Virginia SOR Treatment Sub-Grantee Focus Group Summary Report

Successes, challenges, and recommendations from focus groups with SOR treatment sub-grantees

Introduction

Three virtual focus groups were held with SOR sub-grantees to gather insights as to grant successes, challenges, and recommendations. The focus groups took place in July 2020, via Zoom Meetings, and included CSB leadership staff. Between 3-5 participants attended each focus group session, with 12 participants total and 11 CSBs represented. The focus groups were semi-structured, with conversation topics facilitated by OMNI staff. The analysis process included systematically synthesized themes drawn from focus group notes. All focus groups were approximately one hour in length and resulted in a rich dialogue of sub-grantees' experiences with the SOR grant. This document includes a summary of the themes that emerged from these conversations, along with direct quotes from focus group participants that illustrate the experiences of CSBs implementing the SOR grant.

Successes

Structural & Administrative

CSBs described an assortment of program expansions and improvements that were attributed directly to the funding made available by the SOR grant. These include:

Hiring: Multiple agencies used SOR funds to hire new staff that allowed for the expansion of substance use and Office-Based Opioid Treatment (OBOT) services. New staff included nurse practitioners and psychiatrists, but most frequently mentioned were peer recovery specialists (PRS).

Peer recovery specialists: CSB leadership noted an assortment of positive impacts related to the hiring of more PRS's, including:

- An increase of in-house and community referrals
- Expansion of warm lines
- Development of peer bridge programs
- A reduction in client wait times

Partnerships: The SOR grant helped agencies create community partnerships.

- Peer bridge programs, programs in which peers meet clients at a partnering site (e.g., hospital, jail, drug court) to initiate a relationship as early as possible, were created within multiple CSB communities.
- Relationships with community providers were forged so CSBs could broaden their networks and referral systems to provide medication-assisted treatment (MAT) and OBOT services to clients.

> *"These partnerships would not have happened at this speed without this funding."*

Meeting Client Needs

As a result of SOR funding, multiple CSBs described meeting their clients' needs and community demand more fully.

Opioid treatment: SOR expanded the ability to meet client needs for office-based opioid treatment (OBOT) or explore the potential of OBOT provision when not previously set up to do so.

> *"We have been able to meet the demand with [SOR] funding."*

Medicaid bridge coverage: CSBs praised the SOR funding for bridging treatment coverage during an interim period when clients were enrolling in but did not yet have Medicaid coverage (approximately 45-60 days from intake).

DBHDS Support

CSB leadership found DBHDS staff helpful, responsive, flexible, and agile in their support with the SOR grant.

CSB leadership praised the DBHDS staff's willingness to help in any way possible. Many examples related to DBHDS's assistance in connecting CSBs with other CSBs and relevant organizations, providing quick support and resources, and flexibility with funding and programming changes.

> *"[Angela, Patrick, and Mike] have been constant cheerleaders behind all of us to make themselves available, to contribute thoughts regarding workflows, for staff, so that's been very valuable."*

Challenges

Staffing

Staffing was a predominant challenge discussed by CSB leadership. Several areas stood out, including regional challenges, barriers with recruitment, and frequent staff turnover.

Geography: Hiring was especially difficult in smaller and rural communities. With limited resources, some CSBs reported being unable to successfully recruit and fill positions needed to support MAT and peer programs.

Recruitment: Due to funding uncertainties at the start of the grant, some CSBs faced challenges hiring and sustaining staff needed to support SOR programs. Without the certainty of funding beyond the original grant period, some CSBs struggled to find professionals willing to sign-on for a job that would potentially expire within a year.

> *"Compared to other CSBs, we are medium to low in terms of catchment area but a little larger than rural. We have not had a lot of support staff available to assist with GPRA [pr] transportation. [A] peer has been available when possible, but with 103 active clients, he is doing what he can."*

Staff turnover: Peer recovery specialists were a uniquely challenging position to sustain, and frequent turnover in peer roles resulted in unfilled positions. The job, for some, served as a steppingstone, which contributed to the higher turnover as individuals moved to obtain additional certifications, a degree, or other positions.

Grant Management

Managing the details of the SOR grant, along with several other grants at the CSB, was challenging at times and resulted in some delays on SOR-specific initiatives.

Informing staff, tracking, and managing funds: Keeping track of grant requirements and successfully sharing this information across CSB staff was difficult for CSB leadership to enact effectively. There was consensus on the need for systematic processes to manage and keep track of funding and eligibility.

> *"The lesson learned is that we launched without a care coordinator. I regret it.... I wish I would have vocalized the necessity to have a care coordinator on board at launch."*

Grant planning: The start date of the grant did not often align with the start of the programming due to lags as CSBs built processes or hired staff. Some also noted confusing and minimal knowledge around grant and funding details. These led to later start dates and initially lower GPRA and service numbers, resulting in a need to "catch-up" to meet SAMHSA requirements.

Differentiating grants and clarifying funding requirements: Multiple grants, often under the same funder, made it challenging for CSBs to keep track of and determine the requirements of each contract. Additionally, there was a desire to clarify what the SOR funds could and could not be used for when it came to programming, services, infrastructure, technology, medications, training, and recruitment.

