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Low Barrier Care for Medications for Addiction Treatment (MAT)

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Learning Objectives

1. Discuss the rationale behind low barrier care
2. Discuss the principles of low barrier care as defined by SAMHSA
3. Explore local applications of low barrier care in Sacramento
4. Identify at least one way you can work to lower barriers to MAT in your setting

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Why We Need Low Barrier Care

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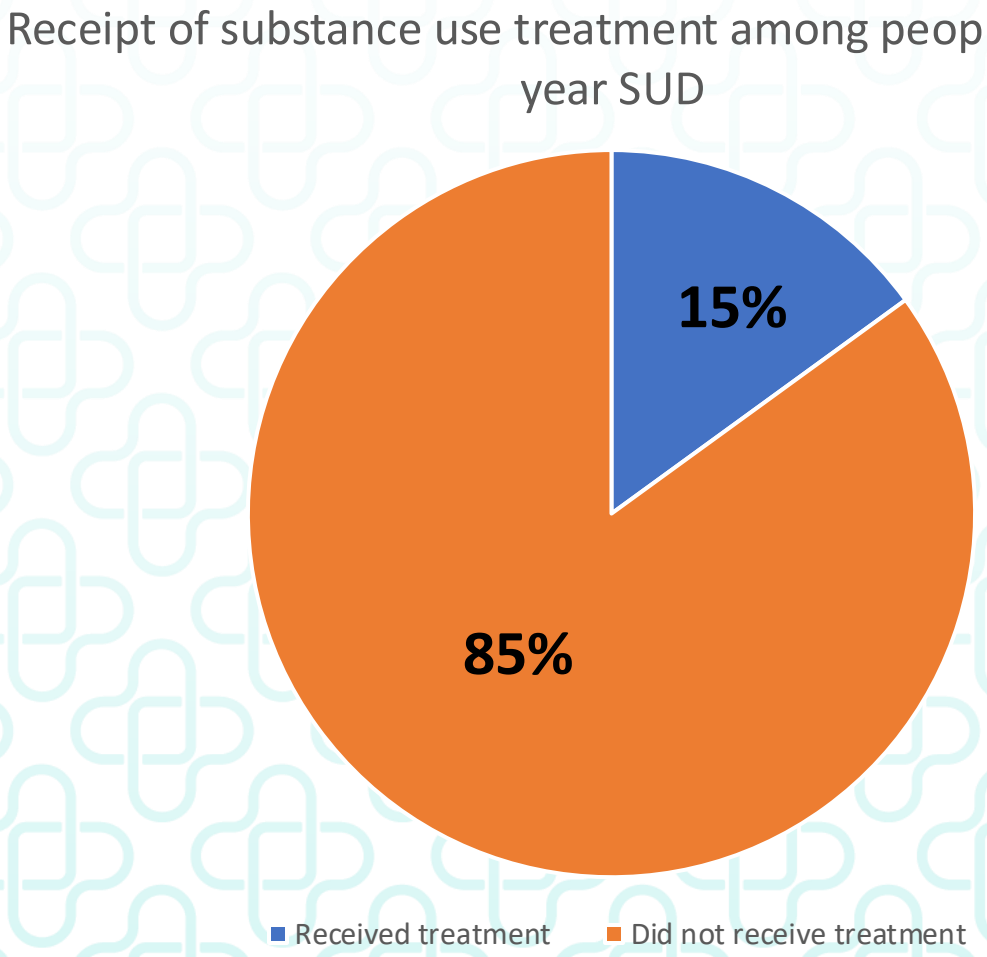
Most adults with SUD do not get treatment



[2023 NSDUH Annual National Report | CBHSQ Data]

