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R.A.C.E. to Recovery Year 1 Evaluation Summary Report

Katie Rosingana BA

Evelyn Ali BS

Tyler Egeland BA

Mary Lindsey Smith PhD

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SURE Substance Use Research and Evaluation
Catherine Cutler Institute

R.A.C.E. to Recovery Initiative

Evaluation Summary- Year 1

Katie Rosingana, Evelyn Ali, Tyler Egeland and Mary Lindsey Smith

March 2022

Project Overview

Through a collaborative effort led by the Healthy Community Coalition, the multi-sector **Rural Addiction Care Expansion (R.A.C.E.) to Recovery** initiative consortium is utilizing evidence-based, community-wide response to impact and reduce the effects of the opioid epidemic in the Western Maine Public Health District/ Greater Franklin County. Grant funding is provided by the Health Resources & Services Administration, Rural Communities Opioid Response Program (RCORP).

Project Goals:

- Reduce morbidity and mortality associated primarily with opioid use disorder (OUD) in the high-risk rural communities of western Maine, namely, Franklin County and bordering towns
- Implement strategies to strengthen and expand prevention, treatment, and recovery services for OUD

Project Components:

- Consortium-led shared resource and service delivery
- Expanded use of current capacity to facilitate access to essential healthcare services for persons with OUD
- Stigma Reduction
- Harm Reduction: increased access to naloxone and HIV and HEP-C testing
- Emergency Department Referral Program
- Increasing Capacity for Recovery Coaching

Evaluation Overview

To assess and evaluate the implementation, successes and challenges of the RACE to Recovery project, the Cutler Institute is collecting and analyzing data for both process and outcomes of the initiative.

Partnership Perspectives

- Partnership assessment
- Consortium focus groups

Patient Information and Perspective

- Administrative Data
- Patient Interviews

Additional Data To Be Collected in Years 2, 3

- Community Readiness Survey
- Pre/Post Training Assessments
- Continuation of Year 1 Data Collection activities

Data included in this Year 1 Summary Report

Summary of Year One Evaluation Efforts

In the first year of the initiative, the Cutler team utilized both primary and secondary data to assess RACE to Recovery program implementation efforts, document project milestones, as well as examine programmatic successes and challenges. Below is a summary of the Year One data collection activities.

Survey & Patient Data

- Partnership Assessment Survey deployed by Cutler Institute: to Consortium & relevant stakeholders, using Qualtrics online survey software.
- HRSA performance measures (PIMS), which tracks patient and program information from the hospital system, and other administrative data about RACE to Recovery program.

Focus Groups & Interviews

- 3 Consortium Focus Groups (n=10)
- Patient Interviews (n=9)
- All data collected via online software (Zoom). Audio recordings of focus groups and interviews were transcribed and annotated for themes relevant to capacity, access, and program successes/ challenges

I. Leadership and Partnerships

Partnership Self Assessment Survey

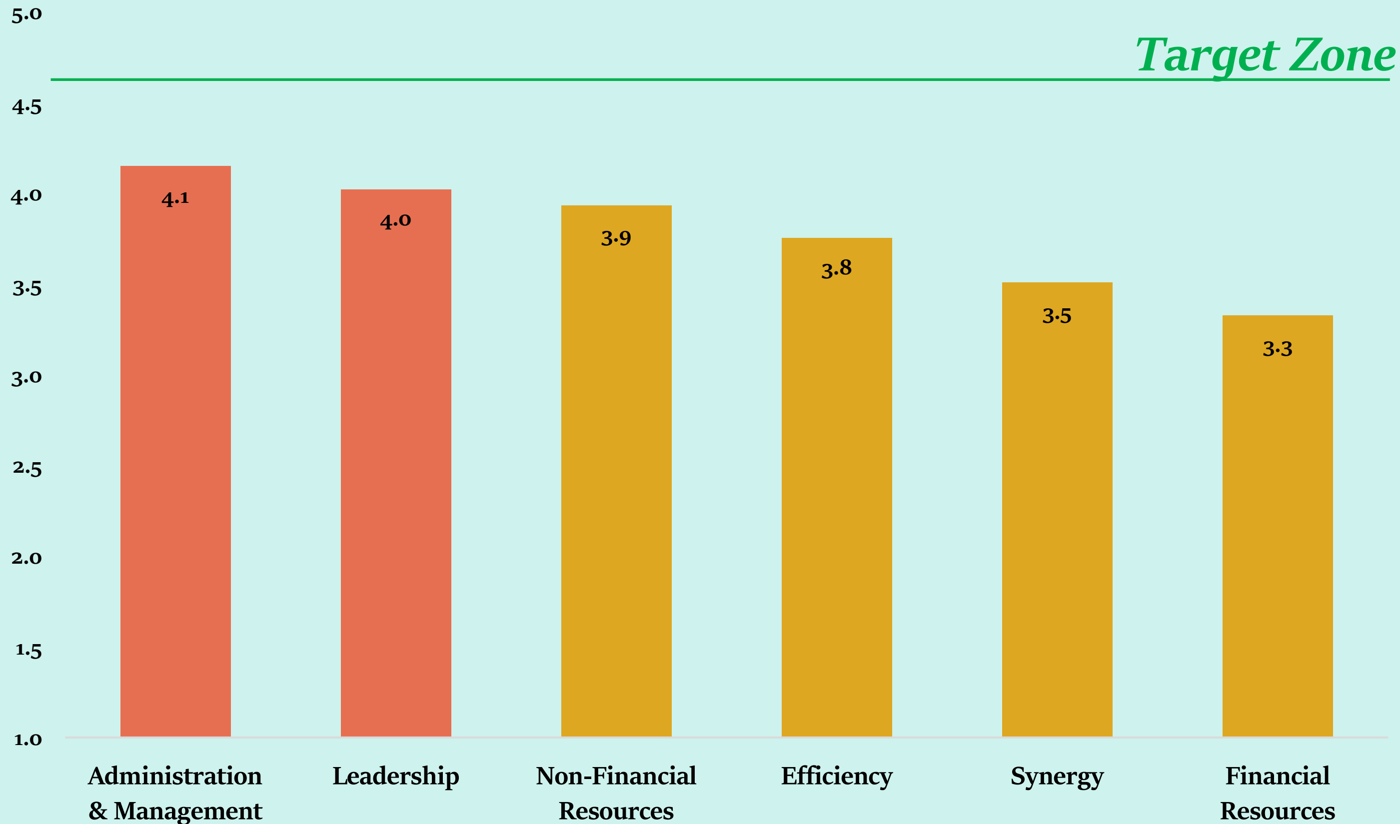
Partnership Self-Assessment: Overview

The partnership self-assessment tool is a questionnaire designed to measure indicators of successful collaboration, describe partnership aspects and the benefits & drawbacks of participation

The purpose of the tool is to identify strengths and weaknesses of the RACE Consortium as well as to define key areas of focus to make the collaborative partnership more successful

What is Assessed?

