Strategies for Providing Low Barrier Care
Learning Collaborative Q10

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Regions 1 & 2 – Wednesday, March 25th, 2020

Regions 4 & 6 – Thursday, March 26th, 2020

CALIFORNIA HUB AND SPOKE SYSTEM

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Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Objectives

► Describe 2 ways the "medication first" model is derived from the "housing first" model for people experiencing homelessness.

► List the 4 key principles of a "medication first" model.

► Name 3 ways procedures can be implemented to provide low barrier care.

► Illustrate 3 lessons learned from QI measures.

How Do You Define Low Barrier Care?
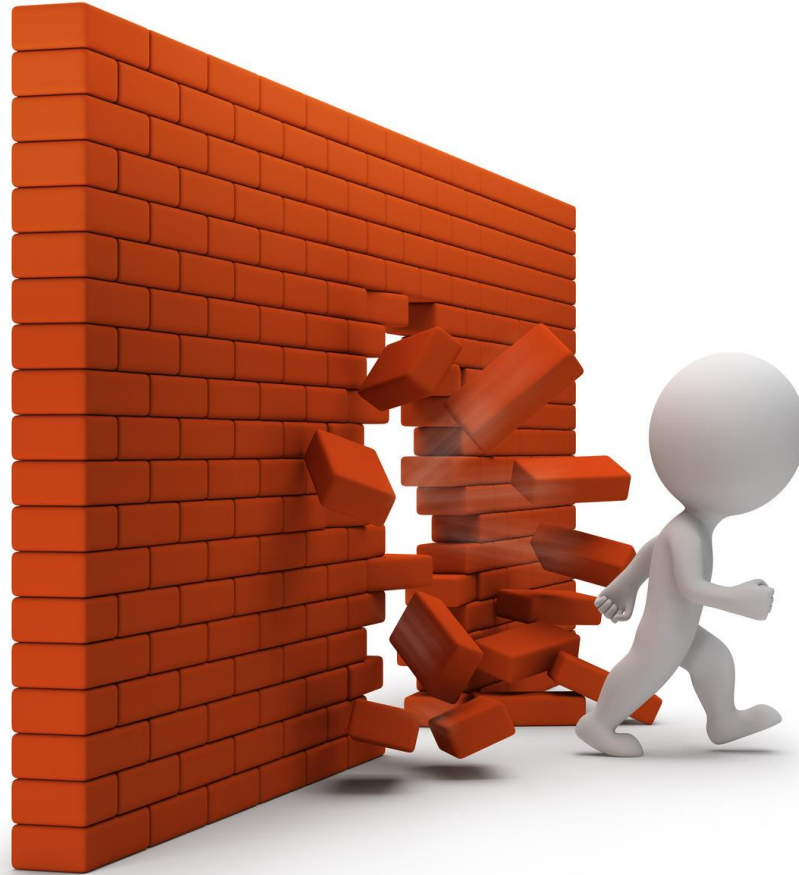
Barriers to Care

- **System level**
  - Poor reimbursement rates, waiver requirements, patient limits
- **Provider level**
  - Negative beliefs about efficacy, safety, clinical demands, stigma about treating patients with OUD
- **Client level**
  - Treatment compliance, abstinence

"Medication First"

▶ Based on "housing first" model to provide housing as quickly as possible and engage clients in voluntary ("non-contingent") adjunct services

  ▶ Homeless persons with dual diagnosis who received non-contingent housing were better able to "obtain and maintain independent housing" than those with more stringent requirements

Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 94*(4), 651–656. https://doi.org/10.2105/AJPH.94.4.651.

Four Tenets of Medication First

Rapid Access

Stability/ Perpetual Access

Consumer Choice

Lack of Punitive Structure

Rapid Access

Clients receive pharmacotherapy as quickly as possible, prior to lengthy assessments or treatment planning sessions

Stability/perpetual access

Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits

Consumer choice in service participation

Individualized psychosocial services are offered but not required as a condition of pharmacotherapy

Lack of punitive structure

Pharmacotherapy is discontinued only if it appears to be worsening the client's condition

