

Co-Occurring Collaborative Serving Maine Expanding Medication Assisted Recovery Services & Building a Stronger Recovery-Oriented System for SUD Treatment in Maine *April 2018*

Introduction:

With support from the Maine Health Access Foundation (MeHAF), the Co-Occurring Collaborative Serving Maine (CCSME) led a planning process to identify strategies for building a stronger, recovery-oriented system of care for individuals with Substance Use Disorder (SUD) in Maine, including expanding access to integrated Medication-Assisted Treatment and Recovery (MAT/MAR) services. This project was conducted in partnership with Maine Quality Counts, the Maine Medical Association, the Maine Alliance for SUD & Mental Health Services, and the Maine Alliance for Addiction Recovery.

As part of this process, more than 120 individuals involved in the planning, delivery, and/or receipt of SUD treatment services in Maine were interviewed to better understand the current system of care. CCSME then convened stakeholders through a series of two meetings to get input on identifying strategies for building a stronger system of SUD care moving forward. The first of these meetings was held on February 14, 2018, and the second on April 4, in conjunction with the QC 2018 annual conference at the Augusta Civic Center. All individuals interviewed for this project were invited to attend, along with other interested parties, and were asked to review two documents in advance of the meetings: (1) proposed “Goals, Principles, and Elements” for developing a stronger system of care that; and (2) proposed set of strategies, both outlined below.

While this project recognizes that successfully addressing the opioid epidemic will require efforts across a wide range of areas, including prevention, treatment, and interdiction, this project and the proposed elements of a plan are focused specifically on treatment. The plan is also meant to present an outline of practical and actionable strategies, and is not intended to be inclusive of all potential strategies that could potentially be deployed to improve Maine’s system of SUD care.

➤ **OVERARCHING GOALS:**

- **Initial:** Reduce drug overdose (OD) deaths by one third within three years – i.e. prevent 138 people from dying by reducing Maine OD deaths from 418 (2017) to 280 (2020)
- **Long-term:** Reduce the number of people with drug severe SUD in Maine (measure TBD)

➤ **PRINCIPLES**

Support treatment approaches and strategies that...

- Are co-developed with individuals who have lived experience with SUD and recovery
- Use data to identify populations and geographic areas of highest need
- Promote SUD screening and prevention in communities and healthcare settings by reducing opioid use and unsafe opioid prescribing
- Promote and adequately support a recovery-oriented, trauma-informed, community-based system of care for individuals with SUD and Co-occurring SUD and mental illness
- Provide low-barrier access and multiple pathways to treatment for individuals at all phases of SUD and recovery
- Recognize and provide support for basic social health needs – e.g. housing, transportation

- Honor the dignity and offer SUD treatment and recovery support to all, regardless of ability to pay
- Recognize individual needs and preferences for treatment, and support all evidence-based, patient-centered paths to recovery
- Approach the treatment of SUDs as chronic conditions, similar to other chronic conditions, and promote consistently compassionate approaches to care
- Use evidence-based and/or research-informed treatments, including FDA-approved medications
- Promote evidence-based harm-reduction and rescue strategies
- Support family members of individuals seeking SUD treatment and recovery services
- Support the community of Maine MAR providers with education, collaborative learning & data
- Measure and report outcomes, using data to drive continuous improvement to develop a system of care that is timely, accessible, relevant, compassionate, and engaging

➤ **ESSENTIAL ELEMENTS**

A stronger statewide system of SUD care should include...