- **Synergy**: how well the partners work together to set goals or problem-solve
- **Leadership**: ability of formal or informal leadership to problem-solve and motivate partners
- **Efficiency**: use of financial and non-financial resources
- **Administration and Management**: effective communication, meetings, and materials
- **Non-financial resources**: access to skills, influence, and credibility
- **Financial/capital resources**: availability of money, space, and time



Target Zone (4.6 – 5): Partnership is currently excelling in this area and should focus attention on maintaining a high score, *represented with line*

Headway Zone (4 – 4.5): Partnership is coalescing in this area but has potential to progress further

Work Zone (3 – 3.9): More effort is needed in this area to maximize partnership's collaborative potential

Danger zone (0 – 2.9): Area needs significant improvement

Overview of Findings

- Survey deployed October 2021
- N=22 partners responded
- The RACE Consortium has strong scores in the domains of **administration & management and leadership**
- The RACE Consortium should continue to work on **non-financial resources, efficiency, synergy and financial resources**

Key Findings: Partnership Strengths & Areas for Improvement

Headway Zone Domains

The below are the consortium's highest and lowest- rated items in each domain where the consortium was in the headway zone (4- 4.5).

Administration and Management

Strengths

- Applying for and managing grants & funds
- Coordinating communication among internal & external partners

Improvement Opportunities

- Evaluating the progress and impact of the partnership
- Coordinating communication outside of the partnership
- Providing orientation to new partners

Leadership

Strengths

- Creating an environment where differences of opinion can be voiced
- Taking responsibility for the partnership
- Fostering respect, trust, inclusiveness, and openness

Improvement Opportunity

- Communicating partnership vision

Key Findings: Partnership Strengths

Work Zone Domains

The following are the consortium's highest-rated items in the work zone domains (3 – 3.9).

Non-Financial Resources

- Influence and ability to bring people together for activities
- Legitimacy and Credibility
- Skills and Expertise

Synergy

- Understanding roles of organizations in the community
- Including views of affected individuals
- Identifying ways to solve problems

Financial Resources and Efficiency

- Securing space for partnership activities
- Using financial resources efficiently

Key Findings: Opportunities for Improvement

Work Zone Domains

The following are the partnership's lowest-rated items in each of the work zone domain, indicating potential to improve collaboration in these areas.

Non-Financial Resources

- Engaging with appropriate government stakeholders

Synergy

- Obtaining support from community stakeholders
- Responding to needs and problems of the community
- Coordinating comprehensive networking activities

Financial Resources and Efficiency

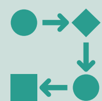
- Engaging new funding streams
- Using partner time efficiently

Partnership Self-Assessment: Decision-Making

Everyone was either mostly or completely satisfied with the partnership, with strong scores on decision-making:

75% of respondents were either very comfortable or extremely comfortable with how decisions are made in the partnership

88% of respondents support decisions made by the consortium most or all the time



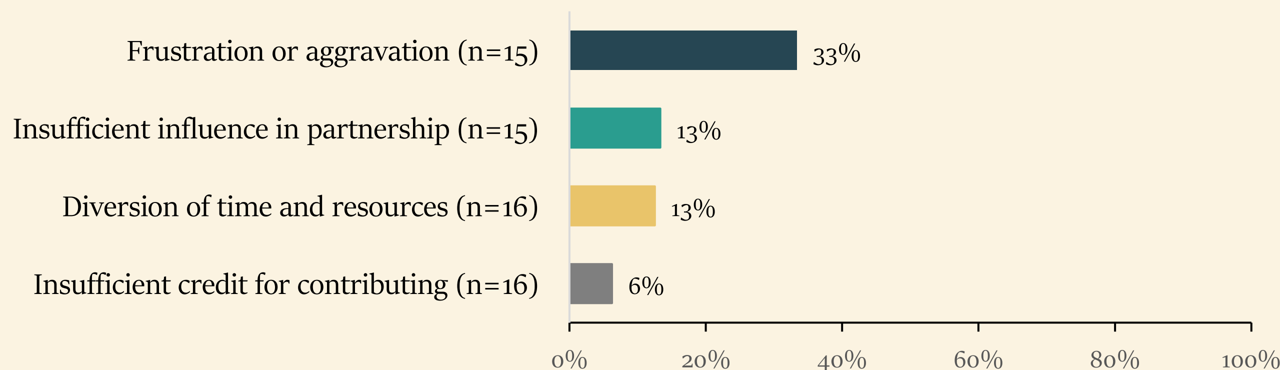
13% of partners feel they had been left out of the decision-making process some of the time

Partnership Self-Assessment: Benefits and Drawbacks

ALL respondents believe the following benefits result from participating in the partnership:

- developing valuable relationships,
- expanded knowledge of services and programs in community,
- enhanced ability to address important issues, &
- having a greater impact within the partnership than would be possible alone.

95% of respondents believe benefits of the partnership exceed any drawbacks, & no one reported conflict between their job and the work of the partnership



"My reluctance or hesitancy on some of these issues reflects my disappointment that we could not or did not partner better with the a. the local criminal justice system and b. the medical community at large. Those two organizations have not sufficiently prioritized opioid use disorder treatment in our community though it would seem vital to their interests. I think generally we and particularly the leadership, has done what it could, so I don't think the fault lies there"

-Survey Respondent (open-ended response)

II. Perspectives from the Consortium

Consortium Focus Groups

Consortium Focus Groups: Overview

- Cutler Institute evaluators analyzed feedback from 10 consortium members collected in 3 separate focus groups held on December 8, 2021.

- The goal was to gather information on the first year of the RACE to Recovery initiative to evaluation and document implementation process challenges and successes. The consortium members reported on:
    1. Early Successes of RACE to Recovery
    2. Implementation Challenges in First Year
    3. Community Capacity- existing gaps & service needs
    4. Future Directions

- Thematic analysis was conducted; reporting is done in aggregate, and quotes are not attributed to individuals to maintain anonymity.

Consortium Focus Groups: RACE to Recovery Program Successes- First Year

There was widespread agreement among the Consortium members on early successes in RACE to Recovery's first year, regarding Consortium activity:

- **Collaborative Consortium**
  - Improved communication network that is local, dedicated, and active
  - HCC leadership is well regarded as proactive and responsive

"It's such a big and active consortium- it's really impressive."

"I'm glad everyone's still plugging away at it, now more than ever, really. It's a labor of love for a lot of people."

- **Increased Prescriber Community in Consortium**
  - Proven to Connect Services to People with OUD
  - Perceived increase in Service Capacity via network of Prescribers, and like-minded Consortium membership

"R.A.C.E. to Recovery is really my only support system in terms of prescribing and challenges."

"R.A.C.E. to Recovery … keeps us all connected so we can have continuity of care for these clients."

"I change the way I prescribe. I am not allowing my patients to run out of Suboxone."

