



# Substance Use Disorder in Somerset County, ME

Perspectives of Local Providers and Community Stakeholders



## Substance Use Disorder: An Introduction

The Somerset County Shared Community Health Needs Assessment (CHNA) identified substance use disorder (SUD) as a top priority.<sup>1</sup> SUD is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.<sup>2</sup> In particular, Somerset County has experienced increases in drug-related overdose deaths that mirror the state and national trends due to the Opioid Crisis.<sup>3</sup> The needs of the community identified during this internship highlighted opiate use disorder (OUD) as a significant problem. OUD was therefore the focus of community outreach and data collection for this project. While the national and state responses over the past few years have addressed the existence of the problem and the first steps to mitigating the opioid epidemic, many gaps in understanding and healthcare remain. The 2020 Somerset County Shared CHNA provided some striking metrics that warrant particular attention. The drug-affected infant reports per 1,000 births in the county were 140.7 in 2019 with the state average of 73.7.<sup>1</sup> Also, from 2007-2011 the average drug-induced death rate was 9.8 per 100,000 people, but tripled to 32.5 from 2015-2019.<sup>1</sup>

Recognizing the presence of OUD in the community and analyzing data associated with the problem are the first steps to making changes to lower the prevalence in the community. One of the largest issues to overcome is the stigma associated with OUD. The standard of care for specifically OUD involves educational, motivational, and self-help aspects along with medications for opioid use disorder (MOUD).<sup>4</sup> Without efforts to remove the stigma associated with the occurrence and treatment of OUD, communities with little understanding of the disorder will continue to view SUD without the compassion typically associated with medical conditions. Through interviews conducted across the county from various stakeholders, the following recommendations were generated to address OUD in Somerset County.

## OUD Care: Recommendations



### Transportation through KVCAP expanded

The infrastructure already exists to field vehicles with drivers on schedules and on-call to provide transportation in the Waterville, Augusta, and Skowhegan areas. Expansion of services with more vehicles and employees to a wider region could be scaled up from the existing operation. Possible funding sources from the state with grants linked to the opioid settlements could be a source of funding, as well as expanded reimbursement from other types of insurance outside of MaineCare.

Another common issue associated with KVCAP rides was the timing requirements of scheduling a ride. Many patients and providers cited a three-day advance notice for scheduling rides which is another barrier to patients getting to appointments and receiving their medical care. The recommendation is to shorten the advance notice to 24 hours.



### Investment in Public Health Infrastructure

Partnerships and communication across different organizations in an area can play a key role in supporting a thriving community. Somerset Public Health (SPH) has taken on a role that integrates public health employees into other organizations throughout the community including clinics at Redington-Fairview General Hospital (RFGH), the Somerset County Sheriff's Department, as well as creating relationships with entities like Emergency Medical Services and hospital administration. SPH employees are incredible resources in the community for OUD and have helped reduce the barriers associated with OUD recovery while also building trust with community partners. The recommendation is to hire another patient navigator or public health nurse to work with both RFGH clinics as well as in the SPH office with outreach and education. Key to this recommendation is building trust within a community to reduce stigma and bring education and resources to everyone, not just those with OUD.



### Extended-Release Buprenorphine in Incarcerated Populations

The results of a pilot program in the Somerset County Jail using an extended-release buprenorphine regimen demonstrated an impact on the likelihood of post-release overdose deaths, reduced diversions within the jail, and decreased the staffing demands surrounding access to daily controlled medicine within the jail. The recommendation is that the state look into more studies to solidify the results of this pilot program with extended-release buprenorphine medication regimens for incarcerated individuals with OUD.<sup>14</sup>



### MaineMOM Presence in Somerset County

Currently there are no MaineMOM-affiliated locations in Somerset County. The MaineMOM care model is an example of a wrap-around model for pregnant or post-partum patients and infants that could significantly impact health and safety. The model of care surrounding both maternal and fetal care could help decrease the number of drug-affected infant reports in the county. The recommendation is to bring this model of care to Somerset County with reimbursement rates that are commensurate with the level of care required to care for pregnant patients with OUD as well as the infants born who are impacted by OUD.

