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SUPPORT for ME Assessment of Substance Use Treatment and Recovery Services Current Infrastructure and Future Needs: Summary of Feedback from the SUPPORT for ME Community Focus Groups (Condensed)

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Condensed Summary of Feedback from SUPPORT for ME Community Focus Groups

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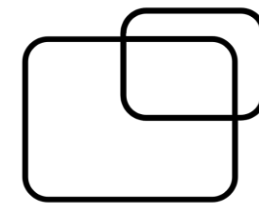
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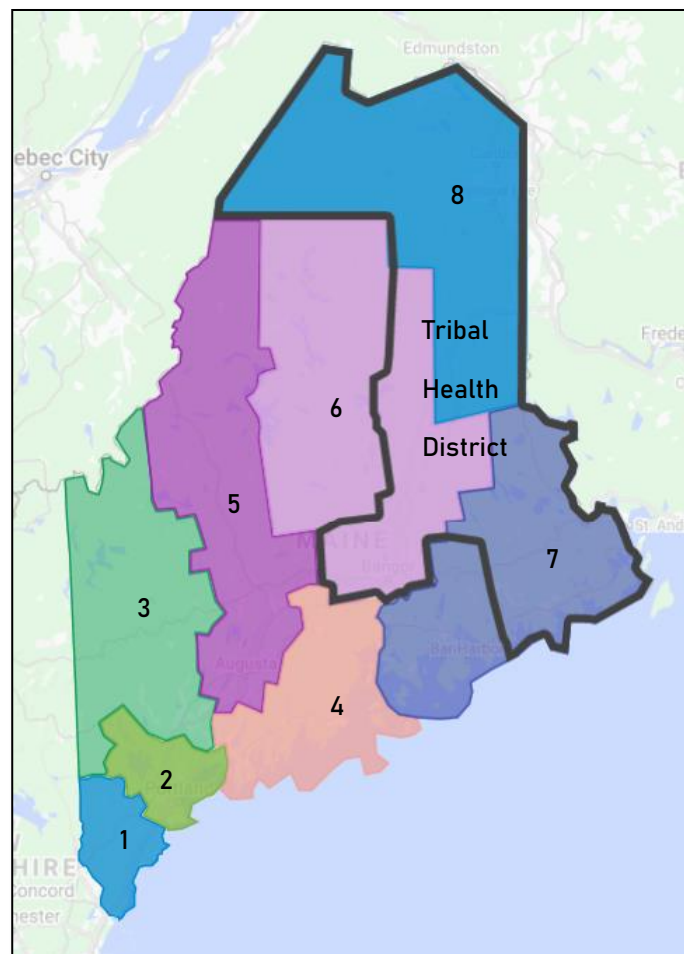
SUPPORT for ME Community Focus Groups: Persons with Lived Experience

