



Strategies to Address the Intersection of the Opioid Crisis and Homelessness

Leaders in rural, suburban, and urban communities across the country are grappling with the effects of a worsening opioid crisis, which may also be contributing to rates of homelessness in some communities. Addressing the challenges can be particularly difficult when community members are suffering from opioid use disorders (OUDs) and experiencing homelessness at the same time.

We know that connecting people experiencing homelessness to safe and stable housing through a Housing First approach can improve their ability to address their health and behavioral health challenges, including substance use disorders. To support that work, there are a host of new resources being deployed to help communities specifically combat OUDs and opioid misuse.

This document identifies strategies that communities, providers, and policymakers can use to address the intersection of homelessness and the opioid crisis and highlights resources developed by federal and national partners to support such efforts.

Background

Last year, the Office of the Surgeon General released [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#). The comprehensive report provides an in-depth overview of the science of substance use disorders and addiction, and describes the evidence behind effective prevention, treatment, and recovery policies. For example, behavioral counseling, pharmacologic interventions such as buprenorphine for opioid misuse, and mutual aid groups have all been shown effective in reducing, treating, and sustaining recovery from substance misuse and substance use disorders.

While the research shows that there are many paths to recovery, it is also clear that safe and stable housing plays a key role in supporting people's journey. The five strategies outlined below can be used by communities as they assess the scope of the issue, seek to build partnerships with necessary services and providers, and work to leverage best practices and evidence-based programs to strengthen their response to the opioid crisis among people experiencing homelessness.

You might also consider exploring the following resources:

- The 2016 National Alliance to End Homelessness brief, "[Opioid Abuse and Homelessness](#)," lays out some pertinent research and data.
- The National Health Care for the Homeless Council has developed a series of [webinars](#) highlighting [challenges and opportunities](#) in serving individuals experiencing homelessness with opioid use disorders, [best practices](#), [addiction and trauma](#), and [policy](#).
- The Department of Justice's Bureau of Justice Assistance developed a clearinghouse of resources to support law enforcement agencies in establishing naloxone programs to prevent lethal opioid overdoses. The [Law Enforcement Naloxone Toolkit](#) includes answers to frequently asked questions

about naloxone, templates, data collection forms, standard operating procedures, training materials, community outreach materials, and other helpful resources.

1. Assess the Prevalence of OUDs and Opioid Misuse Among Individuals Experiencing Homelessness

Communities grappling with the opioid crisis among individuals experiencing homelessness can convene local stakeholders to better understand the scope and complexities of the issue locally. Communities should consider engaging peers, representatives from homelessness assistance and housing programs, law enforcement, emergency services, and others who may be familiar with the crisis and who may be able to provide insight into the assessment and planning process. It is also important to engage front-line responders, emergency and longer-term health services, and homelessness outreach teams in overdose response planning to identify and map the strategies necessary to build or strengthen a shared, community-wide response.

Stakeholders should consider the following questions:

- What trends have providers and community members seen in opioid abuse among individuals experiencing homelessness?
- Are there trends related to specific drugs, locations where they are distributed or used, frequency of use, or particular groups who are distributing or using that should inform the selection of the most effective strategies for engagement and treatment?
- Can an assessment of those trends be used to improve current outreach and engagement strategies?
- Are there additional health care, supportive services, and housing providers that can be engaged to assist individuals who have opioid use disorders who are also experiencing homelessness?
- What health and housing resources could be adapted or expanded to better serve these individuals?
- What opportunities are there to expand the accessibility of naloxone in the community to prevent lethal opioid overdoses from occurring?

2. Develop and Implement Overdose Prevention and Response Strategies

Access to [naloxone](#), a medication that is used to counter opioid overdoses, should be a critical component of community plans. Maximizing the number of housing providers, emergency services, health care providers, and others who are frequently engaged with individuals experiencing homelessness who have access to naloxone should be a key strategy to turn the tide on lethal opioid overdoses. According to the [Prescription Drug Abuse Policy System](#), 40 states have laws that allow for naloxone to be dispensed based on standing orders and 41 states allow for third parties to receive a prescription, allowing for caregivers or community members to be equipped should they witness an overdose.

In addition to local planning, states and communities also have access to several federal funding resources that can support their efforts. As mandated by the 21st Century Cures Act, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a [funding opportunity announcement](#) for State Targeted Response to the Opioid Crisis Grants. The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder, including prescription opioids as well as illicit drugs such as heroin. These grants will be awarded to [states and territories](#) via a formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.

SAMHSA's [Overdose Prevention Toolkit](#) is designed to equip health care providers, communities, and local governments with materials to develop practices and policies to help prevent opioid-related overdoses and deaths. The toolkit outlines strategies for health care providers, first responders, treatment providers, and those recovering from opioid overdose. SAMHSA also provides [opioid prescribing courses for physicians](#), [webinars, workshops, and summits](#), and [publications and research](#).

