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JSI Project Team

SUBSTANCE USE TREATMENT PLANNING IN RURAL AREAS

NORTHERN PENOBSCOT COUNTY INTEGRATION INITIATIVE (NPCII)



What we will share today

- Overview project – how it came about, process, findings, etc.
- Insights on the planning process – how planning evolved based on research findings and observations



About you

- Who has been involved in a needs assessment or planning process?
- Who has been involved in a needs assessment or planning process specifically for substance use prevention or treatment?

Objectives of Presentation

- Understand how a Strength, Weakness, Opportunity, Threat (SWOT) analysis was used to assess substance use treatment planning
- Develop thinking on approach to substance use treatment planning
- Share ideas on community approaches to addressing substance use prevention and treatment

Project Overview

JSI engaged by Northern Penobscot County Integration Initiative (NPCII) to conduct needs assessment, SWOT analysis, and present findings to the Steering Committee

Project funded through Health Resources and Serviced Administration (HRSA) Rural Health Network Development Planning Program



Project goals focused on:

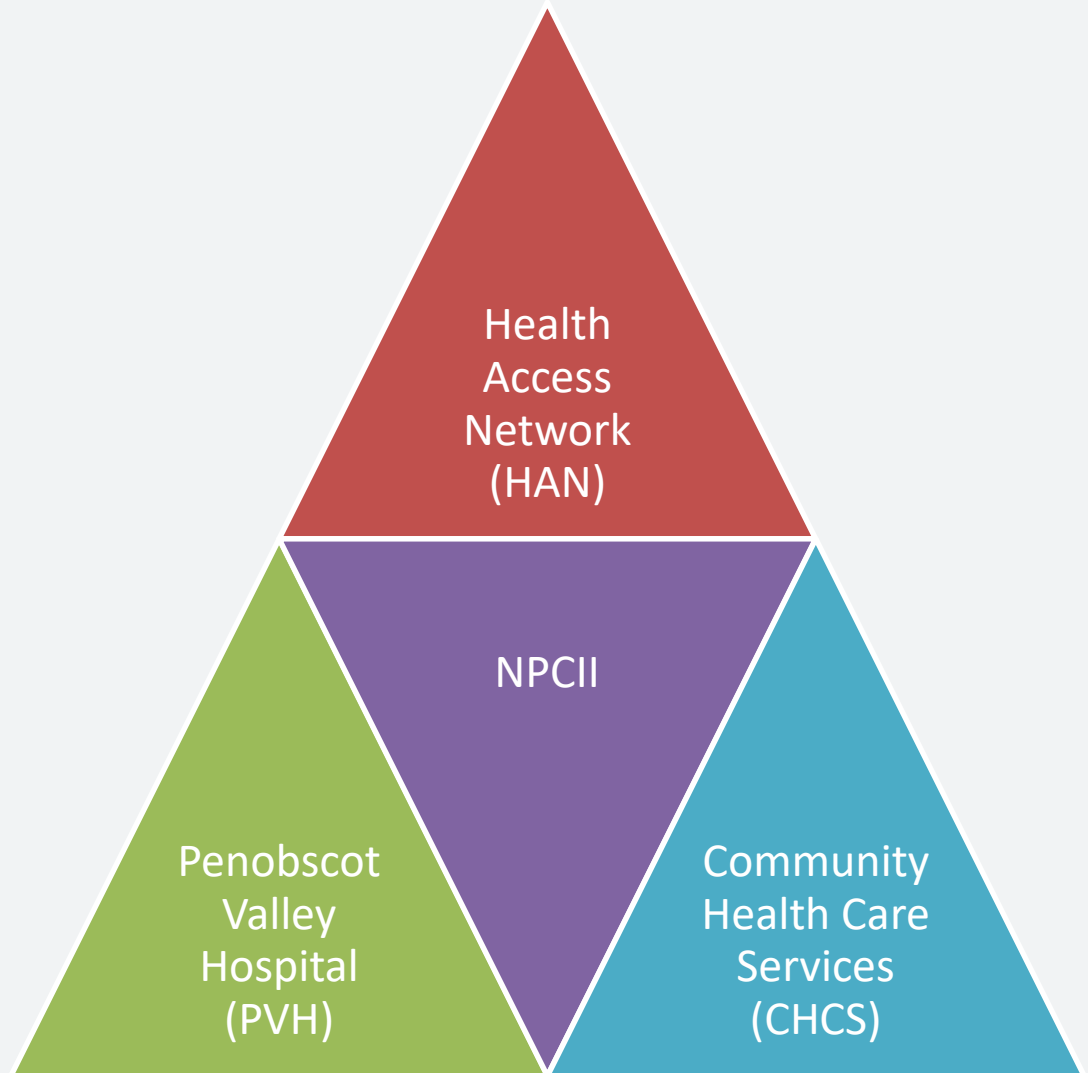
- 1) threatened loss of local services for substance use disorders
- 2) access to care across the continuum
- 3) strengthening rural health care system as a whole

NPCII Organization

Three member organizations, plus key stakeholders:

**Safe-a-Life,
Veterans**

**Outpatient Clinic,
Bangor Public
Health, Millinocket
Regional Hospital,
among others**



Project work focused on two major activities:

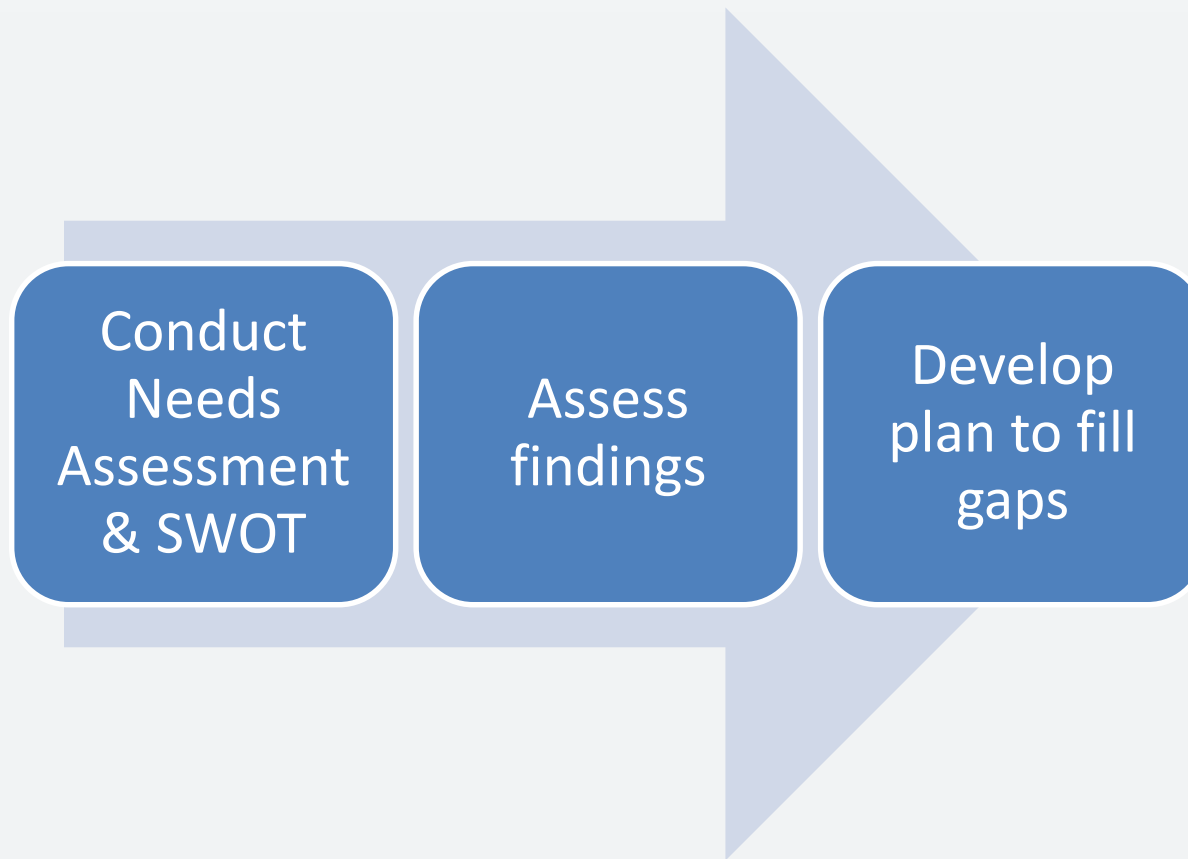
Needs Assessment

- What are the gaps in services for a full spectrum of SUD prevention, treatment, and maintenance?
- What are the most pressing issues for the NPCII-defined community?

SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis

- What are the resources that the partner organizations can bring to the fill gaps and; what more resources are needed?

Project goal of developing a plan to fill gaps in services for substance use disorder (SUD) in response to opioid crisis

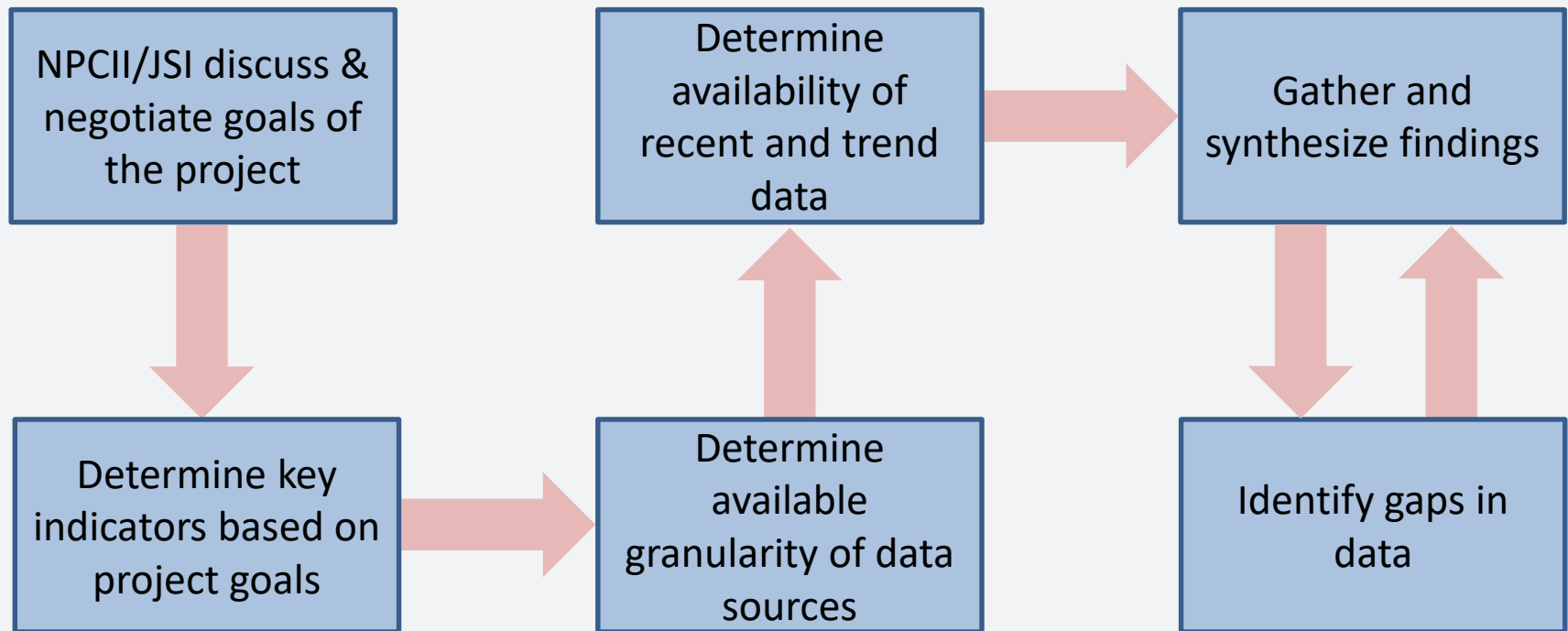


Needs Assessment

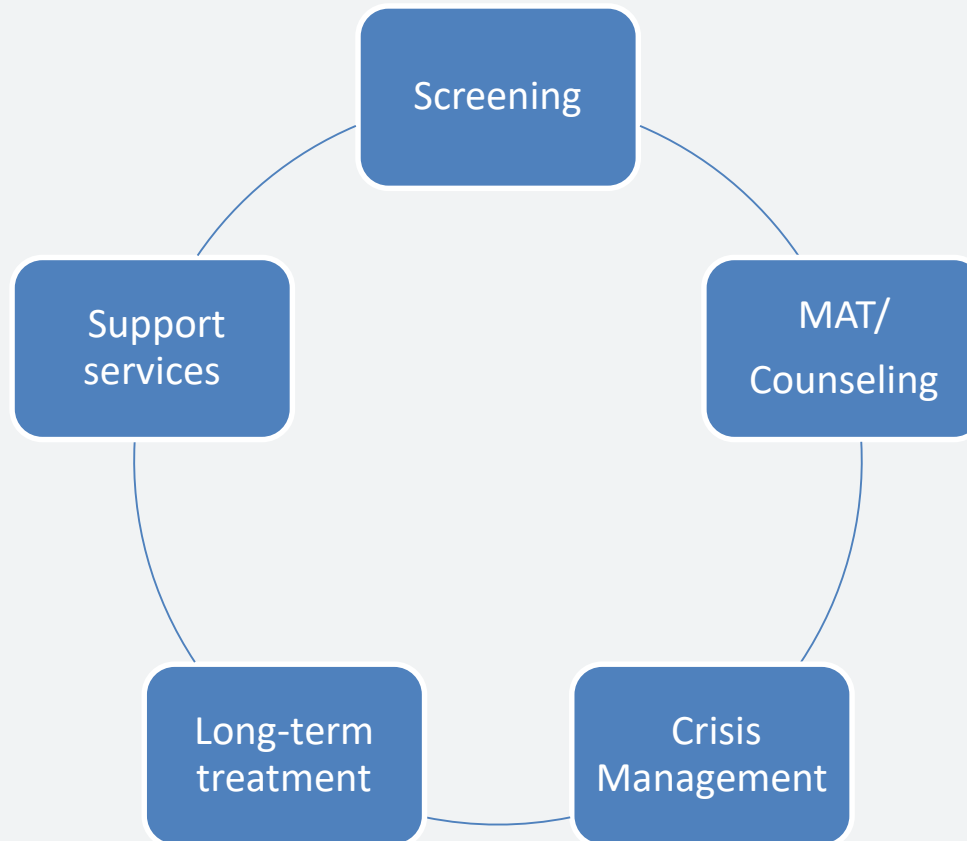
What are the pressing health needs of the community within the NPCII target geographic area?