Community & Participant Characteristics

Overview of Maine's Public Health Districts



Each Focus Group (8 total) was divided by Public Health District, or PHD



Public Health District 1: York County

Public Health District 2: Cumberland County

Public Health District 3: Androscoggin, Franklin & Oxford Counties

Public Health District 4: Waldo, Lincoln, Knox & Sagadahoc Counties

Public Health District 5: Somerset & Kennebec Counties

Public Health District 6: Penobscot & Piscataquis Counties

Public Health District 7: Washington & Hancock Counties

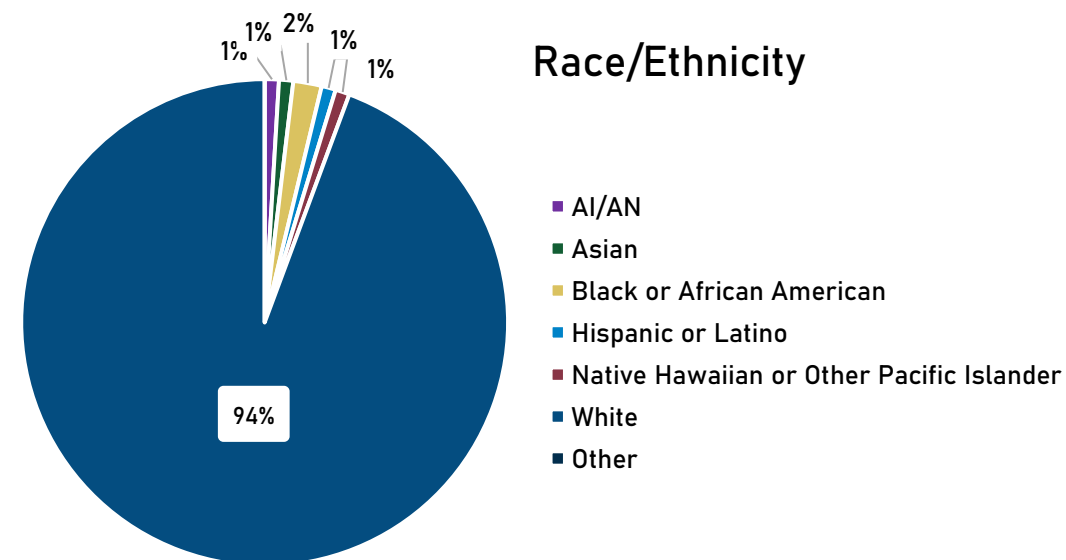
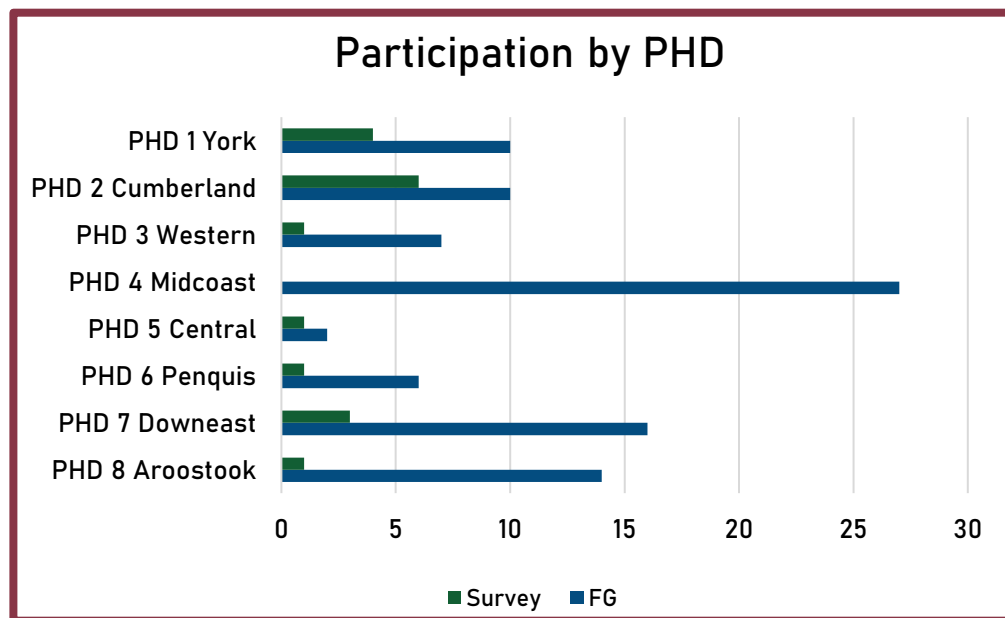
Public Health District 8: Aroostook County



Community Focus Group Demographics

74.7% of registered individuals participated in a focus group or survey

 109 total participants

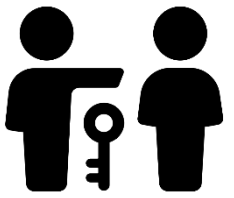


- Participant ages ranged from 21-75, with an average age of 43
- 59% of participants reported their gender as female
- 91% of participants reported having experience seeking treatment for SUD

Summary of Feedback

Access to Treatment and Recovery Services

Access to Treatment & Recovery Services: What is available?



Below are the most mentioned treatment services, as discussed in at least half of the public health district focus groups. This represents feedback from participants when asked what they knew to be available to them locally.

