Pathways' Housing First Program

Housing First, a program developed by Pathways to Housing, Inc., is designed to end homelessness and support recovery for individuals who are homeless and have severe psychiatric disabilities and co-occurring substance use disorders. Pathways' Housing First model is based on the belief that housing is a basic right and on a theoretical foundation that emphasizes consumer choice, psychiatric rehabilitation, and harm reduction. The program addresses homeless individuals' needs from a consumer perspective, encouraging them to define their own needs and goals, and provides immediate housing (in the form of apartments located in scattered sites) without any prerequisites for psychiatric treatment or sobriety. For consumers with high needs, treatment and support services are typically provided through an Assertive Community Treatment (ACT) team consisting of social workers, nurses, psychiatrists, vocational and substance abuse counselors, peer counselors, and other professionals. These services may include psychiatric and substance use treatment, supported employment, illness management, and recovery services. Consumers who have more moderate needs, are further along in recovery, or participate in smaller programs may receive support through an intensive case management approach, obtaining services both directly from their own program and through referrals to other agencies.

Consistent with the principles of consumer choice, Housing First uses the harm reduction approach in its clinical services to address both substance abuse and psychiatric issues. The treatment team recognizes that consumers can be at different stages of recovery and that interventions should be tailored to each consumer's stage. Consumers' tenancy is not dependent on their adherence to clinical treatment, although they must meet the obligations of a standard lease. The team works with consumers through housing loss, hospitalization, or incarceration and helps consumers obtain housing after these episodes. While consumers can refuse formal clinical services, the program requires them to meet with a team member at least four to six times per month to ensure their safety and well-being.

Descriptive Information

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<th>Mental health treatment</th>
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<td>Residential</td>
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### Quality of Research

**Review Date: November 2007**

**Documents Reviewed**

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

#### Study 1


#### Supplementary Materials

**Padgett, D. K. (2007).** There is no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science and Medicine, 64*(9), 1925-1936.


**Yanos, P. T., Barrow, S. M., & Tsemberis, S. (2004).** Community integration in the early phase of housing among homeless persons...
### Outcomes

#### Outcome 1: Residential stability

**Description of Measures**
Residential stability was assessed using the Residential Follow-Back Calendar developed by the New Hampshire Dartmouth Psychiatric Research Center. The interviewer assessed the participant's location for each day during the past 6 months. From this information, the proportion of time spent homeless (living on the streets, in public places, or in shelter-type accommodations) and the proportion of time spent in stable housing (residing in one's own apartment, having a room or studio apartment in a supportive housing program, etc.) were calculated. The number of days spent in any of the locations categorized as "homeless" and the number spent in locations categorized as "stably housed" were each summed and divided by the total number of days of residency reported at the interview.

**Key Findings**
From baseline to 2-year follow-up, 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 (p < .001). Similarly, from baseline to 3-year follow-up, Housing First participants spent significantly less time homeless than the comparison group (p < .001).

**Studies Measuring Outcome**
Study 1

**Study Designs**
Experimental

**Quality of Research Rating**
3.7 (0.0-4.0 scale)

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#### Outcome 2: Perceived consumer choice in housing and other services

**Description of Measures**
Perceived consumer choice was assessed using a modified version of Consumer Choice, a 16-item instrument developed by Srebnik, Livingston, Gordon, and King. Participants were asked to indicate their perceived level of choice for aspects of housing services, such as the place where they live or how they spend their day. Responses were given on a 5-point scale ranging from "no choice at all" to "completely my choice." Responses were used to determine (1) how important it was for the participant to have a choice at baseline (in location, neighbors, housemates, visitors, etc.) and (2) how much choice the participant actually had at subsequent time points.

**Key Findings**
At 2-year follow-up, participants assigned to Housing First reported significantly more choice with respect to their housing, treatment, and daily living than participants in the comparison group, who were assigned to traditional programs that made treatment and sobriety prerequisites for housing (p < .001). This effect was maintained at 3-year follow-up.

**Studies Measuring Outcome**
Study 1

**Study Designs**
Experimental

**Quality of Research Rating**
2.4 (0.0-4.0 scale)

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#### Outcome 3: Cost of supportive housing and services

**Description of Measures**
Using the Residential Follow-Back Calendar, the total number of days each participant spent in different locations was calculated for each time point. The cost per person per day was then calculated by multiplying the number of days in each location with the cost associated with each location, then dividing the product by the total number of days.

**Key Findings**
From baseline to 2-year follow-up, participants assigned to Housing First accrued significantly lower supportive housing and services costs than participants in the comparison group, who were assigned to traditional programs that made treatment and sobriety prerequisites for housing (p < .05).

**Studies Measuring Outcome**
Study 1

**Study Designs**
Experimental
### Outcome 4: Use of support services

**Description of Measures**

Use of support services was assessed with:

- The substance use treatment subscale of a modified version of the Treatment Services Review. Participants were asked whether they had used any of seven different types of services in the past 2 weeks (e.g., use of a detox program; consultation with a counselor to talk about substance problems; attendance at Alcoholics Anonymous, Narcotics Anonymous, or other substance abuse self-help groups). Use was calculated as the average of this 7-item measure.
- Residential Follow-Back Calendar. The proportion of time participants spent in psychiatric hospitals was calculated by dividing the number of days each participant spent in psychiatric hospitals by the total number of days in the assessment period.