- Connection to community-based primary prevention efforts
- Education, support, and incentives to promote evidence-based SUD screening processes (e.g. SBIRT)
- Sufficient funding to provide treatment for all, regardless of ability to pay
- Education and engagement efforts to build understanding of SUD as chronic illness and reduce stigma among leadership, clinicians, and staff
- Multiple options and low barriers for individuals entering the SUD recovery and treatment system (i.e. “no wrong door”, “one call” systems)
- Easy-to-access, timely and accurate information on available options statewide that offer treatment and support recovery
- Access to recovery support on the first contact of care, and all subsequent care settings
- Timely and rapid access (i.e. available within 48 hrs) to comprehensive SUD assessment using standardized criteria to refer to appropriate level of medically-indicated SUD treatment
- Ready access to specialty treatment for severe SUD and co-occurring that offers intensive levels of counseling and treatment for individuals with complex conditions
- Outreach and support for high-risk, high-needs populations, including homeless, those recently released from prisons/jails, pregnant women, substance-exposed infants, mothers of substance-exposed infants, parents involved with child welfare (OCFS), children of parents with SUD
- Peer recovery support at all stages of treatment and recovery
- More options for supervised detox, transitional housing, and safe recovery residences that allow and support the need for MAR
- Ready access to community-based recovery centers and supports for social health needs
- Sufficient capacity to provide ongoing MAR services for stabilized/ maintenance patients
- Specialist expertise on severe SUD and co-occurring disorders to support community-based providers
- Consistent standards for MAR services that promote quality care and minimize diversion risk
- Systems of care that promote risk reduction and screening for and treatment of frequent co-occurring conditions (e.g. HIV, HepC)
- Methods to support communication of patient care across providers & care settings
- Supportive relationships and coordinated efforts with DHHS, SAMHS, and other state agencies responsible for ensuring high-quality treatment and support for individuals and families impacted by SUD
- Widespread prescribing, distribution and availability of naloxone for high-risk individuals and as rescue medication

➤ STRATEGIES

Sectors: The proposed strategies are outlined by key “sector” – i.e.

- State government
- Recovery community and other community organizations
- Health Systems, Behavioral Health Organizations, FQHCs & Provider Groups
- Inpatient and acute medical settings
- Public & private payers

We have identified potential strategies in the following areas across sectors:

- **Leadership:** Secure senior leadership buy-in and support; set goals & create specific plans
- **Data:** Use data to identify highest needs and prioritize interventions; provide data feedback and incentives to drive behavior/practice change
- **Education:** Provide structured education opportunities and support for behavior/practice change for clinicians & staff
- **Delivery system design:** Develop Hub & Spoke care teams; implement systems and change workflows to support desired behaviors
- **Integration:** Work toward integrating health care (including MAT), behavioral health services, and recovery supports; develop and implement plans that include specific outcomes related to integration of these services

Potential strategies to build a stronger system of SUD Care in Maine for...

I) State Government

➤ Leadership:

- Provide strong, clear, and consistent leadership from Governor and the Legislature to prioritize treatment for SUD/OUD
- Develop formal organizational structure for coordinating treatment efforts across state agencies, and for engaging with providers and communities
- Review the recommendations of the Maine Opioid Collaborative and the Opioid Task Force; assess progress towards meeting the recommendations of those report, and the need for additional state efforts and/or legislation
- Develop plan for increasing access to and use of evidence-based treatments and recovery supports for SUD statewide and regionally using framework of Hub & Spoke model
- Develop plan and provide leadership for accessing all available federal funds to address SUD care

➤ Data:

- Access, monitor, and report data from Maine's Prescription Drug Monitoring Program (PMP) to assess unsafe prescribing
- Collect and report data needed to assess current capacity for SUD treatment statewide, including number & location of individuals with SUD; number and location of SUD Hub and Spoke clinicians and teams; wait times for services; unmet demand for services; number of X-waivered clinicians; etc
- Monitor data on fatal and non-fatal drug overdose by community using all available data (e.g. EMS, police, EDs/hospitals); track and report data and alert communities to rapid increases in overdoses; coordinate an informed and timely response to address increases in drug overdoses
- Provide feedback to SUD clinicians on delivery and results of SUD treatment (e.g. WITS data)

➤ Education:

- Conduct education with state leaders and staff, and with public about SUD as chronic illness and effectiveness of SUD treatment; co-occurring SUD and mental health disorders; and about the role of trauma in SUD; take specific steps to reduce stigma
- Provide funding and support for educational to hub and spoke providers

➤ Delivery System and Payment Change:

- Provide funding for SUD treatment for uninsured individuals
- Provide funding/incentives to promote development of Hub and Spoke model for SUD treatment, with at least one rapid-access Hub in each major population center (e.g. Bangor, Augusta, Lewiston, Portland) and Public Health District
- Leverage current contracts (e.g. MaineCare Benefits: Sect 31 (FQHCs), Sect 45 (Hosp Svcs), Sect 65 (BH); & Sect 90 (Physicians) to require provision of evidence-based SUD treatments (e.g. MAT)
- Provide funding/incentives to engage more clinicians to obtain DATA-2000 X-waiver and offer MAT services
- Revise current MaineCare Opioid Health Homes program to align with variable needs of SUD patients needing higher and lower intensity levels of care; align OHH with Hub and Spoke model
- Provide SUD treatment and medications to high-risk, high-needs populations – e.g. homeless, prisons/jails, pregnant women, mothers of substance-exposed infants, parents involved with child welfare (OCFS), children of parents with SUD
- Provide reimbursement for Peer Recovery Support Coaches and peer support groups
- Provide funding to support community-based Recovery Centers (e.g. at least one in each major population center and Public Health District)
- Provide funding to support other essential services needed to support recovery for people with SUD – e.g. housing, transportation

- Provide funding for purchase of naloxone, and promote access to and distribution of naloxone to populations at high risk for overdose as well as their friends and family members
- Provide funding for evidence-based harm reduction strategies – e.g. syringe exchange, overdose prevention sites

➤ **Integration:**

- Develop formal organizational structure for integrating health care (including MAT), behavioral health services, and recovery supports across state agencies

Potential strategies to build a stronger system of SUD Care in Maine for...

II) Recovery Community & Other Community Organizations

➤ **Leadership:**

- Convene health care, behavioral health providers, and recovery community across the community to identify current capacity for SUD treatment, with focus on availability and current use of evidence-based SUD treatment and recovery support services
- As a community, identify goal and plan for increasing access to evidence-based SUD treatments and recovery support services across community using Hub and Spoke framework

➤ **Data:**

- Identify & map current assets and gaps related to SUD treatment and recovery support

➤ **Education:**

- Conduct education for public and providers about SUD as chronic illness and effectiveness of SUD treatment; co-occurring SUD and mental health disorders; and the role of trauma in SUD; take specific steps to reduce stigma
- Provide/support structured learning opportunities for Recovery Peer Support Coaches

➤ **Delivery System Connections:**

- Work collaboratively with state, community, and health system leaders to ensure rapid access to at least one rapid-access Hub within the community that can provide timely access to comprehensive assessment and treatment, and links to recovery support services
- Promote education and awareness of Hub services with people with SUD, the public, police, schools, and others
- Identify strategies to provide SUD treatment, medications, and recovery supports to high-risk, high-needs populations – e.g. homeless, recent release from prisons/jails, pregnant mothers, mothers of substance-exposed infants, parents involved with child welfare (OCFS), children of parents with SUD
- Work collaboratively to ensure access to recovery supports across community and care settings
- Promote access to and distribution of naloxone, including overdose prevention education, to populations at high risk for overdose, as well as their friends and family members

➤ **Integration:**

- Work collaboratively to embed Peer Recovery Support Coaches in healthcare and behavioral health settings

Potential strategies to build a stronger system of SUD Care in Maine for...

III) Health Systems, Behavioral Health Organizations, FQHCs & Provider Groups

➤ Leadership:

- At Board & senior leader levels, identify goal, current gaps, and plan for increasing access to and use of evidence-based treatments and recovery supports for SUD using framework of Hub and Spoke model
- Provide leadership and identify specific plans for developing and offering care from Hub and/or Spoke clinician teams
- Determine if organization will provide Hub and/or Spoke services & support delivery system changes to implement Hubs & Spokes
- Provide leadership and incentives to engage more clinicians to obtain DATA-2000 X-waiver and offer MAT services

➤ Data:

- Monitor drug overdose deaths, and EMS and ED overdose visits by community; alert providers to rapid increases in overdoses; coordinate an informed and timely response
- Assess current demand for SUD treatment services
- Assess current capacity for SUD treatment, including number and location of Hub and Spoke clinicians and teams; wait time for services; unmet demand for services, and use of crisis services
- Identify and track the number of X-waivered clinicians; set goals and work to increase numbers
- Identify key measures to track impact of SUD treatment services
- Continuously monitor research on evidence-based practices to improve SUD treatment

