

About Urban Pathways

Who We Are

Urban Pathways provides homeless New Yorkers with the services and assistance they need to become stable, develop their ability to live independently and move into housing, ultimately benefiting from the pride and security that comes with having a home. Our services include: outreach and assessment, one-on-one counseling, placement into permanent housing, therapeutic employment training, wellness self-management, and services that meet basic human needs, including meals, shelter, and medical attention.

We provide leadership in addressing the causes of homelessness and developing comprehensive solutions. Ultimately we help men and women leave the streets and find permanent shelter, develop self-respect and achieve independence and self-sufficiency.

Who We Serve

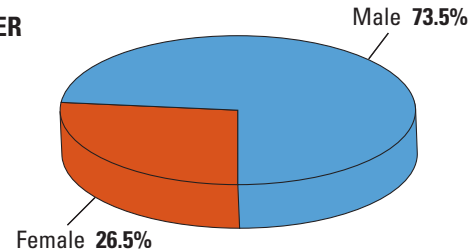
Urban Pathways' services are available to all homeless and formerly-homeless adults, including those that are seriously and persistently mentally ill and/or chronically homeless, those with substance abuse problems and dual diagnoses (mentally ill and chemically addicted). Through consistent engagement, individualized treatment and links to a wide network of services within and outside our programs, these programs help consumers move toward stability, independence, re-housing and recovery.

We Know.....

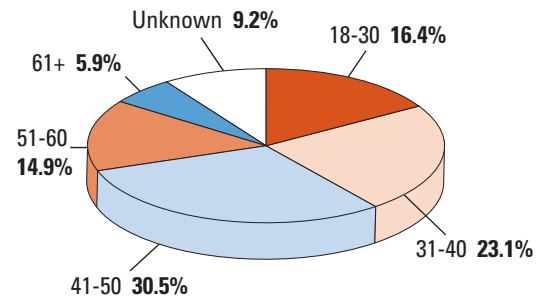
The causes of housing insecurity and homelessness are multifaceted and effective intervention strategies require understanding individual and multiple causes of homelessness. Concrete services, linkages, intake, counseling, referral and follow through are all maximized through individually tailored intervention strategies that consistently engage and motivate clients. Our goal is to identify all possible resources and barriers and to develop an individualized and community-centered prevention strategy that not only prevents homelessness, but also seeks to mitigate future risk factors and maximize stability.

Our Clients

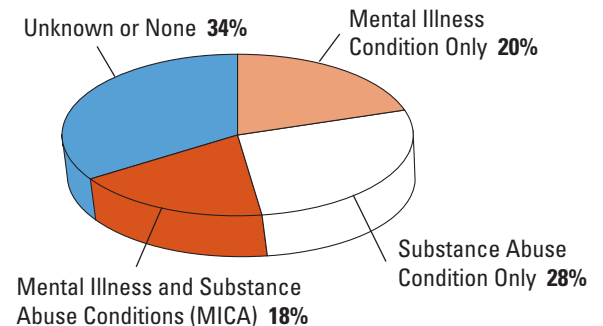
GENDER



AGE



DIAGNOSIS



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Our History

Founded in 1975 (incorporated in 1977) as the West Side Cluster of Centers and Settlements, UP was originally comprised of a coalition of neighborhood centers and settlement houses located on Manhattan's Westside. The organizational history includes the development of the following programs, all of which are current and in operation:

1980 Opened the first drop-in center in the country serving only women, **The Antonio G. Olivieri Center for Homeless Women**.

1981 Opened **The Travelers Hotel**, a transitional shelter serving 36 homeless women and men.

1988 Opened **The Open Door**, a drop-in center for homeless men and women behind the Port Authority Bus Terminal.

1989 Opened **Cluster House**, a supportive housing residence for formerly homeless, mentally ill, and dually diagnosed women to provide a safe, caring environment with a network of services to prevent a return to homelessness.

1996 Started the **Assessment, Diagnostic and Engagement Outreach Program (A.D.E.)** to reach a population of alienated and underserved homeless adults on the streets of Midtown West.

1997 Opened **Ivan Shapiro House**, a supportive housing residence for seriously and persistently mentally ill homeless men and women. Started **Operation Alternative**, an outreach and referral program for homeless individuals in and around the Port Authority Bus Terminal and around the entrance to the Lincoln Tunnel.

2000 Launched the **George Washington Bridge Bus Station Outreach Program** to provide outreach and referral services to homeless individuals in and around the terminal.

2005 Launched the **AMTRAK Penn Station and PATH Outreach Programs** to provide outreach and referral services to homeless individuals in and around the Pennsylvania Station/New York complex.

2007 Took ownership of a vacant lot in the South Bronx to build a new supportive housing residence, **Hughes House**, for seriously and persistently mentally ill, homeless adults. Launched the **Manhattan Consortium**, a group of seven Manhattan-based homeless services organizations contracted by the City, carrying out a borough wide outreach initiative designed to reduce homelessness by 812 by the winter of 2009. Contracted by the City to plan and launch the **Scattered-Site Apartment Program** for 26 homeless New Yorkers with special needs. Finally, converted the Travelers Hotel to the **Travelers Safe Haven**, a low-threshold transitional housing option for chronically street homeless adults not willing to enter the traditional shelter system and/or who have historically not accepted other placement options.

