

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

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POPULATION OF FOCUS

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:

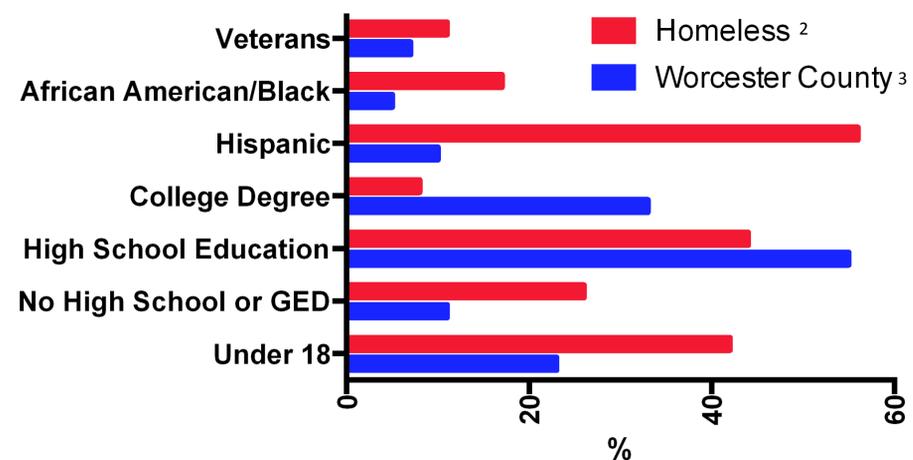
- There are 1,657 homeless persons, approximately 0.2% of the total population
- 22.2% of homeless individuals have a substance abuse problem
- 10.8% of homeless individuals suffer from mental illness²

THE CYCLE OF HOMELESSNESS: CAUSES AND CONSEQUENCES



The physical, mental, and economic stresses of homelessness contribute to its root causes and perpetuate the cycle.

HOMELESSNESS AND WORCESTER COUNTY DEMOGRAPHICS



CLERKSHIP GOALS

To understand the causes and consequences of homelessness, specifically focusing on the complex relationship between housing insecurity, physical and mental health and substance abuse.

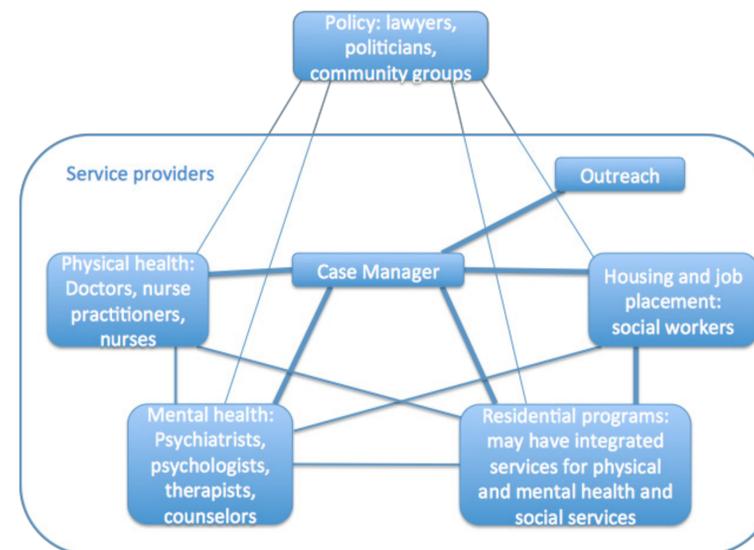
HOMELESS OUTREACH AND ADVOCACY PROJECT (HOAP)

Our host organization, HOAP, is a community program that provides primary care, case management, and support services to single homeless adults living in Worcester County.

Additional community organizations collaborating with HOAP:

- Hector Reyes
- Neighbor to Neighbor
- Everyday Miracles
- EPOCA
- Safe Haven House
- Oasis House
- Health Foundation of Central Massachusetts
- Central Massachusetts Housing Alliance

INTERPROFESSIONAL CONNECTIONS IN HOMELESS SERVICES



Many professions must work together to provide effective and efficient homeless services. Close collaboration between professions is indicated by bold lines.

REFERENCES

1. U.S. Department of Housing and Urban Development. Retrieved 29 Oct. 2013, from <http://portal.hud.gov/hudportal/HUD>
2. Central Massachusetts Housing Alliance. Retrieved 29 Oct. 2013, from <http://www.cmhaonline.org/>
3. U.S. Census Bureau. Retrieved 29 Oct. 2013, from <http://www.census.gov/>

THE HOUSING FIRST MODEL

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.

OUTCOMES AND LESSONS LEARNED

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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