Consortium Focus Groups: RACE to Recovery Program Successes- First Year

Additional widespread agreement on successes from the Consortium centered around the **trainings provided, expanded access to naloxone, and increased MAT services in the jail** that were implemented during the first year of the RACE to Recovery RCORP project:

- **Narcan Trainings & Getting Narcan into Community**
  - Visible and plentiful number of Narcan trainings and distributions, spearheaded by HCC
  - Persons leaving jail receive Narcan kit upon release
- **Jail MAT Program Implemented**

"Anyone who wants to be in MAT is in MAT at the jail and will receive naloxone upon release... and they'll have an appointment with a provider in the community before they leave. Those are all things that weren't in place a year ago and that's really wonderful to see."

"They're handing out naloxone to all new mothers at the hospital and initiating education and training for ED staff."

"I have several clients who have gotten Narcan kits from HCC over the last two years, and they've used them to save friends and family members."

Consortium Focus Groups: RACE to Recovery Program Challenges- First Year

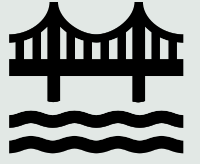
- Participants agreed a critical first-year challenge of implementing the Race to Recovery program was lack of rapid MAT induction in the emergency department (ED) at Franklin Memorial Hospital (FMH), the largest hospital in the region, as the ED is viewed as a key access point for OUD treatment.
  - Several members discussed their frustration with the "dual pandemics" of COVID and the opioid crisis, seeing rapid turnover of health care workers, and missed opportunities to hire new providers that can prescribe MAT (i.e., participant described 25 new providers hired over last year and *"not one has an X waiver or is willing to get an X waiver"*)
- To a much lesser degree, challenges were mentioned regarding engaging fully with the criminal justice system, although several participants noted that there has been regular engagement from local law enforcement in the Consortium.

"... the rapid induction at Franklin Memorial. Right now, it's non-existent, and being a counselor in the area, I've had several people that could have used that service ... It's just very frustrating not to have that in the community ..."

"Now Franklin Memorial doesn't even have a substance use program at all...they don't have anybody. So even if they had the rapid induction [in emergency department], what do they do with them when they're ready to leave the ED?... There is just that big piece that's missing."

"When I've gotten referrals from the jail, people have been released rather preemptively, and there (wasn't) a lot of opportunity to share clinical information and strategize prior to their release."

Consortium Focus Groups: Service Gaps & Needs in the Greater Franklin County



Consortium Members discussed the following service gaps/needs as a priority for increasing capacity for service provision:

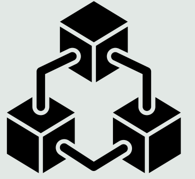
- Recovery Housing
- Recovery Center
- Patient Navigators
- Drug Court (participants noted, this requires community resources to support an individual struggling with SUD to be successful in drug court)
- Shuttle van/transportation service
- Resources for persons experiencing homelessness
- Technology and online connectivity

[Transportation] is such a huge barrier, and people in early recovery, even the small barriers seem monumental to them, and they're not in a place yet where they feel they can overcome it ...”

“...we don't have resources for people who are homeless. Those people who are homeless and have substance use disorder - we just don't have anything for you.”

“The biggest barrier that I've come across with doing telehealth with clients is just lack of internet in this area.”

Consortium Focus Groups: Enhancing Regional Treatment and Recovery Capacity



Consortium Members shared ideas on strategies to improve regional capacity to address SUD and improve access to SUD treatment and recovery services:

- Continuing telehealth for SUD (challenge: confidentiality concerns, connectivity/ internet access concerns)
- Furthering the use of the mobile unit (challenge: stigma, individuals thinking it's only for SUD, preventing them from utilizing it for non-SUD services like blood pressure and diabetes); mobile unit should offer safe syringe exchange
- Improved reentry assistance for those coming out of incarceration, and strategizing pre-release plans, sharing clinical information prior to release to plan treatment
- Increasing the use of recovery coaches
- Bring recovery center(s) into the region
- MaineHealth has a FY22 initiative for more prescribers to do Sublocade/long-acting suboxone; Sublocade education is needed
- Overall, more reach is needed to most rural parts of Greater Franklin County

"I do think it's important that we continue to look at the more rural parts of the county to see what we can do there. I think the mobile unit is going to be really important in that."

Consortium members shared their opinions on focus areas of priority for the Consortium over the remaining 2 years of the project:

- Comprehensive resource list for the community, particularly MAT providers and substance use counselors
- Engaging admin-level at the hospital, communicating and looping back in senior leadership
- Strengthening peer recovery network, working with community towards recovery center
- Stigma trainings for providers, ED, and community
- Address the shortage of X waivered providers
- More clarity on how to receive state funding/grant availability
- Mobile unit van for harm reduction, reaching most rural areas

“The Department of Health and Human Services said they didn't need $1 million to do recovery centers around the rural parts of the State because they already had that money. Then I'm thinking to myself, if you already have that money, how come we don't already have it?”

“Across the board, healthcare is a challenge. The resources aren't there. So it is really important that we use the mobile unit to do more of this work.”

“Having the R.A.C.E. to Recovery group has really helped with networking. Our clients have a lot more options, because we work with these providers from all areas of Franklin County...and I think that is a direct result of just the R.A.C.E. to Recovery interaction.”

III. Patient Perspectives

Patient Interviews

Patient Interviews: Overview

- Cutler Institute evaluators collected and analyzed feedback from semi-structured interviews with 9 persons who recently or are currently receiving services for OUD in greater Franklin County.
- The interviews were conducted in November and December of 2021. The goal was to gather information on barriers and facilitators to accessing treatment and assess patient-level perceptions of care coordination. Patients reported on:
    1. Facilitators to Treatment Access
    2. Barriers to Treatment Access
    3. Treatment Experience
    4. Use of Peer Recovery, Harm Reduction Services
    5. Gaps in Services
- Thematic analysis was conducted; reporting is done in aggregate, and quotes are not attributed to individuals to maintain anonymity.

Patient Interviews:
Successes / Facilitators to Accessing Care in Greater Franklin County

Patients shared what helped them access services for OUD treatment and recovery, with the following themes identified:

- **Support and Guidance on Available Regional Resources** is critical to know where to go & who to see
- **Quick, Low-Barrier Access** to care at all levels, from IOP to telehealth; and the ability to receive longer lasting prescriptions for MAT
- **Understanding Staff/Providers** reduces stigma when trying to start care or look for help
- **Co-located Services** ease transportation and scheduling challenges

(Less Discussed than above): Connections between Justice System & Treatment; and ED Programming were mentioned as access points for some interviewees entering treatment

"Now there's more IOPs available which is phenomenal."

"...my provider...it's not just the addiction that they care about, they generally care about you and your life."

"What I do like about it is that you get counseling right through the treatment center, and you can use that as much as you need or want to."

"It all got started for me was (when) I got arrested, thank God, and part of my treatment program with the jail and the courthouse was that I had to go to treatment, which I'm glad it did."