➤ Education:

- Conduct education for leadership, clinicians, and practice staff about SUD as chronic illness and effectiveness of SUD treatment; co-occurring SUD and mental health disorders; and the role of trauma in SUD; take specific steps to reduce stigma
- Provide/support structured learning opportunities for clinicians and staff to provide MAT/medications for SUD (e.g. learning collaboratives, Project ECHO)
- Ensure that formal MAT training is provided in all primary care, OB-Gyn and psychiatry residency training programs in Maine
- Develop and promote a consistent standard of care for providing SUD treatment and MAT services
- Provide/support structured and ongoing learning opportunities for clinicians to provide medications for SUD (e.g. learning collaboratives, Project ECHO)

➤ Delivery System Change:

- For Hubs, seek state & federal funds to develop sufficient infrastructure and staffing to provide rapid, low-barrier access to comprehensive assessment & treatment services
- For Spokes, develop workflows and practice team structures that enable clinicians to effectively provide low-barrier access to MAT
- Ensure “no wrong door” for individuals seeking SUD treatment
- Provide support to engage more MAT providers for adolescents seeking SUD treatment
- Identify systems to deliver or link patients to BH counseling and recovery support services in a coordinated way that meets patient needs
- Develop systems to minimize risk of diversion of SUD meds

- Work collaboratively with state and community to identify strategies to provide SUD treatment, medications, and recovery supports to high-risk, high-needs populations – e.g. homeless, recent release from prisons/jails, pregnant mothers, mothers of substance-exposed infants, parents involved with child welfare (OCFS), children of parents with SUD
- Work collaboratively with recovery community to ensure access to recovery supports and P Peer Recovery Support Coaches across community and care settings
- Integrate SUD treatment with other health care needs, including screening for HIV and hepatitis B and C, in combination with referral to treatment for additional health conditions
- Support programs that reduce harms associated with injecting drugs, including offering clean syringe exchange, overdose prevention sites
- Promote access to and distribution of naloxone, including co-prescribing naloxone with opioid prescribing, to populations at high risk for overdose, and to friends and family members

➤ **Integration:**

- Work toward integration of health care and behavioral health, with linkages to recovery supports
- Embed Peer Recovery Support Coaches in healthcare and behavioral health settings

Potential strategies to build a stronger system of SUD Care in Maine for...

IV) Inpatient and Acute Care Medical Settings

➤ **Leadership:**

- At Board and senior leader levels, identify goal, current gaps, and plan for increasing access to and use of evidence-based treatments and recovery supports for SUD for hospitalized patients, particularly high-risk, high-needs populations – e.g.
 - Drug overdose patients in ED, SUD patients with sequelae of IV drug use
 - Homeless
 - Patients recently released from prisons/jails
 - Pregnant women, substance-exposed infants, and mothers of substance-exposed infants
 - Parents involved with child welfare (OCFS)
- Provide leadership and incentives to engage more clinicians to obtain DATA-2000 X-waiver and offer MAT services

➤ **Data:**

- Assess current demand for SUD treatment services
- Assess current capacity for SUD treatment and recovery support with focus on availability and current use of evidence-based SUD treatments within hospital settings (e.g. ED, inpatient units)

➤ **Education:**

- Conduct education for providers and staff about SUD as chronic illness and effectiveness of SUD treatment; co-occurring SUD and mental health disorders; and the role of trauma in SUD
- Take specific steps to improve understanding of SUD as a chronic illness and reduce stigma
- Provide/support structured learning opportunities for clinicians and staff to provide MAT/medications for SUD