**Key Findings**

From baseline to 2-year follow-up, participants in the comparison group (who were assigned to traditional programs that made treatment and sobriety prerequisites for housing) reported significantly higher use of substance abuse treatment programs \( (p < .05) \) and a significantly larger proportion of time in psychiatric institutions \( (p < .01) \) than participants assigned to the Housing First group.

**Studies Measuring Outcome**

<table>
<thead>
<tr>
<th>Study</th>
<th>Study Populations</th>
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| Study 1 | 18-25 (Young adult)  
26-55 (Adult)  
55+ (Older adult)  
77% Male  
23% Female  
48% Black or African American  
30% White  
14% Hispanic or Latino  
8% Race/ethnicity unspecified |

**Quality of Research Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the Quality of Research for an intervention’s reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).
Readiness for Dissemination
Review Date: January 2014

Materials Reviewed
The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Forms and tools:

- ACT Case Review
- ACT Chart Review Checklist
- ACT Team Morning Meeting Checklist
- Assistant Team Leader Task List—Assertive Community Treatment (ACT)
- Assistant Team Leader Task List—Supported Housing
- Case Review Checklist—Assertive Community Treatment (ACT)
- Housing First Agency Training and Consultation Program
- New Employee Team Site Orientation Check List
- Pathways Housing First Fidelity Scale (ACT Version)
- Pathways Housing First Fidelity Scale (ICM Version)
- Psychiatric Assessment—Supported Housing
- Routine Apartment Inspection
- Strengths Assessment
- Strengths Assessment—6 Month Update
- Supervision Notes
- Team Leader Task List

Pathways to Housing, Inc. (n.d.). Clinical services and property management coordination [PowerPoint slides].

Pathways to Housing, Inc. (n.d.). Housing First & harm reduction [PowerPoint slides].

Pathways to Housing, Inc. (n.d.). Housing First 101 [PowerPoint slides].

Pathways' Housing First Training Institute [Information sheet]


2-Day Training Agenda

Readiness for Dissemination Ratings by Criteria (0.0–4.0 scale)
External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.
**Dissemination Strengths**

The manual clearly articulates the philosophy of the program and describes program components and other details that support both the adoption decision and implementation itself. A number of program materials are provided to directly support implementation. The importance of training and consultation to assist new sites with program start-up and implementation, particularly through the first year of operation, is emphasized in both the manual and on the program Web site. Initial training is provided at new implementation sites, and consultation on program start-up and implementation is available both on site and by phone. Implementers have the option to participate in annual peer learning opportunities by attending workshops at other sites successfully delivering the program. Several tools are provided to facilitate quality assurance, and a thorough program fidelity assessment and evaluation are available through the developer for periodic use.

**Dissemination Weaknesses**

No information is provided on the specific clinical, interpersonal, and problem-solving skills required for staff to implement the intervention effectively. There is no observation tool for supervisors to use in assessing staff skill in delivering the program. No written instruction is provided on using the quality assurance tools or interpreting data in an effort to improve program delivery.

**Review Date: November 2007**

**Materials Reviewed**

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

- Consumer Chart Review Form
- Description of quality assurance protocols
- Felton, B. J. (2004). Continued participation review process. [description of Pathways to Housing utilization review process]
- Luminosity Pictures, Inc. (n.d.). ACT in action [VHS].
- Overview of Housing First training services/Housing First Partnership training faculty
- Pathways to Housing: From Streets to Homes [VHS]
- Pathways to Housing: Journeys in Recovery [VHS]
- Pathways to Housing Manual: A Practitioner’s and Program Planner’s Guide to Housing First (Draft Version 2)
- Service Plan Log Template [spreadsheet for tracking comprehensive service plans]
- Tenant Repair Procedure [statement of policies/procedures for handling apartment repair requests]

**Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.
**Dissemination Strengths**

Program materials are comprehensive and user-friendly. Staff roles and responsibilities are nicely explicated. The developer provides on-site training that addresses program philosophies and implementation challenges.

**Dissemination Weaknesses**

The manual appears to be in the draft stage. Further information is needed to guide implementers in accessing affordable, safe housing for the target population. No fidelity measures or program impact indicators are provided to assist implementers in monitoring quality assurance.

**Costs**

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Developer</th>
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| Housing First: The Pathways Model To End Homelessness for People With Mental Illness and Addiction | Manual with supplemental DVD: $189 each  
Manual without DVD: $49.95 each | Yes |
| On-site training (includes meetings with community and system stakeholders, agency leadership, and program service providers) | Varies depending on site needs | No |
| Program fidelity assessment | Varies depending on site needs | No |
| Housing First operating program workshops at sites in DC, NY, PA, and VT | Varies depending on site needs | No |
| Virtual training and consultation (e.g., online learning, Webinars, remote training) | Varies depending on site needs | No |
| Training video package | Varies depending on site needs | No |
| Ongoing technical support (includes on-site consultation, phone consultation, and other ongoing support) | Varies depending on site needs | No |

**Replications**

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.


Contact Information

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To learn more about research, contact:
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stefancic@pathwaystohousing.org

Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):
- http://www.pathwaystohousing.org

This PDF was generated from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=365 on 2/3/2015