Collaboration Barriers

Collaboration with partners is rewarding but is also time-consuming and complex to establish, making it difficult for some CSBs to achieve.

Collaborating with partners: While some partnerships flourished under SOR funding, other partnership efforts faced barriers such as:

- Developing contracts (e.g., MOUs)
- Building trust and education around the use of peers
- Connecting with courts and judges
- Integrating CSB services into jails and hospital settings (most often due to perceived liability and confidentiality issues with peer roles)

> *"Working with courts and jails and emergency departments (we don't even try to talk to them anymore) - there's a huge translation gap. A judge wanted things a certain way. She didn't understand the grant works in a certain way, the funding only funds certain things, and she didn't get that. There's not a lot of time to communicate with those folks to help them understand."*

GPRA Administration

The length of the GPRA survey is restrictive for both clients and CSB workflows.

Client engagement: Client engagement in the GPRA was especially challenging for some CSBs. Due to a lack of incentive upon intake, some CSBs found it challenging to get clients to participate.

> *"On one grant we had incentive on intake; we can't do [an] incentive until follow-up with this grant. We don't have as high a willingness because people opt out of it."*

Incorporating existing workflows: Several CSBs cited difficulties integrating the GRPA into pre-established intake workflows. Due to the length and sensitive nature of GPRA questions, it was a challenge to find the right person to administer the assessment and optimize time for the CSB and the client.

COVID-19 Impacts

Opportunities

The COVID-19 pandemic impacted SOR sub-grantees in several unforeseen ways. CSBs noted that not all impacts were negative, as some CSBs turned COVID-required changes into opportunities to adjust and advance their organization using SOR resources.

PRS Roles: PRS's stepped in and helped CSBs adjust as the pandemic started. They were instrumental in assisting clients in engaging both virtually and in-person.

Warmlines: CSBs noted that their warmline activity increased after the onset of the pandemic.

Technology: Technology supported through grant funding helped sites to connect with clients through an assortment of creative solutions (e.g., hosting computer rooms, providing Wi-Fi in the parking lot, funded peer time to teach and prep clients to use technology).

Funding: CSBs were able to support clients who lost health insurance due to unemployment during the pandemic. SOR funds helped to provide services and pay for treatment medications.

Telehealth: Many CSBs noted the helpfulness of telehealth and voiced that telehealth should stay once the pandemic is over. It allows providers to connect more readily with clients and helps clients who are unable to get to the CSB site due to transportation issues, family needs, or financial constraints. CSB staff also reported anecdotally that telehealth has increased MAT and OBOT program participation because clients can engage and keep appointments.

> *"When we went to telehealth only, some clients didn't have equipment, phones, computers, or access to the internet. Peers came in person to our site, set up laptops in our group rooms for the client to use, and the client would come into our location, in person. The clients would meet virtually with counselors or physicians and were able to participate fully in programming despite not having their own technology to connect. Clients felt engaged by being able to come in and work with their counselor or doctor virtually at the site. After the client was done with their session and left, the peer would come in and clean the area and computer, and then reset the area for the next client to arrive."*

Negative Impacts

While there were positive impacts of COVID-19, CSB leadership also noted adverse effects. Many of these impacts were related to a lack of technological preparedness and difficulties connecting and communicating with clients during the shift to virtual services.

Technology: Both CSBs and clients faced challenges related to technological preparedness (e.g., familiarity with online platforms). These challenges led to difficulties in service provision.

Insurance reimbursement: Insurance coverage/reimbursement for telehealth services, both during and after the COVID pandemic, remains unclear to some CSB leadership. Reimbursement will need to be addressed to continue telehealth services after the COVID-19 epidemic.

Lack of in-person contact:

- MAT: Doctors providing MAT services preferred face-to-face contact to continue providing those services to patients, which posed a barrier for some clients, as they did not want to or not unable to attend in-person visits during the pandemic.
- Assessment Opportunities: Not meeting clients face-to-face meant that some providers missed opportunities to assess or diagnose individuals who were having increased struggles or requiring higher levels of care. For some clients, the COVID-related shifts lowered the frequency of their interactions with clinicians and reduced follow-through on appointments. While telehealth has been beneficial for some clients, it is not compatible with all clients' circumstances.

> *"We transitioned to telehealth in March and quickly identified MAT clients that had trouble doing urine screens due to COVID. As a result, we implemented using sweat patches. We have some contractors that do urinary analysis in the community. All of our intakes transitioned to using "Go To Meeting" platform and we refer to providers for clients who require being seen face to face."*

Partner programs: Many in-person services with partners were significantly limited at the outset of COVID. Jails, emergency departments, and hospitals had new requirements and limitations on in-person work, stopping some services altogether.

Outreach Efforts: Of note was a reduction in outreach efforts due to the inability to meet stakeholders for in-person discussions on the value of programs. It is challenging to get referrals and to get people connected with services without being in the community in-person to communicate with the people in need. This was particularly impactful for some PRS roles.