Through SAMHSA's [Prevent Prescription Drug/Opioid Overdose-Related Deaths Grant Program](#), the Department of Health and Human Services is also funding state grants to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.

The Health Resources and Services Administration (HRSA) Office of Rural Health Policy manages the [Rural Opioid Overdose Reversal Grant Program](#), which is designed to reduce the incidences of morbidity and mortality related to opioid overdoses in rural communities through the purchase and placement of emergency devices used to rapidly reverse the effects of opioid overdoses and the training of licensed healthcare professionals and emergency responders on the use of opioid devices. Community partnerships and care coordination are also an important component of this program and can be comprised of local emergency responders as well as other local non-profit and for-profit entities involved in the prevention and treatment of opioid overdoses.

Additionally, the Centers for Disease Control and Prevention (CDC) has funded Prescription Drug Overdose Prevention for States programs in 29 states in an effort to ensure that efforts to execute and evaluate prevention strategies and improve safe prescribing practices and prevent prescription drug overuse, misuse abuse, and overdose also address the prevalence of opioid use disorders among individuals experiencing homelessness. The [Prevention for States website](#) offers publicly available tools, as well as a list of participating states.

3. Strengthen Partnerships between Housing and Health Care Providers to Provide Tailored Assistance

After assessing the prevalence of opioid use disorders among individuals experiencing homelessness in your community, communities should have a better understanding of whether their health and housing resources are appropriately scaled and aligned to meet the needs of people experiencing homelessness in the community and whether evidence-based strategies are implemented across programs.

Overwhelming evidence shows that, when paired with services and supports tailored to their needs, individuals experiencing chronic homelessness who have long histories of homelessness, substance use disorders, and other co-occurring complex care needs, can achieve stability and improved health outcomes in supportive housing. A less intensive, but tailored, pairing of services and housing supports — such as implementing rapid re-housing in tandem with Medication-Assisted Treatment — is more likely to be appropriate for individuals or heads of household with opioid use disorders who do not otherwise have complex care needs or multiple, extended lengths of homelessness.

Homelessness service providers should also strengthen their partnerships with health care providers, particularly those in the federally-supported Health Center network, where patients are offered

comprehensive and complete care, funded by the Health Resources and Services Administration. In 2015, Health Centers served over 24 million patients at 10,000 health care delivery sites across the country. A central tenet of Health Center operations is to provide access to care regardless of a person or family's ability to pay, making these centers key providers of health care for people experiencing homelessness. Dedicated health centers also receive targeted funding to care for individuals experiencing homelessness through Health Care for the Homeless (HCH) grants, which requires them to provide substance use services in addition to other elements of care.

Other local providers outside the Health Center network may be interested in the [training resources](#) made available by SAMHSA on opioid prescribing practices and medication-assisted treatment.

4. Improve Access to Medication-Assisted Treatment

Medication-Assisted Treatment (MAT), an evidence-based approach to care, combines behavioral therapy and medications to treat substance use disorders. MAT programs that use methadone, buprenorphine, or extended-release injectable naltrexone are effective strategies for addressing opioid use disorders among any population, including those experiencing homelessness. Homelessness service providers should connect with health care providers at the local level, as well as landlords and housing providers, to consider how individuals experiencing homelessness who have opioid use disorders can be connected to effective treatment.

The National Health Care for the Homeless Council has published a report, [Adapting Your Practice: Recommendations for the Care of Homeless Patients with Opioid Use Disorders](#), as well as a new [policy brief on Medication-Assisted Treatment for Opioid Addiction](#) that identifies challenges and provides recommendations for clinical practice and policy to increase access to care.

SAMHSA's [Medication-Assisted Treatment Prescription Drug Opioid Addiction Program](#) (MAT-PDOA) provides three-year grants to help states expand or enhance their treatment programs to improve access to evidence-based MAT services. The program is also focused on ensuring that those services are accessible, effective, comprehensive, coordinated, and evidence-based. View the [2015 and 2016 MAT-PDOA grantees](#).

5. Remove Barriers to Housing

Individuals experiencing homelessness should be offered access to permanent housing options using a Housing First approach with few to no treatment preconditions or other unnecessary barriers, which will help individuals establish housing as the foundation upon which they can build healthier, stable lives. Additionally, individuals receiving or eligible to receive Medication-Assisted Treatment should be allowed to do so within the housing programs in which they're participating.

As your community assesses its need for permanent supportive housing and opportunities to implement evidence-based practices for people experiencing chronic homelessness who have opioid use disorders, these tools from federal partners may be helpful:

- [Housing First in Permanent Supportive Housing](#): a brief from HUD
- [Supportive Housing Opportunities Planner Tool](#): a resource from USICH
- [Implementing Housing First in Permanent Supportive Housing](#): a brief from USICH