

2022

Washington County Asset Map and Needs Assessment: Building a Network to Serve Youths at Risk for Serious Mental Illness

Jeffrey Hecker

Lois-Ann Kuntz

Carol Lane

Follow this and additional works at: https://digitalcommons.library.umaine.edu/umm_psy_facpub



This Report is brought to you for free and open access by DigitalCommons@UMaine. It has been accepted for inclusion in Psychology and Community Studies Faculty Scholarship by an authorized administrator of DigitalCommons@UMaine. For more information, please contact um.library.technical.services@maine.edu.



Washington County Asset Map and Needs Assessment:

Building a Network to Serve Youths at Risk for Serious Mental Illness



2022



Jeffrey Hecker
Professor of Psychology
University of Maine

Lois-Ann Kuntz
Professor of Psychology
University of Maine at Machias

Carol Lane
Undergraduate Research Assistant
University of Maine at Machias



TABLE OF CONTENTS

| | |
|---|-----------|
| Acknowledgments | 1 |
| Executive Summary | 2 |
| Washington County Asset Map and Needs Assessment: | |
| Building a Network to Serve Youths at Risk for Serious Mental Illness..... | 3 |
| Washington County Asset Map and Needs Assessment | 3 |
| Methods | 4 |
| Participants..... | 4 |
| Web-based Data..... | 5 |
| Interview Data..... | 5 |
| Results | 7 |
| Washington County Assets..... | 7 |
| Relationships Among Agencies..... | 8 |
| Interview Data Analysis Process..... | 11 |
| Ideas for Addressing Challenges..... | 14 |
| Conclusions and Future Directions..... | 16 |
| Addressing the Challenges..... | 16 |

ACKNOWLEDGMENTS

We are grateful to the University of Maine System Rural Health and Wellbeing Grand Challenge, Injury Prevention Seed Grant Program for providing the funding to carry out this project. Thanks also to Jennifer Hugg, Lindsey Lagerstrom, and Hailley Bradbury for their assistance with data collection and a myriad of other aspects of this project. Without their hard work and commitment, the project would not have been completed.

We also express our thanks to the organizations that provided us the opportunity to talk with them about our project and supported the recruitment of participants. These include the Community Caring Collaborative, Washington County Superintendents' Association, Downeast Public Health Council, and Downeast Partners for Children & Families.



Finally, our most heartfelt thanks go to the agency representatives we interviewed. Thank you for your time, your willingness to share your ideas, and most importantly your investment in improving the lives of the people of Washington County.

EXECUTIVE SUMMARY



This study is the first in a series of planned investigations into pathways to care for adolescents and young adults with serious mental illness in Washington County. Resources were identified that may support a network for identifying and accessing services. Over 120 agencies were categorized into one of seven types: education, mental health, health, substance use/recovery, community/library, and law enforcement. Web-based information was collected for 85 of these agencies and representatives of 47 of these agencies were interviewed about challenges, collaborations, and ideas for solutions. We found a great deal of collaboration among agencies within different service sectors. For example, there is regular collaboration among health agencies, among educational agencies, and among agencies serving children and families. We identified networks that support the LGBTQ+ community as well as victims of domestic violence. Three agencies stood out with number and type of collaborations regarding youth and mental illness: Healthy Acadia, the Community Caring Collaborative, and the Aroostook Mental Health Center. We collated information about types of obstacles into these categories by frequency of mention: Lack of Services/Providers, Stigma/Community Culture, Transportation/Distance, Information Shortage, Cost, and Mistrust of Providers. Five areas of ideas from interviewees to address these challenges are provided. We end this report by highlighting some national, state, county, and local efforts to address these challenges as well as next steps for our research team.

WASHINGTON COUNTY ASSET MAP AND NEEDS ASSESSMENT: BUILDING A NETWORK TO SERVE YOUTHS AT RISK FOR SERIOUS MENTAL ILLNESS

Serious mental illnesses present substantial health, social, and economic burdens for patients, their families, caregivers, and communities. People with schizophrenia spectrum disorders, for example, have high rates of suicide attempts and completions. Multifaceted intervention with people showing early signs of psychosis can mitigate negative outcomes and may prevent the development of a full-blown psychotic disorder. One of the most promising approaches to early intervention was developed in Maine. The Portland Identification and Early Referral (PIER) Program is an early detection, intervention, and prevention program for adolescents and young adults showing early signs of psychosis. The PIER approach has been found to be effective at improving symptoms of psychosis as well as functioning in work and school. The feasibility of developing and sustaining a PIER-model early intervention program in rural areas is unknown.

Maine is the most rural state in the country and, with a population of 31,491, and a land area of 2,563 miles, Washington County is the third most rural county in Maine. The median household income in Washington County is well below the state median and one in four children in the county lives in poverty, compared to one in seven for the state. Suicide and overdose death rates in Washington County exceed statewide rates. The behavior and mental health care systems do not have the capacity to meet the county's needs.

Washington County Asset Map and Needs Assessment

The goal of the present study was to develop a deeper understanding of the mental health care ecosystem in Washington county with a particular focus on adolescents and young adults showing signs of incipient serious mental illness. This study is the first in a series of planned investigations into pathways to care for adolescents and young adults with serious mental illness in Washington County. The present study has three objectives.

