

issues and action

New Approaches in the Third Decade of the Homelessness “Crisis” in America: Innovation Inspired by Practice and Supported by Research

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The sight of a homeless man or woman huddled in a doorway has become all too familiar in American cities. Bundled in rags and pushing a shopping cart containing their belongings, these destitute individuals have become the most visible symbol of poverty and despair in a land of plenty. As the United States enters its third decade of a homelessness “crisis”, fresh solutions are



being sought. This brief report focuses on a chain of events that originated in the work of a practitioner who was inspired to establish an innovative program for homeless mentally ill adults in New York City. That program,

Pathways to Housing, Inc. became the focus of several years of research starting in the late 1990s that led to policy changes at the state and national levels.

In 2004, the Silver School became part of this research as the site of a four-year qualitative study funded by the National Institute of Mental Health headed by SSSW Professor Deborah Padgett, PhD. Other SSSW personnel involved in the New York Services Study (NYSS) included Andrew Davis as Project Director, doctoral student Ben Henwood, and Assistant Professor Dr. Victoria Stanhope.

What is the Problem? What is the Solution?

Epidemiological studies have shown that a significant minority of the homeless has a serious mental illness such as schizophrenia or bipolar disorder and at least half or more have problems with illicit drugs and/or

alcohol. Such problems may hasten the descent into homelessness, but they are neither necessary nor sufficient for it to happen. Serious mental illness typically predates homelessness but depression and anxiety often add on to the psychotic symptoms—not surprising if one is trying to survive outdoors. Substance abuse may pre- or post-date homelessness but either way it is almost always exacerbated by it. The stress of daily life, including exposure to the elements and to physical assault, makes it hard to imagine that a significant number of homeless persons *avoid* turning to substances to escape their harsh reality.

Chicken-or-egg arguments about mental illness and substance abuse as causes vs. consequences of homelessness tend to overlook broader social problems and structural deficits. Indeed, the sharp downturn in affordable housing dating to the Reagan era of the 1980s has made homelessness virtually inevitable regardless of individual problems and frailties. In the United States, approximately 2 million individuals are homeless per year, and such estimates are always on the low side since thousands of individuals are living doubled-up with relatives or moving through a series of encampments under highway overpasses, in city parks, or in abandoned buildings. According the National Coalition for the Homeless, the recent subprime mortgage crisis has increased the numbers of homeless through massive foreclosures.

The heterogeneity of the homeless population is belied by a common denominator of extreme poverty and deprivation. In terms of service delivery, there are two distinct subpopulations: homeless families (mostly women and their young children) and adults without children (or without custody of children). The latter group, comprised of a disproportionate number of persons with serious mental illness, has been



characterized as the hardest-to-reach and the most recalcitrant.

Organizations devoted to helping the mentally ill homeless have proliferated since the 1980s, yet their approach to outreach and engagement is fairly uniform. Thus, using trained outreach workers (along with low-threshold drop-in centers), they offer case management services along with temporary housing. The latter, usually a congregate-style residence with on-site staff, has rules governing visitors, curfews, medication compliance, and abstinence. Residents' ability to progress toward independent housing is contingent upon following these rules and demonstrating 'housing worthiness'. In rare instances, independent housing is immediately available to those deemed worthy, but most of the time this process takes months or years (and is often disrupted when a client "goes AWOL"). This revolving door situation—where clients traverse an "institutional circuit" of shelters, jails, hospitals and rehab centers—has been criticized as inadequate and at times inhumane. It is a troubling fact that the Los Angeles County Jail is considered one of the largest facilities housing the seriously mentally ill in the country.

Implementing an Innovative Practice: "Housing First" and its Origins in New York City

In 1992, psychologist Sam Tsemberis was working for

New York City's Project Help homeless outreach program, seeking to convince reluctant street-dwellers to enter Bellevue Hospital's psychiatric ward or other treatment setting. Hearing their pleas for housing, Dr. Tsemberis decided to listen to their preferences as consumers of services, and founded Pathways to Housing, Inc. Pathways reversed the usual continuum of care by offering immediate access to independent apartments in scattered sites around the city, along with case management (known as "assertive community treatment" teams) to attend to their mental and other problems.

Unlike the standard approach, Pathways did not make keeping one's apartment contingent on abstinence, on taking psychiatric medications, or on having no previous history of violence or incarceration. Put another way, Pathways accepted the very persons existing programs screen out as too risky—and held apartments for these individuals if and when they were hospitalized, jailed or went into rehab. Aside from basic services and housing, Pathways offered classes in art, photography, and nutritional cooking along with computer and job skills training. The program's only requirements were to agree (at least in principle) to be visited by a case manager regularly and to contribute one-third of any income (usually an SSI disability check) toward paying the rent. Skeptics argued that putting a drug-using mentally ill

person in an apartment with so few strings attached was risky at best and posed a serious danger to the client and the larger community at worst. It was also deemed a waste of resources since these individuals' problems would sabotage efforts to keep them in the community and stably housed.

