

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

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 model. Choice is a recurring theme throughout our harm reduction strategies, case management approaches, and medical care.

‡ support is necessary.

Christine: @ than 75% of our case management services are provided in the community. Our doctors, psychiatrists and therapists are in-barrier to accessing adequate care for the help they need.

‡ es available in our
‡ 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 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 h h V ‡ ions with everyone we work with; we

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about cos =) ‡

Our landlords feel empowered by being a part of our team. When homelessness feels overwhelming to all of us, they feel they have 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-