Data Analysis Methodology

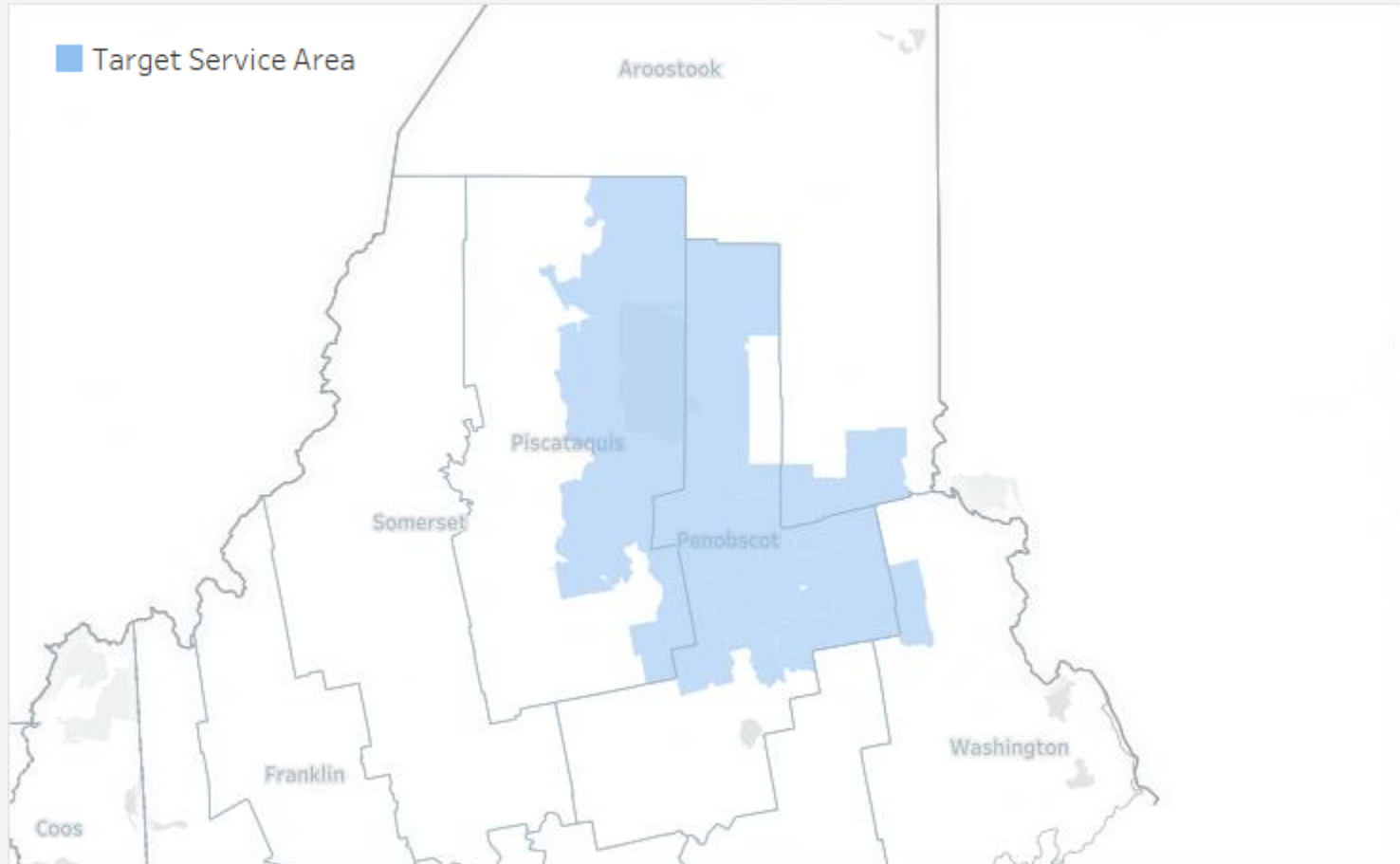
Conduct Community-Specific Demographic & Health Data Analysis



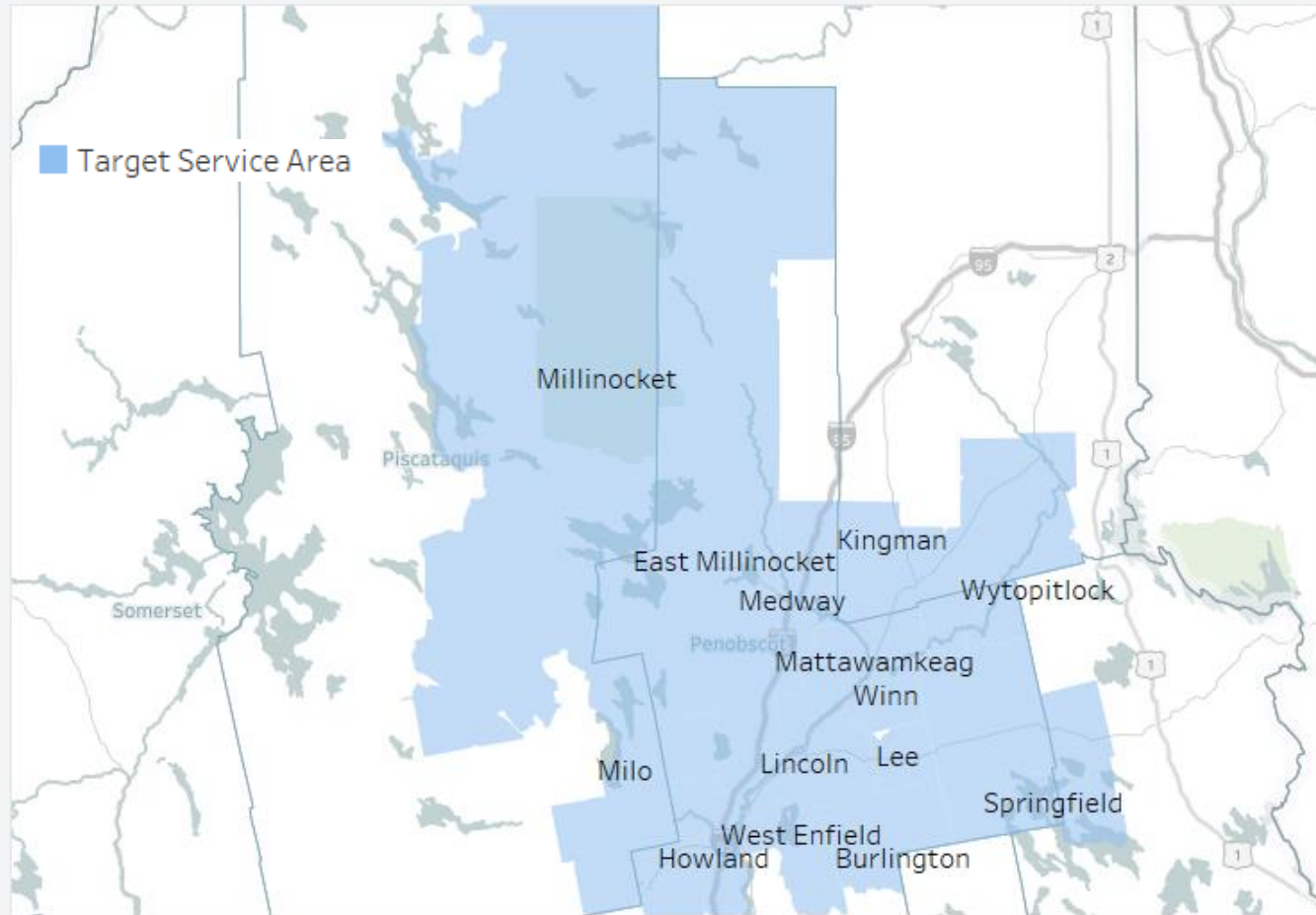
Substance use disorder (SUD) service continuum is interrelated and often nonlinear