Medication First in Missouri
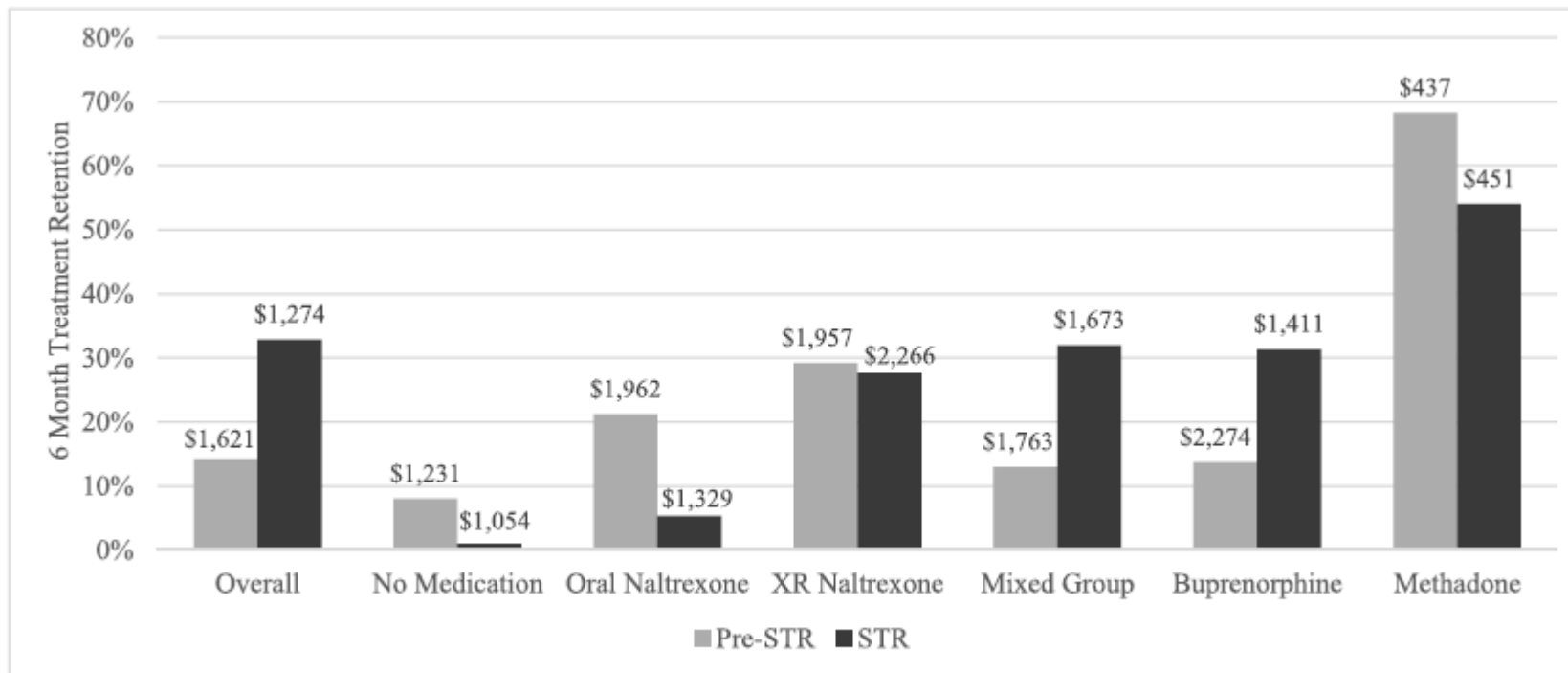# Treatment Retention and Cost of Care

Fig. 1. Six-month treatment retention and price per month for pre-STR and STR episodes of care, by medication group.

How are YOU doing with Low Barrier Care?

Rapid Access

Stability/ Perpetual Access

Consumer Choice

Lack of Punitive Structure

Resources and Guidance for COVID-19
Being "Safe at Home" Requires Low Barrier Care

- Bridgetotreatment.org/covid-19 – updated resources for ED and hospital settings

- https://forefdn.org/resources/ - webinar recording and weekly updates, Thursdays at noon

- https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

- https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/covid-19-guidance-otp

- https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf

Online Resources for Mutual Support

http://intherooms.org/

https://www.na.org/meetingsearch/

https://www.mara-nternational.org/california

https://www.sobergrid.com/

http://aa-intergroup.org

https://recoverydharma.org/

Spoke Development TA Requests

How can we help you!?

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