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SUPPORT for ME: Provider Focus Group Summary

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SUPPORT for ME
Provider Focus Groups Summary

In 2019, Maine's Department of Health & Human Services (ME DHHS) received a $2.1 million grant from the Centers for Medicare & Medicaid Services' SUPPORT Act, establishing the SUPPORT for ME initiative within the Office of MaineCare Services (OMS). As part of this initiative, ME DHHS contracted with the Cutler Institute at the University of Southern Maine to conduct a needs assessment, designed to gather information from a wide variety of stakeholders. The primary goals of this assessment are to identify the current capacity for addressing substance use disorder (SUD) in Maine; identify gaps and barriers to accessing and utilizing SUD treatment and recovery services in the state; and provide feedback from stakeholders to inform the creation of a plan to enhance the state's infrastructure for addressing SUD. Data collected as part of the needs assessment will also document facilitators, which increase access to and use of SUD treatment and recovery services for MaineCare members in Maine, providing valuable information to OMS on opportunities to support and build upon current strategies having a positive impact on addressing the needs of MaineCare members with SUD.

As part of this effort, the Cutler Institute gathered information from a variety of key stakeholders including Mainers impacted by SUD and their family and friends across the state, as well as from providers. This summary highlights feedback from focus groups with providers across Maine who currently address the needs of persons with SUD. These providers (n=29) represent individuals working in the following organizations: Health Systems, Behavioral Health Agencies, Residential Treatment, Community Recovery Programs, Opioid Treatment Programs (OTP), Emergency Medical Services (EMS), First Responders (EMT, fire, police), and law enforcement (e.g., Sheriff's Office, Corrections).

This summary report is designed to provide feedback to OMS to help inform their strategic planning process to increase statewide capacity for SUD treatment and recovery service capacity to better meet the needs of individuals with SUD in Maine. The focus group interview guide was designed to assess critical domains of interest for the state, which include current and potential provider capacity; referral capacity; access to care & service delivery; provider willingness; and administrative & procedural policies.

Methodology

Cutler Institute staff developed one protocol for all provider focus groups, developing questions by key topics and domains; the focus group protocol was reviewed and approved by OMS. After scheduling focus groups based on provider type, Cutlers staff utilized a broad outreach strategy to garner as many participants as possible. This broad-based outreach strategy utilized email

Key Take-Away Points

- Telehealth has emerged as a major facilitator to treatment access at all levels of care and should continue to be a reimbursed service for SUD treatment, where appropriate.
- Emergency rooms and jails are at the forefront for Medication Assisted Treatment (MAT) induction for OUD. While these are excellent models for care in Maine, particularly for engaging vulnerable populations in treatment, they should be used in concert with a broad spectrum of community-based services.
- Co-located services and effective communications across service providers are integral to creating a robust continuum of care for SUD in Maine.
- Staffing shortages coupled with reimbursement rates for some SUD services including outpatient therapy, residential treatment, medically supervised withdrawal services and intensive outpatient treatment programs affect the quality as well as availability of providers, and impact access to services statewide. The need for medically supervised withdrawal services is dire in Maine.
- Increased awareness and training opportunities to help alleviate stigma, including peer mentorship from other providers and colleagues, would help build provider capacity to treat and refer patients with SUD.

and, where applicable, phone outreach to provider organizations, health systems, behavioral health agencies, and Maine DHHS colleagues was conducted (e.g. OCFS SUD Coordinator, OBH). The flyer and focus group information was also shared with Public Health District liaisons as well as members of the SUPPORT for ME Advisory Committee. Each person contacted was asked to share the information with their network of providers and community partners via email, social media, Facebook posts, listservs, or other appropriate means of communication. Providers registered online with a specific URL link or via phone and were emailed a Zoom invitation. Those who registered and did not attend their scheduled focus group could answer the focus group questions electronically and send them to Cutler staff via email. Cutler staff conducted all focus groups via the Zoom virtual platform. Interviews were conducted in June and July 2021. Interviews were recorded and transcribed verbatim for analysis.

Using NVivo software, qualitative data analysis was conducted iteratively to identify recurring themes. An initial set of codes was created to capture topics from the interview questions and prompts. Once the high-level coding structure was developed, each transcript was coded by a minimum of two coders and reviewed by the coding team. During the analysis phase, regular team meetings were held to discuss the coding process, compare codes, as well as to review and refine code definitions. This iterative process was used by the Cutler team to update the coding scheme with emerging themes and constructs with attention to elements suggested to be important regarding facilitators or barriers related to key domains of interest — current and potential provider capacity, provider willingness, access to care/care provision, and administrative policies. While developing coding structures, consideration was given to "priority populations" that are a focus of the SUPPORT for ME project: youth (ages 12-21), justice-involved persons (particularly those transitioning out of carceral settings), and rural communities. A fourth population, women and mothers also emerged in the coding scheme; all four of these populations are referred to as "special populations" in this summary report.

The final coding structure contained overarching themes based on barriers and facilitators, as well as state and federal policies on privacy, administrative procedures, and reimbursement, to include:

- Unmet needs and service gaps;
- Barriers and facilitators to provider willingness, access to care and care provision;
- Desired components for improved administrative and billing policies;
- The experience of special populations and their unique needs; and
- Ideas for increasing current capacity.

This summary report represents the perspectives and opinions of focus group participants; for more information on current policies please refer to the MaineCare Benefits Manual as well as the Comprehensive Rate System Evaluation Report.[1,2] Information from the focus groups will be triangulated with other qualitative and quantitative data collected as part of the SUPPORT for ME needs assessment to further explicate and validate feedback and to identify areas needing additional exploration.

