April 2025

NEEDS ASSESSMENT

Northern New England
Technology-enabled Collaborative Learning Program (TCLP)

MCD Global Health

Rural Behavioral Health Workforce Center

Dartmouth Health

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Special Thank You

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Executive Summary

For primary care professionals and other allied health professionals across Northern New England, proper training in behavioral health and related topics such as substance use disorder (SUD) is critical. In this needs assessment, our team has identified 6 key areas in which targeted training will benefit providers, including adolescent substance use disorder (SUD), co-occurring mental health conditions, organizational challenges, medication-assisted treatment, serious mental illness (SMI), and law enforcement/EMS mental health training.

A high demand exists for adolescent SUD training, particularly in trauma-informed care, prevention strategies, and behavioral management. Stakeholders emphasize the importance of integrating behavioral health into primary care, as co-occurring SUD and mental illness require simultaneous treatment. Workforce development efforts should address challenges such as low wages, insurance complexities, burnout, and stigma. Medication for opioid use disorder (MOUD) training is needed, particularly in addiction medicine, long-term withdrawal management, and harm reduction strategies. Additionally, serious mental illness presents a challenge in rural communities, where access to specialized care is limited, often resulting in emergency department visits or law enforcement involvement. Law enforcement and EMS personnel need better training in mental health awareness, crisis intervention, addiction response, and violence risk assessment. Professional development for those entering the behavioral health field should emphasize peer support, ethics, and supervision. Addressing these training needs will improve patient care, reduce workforce burdens, and enhance community-based behavioral health services. Continuous assessment will refine these priorities across Northern New England.

Part I: Introduction

Background

Northern New England (Maine, New Hampshire, and Vermont) has a substantial medically underserved population who are challenged to obtain quality health care. Barriers include low income and poor health insurance coverage, transportation from rural communities to medical centers, and restricted availability of specialty care providers and support services.[1] Rurality has been linked to substance use disorder (SUD) and mental health (MH) challenges, according to historic data.[2] For example, there are higher rates of opioid, tobacco and methamphetamine use in rural areas compared to urban areas.[3] Additionally, rural adolescents use alcohol at a greater rate than urban adolescents.[2]

Persons experiencing mental health challenges and/or who have SUD in New England are already experiencing access challenges, but the COVID-19 pandemic further exacerbated this. As of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19.[4] Also, since the onset of COVID-19, a 23% increase in binge alcohol use and a 16% increase in substance use has been observed among people who had consumed those substances before the pandemic.[5] Conversely, people with SUDs are nearly nine times more likely to contract COVID-19.[6] This bidirectional worsening relationship highlights the essential need for SUD harm reduction, especially as it concerns primary care provider education. Primary care providers experience a variety of issues that complicate the provision of such services including gaps in knowledge and confidence regarding how to treat SUD, and their own internal stigma and biases.[7] This is especially relevant for adolescents (children in grades K-12) with their own SUD or MH challenges, or those coping with the SUD and/or MH challenges of a family member.

One evidence-based solution to support primary care providers and other allied health professionals in treating behavioral health and/or SUD is through technology – specifically, telementoring with training on topics in behavioral health and SUD. This is done through Project ECHO®, a distance health education model that connects health care professionals through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning and disseminating best practices.

1. Coughlin SS, Clary C, Johnson JA, et al. Continuing Challenges in Rural Health in the United States. J Environ Health Sci. 2019;5(2):90-92.
2. Substance Use and Misuse in Rural Areas Overview - Rural Health Information Hub. Rural Health Information Hub. August 2, 2024. Accessed February 11, 2025. https://www.ruralhealthinfo.org/topics/substance-use
3. Substance Use and Misuse in Rural Areas Overview - Rural Health Information Hub. Accessed February 11, 2025. https://www.ruralhealthinfo.org/topics/substance-use
4. Czeisler MÉ. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep. 2020;69. doi:10.15585/mmwr.mm6932a1
5. Taylor S, Paluszek MM, Rachor GS, McKay D, Asmundson GJG. Substance use and abuse, COVID-19-related distress, and disregard for social distancing: A network analysis. Addict Behav. 2021;114:106754. doi:10.1016/j.addbeh.2020.106754
6. Wang QQ, Kaelber DC, Xu R, Volkow ND. COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States. Mol Psychiatry. 2021;26(1):30-39. doi:10.1038/s41380-020-00880-7
7. Norms C, Board on Behavioral C, Education D of B and SS and, National Academies of Sciences E. Understanding Stigma of Mental and Substance Use Disorders. In: Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. National Academies Press (US); 2016. Accessed February 11, 2025.

