

12-2022

Healthy Acadia Downeast Community Opioid Response Program: Year 1 Summary

Mary Lindsey Smith PhD

University of Southern Maine, Catherine Cutler Institute, m.lindsey.smith@maine.edu

Evelyn Ali BS

University of Southern Maine, Muskie School of Public Service, Cutler Institute for Health and Social Policy, evelyn.ali@maine.edu

Tyler Egeland BA

University of Southern Maine, Catherine Cutler Institute

Katie Rosingana BA

University of Southern Maine, Catherine Cutler Institute, katherine.rosingana@maine.edu

Follow this and additional works at: <https://digitalcommons.usm.maine.edu/substance-use-research-and-evaluation>



Part of the [Health Policy Commons](#), [Policy Design, Analysis, and Evaluation Commons](#), and the [Substance Abuse and Addiction Commons](#)

Recommended Citation

Smith, Mary Lindsey PhD; Ali, Evelyn BS; Egeland, Tyler BA; and Rosingana, Katie BA, "Healthy Acadia Downeast Community Opioid Response Program: Year 1 Summary" (2022). *Substance Use Research & Evaluation*. 72.

<https://digitalcommons.usm.maine.edu/substance-use-research-and-evaluation/72>

This Article is brought to you for free and open access by the Cutler Institute at USM Digital Commons. It has been accepted for inclusion in Substance Use Research & Evaluation by an authorized administrator of USM Digital Commons. For more information, please contact jessica.c.hovey@maine.edu.



Downeast Community Opioid Response Program

Year 1 Summary

December 2022

HRSA RCORP Implementation III



Overview



01. Introduction

02. Partnership Self-Assessment

Standardized measure about partnership health across 6 domains. Deployed through Qualtrics in July 2022.

03. Key Informant Focus Group

Conducted virtually over zoom on October 13, 2022, with 8 key informants from partner organizations.

04. HRSA Performance Data

Administrative data reported semi-annually to HRSA to examine consortium activities and capacity

05. Conclusions

Introduction



The Consortium

The Downeast Substance Treatment Network is a group of diverse organizations working to improve integration and access to treatments and services for people with substance use disorder.

The Project

The consortium's Rural Communities Opioid Response Program grant project aims to:

- Expand the reach of their treatment network
- Increase awareness and practice of harm reduction
- Facilitate transitions of care to improve partner efficacy

The Evaluation

The mixed-methods evaluation is conducted on an ongoing basis to:

- understand factors affecting implementation of consortium activities, and
- assess the impact of consortium activities.

This presentation identifies findings from year 1 evaluation activities.

Year 1 Timeline of Evaluation Activities

HRSA Reporting Period 1

May 31, 2022
Data from September 1,
2021, to February 28, 2022

HRSA Reporting Period 3

September 30, 2022
Data from March 1 to
August 31, 2022

Partnership Self- Assessment Survey

Survey open from July 6 to
August 14, 2022
4 responses, 31% response rate

Key Informant Focus Group

Focus group conducted over
zoom on October 13, 2022
8 participants

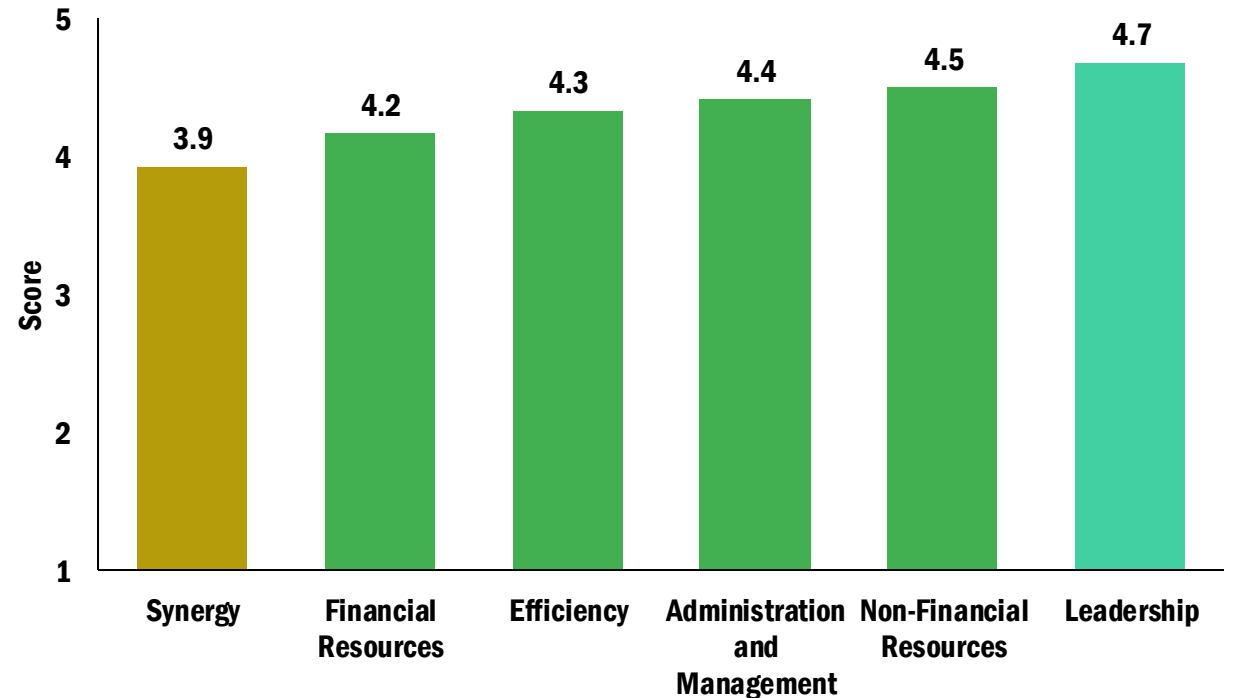
The background is a collage of overlapping rectangular shapes in various shades of teal and green. Some of these shapes have a speech bubble tail, suggesting communication or dialogue. The overall effect is a layered, geometric pattern.

