



# SUD Treatment Community of Practice

June 5, 2020

## Strengthening Connections: The NH Doorway System

Questions and Answers

### Q1. What other services are offered in addition to the core services?

**A1.** Dover: We are pretty much sticking to traditional services. We have been expanding bridge therapy. Our clinicians engage in short term services to provide a bridge until patients can receive long term services. We are also working on same-day MAT for buprenorphine only so far. (Buprenorphine only so far)

Keene: We have also been providing a bridge for clients as they await a more appropriate level of care. There is a need for interim therapeutic assistance for SUD. We have also been focused on working with treatment providers to keep people engaged as they move through different levels of care. We know that treatment providers have after-care coordinators and that people sometimes leave at unplanned times.

Manchester: We have outlined referral channels to create a broader range to waived providers. We don't have the numbers to necessitate a waived provider at the Doorway.

Other Doorways: folks can connect with the Doorway in their area to get more details. The Lakes Region has some substantial MAT services.

### Q2. Does each doorway decide what the flex funds can be used for or is this something that is laid out for them?

**A2.** Keene: We have been given guidance by the SOR team on what is an appropriate use of flex funds. We have put together flex fund guidance and protocols. The needs are different in different areas. Respite housing was an area where flex funds use varied depending on the region and what was available. Some found that hotel vouchers were the right approach, others partnered with local cold weather shelters.

Six domains dictate guidance on how to use flex funds, then the Doorways created their own policies around these domains. To access the flex funds, an individual has to be connected with the Doorway for at least some level of care. Decisions are made about how to address the needs of the individual using these guidelines.

**Q3. If we have a client who would benefit from the flexible funds for housing, transportation, etc., what is the best way to connect them to those particular resources?**

**A3.** Dover: GPRA is a survey that SAMHSA requires for anyone with OUD accessing Doorway services, however we will help anyone at any level. For now, we only have flex funds for those with OUD diagnosis. Someone has to be engaged with Doorways services in order to access them. Managing expectations is important because people can be upset if they have incorrect information.

Keene: When I talk to my staff or a referring party, I say that people have to be engaged in the Doorway program in order to access flex funds. We use ASAM assessments. This means that they are seeking services other than just the flex funds. You can always reach us through 211. We are always in contact with our local referring partners.

Manchester: The Manchester Doorway has not distributed county flex funds as of now, but we have fielded quite a few calls and have been working on managing client expectations. There are different expectations depending on client needs, for example, if a client is accessing flex funds for sober housing, they need to be connected with other levels of care and resources.

**Q4. Are there any plans to increase hours of operations at the Doorways? Are there some still open past 5 pm.?**

**A4.** Manchester: we are fully staffed for the volume that we have experienced so far. One of the considerations for expanding hours in Manchester is that we cannot be the only Doorway with longer hours in the state. On Saturdays and Sundays there is less availability for clinical care and proper assessment. Expanding really relies on what else is available in the community.

**Q5. With the hours that are currently available, and knowing that Dartmouth is staffed to address "after-hours" guidance, and offer crisis stabilization, are they educated in services available in all areas of NH?**

**A5.** Keene: I would say that they are. When we get an email that indicates a person called and was referred to us, the expectations have always already been clearly laid out for the client by Dartmouth. The people working at DH are all clinicians and are able to offer clinical support over the phone.

Dover: We get a secure fax every morning with very clear information and clients always have clear and correct expectations. It's unrealistic to expect that any clinician is aware of every single service in the state, but they provide very accurate information on the appropriate services at the time.

Manchester: It is difficult to have specifics on the hours and availability of providers in the state, but I have always had positive experiences with referrals from DH.

**Q6. What are the Doorways doing during COVID-19 to adapt? Are there any new service offerings?**

**A6.** Dover: We have been open since the pandemic began, but have trimmed down in order to social distance and complied with all hospital protocols. We ask that all clients call first since many are walk-ins. We are still engaging with individuals. We have seen a significant spike in Zoom virtual visits and assessments. This has been a great advantage. The layout of the building makes it hard if there is a wait, so calling first is crucial if clients are able to because it allows us to schedule clients. We know that keeping appointments can be difficult, so we are still flexible with this and follow up with missed calls or visits.