1. Identify the resources in Washington County that could be leveraged to build a network for identifying and accessing services for adolescents and young adults at risk for serious mental illness.
2. Understand the challenges that local agencies, organizations, and providers encounter identifying and accessing services for young adults with serious mental illness.
3. Collect ideas for addressing the challenges that agencies, organizations, and providers who serve adolescents and young adults encounter identifying and accessing services for serious mental illness.

METHODS

Participants

A three-step process was used to create an initial set of agencies, organizations and providers (hereafter “agencies”) that serve adolescents and young adults in Washington County. The first step involved reviewing a spreadsheet of assets developed for a 2015 asset mapping project conducted by the University of Maine at Machias’s GIS Laboratory & Service Center. Organizations and agencies included in the data set that appeared to provide services to adolescents and young adults were identified. In step two, we searched publicly available information (i.e., web sites) and networked with colleagues who live and work in Washington County to identify additional agencies. Steps one and two yielded 179 agencies. In step three, we reviewed the list and eliminated organizations and agencies that serve younger children (e.g., elementary schools, childcare centers), self-help organizations (e.g., AA meetings), agencies with listings in Maine but located out of state (e.g., Wellbriety), and government offices (e.g., Maine Department of Labor). As home-school students and other youth regularly access local libraries, these community resources were later added with support from UMM’s Merrill Library. The final revised list consisted of 122 agencies.

To encourage participation, the co-authors contacted Washington County collaborative organizations and requested the opportunity to attend their meetings to describe the study, answer questions, and to identify additional agencies and potential contacts. Presentations were made to the following organizations:

Community Caring Collaborative (May 7, 2021)
Washington County Superintendents’ Association (May 12, 2021)
Downeast Public Health Council (May 21, 2021)
Downeast Partners for Children & Families (June 4, 2021)

Agencies to contact were classified into one of seven types and the numbers of each type of agencies in Washington County are listed below:

Education (n = 21)
Mental Health (n = 12)
Health (n = 21)
Substance Use Services (n = 12)
Social Services (n = 13)
Community/Library (n = 38)
Law Enforcement (n = 5)

Web-based Data

The first phase of data collection involved searching for websites for the 122 agencies. Two University of Maine at Machias undergraduate research assistants systematically reviewed websites and extracted information regarding: Mission, Services (including eligibility requirements), and Assets (including employees and facilities). Website data were collected for 85 agencies.

Interview Data

A semi-structured interview was developed for the study. The interview was organized into five sections. Agency representatives were asked about: 1) practices and policies related to working with adolescents and young adults with emotional and behavioral problems including those with serious mental illness; 2) working relationships with other agencies and organizations; 3) impediments to identifying and accessing services for adolescents and young adults with serious mental health issues; 4) ideas about ways to improve mental health services for adolescents and young adults 5) and general descriptive information.

For those agencies for which web-based information was not available, interviewers also asked about mission, services, and assets.

Agency representatives who might be interviewed for the project were identified through websites, recommendations from collaborative organizations, and networking by members of the research team. Emails were sent to agency representatives explaining the purpose of the study and requesting interviews. The representatives were asked to pass on the request to other agency staff members if they thought that the other staff member might be better suited for the interview. Follow-up email requests were sent 10 days after the initial emails if there was no response. Contact persons and valid email addresses were identified for 97 agencies.

Most interviews were conducted by two graduate students enrolled in the University of Maine's doctoral training program in clinical psychology. One of the co-authors conducted two interviews and ten interviews were conducted by the undergraduate research assistants. Most interviews were carried out via ZOOM and, with the permission of the agency representative, recorded. Five interviews were carried out via telephone, and one was face-to-face. Typically, interviews were completed in about 30 minutes (shortest interview was 14 minutes and the longest was 54 minutes).

There were five 'waves' of interview data collection in the summer 2021. The waves corresponded loosely with the seven types of agencies. Each wave of data collection began with email invitations to agency representatives. The goal was to arrange for interviews within three weeks of the initial email request. The research team met weekly throughout the data collection period to review progress, problem solve, and discuss issues identified in the prior week's interviews.

| Wave | Date of email request | Number of agencies contacted | Number of interviews |
|------|-----------------------|------------------------------|----------------------|
| 1 | June 6–7 | 19 | 13 |
| 2 | June 23–25 | 17 | 14 |
| 3 | July 13–19 | 20 | 7 |
| 4 | August 3–5 | 16 | 5 |
| 5 | August 6–9 | 25 | 8 |

Table 1. Five waves of data collection: number of agencies contacted, and number interviewed

There was a total of 49 interviews conducted with 47 agencies (two representatives were interviewed for two of the agencies). Appendix A at the end of the report provides the full list of the agencies who provided interview data. Table 2 below provides a summary of the agencies about which information was collected from websites and/or interviews.

| Type of agency | Total number | Web data number | Number contacted | Number interviews | Percent interviewed |
|--------------------------|--------------|-----------------|------------------|-------------------|---------------------|
| Education | 21 | 15 | 15 | 12 | 57% |
| Mental Health | 12 | 3 | 8 | 6 | 50% |
| Health | 21 | 15 | 20 | 6 | 29% |
| Substance Abuse Services | 12 | 6 | 5 | 5 | 42% |
| Social Services | 13 | 13 | 13 | 10 | 77% |
| Community/ Library | 38 | 29 | 27 | 7 | 18% |
| Law Enforcement | 5 | 4 | 5 | 1 | 20% |
| Total | 122 | 85 | 93 | 47 | 38% |

Table 2. Number and type of agencies about which web-based and interview data were collected.

