

BACKGROUND

Pathways Housing First Model

Pathways to Housing ends chronic homelessness for individuals with experiences of psychiatric disability by providing housing *first*, and then combining that housing with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment. Housing is provided in apartments scattered throughout a community. This "scattered site" model fosters a sense of home and self-determination, and promotes reintegration into the community. The Pathways model has been remarkable successful in addressing chronic homelessness.¹



Photo Credit: Sarah Bones

The Pathways Program started in Philadelphia in 2008 serving 131 individuals. The program maintains a 92% retention rate even amongst those individuals not considered "housing ready" by other programs

Health, psychiatric disability, and homelessness

- People with a diagnosis of a serious mental illness experience premature death and disease from treatable medical conditions and modifiable risk factors.²
- In a recent survey of over 500 people still living on the streets of Philadelphia, over 50% were identified as physically vulnerable with increased risk of death. The majority of these individuals also reported a behavioral health condition.³
- Over three-quarters of Pathways clients have been diagnosed with a chronic physical disease such as diabetes or high blood pressure and 60% are managing 2 or more chronic diseases

Integrated care

In response to this alarming situation, Pathways to Housing-PA has developed a novel integrated care program through a unique partnership with the Department of Family and Community Medicine at Thomas Jefferson University.⁴ A primary care physician has been embedded within the care team to provide direct clinical services and care coordination. Integrated care team members include staff from social work, nursing, psychiatry, primary care, community integration, substance abuse support, and peer support.

Community Based Participatory Research (CBPR)

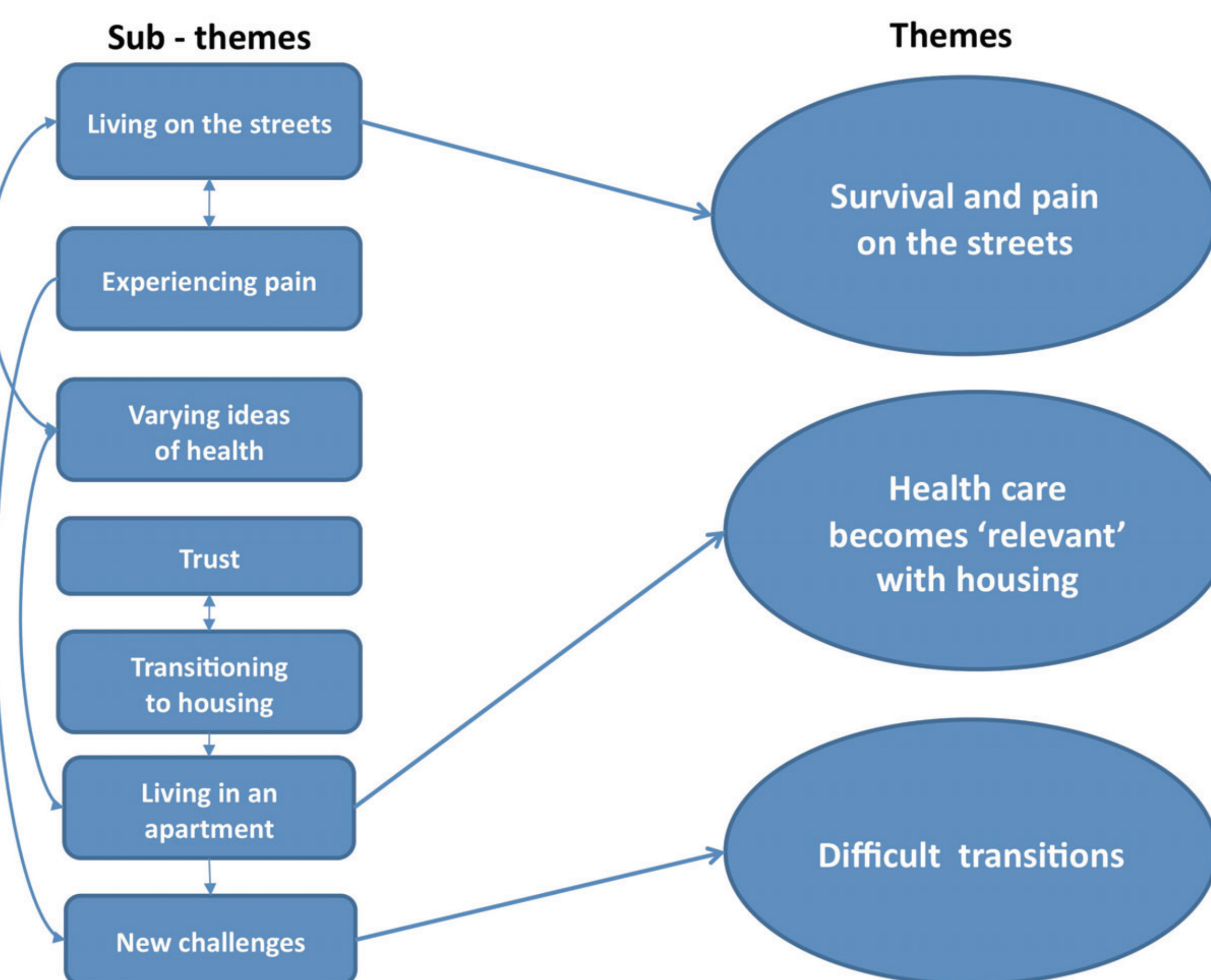
The critical Housing First principle of consumer choice is embraced in both individual health care and health services planning. CBPR projects directly involving PTH consumers in the exploration of health and healthcare issues have been ongoing since the program's inception.

