

Best and Promising Practices- Public Health Redevelopment Team 2014/2015 Pathways to Housing Program in New York City

Summary Overview:

Pathways to Housing is a Housing First model of ending homelessness. Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. Their Pathways model involves: providing housing first, and then combining the housing with supportive treatment services specifically in the areas of areas of mental and physical health, substance abuse, education, and employment in order to facilitate recovery and integration into the community. The model was first implemented in 1992, and is considered as the first Housing First model of addressing homelessness among people with psychiatric disabilities. In the last two decades, the Pathways to Housing model has housing retention rates of 85-90% even with the hardest to house participants who have been unsuccessful in other programs. The program provides permanent supportive housing immediately, without requiring pre-existing psychiatric treatment or sobriety. Treatment and support services are typically provided by recovery-oriented Assertive Community Treatment (ACT) teams that incorporate harm reduction approaches. Pathways develops individual, comprehensive service plans and offers services as long as tenants need them. While ACT is the preferred support model for persons with severe mental illness, less intensive approaches may be used for people who have more moderate needs. Participants are housed in privately-owned apartments that are spread throughout a community. The program never rents more than 20% of a building's units nor clusters units close together in one area, to avoid creating the atmosphere of a "housing program" and to minimize potential stigma. Clients pay 30% of their income toward rent, and Pathways pays the difference between the client's rent contribution and the total rent, using a variety of funding sources to pay for rental housing assistance. Each Pathways program site has a housing department with staff who find and secure appropriate apartment units for Pathways clients. Housing department staff members also take responsibility for apartment inspections and maintenance issues, and they handle all communication with landlords about any issues that tenants may have. Pathways to Housing is successful in keeping people housed and moving toward recovery, and is cost effective. The Pathways program has offices in New York, Vermont, Washington, DC and Pennsylvania, and the Pathways Housing First model has been replicated in more than 40 cities across the United States, as well as in Canada, Japan, the Netherlands, Spain, and Portugal.

Evidence Base:

Over the 22 years, there has been a variety of studies, conducted in different cities that found that Pathways to Housing programs have a significant, positive impact on its target population. Research ranged from studies conducted by Pathways staff under federally-funded grants including a randomized control trial, Pathways' collaborations with researchers, and studies conducted by independent researchers or universities. Research shows that the cost of providing a home and support services to someone who is homeless and has a mental illness is significantly less than the expense of cycling in and out of emergency rooms, shelters, psychiatric hospitals, and jails. Research is available here: <http://pathwaystohousing.org/research-library/>

Major findings include the following:

- From baseline to two-year follow-up, Pathways Housing First participants spent approximately 80% of their time stably housed, versus 30% for participants in the comparison group, who were assigned to traditional programs that made treatment and sobriety prerequisites for housing.
- At two-year follow-up, participants reported significantly more choice with respect to their housing, treatment, and daily living than participants in the comparison group.
- From baseline to two-year follow-up, participants accrued significantly fewer supportive housing and services costs than participants in the comparison group.

Case Study:

Adapted from “Housing First: An Interview with Sam Tsemberis” available on the Homelessness Resource Center website. <http://homeless.samhsa.gov/resource/housing-first-an-interview-with-sam-tsemberis-54965.aspx>

Background:

Funded by a grant from the New York State Office of Mental Health, Dr. Tsemberis founded Pathways to Housing, a new “agency that would provide housing for people who were still using [substances] and had active psychiatric symptoms.” Dr. Tsemberis recognized that the cycle of homelessness, hospitalization, and discharge only aggravates substance abuse and other negative outcomes for unstably housed individuals which often leads people to refuse further services and supports. Furthermore, this lack of engagement in program and services means chronically homeless population is often disqualified from housing programs because they are not medicated or already clean and sober.

Housing

Pathways to Housing provides scattered-site apartments rented from private landlords in buildings that are just a regular part of the neighborhood. The housing is not specialized other than the fact that it comes with intensive supportive services which take place mostly in clients home or in their neighborhood. “For people who have spent years excluded, in group homes, hospitals, jails, shelters, and other large public service settings, having a place of their own, their own home, has a huge appeal. Apartments are either master-leased by the program or leased directly to the client from the landlord. Client choice is a vital component of the Pathways program and the scattered-site model helps honor participants' preferences.

