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SUPPORT for ME Needs Assessment Summary.

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SUPPORT for ME

Needs Assessment Summary

February 2022

The Cutler Institute at the University of Southern Maine

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SUPPORT for ME

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1 Overview

1.1 What is SUPPORT for ME?

In 2019, Maine's Department of Health and Human Services (DHHS) received a $2.1 million grant from the federal government. This grant came from the Centers for Medicare & Medicaid Services (CMS) and was funded by the SUPPORT Act passed by Congress.

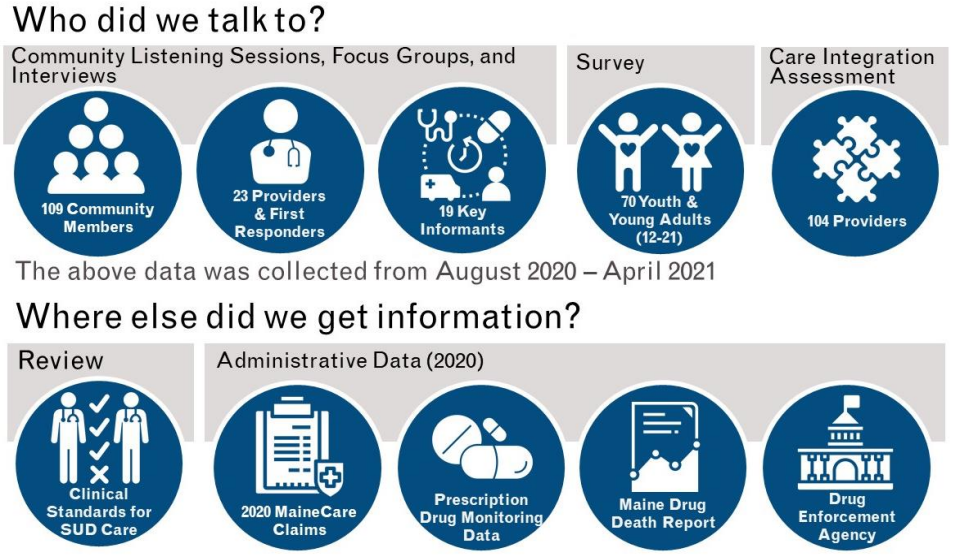
With this funding, DHHS oversaw a project called SUPPORT for ME at the Office of MaineCare Services (OMS). A key part of this project was a needs assessment that gathered information from people all over Maine (**"stakeholders"**) affected by substance use disorder (SUD) personally and/or professionally. Another part of the needs assessment was a study of claims data (information from MaineCare about services its members are using).

1.2 Needs Assessment

Maine DHHS contracted with the Cutler Institute at the University of Southern Maine to create a needs assessment team. This team conducted interviews, surveys, community listening sessions and focus groups with healthcare **key informants** (leadership from health systems, residential care, recovery housing, behavioral health agencies), **providers** (medical, behavioral health, first responders, residential treatment, law enforcement, opioid treatment), **youth** ages 12-21, and **community members** across Maine. We also used health claims data to find out how common substance misuse is among MaineCare members and what types of SUD treatment and support services MaineCare members use. The goal of all of this was to better understand the current capacity to address substance use in Maine; find barriers to getting and using SUD treatment and recovery services; and identify any gaps in SUD-related services in the state. We wanted to find out what kinds of services are widely available, what is less available, and what's missing. For each data collection activity, we reported results back to the SUPPORT for ME advisory committee and Maine DHHS.

Several takeaways or themes emerged across all reports, and these themes are highlighted in this summary report. Themes around barriers (challenges, blockers) and facilitators (things that make it easier) are included from all points of view. This report also includes reported gaps and unmet needs in the state of Maine, as well as ideas and recommendations on improving SUD treatment and recovery