Partnership Self-Assessment Survey

Partnership Self-Assessment

- Currently, the partnership is excelling in its **leadership ability**.
- The partnership has additional strength in its acquisition of **resources, efficiency, and administration and management**.
- The partnership can continue to refine its **synergy**.

Partnership Self-Assessment Composite Score

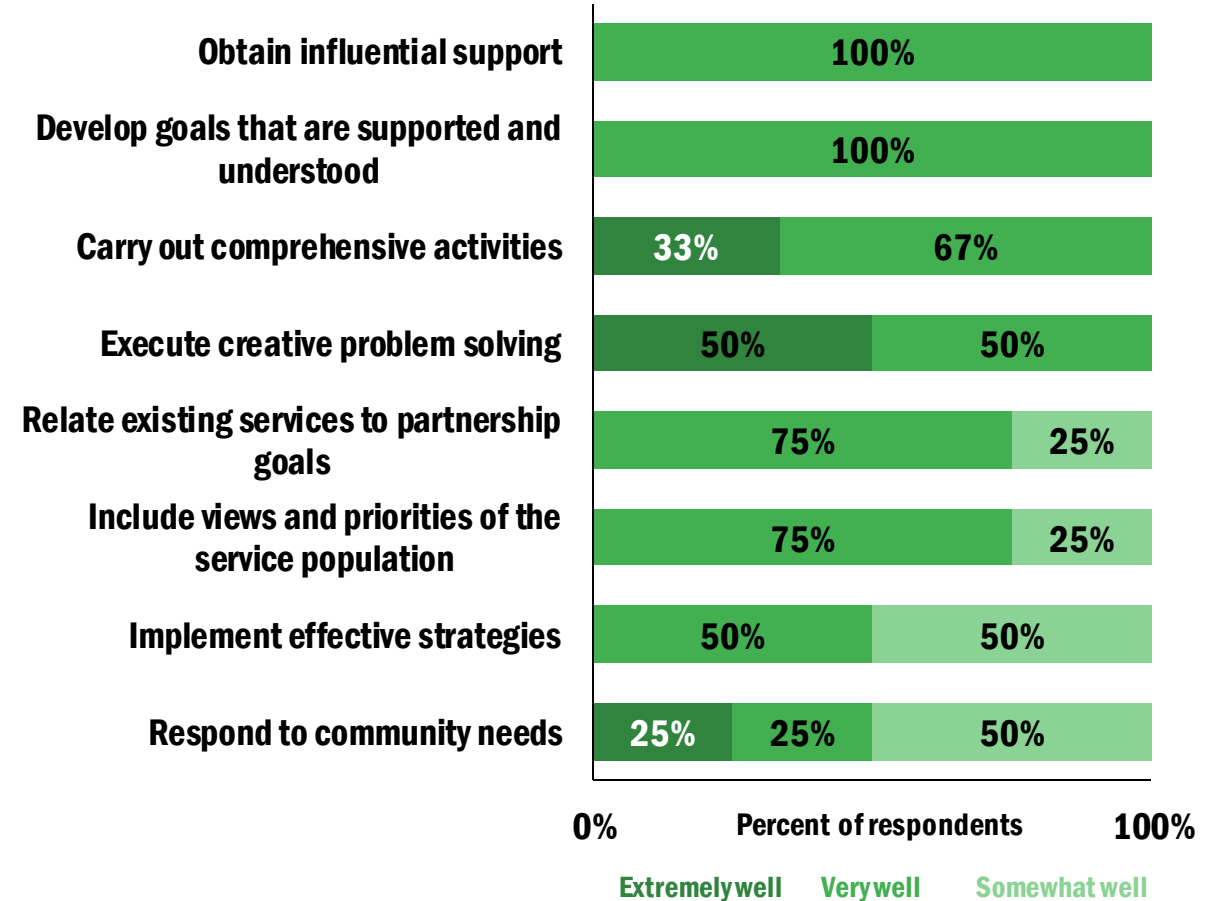


Target zone (4.6-5): Partnership is currently excelling in this area and should focus attention on maintaining a high score
Headway zone (4-4.5): Partnership is currently excelling in this area and should focus attention on maintaining a high score
Work zone (3-3.9): More effort is needed in this area to maximize partnership's collaborative potential
Danger zone (0-2.9): Area needs significant improvement

Synergy

- Respondents rated the partnership's ability to identify creative solutions to problems very highly.
- **None** of the respondents believed that the partnership conducted synergistic activities not so well or not well at all (not shown)

Responses to Synergy Composite Items



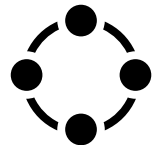
Leadership

At least 3 out of 4 respondents believed the partnership was excellent at:

**Developing a
common language**



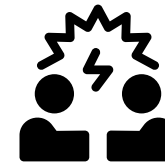
**Recruiting diverse
partners**



**Empowering and
motivating
partners**



Resolving conflict

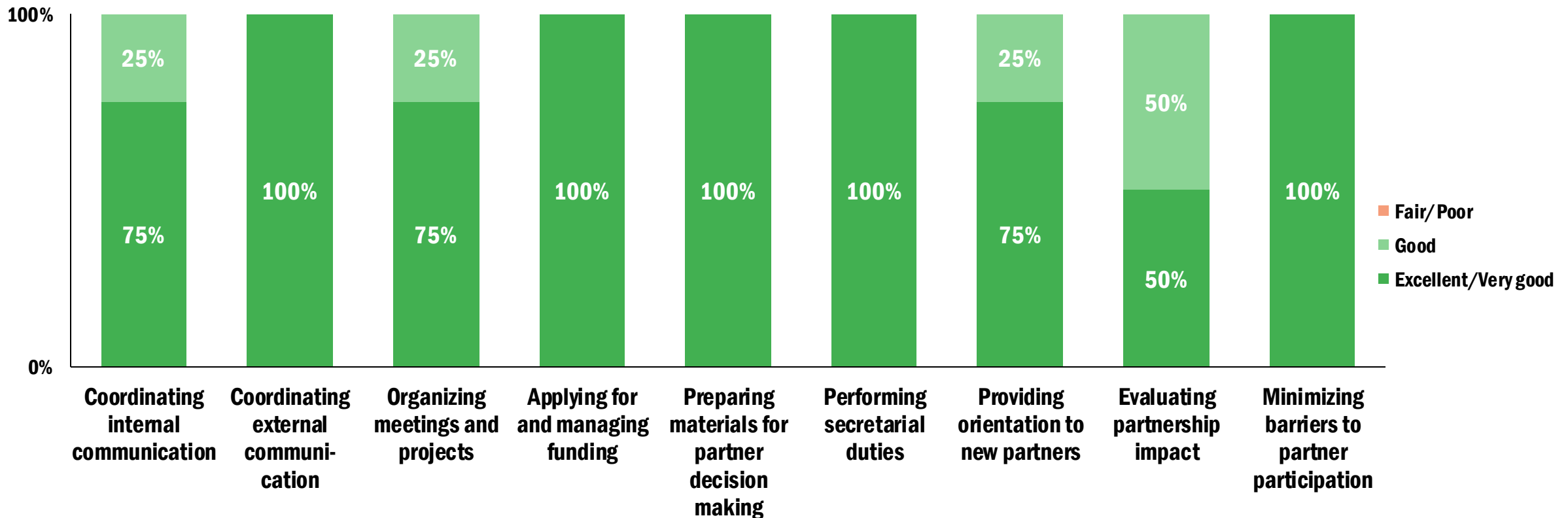


**Communicating
partnership vision**



Administration and Management

All partners believed the partners' administration and management activities were **excellent, very good, or good**.



Resources and Efficiency

Financial Resources

- 100% of respondents believed that the partnership **had all or most of the money it needs**
- 75% of respondents believed the partnership **had all or most of the space it needs**
- 67% of respondents believed the partnership **had all or most of the equipment it needs.**

Non-Financial Resources

- 100% of respondents believed that the partnership had **all or most of** the resources that it needs in the following areas:
 - skills and expertise
 - data and information
 - connections to policy-makers
 - legitimacy and influence

Efficiency

- 100% of respondents believed that the partnership uses financial resources, in-kind resources, and partner time **very or extremely well.**



Key Informant Focus Group

Program Implementation

Key informants discussed programmatic activities that have been implemented during the first year of the grant including:



**Increased naloxone distribution,
including at events and in jails**



**Deployed two Recovery Resource
Navigators**



**Implemented SMART Recovery
Groups**



**Built relationships with law
enforcement entities**



Expanded recovery coaching

Improving Access to Care

Consortium initiatives have improved access to care for individuals with SUD including:



Establishing workflows to facilitate linkages to treatment and harm reduction resources for individuals leaving local jails.



Ensuring appropriate treatment options, including Sublocade, are available to patients by

- refining internal workflows and
- improving communication with external provider organizations and state offices.



Implementing rapid-access MAT options in local emergency departments

COVID-19 and Telehealth

- Changes resulting from the COVID-19 pandemic increased partner participation in the consortium by providing flexible remote options for engagement.
- Telehealth and hybrid treatment options also increased partner organization treatment capacity and accessibility to patients.
- Increasing use of virtual technologies also made Narcan training and recovery coaching more accessible to community-members.

Key Consortium **Challenges** and **Successes**

Strained organizational and community resources

- Staffing constraints and turnover, especially among counseling staff, make maintaining programmatic momentum more challenging.
- Lack of affordable housing in the community is a key barrier to maintaining treatment for patients

"We've had a lot of staff turnover, we got a lot of temporary staff. That makes it harder to programmatically address things"

Power of collaboration

- Partner organizations are galvanized by partnership. Consortium collaboration leads to significant problem-solving.

"People are committed, people are engaged, people do show up. So I think one of the biggest strengths has been the collaborative nature of this work. you cannot do this work by yourself."

Next Steps



Continue to engage law enforcement stakeholders to decrease stigma



Expand use of Sublocade by working with state offices and providers to clarify prescribing policy



Increase strategies to link patients to MAT from the hospital or emergency room



Continue to pursue strategies that decrease overdoses.

An open teal notebook is shown from a top-down perspective. The left page features a pie chart with four segments in various shades of teal and blue. The right page features a pie chart with six segments in similar shades. A green pencil lies diagonally across the center of the notebook, pointing towards the top right. The background is a solid dark teal color.