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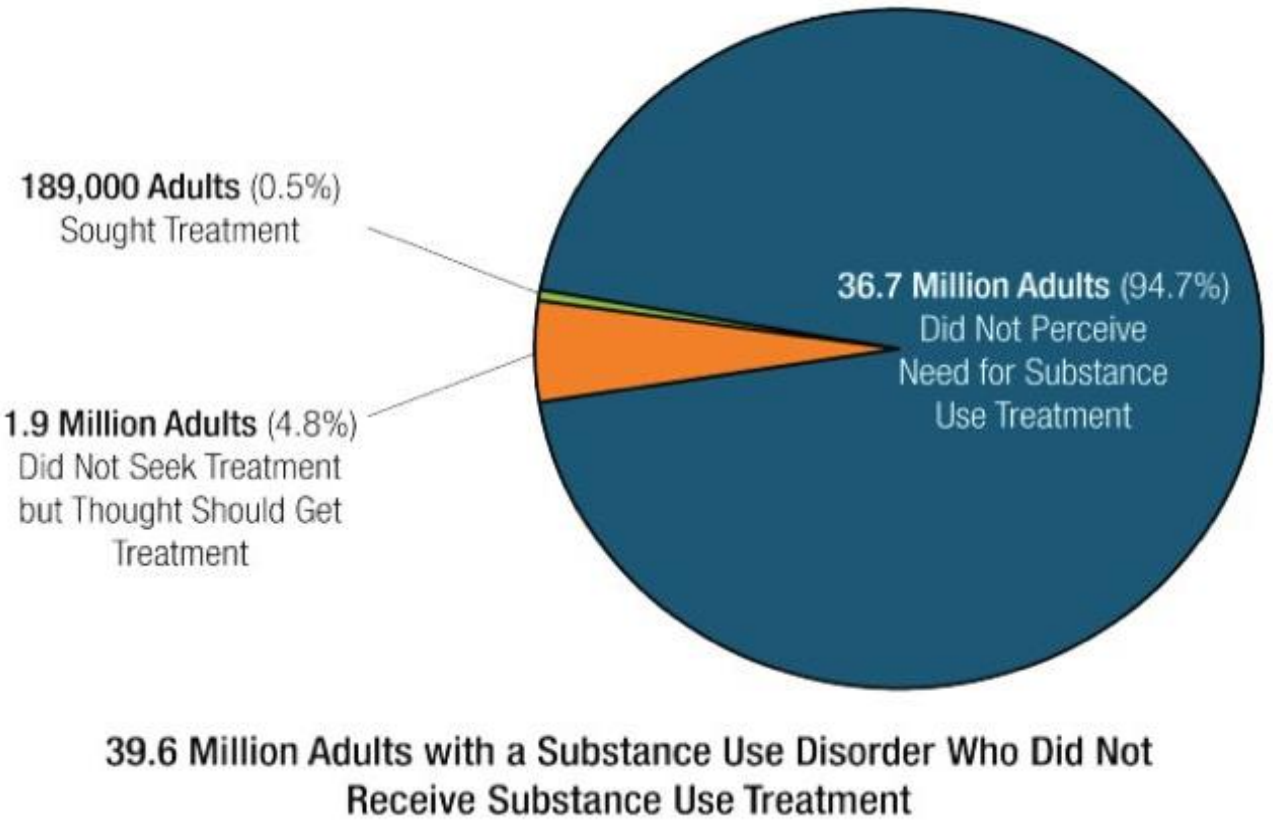
Most adults with SUD do not seek treatment



[2023 NSDUH Annual National Report | CBHSQ Data]

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MOUD works, but most PWOUD aren't getting it

- Medications for opioid use disorder (MOUD) like buprenorphine and methadone are the **first-line treatment for people with opioid use disorder.**
- MOUD is **highly effective: 50-60% reduction in all-cause mortality.**
- According to SAHMSA, in 2023, **only 18% of those diagnosed with OUD received medications for OUD.**
- Treatment gap stakes are high: Drug overdoses are a leading cause of death in the U.S. year after year.

2023 NSDUH Annual National Report | CBHSQ Data

2025 NIDA Medications for OUD

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What explains the gaps?

- Systemic barriers, including regulatory
- Historically punitive treatment model
- Stigma (e.g. methadone)
- Gaps are often worse in historically underserved communities: BIPOC, Native, rural
- Gaps may become worse with the forthcoming changes to Medicaid funding

2023 SAMHSA Low Barrier Models of Care

2025 NIDA Medications for OUD

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Principles of Low Barrier Care

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Defining "low barrier care"

From SAMHSA:

"A model for treatment that seeks to minimize the demands placed on clients and make services readily available and easily accessible."

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SAMHSA Guidelines

2023 SAMHSA Advisory highlights:

- 6 Principles
- 5 Components
- Comparison of high vs. low barrier care

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Principles of low barrier care

1. Person-centered Care
2. Harm-reduction centered and meeting the person where they are
3. Flexible in service provision
4. Provides comprehensive services
5. Culturally responsive and inclusive care
6. Recognizes the impact of trauma

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Components of low barrier care

1. Available and accessible
2. Flexible
3. Responsive
4. Collaborative
5. Engaged in learning and quality improvement

Barrier Level	Requirements/approach	Requirements/approach (Medication Only)	Availability
Low Barrier Care	• No service conditions/ preconditions • Visit frequency based on clinical stability • Ongoing SU doesn't result in automatic termination • Client's goals are prioritized • Reduced/less risky SU is an acceptable goal	• Medication at first visit • Home initiation allowed • Various medication formulations offered • Individualized medication dosage • Rapid re-initiation of medication after short-term disruption	• Treatment available in non-specialty SUD settings • Other clinical and non-clinical services incorporated • Same day treatment available, no appointment required • Extended hours of operation • Telehealth and in-person
High Barrier Care	• Requirements for engagement for specific services • Visit frequency based on pre-determined schedule • Treatment discontinuation based on ongoing substance use • Treatment goals imposed • Abstinence as primary goal set for all patients	• ≥2 visits before medication • Clinic initiation required • Limited medication formulation options • Uniform maximum dose • Induction required to restart medication after brief disruption	• Treatment available only at specialty SUD settings • Non-integrated or limited services available • ≥1 day wait for treatment availability • Traditional hours of operation • In-person only

