

Outcomes for Clients Experiencing Homelessness & Trauma in a Hispanic Massachusetts Addiction Treatment Agency Providing Integrated Primary and Mental Health Care

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BACKGROUND:

Addiction treatment organizations that integrate medical/behavioral healthcare at the same geographic location may reach a broader group of patients than traditional programs and deliver integrated care to a high-need, high-risk population.

OBJECTIVE:

This study examined outcomes for clients experiencing combinations of homelessness and traumatic experience in one of the largest integrated care addiction treatment providers in Massachusetts, Casa Esperanza, Inc.

METHODS:

Interviews were conducted with participants in Casa Esperanza's Comprehensive Integrated Treatment Approach (CITA) project (SM060845-0) at intake and 6-months. The analysis here is based on 199 participants (63%) with data at both time points. We examined a set of 6 dichotomous indicators indexing different aspects of health and well-being and formed a summary index score by summing the six indicators at each timepoint. The indicators included were:

- Full- or part-time employment
- No illegal drug use
- No anxiety problems (based on GAD7)
- No depression problems (based on PHQ9)
- Health status good or better
- Less than moderate pain

To examine change by homelessness and traumatic experience we formed a categorical variable with three levels: 1) Not homeless **and** did not report traumatic events that resulted in their feeling emotionally or physically harmed or threatened, 2) either homeless **or** reported traumatic experiences, 3) both homeless **and** reported traumatic experiences. We regressed follow-up index score at follow-up on the baseline value, the homeless/trauma measure, and demographic covariates.

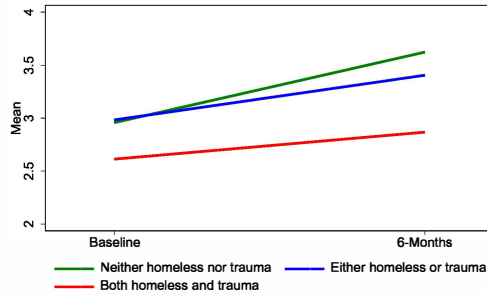
ACKNOWLEDGMENTS:

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WELL-BEING INDICATORS AT BASELINE AND FOLLOW-UP:

	Intake	6-Month
Employed (%)	12.2	29.6
No drug use (%)	79.0	89.8
No anxiety problems (%)	29.9	29.9
No depression problems (%)	28.0	26.7
Good health (%)	72.1	72.6
Low pain (%)	63.3	74.0
Summary index score (0-6), mean	2.8	3.1

NUMBER OF POSITIVE INDICATORS BY GROUP AND TIME:



MODEL PREDICTING FOLLOW-UP INDEX SCORE:

	Coef.	p
Baseline index score	.36	<.001
Homeless/Trauma Group		
Neither (reference group)		
Either homeless or trauma	-.20	.53
Both homeless and trauma	-.60	.04
Age	-.01	.14
Female	-.30	.18
Birthplace		
U.S. (reference group)		
Puerto Rico	-.23	.22
Other	.08	.74

CONCLUSIONS:

- All groups improved from baseline to follow-up in number of positive domains. The group that was homeless and had experienced traumatic events started lower and improved less over time, controlling for baseline starting place.
- Homelessness and traumatic experience are important factors in shaping how patients interact with, and benefit from, addiction treatment programs.
- In future work we hope to describe longitudinal trajectories of Hispanic patients' interaction with treatment and homelessness status to better understand the temporal dynamics between homelessness and addiction.