RESULTS

Objective 1: Identify the resources in Washington County that could be leveraged to build a network for identifying and accessing services for adolescents and young adults at risk for serious mental illness.

Washington County Assets

We identified 122 agencies in Washington County that serve, or have regular contact with, adolescents and young adults. The largest number of agencies identified were categorized as Community/Library. There are 14 public libraries in Washington County, several social clubs (e.g., Dennysville Snowmobile and ATV Club), advocacy groups (e.g., Downeast Rainbow Alliance), and Grange Halls. There are 21 educational institutions serving adolescents or young adults and a dozen health agencies as well as at least 25 mental health and substance abuse agencies or providers in the county. There are seven municipal police departments and one tribal law enforcement agency. Additional law enforcement assets include the Washington County Sheriff's office, the county jail, and the Downeast Correctional Facility.

While we made every effort to identify all the potential assets that might form a network to identify and support young people with serious mental illness, it is likely that the list is incomplete, particularly with respect to private practice providers and law enforcement. Those individuals interviewed were helpful and hopeful for improving conditions for youth at risk for mental and behavioral health.

Representatives of 47 agencies were interviewed and reported on the number of employees in each agency. Below, Table 3 describes the reported number of employees for these 47 agencies by agency type.

| Type of agency | Employees |
|--------------------------|------------|
| Education | 233 |
| Mental Health | 110 |
| Health | 174 |
| Substance Abuse Services | 13 |
| Social Services | 197 |
| Community/Library | 17 |
| Law Enforcement | 16 |
| Total | 760 |

Table 3. Total number of reported employees for the 47 agencies interviewed.

Relationships Among Agencies

We explored the relationships among agencies in Washington County to develop an understanding of existing networks. Agency representatives were asked about other providers or agencies with whom they work most closely.

We found a great deal of collaboration among agencies within different service sectors. For example, there is regular collaboration among health agencies, among educational agencies, and among agencies serving children and families. We identified networks that support the LGBTQ+ community as well as survivors of domestic violence.

Three agencies stood out with number and type of cited collaborations regarding youth and mental illness: Healthy Acadia, the Community Caring Collaborative, and the Aroostook Mental Health Center.

Healthy Acadia has strong collaborative relationships including youth programming with a variety of agencies including Downeast Public Health Council/Next Step Domestic Violence, Substance Prevention Coalition, Downeast Rainbow Alliance, Kids Peace, AMHC, CHCS, and Adoptive & Foster Families of Maine. In addition, through its MAT treatment fund, Healthy Acadia also collaborates with substance use disorder treatment agencies and providers of opioid addiction treatment for several agencies. (The MAT treatment funding was expected to end in September 2021.)

Two agencies were cited most frequently as collaborators and appear to serve as hubs: The Community Caring Collaborative and Aroostook Mental Health Center. The Community Caring Collaborative (CCC) is a partnership among ~45 agencies in Washington County whose mission is to work to improve the lives of the most vulnerable citizens in Washington County. Twelve of the 47 agencies interviewed reported working with CCC to advance their missions. As can be seen in Figure 1, the CCC works most closely with social service and educational agencies.

Aroostook Mental Health Center (AMHC) provides outpatient mental health services, crisis services, and outpatient recovery support services in Washington County. Seventeen agencies and providers indicated working relationships with AMHC (see Figure 2).





Figure 1. Agencies reporting working relationships with the Community Caring Collaborative.



Figure 2. Agencies and providers reporting working relationships with Aroostook Mental Health Center.

Objective 2: Understand the challenges that agencies, organizations, and providers encounter identifying and accessing services for young adults with serious mental illness.

Interview Data Analysis Process

As described above, we organized agencies into seven types: Community, Education, Health, Mental Health, Social Services, Substance Use, and Law Enforcement. The summary reports for the agencies who participated in interviews formed the data set for analyzing findings regarding objective 2. Information was extracted from the summary reports through a three-stage process:

- Stage One – each summary report was reviewed independently by the study's co-authors who identified the challenges reported by agencies.
- Stage Two – the reviewers independently organized information about challenges into categories. For example, one respondent cited "closed community" and another "wariness of outsiders" as impediments to young adults with mental health concerns receiving services. The reviewer categorized these responses under the heading "Community Culture."
- Stage Three – the reviewers met and discussed the categories they derived from the reports and the decision-rules they applied when organizing responses into categories. Consensus about category labels and organization of responses within categories was reached through discussion.

The obstacles identified by each type of agency, along with representative quotes, are listed in Appendix B at the end of this report. For each agency type, the lists are in order of frequency, with the most frequently cited obstacle listed first. Law Enforcement is not included since only one law enforcement agency was interviewed.