Table 1: SUPPORT for ME Provider Focus Group Attendance

Service Type	Focus Groups	Attendees
Behavioral Health Providers	1	5
EMS/First Responders/Law Enforcement/Corrections	2	11^
Harm Reduction Providers	1	1
Medical Providers	2	5
Opioid Treatment Program (OTP) Providers	1	2
Recovery Supports*	1	2
Youth-Oriented Providers	1	3

^ One of the participants in this group could not attend virtually and answered the questions electronically/ via email.
* Two recovery supports provider focus groups were scheduled but one was canceled after no registrants showed.

[1] For more information about MaineCare policies, see the MaineCare benefits manual: https://www.maine.gov/sos/cec/rules/10/ch101.htm
[2] For more information about MaineCare reimbursement, see MaineCare's Comprehensive Rate System Evaluation Interim Report: https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/MaineCare-Comprehensive-Rate-System-Evaluation-Interim-Report-2021.01.20.pdf

Current Capacity

Providers discussed the various services they offer to treat individuals with substance use disorder (SUD). They also shared the strategies for effective treatment and the challenges associated with providing SUD treatment.

Services most commonly offered by the focus group providers include Medication Assisted Treatment (MAT) / Medication for Opioid Use Disorder (MOUD) (Suboxone or Vivitrol), intensive outpatient programs, and substance use counseling. There were fewer responses about options for medically supervised withdrawal (detox) and residential treatment.

Facilitators to Maintaining Capacity

Providers shared their perspectives on current SUD treatment and recovery capacity as well as facilitating factors for maintenance and expansion of their organizational capacity to address SUD; primary facilitator themes are discussed below.

Collaboration. Providers believe that partnerships and integration with other provider types, departments, and systems are integral to promoting comprehensive care coordination and ensuring effective care transitions.

Communication. Open channels of communication within organizations as well as with those outside of a prescriber's health system (i.e, emergency departments) decreases the burden of care transitions during MAT induction.

Co-location. Co-located care, in which MAT for SUD and counseling services are in the same building as the prescriber, was reportedly a model of care integral in engaging and maintaining individuals in their treatment. In addition, for some organizations, being an Opioid Health Home has allowed them to provide a more holistic approach to care. In cases without co-located care models, several providers discussed the need for connection to a primary care provider as a strategy to maintain current capacity while facilitating appropriate patient care.

"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

"As an organization, [we] offer in-practice counseling, we have embedded MAT in all of our primary care practices."
- Youth-Oriented Provider

"OHH (Opioid Health Home) is great because it's a wraparound program that includes the case management, the recovery coach, nurse care manager, and peer navigator."
- OTP Provider

Ease of X Waiver Certification. In addition to the facilitators described above, several other factors emerged that play an important role in maintaining or enhancing organizational capacity to address SUD. First, providers noted that obtaining an X Waiver to provide MAT is a comparably easier process from just a few years ago, and has allowed them to expand the number of MAT providers within their organizations and correspondingly the number of patients they can serve in their MAT programs.

Reimbursement/ Financing. Participants in the focus groups widely agreed that telehealth is a key benefit to retaining individuals in treatment, especially during the COVID-19 pandemic. It was agreed that emergency rules that eased restrictions for reimbursing telehealth should remain in place. Proper reimbursement was universally discussed as crucial to operating at an optimum level. Several participants discussed grants and

"When I was working in a regular outpatient model, the schedule is so packed full that I often wouldn't be able to see new patients in a timely manner. Telehealth has provided me that opportunity, so I can't reiterate the benefits of telehealth enough."
- Medical Provider

"We have a lot of grant opportunities to…not have to worry about billing as much when it comes to reaching people wherever they are, even if that's for ten minutes to check in."
- Youth-Oriented Provider

"We also partnered with a fundraising group…[to] provide recovery coach training classes here in our community."
- Law Enforcement Provider

other financial assistance they receive above and beyond reimbursement from insurers to cover not just the cost of services, but also fund SUD case managers, provide post-release SUD case management, and offer trainings within the community.

Barriers to Maintaining Capacity

Providers overwhelming agreed on the top two barriers they face to maintaining current capacity for SUD services.

Staffing. Staffing shortages, including a lack of psychiatrists, counselors and therapists was reported by participants as one of the main challenges providers face in being able to offer treatment for SUD. A downstream effect of lack of counselors in Maine is the strained capacity of counseling services across many service types, reportedly further exacerbated by the COVID-19 pandemic, which has shown strain on employers in all sectors.

There were also concerns staffing shortages interrupt getting care from the same provider(s) on a regular basis and impacts any system's ability to provide care continuity and coordination for its patients. Providers noted that ongoing communication between and within health systems serves the patient better when there is staff turnover, either due to attrition or, for example, the staffing model of an emergency room.

"Even prior to the pandemic, our dual diagnosis counselors have been completely full because that's obviously lacking in Maine in general."
- Medical Provider

"Substance use services are expensive services to offer and the rate of reimbursement does not cover the cost of offering the services."
- Behavioral Health Provider

"There just aren't enough bodies that are licensed or certified to provide the service. It's not that there are people out there that just don't want to do it, they're all employed."
- OTP Provider

Reimbursement. Participants noted that reimbursement are at the heart of several challenges (i.e., rurality, lack of manpower, ability to provide or expand SUD services) to improving capacity and sufficiently compensate, hire and retain staff. Of note specific to MaineCare, some providers shared that current rates of reimbursement prohibit them from offering services for MaineCare members and/or accepting as many MaineCare patients as they would like.