-Patients

Patient Interviews:

Challenges to Accessing Care in Greater Franklin County

Patients shared the challenges to accessing services for OUD treatment and recovery, with the following themes identified:

- **Transportation & Distance to Treatment** was the number one barrier cited
- **Wait Times** for care and services make it hard to start and stay on a continuum of care
- **Lack of Childcare** limits some services for parents in OUD treatment
- **Cost & Lack of Insurance** can keep people from receiving MAT, and staying in treatment
- **Lack of Visibility of Treatment Resources** makes it hard to know where to go for help
- **Rigidity of Treatment Options** – both around scheduling and program rules is a barrier to staying in treatment

Less mentioned, but still discussed: Stigma remains in the community and in the health care system

> ***"If you can't make it because of rides or something like that, that definitely affects your sobriety."***

> ***"Just two weeks ago, (transportation provider) forgot to pick me up so, again, I went three days without my medication."***

> ***"Most people who are using have mental health issues and it's hard...when they're at that point where okay, I'll go get help, you really can't get help that quickly."***

> ***"If you don't have MaineCare or a grant, it's almost impossible to get into treatment up here because it's so expensive."***

> ***"I also feel like MAT treatment should be individually based because we're not all the same. We don't all have the same needs. We don't all have the same access to different things."***

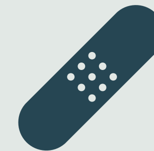
-Patients

Patient Interviews:
Peer Recovery and Harm Reduction Services

Patients discussed their interface with peer recovery coaches and training as well as their experience, if any, with harm reduction, specifically around training to administer naloxone (brand name: Narcan) to prevent opioid overdose.

Peer Recovery

- One of the nine patients interviewed used peer recovery services in their treatment and recovery
- Four patients reported that they have gotten trained to be a peer recovery coach, and one was interested and actively looking to receive the training
- All (9) patients were aware of what peer recovery is and agreed there are benefits to the program



Harm Reduction: Naloxone

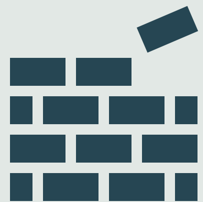
- Seven of the nine patients reported getting trained in how to administer Narcan & six of those trained have Narcan kit(s); an additional interviewee reported having Narcan but no training
- Of the seven trained patients, the majority were shown how to use it from their doctor. Others were trained in group therapy, CPR certification class, or at a community training
- Only one of the patients who provided feedback did not have Narcan, nor training

Patient Interviews:
Gaps in OUD Treatment & Recovery, Greater Franklin County

Based on patient feedback on treatment and recovery resources available in Greater Franklin County, the following gaps were identified:

Transportation

Sober Housing,
Affordable Housing



Recovery Center

Group Therapy

> ***"I have my own vehicle, but there's a lot of people that don't. I think if there were more opportunities for transportation that's reliable, not just LogistiCare…"***

> ***"I think that a sober living facility or even a temporary [facility], somewhere that someone…can go and check in, get treatment, and get started in treatment is the important thing."***

> ***"There's no homeless shelters, there's no sober living houses, there's no grant funding, it's just everyone's drowning…"***

> ***"… group recovery sessions, there's none of those now. I don't even think that people would bother too much about having to wear a mask, I think everyone would be okay with that, you know? It just sucks that it's gone because that was a big part of what we needed."***

-Patients

IV. Program Data

Data Collected Year 1

RACE to Recovery Program Data: Overview

Data collection is done on an ongoing basis throughout the program and can be used to show patient and program progress, impact, and opportunities for improvement.

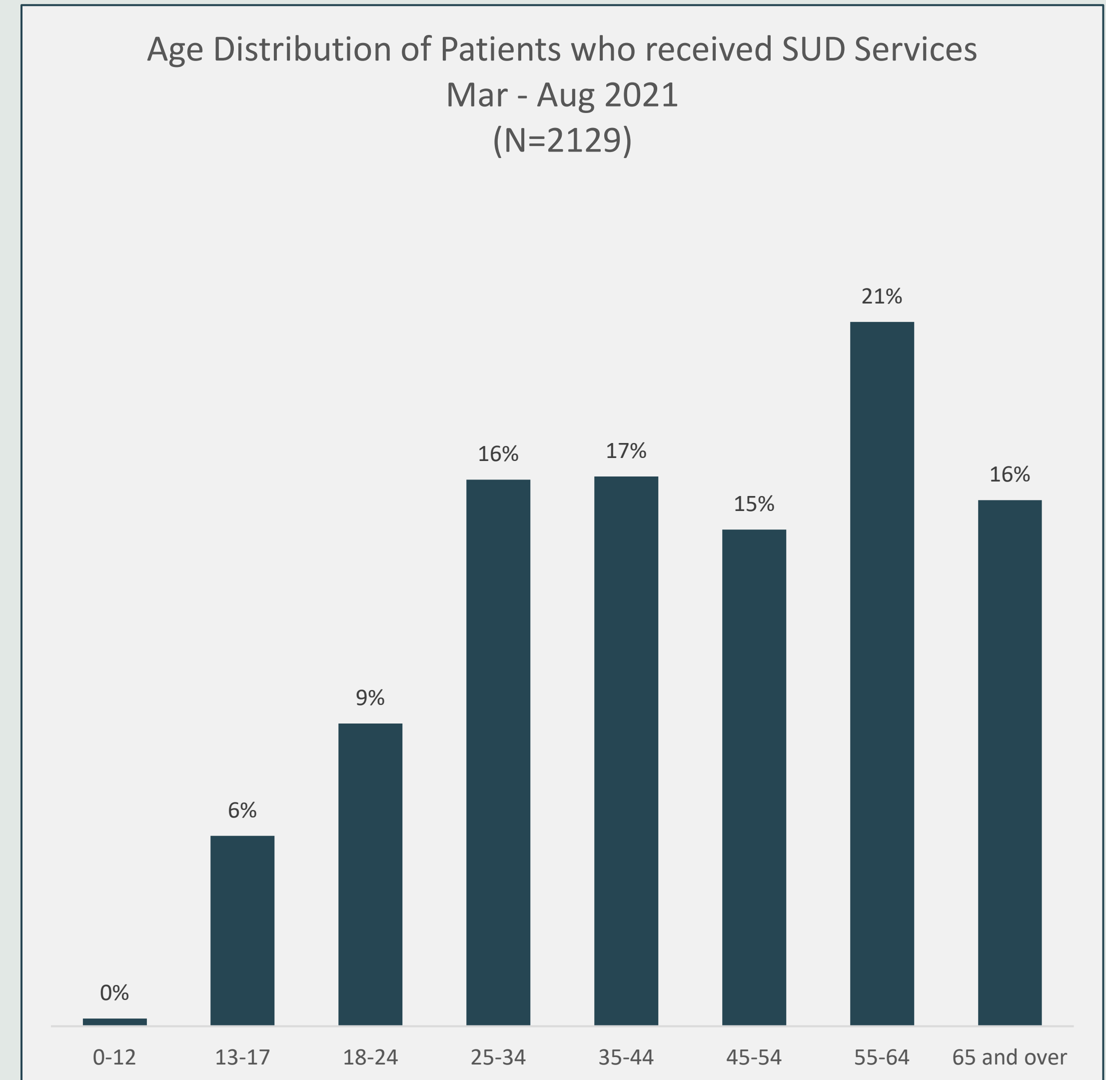
- Performance Information Measurement System (PIMS) measures are collected from Franklin Memorial Hospital semi-annually, to report to HRSA as required by the RCORP grant
- Demographic and direct service data are extracted from electronic medical records (EMR) by a MaineHealth data analyst
- Note, not all providers and prescribers in Greater Franklin County are represented by this data only certain departments / clinics taking part in this effort are included
- Workforce capacity and training data are compiled from other administrative sources

