Components of Low-Barrier Models of Care

From ADAI learnabouttreatment.org:

* Short time to medication start (same day for most).
* Polysubstance use allowed initially and ongoing or return to opioid use is allowed.
* Counseling always offered, not mandated.
* Urine drug screens are used to inform clinical care, not primarily as a basis for discharge.
* Duration varies: Time-limited or on-going care.
* Settings vary: Services delivered in the community at trusted locations e.g. syringe service program; Addiction treatment program; Primary care clinic; Behavioral health agency, Telehealth

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|  | Minimum Nontraditional Models | Ideal Low-barrier of Care (Drawn from Health Engagement Hub Model) |
| Services Offered but not limited to: | * **Medications for opioid use disorder** * **Referrals** for other relevant health or social health needs conditions (primary care, infectious disease, etc) * Education to understand options and make informed, shared decisions about substance use and/or mental health treatment. * ~~Screening and referral for primary care, infectious diseases, substance use disorder treatment, mental health treatment, recovery supports~~ * ~~Referrals for HIV, hepatitis C, sexually transmitted infections (particularly syphilis) vaccinations (as able) and other medical services~~ * ~~Triage and referral for wound care~~ * ~~Care navigation to assess needs for other services (e.g., housing, employment, legal, recovery supports) and to help clients connect and stay engaged with these services.~~ * ~~Mental health referral, either in-person or via telehealth options.~~ * ~~Bridging medication management for common mental health conditions.~~ * ~~Behavioral health support approaches including incentives or Contingency Management~~ | * **Medications for opioid use disorder.** * Screening and referral for primary care, infectious diseases, substance use disorder treatment, mental health treatment, recovery supports * Screening and referrals for HIV, hepatitis C, sexually transmitted infections (particularly syphilis) vaccinations and other medical services * wound care; triage and referral for more acute medical conditions * Education to understand options and make informed, shared decisions about substance use and/or mental health treatment. * Care navigation to assess needs for other services (e.g., housing, employment, legal, recovery supports) and to help clients connect and stay engaged with these services. * Mental health screening and care coordination, either in-person or via telehealth options. * Bridging appropriate treatment and management for common mental health conditions, including but not limited to medication management. * Behavioral health support approaches including incentives or Contingency Management. * Available harm reduction supplies |
| Potential Settings: | Mobile vans, street medicine teams, others? | Primary Care, SSPs, BHAs, Perinatal Care, Pediatrics, Jails? |
| Payment Models | * While under FFS model, explore options such as wrap around case management fee to cover services listed above * Transition to prospective payments either (PMPM, caseload rate, etc) to cover services provided above including FTE required | * While under FFS model, explore options such as wrap around case management fee to cover services listed above * Transition to prospective payment models (PMPM, caseload rate, etc) not tied to FFS covering services provided above including FTE required |