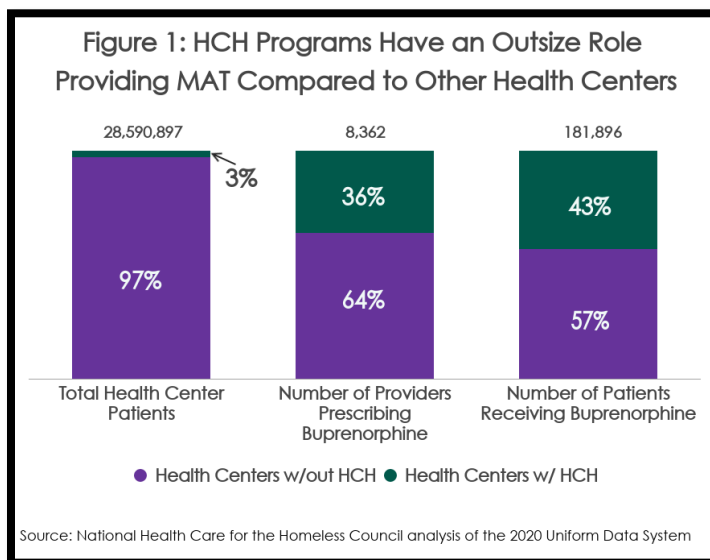


Medication-Assisted Treatment (MAT) for Opioid Use Disorder for People Experiencing Homelessness

December 2021

Overdose deaths in the United States have reached epidemic levels, with [over 100,000 deaths](#) reported between April 2020 and April 2021. Approximately 75% of those deaths were caused by opioids (driven by the synthetic opioid fentanyl), which makes preventing opioid-related overdoses and expanding access to opioid-use disorder (OUD) treatment specifically important. People experiencing homelessness are at [significantly higher risk](#) of opioid overdose, and have higher [barriers to accessing treatment](#)—making this an especially vulnerable population.



[Health Care for the Homeless](#) (HCH) programs are community health centers that receive specific funding to provide comprehensive primary care, behavioral health, and support services to people experiencing homelessness. In 2020, HCH programs provided care to over 900,000 patients across approximately 2,500 service sites.

HCH programs treat OUD by providing [Medication-Assisted Treatment](#) (MAT), which is the use of medication combined with [counseling and behavioral health therapies](#). Medication for OUD (MOUD) is the [most effective intervention](#) for preventing overdose and includes methadone, buprenorphine, or naltrexone, which reduce cravings and block the effect of opioids on the body. Prescribing MOUD is [just as effective](#) for people experiencing homelessness as it is for their

housed counterparts. For more information on how the HCH community delivers MAT to its patients, the challenges to treatment, and strategies for improving both practice and public policy, [see our prior issue brief](#).

This fact sheet presents an analysis of national health center data on buprenorphine-based MAT services provided at HCH programs in calendar year 2020, and updates a [2019 issue brief](#) published by the Kaiser Family Foundation. Findings from the national health center data on buprenorphine-based MAT services provided at HCH programs in 2020 include:

- **Among all health centers, health centers with HCH funding provide a disproportionately larger share of buprenorphine-based MAT.** Health centers with HCH funding treat only 3% of all health center patients, yet these programs make up 36% of buprenorphine providers and 43% of patients receiving MAT services. See *Figure 1*.

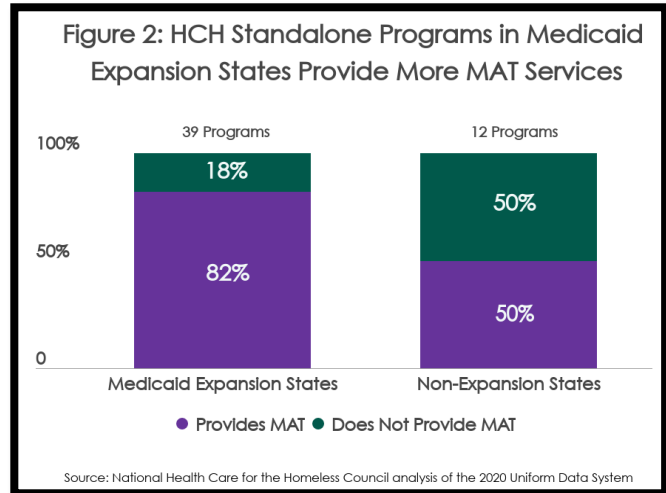
“Unnecessary structural barriers such as insufficient health insurance, costly trainings required to prescribe medication, and legal limits on the number of patients I can serve, only stand in the way of providing life-saving treatment for Opioid Use Disorder.”

Courtney Pladsen, DNP, FNP, RN
Director of Clinical and Quality Improvement,
National Health Care for the Homeless Council