Service Area Map



Service Area Map Detail



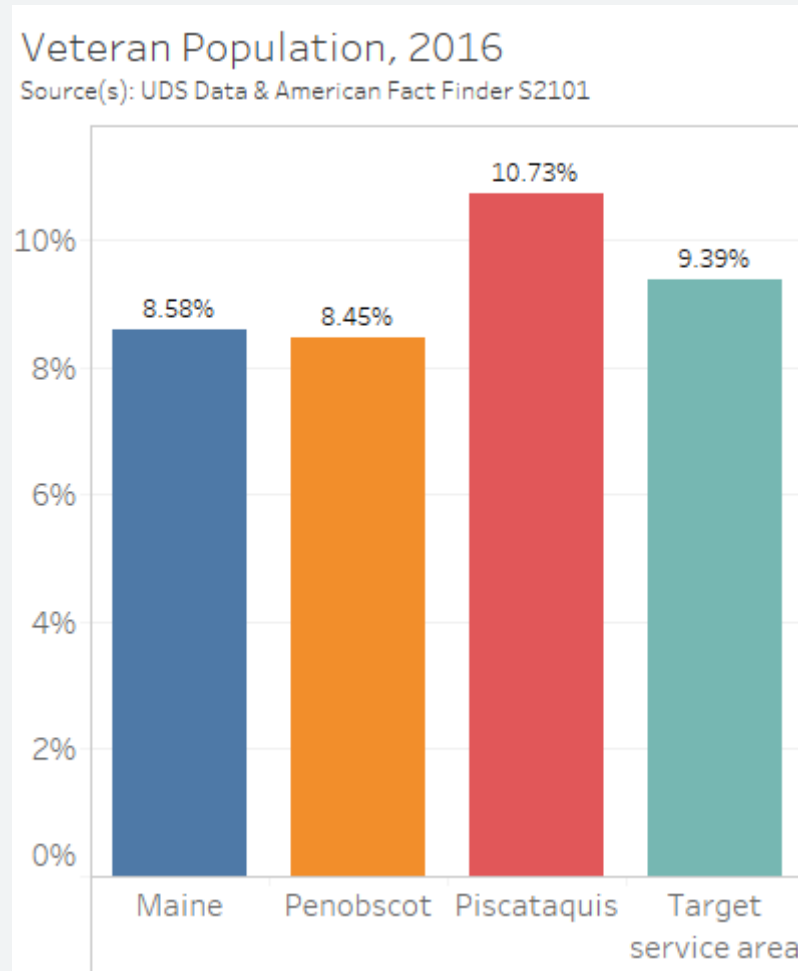
Needs Assessment Quantitative Analysis

- Used data from trusted and common sources (US Census, County Health Rankings, BRFSS, etc.)
- County-level data obscured economic factors and need in local area
- Local area data limited – not collected or not available due to confidentiality concerns
- Qualitative research enriched interpretation of quantitative data

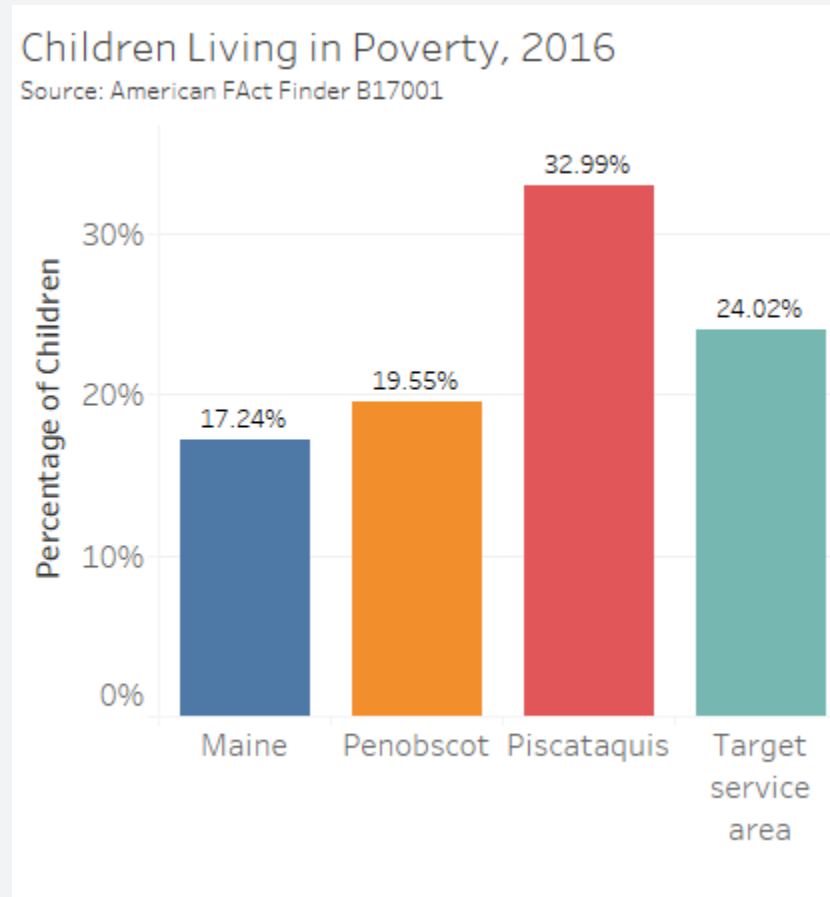
Qualitative research through key informant interviews

- Conducted 40+ interviews with NPCII partners and cross-section of key stakeholders
 - School administrators, public safety, state public health, town administration, Veteran's services, community based organizations, health care provider organizations, health plans
- One notable exception – consumers
 - Planned group interview did not materialize
- Important to get a larger/regional perspective through KIIs