## Current State

There is funding available from the opioid settlements allocated directly to counties as well as to the Maine Recovery Fund.<sup>7</sup> These funds are allocated through Community Grant Applications from the Maine Recovery Council. A joint grant application through SPH and RFGH could yield the funds necessary to hire a public health nurse to continue bridging the gaps in community knowledge and resource availability.

Somerset Public Health employees are already nested within the Bridge Clinic at RFGH and the Somerset County Sheriff's Office. Further coordination for meetings with EMS, mental health and MOUD providers in the community, and the OPTIONS liaison would bring stakeholders in the community together to discuss and implement changes across all entities. Education, training, and community outreach would benefit everyone in Somerset County.

Legislative Document 353 "An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education" did not pass in the 131<sup>st</sup> Maine State Legislature earlier this year.<sup>8</sup> The opposition cited the expense of intensive data collection as well as the precedent of collecting protected health information on the state level through a government agency (Maine Office of Behavioral Health). The intent of the bill was to complement other efforts in the State of Maine in collecting data on SUD screening and treatment across the state to understand where and how to implement evidence-based changes in the care of individuals with SUD. The bill would support data collection and analysis alongside the 1000 lives initiative by Maine Medical Association which was implemented in 2023 to support the use of care "bundles" in different settings to support recovery and treatment.

## OUD Care in Somerset County: Background

To better understand the current state of opiate use disorder (OUD) in Somerset County, community engagement was conducted through multiple stakeholders. The stakeholders who provided input included Somerset Public Health Employees, multiple doctors and healthcare personnel across the county from the Redington-Fairview General Hospital (RFGH) network and Jackman Community Health Center, Emergency Medical Services (EMS) personnel across the county, the Somerset County Sheriff's Department, and patients undergoing treatment for SUD who agreed to in-person interviews.

Common themes surrounding SUD prevalence and recovery emerged in interviews including transportation, lack of coordination between organizations, and stigma surrounding SUD. The lack of public transportation options given the rural nature of the county demonstrates an often-overlooked barrier to SUD care. While some resources such as KVCAP exist to offer individuals covered by MaineCare free rides to medical appointments, most of the county is left outside of the radius of operation for ride services. Within the radius of KVCAP operation, individuals who do not have MaineCare insurance do not receive reimbursable transportation. This barrier exacerbates relapses or continued illicit drug use as many individuals fall out of reach of access to MOUD or other recovery facilities.

The standard of care for opioid use disorder (OUD) treatment is the use of buprenorphine, naltrexone, and/or methadone, collectively known as medication treatment for OUD (MOUD).<sup>14</sup> These medications bind to opioid receptors and lessen the effects of withdrawal. Administration of MOUD can occur in various formats, from daily in-person treatments in a clinic to monthly prescriptions. While MOUD is becoming more common in the wake of the opioid epidemic, there are differences in prescription between urban and rural settings. MOUD is underutilized in rural settings due to "lack of access, inadequate prescribing, and stigma."<sup>12</sup> Education of physicians and exposure to harm reduction strategies along with MOUD may be the best way to decrease stigma and increase access to SUD treatment in rural settings.<sup>12</sup> There have been targeted efforts to reduce the barrier to MOUD and reduce stigma in Somerset County with the Bridge Clinic at Redington Fairview General Hospital (RFGH). The Bridge Clinic serves as a low-barrier clinic for SUD treatment that is linked to the RFGH Emergency Department to provide expedient care for individuals seeking SUD treatment. The Bridge Clinic provides SUD care in the short-term before connecting patients to primary care for the continuation of SUD treatment. This model has helped the community tremendously, as it lowered the barrier to care significantly with respect to the time to treatment and resource availability. Another resource that has proved very successful for integrating resources into the low barrier Bridge Clinic is the involvement of Somerset Public Health and an RFGH patient navigator within the clinic. The role of the patient navigator in the Bridge Clinic setting is to build off the clinical care with more recovery resources involving things like housing, employment, and counseling. This is a highly impactful role in this patient care setting and in the community through public health efforts.