Treatment Services

Statewide, participants reported the availability of some form of

Medication-assisted treatment for
opioid use disorder, in combination
with behavioral health counseling

Nearly all districts were reported to have options for

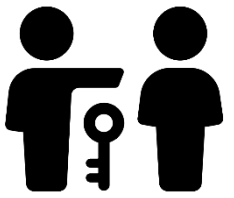
Intensive Outpatient
Treatment

Participants from half of the public health districts mentioned the availability of

Medically Supervised
Withdrawal ("Detox")

Individual & Group
Counseling

Access to Recovery Services: What is available?



Below are the most mentioned recovery services, as discussed in at least half of the public health district focus groups. This represents feedback from participants when asked what they knew to be available to them locally.

Recovery Support Services

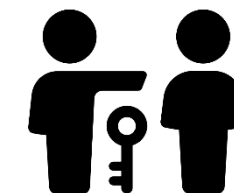
Participants reported that most public health districts have options for:



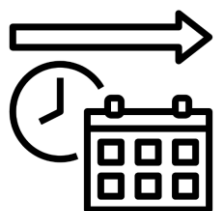
Participants also mentioned the availability in some public health districts for:



Access to Treatment & Recovery Services: Barriers



Feedback from participants across the state highlights a number of common barriers to accessing treatment and recovery support services. Statewide, these were the top 5 mentioned barriers discussed by participants.



Long Wait Times
for Treatment

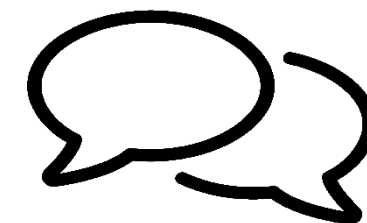
"Whenever [someone is] ready to get help in terms of going into an inpatient program, if there's a waiting list at all, then it's not helpful."



Lack of Availability of Real-Time Information about Community Supports

"...there's a lot of different support systems but getting the information and knowing how to get to them and what they are, if there was a way to link them all together..."

"There's stigma in the medical community. There's stigma in your employment, and there's stigma just in your day-to-day life and community."



Stigma



Social Determinants of Health, i.e.,
Transportation,
Employment, Housing

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

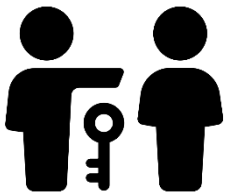


"...Suboxone, it's well over \$200 for two weeks, it's a little over \$100 a week just for a minimal dose."

Costs of Care/
Out of Pocket Costs

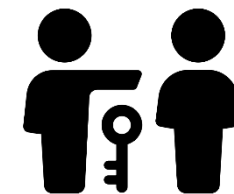
*feedback about the costs of care are general and cannot be tied to a specific insurer, as participants could be uninsured or have private, public or third-party insurance

Access to Treatment & Recovery Services: Barriers



- **Cost of Care:** Feedback from focus groups suggests that the out-of-pocket costs associated with SUD treatment and recovery services remain one of the primary barriers to accessing treatment. Treatment expenses such as the cost of care, co-payments for treatment services and medications, even for those with insurance, remain a significant barrier to access. It is important to note that feedback about the cost of care is general and cannot be tied to a specific insurer as participants could be uninsured or have private, public or third-party insurance. Typically, high costs are associated with those who are uninsured or under-insured.
- **Social Determinants of Health:** Participants noted that there are limited resources to address social determinants of health such as lack of transportation and child care services; lack of safe and stable housing; food insecurity; and lack of access to secure employment, which can make accessing treatment and recovery support difficult. Of note, participants familiar with MaineCare noted that although MaineCare provides transportation to SUD treatment services, they have difficulty getting to recovery support services (such as Alcoholics Anonymous, recovery center meetings, etc.) given that transportation to these support services is not provided by MaineCare, as they are not MaineCare covered services.

Access to Treatment & Recovery Services: Barriers



- **Long Wait Times for Treatment:** Participants statewide cited the need for more immediate access to services within their communities. They discussed lack of medically-assisted withdrawal services, provider shortages, and insufficient capacity to offset costs for uninsured & under-insured individuals as some reasons they believe waiting lists exist.
- **Information on Available Services:** Statewide, feedback from participants suggests that finding and accessing treatment for SUD remains a challenge for individuals with SUD who often do not know what services are available in their community.
- **Stigma:** Persistent stigma-including limited understanding of traumatic experiences- from family and/or friends, community members, and providers remains a significant barrier to accessing SUD treatment and recovery services.