➤ **Delivery System Change:**

- Develop workflows and practice team structures to effectively provide MAT/medications for SUD for high-risk populations – e.g.
 - ED/overdose pts
 - Inpatient units treating SUD hospitalized with medical conditions (e.g. endocarditis, abscess treatment)
 - Pregnant women, substance-exposed infants, and mothers of substance-exposed infants
- Identify systems to deliver or link patients to BH counseling and recovery support services in a coordinated way that meets patient needs
- Develop protocols for pain management for SUD patients that respect patient preferences
- Develop systems to minimize risk of diversion of SUD meds
- Work collaboratively with recovery community to ensure access to recovery supports across community and care settings, including providing access to Peer Recovery Support Coaches in acute care settings
- Take steps to link SUD patients with recovery support and social health needs (e.g. housing, etc) prior to discharge from acute care settings
- Work collaboratively with state and community partners to identify strategies to provide SUD treatments, medications, and recovery supports to high-risk populations – e.g. recent release from prisons/jails, pregnant mothers, homeless
- Promote access to and distribution of naloxone, including co-prescribing naloxone and opioids and providing naloxone directly at discharge, to high-risk populations as well as their friends and family members

➤ **Integration:** Embed Peer Recovery Support Coaches in acute and inpatient settings

Potential strategies to build a stronger system of SUD Care in Maine for...

V) Public and Private Payers

➤ **Leadership:**

- At Board and senior leader levels, identify goal, current gaps, and plan for increasing access to and use of evidence-based treatments and recovery supports for SUD using framework of Hub and Spoke model
- Convene leaders from Maine private and public payers to reach agreement on SUD and MAT standards of care, and SUD treatment coverage

➤ **Data:**

- Assess prevalence of SUD within geographic communities and within plan membership; identify high-need areas and/or populations
- Assess current capacity for SUD treatment within networks, with focus on availability and current use of evidence-based SUD treatment and MAT
- Support efforts to track outcomes for patients receiving SUD treatment

➤ **Education:**

- Conduct education for health plan leadership and staff about SUD as chronic illness and effectiveness of SUD treatment, about co-occurring SUD and MH disorders, about trauma and SUD; take specific steps to reduce stigma
- Work collaboratively with provider organizations to conduct and/or support education for clinicians and clinical practice staff about SUD as chronic illness and effectiveness of SUD treatment; take specific steps to reduce stigma

➤ **Delivery System Change:**

- Remove prior authorization and any treatment limits for evidence-based medications to treat SUD
- Implement no/low co-pays for medications to treat SUD
- Provide coverage for and implement no/low co-payments for naloxone
- Provide incentives for clinicians to provide MAT/ medications for SUD
- Provide reimbursement for SUD BH counseling, including IOP level of care
- Provide reimbursement for Peer Recovery Support Coaches and other recovery support services
- Remove barriers to providing payment for clinician prescribers and SUD counselor services on same day

➤ **Integration:**

- Provide reimbursement for integrated health care, behavioral health services and recovery support services

➤ POTENTIAL FUNDING SOURCES

- I. **Programmatic Expenses** – e.g. funds to cover programs to support provider education, data collection and reporting systems, community convening to address the opioid epidemic, etc.
 - Federal government
 - SAMHSA, utilizing available federal funding from CURES, State Treatment Response (STR) grants, upcoming federal funding, etc.
 - HRSA grants
 - State government
 - SAMHS contracts, utilizing SAMHSA block grant funding, General Funds, and Fund for Health Maine funds, etc.
 - Maine CDC contracts, utilizing available federal CDC funding, General Funds, and Fund for Health Maine funds, etc.
 - Foundations
 - Maine – e.g. MeHAF, King Foundation, Bingham Program, Betterment Fund, United Way grants, etc.
 - National – e.g. RWJF, Commonwealth Fund, etc.

- II. **Direct Care Expenses**– e.g. funds to provide SUD/MAT treatment services for uninsured and/or underinsured patients
 - Federal/state government
 - MaineCare expansion
 - SAMHSA funds, utilizing available federal funding from CURES, State Treatment Response (STR), upcoming federal funding, etc.
 - State government
 - LD 1430
 - SAMHS contracts, utilizing SAMHSA block grant funding, General Funds, and Fund for Health Maine funds, etc.
 - MaineCare Opioid Health Homes program with funds for uninsured

For questions or to provide additional input on this proposed plan, please contact...

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