Figure 1: Data Sources for Needs Assessment



1.3 Support for ME's Needs Assessment: Statewide Data Collection

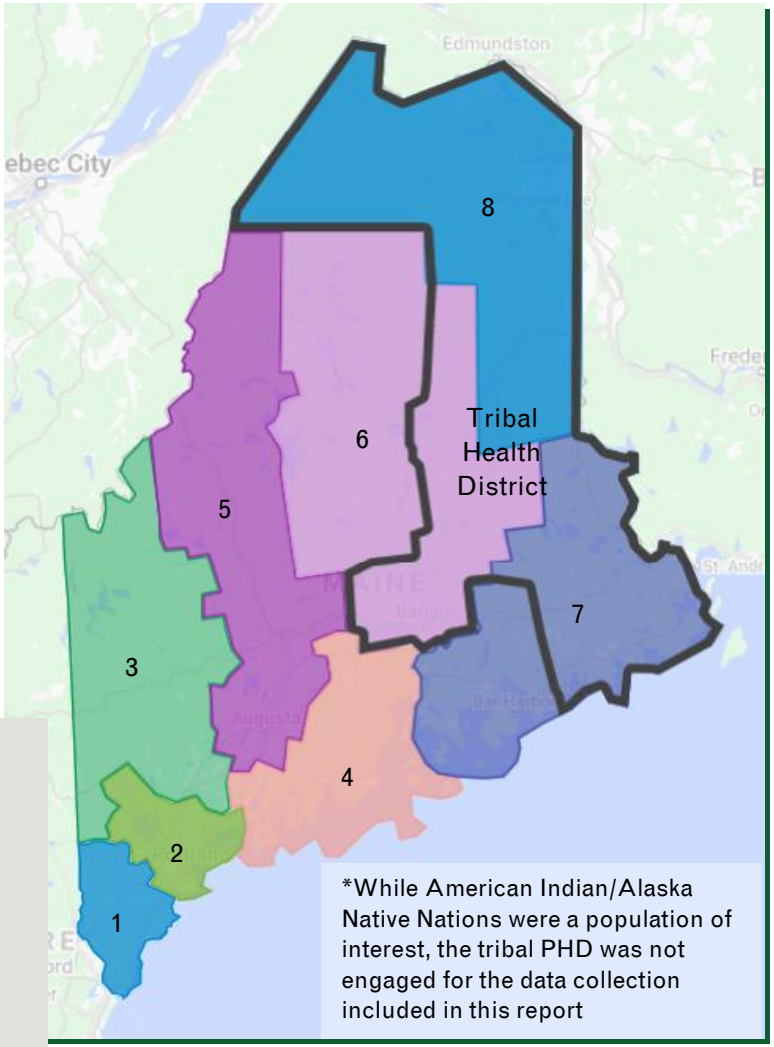
To understand the regional needs and strengths of SUD services, the assessment team made sure to target all parts of the state in their data collection. For the community listening sessions and youth survey, participants shared the county where they live; the care integration survey, provider focus group and key informant respondents shared where they provide SUD services.

Table 1: Public Health District (PHD) Engagement by Data Collection Activity

PHD	Counties	Community Listening Sessions	Youth Survey	Care Integration Survey	Provider & Key Informant Focus Groups	Total
1	York	14	15	12	1	42
2	Cumberland	16	1	21	14	52
3	Androscoggin, Franklin & Oxford	8	4	26	7	45
4	Waldo, Lincoln, Knox & Sagadahoc	27	12	15	6	60
5	Somerset & Kennebec	3	4	29	1	37
6	Penobscot & Piscataquis	7	4	21	7	39
7	Washington & Hancock	19	10	9	3	41
8	Aroostook	15	5	3	0	23
	Statewide	0	0	9	2	11

Some providers and key informants provide services in more than one county or are statewide; youth survey did not require sharing county of residence.

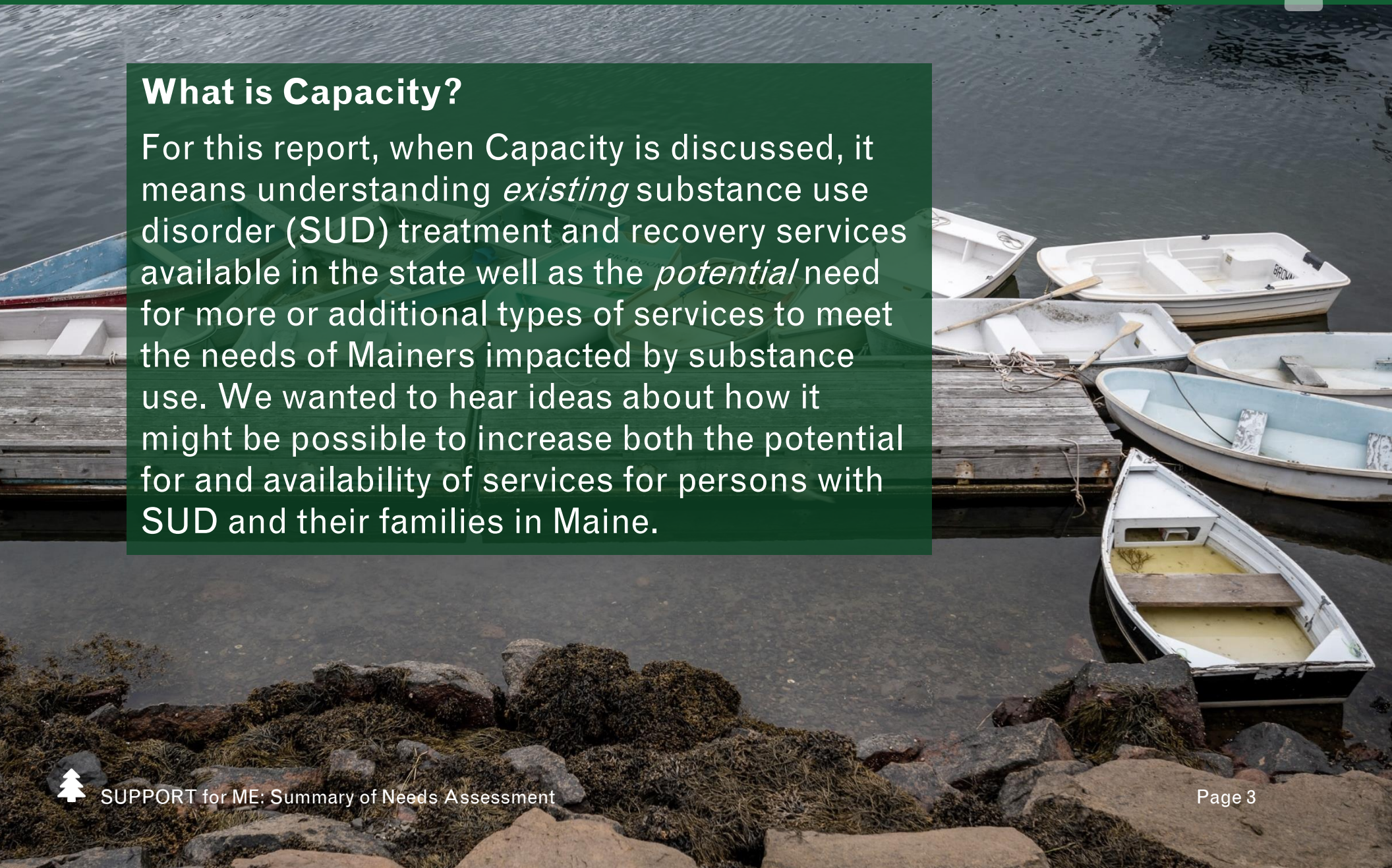
Figure 2: Map of Maine Public Health Districts