The final stage of data analysis involved reviewing the categories of responses created for each of the six agency types and deriving an overarching set of categories. The co-authors met and discussed the findings across types of agencies. The following categories were derived via consensus. The numbers in parentheses are the number of agencies that described the obstacle. If an obstacle was described in more than one way by an agency representative (e.g., "too few providers" and "long waiting lists"), it was counted once, so that the numbers represent the number of agencies that cited an obstacle, not the number of times the obstacle was cited.

Lack of Services/Providers (n = 34... 74%)

"I think primarily from the standpoint of there just not being enough mental healthcare providers in this area....those who are in the region just don't have perhaps enough time to offer services here." (Educational administrator)

“I’d say we could easily double, triple our clinical staff and still have plenty of business coming in.” (Mental health agency administrator)

The most frequently identified obstacle to accessing services for adolescents and young adults showing signs of mental illness was the lack of services and providers available. Nearly three-quarters of the representatives interviewed identified this problem. Representatives described long waiting lists, the near absence of specialty providers, and delays in accessing services needed in the moment. Some agencies described the difficulties they had in hiring and retaining appropriately trained professionals. Others noted that some providers lacked the cultural competencies needed to appropriately serve their clients.

The need for psychiatrists and/or other health professionals with appropriate training to manage medications was cited by several respondents. Other areas of need highlighted by multiple respondents included improved crisis services, short-term residential care, psychological assessment, and psychiatric evaluation.

Stigma/Community Culture (n = 29... 63%)

“There is still stereotypes, especially in rural communities, and a child, adult, or anyone, people are frequently talked about, you know, in the small communities, and if the child does have an issue, it’s advertised everywhere, so there’s that social stigma.” (Community agency administrator)

The second most common obstacle had to do with the stigma associated with mental illness and community culture marked by wariness of outsiders and valuing of rugged individualism. We chose to group stigma and community culture together because the interview findings tended to describe two-sides of the same coin. On the one side, interviewees described individuals’ reluctance to admit to problems and seek help. They talked about “embarrassment” or “guardedness” about admitting to personal problems. On the other side, several interviewees referred to community norms that discouraged disclosure and help-seeking. They referred to “community attitude,” “closed community,” or the “Washington County culture” as factors impeding help-seeking. Others noted a strong prejudice against people with mental illness as well as prejudice against “outsiders”.

Transportation/Distance (n = 14... 30%)

“Transportation is a big issue.” (Mental health agency clinician)

Many Washington County residents must travel to Ellsworth or, more frequently, Bangor, to receive mental health services. The closest inpatient psychiatric care, for example, is available in Bangor. Similarly, psychological evaluation services require a trip to Ellsworth or Bangor. There is no public transportation available in Washington County to take clients to those services they can access in the county - no buses, cabs, or Uber services. Many people may not have transportation, have suspended drivers’ licenses, or no license as there is limited driver’s education programming. A round trip specialist visit in Bangor is four hours of driving which is an expense of lost work time as well as the cost of gas.

Information Shortage (n = 11...26%)

“An obstacle is that the information is sometimes so decentralized that you’re not sure where to go to find information about maybe how to work with the youth, unless you’ve been trained to do it, you know, how to work with those youth in those situations.” (Educational administrator).

Several representatives talked about the need for accurate information about mental illness. Some identified the need for training in identifying early signs of mental illness. Others described a need for information that would help de-stigmatize mental illness. Finally, several cited the lack of easily accessible information about what resources are available for people experiencing mental health problems.



Cost (n = 9... 20%)

“But our patient grant dollars are gone. So, that is a barrier, people have to pay full rate out of pocket because we don’t have any other way to offset the expense of the service.” (Social service agency administrator).

Concerns about the cost of obtaining mental health services took a variety of forms. Many young adults in need of service do not have insurance or, if insured, their plans do not cover the services they can access. Some individuals cannot afford co-payments. And other out-of-pocket expenses associated with traveling to obtain service, including lost work time and gas, are obstacles for many individuals.

Mistrust of Providers (n = 6...13%)

“People who have had historic challenges with some of the agencies, who have a negative opinion of certain provider agencies, and so don’t want to seek services through that provider.” (Community agency administrator).

The final category of obstacles identified through the interviews had to do with trust in providers. These concerns included suspicions about whether information would be kept confidential as well as more general concerns about the quality of care provided through the health and mental health systems. Potential clients may have had a negative experience with an agency or provider in the past or have heard about a negative reputation. A couple of representatives noted that some clients fear Child Protective Services will become involved in their lives if they seek help.

Objective 3: Collect ideas for addressing the challenges that agencies, organizations, and providers who serve adolescents and young adults encounter identifying and accessing services for serious mental illness.

Interview Data Analysis Process

Data analysis for Objective 3 followed the same three-stage process as for Objective 2. In stage one, each summary report was reviewed independently by the study's co-authors who identified the ideas for improvement offered by agencies. In stage-two, the reviewers independently organized the information into categories. In the third stage, the reviewers met and discussed the categories they derived from the reports and the decision-rules they applied when organizing responses into categories. Consensus was reached through discussion.

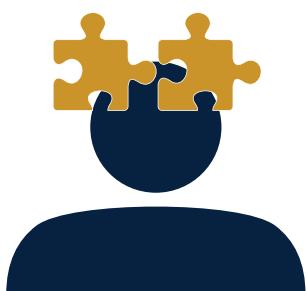
Several agency representatives responded to questions about ways to address challenges by simply stating the converse of the challenge. For example, several offered some variation of, "we need more providers," "improve crisis services," or "better transportation" without offering ideas of how to achieve these ends. Only suggestions that described some forms of action were included.

