

Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals With Psychiatric Disabilities

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Objective: This study examined the effectiveness of the Pathways to Housing supported housing program over a five-year period. Unlike most housing programs that offer services in a linear, step-by-step continuum, the Pathways program in New York City provides immediate access to independent scatter-site apartments for individuals with psychiatric disabilities who are homeless and living on the street. Support services are provided by a team that uses a modified assertive community treatment model. **Methods:** Housing tenure for the Pathways sample of 242 individuals housed between January 1993 and September 1997 was compared with tenure for a citywide sample of 1,600 persons who were housed through a linear residential treatment approach during the same period. Survival analyses examined housing tenure and controlled for differences in client characteristics before program entry. **Results:** After five years, 88 percent of the program's tenants remained housed, whereas only 47 percent of the residents in the city's residential treatment system remained housed. When the analysis controlled for the effects of client characteristics, it showed that the supported housing program achieved better housing tenure than did the comparison group. **Conclusions:** The Pathways supported housing program provides a model for effectively housing individuals who are homeless and living on the streets. The program's housing retention rate over a five-year period challenges many widely held clinical assumptions about the relationship between the symptoms and the functional ability of an individual. Clients with severe psychiatric disabilities and addictions are capable of obtaining and maintaining independent housing when provided with the opportunity and necessary supports. (*Psychiatric Services* 51: 487–493, 2000)

Homeless individuals who have psychiatric disabilities and concurrent substance addictions constitute an extremely vulnerable population. The vulnerability is particularly evident among persons who are living on the streets, carrying their bundled belongings, sitting in transportation terminals,

and huddled in doorways or other public spaces. These individuals face distressing consequences, including acute and chronic physical health problems, exacerbation of ongoing psychiatric symptoms, alcohol and drug use, and a higher likelihood of victimization and incarceration (1–3). Members of this segment of the

homeless population do not consistently use services but sporadically appear in drop-in centers, soup kitchens, and psychiatric and medical emergency rooms (4). They are the least likely subgroup of the homeless population to gain access to housing programs.

As with other parts of the homeless population in America, it is difficult to ascertain the number of persons who are literally homeless. Over a five-year period in the late 1980s, 3.3 percent of New York City residents had used the public shelter system (5). Estimates of the number of people on the streets of New York City range from 10,000 to 15,000 (6). The prevalence of mental illness among all sectors of the homeless population ranges from 20 to 33 percent (7,8); however, it is estimated to be considerably higher among the street-dwelling population (9,10).

Most studies ascribe homelessness to personal and clinical characteristics, such as age, gender, socioeconomic status, psychiatric disability, and substance abuse (4,11,12). These studies cite the same factors when discussing the ability to obtain and retain housing. Other observers argue that larger social, political, and economic factors, such as lack of affordable housing, increase or decrease the number of people who remain homeless (13–15).

Service providers describe enormous difficulties in engaging homeless mentally ill persons who are living on the streets (16). Interventions in use today range from persuasion through a prolonged period of out-

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