

Program Name: Pathways

Your name and date: Eileen Morris, Sept. 5

Program Evaluation Template - This template is to be used as an evaluation tool during our program investigation. The questions are designed to assist in determining what elements of each program we want to consider for incorporation into our programs. Feel free to add additional notes as you use the template. This template is the foundation for your presentation about the program you have researched. (Version #4)

Program or Concept Purpose or Mission Statement:

The program operates from the belief that housing is a right, and that programs which measure "housing readiness" as a prerequisite to finding housing for homeless people are fundamentally flawed.

Principles or Values

The program runs on a housing first/consumer choice/harm reduction model. Participants are housed immediately and offered an array of helpful services—most of which they are free to refuse.

Program Structure or Key Points:

The program was started by Sam Tsemberis. It serves mentally ill homeless people—and does not turn people away because of concurrent drug and/or alcohol problems or criminal history.

Participants do not have to maintain sobriety, be diligent about treatment or set or meet goals. The idea is that when they have something to care about—a home—they will want to improve their lives. "Recovery starts when you have something to care about, a place where you can go," said Tsemberis.

Pathways works with about 200 landlords in New York to provide "scattered site" independent housing for each participant. The agency eschews low-income housing projects or the development of projects for the mentally ill, believing that mainstreaming is good for participants and the larger community.

Participants pay 30 percent of their income for rent. Most have Section 8 vouchers or have their rent subsidized by other HUD programs. Those who don't qualify for federal funding get their rent subsidized by the city of New York.

The only things that participants must agree to are twice-monthly home visits from Pathways staff.

Participants are offered a huge array of services—most of which they are free to refuse. These include job training, employment placement, education, drug and alcohol treatment, psychiatric care, and medical treatment.

If participants are unable to handle their money, Pathways will administer their income for them, paying rent and utilities and giving them a monthly or weekly allowance. If people are in danger of blowing all their food money, a Pathways staff member will take them grocery shopping once a month.

How does the program define or measure success? (What evidence does the program provide to show success?)

The program measures whether people remain in housing. And they do. The Greenfield Foundation recently funded a study to see how Pathways compared to traditional agencies which provide services to homeless people. They found that over five years, 88 percent of the Pathways clients maintained their housing, while in a traditional "step by step" program, only 47 percent of people kept their housing.

Describe a successful participant

Someone who is stable in housing.

At what level would a participant enter the program?

Outreach would happen on the street or in other programs.

Complete the table below.

Program Approach (Application)	Method (How it's used?)	Outcome (What would it look at COTS?)	Measurement (How do we measure success?)
Human Growth & Transformation	The program presents opportunities and leaves the growth and transformation up to the client.	This would depend on whom we were serving.	Success is measured on a case by case basis (recovery, employment etc.) and by how many people remain in housing.
Staff Interaction with Clients	Intensive staff interactions	Intensive staff interaction	When staff is helpful in enabling people to remain in housing and make other life-enhancing decisions.

<p>Client-to-Client Interaction</p>	<p>Pathways offers employment opportunities during which clients interact.</p> <p>About half of the staff are addicts in recovery.</p>	<p>This would depend on whom we were serving.</p>	
<p>Client Self-Help</p>	<p>Every step taken beyond finding housing is the result of a client decision to help himself.</p>	<p>This would depend on who we were serving.</p>	<p>The number of clients able to remain in housing. The number of clients making other decisions that are enhancing their lives.</p>

Does this promote a responsible and accountable lifestyle? How?

With a home, and with someone managing their money, dual-diagnosed people are less likely to make choices which harm themselves or others.

It's also moral and ethical for a society to provide housing to the people who are least able to help themselves.

What are the client decision points in this program? (Are they clear and identifiable?)

There are few decision points. The client has to agree to a minimum of twice-monthly visits from Pathways staff. Anything that s/he does after that is totally up to him.

What would you change to make the program or concept more useful in our setting?

Pathways doesn't provide (or I couldn't find) information about how many clients seek treatment for addictions or seek other services. I am trying to get in touch with Tsemberis to see what their results are.

Until I know how many life-enhancing decisions clients make, I don't know if it needs to be altered.

Additional Issues:

- **Staffing Requirements** (Any additional staff? Any staff training requirements?)

Staffing requirements are heavy. Pathways serves between 400 clients and has a staff of over 50. Staff includes two psychiatrists; four housing service coordinators; five team leaders; two nurses; several student nurses, 40 service coordinators; and a vocational specialist. In addition, they have Tsemberis and development people. At any one time, at least half of the staff is in recovery.

Each participant is assigned an "Assertive Community Treatment Team," depending on his particular needs and preferences. A team could include several service coordinators, a nurse, a vocational expert, a drug and alcohol counselor, etc.

The Pathways teams work with a "harm reduction" model in mind—coordinating with needle exchange programs, for example, and providing safer sex materials and education.

In addition, the organization has created a number of partnerships with employers, educational organizations and advocacy groups. Pathways now has a bakery and a thrift shop.

There is no "apples to apples" comparison possible, but COTS current staff to client ratio is much lower.

- **Aftercare**

Everything Pathways does is "aftercare" because clients are in housing.

- **Costs**

The Pathways budget is over \$8 million.

Pathways cites a study by University of Pennsylvania professor Dennis Culhane which finds that a mentally ill person on the streets costs the social and health systems about \$40,500 per year. Pathways says that the total cost of each of its housing units is only \$22,000 per year. If you divide their Pathways' annual budget by its 400 clients, it comes to \$20,000 per client, which makes me skeptical about the \$22,000 figure—staffing, groceries, utilities plus rent in New York for \$20,000? Come on. I don't see how it can include state and federal individual housing subsidies or take into account the freebies from other programs—for example, food programs, student nursing internships, job training collaboratives, etc. I have tried to get in touch with Tsemberis to get clarification.

However, if Culhane's figure is accurate, Pathways has @\$20,000 worth of fudging before it's more expensive than having someone living in misery on the street.

What pieces of the program or concept do you see useful for COTS?

Several ideas are helpful.

First, if we could sell it to funders, I think wholesale adoption of the program concepts would be great. We've talked several times about the fact that there are some people—most often those who are mentally ill—for whom traditional services are inadequate. These people live in misery on the streets or in camps and are vulnerable to harm.

Second, the idea of housing being the springboard to recovery is one which we've talked about a lot.

Third, the harm reduction idea—the idea that addicts will preserve their lives and safety if it's easy for them to do so is powerful. It's one that we already work with, but it might be good to make it a more established part of the culture.

Fourth, the team approach seems interesting. It ensures good communication and builds on ideas we've talked about, particularly around resiliency.

One thing which I could easily forego would be the scattered site housing. I understand the concept of integrating people into the larger community, but it sounds like it adds a lot to the cost of the program and has the potential to spark huge community battles.

How do you see this working in our effort?

We've spent a lot of time talking about programs with "clearly defined expectations and decision points." But, in nearly every discussion, someone has brought up the fact that there are people who will not be able to meet those expectations or will resist them.

If we want all our clients to make decisions which will enable them to find and keep housing, we need to create programs which will provide mentally ill people with enough intensive support to do so. Whether it's for us to do or for some other agency in the county remains to be seen, but it's obvious from our discussions that the need for something like this is great.

What makes you feel uneasy about this program or concept?

I think it would take phenomenal energy and time to get funding lined up and public support for a program like this.

Sources:

National Alliance to End Homelessness, www.naeh.org

"Preventing Chronic Homelessness," www.nrchmr.com

"Homelessness and Dual Diagnosis," www.psychosocial.com