HEALTH CARE DECISION MAKING

Research Question: How does housing affect healthcare decision making?

Methods: 11 clients took part in a 9-week project focused on health. Using qualitative methodology, weekly meetings were recorded, transcribed, then analyzed resulting in the development of thematic findings.

Results



Conclusions

- Without housing access to health care may have limited impact on the health (except in the case of painful, life-threatening conditions).
- Housing has the potential to profoundly change how people perceive and attend to their health care priorities.
- In order to transition from homelessness, access to housing, comprehensive supports, and service providers' commitment to building trusting relationships are critical.
- Competing interests and challenges continue to affect health and healthcare decision making even with housing.
- For individuals with experiences of both homelessness and psychiatric disability, the prospect of finally being able to authentically consider "health" brings with it new implications for interfacing with the healthcare system

CHRONIC DISEASE SELF MANAGEMENT

Research Question: Is a standardized chronic disease self management program (CDSMP) experienced as a valuable intervention by Pathways' consumers?

What is the impact of collaborative inquiry into health program development on participants critical agency?

Methods:

- Baseline individual interviews were conducted with all participants
- All participants took part in the 6-week Stanford CDSMP facilitated by Center in the Park
- Participants completed weekly action plans and standardized pre and post program surveys
- Follow-up interviews were conducted with each participant with directed questions about "critical agency," or the freedom to act and question.
- All interviews were recorded and transcribed.
- Analysis incorporated a mixed methods approach.

Preliminary Findings

- 25 participants took part in the pilot CDSMP session, with over half attending at least 5/6 sessions
- The program significantly increased awareness of physical health issues
- Participants would welcome further inclusion of pain management and mental health issues into the program
- Women participants would welcome further discussion of past trauma and its affects on current health
- Social isolation figures heavily in influencing self-management and dietary behaviors for many participants
- Regular group attendance and sharing was beneficial in counteracting social isolation and building relationships with other Pathways clients
- Participants feel responsible for their own health and acknowledge the ongoing challenges associated with action planning and self management
- Participants reported active involvement at Pathways but community integration is viewed as a much longer process
- Trust, first in yourself and then in others, is a critical prerequisite to effectively managing chronic health conditions

DISSEMINATION

- Creation and production of "Housing as the Road to Healthcare", Winner of Philadelphia Stories film award on MIND TV <http://philadelphiastories.tv/s8-winners.html>
- Collaborative writing and submission of manuscript "The healing begins every time you put the key in the door: Housing as a health intervention for individuals experiencing chronic homelessness."
- Team presentations at national and international health conferences and local health professional schools

Future Plans

- Consumer support program for newly housed and socially isolated individuals
- Training as lay leaders for CDSMP

Literature Cited

1. Tsemberis S, Gulcur L, Nakae M. Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Am J Public Health*. 2004 Apr; 94(4): 651-656.
2. Background: A National Call to Action for the Wellness of People with Mental Health Problems. 10X10 Wellness Campaign. Substance Abuse and Mental Health Service Administration. <http://www.promoteacceptance.samhsa.gov/10by10/background.aspx>. Updated 1/6/2010. Accessed 9/9/2011.
3. Philadelphia Commits to House 50 as Registry Week Ends. 100,000K Homes. <http://100khomes.org/blog/philadelphia-commits-to-house-50-as-registry-week-ends>. Updated 5/20/11. Accessed 9/9/11.
4. Henwood BF, Weinstein LC, Tsemberis S. Creating a Medical Home for Homeless Persons with Serious Mental Illness. *Psychiatric Services* 2011;62(5):561-562.

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Photo Credit: Sarah Bones

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