The target service area population has a greater percentage of veterans



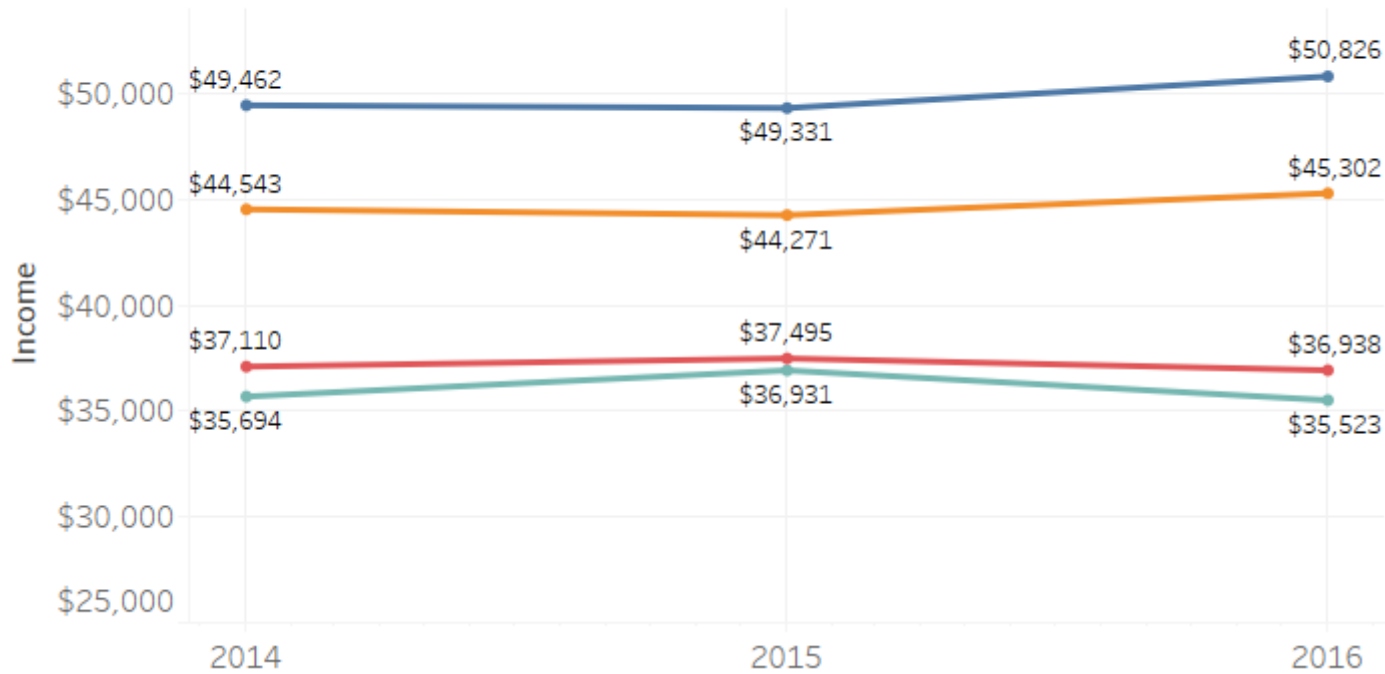
Compared to Maine, more children in the target service area are living in poverty



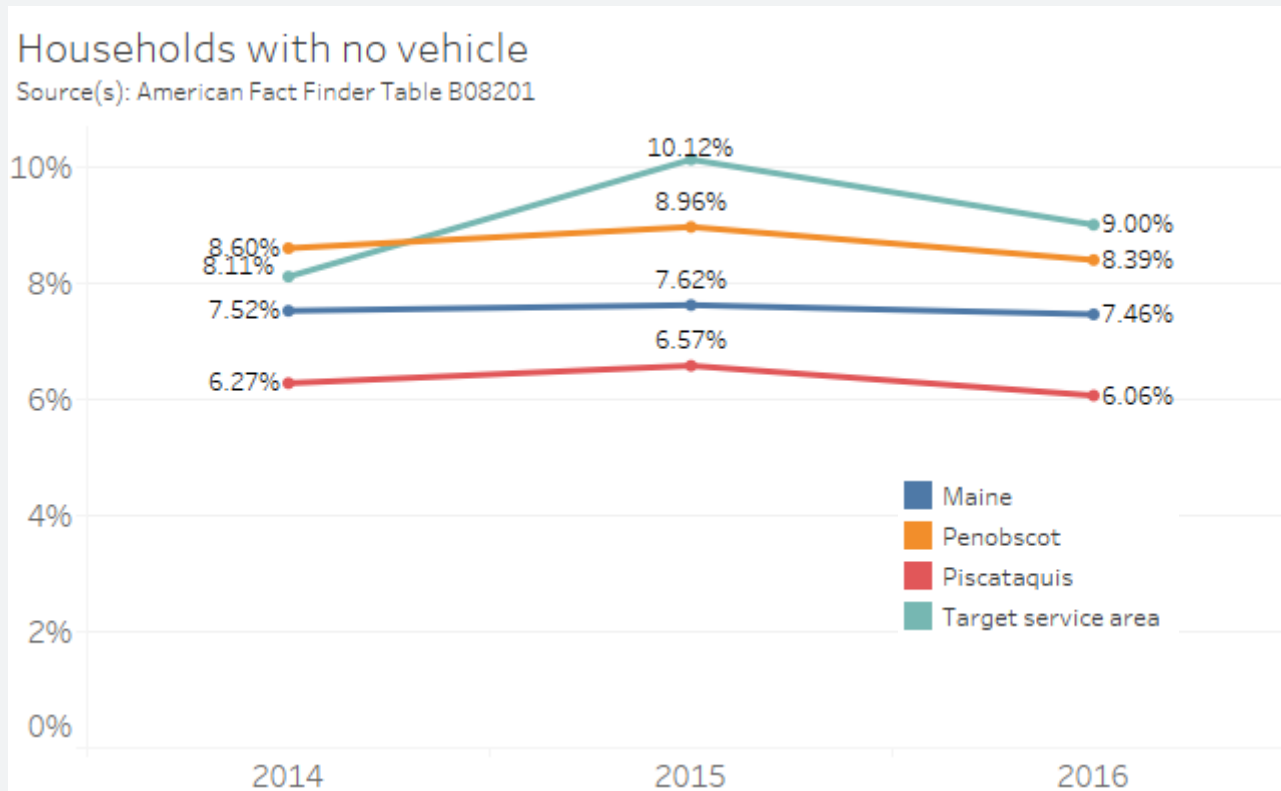
Income in the target service area is lower than in Maine

Median household income

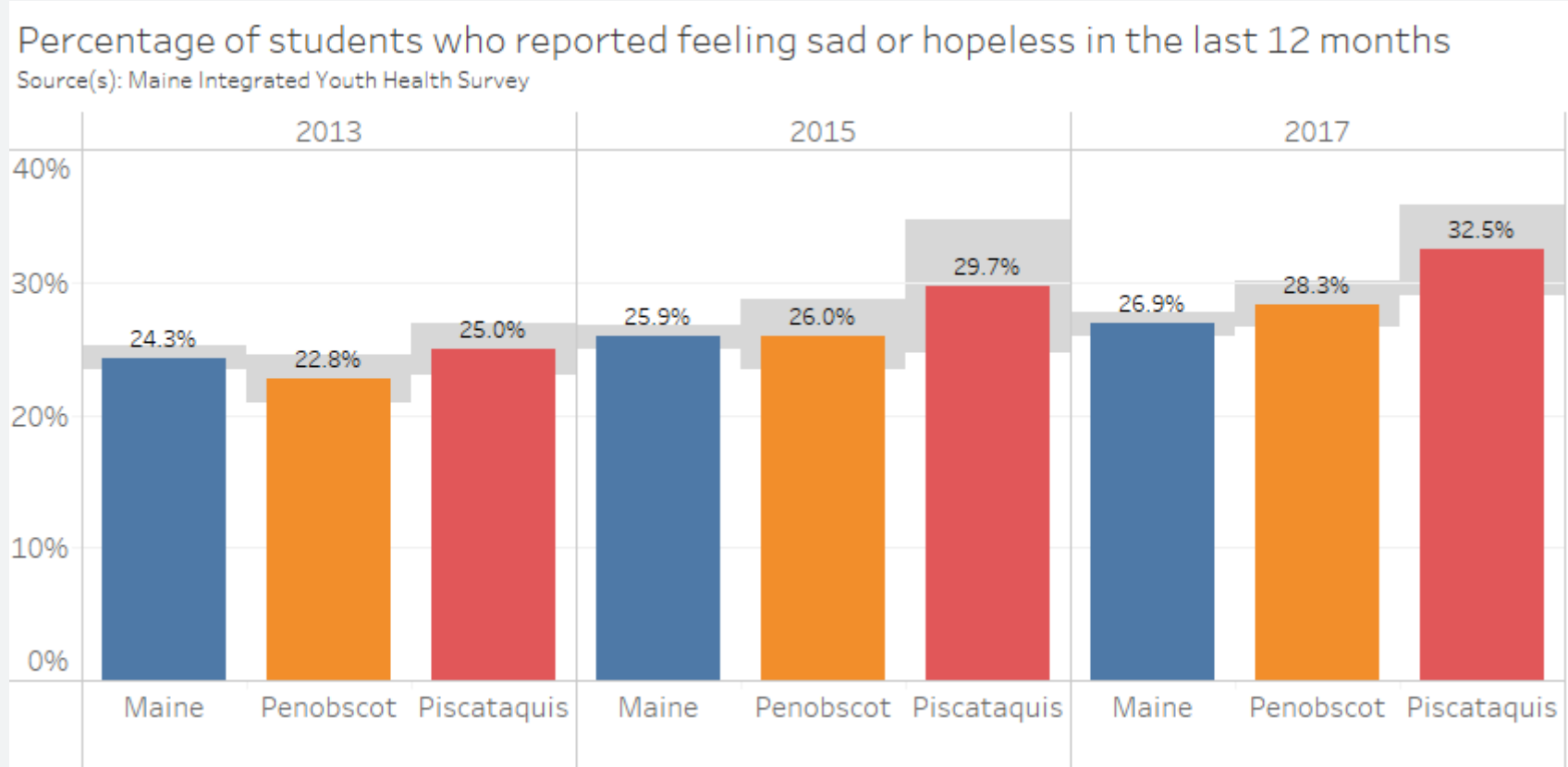
Source(s): American Fact Finder Table S19013



