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# Housing First for People with Opioid Use disorder (OUD) and engagement with Medication-assisted Treatment (MAT) and Harm Reduction Services

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**Housing First for People with Opioid Use disorder (OUD) and engagement with Medication-assisted Treatment (MAT) and Harm Reduction Services**

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**Intro:** Opioid Use Disorder (OUD)is one of the most prevalent and deadly SUD's in the country and many barriers exist for individuals living with homelessness and concurrent psychiatric illnesses when hoping to engage in Medication-Assisted-Recovery/Treatment (MAR/MAT). The current study evaluates the Pathways to Housing PA's (PTHPA) Housing First(HF) model which provides scatter-site housing with social and maintenance services to individuals with a history of chronic homelessness and a diagnosis of OUD.

**Methods:** A retrospective chart analysis was completed for to assess factors relating to MAT engagement using PTHPA's Credible BH recording system. MAT engagement prior to HF, psychiatric, homelessness, and medical history were all collected from a Psychiatric Assessment performed upon admission into the HF program. MAT retention and engagement during HF was obtained from self-reported information provided in case notes from PTHPA team members.

**Results:** 76.7% of people engaged in MAT with methadone or buprenorphine treatment after being housed for at least 2 months (n=133). Re-engagement in MAT was higher in individuals who had prior MAT participation prior to the housing first intervention. Years homeless, age and race did not have a significant association with MAT participation following the HF intervention, although gender was associated with different levels of MAT participation between males and females. 23.33% of individuals were able to retain/stay on MAT prior to engaging in HF. 81.375% of individuals who engaged in MAT during the HF intervention were able to retain/stay on MAR by the end of the recording period.

**Conclusion:**
There was a significant association of increased MAT engagement in individuals with prior MAR participation. The study at hand suggests that a scatter-site HF model with adequate social service and MAR support can be associated with greater rates of retention in MAR while supporting higher rates of MAR participation in individuals experiencing chronic homelessness and primary OUD than the general population.