SUPPORT for ME Populations of Interest

SUPPORT for ME is a statewide effort to improve SUD treatment and recovery services for all Mainers, with a particular focus on the following populations: adolescents and youth (12-21), individuals transitioning from care settings (e.g. leaving incarceration), American Indian / Alaska Native Nations*, and rural populations. To help understand the needs of certain populations as directed by the SUPPORT for ME project, we asked questions and looked for information on SUD treatment and recovery not just for all Mainers but also for several types of populations in Maine. Also, because this project had a focus on Maine DHHS services, there will be findings related to MaineCare, its services and members in this report.

2 Capacity



What is Capacity?

For this report, when Capacity is discussed, it means understanding *existing* substance use disorder (SUD) treatment and recovery services available in the state well as the *potential* need for more or additional types of services to meet the needs of Mainers impacted by substance use. We wanted to hear ideas about how it might be possible to increase both the potential for and availability of services for persons with SUD and their families in Maine.

2.1 Current* Capacity in Maine

Right now, counties with cities have the greatest capacity to support individuals with substance use disorder. Feedback from stakeholders revealed that in urban areas, the ability to hire and keep qualified staff who help people with SUD is less of a challenge than it is in rural Maine. Community members feel there are more treatment and recovery services options in more populated areas of the state.

Figure 3: Treatment and Recovery Capacity in Rural and Urban Counties

Urban Counties have more capacity in substance use disorder treatment & recovery than Rural Counties

	Counties with Least Capacity	Counties with Most Capacity
Locations Screening for Substance use Disorder	Lincoln Piscataquis Sagadahoc Somerset	Cumberland York Penobscot Kennebec
Recovery Residences	Franklin Lincoln Oxford Sagadahoc Piscataquis Waldo	Cumberland York Penobscot
Sites Licensed to Provide Substance Use Disorder and Mental Health Treatment Services	Franklin Lincoln Piscataquis	Cumberland York Kennebec