Background (Continued)

In September 2024, MCD Global Health and Dartmouth-Hitchcock Medical Center were awarded a five-year Technology-enabled Collaborative Learning Program (TCLP) grant from the Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth. This program will provide behavioral health care and SUD training for primary care providers and other professionals in Maine, New Hampshire, and Vermont using Project ECHO®.

The project's goals are as follows:

1. Establish and manage a regional Technology-enabled Collaborative Learning Program operations, management, and engagement infrastructure.
2. Develop Collaborative Learning Communities to increase access and respond to the challenges of providing high quality care in our rural communities, with a Year 1 emphasis on a) BH treatment for K-12 students and b) the impact of treatment for mental health (MH) & SUD on adults (such as gastrointestinal disorders).
3. Develop additional learning communities in response to the evolving needs of the workforce caring for a) people with SUD and or MH diagnoses, and b) children in grades K-12 with their own or coping with a family member's SUD or MH diagnoses.
4. Share learning from technology-enabled learning collaboratives and related processes with others.

Purpose of Needs Assessment

The purpose of conducting this needs assessment is to determine the gaps in knowledge in topics in behavioral health (BH) and substance use disorder (SUD) among primary care providers in Maine, New Hampshire, and Vermont. Determining these gaps in knowledge will allow us to identify the most critical training topics for Project ECHO® programming.

Why Project ECHO?

Project ECHO® (Extension for Community Healthcare Outcomes) is an innovative model that uses tele-mentoring to connect primary care providers (PCPs) with specialists to enhance their knowledge and skills in behavioral health. This approach is a highly effective solution to the shrinking behavioral health workforce for several reasons:

Expands Access to Care — Project ECHO® equips PCPs with the necessary training to diagnose and manage behavioral health conditions, broadening access for patients who might otherwise face long wait times or travel barriers.

Builds Workforce Capacity — Instead of relying solely on the recruitment of new specialists, Project ECHO® empowers existing PCPs to take on more behavioral health cases.

Cost-Effective Solution — Training more specialists requires significant resources, but Project ECHO® leverages virtual learning, reducing the costs associated with formal education and training programs.

Reduces Specialist Burden — By enhancing PCPs' ability to manage common behavioral health conditions, Project ECHO® allows specialists to focus on more complex cases.

Improves Patient Outcomes — Early and effective intervention by trained PCPs can prevent conditions from escalating, leading to reduced hospitalizations, and improved overall public health.

Methodology

Step 1: Data Compilation

We synthesized information from 10 data sources across the region's networks (primarily surveys, reports, and focus groups) as described in Table 1 below.

Table 1. Data Sources Summary Table

Source Name	Description	Key Concepts Measured	Audience & Geographic Scope	Time Frame
CARE2 ECHO® Post-Session Surveys	Evaluated the effectiveness and obtained information about helpful topics related to Substance Use Disorder ECHO®.	Desired training	Primary care and behavioral health providers in rural Northern New England	June 2022 – May 2024
MOUD ECHO® Post-Session Survey	The RBHWC project's MOUD ECHO® provides training for prescribers and staff treating patients for OUD in rural Maine.	Training effectiveness	Prescribers and staff treating patients for OUD in rural Maine	Spring – Fall 2023 and Winter – Summer 2024
Dartmouth ECHO® Registration/ Attendance Data	Dartmouth ECHO® from Summer of 2019 to November 2024. Courses focus on clinical, community, and COVID-19 topics.	Attendee population by job role	Rural New Hampshire clinicians	Summer 2019 – November 2024
CCSME Supervision Training Survey	A hybrid training with Project ECHO® mentorship that supports and provides foundational training to supervisors in the behavioral health field working in rural Maine.	Training effectiveness	Supervisors in the behavioral health field working in rural Maine	Winter-Spring 2023 and Summer 2024
ME-RAP Listening Session Report	The Maine Recovery Action Project (ME-RAP) hosted 33 listening sessions across 16 Maine counties during the Summer of 2024. This report compiles feedback and policy suggestions from 674 individuals with lived experience with substance use-disorder, harm reduction, mental health struggles, incarceration, homelessness, and other related challenges and barriers.	Policy recommenda-tions based on findings from listening groups	Individuals with lived experience with substance use disorder, harm reduction, mental health struggles, incarceration, and homelessness in Maine	Summer 2024

