

Social Work Assistance and Stipends for Housing (SASH): A pilot feasibility study for homeless patients receiving methadone for opioid use disorder

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Abstract

- **Summary:** Patients receiving methadone for opioid use disorder (MOUD) experience high rates of homelessness. Providing housing assistance for both temporary and permanent housing could improve outcomes for housing and MOUD treatment. Social work assistance and stipends for housing (SASH) was a 12-month, pilot study investigating the feasibility of providing a housing intervention to eight participants receiving MOUD. Participants were eligible for 6 months of US\$650 housing stipends that could be used for temporary and permanent housing options, along with 12 months of intensive social work assistance to obtain housing. At months 6 and 12, participants completed qualitative interviews discussing their treatment, housing, and experience with SASH. A thematic analysis of the interview transcripts was completed.
- **Findings:** One participant was removed soon after entering SASH. Six participants completed qualitative interviews at month 6, and five participants at month 12. Of those whose

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housing status was known, four were housed, and two were homeless at month 6; three were housed, and two were homeless at month 12. The thematic analysis identified several themes. Participants described SASH as a valuable experience, but they had difficulty obtaining suitable housing with the stipends despite the assistance. Being connected to city-wide housing resources was the primary way participants obtained housing. Participants perceived that SASH improved their MOUD treatment.

- *Applications:* Providing housing assistance with case management could benefit patients receiving MOUD and might not require the skills of a social worker. A more agile payment system capable of paying for temporary housing is needed for future studies with larger sample sizes.

Keywords

Social work, addictions, homelessness, substance abuse, social work practice, qualitative research

Introduction

The prevalence of homelessness in patients receiving methadone for opioid use disorder (MOUD) might be as high as 25% (Gaeta et al., 2020), and homelessness increases the risk of discontinuing life-saving MOUD (Lo et al., 2018). Fortunately, housing homeless individuals has been shown to improve health outcomes (Sadowski et al., 2009; Stergiopoulos et al., 2019; Tinland et al., 2020; Urbanoski et al., 2018; Wiens et al., 2021). These findings support the Housing First model, which provides permanent housing to homeless individuals without requiring their participation in services (National Alliance to End Homelessness, 2016). Studies have demonstrated the Housing First model is beneficial (Baxter et al., 2019; Jacob et al., 2021), but its emphasis on permanent housing can prevent homeless individuals from getting housed because of a lack of housing vouchers (Acosta & Gartland, 2021). Housing patients might be easier if available options were expanded to include temporary housing.

Studies investigating the effects of housing homeless individuals on MOUD outcomes are mixed (Appel et al., 2012; Parpouchi et al., 2018). To investigate the feasibility and benefits of providing financial and social work assistance for obtaining either temporary or permanent housing to homeless patients receiving MOUD, we conducted the pilot study, Social Work Assistance and Stipends for Housing (SASH).

Methods

Study design

SASH was a 12-month pilot feasibility study providing a housing intervention to eight patients receiving MOUD experiencing homelessness. Homelessness was defined as currently living in an emergency shelter or a place not meant for

habitation instead of a fixed, regular, and adequate nighttime residence. This is consistent with the definition from the United States (US) Department of Housing and Urban Development (U.S. Department of Housing and Urban Development, 2023). Participants were recruited from the University of Maryland Addiction Treatment Program (ATP), a certified substance use treatment program located in Baltimore, Maryland, USA, that provides MOUD and collocates medical care, wellness programs, and research. They were eligible for SASH if they experienced homelessness for at least 15 of the 30 days preceding study entry. All participants gave written informed consent before entering SASH.

In 2022 and 2023, monthly fair market rents for an efficiency apartment in the Baltimore metropolitan area were US\$953 and US\$1,082, respectively; for one-bedroom apartments in 2022 and 2023, respective rents were US\$1,124 and US\$1,254 (U.S. Department of Housing and Urban Development's Office of Policy Development and Research, n.d.). Respective rental vacancy rates in 2023 and 2024 were 12.8% and 9.4%. However, the percentage of cost-burdened renters decreased slightly from 53.2% in 2023 to 52.9% in 2024. Baltimore remains one of the most expensive metropolitan areas in the US (Jones, 2025).