HRSA Performance Measure Reporting

HRSA Reporting

- Performance Information Measurement System (PIMS) measures are collected from partners semi-annually, to report to HRSA as required by the RCORP grant
- Data collection is done on an ongoing basis throughout the program and can be used to show patient and program progress, impact, and opportunities for improvement.
- **Changes to partner EMRs between the first and second reporting period effected data reporting capacity.**

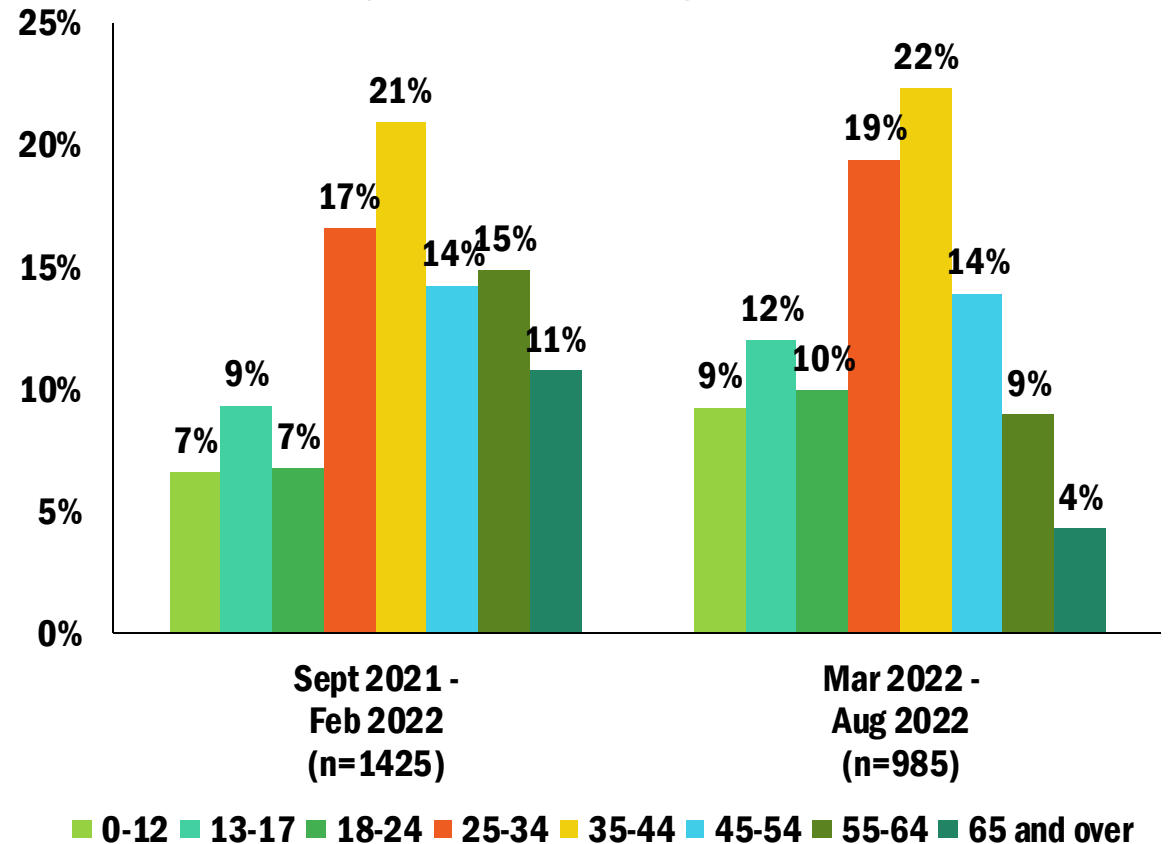
Client Demographics

Among clients whose demographics were reported:

- The majority were white and non-Hispanic in both reporting periods
- The proportion of AI/AN and multi-racial clients increased in the second reporting period
- The proportion of older clients (55+) decreased in the second reporting period