It is important to note that feedback was collected prior to the August 31st announcement of significant increases in reimbursement rates for a number of SUD related services including medically supervised withdrawal, halfway house services, and residential rehabilitation services which will go into effect November 1st 2021. These rate increases will likely reduces some of the barriers discussed by providers related to the provision of specific services.

"What I would like from the State is a commitment to supporting the providers. When it comes down to our programs are closing … because we can't afford it, we sort of hear crickets or we hear 'well, you mismanaged that program.' Well, you were paying us less than the cost of operating that program and you won't help us figure out a way to keep it open, but then when that program is no longer in existence, they say we need more of these programs."

- Behavioral Health Provider

Building Capacity

Providers discussed several common themes related to capacity building for SUD treatment and recovery. They shared the need to enhance the availability of services, increase the number of providers of these services, and look for creative ways to build capacity to treat individuals with SUD. Staffing and financing/funding were mentioned across all provider types as factors that impact capacity; it was agreed that thoughtful programmatic expansion along with policy modifications can play a significant role in fostering increased capacity to address SUD. Across the focus groups, participants frequently mentioned challenges connecting, referring, and supporting individuals with SUD in Maine due to the need for expanded statewide treatment and recovery infrastructure.

Two sub-domains within the building capacity domain were presented as both facilitators and barriers: referral capacity and provider willingness. Referral capacity speaks to the ability of providers and organizations to connect individuals with appropriate treatment and recovery support services, which is fundamental in the context of providing a continuum of care to individuals with SUD. Provider willingness is a multifaceted issue, central to the success of statewide efforts to enhance infrastructure and capacity to address SUD in Maine.

Facilitators to Building Capacity

Adequate Resources. Focus group participant agreed that telehealth helped maintain current capacity during the COVID-19 pandemic and noted that continuing to reimburse for telehealth services is a way to further build capacity for addressing the needs of individuals with SUD, particularly for those living in more rural areas of the state that face challenges accessing SUD and/or behavioral health services.

Coalition Building. Participants shared that community coalitions that involve a wide spectrum of agencies and staff that might interact with persons with SUD can facilitate access to services. These agencies and staff typically include substance use and mental health providers, employment specialists, law enforcement, and faith-based organizations. Participants noted the importance of liaisons, such as the OPTIONS program, in these collaborative efforts and the importance of trying to expand the involvement of EMS and local fire services in cross-sector efforts to address SUD.

> *"We'd like to continue with a hybrid [telehealth] model moving forward for those people that have transportation issues or financial challenges around gas or childcare or otherwise."*
>
> – Behavioral Health Provider

> *"…if the State could expand on this OPTIONS program and start thinking about how do we embed these types of individuals with fire, with EMS, or make it available to everyone, all of those agencies within the community so that the ER can call this person, the fire can call -- we're pretty rich with these resources at the Sheriff's Office and maybe we can expand them out to our other partners "*
>
> – Law Enforcement Provider

Increasing Referrals. Participants noted that building or strengthening relationships within or between organizations facilitate a provider's capacity to refer individuals to appropriate treatment services. These connections expedite the referral process, which is particularly important for an individual with SUD who is ready and willing to initiate treatment or progress in their recovery process. Participants also noted that referral processes are further enhanced by efforts to co-locate and embed behavioral health providers in primary care settings and medical staff in appropriate behavioral health settings (reverse co-location), whenever possible. Overall, existing relationships were the greatest facilitator to connecting patients or clients with services, including among those engaged in community outreach as a part of collaboratives or coalitions, grants or law enforcement initiatives.

Policies and State Support. Focus group participants also indicated that continued State support for substance use treatment programs is an essential component to ongoing capacity building efforts. Some suggested that the state continue outreach efforts, such as those being implemented under the SUPPORT for ME initiative, to front-line workers to better understand evolving community and organizational needs as well as how to align capacity building efforts with the priority needs of those implementing SUD treatment and recovery programs.

Provider Willingness. Participants noted that increased overall capacity to provide a continuum of care improves providers' willingness to work with the SUD population. Consensus among participants was that building provider willingness relies on providers' recertification and training, demonstrating an understanding

of the complexities of SUD and treatment pathways that recognize the unique situations of individual patients. Participating providers felt that additional support from their organizations/administrators helps improve provider culture and willingness to provide services to individuals with SUD. Many providers shared that peer-to-peer education and support around the treatment of individuals with SUD is integral to breaking down stigma and increasing provider willingness.

"I'd like….for more (providers) to see that when someone is doing well on their MAT, that is the easiest visit that I have all day…those are the visits I look forward to because people are doing well, they're living their lives, they're connected with their families…they're great visits to have."

– Behavioral Health Provider

Barriers to Building Capacity

Funding & Reimbursement. Participants across all provider types noted that the strongest deterrents to building capacity for treating SUD are financial barriers posed by public and private insurers, including but not limited to the insufficient reimbursement rate for SUD services and the low wages in general for behavioral health providers. As discussed above, provider feedback was given prior to the announcement of significant increases in MaineCare reimbursement rates for a number of SUD related services which may help reduce some of the staff and programmatic barriers discussed by providers. Providers also discussed the high administrative burden associated with billing for MaineCare services and a need to streamline processes in an effort to use staff time more effectively for patient services.

"Maybe 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."

- Youth-Oriented Provider

"I think something that is lacking in Maine is resources for accessible training, resources for people to develop skills and…training about compassion fatigue, burnout - resources for that."