*as of April 2021

2.2 Limitations to Current Capacity

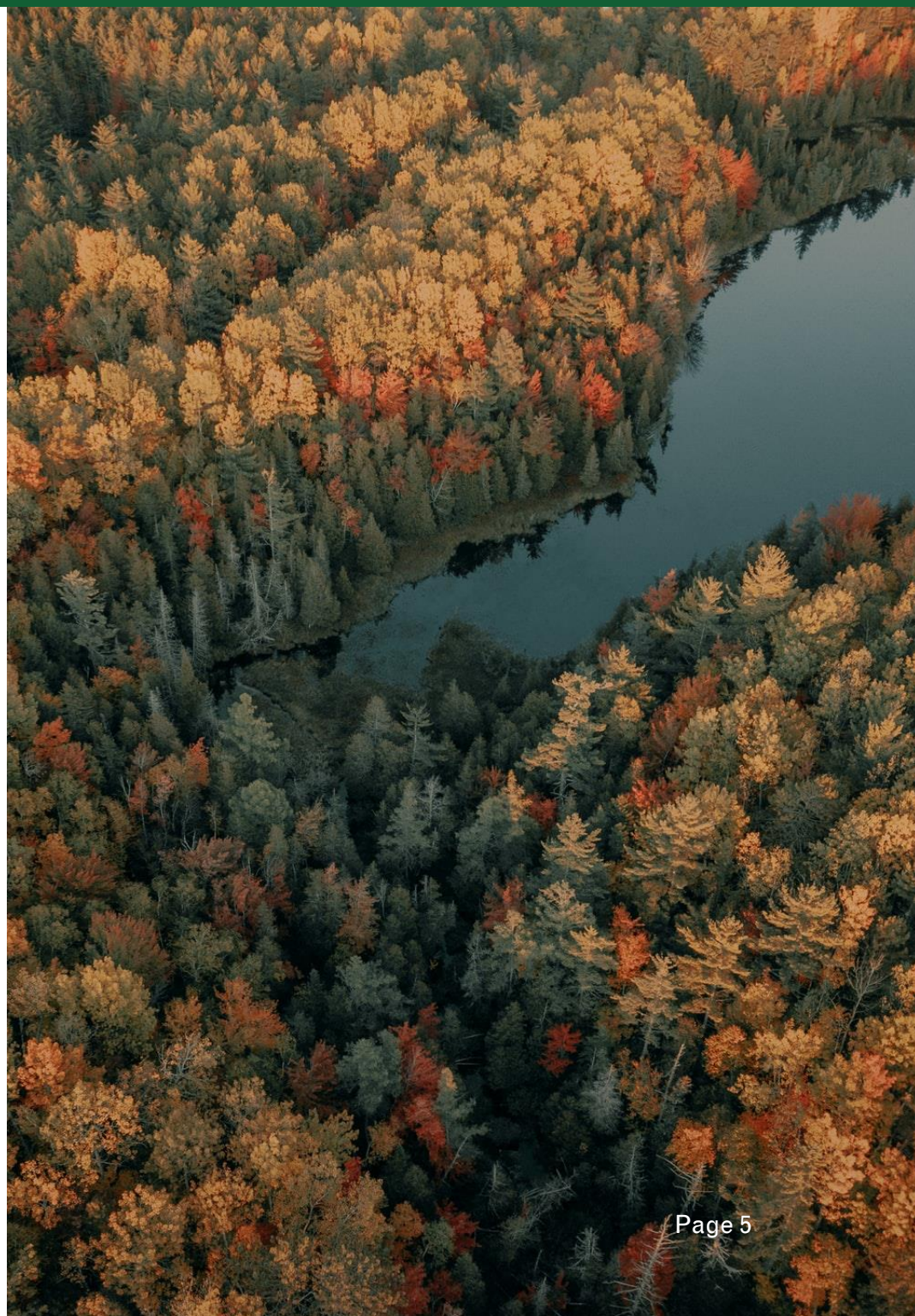
- Franklin, Lincoln, Piscataquis, and Sagadahoc (PHDs 3, 4, 6) have the least overall capacity with the least amount of provider sites licensed to provide substance use disorder and mental health services.
- Maine's capacity to support recovery through specialized housing is lacking: there are no recovery residences in Franklin, Lincoln, Oxford, Piscataquis, Sagadahoc and Waldo counties. Stakeholders shared that there is a lack of recovery housing serving specific populations such as families with children, LGBTQ+, and women only.
- Medication Assisted Treatment (MAT) combines behavioral therapy and medications to treat SUD. (For opioid use disorder, these medications include methadone, naltrexone, and buprenorphine (common brand names: Suboxone and Subutex).) Overall, providers in Maine who can prescribe MAT for opioid use disorder are only serving a small amount of their allowable capacity, and many serve only a small percentage of MaineCare members.
- All data sources showed a shortage of providers in Maine, with hiring and keeping qualified staff a major challenge in rural areas, which prevents expansion of substance use disorder services.
- Youth and young adults (ages 12-21) felt that specialized, age-appropriate treatment services, and/or provider organizations dedicated to addressing the needs of youth and young adults impacted by SUD were insufficient.

2.3 Strategies for Maintaining and Building Capacity for SUD Treatment and Recovery Services in Maine

The following strategies were discussed by all stakeholders when talking about how to improve the support system to build SUD service capacity in the state.

Resources to Support Telehealth. Providers and community members agreed that telehealth helped keep services going for people with SUD during the COVID-19 pandemic. Insurance coverage for telehealth services is a way to further build capacity that address the needs of individuals with SUD, particularly for those living in more rural areas of the state that face challenges accessing SUD services.

Coalition Building. Providers shared that community coalitions that include a wide spectrum of agencies and staff help more people get the services they need. Several community members, providers and stakeholder noted the importance of liaisons such as in the ME DHHS OPTIONS program,[1] where behavioral health clinicians work with local EMS and law enforcement to counsel, provide follow up and outreach care for people with SUD. These collaborative efforts as well as the importance of trying to expand the involvement of EMS and local fire services are one example of how to use cross-sector efforts to address SUD at the community level.



[1] For more information on the OPTIONS program please see: https://knowyouroptions.me

Increasing Referrals. Building or strengthening relationships within or between organizations increases the ability to refer individuals to appropriate treatment and support services for SUD. The referral process is faster and easier when there are connections between providers and organizations that serve individuals with SUD. Quick and successful referrals were highlighted as very important for individuals with SUD who are ready and willing to start treatment or progress further in their recovery.

State-Supported Policies. Mainers we talked to agree that continued State support for substance use treatment and recovery services is an essential component to ongoing capacity building efforts. Maine DHHS should continue outreach efforts, like those implemented under the SUPPORT for ME initiative, to front-line workers to better understand evolving community and organizational needs and how to align capacity building efforts with the priorities of the people providing SUD treatment and recovery programs.

Provider Willingness. Focus group participants agreed that increased resources that provide a variety of different types of SUD treatment, recovery and support services improves providers' willingness to work with the SUD population. Stakeholders noted that getting the training and certification to provide MAT is an easier process from just a few years ago and has allowed organizations to expand the number of MAT providers within their organizations. Providers agreed that additional support from their organizations and peer-to-peer education and support help improve provider culture as well as willingness to provide services to individuals with SUD.