SUD Patient Demographics

In the first year of the program, (Sept 2020-Aug 2021):

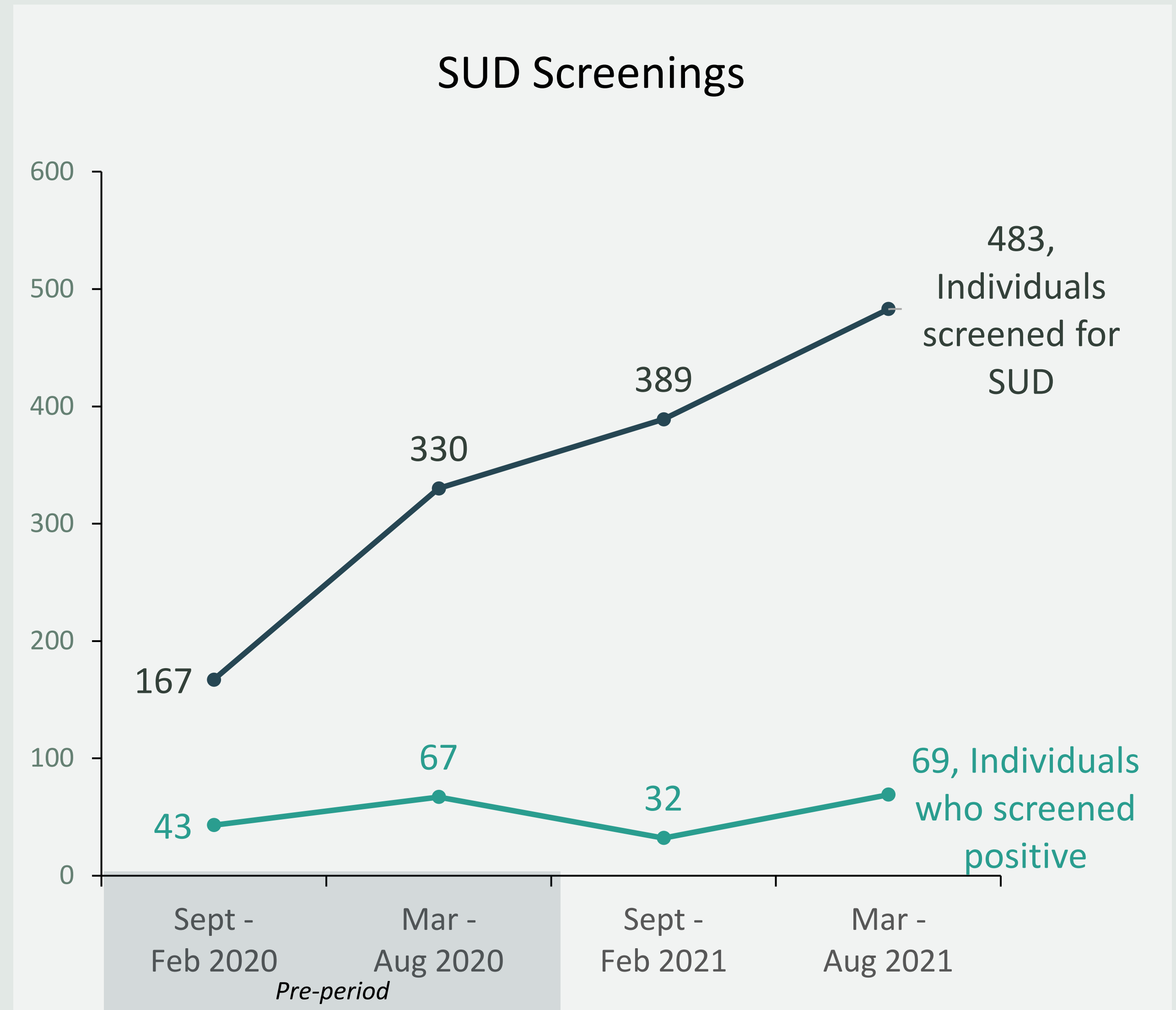
- Patient demographics were consistent across the first 2 reporting periods; age distribution of recipients consistently shows over 1/3 patients served (37%) are 55 years or older

- Most patients were insured; either by private insurers (35.2%), Medicaid (34.5%), or Medicare (24.7%)