Age Distribution of Individuals Served

Excluding participants for whom age was not reported



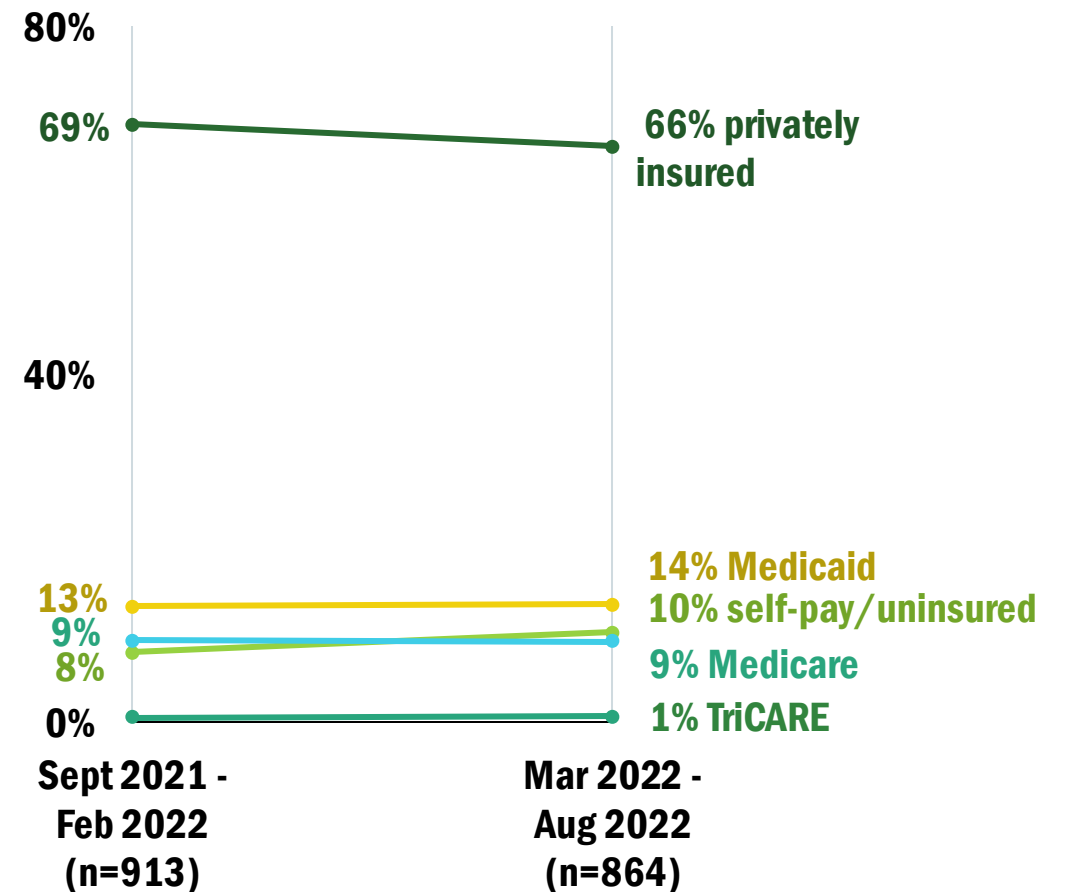
Client Insurance Status

Among clients whose insurance status was reported:

- The majority had private insurance coverage, followed by Medicaid coverage
- 10% of clients were uninsured in the most recent reporting period, a slight increase.

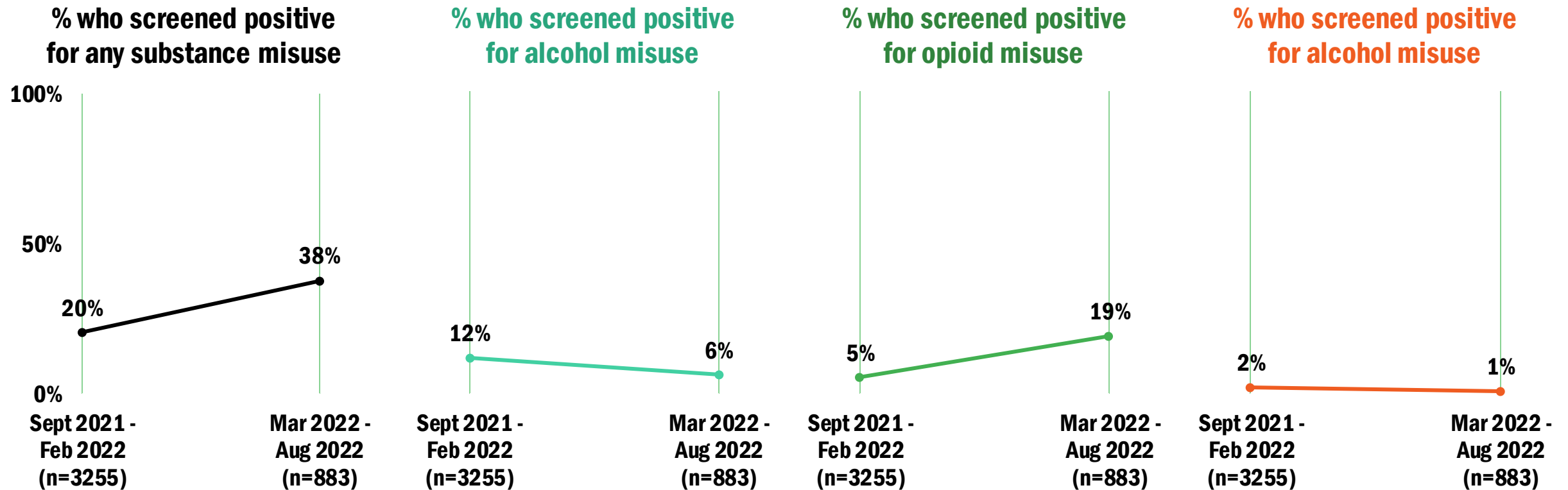
Overall, the rates of insurance covered stayed stable between reporting periods.

Insurance Coverage of Individuals Served
Excluding participants for whom insurance status was not reported



Positive Screens

The reported total number of people screened decreased in the most recent period due to changes in partner EMRs. The rate of **overall positive screens** and **positive opioid misuse screens** increased.

