Homeless but HOAPful: Healthcare and Substance Abuse Treatment for the Homeless

Micaela Atkins, Deborah Jean-Baptiste, Daniel Lindstrom, Khanh Pham, Eric Schmidt
Dr. Matilde Castiel and Dr. Erik Garcia

THE U.S. Department of Housing and Urban Development defines a homeless person as an individual who has a primary nighttime residence that is not meant for human habitation; or is who is living in a shelter designated to provide temporary living arrangements.1 According to this definition, in Worcester County:
- There are 1,657 homeless persons, approximately 0.2% of the total population
- 22.2% of homeless individuals have a substance abuse problem
- 10.8% of homeless individuals suffer from mental illness 2

The "Linear Model" was Worcester's initial approach to solving homelessness. In this model, individuals were housed in temporary shelters while undergoing treatment and working with case management. They were given permanent housing only upon successful completion of treatment. The current "Housing First" model provides homeless individuals with safe housing prior to treatment. This improves their wellbeing and enables them to maintain stable housing while overcoming the root causes of their homelessness.

The significant outcome of this experience is an appreciation of the unique problems facing the homeless population and the importance of holistic patient care. This includes providing housing, substance abuse treatment, and medical and psychiatric care. As defined by the World Health Organization, "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

1.) The causes of homelessness encompass both individual and environmental factors and therefore treatment must be multifactorial.
2.) Two of the strongest co-morbidities of homelessness are substance abuse and mental illness.
3.) As illustrated by the success of the "Housing First" model, the first step in effective treatment of homelessness is to provide housing. However, prevention of homelessness is ultimately the most cost-effective approach to this issue.

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