Capacity Building Strategies for SUPPORT for ME Populations of Interest

Rural Communities: Providers and community members felt that the unique substance use needs in rural areas were well-served by government programs that did not have an opioid-specific focus, such as the OPTIONS program.

Youth: Including services in schools with behavioral health clinicians is an agreed-upon strategy from community members, providers, and youth to reduce barriers to access, promote ways to get help to youth in need, and could reduce funding barriers.

2.4 Opportunities for Building Capacity

Improving Funding and Reimbursement. Providers and key informants shared that low reimbursement rates from public and private insurers negatively affect the quality of the workforce, available services, and makes it hard to build capacity. They noted that a rate increase for SUD treatment services from Maine DHHS was appreciated. For providers and key informants, there were additional concerns about the need to relieve the administrative burden associated with billing for MaineCare services.

Enhancing Provider Willingness. Stakeholders felt that lacking experience or education on how to interact with patients with SUD can create stigma, decrease provider willingness, and worsen the quality of care delivered. They agreed that increasing providers' understanding of SUD and evidence-based interventions can boost provider willingness to treat people with SUD across healthcare organizations in Maine.

Increasing Referral Options & One-Stop Service Care. Providers acknowledge that disruptions to care transitions related to internal and external capacity (inside their system and community-wide) make it difficult to strengthen services for people with SUD. Stakeholders agree that providers' ability to make referrals to appropriate levels of care would be aided by addressing staffing shortages, as would increasing the number of providers that accept Mainecare-insured patients.

"This year, we had a rate increase, which we are very grateful for, which has helped us a great deal...I think we're seeing more folks [staff] interested in coming into Maine to provide services."

- Key Informant Interviewee

"We partnered with the ER so if we identify a really high-risk patient...we can work with the ER where they can get medicated there and then transition back to me pretty quickly."

- Medical Provider

3 Care Access and Delivery

Figure 4: Access to Care and Care Delivery

Providers, healthcare stakeholders, and community-members discussed their experience about getting and staying in treatment and recovery services in Maine. They gave valuable insights about what makes finding and entering care and delivering care easier or more difficult for persons with SUD. The variety of care experiences in Maine's healthcare system described by stakeholders depends on many things, including service availability, cost of care, stigma and provider willingness, and social determinants of health (such as housing, employment, food security).

"We really need to look at a more comprehensive model of treatment, let's look at the whole system of care because the gaps for most people are, in my opinion: safe places to live, reliable transportation. It doesn't matter if we have a thousand treatment providers but if they're all an hour away, you can't get to them ... The problems that we see that still exist in Portland just get exponentially harder as you get to the rural parts of the state."

- Behavioral Health Provider

3.1 Barriers to Care

When looking across all the data, themes were identified for barriers to accessing treatment and other SUD related services. How these are experienced is described (Table 2) for both individuals with SUD and their loved ones, as well as providers and other stakeholders in the health care system.

Table 2: Barriers to Access to Care and Care Provision

How The Barrier is Experienced in the Community	Core Barrier	How Providers Experience the Barrier
Long Wait Times for Treatment are a barrier to starting treatment for SUD, and often means lost window of opportunity to receive help when motivated to do so	**Lack of Services to Refer People to**	**Provider Shortages Across all Service Types** affects a provider's ability to identify available services (like counseling, MAT) for individuals when they need/want them
Cost of Care/Out of Pocket Costs such as co-payments for treatment services/medications, even for those with insurance, are a barrier to getting and continuing treatment	**Cost of Care**	**Low Payment Rates** from private and public insurers can be a challenge for providers providing SUD services
Real-Time Information about Community Supports are lacking for individuals with SUD and their loved ones, and they often do not know what services are available in their community and would benefit from	**Communication and Information Sharing**	**Communication Issues Within & Across Systems** negatively impact follow-up, make care transitions harder, and starting a care plan across different types of care for individuals with SUD more difficult
Limited Understanding of Trauma and Mental Health from family/friends, community members, and providers can get in the way persons with SUD getting the help they need	**Stigma**	**Provider Willingness** can be affected by stigma, because some providers may think serving persons with SUD is time consuming or feel they lack the expertise to do so
Not Being Able to Find safe housing, transportation, food, and employment make accessing treatment and recovery support even more difficult for persons with SUD	**Addressing Basic Needs**	**Lack of Access** to safe housing, transportation, food, and employment can make it harder to provide care for patients whose most basic needs are not being met, for example, they may not be able to get to appointments or follow care instructions

"Whenever [someone is] ready to get help in terms of going into an inpatient program, if there's a waiting list at all, then it's not helpful!"

"The route to recovery isn't just abstaining from substances, it's also getting one's basic needs met and that's so often the barrier."

"A huge hurdle for substance use recovery is transportation."

-Community Focus Group Participants

"I think we can have the best treatment possible but if the basic needs of the people we're working with are not met, it's really hard to engage intellectual thinking when you're worried about where the food's coming from, where safety in housing is coming from."

-Behavioral Health Provider

3.2 Facilitators to Care

When looking across all the data, facilitators (things that make it easier) for accessing treatment and care for SUD, were identified. How these are experienced can vary for persons with SUD and their families in the community versus providers and other stakeholders in the health care system.

