Implementing Integrated Primary and Behavioral Healthcare Within a Housing First Program

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Pathways Housing First Model

The Housing First model is simple: provide housing first, and then combine that housing with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment. Housing is provided in apartments scattered throughout a community. This “scattered site” model fosters a sense of home and self-determination, and it helps speed clients reintegration into the community. The Pathways model has been remarkably successful in addressing chronic homelessness.

The Pathways Program started in Philadelphia in 2008 serving 125 individuals. The program maintains a 92% retention rate even amongst those individuals not considered “housing ready” by other programs

Academic Health Center Partnership

The embedded family physician joins each team’s client review rounds once a week and provides on-site primary care services for 3 additional hours on those days. When needed, the primary care physician makes home visits to actively engage those individuals who would not otherwise receive medical treatment. Follow-up care occurs either at the housing first agency or at the physician’s hospital-based practice, which is a NCQA-recognized medical home. The practice also facilitates specialty care referrals. This integration of primary care was made possible through an individual research fellowship that allowed for flexibility in the physician’s schedule combined with institutional support from the academic medical center that was committed to piloting innovative approaches to care. The sustainability of integrated primary care within these teams is currently based on soliciting ongoing grant funding.

Interdisciplinary Team

At Pathways to Housing-Philadelphia, mental health services to support consumers’ independent living are delivered through Assertive Community Treatment (ACT) teams.2 ACT is an evidence-based mental health intervention known to reduce psychiatric hospitalization and increase housing stability.3,4 ACT team members include social workers, substance abuse counselors, nurses, and psychiatrists, with ideal staff to client ratios of 1 to 10. Through a novel collaboration between the program and the Department of Family and Community Medicine at Thomas Jefferson University, a primary-care physician was embedded into the ACT services to form an integrated health-care team.

The group used “housing” as an analytic axis from which to form the relationship between decision making and one’s health. The project captured how “health becomes relevant” once a person has permanent, stable housing after experiencing years of homelessness. Clients describe a significant shift in experiences with the healthcare system and approaches to self-management of pain, mental illness, chronic physical disease, and medication before, during, and after their transition from homelessness to independent housing.

Community Based Participatory Research Project

Our first pilot study brought together 11 tenants and 3 clinician researchers to form a group of co-investigators. The group used “housing” as an analytic axis from which to formulate the relationship between decision making and one’s health. The project captured how “health becomes relevant” once a person has permanent, stable housing after experiencing years of homelessness. Clients describe a significant shift in experiences with the healthcare system and approaches to self-management of pain, mental illness, chronic physical disease, and medication before, during, and after their transition from homelessness to independent housing.

Literature Cited
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For further information

www.PathwaysToHousing.org
http://www.youtube.com/watch?v=3VN2GEpaKHY