During SASH's first six months, participants were eligible for monthly stipends of US\$650 that could subsidize rent for permanent or temporary housing. To ensure stipends were used for housing, these were given directly to landlords through the University of Maryland's payment system. During the study's 12 months, participants received social work assistance that included case management for obtaining housing. The social work assistance was unstructured and individualized to participants' needs, which could include applying for financial assistance and/or connecting to housing resources.

During the first six months, two interns from the University of Maryland School of Social Work implemented the social work assistance and managed the stipends under the supervision of a licensed clinical social worker (LCSW). Midway through SASH, the interns were replaced with community health workers (CHWs) at the ATP, who were supervised by an LCSW. Enrollment began in October 2022, and qualitative interviews were completed by February 2024. SASH was approved by the Institutional Review Board of the University of Maryland School of Medicine, Baltimore, Maryland, USA (HP-00100771).

Assessments

Demographics including age, gender, and race were collected at study entry. Qualitative interviews were conducted in months 6 and 12 by the principal investigator (MS). Table 1 contains the questions for the months 6 and 12 interviews. Interviews were audio recorded and transcribed in a written document. A thematic analysis of the interview transcripts was conducted by the principal investigator (MS) using the method developed by Virginia Braun and Victoria Clarke (Braun & Clarke, 2006).

Table 1. Qualitative interview questions for months 6 and 12.

Month 6 interview	Month 12 Interview
1. Could you describe your housing situation today?	1. Could you describe your housing situation today?
2. What impact, if any, has receiving the housing stipends had on your housing situation?	2. How would you describe your opioid use today?
3. What impact, if any, has receiving the housing stipends had on your opioid use?	3. What has been your experiencing meeting with the clinic social work team?
4. What impact, if any, has receiving the housing stipends had on receiving your methadone doses at the clinic?	4. What impact, if any, has this study had on your current quality of life? Prompts: Has the intervention made you feel happier? Why or why not?
5. What impact, if any, has receiving the housing stipends had on receiving your take-home doses of methadone?	5. What are your thoughts about giving housing stipends to individuals receiving methadone treatment, and why do you feel this way?
6. How would you describe your experience meeting with the clinic social work team?	6. What are your thoughts about working with the clinic social work team to find housing for homeless individuals receiving methadone treatment, and why do you feel this way?
7. What impact, if any, have the meetings with the clinic social work team had on your housing situation?	

Results and findings

Demographics

Table 2 shows the demographics of the eight consented participants. Participant 4 was removed soon after consenting because she received housing through a substance-use treatment program, which excluded her from SASH. Participant 2 did not engage with the study nor complete any qualitative interview. At month 6, six participants gave information about their housing status: four were housed and two were homeless. At month 12, five participants gave information on their housing status: three were housed and two were homeless.

Thematic analysis of qualitative interviews

Figure 1 shows the diagram for the thematic analysis. Six participants (participants 1, 3, 5, 6, 7, and 8) completed qualitative interviews at month 6, and five participants (participants 3, 5, 6, 7, and 8) completed these at month 12.

Theme 1: Valuable experience

Enjoyable. Participants described SASH as a valuable and enjoyable experience independent of whether it improved their housing status.

Helpful. Many found meeting with the interns helpful because they provided practical guidance. For instance, participant 1 discussed how the interns convinced her to be less choosy about where to live. Once she did this, she was able to obtain permanent housing.

Table 2. Demographics.

Characteristic	Number (%) at day 0	Number (%) at month 6	Number (%) at month 12
Total	8 (100)	7 (100)	7 (100)
Age, median (interquartile range)	43.5 (15)	N/A	N/A
Gender			
Female	6 (75)	N/A	N/A
Male	2 (25)	N/A	N/A
Race			
Black	3 (37.5)	2 (28.6)	2 (28.6)
White	4 (50)	4 (57.1)	4 (57.1)
Native American	1 (12.5)	1 (14.3)	1 (14.3)
Housing status			
Housed	N/A	4 (57.1)	3 (42.9)
Homeless	N/A	2 (28.6)	2 (28.6)
Missing	N/A	1 (14.3)	2 (28.6)

N/A = not available.

Self-efficacy. Participants credited SASH with improving their self-efficacy and ability to change their circumstances. For instance, participant 1’s involvement in SASH showed her “if we apply ourselves, good results happen.”