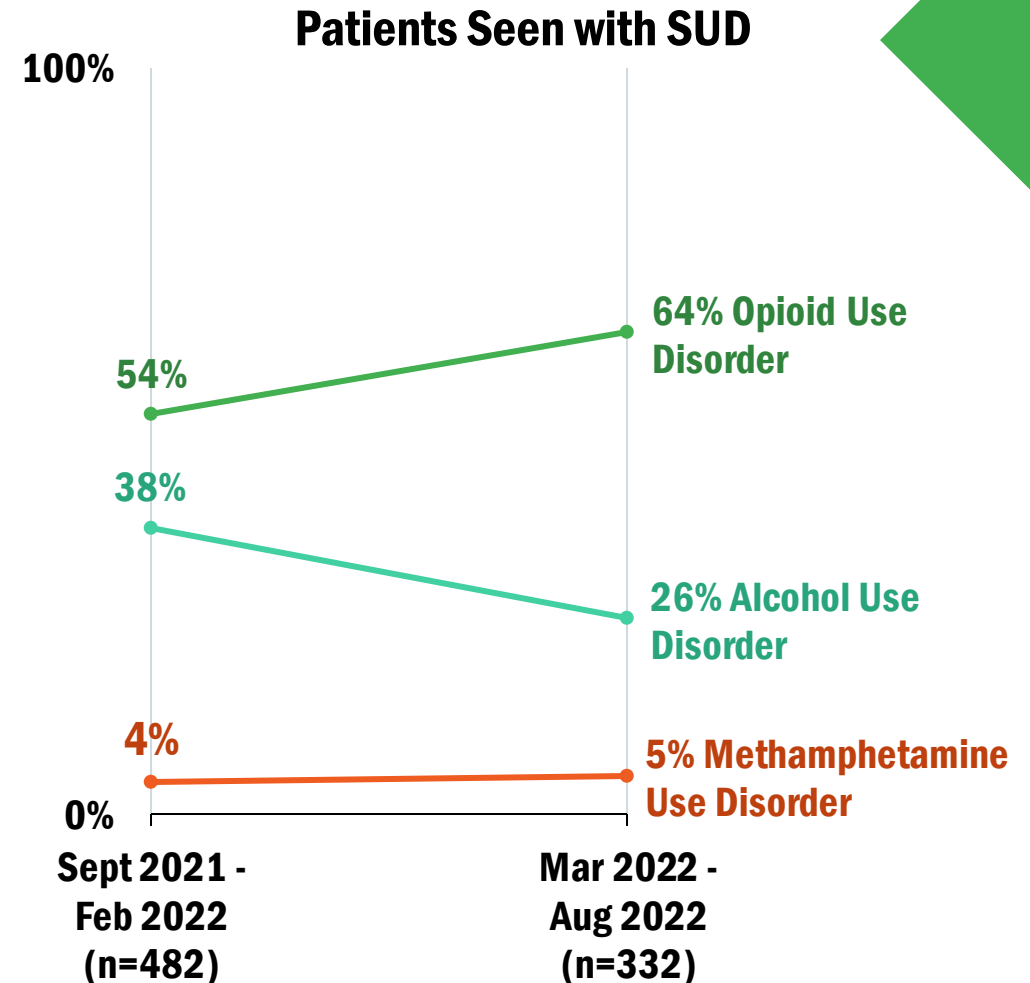


SUD Diagnoses

There was a decrease in patients seen with substance use disorder diagnoses ($n_{\text{Period 1}}=482$; $n_{\text{Period 2}}=332$)

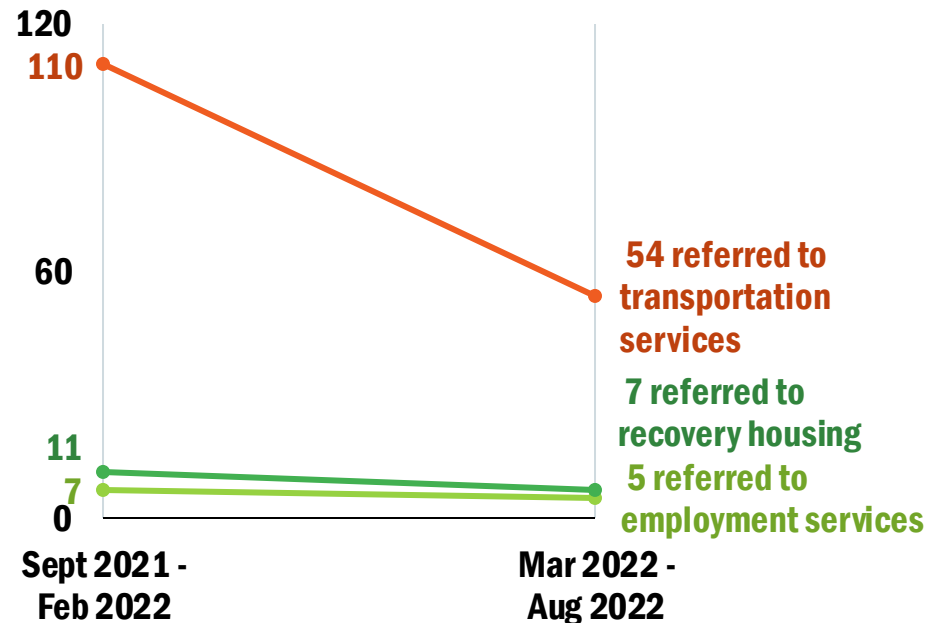
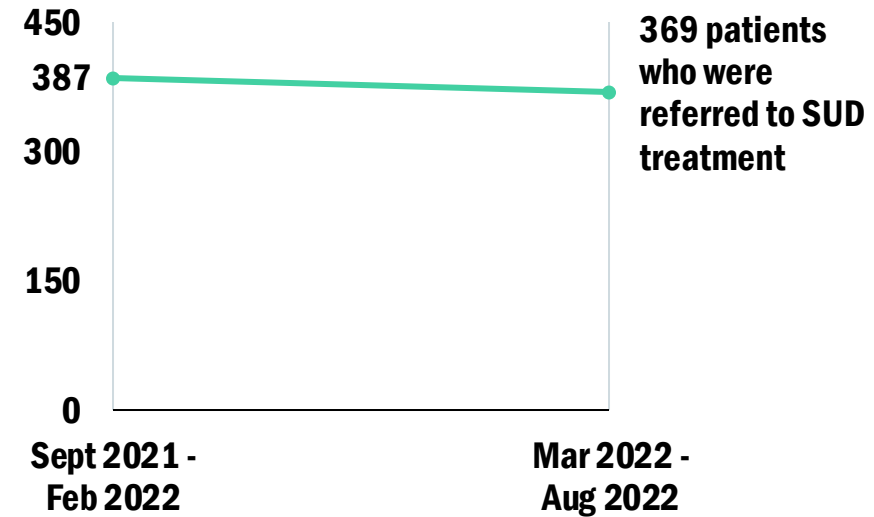
Among reported diagnoses,

