SUPPORT for ME

Overview of Goals and Activities for the SUPPORT for ME Needs Assessment

May 4, 2020

Objectives

- Provide an overview of data collection strategies

- Discuss the role of the advisory committee

- Review the care integration tools

Overview of Data Collection Strategies

The Cutler Team will be using a variety of data sources to gather information including:

- ➤ Community Listening Sessions

- ➤ Key Informant Interviews

- ➤ Focus Groups

- ➤ Secondary Administrative Data

Data Collection: Covid-19

- Due to social distancing practices, the Cutler Institute Team will be collecting all data remotely until further notice

- The team is trained in remote facilitation with Zoom and will conduct interviews, focus groups, and listening sessions via video conferencing or over the phone
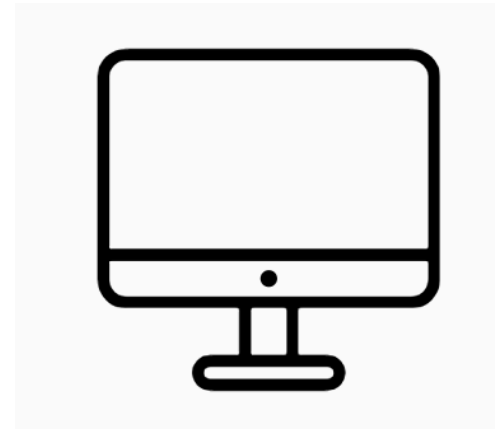
Data Collection: Listening Sessions

Purpose: Elicit public input on the development of the needs assessment and identify mechanisms to keep the public informed of the activities, changes, and processes related to the project. Also gain feedback through facilitated discussion on available services, gaps, and needs for SUD prevention, treatment, and recovery.

- **Target Population:** Individuals with lived experience, family members, caregivers, and other community stakeholders

- **Data Collection:** Password protected Zoom meetings that allow members of the public to call or video in to provide feedback and answer questions

- **Recruitment and Outreach:** Work with the Advisory Committee to develop a plan on where to focus efforts and who to talk to. Members of the Advisory Committee to attend listening sessions if possible.

- **Timing:** Quarterly begin outreach in May

Data Collection: Listening Sessions

Sample Questions: Community-Based Audience

- How can Maine DHHS better communicate with the community about the SUPPORT for ME project?

- What is the best way to allow members* to provide ongoing feedback about the SUPPORT for ME project?

- What is your current perception of access to substance use disorder treatment and/or recovery support services in your community?

- Where do you see gaps in substance use treatment and recovery services in your community?

*Revised to say "members" based on feedback from the May 4, 2020 Advisory Committee meeting

Data Collection: Key Informant Interviews

Purpose: Gain an understanding of SUD treatment capacity within interviewee's organizations or communities and identify barriers and potential solutions

- **Target Population:** Health System and Practice Leadership, Emergency Department Staff, Residential Treatment Providers, Recovery Organizations, and Tribal Leaders

- **Data Collection:** Conduct small group interviews with each stakeholder group over the phone or through password protected Zoom meetings

- **Recruitment and Outreach:** Work with the Advisory Committee and OMS to identify key contacts and continue with snowball sampling

- **Timing:** Begin with residential treatment and recovery organizations and reach out to ED staff and health system leaders at a later date due to Covid-19

Data Collection: Focus Groups

Purpose: Gain an understanding of current capacity and willingness to provide SUD treatment services to MaineCare members

- **Target Population:** Providers who are not currently providing any/or limited SUD treatment and recovery services to MaineCare members

- **Data Collection:** Conduct small focus groups over the phone or through password protected Zoom meetings

- **Recruitment and Outreach:** Work with the Advisory Committee and OMS to identify providers at various sized health systems and/or organizations throughout Maine

- **Timing:** Conduct provider focus groups in early 2021

Data Collection: Secondary Data

Purpose: Cull administrative data from a variety of sources to examine the types and distribution of services and providers to understand current infrastructure gaps / needs

Specifically, the Cutler Institute will analyze data sources that address:

- ➢ SUD Prevalence
- ➢ SUD Treatment
- ➢ Provider Capacity and Gaps
- ➢ Provider Projections (to increase the number and capacity of providers)

Advisory Committee

The role of the Advisory Committee is to support the needs assessment by:

- ➢ **Reviewing instruments and protocols**

  Provide feedback and approval

- ➢ **Offering guidance**

  Provide an on-the-ground perspective and offer feedback

- ➢ **Assisting with developing outreach and recruitment strategies**

  Provide contacts and suggestions/feedback for qualitative data collection

BREAK

Care Integration and Health Homes

As part of the Health Homes programs, grantees are asked to complete standardized assessments related to integration progress as part of their Core Standard reporting:

- Participation in a baseline assessment of their behavioral-physical health integration

- Implementation of one or more specific improvements to integrate behavioral and physical healthcare

- Past tools recommended for use by Health Home Grantees include: Behavioral Health Integration Capacity Assessment (BHICA) and National Council Mental Health and Substance Use Provider Readiness Assessment

Care Integration Tools

A requirement of the SUPPORT grant is to assess the coordination between primary care, mental health, and SUD treatment and recovery providers.

The Cutler Team evaluated 9 SAMHSA-endorsed care integration tools and ranked them based on the following criteria:

- Integration (behavioral health-primary care) assessment

- Ability to administer across multiple and diverse agencies/practices

- Ease of use

- Electronic only deployment

- Ability to use Survey Monkey or SNAP to administer tool

- Length and cost not prohibitive

- Ability to aggregate results by organization, role, and type of agency

Review of Care Integration Tools: Top 3 Tools

Top 3 Selected Care Integration Assessment Tools for Consideration by the State of Maine:

1. Integrated Practice Assessment Tool (2014)

2. Behavioral Health Integration Checklist (2014)

3. Integrated Treatment Tool (2011)

Review of Care Integration Tools: Top 3 Tools

	Integrated Practice Assessment Tool	Behavioral Health Integration Checklist	Integrated Treatment Tool
Developer	SAMHSA	University of Washington	Case Western Reserve University
Summary	Practice self-assessment decision tree that leads to a specific Level of Integrated Healthcare determination	Checklist indicates how many patients (all, some, none) receive service elements of integrated care	Responses indicate degree of alignment with various integration best practices on a 5-item Likert scale
Assessment Areas	Communication, Co-Location, and Integration	Principles of Care, Core Workflows	Organizational Characteristics, Treatment, Care Coordination
Estimated Time to Complete	5 minutes	10 minutes	30 minutes

Each Tool Generalizes to all Health Care Organizations

Review of Care Integration Tools

Additional questions to discuss prior to administering selected tool:

1. Is the State more interested in an assessment of readiness for integration or tracking the progress of integration over time?

2. How have organizations approached this work in the past or plan to do it in the future?

3. How does the State want to see the data?

4. How will the data be provided to the sites to inform their improvement plans?

Needs Assessment: Next Steps

1. Finalize Selection of Care Integration Tool

2. Create Administration Plan for Care Integration Tool

3. Outreach to Advisory Committee for Feedback on Questions for the 1st Listening Session

Questions?

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