



Pathways to Housing PA: Using Landlord Engagement and Flexible Services to Assist Individuals at the Intersection of the Opioid Crisis and Homelessness

In 2008, Pathways to Housing was invited into Philadelphia by the city government to bring Housing First approaches to their most vulnerable population of people experiencing chronic homelessness—those with severe and persistent mental illness, physical and intellectual disabilities, and addiction disorders.

Between 2015 and 2016, the number of people experiencing unsheltered homelessness in Philadelphia [increased 5%](#), according to the local point-in-time count, a result of what local experts believe is the effects of the opioid crisis. In response, the city again turned to Pathways to Housing PA to leverage their Housing First model to house and support people experiencing homelessness who are struggling with opioid abuse.

Pathways to Housing PA is currently serving 400 people who experienced chronic homelessness who also have severe mental health or major primary addiction diagnoses, or both. Pathways maintains an 85% housing retention rate with clients who were not considered “housing ready” in the traditional system.

To better understand the Housing First approaches and strategies that underpin their model, we spoke with President and CEO Christine Simiriglia, Vice President for Housing First Services Sandra Romeo, and Clinical Director Matt Tice.

USICH: What housing, services, and supports does Pathways to Housing PA provide?

Christine: Pathways to Housing PA is a Housing First program that supports individuals’ self-directed recovery and community integration, with an emphasis on and a commitment to do whatever it takes for a person to maintain housing and be well.

We’re connecting individuals to scattered-site permanent supportive housing with an appropriate level of services to meet their individual needs without any barriers to entry. We have case management teams that include psychiatrists, nurses, and peer specialists. We offer transportation, connections to enhanced pharmacy services, primary care and mental health services, access to and training on how to use Narcan, as well as addiction treatment services, all in-house. We’re a satellite location of a federally qualified health center (FQHC) to offer primary care services and we’re able to provide addiction treatment services—medication-assisted treatment (MAT), including Suboxone and Vivitrol—through a state grant.

We also have a program built around community inclusion and integration. We believe it is our job to make sure that people are a part of the community and not just placed in the community, which requires helping people work on integrating into their new neighborhoods.

USICH: Can you describe the scope of the opioid crisis in Philadelphia and the impact on individuals in your programs and others experiencing homelessness?

Matt: As was recently noted in the [Final Report of the Mayor’s Task Force to Combat the Opioid Epidemic](#), Philadelphia have some of the strongest, purest, cheapest heroin in the country. As a result, the number of

individuals who end up becoming addicted here has increased dramatically, significantly affecting the people who are experiencing homelessness and addiction at the same time. There's been an increase in the number of people experiencing homelessness as a result of the influx in heroin in the city, we see it in our numbers and in its visibility. There are a couple of neighborhoods where encampments have become open air markets where heroin dealing and overdoses are just rampant.

USICH: What are some of the strategies you use to overcome the challenges of connecting health care and housing?

Sandra: We master lease scattered-site apartment units all over the city. Client choice—in neighborhood, apartment style, and throughout our services—is really important for people's success and it's a big part of our model. Choice is a recurring theme throughout our harm reduction strategies, case management approaches, and medical care.

We're meeting people at whatever level is necessary for their particular situation; we'll see people once a week or even a couple of times in a day, depending on what they're experiencing and needing and how much contact and support is necessary.

Christine: It's critical for us to be able to offer extremely flexible health and behavioral health services. More than 75% of our case management services are provided in the community. Our doctors, psychiatrists and therapists are in-house for those who are able to visit them in the office, but they also do "house calls" if there's a barrier to accessing adequate care for the help they need.

We're all about partnership to make sure that our clients have access to experts and services available in our community. We encourage people to get health care in the community, but for those who can't, we partnered with Project HOME to operate a satellite site for their FQHC.

We developed a great partnership with a small local pharmacy that is as flexible as our other partners and will do multiple deliveries in one day and go out to any neighborhood we need. Our nurses are on hand to do further medication education to increase adherence when that's needed, but the pharmacy makes sure they're getting a person whatever medications are needed, and are providing a patient review of all medications.

We recognized the need for buprenorphine [a medication used to block or reverse the effects of opioids] and harm reduction approaches to best serve our clients with opioid abuse issues. We also partnered with the city and Prevention Point, a harm reduction organization, to arm all of our staff and clients with Narcan. We're making sure they're trained on how to use it and that we're having these conversations with everyone we work with; we have to keep people alive. We know that our impact is not just on the individual we're serving, but their personal overlap with others makes this a far-reaching effort.

USICH: Can you tell us about your work with landlords to ensure you have access to the number of units you need?

Christine: We treat our landlords as if they're part of our team, not just vendors. We do networking and training events specifically for Philadelphia landlords and we're very responsive and supportive to them. Because we are really responsive and have a genuine relationship with them, our landlords are really supportive in return and act as extra hands and eyes for us in the field quite often. When they reach out, they're usually calling out of concern for our clients.

We work hard to not overburden our landlords, so we take care of anything that's beyond normal wear and tear, especially with the types of things that happen when people have not lived anywhere for a long time. We're fair about costs they may incur and we make sure to have our Housing Department do repairs or cover costs if that's a landlord's preference.

Our landlords feel empowered by being a part of our team. When homelessness feels overwhelming to all of us, they feel they have an opportunity to help, and that feeling for them is invaluable. That's what really fuels our ability to always have units available to our clients.

USICH: What advice do you have for communities that are looking to expand access to treatment and to housing opportunities for individuals experiencing homelessness who struggle with opioid abuse?

Matt: We work really hard to make sure we have people on our team who have embraced the vision and philosophy of Housing First and who understand the importance of having fidelity to the model. We need them to share the person-centered approach. They have a role not only in grasping the philosophy, but in defending it.

Christine: One of the conversations I have with a lot of other communities is around getting past being risk-adverse. These approaches aren't rocket science; in order to offer MAT, you just need a nurse practitioner or doctor to be certified. Having access to MAT and Narcan actually mitigates risks, and your partners, funders, and your insurance companies see that.

We're launching training services in September to do formal Housing First training nationally to help other communities understand how we have taken our "whatever it takes" approach to scale, so I'd encourage other communities to reach out and stay tuned at www.pathwaystohousingpa.org/training.