- There was a **decrease** in the proportion of alcohol use disorder diagnoses
- There was an **increase** in the proportion of opioid use disorder diagnoses



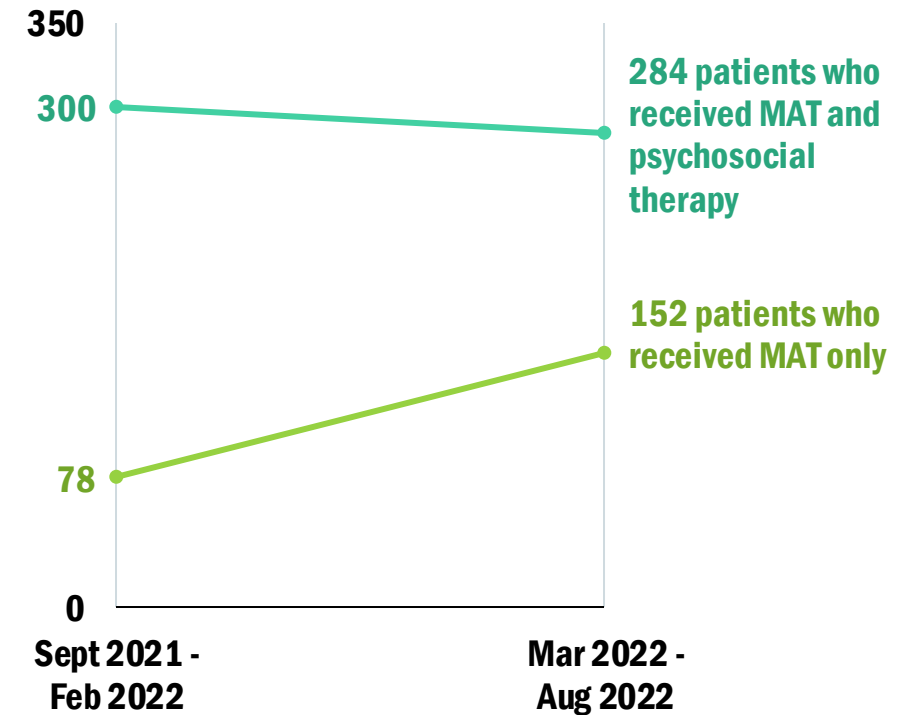
Referrals

- While the number of new diagnoses decreased, referrals to treatment stayed relatively stable in the most recent period.
- Referrals to support services decreased in the most recent reporting period.



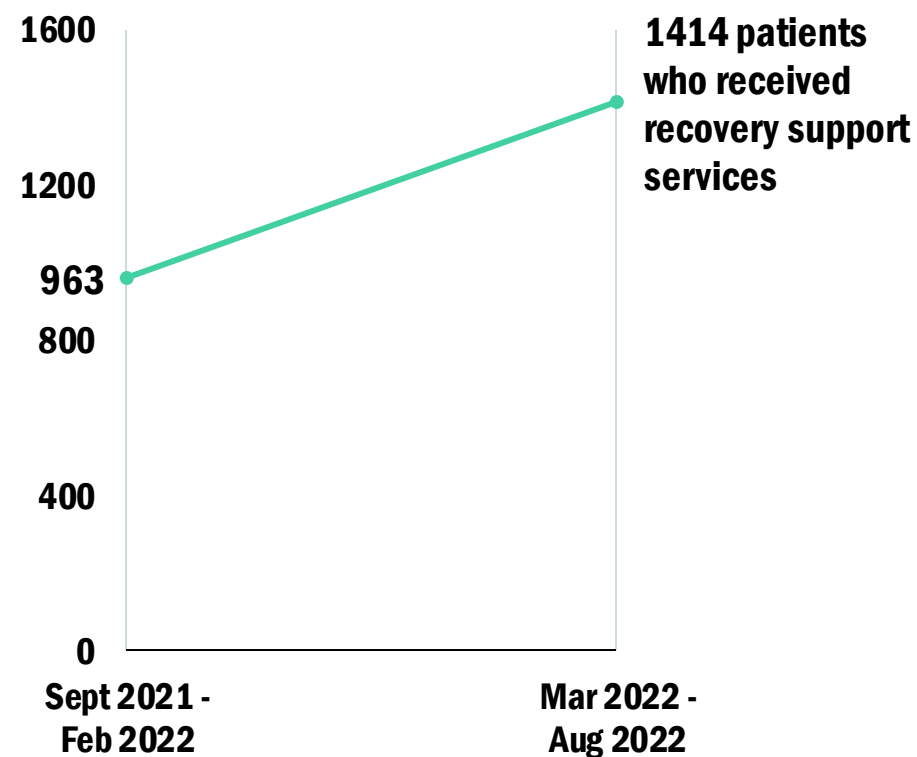
Medication-Assisted Treatment

- The total number of patients receiving any medication-assisted treatment increased in the most recent reporting period.
- Not shown, of those patients who received MAT and psychosocial therapy, 36% were retained continuously in treatment for 3 or more months.