Table 3: Facilitators to Access to Care and Care Provision

How The Facilitator is Experienced in the Community	Core Facilitator	How Providers Experience the Facilitator
Financial Supports like scholarships/insurance for treatment and recovery services, and funds for housing, transportation, food, and other needs made it easier to stay in treatment **Transportation** is important to stay in treatment, including availability of additional, creative transport services especially in rural areas	**Easy Access to Care**	**Quick, Low-Barrier Programs** that allow persons to be seen right away for their SUD are most effective in starting people on the road to recovery. Of note: MAT induction in the ED; coordination between primary care and SUD services, and where necessary, justice systems.
Availability of Telehealth particularly helps with transportation challenges and attending medical appointments and therapy in rural areas	**Telehealth Services**	**Expansion of Telehealth** (online & phone) and reimbursement is resulting in improved patient attendance at appointments, addresses individual transportation challenges and improves patient care
Affordability of Housing as well as sober housing options were reported to provide stability and security to individuals in recovery	**Housing/Sober Housing**	*No related facilitators noted*
Community Connections to peers, an understanding community, and providers are important in treatment and the road to recovery	**Supportive Community**	**Community Engagement for SUD Service Providers** such as ongoing provider education/training in harm reduction, treatment and recovery help improve care
Patient-Centered Approaches are important to continued access to treatment, including rapid access programs and team-based care	**Care Integration**	**Co-Located Embedded Services and Supports** offer a range of care that improve organizations' capacity to provide care
Adequate Capacity for Inpatient Services and Medically Supervised Withdrawal are key, so patients do not have to wait for high levels of care that act as entry-points to long-term care **Expanded Capacity and Knowledge** among first responders connects community members with services they need	**Increased Capacity/ Service Availability**	**Increased Capacity for Medically Supervised Withdrawal** is, for many, the best way to stabilize patients and connect them with additional services **Harm Reduction Services** provide an opportunity to save lives and a potential first contact to introduce treatment and recovery options

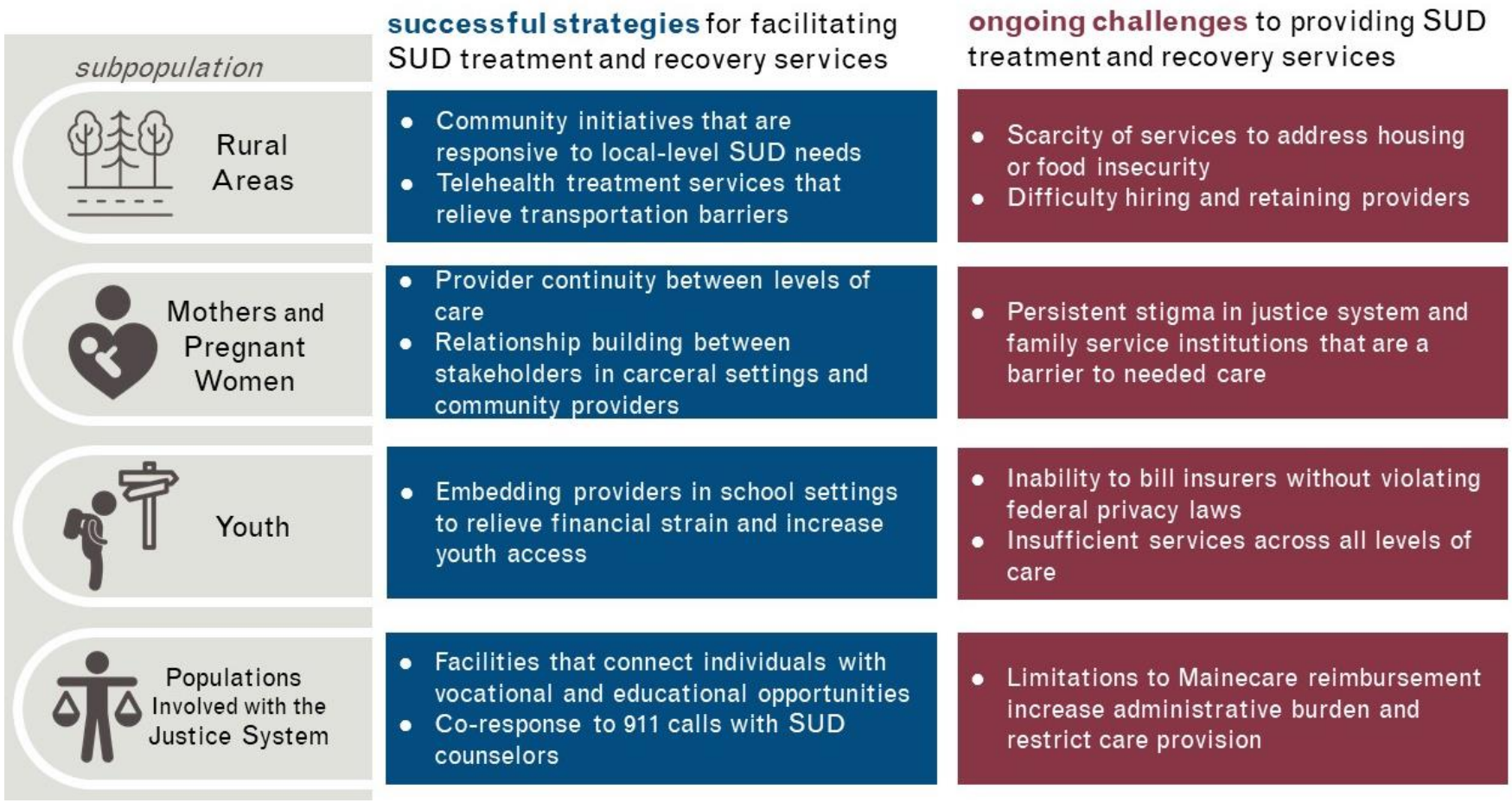
Almost 7,000 MaineCare members with SUD accessed therapy via telehealth in 2020.