Ideas for Addressing Challenges

Create Financial Incentives for Providers to Live and Work in Washington County

Loan reimbursement: Student loan forgiveness programs may be useful to attract new professionals to live and work in Washington County. There are federal programs that provide relief from student loans for certain health and mental health professionals who work in underserved areas (see below). It was suggested that information about these programs should be included in recruitment materials and that the state might offer complementary programs to ease the burden of other types of loans of interest to young professionals (e.g., mortgage loans).

Differential insurance reimbursement rates: Increasing reimbursement rates for mental health providers who provide services to individuals in remote/rural, under-served areas, such as Washington County, would create an incentive to form, expand, or maintain rural practices. The Federally Qualified Health Center system has demonstrated the success of this type of incentive.



Increase Awareness and Understanding of Mental Illness

School-based education campaign: Several interviewees suggested that increased quantity and quality of education about mental illness would make it easier for young adults to recognize signs of mental illnesses in themselves and their peers, reduce stigma, and facilitate help-seeking.

Community-based education campaign: Similarly, a community-based education campaign would help normalize discussions about mental illness and impact the community culture that impedes help-seeking.

Family-focused information: Serious mental illness impacts not only the patient but their friends and family as well. Providing families with easily accessible information about mental illness may help them to accept their loved ones' situation, reduce their distress, and understand ways to support each other. The PIER program has excellent resources available online to help families of young adults experiencing serious mental illness (https://mmcri.org/?page_id=36433)

Targeted professional development: Professionals whose work involves frequent contact with adolescents and young adults (e.g., teachers, librarians) could benefit from training that would help improve their ability to recognize early signs of serious mental illness, develop skills in addressing mental health issues, and access information about available resources.

Address Transportation Challenges

Several agency representatives discussed the ways in which telehealth has helped to bridge service gaps. Expanding telehealth services was recommended, possibly with a “warm hand off” from a local trusted support. In addition to expansion, improved broadband and increasing access to reliable devices were recommended.

Some agency representatives suggested that developing home-based service models would be the best way to assure that individuals with mental illness receive the services they need. One respondent suggested a mobile mental health service system, wherein multidisciplinary teams travel to underserved areas, would be an efficient way of meeting community mental health needs.



Improve Access to Resource Information

Creating and maintaining a web-based resource information hub through which providers and lay citizens could access up-to-date information about mental health resources would help address an important impediment to services. Given the regularity with which services and service providers change, the need for active management of such a resource was emphasized.

Address Insurance Limitations

Some respondents recommended modifying reimbursement rules so that agencies can hire providers who are specially trained to provide mental health services. The inability to bill for some services provided by licensed clinical professional counselors was cited as an example.

A few representatives recommended modifying the criteria for MaineCare so that a larger segment of the population can receive the services they need.

CONCLUSIONS AND FUTURE DIRECTIONS

Our exploration of the assets and challenges in Washington County related to early identification of, and intervention with, serious mental illness illuminated many well-known obstacles to rural mental health care. At the same time, our study identified important assets that might be utilized to meet those challenges. There are well over 100 agencies, organizations, and institutions employing hundreds of individuals who regularly interact with adolescents and young adults in Washington County. The representatives of the organizations we interviewed expressed a yearning to know more about serious mental illness and a willingness to play a role in improving the system of care for young people suffering with these conditions.

Three agencies appear to serve as information, support, and service hubs: Community Caring Collaborative, Health Acadia, and Aroostook Mental Health Center. All three agencies are already actively engaged in addressing some of the challenges highlighted in our study. For example, Healthy Acadia supports a variety of initiatives aimed at reducing the stigma of mental illness. Its participation with the Yellow Tulips program is an innovative approach to mental health education.

The obstacles to care identified through our interviews provide cross-validation to the findings of other qualitative studies of health care in Washington County such as the Right Care, Right Place, Right Time report. There are not enough mental health care providers to meet the mental health needs of Washington County. Transportation and financial barriers impede access to care, particularly for those segments of the population with the greatest need. Stigma, closed communities, and distrust of providers often deter individuals with serious mental illness and their family members from seeking help.

Addressing the Challenges

While the challenges faced by Washington County individuals and families coping with serious mental illness are substantial, we end this report by highlighting some national, state, county and local efforts to address these challenges.

National Resources

Influenced by the growing body of research demonstrating the importance of early identification and intervention for people developing serious mental illness, a collaboration of researchers, clinicians, and mental health experts have developed tools to aid in the identification of early signs of psychosis. The website PsychosisScreening.org provides helpful information about the early indicators of psychosis, tips for asking about psychotic-like experiences, and decision-making guidelines to help clinicians choose among potential pathways for their patients.

In order to address the lack of providers in rural areas, the federal government has established student loan repayment programs to create incentives for clinicians to live and work in underserved areas. For example, the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) is for providers working to combat the opioid epidemic in the nation's rural communities.