Theme 2: Inability to obtain housing

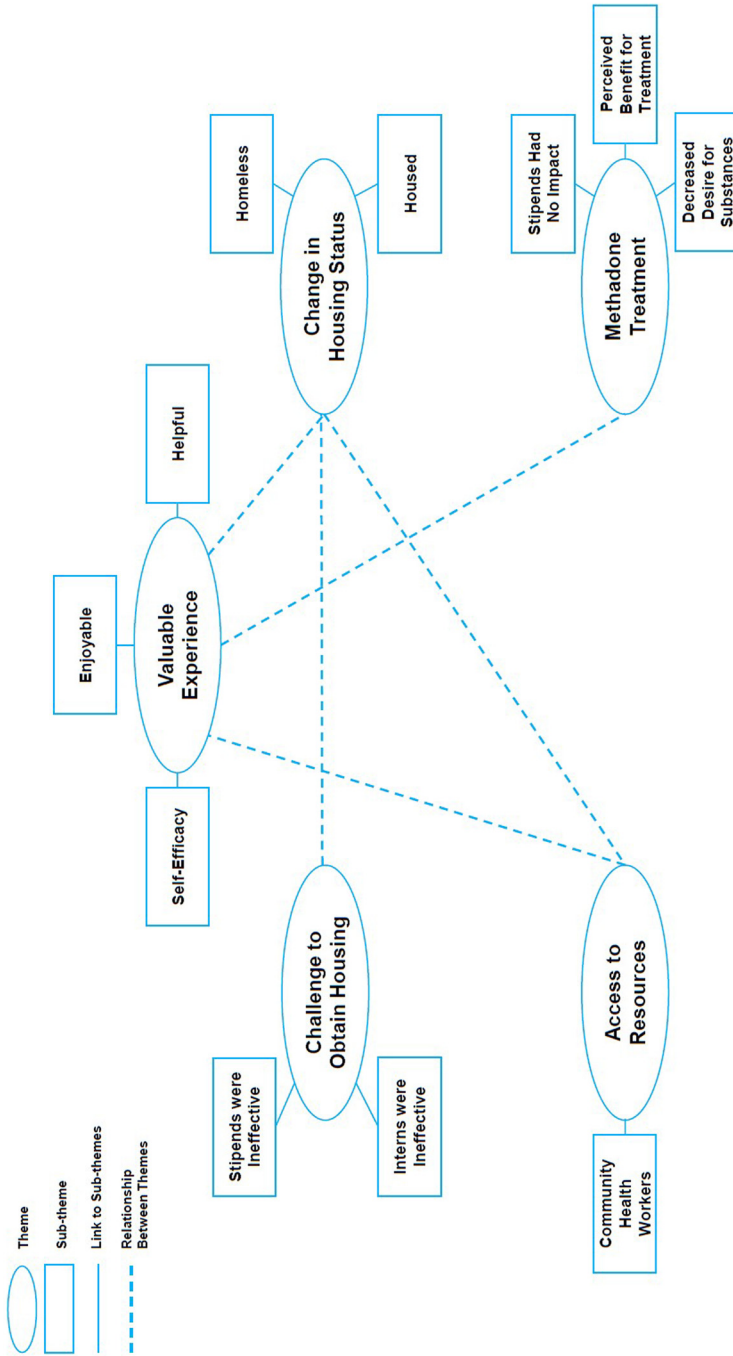
Stipends were ineffective. Though participants obtained housing, they had problems using the housing stipends and social work assistance, partly because the payment system made it difficult to use the stipends for temporary housing. Another problem was that rent became unaffordable once the stipends ended.

Interns were ineffective. Participants thought the interns had difficulty connecting them to viable housing options. For instance, participant 7 felt the interns needed “a little bit more to go off of” for housing resources than what they had.

Theme 3: Access to resources. SASH was successful in connecting participants to citywide housing resources. As participant 3 explained, SASH convinced him to stay at a shelter, which enrolled him in a citywide program that eventually found him permanent housing.

Community Health Workers (CHWs). One helpful resource was the CHWs providing case management assistance to all ATP patients, especially for participants who had difficulty finding housing with the interns. However, the CHWs were not as effective when they replaced the interns because once the interns left, the participants were unaware the CHWs had taken over their role in SASH. As a result, the CHWs had difficulty maintaining the same level of engagement the interns had developed with the participants.

Figure 1. Social work assistance and stipends for housing (SASH) thematic analysis.



Theme 4: Methadone Treatment

Stipends had no impact despite perceived benefit for treatment. Participants felt SASH improved their methadone treatment but not because of the stipends. Instead, they felt being part of SASH improved their attitude toward MOUD treatment, which allowed them to earn more take-home doses from the clinic and increase their engagement in care.