In 2020, over 2,500 people who went to syringe service programs were referred to other supportive or healthcare services.

3.3 Care Provision for Special Populations

Some populations in Maine have unique experiences receiving care for SUD. Healthcare providers acknowledged strategies that can help get better services to these Mainers, and these strategies and ongoing challenges were echoed by persons with SUD and their families.

Figure 5: Facilitators and Barriers to Care Provision for SUPPORT Subpopulations of Interest



4 Care Continuity

Care continuity refers to a patient's experience of consistently high-quality and accessible care over time. Due to the chronic nature of substance use disorder, making sure there are seamless care transitions between all levels of care, between providers and organizations, is critical to supporting care coordination and continuity.

All stakeholders shared ways they see, or want to see, care transitions that are easy and accessible for community members with SUD and their families.

- Co-located services and effective communications across service providers are important in creating a continuum of care for SUD in Maine. It is seen as a model of care that especially helps persons with OUD in sticking with their treatment and recovery process; Opioid Health Homes were noted across all stakeholders as a successful model in Maine.
- When co-located care is not an option, providers discussed the need to connect persons with SUD to a primary care physician who knows about their treatment program.
- When providers partner with other types of care providers, departments, and systems, this creates more effective care transitions for the person with SUD and better coordinates their care.
- The model of integrated care needs to consider the service needs for youth, including gaps in providing behavioral health services for co-occurring diagnoses (when a person has both mental health needs and a SUD).

However, there remained barriers to receiving appropriate care over time.

- Inadequate patient-centered treatment options, with focus on the problems behind and surrounding SUD diagnosis, are a barrier to "whole-person care" where the patient is receiving care that meets their unique needs. Providers shared that co-located care is an area in need of improvement and could improve this kind of care.
- Although certain MaineCare members receive case management via Opioid Health Homes, MaineCare members do not have to access case management. MaineCare claims data shows extremely limited billing for targeted case management among individuals with SUD. (Targeted case managers help create a support plan, work with the patient and family, and coordinates and advocates for services for the individual.)
- The lack of integrated funding streams across all types of providers is a barrier to care coordination for persons with SUD.
- Community members did not believe enough screening took place in primary care settings; patients with SUD want doctors to screen and discuss substance use in primary care settings more often.

More than 25% of youth MaineCare enrollees (ages 12-21) have anxiety and 17% have depressive disorder, based on 2020 claims data.

"I get [Suboxone] in the same place where my primary care doctor is, so all of those services are done within a family practice location, and I also get counseling through that same entity and it's been really, really helpful in so many different ways."

-Community Focus Group Participant

4.1 Referral Capacity

Providers are limited by a lack of options in the state to refer individuals for SUD treatment and support services. Disruptions to care transitions for patients can make staying in treatment harder. These interruptions can be due to gaps inside the provider's network or organization as well as broader service gaps in the community.

The overall low number of providers in Maine is considered a major limitation to referring patients with SUD to the appropriate level of care. Providers and key informants shared that historically low reimbursement rates have strained organizational capacity. In some cases, outpatient providers have increased the volume of patient referrals to higher levels of care due to lack of in-house staff.

Meanwhile, a severe lack of places to refer to for medically supervised withdrawal management or inpatient services, especially those that serve youth (only two counties had MaineCare claims for alcohol and/or other drug treatment programs for children/adolescents in 2020), means that outpatient providers feel that their services are stretched, and their patients are not receiving care in the most appropriate settings. This was echoed by community members experiencing it at the patient level.

More specific challenges to making the best referrals for persons with SUD include:

- Providers not accepting MaineCare insurance.
- The ability of law enforcement and EMS to link a person up with SUD services varies across the state; overall this ability is constrained by limited treatment and recovery support services in the communities in which they work.

Providers shared strategies that enhanced their ability to make appropriate referrals. Building or strengthening relationships within or between organizations boost a provider's capacity to refer individuals to the most appropriate treatment services.

- Improved connections make the referral process faster, which is particularly important for an individual with SUD who is ready and willing to initiate treatment or progress in their recovery process.
- Placing behavioral health providers into primary care settings and medical staff in appropriate behavioral health settings (reverse co-location) is a successful model for increasing quality of care for persons with SUD.
- Overall, existing relationships were the greatest facilitator to connecting patients or clients with services, especially from being engaged in community outreach as part of collaboratives or coalitions, grants or law enforcement initiatives.