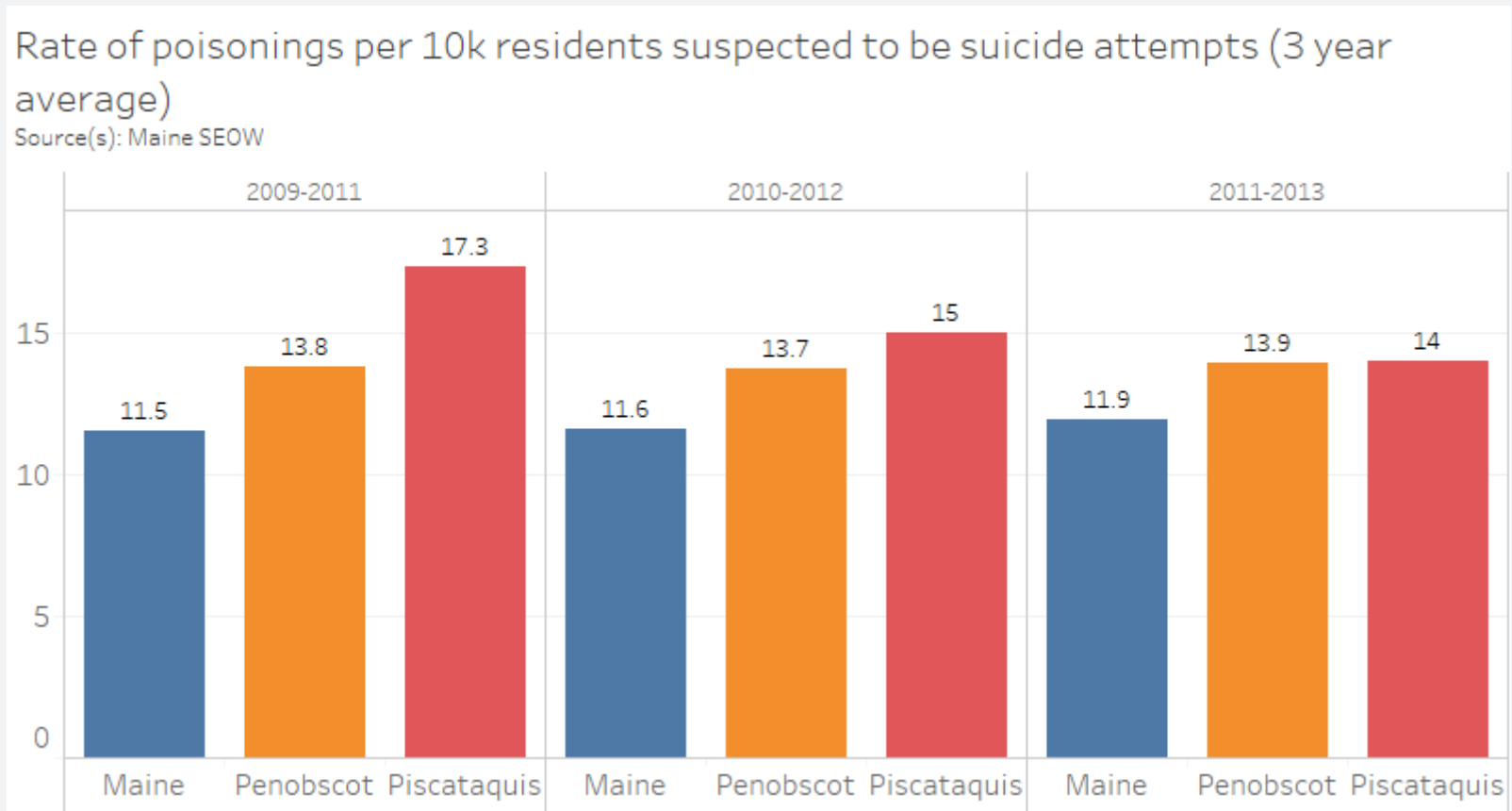
A greater percentage of target service area households have no vehicle



In Piscataquis County, percentages of HS students reporting feeling sad or hopeless have increased since 2013



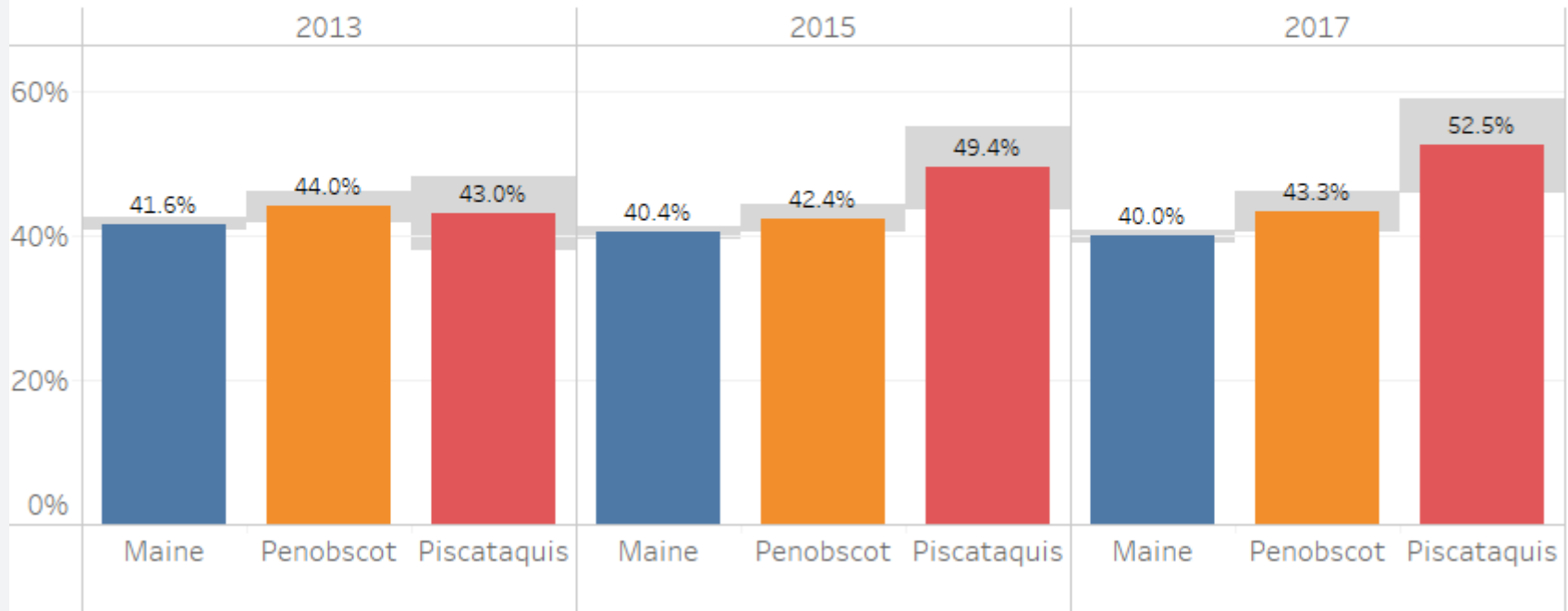
Both counties appear to have a higher rate of poisonings suspected to be suicide attempts