- Harm Reduction Provider

Provider Willingness: The most frequently mentioned barrier to provider willingness to address SUD was the lack of education on effective procedures for treating individuals with SUD. Providers noted insufficient understanding of SUD and the treatment process makes them less likely to treat this population. Focus group participants felt the gap in education may be confluent with older generations of providers simply not receiving sufficient education/training regarding SUD or recent updates on best practices for treatment and recovery. Additionally, respondents indicated that a lack of education on how to interact with patients with SUD, that some may classify as or perceive as more difficult, can perpetuate stigma, hinder provider willingness, and worsen the quality of care delivered.

Lack of Options for Referrals. Providers acknowledged disruptions to care transitions related to internal organizational capacity as well as external service gaps. Workforce constraints that affect overall organizational capacity was noted as a major limitation to referring patients with SUD to the appropriate level of care. Participants shared that stagnant reimbursement rates have strained organizational capacity, and as such, outpatient providers have increased the volume of patient referrals to higher levels of care due to lack of in-house staff. Simultaneously, a severe lack of places to refer to for medically supervised withdrawal management or inpatient services, especially those that serve youth, means that outpatient providers feel that their services are stretched, and their patients are not receiving care in the most appropriate settings. Participants also expressed that making referrals to appropriate levels of care is often further exacerbated by providers that do not accept Mainecare Members. Focus group participants shared that Emergency Medical Services and Law Enforcement capacity to intervene with persons with SUD varies across communities and regions; this variation results in local gaps in capacity to connect individuals with SUD to treatment and recovery supports. In addition, the capacity of law enforcement and EMS to make these connections is often constrained by limited treatment and recovery support services in the communities in which they work.

"I … Narcanned the same person three times in a 24-hour period because they got their Narcan, they went to the ER, they were discharged – well, they signed out AMA because they wouldn't wait for services. So, it's the lack of services, the lack of funding … it really [has an impact] on EMS." - EMS Provider

SUD Care Provision: Access to Care and Service Delivery

Similar themes around providing care to individuals with SUD in Maine resonated across the various providers in the focus group discussions, and participants spoke about the current treatment and recovery services landscape with passion and commitment. This domain focuses on accessing care and "on the ground" service delivery for SUD treatment.

Facilitators to SUD Care Provision

Participants across provider types shared the most significant factors that enhance their ability to provide care for persons with SUD in Maine.

Co-Location & Telehealth. As noted in other domains, expanding the use of telehealth (online & phone) and reimbursement for this method of service delivery has resulted in improved patient attendance at appointments, helping to address individual transportation challenges and improve patient care. Providers reiterated the benefits of the expanded use of telehealth, the importance of networking with other SUD providers to best serve individuals in need and being a visible, active presence the communities that they serve. Both telehealth and co-locating services were shared as a facilitator to solving ongoing transportation problems faced by many patients, particularly in rural areas of the state. Embedded services and supports, such as behavioral health providers in a primary care setting, prescribing physicians within an Opioid Health Home, and the larger health systems' capacity to provide a spectrum of care enhance an organization's capacity to address the treatment and recovery needs of individuals with SUD.

> *"We schedule [counseling] at noontime, they're able to sit in their truck on their lunch hour and call in, whether it's for individual or for group."*
>
> – OTP Provider

> *"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

Quick, Low-Barrier Access & Increased Capacity for Medically Supervised Withdrawal. Providers universally shared the need for implementing programs that allow persons to be seen right away for their SUD. Participants highlighted that a focus on identifying barriers to care that may disrupt timely receipt of services was a priority to facilitating access to care. The need for more medically supervised withdrawal options in Maine was one of the most-mentioned issues in the focus groups, with participants noting that it is often the best way to stabilize patients and connect them with additional services. Additionally, potential real-time benefits could be realized if there was a centralized system for making referrals, such as the treatment locator tool being implemented as part of the SUPPORT for ME initiative.

> *"Access has been our number one priority, really, throughout everything, it's making sure people can come in as soon as possible because we know making people wait is not safe for them."*
>
> – Behavioral Health Provider

> *"Our organization is really trying to identify barriers to care and figure out how to support people in overcoming them so that they can access care….trying to keep a relationship with someone so that they have access when they need it."*
>
> – Harm Reduction Provider

Being able to stabilize an individual and then having access to real time information on available, appropriate services is critical to engaging individuals in care and supporting providers who make referrals to follow-up treatment.

Harm Reduction Services & Community Engagement for SUD Service Providers. Participants also emphasized the importance of thinking of harm reduction strategies and efforts as an opportunity not only to save lives but as a potential first contact representing a chance to introduce treatment and recovery options to individuals. Furthermore, they felt access to regular, ongoing provider education and training around best practices in harm reduction, treatment and recovery are important to facilitating continuous care improvements in SUD treatment and recovery service delivery. Community and staff trainings on Narcan and the distribution of Narcan within

communities was frequently cited as beneficial. Furthermore, providers stated that engaging in community outreach, working with local health systems (especially emergency departments) and making program scheduling as flexible as possible provides patients more opportunities to engage with their care providers.

"We've got an embedded social worker in the emergency room that has connected with not only our own programs like our med management providers, our intensive outpatient program, our clinicians - but also has contact with all the local other programs, IOPs, and MAT providers. The emergency room is a real hub for a lot of our first-steppers because that's just a real common place for people to start their journey."
- Medical Provider

Barriers to SUD Care Provision

Several common barriers were discussed in the focus groups, and how these barriers hinder both patient access to care as well as the provision of care to these individuals.

