Smith Policy Center, University of Maine. http://www.maine.gov/tools/whatsnew/attach.php?id=788298&an=1. Accessed 11 April 2018.

There are four **planning grantees** and six **implementation grantees**. The *Addiction Care Program* planning and implementation grantee organizations are working to expand access to MAT in primary care by building capacity at the practice and provider levels. As part of their efforts to increase the availability of MAT, grantee organizations are engaging a broad-based network of partners in their programs to ensure the necessary referral relationships and wrap-around services to enhance access to treatment and promote sustained, long-term recovery for people in treatment for OUDs.

CommUNITY Recovery: Key Stakeholders

TCMHS- Project Lead

St. Mary's Regional Medical Center

Bates College

Healthy Androscoggin

Androscoggin County Jail

Central Maine Medical Center

Auburn & Lewiston Police Departments

Androscoggin Home Care & Hospice

Maine Alliance for Addiction Recovery

United Ambulance/Community Paramedicine Program

Androscoggin County Sheriff's Department

Community Concepts

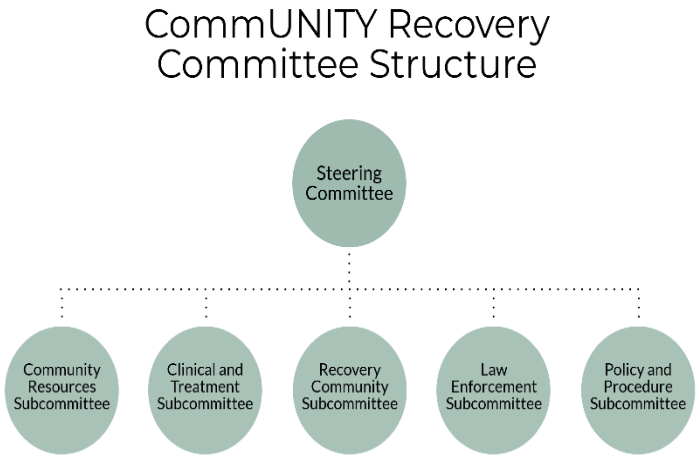
The four planning grantee organizations are building their practice and provider capacity to begin delivering MAT services on a pilot basis. The earlier stages of planning for the implementation of MAT into primary care and implementation grantee organizations have existing MAT programs, however they are focused on strategies to expand access to MAT and to increase their capacity to deliver MAT in primary care settings.

EVALUATING THE PROGRAM

With funding from MeHAF, the Muskie School of Public Service at the University of Southern Maine is conducting a mixed methods evaluation of the *Addiction Care Program*. Using quantitative data (clinical and site-level data, surveys) and qualitative data (patient focus groups, semi-structured provider interviews), the evaluation aims to (1) develop indicators of success and assess program outcomes; (2) document practice and provider experience initiating and delivering MAT in primary care; (3) examine facilitators and barriers to expanding access to patient-centered addiction care; (4) evaluate the extent to which grantee organizations are implementing their program strategies and achieving program milestones, as planned, and; (5) assess the demand, utilization, and reach of planning and implementation efforts among grantee organizations.

GRANTEE SPOTLIGHT: TRI-COUNTY MENTAL HEALTH SERVICES — CommUNITY Recovery

Tri-County Mental Health Services (TCMHS), a MeHAF *Addiction Care Program* planning grantee, is located in Lewiston, Maine and serves approximately 9,000 persons throughout Androscoggin, northern Cumberland, Oxford, and Franklin counties.