High school students in both counties perceive less risk from regular drinking

Percentage of students who reported thinking there is 'no risk' or 'slight risk' if they drink 1 or 2 alcoholic beverages nearly every day

Source(s): Maine Integrated Youth Health Survey



Substance Use Data Now Available

- Substance use county level data available at time of assessment was outdated
- Maine Shared CHNA County Profiles released in September 2018 (www.mainchna.org)
- Include several substance use data points including
 - Opioid deaths
 - Chronic heavy drinking
 - Drug induced deaths
 - Overdoes emergency responses
 - Drug affected infant reports per 1,000 births

SWOT Analysis

What resources do partner organizations have to address health needs? Where are more resourced needed?

What external conditions pose opportunity to provide access? What external factors contribute to the need or hinder addressing needs?



KEY FINDINGS FROM NEEDS ASSESSMENT AND SWOT



Tale of two communities within the defined service area: Lincoln and Millinocket

- Distinct cultures
 - Similar demographics and social determinants but difference in perspectives
 - Lincoln → Bangor (Eastern Maine Medical System)
 - Millinocket → Houlton
- Competitive relationship, in particular between the health centers and school districts

Both actual and perceived gaps in services for substance use disorder existed and there are opportunities to fill gaps

Gaps

- Short-term intensive services
- Crisis management/MAT initiation in local ED
- Recovery services
 - Respite for new mothers
 - Counseling
- Up-to-date, real-time information about resources

Opportunities

- Unused space at PVH
- Training for ED staff
- CHCS obtain SU license
- Building cohort of trained and certified recovery coaches
- Collaborate with State for on-line resource inventory (NH offered as model)

Implications for Planning

- Filling gaps in services essential, but that would not address needs long-term
 - Socio-economic conditions would continue to fuel substance-used disorder and create a new generation of need
- Strategies needed to be tailored for the two communities within the defined target area

Working Plan

Working Plan developed in response to SWOT analysis and NPCII's desired objectives

Provides recommendations for consideration and discussion

Planning happens at all levels and across levels: focus areas for NPCII

Individual – access to services,
engagement, targeted populations,
stigma mitigation

Interpersonal – family and caregiver
supports, culture of hope for children,
recovery coaches

Organizational – comprehensive
maternal program, provider
collaboration, adequate well-trained &
certified recovery coaches, local
intensive hospitalization and MAT in
ED, telehealth, school-based clinic,
coordinate on state-level real time
directory of SUD-related services

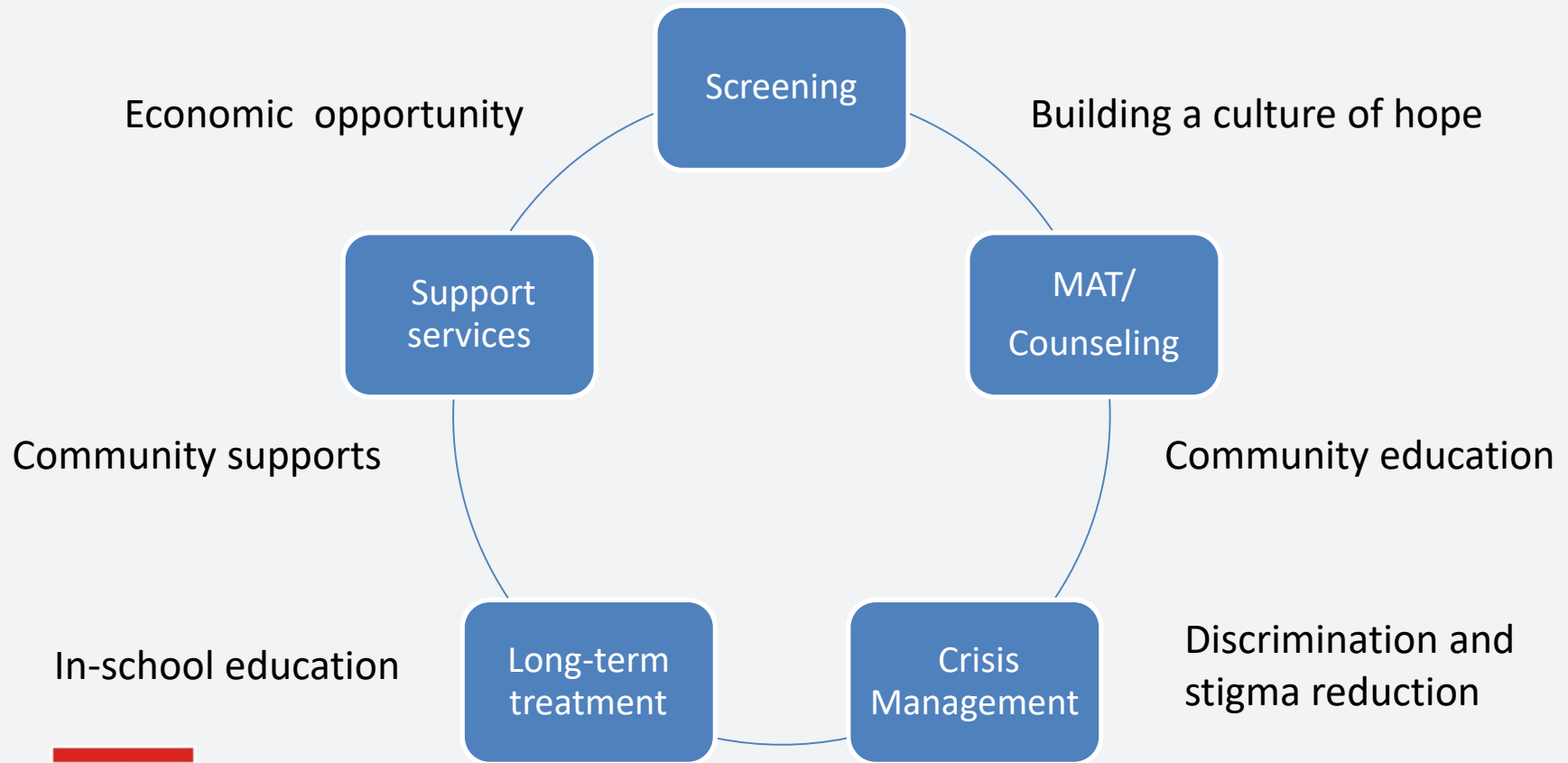
Community – linking health and
economic development, linking career
and technology education to economic
development, pathways to college
education, community education and
awareness to reduce stigma