Lack of SUD Services Across all Service Types. Participating providers discussed several challenges to caring for individuals with SUD. Above all, insufficient amount of treatment and support services available was most frequently mentioned. Participants noted the lack of services affects a provider's ability to identify and refer individuals to services, at the appropriate level of care, when they need them ultimately impacts an individual's likelihood of staying engaged in treatment and meeting long-term recovery goals. Participants agreed that the demand for services, notably harm reduction services, medically supervised withdrawal management, residential treatment, and counseling, currently exceed the supply in most areas in Maine, thus restricting access to individuals with SUD seeking access to treatment and recovery support services.

""It's great that we have invested a lot in medication-assisted treatment for opioid use disorder and at the same time, alcohol is still the number one substance we see misused in this state and people need to go through a formal detox - medical withdrawals for safety reasons. We need to have more options [for medical withdrawals]."
– Behavioral Health Provider

Participants also mentioned a specific lack of available treatment and support services for individuals who use substances other than opioids, such as alcohol and stimulants. Several focus group participants noted the lack of medically supervised withdrawal options in Maine is most dangerous for persons with alcohol use disorder.

"We [OPTIONS liaisons] also are supposed to do overdose follow up. That has turned out to be incredibly difficult in general.....mainly because I tend to not find out about them until three to four weeks later, by then … the window of where people are thinking about making choices has kind of closed."
- Recovery Supports Provider

"Although I've been present at the meetings and made myself clear, not getting any kind of discharge summary, it's just astounding to me…clients being discharged without an appointment being set up…whoever's doing the discharge planning is letting down the ball with that…it's just kind of a waste of time in some ways if I don't have a way to follow up on what they saw diagnostically."
- Youth-Oriented Provider

"We've asked multiple, four or five times for even just a med list so that we can follow up and we've had to resort to calling the pharmacy to get what was prescribed."
- Youth-Oriented Provider

Communication Issues Within & Across Systems. A theme that emerged from our focus group sessions showed that communication barriers across providers, organizations, healthcare systems and communities can negatively impact follow-up, particularly for those who have experienced an overdose, making care transitions and the implementation of a comprehensive care plan across various levels of care for individuals with SUD more difficult. Providers felt that this speaks to the overburdened and understaffed system as a whole and the need for greater coordination and collaboration across organizations.

Difficulty Handling Social Hierarchy of Needs. Providers felt that the lack of access to safe housing, transportation, food and employment poses additional challenges to the provision of care for individuals whose most basic needs are not being met. Participants also noted the importance of understanding these social determinants as important factors in the ability to treat individuals with SUD. Providers shared that their ability to provide treatment and

support the recovery of individuals with SUD was severely restricted by the lack of resources available in Maine to address social determinants of health, with a notable deficit in housing services.

> *"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

Administrative Policies and Procedures

Providers offered feedback on local, state and federal administrative policies and procedures, discussing their perceived impact on their personal and systematic ability to provide a flexible, well-funded spectrum of care for persons with SUD. While providers were not directly asked about reimbursement, it emerged as both a facilitator and barrier within their discussions of state policies.

Facilitators: Policies and Procedures

Three themes around policy-based facilitators for keeping and expanding capacity to address SUD in Maine were identified in the focus groups.

1) Reimbursement rate increases across the board "help everyone", particularly for residential care, behavioral health care, and SUD services. Providers discussed staff capacity and the need to increase pay to hire and retain staff. Additionally, funding designed to recruit and keep staff is seen as imperative to mitigate the provider shortages in many areas of the state, and a commitment from the state level would greatly aid in any such initiative.
2) Reimbursement for telehealth during the pandemic has helped sustain and in certain instances, increase capacity. Providers agreed they would like this reimbursement allowance change to remain in place.
3) The OPTIONS program in Maine is viewed as a "good start" and increasing its capacity would greatly help many types of providers; it was agreed that this program simply does not provide a wide breadth of services.

> *I think what would be helpful … some incentive if you work in a substance use field, if you stay in the State of Maine. Our student loans are horrific. I mean, the amount of money that we get paid to do our job isn't enough to pay for the loans to get to do our job."*
> - Youth-Oriented Provider

> *"I was just told I'm not getting a raise when I hit a year because there's no money, and yet we were told that there's something like $1.8 million to bring nurses from other states, but no money for counselors or social workers who already are doing the work."*
> -Recovery Supports Provider

Barriers: Policies and Procedures

Policy barriers exist in almost every domain discussed in this summary report. It is important to note that these are barriers perceived at the ground level, and any misperceptions about policies are opportunities for communication and collaboration between ME DHHS and providers.

While discussing barriers at the administrative and policy level, many providers agree that currently funding is "skewed" towards OUD treatment, and they are seeing both an increased use of stimulants such as methamphetamines and cocaine as well as a dire need in Maine for treatment of alcohol use disorder.

Participants noted that the federal privacy law CFR 42 poses specific reimbursement barriers to serving individuals for SUD - particularly those under the age of 18. Furthermore, the requirement of a substance use diagnosis code to bill MaineCare for outpatient services means that some provider organizations forego MaineCare reimbursement to protect the privacy of young people, as the use of specific SUD billing codes on a claim that a parent or guardian may see is not compliant with CFR 42. Finally, not reimbursing certain services sometimes translates at the ground-level to schools covering costs of care for child MaineCare members.