Table 1. Data Sources Summary Table (Continued)

Source Name	Description	Key Concepts Measured	Audience & Geographic Scope	Time Frame
BHAN Point-in-Time Survey and Focus Group	The findings from a point-in-time survey, a series of focus groups, and a policy scan assessing the status of BH access and workforce issues in Maine, which the BH Access and Workforce Coalition conducted. The coalition's concern emerged from the national twenty-year increased prevalence of suicides and BH diagnoses, the increased BH access issues experienced during COVID-19, and Maine's aging population and workforce.	Status of the behavioral health landscape in Maine, including access limitations, contributing factors, impact, and workforce improvement	Questionnaire: Providers, including peer support workers, clinicians, supervisors, and prescribers for mental health and substance use disorders Focus Groups: Questionnaire respondents, BH program chairs, and organization members of the Alliance	Questionnaire: January - February 2024 Focus Groups: June-July 2024
CCSME Workforce Survey	The Co-Occurring Collaborative Serving Maine (CCSME) works to integrate health and behavioral health services in Maine.	Current business policies for recruitment and retention and workforce needs, training and resources	Individual members of the workforce (including clinical and peer support roles) as well as leadership representatives from behavioral health organizations or other organizations employing staff in BH roles	October and November 2023
TCLP Advisory Group Feedback	The feedback came from conversations with internal team members at MCD and Dartmouth, with contribution from partners at MPCA, Bi-State PCA, and NERHA.	Anecdotal evidence from collaborator networks on provider training needs	MCD, Dartmouth, MPCA, Bi-State PCA, and NERHA	October 2024 – February 2025
DHMC eConsult Data	The eConsult program at Dartmouth Hitchcock Medical Center allows PCPs to request a consultation from a specialist within our system through a patient's EMR.	Specialties with the highest number of requested eConsults	Dartmouth Hitchcock Medical Center Clinics in NH	October 2023 – September 2024
NH FQHC Data	This report is the HRSA UDS 2022 Annual Report on Federally Qualified Health Center data.	Age, Race-Ethnicity, Patient Characteristics	New Hampshire FQHCs	2022

Methodology (Continued)

Step 2: Data Evaluation

To obtain information about the relevant topics and populations, the TCLP team undertook a content review of raw and aggregate data, compiled by us with the help of our partners. Analysis identified recurring themes across the data sources. To prioritize and evaluate each identified theme we applied these criteria: (a) the frequency with which a theme was mentioned within and across sources, providing an indication of its prominence within and across relevant populations; (b) the relevance to TCLP; and (c) the credibility of each source. This approach was appropriate because we were working with primarily subjective and qualitative data, or aggregate reports reflecting analysis from other sources.

Ultimately, we identified **six key training topics**. They are described in further detail in the *Findings* section.

Part II: Findings

Training Topic Need 1: Mental Health and/or SUD in Adolescents

Youth and/or families experiencing substance use was overwhelmingly the most cited topic in the analysis. In a total of 32 responses from the CARE2 SUD ECHO® participants on training needs for SUD, the highest request (n=7) was for training on SUD and adolescents. These requests included training on "substance use treatment in adolescents using trauma informed care," "conversations with adolescents about substance use and prevention," and "managing adolescent and pre-adult behaviors as they are impacted by substance exposure and use," among others.

Survey results from participants in supervision training through CCSME corroborate this. When asked "What other specific learning needs do you have that would help you be successful in a behavioral health career?" one participant cited the need for additional training on "youth dealing with family services and substance use."