Statewide Initiatives

The Maine Pediatric & Behavioral Health Partnership program is a statewide initiative to provide clinical consultation to rural pediatric primary care providers using innovative telehealth strategies. Funded by a grant from the federal Health Resources and Services Administration (HRSA) along with matching state funds, the program promotes behavioral health integration into pediatric primary care by supporting pediatric mental health care through telehealth access programs. The program is available to enrolled pediatric practices for all children and families, regardless of insurance or financial status.



The 130th Maine Legislature passed LD674, An Act to Support Early Intervention and Treatment of Psychotic Disorders, in June 2021. The new law funds the establishment of a coordinated specialty care model of treatment for individuals showing early signs of psychotic disorders. This is an important step in the expansion of PIER-like services to rural areas of the state. Coordinated specialty care is a model of team-treatment that includes case management, family support, psychotherapy, medication management, education and/or employment support, as well as peer support services.

County Resources

One of the impediments to accessing services identified through our interviews was the difficulty in obtaining up-to-date information about resources available in Washington County. [Maine Families of Washington County](#) has created the [Washington County Family Resource Guide](#) to address this impediment. The website includes guides to a variety of resources organized into categories that include [Counseling and Mental Health](#) as well as [Substance Use](#) and several others.

University of Maine

With the support of a \$1.48M HRSA grant, the University of Maine established the [Rural Integrated Behavioral Health in Primary Care \(RIBHPC\) program](#) to train MSW and doctoral students in clinical psychology to work as part of health care teams in primary care settings. The integrated behavioral health model was developed in response to the recognition that population mental health needs cannot be met solely by specialized mental health agencies and providers. Instead, the integrated behavioral health approach focuses on prevention and early intervention addressing mental health issues before they require more intense specialized care. The integrated behavioral health model is particularly relevant to addressing the needs of rural populations, given the impediments to specialized mental health care. Over four years of grant funding, the RIBHPC program will support the training of 80 MSWs and seven clinical psychologists to work in rural primary care. The university is working with community partners to provide students with hands-on experience working in integrated behavioral health serving rural populations. The RIBHPC program also offers continuing education programming focused on behavioral health in rural primary care for healthcare professionals.





Our Team

The immediate next step is to share our findings with the agencies who collaborated with us on this project. We will review our findings with the coordinating organizations that hosted us at the outset of the project and discuss the ideas generated by the interviewees and other strategies for addressing barriers to mental health care.

Building upon the information we gathered through the current investigation, our team will conduct two studies to investigate the pathways to care followed by adolescents and young adults with serious mental illness in Washington County. In the first, we will interview primary care providers (PCPs) to learn about their experiences serving individuals with serious mental illness. In areas where specialized mental health services are not available, care of individuals with serious mental illness often falls to PCPs. Understanding the experiences of PCPs in Washington County will inform the development of alternative service models. In the second study, we will gather information about the pathways to care followed by Washington County patients with psychotic-spectrum disorders through semi-structured interviews with these individuals as well as family members. These studies will be carried out in collaboration with colleagues at Maine Medical Center Research Institute.





Appendix A

Agencies Interviewed

Education (11)

Axiom Technology & Education Center — <https://aetc.us/>
Calais High School — <https://calaisschools.org/calais-middle-high-school/>
Coastal Washington County Institute of Technology — <https://www.msad37.me/o/cwcit>
Cobscook Institute — <https://cobscookinstitute.org/>
EdGE/Journey After School Programs — <https://www.seacoastmission.org/what-we-do/edge/>
Family Futures Downeast — <https://familyfuturesdowneast.org/>
Jonesport-Beals High School — <https://www.jonesportbealshs.org/>
Shead High School — <http://shead.org/>
Washington Academy — <https://www.washingtonacademy.org/>
Washington County Community College — <https://www.wccc.me.edu/>
Wayfinder Schools — <https://www.wayfinderschools.org/>

Community/Library (7)

Dennysville ATV & Snowmobiling Club — <https://www.facebook.com/Dennysville-Snowmobile-ATV-Club-211484195580103/>
Downeast Rainbow Alliance — <https://downeastrainbowalliance.com/>
Lubec Community Outreach Center — <https://www.lubecoutreach.org/>
Lubec Memorial Library — <http://lubec.lib.me.us/>
Peabody Memorial Library — <http://www.peabody.lib.me.us/>
Peavey Memorial Library — <https://www.facebook.com/Peavey-Memorial-Library-Eastport-Public-Library-Association-133835136652440/about/>
Whitneyville Public Library — <http://www.whitneyville.lib.me.us/>

Health (6)

Eastport Health Care — www.eastporthealth.org
Down East Public Health Council — downeastpublichealth.wordpress.com
Downeast Emergency Medical Services — www.downeastems.org
Healthy Acadia — <https://www.healthycloud.org/>
Pleasant Point Health Center — http://www.wabanaki.com/wabanaki_new/Health_Center.html
St. Croix Regional Family Health Center — <https://scrfhc.org/about-scrfhc/>

Law Enforcement(1)

Washington County Sheriff's Office — <https://www.washingtoncountymaine.com/index.php/countyclerovernment/sheriff-s-office>

Mental Health (6)