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A note about harm reduction

- Harm reduction is grounded in **social justice and human rights.** It focuses on **positive change** and on working with people **without judgement, coercion, discrimination, or requiring that people stop using substances as a precondition of support.**
- Harm reduction **is highly effective and evidence-based.** It saves lives, saves money, and does not increase drug use or crime.
- **For example:**
  - Syringe services programs (SSPs) reduce HIV and HCV transmission rates by 50%
  - People using syringe services programs are: 5x more likely to participate in substance use treatment, and 3x more likely to reduce or stop injecting

2025 HRI Global
2025 CDC SSP

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Low Barrier Care in Practice in Sacramento

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OCH MAT Mission

The mission of the OCH MAT program is to improve the health and quality of life of people who use substances or have substance use disorders.

We meet people where they are with individualized and accessible harm reduction, treatment, and recovery services.

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Patient-defined goals

Person-centered

- Our outcomes and goals are not oriented around abstinence
- Treatment plans are oriented around the **patient's defined goal and motivation**, e.g. regain custody of their child, finish school, get stable housing
- Remaining person-centered, instead of abstinence-centered, allows us to better meet the person where they are and avoid shame-based treatment narratives

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Same-day rapid access to medication

Available and accessible, flexible

- First visit is with a medical provider to discuss medication interventions as well as comprehensive treatment plans
- Majority of patients leave same-day with a prescription for a medication (if that is what they desire) and an initial treatment plan
- Multiple entry points. Referrals are not required. Patients can self-refer and walk-in.
- Warm hand-offs from PCPs, walk-in clinic, psychiatry
- Intakes are prioritized and clinicians work with whatever time they have
- Frequent use of telehealth

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Minimal treatment requirements

Flexible, meeting the person where they are, harm reduction focused

- Main requirement: show up, come back
- Engagement in therapy, groups, peer support is assessed, recommended when appropriate, but not required to receive MAT services
- Focus is on keeping patients engaged in care, whatever that looks like for the patient in their current season
- Visit frequency, prescription duration are all individually-tailored based on clinical stability of the unique client, rather than rigidly predetermined
- There are many paths to recovery.

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Thoughtful use of drug toxicology

Flexible, recognizes the impact of trauma

- Drug toxicology has frequently been over-utilized and played a punitive role in treatment plans.
- We conduct drug toxicology with the same rationale as any other medical diagnostic test: when the outcome of the test may impact our treatment plan.
- Drug toxicology testing is used as one point of information about a patient's treatment progress. Results are interpreted in light of the entire clinical picture.

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High barrier for discharge

Flexible, meeting the person where they are, harm reduction focused

- Administrative discharges are exceedingly rare
- Patients are not discharged for demonstrating symptoms of the condition for which we are treating them (e.g. a return to use or "relapse")
- Patients have essentially unlimited opportunities to return to care

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Integration with street medicine

Person-centered, flexible, available and accessible, trauma-informed

- OCH Street Medicine launched in January 2025
- Team of 2 NPs, 2 CHWs, ASW, program manager
- All team members have been cross-trained in MAT and SUD care
- Our clinic-based MAT and street med teams now seamlessly collaborate on daily on patients to optimize their care and ensure consistent and rapid access to life-saving treatment

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Integration with primary and mental health care

Comprehensive services

- Engagement with MAT is an entry point to the health care system for many
- We routinely connect to comprehensive primary and mental health care, whether that is at OCH or elsewhere
- We "meet the patient where they are" with their concerns for the day: e.g. STI treatment, PrEP start, HCV work-up. We do not focus on drug use at the expense of the rest of the person.
- MAT clinicians also function as PCPs when desired by patient

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Community partnerships

Collaborative

Transitions Clinic

- Another low-barrier walk-in MAT clinic in Sacramento
- OCH accepts referrals for patients who need additional services beyond MAT

SORT

- Linking unhoused patients rapidly to care

Gender Health Center

- Co-location of harm reduction mobile van outside of OCH Midtown location on weekly basis

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Giving the power back

Recognizes the impact of trauma

- Most of our patients have a history of trauma, and often that trauma has been associated with healthcare providers and institutions
- Old model: punitive, shame-based, provider-driven, paternalistic
- Our new model: empowering, strengths-focused, patient-driven
- Each interaction with our clinic is an opportunity for the patient to redefine their relationships with the healthcare system, with substances, and with themselves.

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Low barrier MAT works

- Clinics with low barrier models have higher retention in care (70%) than the national average.
- Integrating low barrier MOUD into existing harm reduction services increases buprenorphine uptake and decreases use of other opioids.
- Low barrier models are cost-effective: Reduces need for emergency department visits and hospitalizations.

2023 SAMHSA Low Barrier Models of Care

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What Can You Do?

Thank you.