Housing First for People with Opioid Use Disorder
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Introduction
Philadelphia’s continuing opioid crisis has resulted in an increase in unsheltered individuals1. Barriers in access to care exist for individuals experiencing homelessness and substance use disorders, often leading to poor health outcomes and significant burden of disease2. Based on the assertion that housing is a human right, Pathways to Housing’s Housing First (HF) model is an evidence-based approach originally aimed at ending chronic homelessness for persons with primary serious mental illness. HF offers immediate access to permanent supportive housing without preconditions for drug or alcohol abstinence or treatment and has become the standard of homelessness interventions worldwide3. Preliminary evidence suggests HF for people who use drugs (PWUDs) is also associated with greater housing stability, engagement in substance use treatment, and reductions in opioid use4. In an effort to address both housing, healthcare, and treatment needs, the City of Philadelphia funded Pathways to Housing PA (PTHPA) to expand their program to create the first ever HF service team specifically for persons with severe opioid use disorder (OUD).

Objectives
- Determine the prevalence of physical and mental illness among individuals with experiences of homelessness and OUD upon entry to permanent supportive housing through PTHPA
- Determine the state of complex health needs to serve as a basis for (1) Program adaptations for individuals with OUD who are experiencing homelessness
- (2) Further evaluation of the influence of housing on treatment and health-related outcomes for individuals with OUD

Methods
Intake and medical assessment: Individuals received initial medical and psychiatric evaluations in which diagnoses were recorded into PTHPA database upon entry to the program.

Analysis: Cross-sectional analysis was completed of documented physical and mental health diagnoses for participants with a primary diagnosis of OUD who were housed by July 2018.

Results
- 83 participants were included in the analysis (Table 1)

Table 1: Participant Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
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<tbody>
<tr>
<td>Age, years – mean (range)</td>
<td>44.4 (25-63)</td>
</tr>
<tr>
<td>Female</td>
<td>23 (27.7%)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>62 (74.6%)</td>
</tr>
<tr>
<td>Black</td>
<td>8 (9.6%)</td>
</tr>
<tr>
<td>Latino/a/x</td>
<td>21 (25.3%)</td>
</tr>
<tr>
<td>Other</td>
<td>13 (15.6%)</td>
</tr>
<tr>
<td>Age of opioid use initiation</td>
<td>22.5 (7-45)</td>
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</tbody>
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Figure 1: Most Frequent Chronic Medical Conditions

Figure 2: Most Frequent Psychiatric Conditions

Conclusion
- Our evaluation confirmed a high chronic disease burden in formerly homeless individuals with OUD entering a permanent supportive housing program
- These findings indicate the continued need to emphasize and shape program services around the unique and complex healthcare needs of individuals with OUD
- Understanding these health needs can help the program continue to adapt from the traditional HF model to better serve this specific population
- Providing supported housing with no requirements seems essential for a population with a significant amount of health needs and the support of permanent housing
- However, barriers to healthcare for these populations will continue to exist unless changes occur internally within the traditional healthcare system
- Further research should be done on how the health status of individuals relates to outcomes within the PTHPA program

Implications
- These preliminary results will help inform a larger study evaluation the PTHPA program specifically for people with OUD
- Factors such as chronic medical conditions and comorbid psychiatric disorders will be analyzed to assess the effects of these health conditions on participant outcomes in the domains of engagement in medication assisted treatment, medical care and primary care, as well as success in housing
- The City of Philadelphia should continue to fund HF programs while also focusing on making traditional healthcare programs more accessible for populations with complex healthcare needs

References

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