

RESEARCH BRIEF #99

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Federal Medication-Assisted Treatment Expansion Grants Do Not Reduce Homelessness

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KEY FINDINGS

- Implementing grants for medication-assisted treatment for prescription drug and opioid addiction (MAT-PDOA) did not reduce homelessness in the communities where they were implemented.
- MAT-PDOA did not impact unemployment rates within communities that received funding.
- MAT-PDOA grants were on a small scale, possibly limiting their effect on access and utilization.
- Policymakers need to expand funding toward mitigating Opioid Use Disorder consequences through MAT expansion, employment assistance, and housing programs.

In 2018, approximately 2 million people aged 12 years or older in the United States had an opioid use disorder (OUD).¹ The consequences of the U.S. opioid crisis have spilled over to exacerbate problems in local communities, including homelessness.^{2,3,4}

Medication-assisted treatment (MAT) is a known effective, evidence-based intervention, that, combined with counseling and behavioral therapies, can treat OUD.⁵ MAT may have other positive impacts on individuals with OUD, including reducing homelessness and unemployment. However, MAT is underused due to multiple barriers, including the rigid prescribing and training guidelines, inadequate reimbursement rates, and concerns about diversion of medications. To increase access to MAT, the federal government awarded \$115 million in medication-assisted treatment for prescription drug and opioid addiction (MAT-PDOA) grants to governments and nonprofit organizations between 2015 and 2018.⁶ The grants were meant to increase and retain the number of people receiving MAT and to implement engagement strategies for populations with OUD. Previous research suggests that receiving a grant increases MAT uptake in the community.⁷

This brief summarizes findings from our recent [peer-reviewed study](#) that examined differences in homelessness and employment outcomes between places that received a MAT-PDOA grant and those that did not. Overall, we found that MAT-PDOA did not

have an impact on homelessness or employment, suggesting that these grants were limited in reducing the consequences of the opioid epidemic at the community level. The lack of an effect may be from insufficient funding and MAT's taking an extended time to unfold at a measurable magnitude in communities.

MAT-PDOA Grants Did Not Reduce Homelessness or Unemployment

Between 2015 and 2018, 89 out of 391 communities (23%) we studied had at least one organization that received a MAT-PDOA grant. Prior to receiving a grant, these communities had an average of 21.5 people experiencing homelessness per 10,000 residents, whereas communities that did not receive a grant had a rate of 17.4. Communities that received a grant had an average of 19.9 homeless people per 10,000 residents after receiving a grant. However, communities that did not receive a grant also saw a decrease in homelessness, with their average rate dropping to 15.8. Although homelessness decreased in communities receiving a grant, homelessness decreased at the same rate in communities without a grant. These findings suggest that even when the grants increased MAT access and use, they did not have supplemental effects on homelessness.

We also tested whether receiving an expansion grant impacted unemployment rates, a likely pathway through which the opioid epidemic impacts homelessness. As with homelessness, we found no significant change in employment rates in communities that received the grant. This was the case even when we examined unemployment rates 3 years after the grant was enacted.

There are several potential explanations for these findings. First, expansion grants were typically under \$1 million per year. This may not be enough funding to meaningfully reduce homelessness or unemployment. Second, MAT is designed to be a long-term treatment, so its effect may not be observable at the community level for several years. Taken together, if MAT-PDOA reduces homelessness in a community, its use must increase much more than from the grants or have an extended amount of time to notice the effects.

Expanding the Housing Safety Net Can Break the Connection between OUD, Economic Disadvantage, and Homelessness

Policymakers need to further expand access to MAT and other evidence-based treatments for opioid use disorder. In addition, policies must address the social determinants of opioid misuse, including economic disadvantage and unstable housing. Rapid rehousing and emergency assistance, which offer short-term rental assistance, are shown to be effective at quickly rehousing homeless people.⁸ Providing access to safe and secure housing can provide a buffer against negative economic consequences which lead to homelessness, which itself drives OUD. Further, housing supports such as Housing First, which puts people experiencing homelessness into secure housing and provides support is effective at reducing substance use disorder. Coupling MAT and treatments for OUD with supportive housing provides a stable support with basic necessities so people can focus on treating their OUD. Thus, focusing on housing supports can both reduce the likelihood someone develops OUD and help those undergoing treatment maintain their treatment.

Data and Methods

We estimated the effect of MAT-PDOA grants on homelessness in 376 Continuums of Care from data retrieved from the U.S. Department of Housing and Urban Development and Substance Abuse and Mental Health Services Administration from 2011-2019. For full methodological details, please read the published paper.

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