Policy - Advocacy: reimbursement for
recovery coaches, restoration of local
public health, state-funding for schools

Socio-Ecological Model



Long-term solutions would require building capacity within service continuum and addressing social determinants through multi-sector collaboration



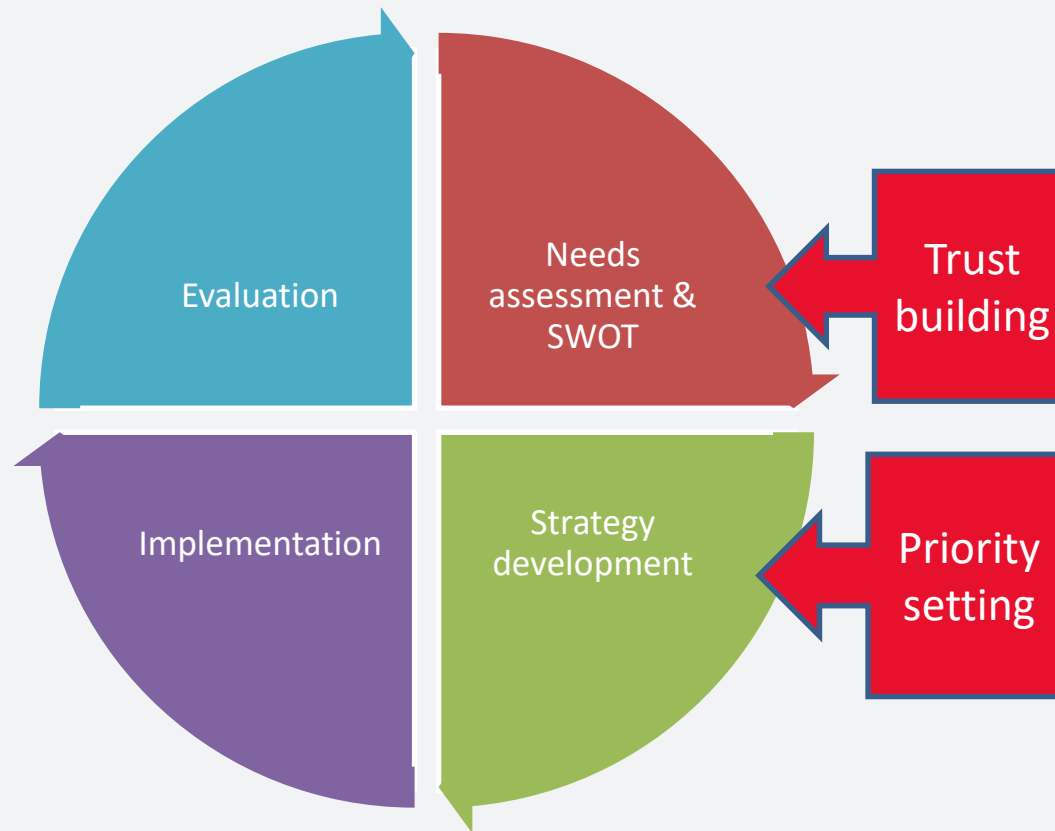
REFINING THE PLANNING PROCESS AND APPROACH



Findings required a shift in approach

- Build trust and cohesiveness within NPCII partners
 - Acknowledge and address organizational needs
 - Financial position of the community hospitals
 - Physical layout of FQHC limiting behavioral health & primary care integration
- Agree on priorities
- Conduct formal and facilitated strategic planning process, focus on identified priorities

Refined approach added Strategy Development,
beginning with trust building within the NPCII



Strategic Priorities and Partners

Strategic Priorities

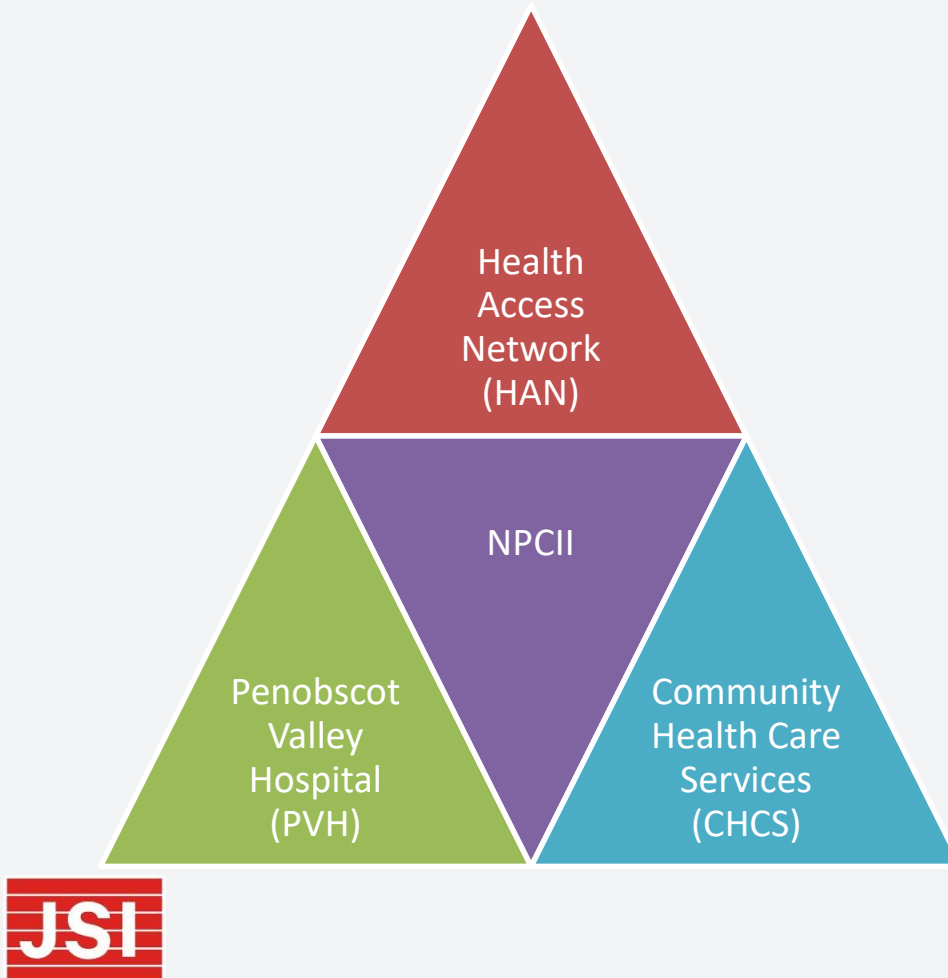
1. Conduct strategic planning process
2. Community engagement and economic development
3. Formalize/solidify referral network for service continuum
4. Expand MAT/Counseling services

Key Partners

1. Lincoln School Superintendent
2. Lincoln VA Community Based Outpatient Center (CBOC)
3. Eastern Maine Health System (EMHS)/Eastern Maine Medical Center (EMMC)/Acadia Hospital
4. Millinocket Regional Hospital (MRH), Millinocket School Superintendent,
5. BARN Recovery



Thank you to partners!



Key stakeholders:

- **Safe-a-Life**
- **Veterans Outpatient Clinic**
- **Bangor Public Health**
- **Millinocket Regional Hospital**

Discussion

- What do you see as important for a planning effort to be successful?
- What community partners do you view as critical?
- Are there partners in your planning you would like to see stronger engagement with, or who are not typically included?
- What data are you most eager to have at your finger tips to guide your planning efforts?