From Practice to Research: Putting 'Housing First' to the Test

To assess Pathways' effectiveness, an experiment was mounted and supported by a Federal grant in 1997. The New York Housing Study was a four-year trial in which homeless mentally ill persons in New York City were randomly assigned to Pathways or to standard care (the latter including shelters and various types of congregate treatment facilities). Ending in 2002, the study produced significant quantitative results showing that Pathways tenants were more stably housed and felt they had more choice and control over their lives compared to those assigned to standard care. These findings constituted the first empirical evidence that the approach brought positive results. By the same token, the study left some questions unanswered, such as why members of both groups used drugs and alcohol less over the four years of the study but at about the same rates (at least according to the quantitative measures).

The potent mix of serious mental illness and substance abuse, when interwoven with enduring poverty and health problems (some stemming from side effects of anti-psychotic medications), presents a far greater challenge than existing services can address and research methods can grasp. Concerned about this gap in knowledge, in 2003 we developed and proposed a four-year qualitative study to examine 'housing first' and other standard care services from the consumers' perspectives and in his or her own words. The proposal gained a favorable review at the National Institute of Mental Health and the New York Services Study began in September 2004 with Dr. Padgett as the principal investigator and the SSSW as its home. Ending in May, 2008, the NYSS was one of the largest all-qualitative studies funded by the NIMH and the first of its kind in social work research.

Findings from the NYSS: Understanding the Homeless Service System from the Consumers' Perspectives

What we have learned from in-depth interviews with 83 formerly homeless mentally ill adults and their case

managers has thus far filled nine published manuscripts (see listing at the end of this report) and we are still analyzing "rich" data from hundreds of interviews and thousands of pages. Summarized into bullet points, these findings include:

- Living independently in one's own apartment gave participants a sense of independence and safety from outside intrusions that they did not have in congregate living.
- Women were far more likely to report severe childhood and adult sexual and physical abuse compared to men.
- Men and women who had problems with drugs and alcohol tended to start using in their early teenage years before their first psychiatric hospitalization.
- Dealing with the symptoms of mental illness was less often mentioned than problems such as dysfunctional family relationships, lack of housing, unsafe neighborhoods, and inadequate health care.
- Staying in treatment or engaged in services was related to provider empathy and assistance, to flexible rules and restrictions, and to imparting a sense of hope.
- "Going AWOL" affected 11% of Pathways clients compared to 54% of those in standard care. Such program disengagement was often due to relapse but also to restrictions and living conditions that limited freedom and sense of choice.
- Substance use over the 12 months was distinctly different for the two groups—individuals in the 'housing first' program were 3 times more likely to abstain from heavy drinking or illicit drug use than their standard care counterparts.
- Participants often used 'loner talk' and invoked a need for privacy and social connectedness on their own terms. In particular, the pursuit of an intimate partner was put on hold until less demanding but trusting relationships could be established.

From Research to Policy...to Practice?

Published research, homeless advocacy, and media attention (see, for example, Malcolm Gladwell's

“Million Dollar Murray” in the February, 13, 2006 issue of *The New Yorker*) caught the attention of policymakers such as Philip Mangano, the Bush White House ‘homelessness czar’, who saw Pathways’ ‘housing first’ model as a fresh approach to a seemingly intractable problem. Several cities have adopted ten-year plans to end homelessness with ‘housing first’ an integral part of these plans. Indeed, a recent report from the Federal government has credited a drop in homelessness to policy changes promoting housing first (see, for example, the *New York Times*, July 30, 2008, “US Reports Drop in Homeless Population”, p. A12).

Interestingly, while housing first’s pro-consumer-choice philosophy has attracted support from advocacy groups, policymakers have been drawn to its cost-effectiveness (Pathways’ program costs run about \$21,000 annually per person compared to \$27,000 for a shelter, \$60,000 for a jail, \$170,000 for a state psychiatric hospital, and \$433,000 for a city psychiatric hospital).

Strong endorsement from the highest levels backed up by solid research findings does not mean that ‘housing first’ will transform everyday practice overnight. Some providers continue to resist its consumer-friendly approach favoring choice and empowerment. As one mental health professional said in an interview for the NYSS study, “I think that there could be, maybe, a transitional type of housing first thing, where maybe you could go into a building that was a dedicated housing first model. But the scatter-site approach I am very skeptical about”. Standard care providers are reluctant to give up the status quo (which involves millions of dollars in contracts) and clinicians—including social workers—frequently prefer to retain control over their client’s decision-making, fearing the worst rather than enabling the best.

Yet social workers, along with peer advocates, psychiatrists and nurses, are the key to making housing first work. Housing first is not a cure-all solution for homelessness. But its empirical foundation—with the assistance of SSSW faculty and students—is becoming more secure. As one Pathways tenant said in an interview, “It wasn’t until I got with Pathways that I started straightening up, like learning how to stop using, taking a good look at me and realizing who I am”.

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