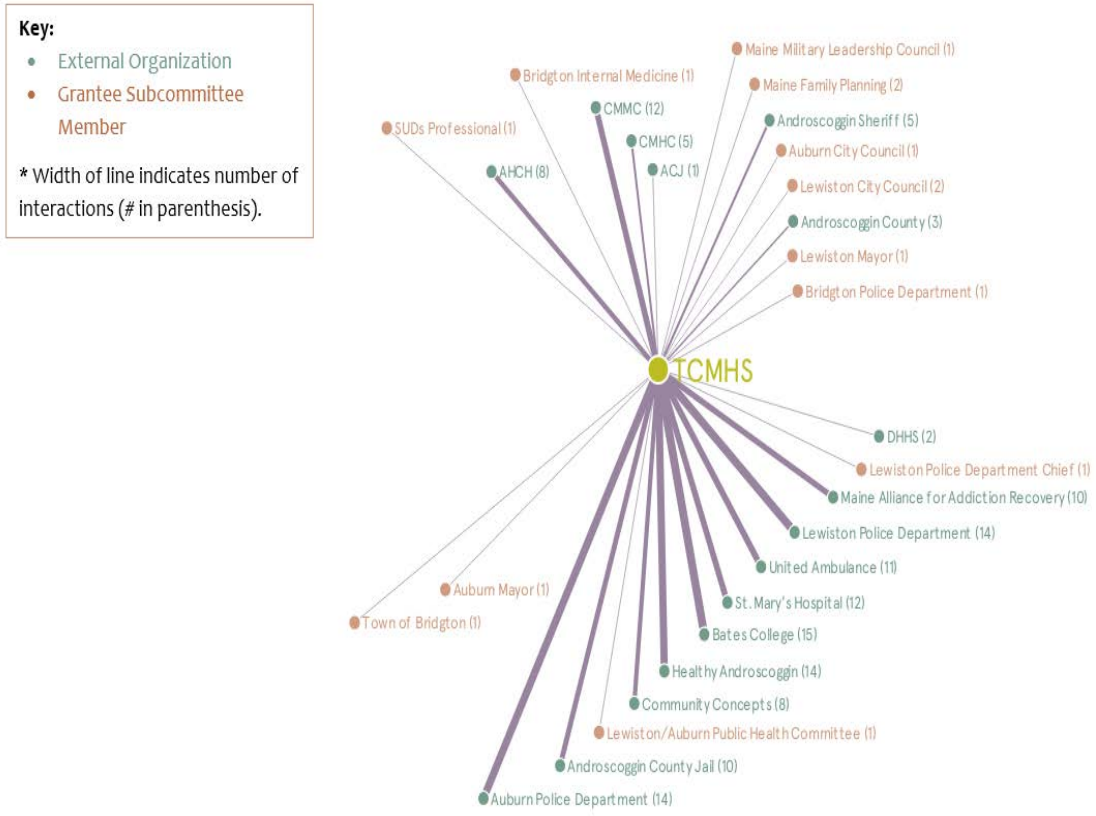


As a planning grantee, TCMHS leads a collaboration of key stakeholders in the process of planning for the implementation of MAT within primary care. One of the main goals of the project, named **CommUNITY Recovery**, is to provide what is considered "traditional" MAT resources (e.g., substance use disorder counseling) as well as wraparound services, including care coordination, that ensure the hierarchy of individual needs are met for each person receiving MAT.

In the first year of the grant, CommUNITY Recovery formed a Steering Committee and five subcommittees – Community Resources, Clinical and Treatment, Recovery Community, Law Enforcement, and Policy and Procedure. During the two year initiative, a pilot program will be tested in Androscoggin County before expanding this MAT model further into the rural areas served by CommUNITY Recovery agencies.

COLLABORATIVE PLANNING PROCESS

The CommUNITY Recovery project focuses on strong collaboration across community organizations that are within the targeted service region. As shown below in the stakeholder engagement map, thirteen community organizations, including two hospital systems, as well as police/sheriff departments and city officials directly involved in the planning of this project. In addition, TCMHS has engaged external organizations in an effort to build clinical-community linkages to support comprehensive MAT treatment and recovery supports in the region such as other healthcare systems, local colleges, emergency medical personal and the county jail. TCMHS anticipates that when implementation of MAT begins, the community will be prepared to aid individuals in recovery on every aspect of their journey.



Providers in the region, surveyed by both CommUNITY Recovery and the Muskie evaluation team, showed a broad spectrum of experience and attitudes regarding experience and willingness to treat individuals with OUD. Multiple respondents to the Muskie survey mentioned the collaborative nature of the CommUNITY Recovery project and how it has led to increased communication between organizations. Participation in various stakeholder engagement opportunities have allowed organizations and individuals to support other community-wide efforts to address local health issues, and improve access as they work towards a complete array of wraparound supports and services for persons receiving MAT.

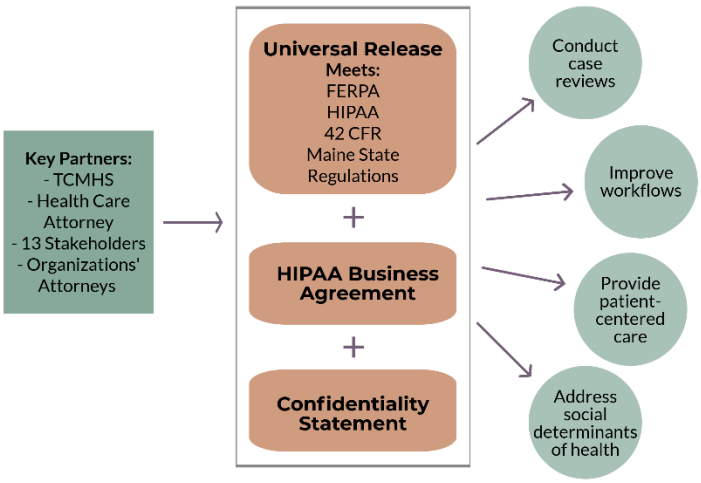
CommUNITY Recovery aims to build on the resources that already exists in the region. Providers interviewed by Muskie evaluators acknowledge that TCMHS currently works "very collaboratively" with a handful of providers that are offering MAT services in the area and feel the agency is well positioned to lead this collaboration. Stakeholders involved in the work have agreed that in order to produce quality outcome measures, MAT must be conducted in an environment that provides adequate support and services.

