

**April 29, 2008**

### ***State Leadership/Partnerships***

- Overall, Maine is demonstrating significant leadership, with strength in performance-based contracting, collaborative state-provider relationships, and ability to track service improvement at the state level.
- Acting SSA director values NIATx principles and is committed to continuing the momentum for STAR-SI access and retention improvements and peer networking.
- The SSA STAR-SI partnership includes Maine Association of Substance Abuse Programs (MASAP) and ADCARE to subcontract for off-site training services. The ADCARE manages distribution of state funds STAR-SI providers receive, reviews site progress and provides assistance in completing reporting obligations.
- Weekly change team meetings at the state level. Two separate change teams in state office.
- Using “peer” mentors from a NIATx member site, Acadia, to support state change team particularly on data use issues.
- Designated “rural” state which characterizes the population being targeted.
- Two-thirds of publicly-funded agencies are now STAR-SI providers; last third expected for Year 3.
- Strategically addressed larger providers at the level of overall oversight for behavioral health to create opportunity for spread to mental health applications in the future.
- Strategic decision to train Year 2 before the start of Year 2 grant funding period facilitated the start-up process
- State notes that coach support was critical.
- Used NGP to (among other things) find state change projects such as access to assessment and DEEP paperwork. Provider management and SSA staff report a definite change in culture in the field across the state; greater collaboration
- State is beginning to look at data views that compare and contrast the STAR-SI providers with the rest of the state providers.
- Beginning to work with state regulation and licensing in context of process improvement to address barriers to access and retention.
- Significant resources were devoted to the development of provider reports and contracting and indicate a deep commitment to this within OAS/SSA.
- Maine state-funded providers are not contracted through a strict capitation or fee-for-service payment. Providers are contracted for baseline dollar value within a small set of “reasonable” parameters.

### ***Recommendations***

- *Use process improvement to become a leader in addressing barriers that limit workforce development (for example, make changes as discussed; CME for doctors, addressing post-secondary schools, and other mechanisms to cultivate workforce stability.)*
- *Seek opportunities to anticipate and prepare for improvements and development of policy and processes that support recovery-oriented systems of care*

### ***Key State-level Improvement***

- 400 percent admissions increase between October 2005 and September 2007, with no additional dollars.



- Time from first contact to treatment dropped 50 percent, from 5 to 2.5 days by first half of FY 2007 (in nine pilot agencies.)
- Applied PDSA to state customer satisfaction survey and doubled return rate.

#### *Recommendations*

- *No specific recommendations necessary. Continue to seek (and report on) improvements in the state access and retention measures.*

### **Development and Implementation of Performance Management Systems**

- Baseline should be considered from October through December 2005 because change projects started before STAR-SI. Because of the original pilot and diffusion this period reflects true “pre-change” measures.
- Maine OSA uses TDS data quarterly for performance contracting. This data is captured on paper forms and then must be submitted to the database, generally through batch submissions although a Web-based interface has been made available. The Web-based intervention checks for errors and populates transferable fields between admission and discharge. Providers are using NIATx Spreadsheet in addition to this spreadsheet mostly due to the timeliness of the feedback/availability of TDS data.
- Maine OSA added key STAR-SI fields to the TDS form in order to track these key measures date of first phone call, date of first face to face contact, and date of first treatment session
- Maine began with “outcomes” based contracting; identified some cherry picking. Decided after PDSA (agency monitoring change team) and data search to identify potential incentive options. Elected several performance standards based on access to and retention in services. Contract dollars are adjusted to three tiers of incentive, null, or penalty, based on the previous year’s performance and improvement standards set by the state change team. In general, STAR-SI participants are more likely to receive incentive payments and not have to pay back funds than non STAR-SI providers.
- TDS has NOMS and TEDS and other federal reporting points which make it a valuable system for those reporting obligations but has struggled with some NIATx measures (first contact).
- COGNOS is another data use tool currently limited to internal use that Maine OSA is employing to enhance its data and performance management capacity. The system uses the TDS data and has the flexibility to create a data feedback loop with providers through customized reports and provider report cards. Technical and financial barriers limit diffusion of this tool.

#### *Recommendations*

- *Maine is a leader in the implementation of performance-based incentive contracts based on access and retention measures. We encourage the state to develop a case study of the and the success in performance management.*
- *Maine should consider asking CSAT for technical assistance funds to spread access to the COGNOS system to providers state-wide.*

### **Sustainability and Diffusion**

- Next state change project is to focus on retention.



- Rolling DEEP improvement state-wide.
- Bringing in CLA at local level.
- The SSA endorses sustaining the Learning Collaborative and Learning Session meetings on annual basis beyond the grant period. Both activities are being incorporated into strategic plans for future contracting with partner organizations. The philosophy of process improvement is becoming part of the organizational culture of Maine DHHS.

#### *Recommendations*

- *No Room at the Inn: if time to treatment continues to improve with corresponding improvements in admissions and retention, Maine will need to focus improvement efforts on discharge, transitions, and transfers in a recovery-oriented system of care.*
- *Secure participation if all state-funded providers in STAR-SI or ACTION Campaign by end of Year 3.*