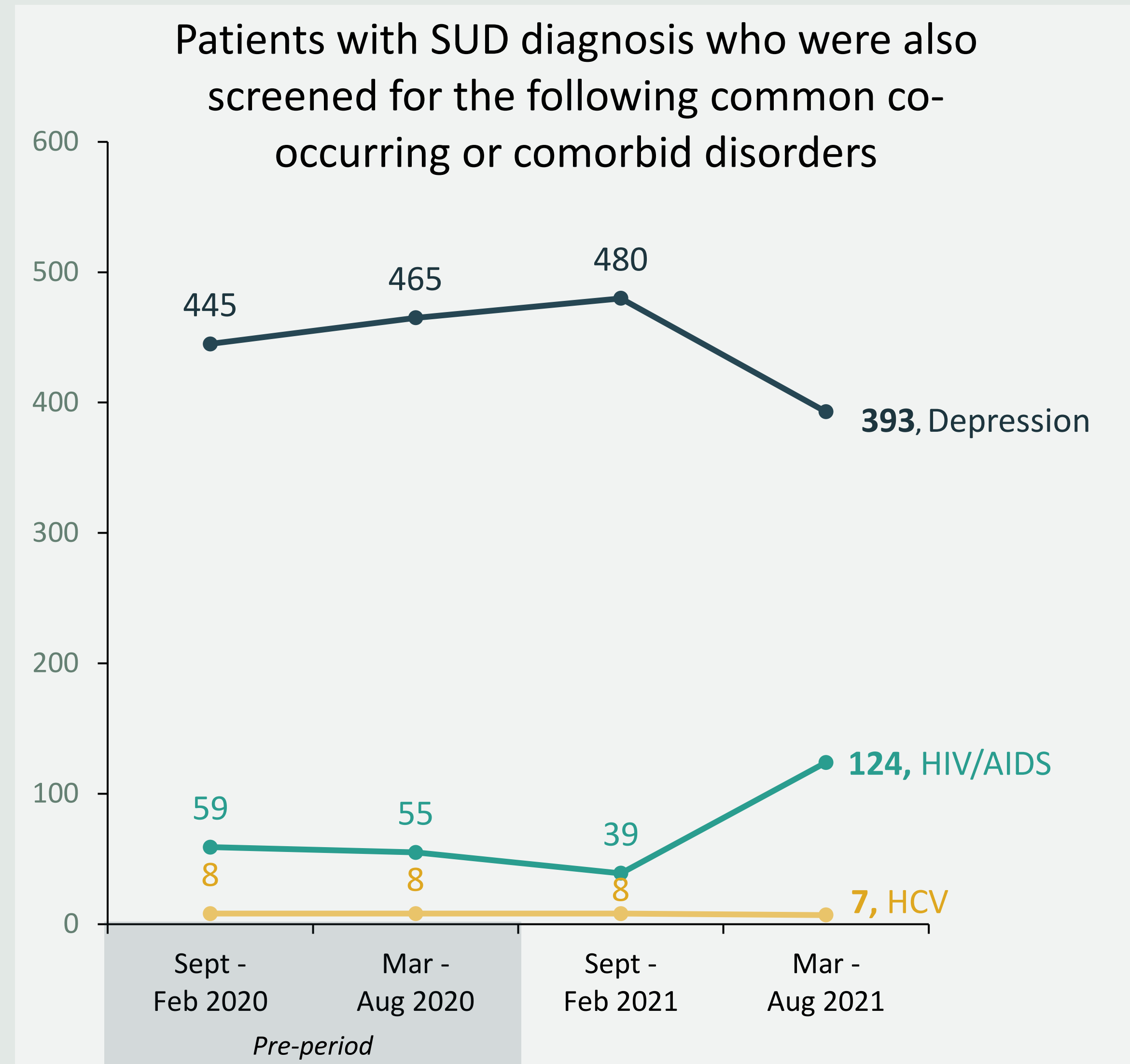
SUD Screening

- SUD screening has steadily increased over the course of the program with nearly 3 times as many individuals being screened for SUD the most recent reporting period compared to the baseline (Sept – Feb 2020).
- Positive screens remained relatively stable over all four periods, with a 60% increase from September-Feb 2020 to Mar-Aug 2021.



Other Screenings for Patients with SUD

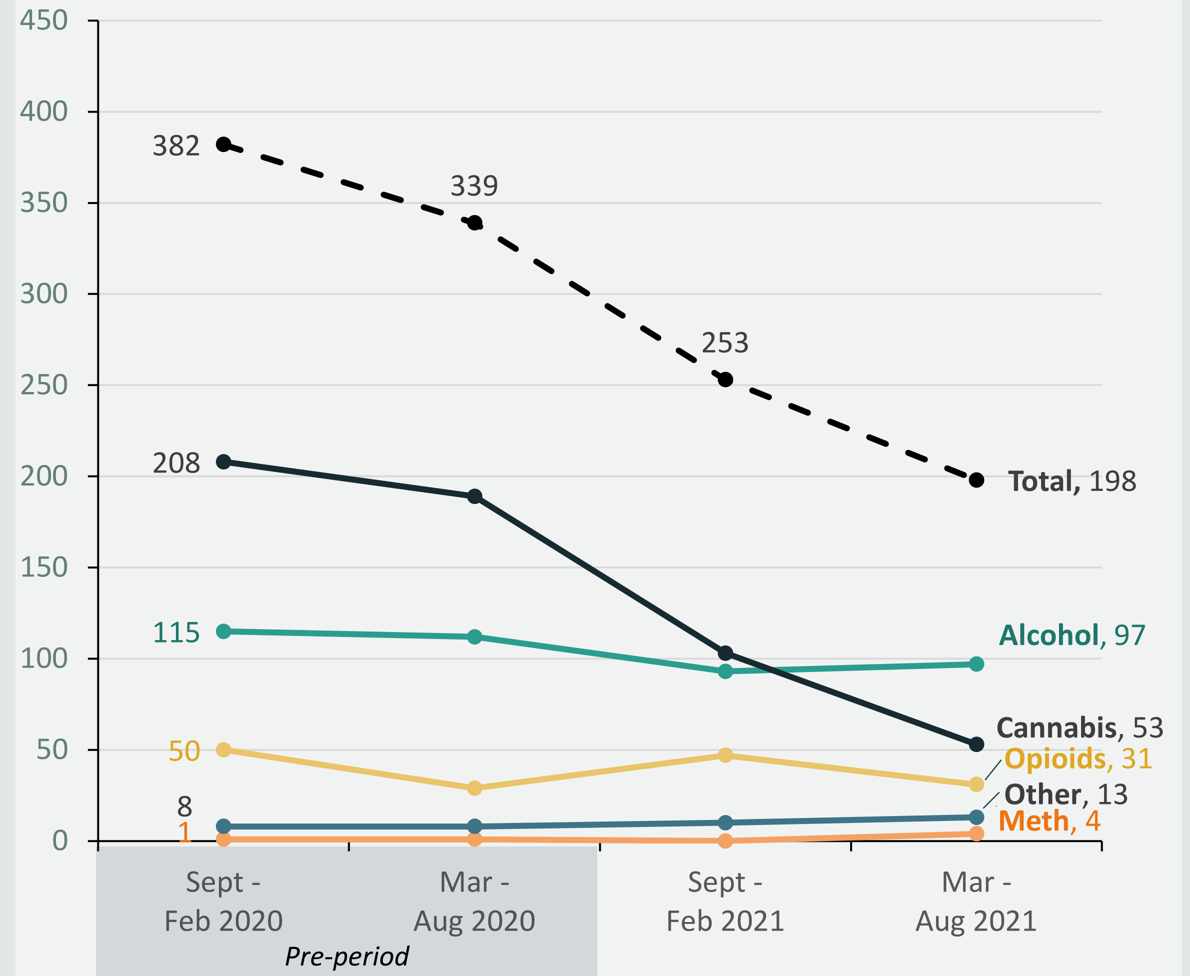
- Depression screenings have increased slightly since the start of the program however, there was a 18% reduction in the second half of the first year.
- There was a 217% in HIV/AIDS screening between the program's first two reporting quarters.
- HCV screenings have remained stable overtime.