Access to Treatment and Recovery Services: Reducing Barriers



- Participants shared factors that facilitated access to treatment and recovery services. Several statewide themes emerged: financial support, connections to community support and peers, patient-centered strategies, telehealth, and transportation & housing supports. These were the most frequently cited strategies to reduce barriers to accessing SUD treatment and recovery support services.



Financial Support

Participants mentioned cost supports including scholarships for services, insurance to cover care, and funds to cover other needs such as housing as a major facilitator to treatment and recovery



Community and Connection

Feedback indicated that connections to peers, an understanding community, and supportive staff and providers all facilitated entry into treatment and recovery



Transportation & Sober Housing

Participants noted that transportation services helped them get to treatment, especially in more rural areas. Housing, particularly sober housing and/or affordable housing, was a common theme.



Patient-centered Strategies

Feedback showed that flexible, patient-centered strategies facilitated access to treatment and recovery, including the success of rapid-access programs



Telehealth

The availability of telehealth services, particularly in rural areas and especially during the COVID-19 pandemic, was cited as a facilitator to treatment

Summary of Feedback

Treatment and Recovery Service Gaps

Service Gaps

While there is a range of treatment and recovery options available across the state, participant feedback indicates statewide gaps remain in available treatment and recovery services around treatment intake, care coordination, patient-centered services and recovery supports.

Brick-and-Mortar Facilities



- Absence of medically-supervised withdrawal (MSW) facilities
- Insufficient inpatient treatment facilities and capacity
- Longer-term services needed, including extended MSW services, long-term outpatient options, and extended residential options

Patient-Centered Care



- Lack of patient-centered treatment and recovery services that address individual needs, including services tailored to meet the needs of adolescents, women and children, and support meetings that are not religion- or abstinence-based

Localized Recovery Supports

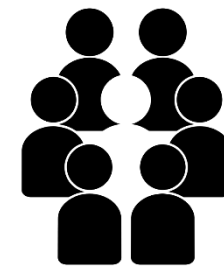


- An insufficient number of recovery housing options for individuals using MAT, women with children, as well as lack of affordable housing over all
- More local and easy to access recovery support options needed
- Limited use of recovery coaches across varying sectors

Summary of Feedback

Priority Populations

Priority Populations: Rural Populations



Many participants referred to the challenges faced by rural populations of the state, often noting that rurality exacerbates existing barriers and impacts access to care and ongoing engagement in treatment and recovery support services.



Transportation

Participants noted that long travel distances and a lack of public transportation options makes getting to and from services extremely challenging.



Stigma

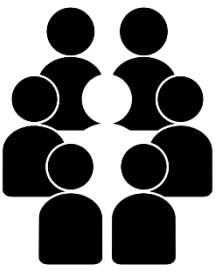
Feedback highlighted that participants feel as though SUD-related stigma is more pronounced in rural communities.



Limited Services

Participants in rural areas spoke of the limited services in their communities. Many people noted needing to leave their county or the state to access services.

Priority Populations: People Transitioning from Incarceration



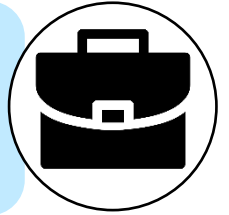
Feedback from participants about returning to the community from incarceration highlighted their successes, while also underscoring the difficult path to re-entry. All agreed on the need for coordination upon release with probation, parole, health care workers and the recovery community.

Participants shared that when re-entering the community ...



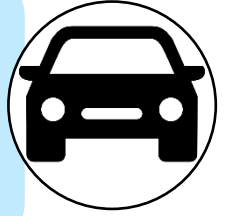
Sober housing, or any structured transitional housing, is paramount to successful transitions

Acquiring employment and any necessary training for employment is of utmost concern



Changes in MaineCare coverage for incarcerated persons increases difficulties in care transition; transition paperwork is overwhelming regardless of insurer

Reinstatement of drivers license (paying fines, etc.) is a common and critical issue for many leaving the justice system



A warm hand-off within the recovery community or for mental health services is beneficial

"I know it's huge to have a license when you get out. To work, [for] education, to continue your treatment. It's almost a necessity living in Maine, it really is."