"I wish that there were more ...programs that offer continued care that was just like a seamless transition."

- Community Focus Group Participant

"We offer embedded services within our primary care practices so if you have a primary care appointment, we oftentimes try to schedule your counseling appointment at the same time because we have a lot of transportation barriers, so we try to meet patients where they are to get them their services."

- Youth-Oriented Provider

4.2 Gaps in SUD Services

Across all groups of people engaged by the needs assessment, respondents highlighted that Maine lacks what some consider as basic SUD service options available elsewhere. **Gaps in services disrupt the treatment path for individuals with SUD.**

Brick and Mortar Facilities:

- Absence of medically supervised withdrawal facilities, commonly referred to as "detox"
- Not enough inpatient treatment facilities and capacity
- Need for longer-term services, including extended medically supervised withdrawal services, long-term outpatient options, and extended residential options

Patient-Centered Care

- Lack of treatment and recovery services that are patient-centered, meaning these services that are designed to address the unique needs of individuals impacted by SUD, including services tailored to meet the treatment and recovery support needs of adolescents, women and children, and support meetings that are not religion- and abstinence-based

Localized Recovery Supports

- There are not enough recovery housing options for individuals on medication assisted treatment for OUD, women with children, population specific housing (i.e. LGBTQ+, women only houses), and affordable housing is lacking statewide
- Need for more local and easier to access recovery support options
- Limited use of recovery coaches across varying sectors

Claims data shows that medically supervised withdrawal services (often referred to as "detox") are provided to MaineCare patients in only three counties (York, Cumberland, Penobscot) and not all counties (12 of 16) have intensive outpatient (IOP) services for SUD.

While Maine has partial hospitalization programs (PHP) for mental health services, there are none for substance use disorder.

"I feel like there's definitely a lot more outpatient programs than inpatient ... anytime I wanted inpatient, I had to go to New Hampshire."

"I don't think there's enough sober houses, and especially sober houses that accept people on medication."

-Community Focus Group Participants

As of the beginning of 2021, less than half of the 115 recovery residences in Maine supported individuals on medication assisted treatment (MAT) and only three allowed parents with their children.

5 Recommendations

Included throughout this summary report are strategies and opportunities for how to improve services in Maine for persons with substance use disorder. This final section highlights recommendations to Maine DHHS from the needs assessment team that can help implement these strategies and opportunities.

5.1 Use Data to Understand and Improve SUD Services

- Support efforts to link data sets to better understand how and where MaineCare members are accessing services or using recovery supports. Use standard measures to track rates of SUD and use of services across the State.
- Use MaineCare claims data to understand what SUD services are being accessed across the State. Looking at the services by the intensity of the service (e.g. preventive, inpatient, outpatient) can help MaineCare identify where the gaps may be.
- Map out where services are being offered and share this information with providers to increase their capacity to make appropriate referrals. Identify gaps in services and work with providers to determine how services across all levels of care can be made available for individuals with SUD.
- Work to better understand how persons who have been in jail or prison utilize SUD services.

5.2 Increase/ Better Leverage Funding & Staffing

- Increasing reimbursement rates for SUD services from all payors will support hiring and retaining qualified staff, especially at clinical levels of care (nursing, social workers, psychiatrists) and support capacity building efforts.
- Leverage federal and/or implement state incentive-based programs that will help expand SUD workforce capacity in Maine.

"...in the underserved areas maybe offering some sort of a financial benefit or enhancing the MaineCare payments or...I feel like there's all kinds of ways we could probably work around [provider shortages] but I think a lot of them are financial."

- Provider Focus Group Participant

5.3 Strengthen Spectrum, or Continuity of Care

- Increase access to providers by continuing to allow reimbursement for telehealth services, which were almost unanimously reported to make getting treatment easier for persons with SUD.
- Build the ability for co-located services and effective communications across service providers (strengthen referral networks). This is important to care transitions, and make it easier for persons with SUD to stay engaged in their treatment and recovery process.
- Even if not co-located, give providers access to other provider peers who can offer guidance and advice on best treatment practices.

"[There is a] separation that we have between substance use disorder treatment and mental health treatment, and we have separate licensing boards and requirements. You don't have a substance use disorder without a behavioral health struggle, and we somehow have created this artificial distinction between the two...it would be wonderful if we were able to someday really recognize these as co-occurring and provide fully-integrated treatment no matter what."

- Key Informant Interviewee

5.4 Reduce Stigma, Increase Community Awareness of Available Services

- Real-time information about available services is needed by persons in the community seeking SUD treatment for themselves or a loved one. If mapping out available services for provider referrals, make that information available, easy to find and easy to use for the wider community.
- Trauma and mental health almost always tie into the work of SUD treatment and recovery. Increased awareness and training opportunities about this topic can decrease stigma in many parts of the population: policy and law makers, health care workers, law enforcement, teachers, as well as the broader community.

"I think one thing that we really need in the state of Maine is just stigma education."

- Community Focus Group Participant

"I think when you talk about investment of (SUD-related) resources at the legislative and state level, there's incredible stigma."

- Key Informant Interviewee