This topic was highlighted in ME-RAP listening sessions as well. In their 2024 Summer Listening Session Report, which was contributed to by 674 community members in Maine, ME-RAP states that community members in Maine say that "preventing youth SUD is a priority, as well as supporting young people with accessing treatment programs." Their suggestions include creating and expanding youth SUD treatment services, as there is a severe shortage of treatment options and services geared towards youth struggling with SUD and increasing investments in evidence-based and factual prevention education that is geared towards reducing and preventing youth tobacco and nicotine use.

The Rural Behavioral Health Workforce Center (RBHWC) Core Group members (see Appendix for the member list of behavioral health providers and persons with lived experience) also repeatedly counseled the RBHWC that youth access to mental health and SUD resources is a priority.

In terms of audience and location, key informants suggested focusing on the K-12 setting:

> *If I were involved, I would focus on the K-12 education and the teachers and administrators. Kids spend 180 days in said environment and when those educators and administrators understand, embrace a trauma informed education, ACE, and BH-like medical care then we can really get some great things accomplished.*
>
> -CEO at a Rural NH Community Mental Health Center

Training Topic Need 2: SUD and Co-Occurring Illness

Co-occurring SUD with mental illness is a topic that providers are seeking more training on. The ME-RAP listening session report cites that contributors want to "expand dual diagnosis treatment options to ensure individuals with both mental health and substance use challenges receive comprehensive care." This is corroborated by feedback from stakeholders, which was plentiful:

> *The need for providers and clinicians to understand and have training on how SUD starts (generally with a MH condition first) is critical, because they both need to be treated together, not one and then the other. This should be a simultaneous treatment process.*
> -Behavioral Health Director at a Rural NH FQHC
>
> *Training is needed on substance use disorder (opioid, cocaine, amphetamine, alcohol) and PTSD and/or anxiety.*
> -Behavioral Health Staff at a Rural NH FQHC
>
> *We definitely need more education out there about types of integration, working within the different systems of BH, primary care, and SUD, and how integrated care is superior for patients.*
> -New Hampshire Area Health Education Center

The RBHWC Core Group members also say that behavioral health integration into primary care (since there is too much siloing of BH from other health, or of MH from SUD) and SUD and co-occurring illnesses, are top priorities for rural Maine's behavioral health workforce development.

In conversations with partners regarding training needs, co-occurring mental illness and gastroenterology issues was cited repeatedly. Only recently has the gut-brain connection been documented in the literature, with many providers still untrained in best practices in treating mental and gastroenterological comorbidities.[8] In one project led by Dartmouth Hitchcock, providers identified a need to provide continuing education training to community therapists about the links between gastroenterology and mental health. The specific training needs that were identified include learning about the major differences among common GI diseases, how to ask questions about GI symptoms, psychosocial considerations for people with GI conditions, and application of traditional psychotherapies to GI context.

Training Topic Need 3: Organizational & Systemic Changes

Organizational and systemic changes are needed for behavioral health provider organizations. In a total of 32 responses from the CARE2 SUD ECHO® participants on training needs for SUD, the second highest request (n=5) was related to support for providers. This included training on "understanding insurance, billing, and coding," ways to "bolster resilience and minimize demoralization/burnout," and training on "boundary setting with patients" among others.

The RBHWC Advisory Group members cite the following workforce barriers as priority concerns throughout the life cycle of RBHWC: Low rates or no reimbursement from MaineCare for essential, evidence-based services; bias/stigma against people with SUD/MH concerns; the burdens of paperwork, low wages, and burnout

Training needs span beyond those for primary care providers. Persons with lived experience looking to enter the behavioral health field also have a need for more training and education. CCSME Workforce Survey respondents (n=218) were asked to rank their top 5 training topics needed to be successful and feel good about the work they do, the ones ranked 1st or 2nd were ethics at 75%, peer support training at 49%, and supervision at 48%.

When asked an open-ended question about what training or resources would be most helpful in terms of professional development, respondents highlighted peer support and ethics again. For peer support, discussions were around interest in more training in the peer support field, stressing the topic areas of crisis response and recovery group facilitation. For ethics, the discussion was of the need for ethics training in general, especially to fulfill continuing education requirements.