Additional state-specific policy barriers that were discussed across focus groups included:

- Rates of reimbursement from MaineCare for certain types of services (namely, residential treatment) prohibit providers from offering services for MaineCare members and/or accepting as many MaineCare patients as they would like, and/or being able to refer MaineCare members to appropriate levels of care. (As discussed in previous sections, this provider feedback was given prior to the announcement of significant increases in MaineCare reimbursement rates for a number of SUD related services, including residential services.)
- The lack of MaineCare reimbursement for case management for members whose primary diagnosis is SUD diminishes the capacity of available services for these individuals. Notably, the perspective from some behavioral health providers in the focus groups is that "nursing is not a billable service" for their agency, and they do not feel that a bundled rate covers or provides nursing care for their higher-needs clients who may require medically supervised withdrawal or crisis management.
- Licensing and caseloads: While many agencies employ Alcohol and Drug Counseling Aides (ADCAs), they cannot carry their own caseload; this combined with a lack of certified clinical supervisors make staffing capacity difficult for many organizations.
- Stringent rules around treatment of OUD patients (e.g., eight drug screenings per year) is seen as a barrier to whole-patient care and "meeting the patient where they are" and often creates issues with financial reimbursement for certain providers' billing structures.
- Day-to-day administrative challenges have an impact on service delivery. Paperwork requirements as well as certain regulations and policies around billing and prior authorization can pose an administrative burden, particularly for smaller provider practices, and detracts from direct patient care.

"I really encourage MaineCare to take a look at their paperwork system, their reimbursement rate, and their requirement for practitioners, private practitioners to have a billing company. I just feel like that's just a waste of money and personnel that could be put into…training staff, increasing staff benefits, increasing staff salaries so that you have people who will stay and work…"

– Youth-Oriented Provider

"Case management is not a reimbursable service for people that have a primary diagnosis of substance use. The State will refer me frequently to targeted case management…that not all of our clients are qualified for nor are they always qualified for BHH…so you end up having clinicians not working at the top of their license because they're doing care coordination and case management services. And that's not the intended role of peer support services, either."

– Behavioral Health Provider

Considerations for Special Populations

Consistent with the goals of the SUPPORT for ME needs assessment to understand the specific needs of priority populations in Maine, providers discussed the treatment and recovery needs of individuals with SUD involved with the justice system, youth, and those residing in rural areas. Their feedback indicates potential and current opportunities to improve capacity to care for these subpopulations. Additionally, providers discussed strategies and challenges related to improving SUD care for mothers and pregnant women. Together, we are calling these "special populations" in this report.

Key Takeaways for Special Populations

Special Populations	successful strategies for enhancing SUD treatment and recovery services	ongoing challenges to providing SUD treatment and recovery services
Populations Involved with the Justice System	• Facilities that connect individuals with vocational and educational opportunities • Co-response to 911 calls with SUD counselors	• Limitations to MaineCare reimbursement for services while in the justice system increase administrative burden and restrict care provision
Youth	• Embedding providers in school settings to relieve financial strain and increase youth access	• Inability to bill insurers without violating CFR 42 • Insufficient services across all levels of care
Rural Areas	• Community initiatives that are responsive to local-level SUD needs • Telehealth treatment services that relieve transportation barriers	• Scarcity of services to address housing or food insecurity • Difficulty hiring and retaining providers
Mothers and Pregnant Women	• Provider continuity between levels of care • Relationship building between stakeholders in carceral settings and community providers	• Persistent stigma in health and justice systems and family service institutions can be a barrier to needed care

Populations Transitioning from Carceral Settings

Focus group participants gave extensive feedback regarding treatment and recovery needs of individuals residing in carceral settings, during transition planning, and upon re-entry into the community.

Reentry Facilities. Participants highlighted the benefits of having dedicated facilities to support transitions back to the community with flexible recovery models, vocational and educational opportunities, and counseling, especially during the pre-release phase, which can help to reduce recidivism. Establishing reliable transportation post-release remains an unresolved barrier and a challenge to ongoing treatment engagement, especially in rural areas of the state.

"Right now, I have a grandmother, a little old lady, she's so sweet, who is calling once a week to pay her grandson's bill because he's in jail [receiving substance use services]…You want to end [coverage] for other things, fine, but for substance abuse treatment? I know MaineCare covers some medical treatment while people are incarcerated. Substance abuse needs to be on that list."

–OTP Provider

MaineCare Eligibility. Providers raised the concern of an individual's MaineCare status after thirty days of incarceration, relating it to a loss of coverage; without access to outpatient services or medication, individuals with SUD in carceral settings are severely limited in their receipt of SUD treatment. Additionally, participants feel there is considerable and unnecessary administrative burden required to change individuals' MaineCare status back to full coverage prior to release.

"We don't need to waste law enforcement time by going to those non-criminal calls. If it's SUD and mental health, we want SUD counselors and social workers co-responding with them, and if we can get to a place where they're not issuing summons to go to court and instead passing them off to our community liaisons who will connect them to treatment and support them through that process and keep them out of jail to begin with, that is a goal."

–EMS/Law Enforcement Provider

Community Programs. Many participants expressed the need to enhance community programs that prevent incarceration, such as co-responder law enforcement models that support diversion of individuals with substance use away from the criminal justice system, while acknowledging that these programs depend on available treatment and recovery supports in the community to which to refer individuals.

Treatment Flexibility. While providers highlighted the benefit of MAT administration in prisons and some jails, they also noted that these facilities have limited capacity of resources and staffing to be flexible and responsive in treating patients with SUD. Suboxone may not be the most appropriate medication for every individual with SUD involved in the justice system including individuals recently administered methadone in the community, individuals whose primary SUD is not opioid use disorder, or pregnant woman withdrawing from opioids.