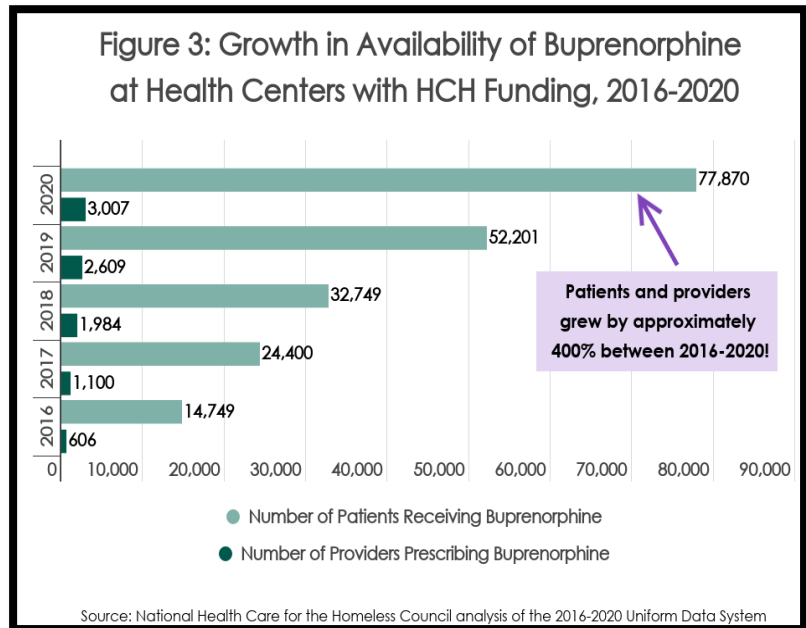
- Medicaid expansion allows for greater access to MAT treatment for HCH Programs.** Health centers that receive only HCH funding (called “HCH standalones”) are more likely to treat patients with MAT if they are located in a state that expanded Medicaid. Of the 51 HCH standalone programs, 82% of the programs in expansion states serve MAT patients (out of 39 total programs) while only 50% of the HCH standalones in the 12 non-expansion states serve MAT patients (out of 12 total programs). See Figure 2

“I asked a patient receiving MAT services what I can do as a doctor to prevent overdose deaths. He said ‘all you can do is be there when they need you.’ Timing and treatment capacity it key. We shouldn’t live in a world where overdose is the standard and treatment is the exception”

Jessica Friedman, MD
Health Care for the Homeless
Baltimore, MD



- HCH programs are rapidly expanding their capacity to provide MAT.** Between 2016 and 2020, health centers with HCH funding added approximately 2,400 MAT-prescribing providers, which allowed them to serve over 63,000 additional patients with life-saving medications (approximately 400% increase on both). See Figure 3.
- The provision of buprenorphine-based MAT services by HCH programs varies widely across states.** HCHs employed as few as zero MAT providers in Mississippi and as many as 858 in California. Similarly, states have a wide range of the number of patients being served. For example, three states served zero patients with MAT (Arkansas, Mississippi, and Nebraska). See Table 1.



- States with the highest opioid overdose death rate have significant—but not universal—participation from health centers with an HCH program.** Of the 25 states with the highest rates, 14 states have 100% participation, but 11 states do not have full participation. This clearly shows room for growth in high-need areas, and a recommitment to addressing OUD among vulnerable people. See Table 2.

Conclusion: As the opioid overdose death rate continues to rise, health centers with HCH programs remain a vital source for MAT for people experiencing homelessness. In spite of recent growth, more MAT-prescribing providers are needed, especially in states with high opioid overdose rates.

State	# of HCH Programs	Providers	Patients	Change in Patients, 2016-2020
AK	2	37	243	232
AL	4	7	583	583
AR	1	5	0	0
AZ	2	13	214	214
CA	44	858	24,069	21,036
CO	5	73	1,115	1,105
CT	8	145	3,860	3,087
DC	1	41	743	743
DE	2	8	596	596
FL	16	30	1,132	1,032
GA	5	10	25	-5
HI	1	4	40	40
IA	4	33	622	562
ID	2	27	439	92
IL	8	90	1,516	1,173
IN	6	29	742	622
KS	3	6	57	57
KY	8	20	924	919
LA	6	17	1,420	1,329
MA	7	201	3,519	1,659
MD	2	19	735	194
ME	2	21	450	435
MI	15	64	3,942	3,636
MN	2	18	323	270
MO	3	22	586	571
MS	2	0	0	0
MT	4	45	359	359
NC	11	58	1,172	1,067
ND	1	7	62	62
NE	1	2	0	0
NH	3	28	844	601
NJ	7	30	1,625	663
NM	6	74	4,506	3,228
NV	4	12	99	-37
NY	20	212	6,180	4,604
OH	8	66	1,861	1,320
OK	2	9	140	129
OR	12	163	3,429	2,806
PA	6	49	425	424
PR	5	13	401	285
RI	2	84	990	547
SC	4	23	196	196
SD	2	17	313	292
TN	7	24	864	786
TX	12	45	619	619
UT	3	12	515	429
VA	4	12	253	253
VT	1	26	588	315
WA	7	177	2,401	2,253
WI	3	7	213	201
WV	1	13	1,912	1,529
WY	2	1	8	8
TOTAL	299	3,007	77,870	63,121

Source: National Health Care for the Homeless Council analysis of the 2016 and 2020 Uniform Data System

Table 2: Patients Receiving Buprenorphine in High-Need States			
State	Opioid-related Overdose Death Rate*	Number of Health Centers with HCH Programs	Percent of Programs Reporting MAT Patients
DE	43.0	2	100%
WV	41.4	1	100%
MD	34.0	2	100%
DC	33.7	1	100%
CT	31.7	8	75%
OH	31.5	8	100%
NH	29.1	3	100%
MA	28.9	7	100%
NJ	28.4	7	57%
ME	26.4	2	100%
PA	25.1	6	100%
KY	24.6	8	38%
TN	23.4	7	43%
RI	23.3	2	100%
VT	20.7	1	100%
NM	20.0	6	100%
IN	19.9	4	75%
MO	18.8	3	100%
FL	18.7	16	56%
MI	18.5	15	60%
AZ	18.4	2	100%
NC	18.1	11	55%
SC	17.6	4	50%
IL	17.5	8	75%
WI	16.6	3	67%

*Death Rate Per 100,000 People

Source: National Health Care for the Homeless Council analysis of the 2020 Uniform Data System & [Kaiser Family Foundation](#)