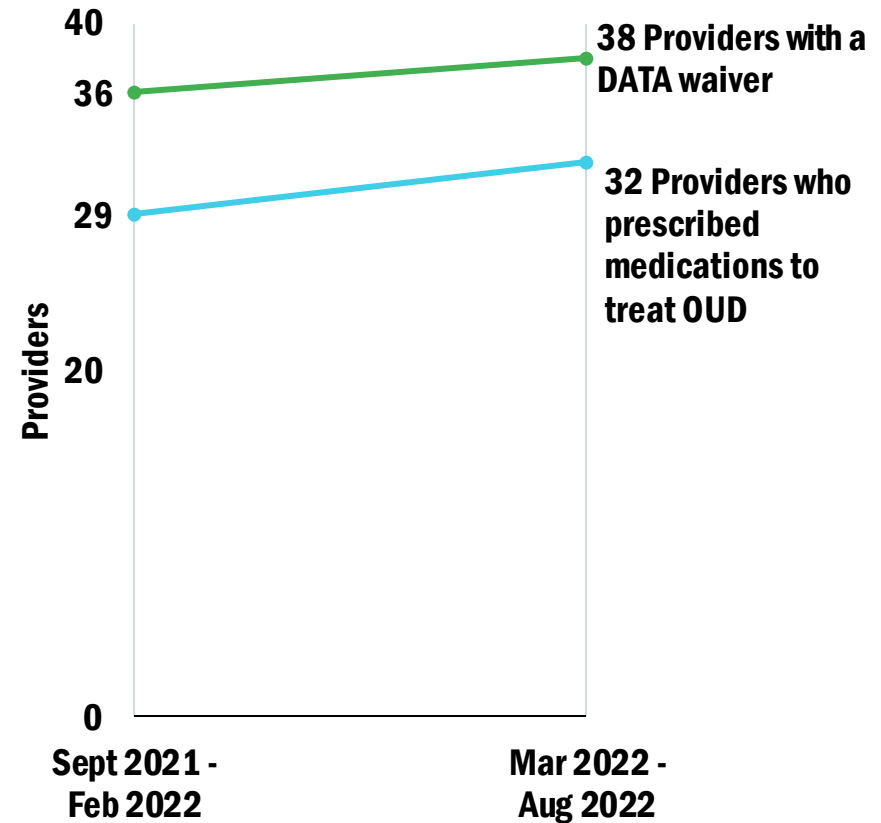
Recovery Support

The number of people receiving recovery support services from Healthy Acadia partners **increased by 47%** from the last reporting period.



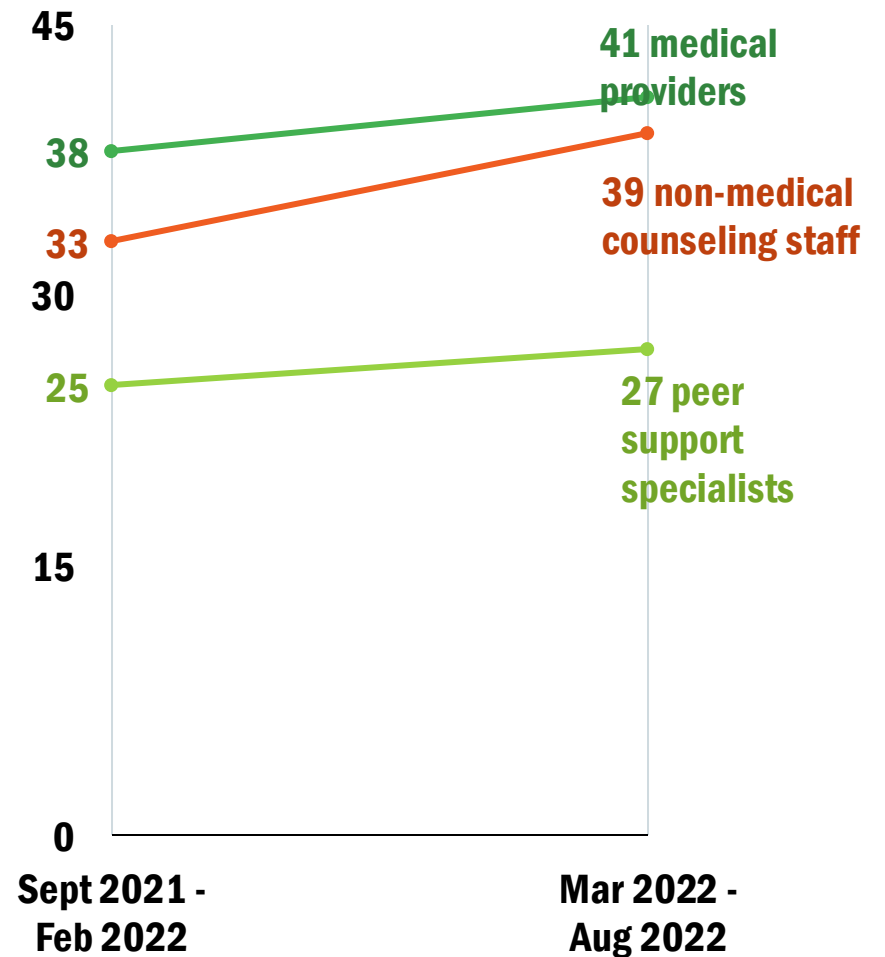
Prescribing Providers

The number of providers who prescribe medication for OUD in partner organizations **increased by 10%** over the reporting periods.



Provider Capacity

There was an **increase** in all provider types at consortium partner organizations, with the greatest increase in non-medical counseling staff.





Conclusion

Key Findings



Developing diverse partnership strengths

The partnership self-assessment indicates high ratings of access to resources, leadership, and administrative abilities.

Building relationships and workflows to facilitate patient-centered care

The consortium has developed important relationships with jails to facilitate community linkages, and continues to work to link patients with appropriate, accessible treatment options.

Commitment to harm reduction

Dedicated efforts to distribute harm reduction resources and ensure community partners are prepared to reverse overdoses

Increased treatment and recovery service capacity

The number of peer support staff, counseling staff, and medical providers increased overall across partner organizations. This coincided with an increase in the number of people receiving MAT and recovery support services.

Questions?

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

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

Questions?