One of the biggest barriers to care in a rural setting is transportation and access to resources. This is particularly true in Somerset County, where some patients would drive two hours each way to get to medical appointments. In OUD treatment, the frequency of appointments can lead to issues of compliance and further to relapses when care facilities, counseling, clinic, or pharmacies are too far away for individuals to reach every day or every week. Studies further reinforce that rural patients are less likely to continue recovery due to the distance from recovery resources.<sup>12</sup> According to the Maine Department of Transportation, the only public transportation option in Somerset County is from the Kennebec Valley Community Action Plan (KVCAP).<sup>5</sup>

According to KVCAP, with at least 24 hours of notice, individuals living in the Skowhegan, Waterville, and Augusta areas can schedule rides to medical appointments, among other locations.<sup>6</sup> While this is a valuable resource in the southern portion of the county, the majority of Somerset County is left without any option of public transportation. Not only is this resource limited in radius, in practice KVCAP rides must be scheduled with at least three days of notice, which significantly impacts access for individuals with OUD. This overall lack of transportation options is exacerbated by the absence of recovery resources like in-patient programs and detox facilities in the county.

The lack of recovery resources in geographic proximity to the individuals across Somerset County is another barrier preventing access to care for individuals with OUD. An Opioid Health Home (OHH) is a care model that provides a team-based approach to OUD with comprehensive care. The OHH model requires multiple roles including clinical providers as well as recovery coaches and patient navigators to ensure individuals receive the best possible care. This model of care is offered at different locations around the state, but only exists in the southern portion of Somerset County with most of the county unable to access an OHH without significant travel time. The same type of wrap-around care model exists in Maine for maternal and fetal health with the MaineMOM care model. The model provides comprehensive care to pregnant and postpartum individuals with OUD as well as infants. The MaineMOM care model has helped many pregnant individuals find care for their SUD without the stigma that can sometimes cause them to avoid altogether in the healthcare system. Somerset County does not currently have any MaineMOM affiliated care sites, but there is still the opportunity to implement a care plan for pregnant individuals with OUD in other healthcare settings across the county.

One successful effort in Somerset County could possibly have an impact on the rest of the state jails. A pilot program at the Somerset County Jail compared the continuation of buprenorphine use following incarceration between individuals receiving daily sublingual buprenorphine and individuals receiving a monthly extended-release injection of buprenorphine. The results demonstrated that the individuals receiving extended-release buprenorphine injections were three times more likely to continue a buprenorphine regimen following release.<sup>14</sup> Not only did the extended-release regimen impact the likelihood of post-release overdose deaths, but it reduced diversions within the jail as well as decreased the staffing demands surrounding access to daily controlled medicine.

While the entire state is trying to find innovative ways to address SUD prevalence and recovery, Somerset County is making strides to affect meaningful change. As a top healthcare priority for the county, SUD care will hopefully continue to get the effort and attention within the healthcare system and community to help individuals in need of care. The gaps that currently exist in access to care facilities and MOUD are decreasing with efforts of those in the Bridge Clinic and Somerset Public Health, among many others. The coordination across organizations within the community for outreach, education, and collaboration will be key to the success of the county in addressing the issue of SUD. With targeted interventions, Somerset County will continue to support those with substance use disorders and create a stronger and more resilient community.

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## Resources

1. Pathways to Recovery (Somerset Public Health)
2. Maine OPTIONS
3. MaineMOM
4. The Bridge Clinic at RFGH

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## Disclosures

*Authors have no disclosures to make.*

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