Decreased desire for substances. Participants credited SASH with decreasing their desire to use substances. For example, participant 3 felt SASH helped him decrease his substance use because “I’ve had something to focus on other than just using drugs.”

Theme 5: Change in housing status

Housed. Participants 3 and 5 obtained housing at month 12 and were satisfied with their living situations. Participant 7 was dissatisfied with her housing because she was unable to afford it once the stipends ended.

Homeless. Participants 6 and 8 remained homeless at month 12. Participant 6 was living with his sister, who was facing foreclosure. Participant 8 was satisfied with her current living arrangement because this provided her with electricity and her own lock and key. At her month 12 interview, she suggested SASH could be improved if SASH was “something more permanent” than a temporary program.

Discussion

In this pilot study offering 6 months of housing stipends and 12 months of social work assistance to homeless patients receiving MOUD, most participants obtained housing and experienced benefits. Though participants did not find the stipends beneficial, they did benefit from interacting with the interns and being connected to citywide housing resources. While the number of participants in SASH is small, the results suggest that housing assistance is feasible and beneficial for patients receiving MOUD.

Surprisingly, the stipends were not a deciding factor for obtaining housing. One explanation for this is that the payment system for the stipends was difficult to use and could only provide financial assistance for permanent housing instead of temporary options. Therefore, our findings cannot answer whether providing temporary housing assistance improves housing outcomes for patients receiving MOUD. Another explanation is that the stipends were time-limited, and participants struggled to shoulder the full cost of rent once these ended. It was hypothesized that six months of financial assistance would give participants enough time to obtain the necessary income either through employment or benefits to afford rent. Instead, participants had difficulty affording rent in a high-cost-of-living metropolitan area once the stipends ended. This shows that providing temporary financial assistance for housing without accounting for how the rent will be paid once the assistance ends risks making patients homeless again.

SASH found the most effective strategy for obtaining housing was through connecting participants to citywide housing resources. Besides directly connecting participants to housing, citywide housing resources heavily subsidize the rent participants pay, which

increases the likelihood they will not become homeless again. The case management required to connect participants to citywide housing resources suggests the skills of a social worker requiring a graduate level of education might not be necessary. Instead, an advocate capable of developing a strong relationship with these patients might be sufficient (Chinman et al., 2000). Such a role could be filled by peer support workers, who have been shown to improve outcomes for patients with substance use disorders (Hutchison et al., 2023; Treitler et al., 2024; Tuttle et al., 2024).

Peer support workers have the advantage of needing less training and certification than social workers. Besides providing case management, peer support workers could also provide practical and realistic advice about housing that may be more persuasive than advice given by a clinician (Joo et al., 2022). They could also help navigate the process of accessing citywide housing resources, which often prevents homeless individuals from receiving housing (Keene et al., 2023). The use of peer support workers also frees up social workers for other tasks such as providing supervision to peer support workers and therapy to patients. However, if peer support workers are used to provide case management, they need to be involved at the outset of the program so participants correctly understand their roles to ensure their engagement.

Limitations of the study

SASH is a pilot feasibility study, and the number of participants was too low to make concrete conclusions. The participants were all English-speaking and recruited from one treatment site in one geographic area. We could not determine whether financial assistance for temporary housing benefits patients receiving MOUD. Using LCSWs instead of interns could have improved the implementation of SASH's intervention.

Conclusions

The results of SASH demonstrate that a housing intervention for homeless patients receiving MOUD is not only feasible and beneficial but also might not require generous financial assistance or the skills of a social worker. Future studies using larger sample sizes must use a payment system capable of providing financial assistance for both temporary and permanent housing. Lastly, these results suggest that MOUD treatment could benefit from addressing patients' housing needs.

Ethical approval

Ethical approval for this project was given by the Institutional Review Board of the University of Maryland School of Medicine. The study ID is HP-00100771.

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Declarations of conflict of interests

The authors declare that there is no conflict of interest.

Author Contributions

All authors contributed to developing and implementing this study. Max Spaderna, Jennifer Krebs, and Jewell Benford supervised the Social Work interns and CHWs during study implementation. Max Spaderna conducted the interviews, completed the thematic analysis, and wrote the manuscript with input and final review from the other authors.

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Data availability statement

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

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