Youth

Participants who work with youth and adolescents with SUD highlighted the barriers faced in treating this population due to gaps in brick-and-mortar services for youth as well as billing and policy constraints. They also shared promising strategies, such as co-located SUD services within primary care settings and SUD education in schools, that provide better access for youth and reduce financial strain.

Capacity. Providers noted that there is currently a lack of inpatient treatment options, outpatient treatment providers, alcohol use disorder services, and a complete absence of medically supervised withdrawal services for individuals under the age of 18. Several providers stated that these service gaps mean that youth are often situated in impractical or inappropriate settings, from extended stays in the emergency room to seeking help as a last resort from law enforcement.

"Our clinician brought (youth client) themselves to the hospital. He's been discharged three times because there's nowhere to put him and then he got arrested. [The only option] for him was to get arrested because now he's going to get treatment through the jail."

- Youth-Oriented Provider

"There needs to be more community resources…I'm out here on my own, I can't send them to the emergency room because I've been told now several times it's a two-week wait in the ER for a client in the emergency room before they can find a bed for them. Well, that's a disgrace. That's just, I feel, the State of Maine letting kids down."

- Youth-Oriented Provider

"There are many students at the school systems that we serve that MaineCare has no idea are in counseling because we're having to serve them under the grant or we're having to serve them pro bono or we're serving them with the money the school is paying in. So, they would have no way to know the true scale of what we're actually seeing."

- Youth-Oriented Provider

Reimbursement. Providers shared their perspective regarding MaineCare policy and administrative barriers that limit their effectiveness in working with youth impacted by SUD. For example, many providers felt burdened by the coordination of care required for youth with complex health needs for which there was limited or no reimbursement. Ensuring receipt of inpatient discharge paperwork for clients was reported as an additional challenge to care coordination by several providers who work with youth in an outpatient capacity.

Service Settings. Providers discussed the opportunity that practicing in the school-based setting provides to serve youth in a low barrier setting with access to additional social supports. Schools provide alternative funding streams to support behavioral health care for students that, especially during the COVID-19 pandemic, facilitated in-person counseling sessions. Providers noted these in-person sessions were more impactful than telehealth for young people. However, several providers shared their perspective that MaineCare does not realize how many child members are served in schools under separate funding streams.

Focus group participants also noted that SUD services that are co-located with primary care services are beneficial to youth who commonly experience transportation-related barriers. Additional strategies mentioned included integrating education around SUD and overdose prevention for school staff, similar to educational training on suicide prevention.

Rural Communities

Barriers that participating providers throughout the state experience in service delivery to individuals with SUD are further compounded in rural communities, especially those barriers related to patient access and organizational capacity.

Remoteness & Transportation. Common barriers discussed by providers are travel distance and reliability of transportation for individuals with SUD in the more rural parts of the state. Travel times of more than an hour

for individuals to access treatment and/or recovery services was a theme from all provider types, which creates significant challenges to their patients' willingness to seek and maintain treatment and engage in recovery services. Additionally, providers felt MaineCare-supported transportation services were unreliable—sometimes cancelling patient pick-ups—and had limited services in the winter. Telehealth was seen as a potential tool to overcome these challenges.

Capacity & Lack of Services. Provider shortages and limited health and social services in rural communities were widely acknowledged by participants as one of the largest barriers to connecting individuals with appropriate care. Providers from rural communities felt acutely affected by provider shortages, both in terms of the difficulty in hiring staff internally and in referring patients to other external treatment and/or support services. Providers suggested a need for greater options to incentivize providers to work in rural parts of Maine.

Social Determinants of Health. The scarcity of services in rural areas to address to social determinants of health—housing, food, and employment—remains a challenge. Focus group participants, especially those in recovery support services and first responders, emphasized the need for community programs that are responsive to the unique needs of rural communities and that include the broad spectrum of SUD, including alcohol and stimulant use disorders.

"Maine is obviously a harsh place to live if you're not used to it, and Piscataquis County is a very underserved community, you're asking someone to come here and probably take less money to do more work and see sicker patients with less resources and it's really hard to find people that are willing to do that."
–Youth-Oriented Provider

"We really need to look at more of a 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 … All of the problems that we see that still exist in Portland just get, you know, exponentially harder as you get to the rural parts of the state."
-Behavioral Health Provider

"Meth and alcohol are much, much bigger deals in Lincoln County than opiates are. There are tons and tons of services out there for opiates, but not alcohol ones. So, I think the fact that [our OPTIONS liaison] is trying to address all substances and co-occurring substance use, I think is very good…"
–Recovery Supports Provider

Mothers and Pregnant Women

Collaboration: Providers expressed the need for collaboration across state and healthcare organizations, emphasizing the need for enhanced continuity of care and ensuring consistency in the delivery of MAT for women with opioid use disorder, particularly among women with criminal justice system involvement.

Capacity: They emphasized the importance of enhancing jail and prison capacity for coordinating with OTP providers. In the context of growing acceptance of Suboxone administration in correctional settings, these providers stressed that additional MAT approaches are needed, and that Suboxone wasn't always appropriate for this population.

Stigma: Medical providers shared their concerns regarding the systemic stigma sometimes felt by women in recovery and their advocates. The providers noted that for many women who are mothers, the fear of what may happen to their families or children if they "relapse" does not acknowledge the importance of harm reduction nor the understanding of SUD as a chronic disease, which fosters dishonesty among parents who are involved with the system at the expense of comprehensive, preventive treatment planning and case management.