To that end, CommUNITY Recovery aims to create and adopt a **universal release form** that will allow all thirteen provider agencies to speak openly with each other about patients in the pilot program. Each stakeholder must sign a HIPAA business agreement and confidentiality statement. To enter the pilot MAT program, each patient must opt to sign the universal release.

This release form is being designed, drafted, and finalized with input from all stakeholders as well as a health care attorney, in accordance with national and state health care privacy laws and regulations. This, in effect, means the stakeholder steering committee can act as a case review committee that will be able to work together to serve a patient's hierarchy of needs- not just for access to MAT, but for employment, shelter, food, family counseling, etc. It will support the flow of referrals between primary care, specialists and other key stakeholders, while ensuring there is "no wrong door" for those needing services.

The ultimate goal of the universal release is "to reduce as many barriers as possible to increase retention and the effectiveness of treatment."

How CommUNITY Recovery Will Share Patient Information



REDUCING BARRIERS

In surveys and interviews, MeHAF *Addiction Care Program* grantee organization change teams, providers, and persons in recovery cited a number of barriers to initiating and accessing MAT and related recovery services, including: not enough prescribers, stigma, scarce access to wraparound community-based services for those receiving MAT, lack of insurance, cost of care, transportation, and inadequate external funding to support MAT services. Recognizing that reducing stigma and increasing prescriber capacity and awareness will reduce barriers to accessing and receiving MAT services, one of CommUNITY Recovery's main objectives is to create and subsequently expand a robust support system for MAT prescribers which will include peers and community resource providers.

Since the inception of the program, CommUNITY Recovery has offered 51 training and education sessions, 9 public meetings or forums, and 5 roundtable group discussions. Training and education offerings have covered a broad range of topics including community organizing, diagnosing and treating addiction, MAT policies and reducing stigma. In addition, in February 2018, CommUNITY Recovery hosted an MAT X-waiver training for over 20 providers, led by a SAMHSA trainer. This resulted in at least 9 new providers receiving the certification necessary to provide MAT. Keeping with the project's commitment to provide an array of services for MAT patients, representatives from the CommUNITY Recovery stakeholders and other community resources attended the training and presented to the attendees during the lunch break. CommUNITY Recovery stakeholder engagement and education and training activities are designed to increase local capacity to train prescribers and ensure a learning collaborative in the area.

In addition to providing training to increase MAT capacity, each stakeholder organization is preparing staff to better understand OUDs and addressing stigma and implicit bias as it surfaces to better prepare them for implementation.

A key and unique finding from interviews with providers and persons in recovery at CommUNITY Recovery is their shared commitment to **person-first, recovery-oriented language**.

"There needs to be some real work around how we refer to the folks who have this disorder because just the term 'addict' has a negative connotation. We're working really hard at cleaning up our language because for years that's just been acceptable. Now we really have to stop and think about what is trauma-informed, recovery oriented language."

-Catherine Ryder, Director, CommUNITY Recovery

NEXT STEPS FOR TCMHS

During the next phase of the CommUNITY Recovery work, TCMHS and their collaborators are seeking to move into the implementation phase of their project through a pilot. They will continue to focus on staff training, adopting the finalized universal release form, standardizing treatment protocols, and establishing a pathway of care. By March 2019, they aim to provide access to MAT for 10-15 people.

After working during the first year of the grant on capacity building, establishing the necessary collaborations to promote effective clinical-community linkages, and establishing the program polices necessary to support MAT, Catherine Ryder, Director of CommUNITY Recovery, feels that the program is well positioned to begin piloting the delivery of MAT services.

SUMMARY

Comprehensive capacity building and planning activities are essential to implementing sustainable MAT programs. In addition, comprehensive cross-sector partnerships between health care, first responders, law enforcement, peer recovery networks, and social services agencies are critical to the development of MAT programs that provide a broad spectrum of treatment and recovery services.

The CommUNITY Recovery program has used the resources provided from the *Addiction Care Program* to engage in a thorough planning process which has helped them to establish the infrastructure necessary to provide a broad range of MAT services; share information across agencies to promote care coordination; and created the clinical-community linkages necessary to provide wrap-around services to individuals with OUDs.

"I think we've got the tools we need to create the infrastructure within our organizations and the process flows across our organizations. We've got the willingness and commitment of our colleagues to get that part done."

-Catherine Ryder, Director, CommUNITY Recovery

In addition, they have been able to engage key stakeholders, including community members and individuals in recovery, to help reduce stigma and increase access to treatment for individuals with OUDs in their region. All of their collaboration and planning efforts have laid the foundation necessary to successfully implement MAT and recovery support services in their community.