Aroostook Mental Health Services — Calais / Machias — <https://www.amhc.org/>
Brooks, Sarina, LCSW (Private Practice) — <https://www.healthaffiliatesmaine.com/counselors/sarina-l-brooks-lcsw/>
Chatterton, Barbara A., LCPC (Private Practice) — <https://www.cccmaine.org/services-programs/early-childhood-consultation-outreach/>
Cherry, Stacy, LCPC, Mental Health Counselor @UMM — <https://machias.edu/people/stacey-cherry/>
Community Mental Health & Counseling — <https://www.chcs-me.org/>
Librizzi, Tara, LCSW (Private Practice) — <https://www.healthaffiliatesmaine.com/counselors/tara-librizzi-lcsw/>

Social Services (11)

Addison Point Agency — <https://www.addisonpoint.org/index.php>
Child Welfare Program — <https://www.maine.gov/dhhs/ocfs/support-for-families/child-welfare>
Eastern Maine Workforce Development — <https://www.emdc.org/workforce/>
Food Pantries (Machias) — <https://www.foodpantries.org/ci/me-machias>
Machias Family Planning — <https://mainefamilyplanning.org/>
Maine Families of Washington County — <https://mainefamilieswc.org/>
Maine Transgender Network — <https://www.mainetrans.net/>
Next Step Domestic Violence Project — <https://www.nextstepdvproject.org/>
Safe Families for Children — <https://maine.safe-families.org/>
Sunrise Opportunities — <https://sun-rise.tv/>
Wings for Children & Families — <https://www.wingsinc.org/>

Substance Use Services (6)

Arise Addiction — <https://www.ariseaddictionrecovery.com/>
Discovery House — <https://www.mainectc.com/location/calais/>
Downeast Recovery Support Centers — <https://www.facebook.com/DownEast-Recovery-Support-Center-786714804996185/>
Downeast Treatment Center Healthy Acadia, Medication-Assisted Treatment — <https://static1.squarespace.com/static/5d5fec1f2b3df90001522875/t/5f88a405a593575f833bdc7e/1602790406016/13.13.a+Treatment+Fund+User+Guide.pdf>
Maine Access Points — <https://www.maineaccesspoints.org/>
Parenting in Recovery — <https://www.healthyacadia.org/spr-shrfw>

Appendix B

Obstacles by Agency Type with Representative Quotes

Agency Type: Community/Library

Obstacles:

Need for education about mental illness and available resources

“I honestly can't say we've ever referred anybody, or if there's anybody we even know to go to.”

Lack of providers

“There is a clog in the mental health tube with trouble finding relevant resources in Washington County”.

Stigma

“...the biggest challenge that we find sometimes when something goes wrong is keeping it quiet.”

Transportation issues

“There are transportation concerns. I mean, kids, adults, everyone has to travel thirty miles plus or even longer to access mental health care, and it separates families.”

Cost of accessing service

“they're big barriers,... money. Money and people with credentials.”

Agency Type: Education

Obstacles:

Lack of providers

“A lot of times we don't have mental health docs or professionals so a general practice person, nurse practitioner, or PA is trying to deal with mental health issues in their patients when it's not their expertise, so that is challenging.”

Stigma

“I think a willingness sometimes to, right, either the youth to exhibit the behavior or to want to disclose that they are struggling or having a challenge, just because of the environment of Washington County, right, which is, some people describe as rugged, some people describe it as insular, others might describe it as, you know, grit and pride that, you know, there's been a historical tradition of those things just aren't public right, where you may not want to access, or let someone know about x,y, and z. I think it's an obstacle for some youth.”

Difficulty recognizing mental illness

“An obstacle is that the information is sometimes so decentralized that you're not sure where to go to find information about maybe how to work with the youth, unless you've been trained to do it, you know, how to work with those youth in those situations.”

Guardedness about mental health agencies and providers

“Parents don’t want their kid labeled with, wow, they have some issues and you need to talk to a professional – you might as well try to climb Mt. Everest, because these people are so private – they don’t want anybody from the outside world to interfere in their lives.”

Cost of accessing services

“I think there’s a financial component of it, really, that is, that impacts families, right, especially families that are living in poverty.”

Agency Type: Health

Obstacles:

Lack of services

“Lots of folks were told to reach out to Northern Light Acadia, they have a wait list there, everybody has a wait list, so I think it can be frustrating for folks.”

Stigma

“I do think here, in Downeast Maine, I think, you know, that there is still quite a bit of stigma, there’s a lot of younger folks out there that probably need service.”

Community culture

“Because of the isolating nature of Washington County... the access to care may not be there.”

Isolation of service providers

“The only other piece is the number, the number of folks needing support vs the number of folks that can provide the support. There are limitations, and Downeast is a big area here.”

Agency Type: Mental Health

Obstacles:

Lack of providers

“The number one issue is access. We live in an area that’s a desert for mental health providers. You know, wait lists are ridiculous.”

Stigma

“They won’t seek help because they don’t want their family to know.”

Lack of services/resources

“Crisis services are abysmal. Clients have to go to ER.”

Lack of understanding of mental illness

“Parents don’t seek help for their kids until it’s too late.”

Cost of accessing services

“Finances are a big issue. People can’t afford to miss work or pay the gas to get to services.”

Agency Type: Social Services

Obstacles:

Lack of providers

"I have to continue to go back to lack of services, because it really is a huge barrier here."