Priority Populations: Youth



Feedback from community focus group participants (*note: all were age 21+*) across the state about youth and SUD in the community focused on the idea that youth and young adults have unique service recovery needs distinct from those for older adults, and focused on the shortage of:

- 1) youth-oriented recovery supports;
- 2) support services for children who have a parent with SUD,
- 3) preventive education in schools, and
- 4) family support overall.

While school-based services are a resource for families, participants feel that additional dependable and accessible SUD-focused community resources for youth and their families are needed.

"It would be so helpful for them (youth) to be able to spend time with other youth that are going through the same thing and have that connection. NA or AA works well, there's Nar-Anon but that's really geared more towards adults, not for youth."



"...just more resources within the schools."

"I want to mention support for youth. Not just youth with (a) family member [with SUD]. I'm also talking about youth that have substance use issues themselves because until you turn 18, getting MAT is difficult and going to NA or AA meetings can be intimidating because most of the people there are adults."

Future Recommendations & Information Dissemination: Discussion Points for Policy Makers & Stakeholders

1. Does anything surprise you?
2. What additional questions does this feedback bring up for you?
3. What are some strategies to address the information presented?
4. What is the best way to share and disseminate this information?

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For more information on the project, please
visit [SUPPORT for ME](#)



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Appendix A

Community Focus Group Guide



Appendix A: Focus Group Protocol

Infrastructure and Treatment Gaps	Access to Treatment/Recovery Support Services
<p><i>We'd like to learn a little bit about the resources available in your community or the community in which you receive services to address substance use.</i></p> <ol style="list-style-type: none">1. What substance use disorder treatment and/or recovery support services are there in your community?2. Are there currently substance use disorder treatment and recovery support services that are not available in your community that you wish there were? If so, what services are you thinking of?	<p><i>Now I'd like to learn more about your personal experience accessing treatment and recovery services in your community, as well as the experiences of your loved ones or friends.</i></p> <ol style="list-style-type: none">3. Overall, do you feel that you, your loved ones, or friends, are able to access the treatment and recovery support services for substance use disorder? Why or why not?4. What does your community need—now or in the future – to meet the treatment and recovery support service needs of individuals with substance use disorder?

Note: The above protocol does not include question probes administered as part of the protocol.

Appendix A: Focus Group Protocol

Communication	Closing
<p><i>Before we finish up today, I want to ask if you have any recommendations on how the Maine Department of Health and Human Services can continue to keep you up-to-date on the SUPPORT for ME project and continue to gather your feedback about the project.</i></p> <p>5. What is the best way for Maine DHHS to share information with you about the SUPPORT for ME project?</p> <p>6. How can we continue to get your feedback about the initiative?</p>	<p><i>Thank you for taking the time to speak with us today, we value your feedback.</i></p> <p>7. Before we conclude today's meeting, do you have any additional comments or thoughts you would like to share with us?</p> <p><i>Thank you again, we appreciate you taking time out of your day to speak with us.</i></p>

Note: The above protocol does not include question probes administered as part of the protocol

Appendix B

Coding Methodology



Appendix B: Coding Methodology

- All break out room sessions in the community focus groups were recorded and transcribed verbatim for coding and analysis.
- Software-assisted coding of interview transcripts was conducted using the qualitative analysis software program NVivo®.
- Qualitative data from the focus group were analyzed using established qualitative analytic techniques.
- Thematic analysis was used to examine semi-structured interview data for patterns across interviews.
- Two coders were used in order to ensure inter-coder reliability and the reliability of the analyses.
- The evaluation team used standard techniques to identify emergent themes, independently code transcripts, and resolve coding discrepancies or questions.
- Thematic analysis of interview data was done iteratively to build a coding scheme for all textual data using the grounded theory technique, in which codes are drawn from the text and coding involves frequent comparative analysis of the data.
- The identified key themes and sub-themes were used to compile a codebook with emerging themes and constructs with attention to those elements suggested to be important for successful implementation.