SUD Diagnoses

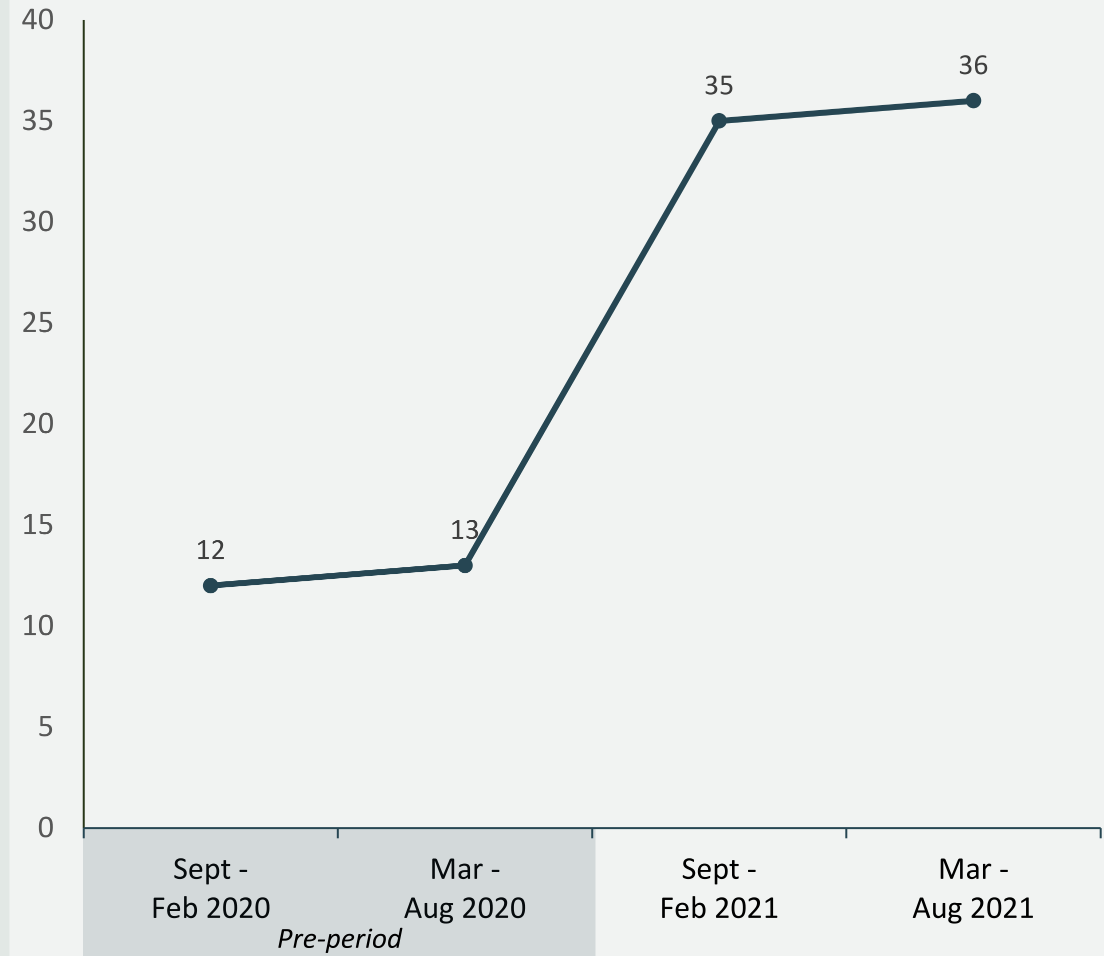
- A marked decline in cannabis diagnoses drives an overall decrease in new SUD diagnoses over the first year of the RACE to Recovery initiative

- Other new diagnoses remained stable over the first year, and from the pre-reporting period.



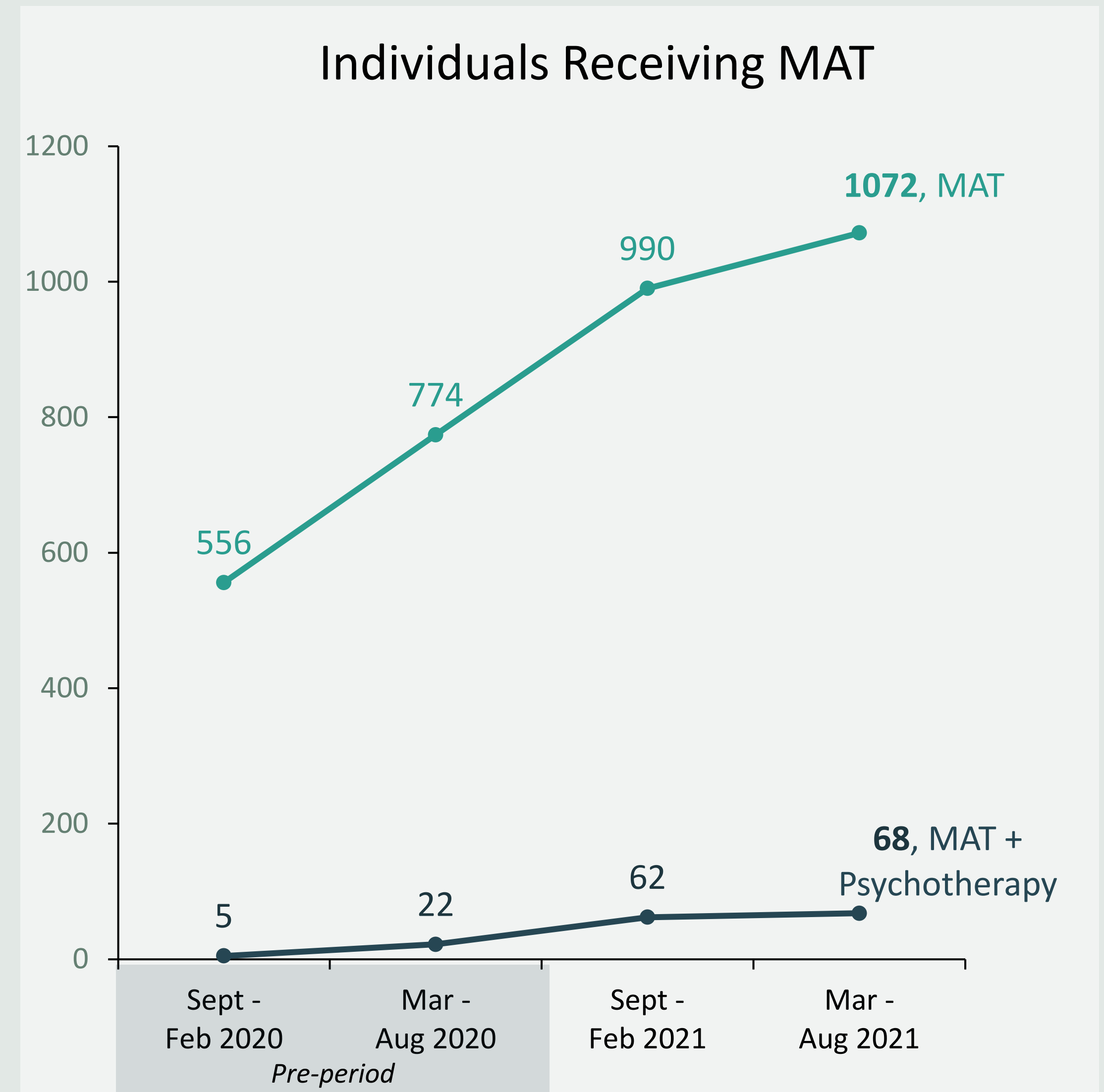
Referrals to Treatment

- There was significant increase in patients diagnosed with a substance use disorder who referred into treatment since the start of the RACE to Recovery initiative.
- Three times as many individuals who received a SUD diagnosis during the project period were referred to treatment when compared to the pre-program period.