Transportation

"I think that transportation is another thing, you know, we're such a very, we're sparse, you know, everything is far away for a lot of folks and transportation's always been a barrier for the folks in this area."

Stigma

"I know of situations where people are not ... are unable, for whatever reason, to take advantage of the service, even though they are eligible for the service. But, because of, whether it be the mental illness, concern around stigma, concern about their information getting out there, that the state will know that they have a diagnosable condition, any of that stuff, that has limited access for some."

Lack of services

"Our difficulty here in Washington County is that there's very limited services here."

Community culture

"Washington County culture, there's a wariness of outsiders."

Cost of accessing services

"But, our patient grant dollars are gone. So, that is a barrier, people have to pay full rate out of pocket because we don't have any other way to offset the expense of the service. "





Agency Type: Substance Use

Obstacles:

Lack of providers

"If you want to get in somewhere for anything, there's a wait list, especially for mental health stuff, there's a huge wait list, and people don't always have the luxury of time."

Transportation issues

"Or, they need to be referred out of the area, and if they have no transportation, that's very difficult. So, it's barrier after barrier down here sometimes."

Stigma

"And, so, with the ruralness of it, and then you have the barrier to transportation, you also have stigma, whether it's mental health or substance use, which prevents people from helping people inside of the community."

Cost of accessing services

"...and a lot of them don't have transportation, don't have the financial assistance to be able to afford to have gas, maybe they don't have a driver's license, so those are huge obstacles which we face regularly."

Lack of trust in provider

"There's a lot of trust building and that can be a barrier, too."

Confidentiality

"It's very small, so everybody always knows everybody, which is good and bad. It makes the confidentiality piece harder - like, not that anyone's going to break confidentiality, but, you know, if someone sees someone walking into my building, where I am, there's me, and then there's a bunch of treatment providers in my building, mental health, substance use, so people are automatically going to assume, like, oh, so and so is going for this, so it makes it hard being in a close-knit community in some places."

Bibliography

- Brown, J. & Haas, S (2021). Right Care, Right Place, Right Time in Maine, Ariadne Labs, <https://www.ariadnelabs.org/resources/downloads/right-care-right-place-right-time-in-maine-report/>
- Cloutier, M., Aigbogun, M. S., Guerin, A., et al., (2016). The economic burden of schizophrenia in the United States in 2013. *Journal of Clinical Psychiatry*, 77(6), 764–771.
- Fuller-Thompson, E. & Hollister, B. (2016). Schizophrenia and suicide attempts; Findings from a representative community-based Canadian Sample, *Schizophrenia Research and Treatment*, doi: 10.1155/2016/3165243.
- Haroun, N., Dunn, L., Haroun, A., & Cadenhead, K. S. (2006). Risk and protection in prodromal schizophrenia: Ethical implications for clinical practice and future research. *Schizophrenia Bulletin*, 32(1), 166–178.
- Maine Shared Community Health Needs Assessment (2021). Washington County Health Profile, Maine Department of Health and Human Services, <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/Washington%20County%20Health%20Profile%202.14.2022.pdf>
- McFarlane, W. R., Cook, W. L., Downing, D., Verdi, M. B., Woodberry, K. A., & Ruff, A. (2010). Portland identification and early referral: A community-based system for identifying and treating youths at high risk of psychosis. *Psychiatric Services*, 61(5), 512–515. <https://doi.org/10.1176/ps.2010.61.5.512>
- McFarlane, W.R., Susser, E., McCleary, R., Verdi, M., Lynch, S., Williams, D., & McKeague, I.W. (2014). Reduction in the incidence of hospitalizations for psychotic episodes through early identification and intervention. *Psychiatric Services*, 65(10), 1194-1200.
- Pelliza, L. Poletti, M., & Azzali, S. (2019). Suicidal thinking and behavior in adolescents at ultra-high risk for psychosis: A two -year longitudinal study. *Suicide and Life Threatening Behavior*, 49 (6), 1637-1652.
- Rössler, W., Joachim Salize, H., Van Os, J., & Riecher-Rössler, A. (2005). Size of burden of schizophrenia and psychotic disorders. *European Neuropsychopharmacology*, 15(4), 399–409. <https://doi.org/10.1016/j.euroneuro.2005.04.009>
- Zaheer, J., Jacob, B., de Oliveira, C., Rudoler, D., Juda, A. & Kurdyak, P. (2018). Service utilization and suicide amount people with schizophrenia spectrum disorders. *Schizophrenia Research*, 202, 347-353.

**Please contact us if you have any questions or
comments about this report.**

Jeff Hecker, hecker@maine.edu
Lois-Ann Kuntz, lkuntz@maine.edu

Thank you.



**WASHINGTON COUNTY ASSET MAP AND NEEDS ASSESSMENT:
BUILDING A NETWORK TO SERVE YOUTHS AT RISK FOR SERIOUS MENTAL ILLNESS**

2022

The University of Maine is an EEO/AE employer, and does not discriminate on the grounds of race, color, religion, sex, sexual orientation, transgender status, gender expression, national origin, citizenship status, age, disability, genetic information or veteran's status in employment, education, and all other programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Director of Equal Opportunity, 101 Boudreau Hall, University of Maine, Orono, ME 04469-5754, 207.581.1226, TTY 711 (Maine Relay System).