Keene: We have been discussing the potential benefits of telehealth for years, now we are finally utilizing it. We are still doing in person services in a safe way. Being able to provide in person services is still helpful, however we follow protocols; take temperatures, wearing masks, staying six feet apart. Last month almost 15% of new patient visits were done virtually.

**Q7. Can you help me reconcile when it is and isn't appropriate for an outpatient provider to refer to the Doorway for support in referral to a higher level of care?**

**A7:** Manchester: This is actually a common call we receive, where a client is already engaged in some type of treatment and are not quite seeing the benefits or not really engaged. Sometimes they have spoken to their current provider about it and sometimes they have not. We are always very honest about their options and what is available to them.

Dover: We have created very strong relationships with our community partners through MOUs. This is not always a perfect process but we aim to be very supportive of the existing spokes and the client. It takes a lot of fact finding to get a clear picture of what's happening.

Keene: When something isn't working with a particular client, if you pass off the assessment and referrals to another entity you are able to help more people with that time gained, we do this every day and are able to make those connections for the client.

**Q8. How many times does the Doorways outreach a client if they stop following case management or responding to outreach? Does that vary if a client is pregnant?**

**A8:** Manchester: We have been doing outreach daily if the client is not yet connected to services. Individual outpatient and telehealth are subcontracted, but case

management and outreach as the client has been engaged in treatment really depends on where they are. It does not really change if the client is pregnant.

Keene: It depends a lot on the situation of the client. We follow up with our clients through their journey in treatment support. We follow up with clients daily when they are awaiting treatment, but we cannot be calling a residential treatment provider every single day. We have to have the appropriate level of communication.

**Q9. Can you speak more on the "Scholarships" and what that actually pertains?**

**A9.** Dover: We offer scholarship to those seeking recovery housing. We work with the recovery location's care coordinator to pin down the details and pay on a week by week basis depending on the progress the client is making fulfilling all of the requirements of the recovery housing location (typically they want the individual to be employed and financially self-sustained).

Keene: Scholarships are financial support for people to enter a program. In this instance it is most related to sober living. The Doorways as well as NH CORR have access to funds for scholarships. In the past Chuckies Fight and STARS have also offered scholarships for sober living.

**Q10. Can you provide additional information about the program for DCYF involved families?**

**A10.** Dover: We really don't work any differently with these clients as we would with any client. We coordinate care with the client and the DCYF rep (if patient wishes this to be the case) and get the individual connected to the appropriate level of care.

Manchester: To contact local DCYF programs I would recommend utilizing their division page through the DHHS website as well as the family support line through Waypoint. They're available M-F during business hours and can be a wealth of knowledge.

**Q11. Would the Doorway website be the best place to order marketing materials, posters, for example, for our Agency?**

**A11.** Dover: Not for WDH Doorway. We would request that you call us directly and we can get the marketing materials.

Keene: I would suggest that each agency communicate with their local Doorway. We have not only State developed materials but also local materials to facilitate referrals.

**Q12. Can someone speak to what else if anything Manchester or Nashua are not yet providing of the usual services that Don spoke about?**

**A12.** Greater Manchester is nearing completion of processes to assess need/distribute Flex Funds. So until that is in place, Flex Funds are not provided through this location. I can't speak for Nashua.

**Q13. What is the typical course of action when someone needs residential treatment or detox and is uninsured?**

**A13.** Dover: We typically set the person up with either a presumptive eligibility form or enroll them right there with NH Easy. From there we complete an assessment and make a treatment plan and work as quick as possible to get the individual connected with appropriate level of care they accept. If there is a long wait time to treatment we offer interim individual counseling as needed. There is an issue w/ Labs and medicines w/ PE b/c most locations (Labs/pharmacies) do not accept PE. To this, we have worked with our hospital pharmacy to accept PE for our clients seeking medications.

Manchester: At Greater Manchester (and I know others), when a client is uninsured and is in need of ANY services, staff assists them in completing an application for NH Medicaid and/or the presumptive eligibility process.

Keene: We attempt to connect them with insurance. Additionally, there are DHHS funded treatment at many of the treatment facilities. Your local Doorway will be able to assist with this,