Medication-Assisted Treatment

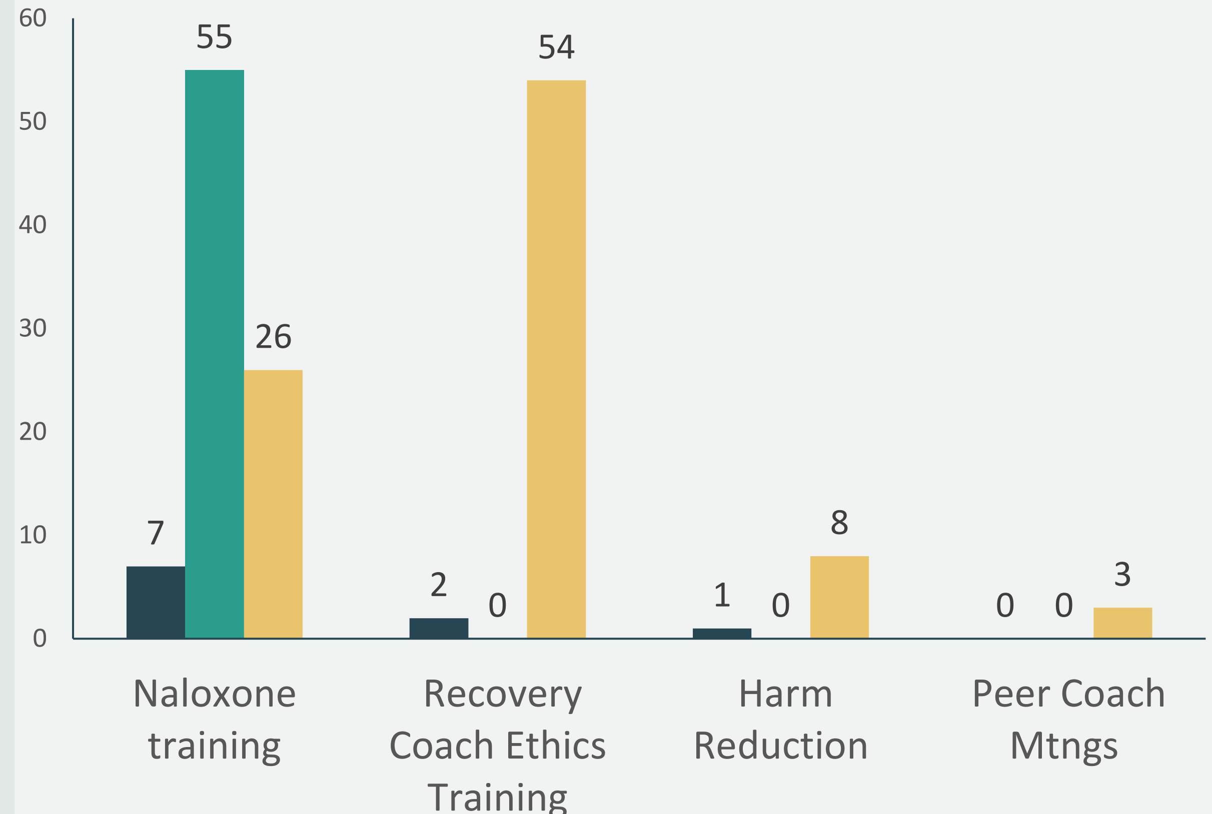
- The number of patients receiving MAT increased by nearly 39% in the first year of the R.A.C.E. to Recovery initiative.
- The number of people receiving MAT and psychotherapy together tripled in the first year of the initiative.



Education and Training

- Over the course of the grant, over 85 people have been trained on Naloxone administration; 63% were paraprofessionals, 29% were community members and 8% were providers.

- While there has been a sizable number of community members trained to be recovery coaches, there have been a small number of peer coach meetings so far, possibly due to pandemic restrictions.



IV. Key Findings

Year 1 Data Summary

RACE to Recovery: Year 1 Evaluation Key Findings

Findings indicate that the program strategies have had a significant impact on identification and engagement of individuals with SUD in treatment as well as enhancing regional capacity to address the needs of individuals with SUD. Highlights include:

- **Collaboration:** The active and local Consortium helps patients access care, and is a resource for providers, patients, and the community at large. More patients are being screened, seen, and receiving MAT than were prior to the implementation of the program strategies implemented through the R.A.C.E. to Recovery RCORP grant.
- **Peer Recovery Coaching and Naloxone Distribution**: Results from trainings on naloxone distribution/use and peer recovery coaching are being seen at the patient and community level, with patients reporting that they using and/or getting trained in both.
- **Low Barrier Access to Treatment:** Given the chronic nature of OUD, creating low barrier access to MAT is a critical component to ensuring treatment initiation and ongoing engagement. Creating (or re-creating) multiple points of entry, such as through the emergency department and criminal justice system, and reducing wait times for induction, helps reduce barriers to accessing treatment. The RACE to Recovery program is seen by patients as reducing barriers, and programmatic data indicates increased numbers of individuals engaged in treatment since the start of the program.
- **Patient-Centered Approach:** Consortium members and patients stated that flexible treatment protocols and policies that include interventions specific to the tasks and challenges faced by patients at each stage of the treatment, maintenance and recovery are critical to ongoing treatment engagement. The patient-centered strategies used by RACE to Recovery's partner organizations make patients feel like their care is tailored to their specific needs. On the flip side, when there is inflexibility in the system, patients reported lower satisfaction with their treatment experience.

RACE to Recovery: Year 1 Evaluation Key Findings

Findings indicate several areas that the RACE to Recovery consortium may want to continue to, or consider, addressing in future grant years including:

- **Addressing Social Determinants of Health:** Widespread agreement was found among the Consortium and patients that two of the most pressing barriers to treatment and recovery are lack of transportation and housing (whether affordable housing, and/or sober living residences). Consortium members and patients alike offered ideas on how to solve this issue (mobile health unit, treatment centers offering van service).

- **Capacity of MAT Providers:** Consortium members and patients agree that increasing the providers available to deliver MAT and other OUD services in Franklin County is one of the best ways to increase capacity. Bringing new providers into the region that will not or cannot prescribe MAT is counterintuitive to the opioid epidemic that is happening.

- **Stigma:** The stigma associated with opioid use remains a barrier for providers of MAT as well as patients in treatment and recovery. While improvement was noted, consortium members and patients reiterated the need to address stigma surrounding opioids and to educate the community about OUDs and MAT.

"I think it's really good that this is going on, and I just want to encourage you guys to keep doing things and I think that it'll help. The more and more word gets out there, the more and more the stigma is taken off receiving treatment … it can only help things."

-Patient

Contact Information

Substance Use Research & Evaluation Unit
Cutler Institute
University of Southern Maine

Principal Investigator
Mary Lindsey Smith, PhD, MSW
m.lindsey.smith@maine.edu

RACE to Recovery Evaluation Project Lead
Katie Rosingana
katherine.rosingana@maine.edu