Supportive Services

The most challenging aspect of the Pathways program is providing the support services to treat severe mental health and addiction problems. Research shows that treatment has a much better chance of success when a person is living at home. Therefore, approximately 5 percent of the Pathways staff work on housing, while 95 percent are interdisciplinary providers of clinical services. Another key element of Pathways supportive services are voluntary and not tied to maintaining housing and there is no time limit on the services offered. People receive support for as long as they need it, with a graduated level of services approach, so that people can use fewer services as their clinical conditions improve. People are free to stop treatment when they decide they do not need them or are not benefiting from them. They are also free to return to services if they feel they need additional support. Our overall goal is recovery and full integration into the community. Services are provided using a team approach. Team members make house calls, usually once a week. The teams—staffed with a nurse; a psychiatrist; and supported employment, peer, and addiction specialists—usually use the ACT model, an evidence-based practice. The team works with the individual based on his or her priorities using a person-centered approach. For ACT teams, Pathways maintains a participant-to-staff ratio of 10:1.

Specific services include: Service coordination; Peer support; Wellness services; Basic life skills support; Supportive employment services; Access to a psychiatrist; Nursing care; Substance abuse & recovery support; and Computer literacy training. Services are most often provided in an individual's natural environment - usually that person's apartment, neighborhood or workplace. The team is available on-call 24 hours a day, seven days a week.

In addition to traditional treatment services, Pathways offers wellness groups and assists participants with nutrition, family therapy, and vocational planning, Pathways clients participate in a variety of social, recreational, and therapeutic activities, including recovery groups, and classes such as art, computers, cooking, and GED preparation. A Tenant Advisory Council provides a forum for input into the program and solicits ideas for changes to meet new needs.

Coordination:

Pathways to Housing is a nonprofit that administers the supportive housing program and is not connected to the housing authority. The program has a housing department which takes responsibility for apartment inspections and maintenance issues, and they handle all communication with landlords about any issues that tenants may have. They also have strong relationships with landlords which is key to the success of the program. Pathways ensures landlords are always paid in full and on time, apartment vacancies will be filled quickly, the housing department will be ready to assist with property management issues, and clinical and housing teams will be readily available whenever there is a question or concern. Services are provided by the trans-disciplinary Assertive Community Treatment (ACT) who are employed by the nonprofit.

Capacity:

Supportive Housing is a proven model for chronically homeless individuals with mental health and substance abuse. It marries supportive services with housing. Supportive housing models are now being implemented with other vulnerable populations such as chronically homeless families (e.g. urban Native American families), and families involved in the child welfare system. These programs are grant funded and demonstrations.

As such, it is not a model implemented in public housing but rather a parallel strategy for specific populations possibly living in the public housing. Available to interested communities and organizations are:

- Consultation with the creator, Dr. Dam Tsemberis or Pathways Senior Staff
- Teleconference Support and Follow-up
- Training materials- complete Housing First Manual that contains all the “How-to’s” for Housing First program implementation.
- Pathways Housing First Custom visit- join a morning meeting, visit consumer apartments, group and meet with senior staff for an individualized question and answer session.

Funding:

According to the 2013 Pathways to Housing consolidated financial statement, the largest portion of funding comes from government contracts (67%), next Medicaid (21%), client income (5%) and private contributions (5%). Operating expenses total \$35,390,613 broken down: \$30,308,040 for total program services, \$4,808,035 for administration, and \$274,538 for fundraising. Two programs (DC and VT) have no client income. With this model, the program is able to bill Medicaid for the services provided, and draw from other federal funds.

Challenges:

This model requires a lead organization with staff to both manage housing and offer intensive supportive services. The Housing First model is cost effective when looking at the many public systems the homeless population touches, but requires a lot of systems integration, and upfront capital to provide the services and housing.