8. A Rome Working Team Report on Brain-Gut Behavior Therapies for Disorders of Gut-Brain Interaction Keefer, Laurie et al. Gastroenterology, Volume 162, Issue 1, 300-315. https://www.gastrojournal.org/article/S0016-5085(21)03494-6/fulltext

Training Topic Need 4: Medication for SUD

After each of the Medication for Opioid Use Disorder (MOUD) ECHO® sessions, participants were asked via survey to confirm participation and receive their continuing education credit. In this survey, they were given the opportunity to request additional topics not already covered during the ECHO® series. The most cited topics were long-term withdrawal symptoms with MOUD (e.g. depression) and Sublocade® injection.

There was a request from a CARE2 SUD ECHO® participant for more training on addiction medicine. Additionally, harm reduction for MOUD was highlighted in the ME-RAP listening session report and in several informal conversations with RBHWC partners.

Training Topic Need 5: Serious Mental Illness

Serious Mental Illness (SMI) was highlighted by a key collaborator:

> *SMI is a big challenge in our region, these patients are often beyond the skills of our BH providers and there are very few providers who are skilled in providing the services they need. For adults with SMI, leaving the community and/or managing access to these services outside of their own community is barrier that often leads to these folks seeking services in the local EDs or worse, they end up with law enforcement involvement who don't have the training or resources to manage it.*
>
> - Grants and Program Director at a Rural NH FQHC

Training Topic Need 6: Training for Law Enforcement and EMS

Anecdotal evidence from stakeholders showed strong themes in mental health training for law enforcement and emergency medical services:

> *Training is always needed…with the local police departments… The lack of knowledge of just how mental health affects individuals and what it means for their ability to interact, function and complete basic tasks is daunting sometimes.*
> -Behavioral Health Director at a Rural NH FQHC:
>
> *BH training/intervention for first responders' police/EMS for addiction and SMI and integrating them/ connecting them to the larger BH community.*
> -Grants and Program Director at a Rural NH FQHC
>
> *I think the violence risk assessment piece is of particular interest - rural or not. You think about volatility and access to firearms in rural areas and increase substance misuse. Terrible recipe.*
> -CEO at a Rural NH Community Mental Health Center

Throughout the life cycle of the RBHWC, Core Group members have also mentioned the need to coordinate with LEAs and EMS, particularly in rural areas where these entities may be the only service providers.

This topic was highlighted in ME-RAP listening sessions as well. Those surveys indicate that one way to decrease current and future criminal-justice challenges experienced by persons with SUD is to require law enforcement to be trained in harm reduction practices and diversion opportunities for individuals using substances, promoting connections to treatment rather than incarceration.

Part III: Implications

Recommendations

A high demand for training on adolescent substance use disorder (SUD), particularly as it relates to family services, emphasizes the role of K-12 educators in addressing youth SUD. Training on co-occurring disorders is crucial to ensure integrated treatment, particularly in understanding the link between SUD and mental health challenges, which is why behavioral health integration into primary care is a priority.

Recommendations (Continued)

There is also a need for training the primary care and BH workforce on medications for opioid use disorder (MOUD), especially including education in addiction medicine and harm reduction strategies. Lastly, law enforcement and EMS personnel require training in mental health awareness, addiction response, and violence risk assessment to improve integration with behavioral health services. This is tied to the training need described as serving adults with SMI, because this is leading to unnecessary law enforcement involvement.

Outside of patient care, providers deserve to have their concerns regarding workforce challenges addressed, as seen by their requests for education on stigma, insurance, burnout prevention, boundary setting, and more.

For allied health professionals who are new to the field – primarily, those with lived experience who are looking to enter the behavioral health field in either a clinical or peer role, education is also essential. Professional development for this group must consistently include peer support training, ethics, and supervision.

Limitations

Because it is impossible to identify and survey the full population of providers serving individuals with behavioral health needs in Northern New England, only key stakeholders were contacted to contribute additional data (beyond the primary review of extant data). This stakeholder group includes representatives from Maine Primary Care Association, Bi-State Primary Care Association, New England Rural Health Association, MCD Global Health, Dartmouth Medical Center, and our partners in previous and ongoing behavioral health projects. We will continue to update and enhance the needs assessment throughout TCLP.

Appendix: RBHWC Core Group

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