"I think DHHS really discourages people from being honest and seeking good treatment. When I attended a family meeting, when they asked the client 'what are you going to do if you relapse'… it's a punitive thing. Of course my patient couldn't say, 'when I relapse, this is what I'm going to do,' she had to come out with, 'I'm not going to relapse, and this is why.' That was inherently dishonest…I feel like the whole system on some level is working on these antiquated ideas. They're not looking at harm reduction, they're not looking at the reality of addiction."

–Medical Provider

Summary & Recommendations

Maine is among the states hardest hit by a national trend of non-medical use of opioids, with subsequent increases in opioid related morbidity and mortality. In addition, the state has high rates of alcohol use and increasing rates of polysubstance and stimulant use. Thus, finding mechanisms to enhance statewide capacity to enhance SUD treatment and recovery infrastructure is of the utmost importance to Maine DHHS and OMS. A key component in increasing access to treatment and recovery services in enhancing provider capacity and willingness to address SUD. Addressing the treatment and recovery needs of individuals with SUD in Maine is particularly challenging given the rural nature of the state, which creates unique challenges for service providers as well as persons who are seeking treatment. Feedback from providers suggest efforts to enhance the state's capacity to address SUD should focus on strategies aimed at creating a continuum of treatment and recovery supports, which will ensure individuals have access to the appropriate level of care and facilitate care transitions.

Recommended areas of focus for next steps include implementing strategies that focus on the following:

- Provider Shortages: Across all key domains of interest, provider shortages was the most frequently cited barrier to expanding SUD treatment and recovery capacity. Staffing shortages, particularly among psychiatrists, counselors and therapists, make it difficult for organizations to maintain and expand their current SUD services. This is particularly true in more rural areas of the state where it is hard to hire and retain medical and behavioral health providers. Feedback indicates the desire for increased reimbursement rates to support hiring and retention of qualified staff as well as leveraging federal and/or implementing state incentive based programs to help expand SUD workforce capacity in the state.

- Expansion of Existing Services: In addition to bolstering the state's SUD workforce, statewide efforts should focus on expanding services across the care continuum and providing access to real time information on available options, as is being implemented through the SUPPORT for ME Treatment Locator Tool, to assist providers identify and refer individuals with SUD to the appropriate level of care. Currently, the demand for critical SUD services such as medically supervised withdrawal management, residential treatment options, SUD/Behavioral Health counseling services and youth based SUD services is far higher than can be met by the current state infrastructure, leading to long wait times and the inability of individual to access appropriate levels of care.

- Provider Education and Training: Focus group feedback points to a need for ongoing provider education and training to reduce stigma, increase provider willingness to address SUD and enhance provider capacity for early identification and treatment of SUD.

- Administrative Challenges: While providers praised Department efforts to reduce prior authorizations and reimburse for telehealth, several administrative challenges were cited in the focus groups which have an impact on provider willingness as well as organizational capacity to address SUD. Certain policies and regulations pose administrative burdens, particularly for smaller provider practices, which divert scarce resources away from patient care. Reexamining why practitioners believe they need a billing company for MaineCare claims (see quote on p. 10), as well as some programmatic requirements such as minimum allowable sessions for billing will allow more flexibility for providers in creating tailored treatment plans for individuals with SUD may help boost provider engagement. Creating communications that help clarify misunderstood (or even non-existent) policies helps providers who are serving MaineCare members.

- Case Management: Individuals with SUD are often complex and require a high level of care to address both physical and behavioral health conditions as well as a variety of social determinants of health including housing, transportation, food insecurity, legal and other issues which are all critical to maintain engagement in treatment. Providing a funding stream or reimbursement for case management for individuals with SUD as a primary diagnosis would allow organizations to devote staff time and resources to adequately address social determinants of health by fostering clinical – community linkages and comprehensive care coordination for individuals with SUD.

- Coordination/Communication: Feedback from providers indicate that communication can be a barrier across providers and organizations which can have a negative impact care coordination, transitions and follow-ups after referral. Participants indicated that fostering relationships within and across organizations and sectors are crticial to creating effective relationships to support comprehensive SUD treatment and recovery systems of care. While there are challenges to managing and sustaining cross-site, multi-sector collaborations including: competing priorities, maintaining meaningful engagement, and ensuring regular, open communication, respondents indicated that partnership work is critical to establishing and sustaining the infrastructure necessary to expand access to SUD services. Finding mechanisms to support providers and organizations in their efforts to enhance cross-organization communication and collaboratoin will be critical to expanding and sustaining statewide SUD treatment and recovery infrustructure.

- Patient-Centered Approach: Based on provider feedback, there remains a need to create treatment protocols and policies that include interventions specific to the tasks and challenges faced by patients at each stage of treatment, maintenance and recovery. Analysis of focus group transcripts indicate a need for patient-centered programmatic policies that facilitate engagement and the achievement of treatment goals. Providers indicated that programmatic requirements often make long-term engagement difficult for patients, do not allow them to tailor treatment plans to meet individualized needs, can create administrative as well as resource burdens and can even create barriers to patients achieving desired treatment outcomes. It will be important for the Department to regularly assess provider and patient feedback on key SUD programs, and to consider the importance of providing a broad continuum of services and patient centered models when designing new initiatives to ensure SUD treatment and recovery program requirements. These requirements should offer providers flexibility, meet the unique needs of participants, and reinforce long-term participation in SUD treatment and recovery activities.

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