Supporters

\$250,000 & Above

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New York City Department of Homeless Services
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The Port Authority of New York & New Jersey
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Financial Statements

URBAN PATHWAYS, INC. AND AFFILIATE COMBINED BALANCE SHEETS JUNE 30, 2007 AND 2006

	2007	2006		2007	2006
ASSETS			LIABILITIES AND NET ASSETS		
CURRENT ASSETS:			CURRENT LIABILITIES:		
Cash and cash equivalents	\$767,918	\$376,873	Accounts payable and accrued liabilities	693,334	773,713
Grants and contributions receivable	968,336	1,302,771	Refundable advances	442,246	151,005
Deposits, prepaids and other assets	211,228	168,401	Total current liabilities	1,135,580	924,718
Total current assets	1,947,482	1,848,045			
PROPERTY & EQUIPMENT , at cost less accumulated depreciation and amortization:	6,507,303	5,469,407	OTHER LIABILITIES:		
			Due to participants	146,928	135,623
			Loan and mortgage payable	4,976,910	3,838,482
			Total liabilities	6,259,418	4,898,823
OTHER ASSETS:			NET ASSETS:		
Cash—participants accounts	146,928	135,623	Unrestricted	696,176	568,950
Cash restricted to long term purposes	442,451	179,513	Temporarily restricted	2,088,570	2,164,815
			Total net assets	2,784,746	2,733,765
TOTAL ASSETS:	9,044,164	7,632,588	TOTAL LIABILITIES AND NET ASSETS	\$9,044,164	\$7,632,588

For the complete financial statements, including the Auditor's Report and the footnotes to the financial statements, contact Urban Pathways, Inc.

Housing with Services

WHAT IS SUPPORTIVE HOUSING?

Supportive housing is a successful, cost-effective combination of affordable housing and services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS.

Cost per-day, per-person in New York City
(source: *The Lewin Group for CSH, 2004*)

- Supportive Housing \$41.85
- Shelter \$54.42
- Mental Hospital \$467.00
- Hospital \$1185.00

OUR SUPPORTIVE HOUSING PROGRAMS

Urban Pathways' supportive housing residences serve seriously and persistently mentally ill single adults, all with histories of homelessness and some with histories of substance abuse or addiction.

Our programs promote self-sufficiency and independence, enhance residents' ability to function in their communities and encourage participation in wellness and recovery-oriented activities. We offer a full array of rehabilitative, treatment, vocational, and self-help services, focusing on four core objectives:

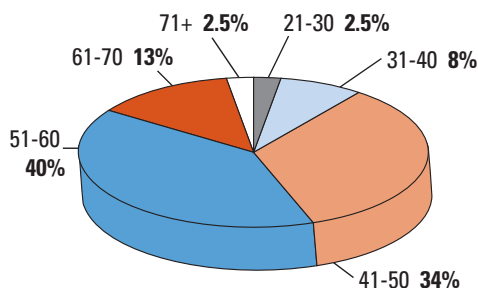
- Successful management of psychiatric symptoms
- Acquisition of skills needed to maximize functional levels
- Development of a network of formal and informal supports
- Participation in a range of rehabilitative services to maximize residents' ability to live as independently as possible and in the least restrictive environment

CLUSTER HOUSE

Cluster House (CH), part of the first Nyny agreement in 1991 is home to 48 formerly homeless and seriously mentally ill adult women. The program is funded by the New York State Office of Mental Health (OMH) and offers a full array of rehabilitative, treatment, vocational, support, and self-help services to its residents. Last year, CH, as well as Ivan Shapiro House, adopted the Wellness Self Management (WSM) therapeutic model; residents are now active participants in the recovery process and are working to get well. Through the model our clients become stable, manage their lives and succeed in more independent living situations, in some cases, enter part-time or full-time employment and move onto more private housing. Ultimately, we anticipate helping more clients become healthy, confident, self-sufficient and "permanent housing-ready."

DEMOGRAPHICS

AGE



DIAGNOSES

Axis I 66%
Axis I & Chemically Addicted 34%

GENDER

Female 100%

SERVICES

- Medication management training
- Next-step housing
- Money management
- Relaxation
- Drama therapy
- Art therapy
- Personal hygiene
- Movies and discussions
- Nutrition/cooking
- Music therapy
- Socialization

NOTABLE ACCOMPLISHMENTS

- **75%** of residents are self-medicating
- **90%** of residents have their own bank accounts
- **Eleven** residents have moved to more independent housing since July 1, 2006
- **35%** of residence have made significant improvements with regard to health issues including weight reduction, reduction in blood pressure and improvement in blood sugar levels
- **55%** of residents are approved by HRA for less restrictive housing

SUBSTANTIAL REHABILITATION IN 2008

Cluster House will relocate its program in order to carry out much needed renovations including the installation of an elevator, new heating and plumbing systems, a reconfiguration of the residential floors to include more common space, a larger and better-equipped laundry room and variety of security and fire safety enhancements

Rehabilitation

(funded by the NYS Office of Mental Health)

- Total Rehab Cost: \$4,023,296
 - Construction and Renovation: \$3,171,807
 - Contingency: \$317,181
 - Equipment and Furniture: \$135,000
 - Design: \$315,308
 - Other Costs: \$84,000

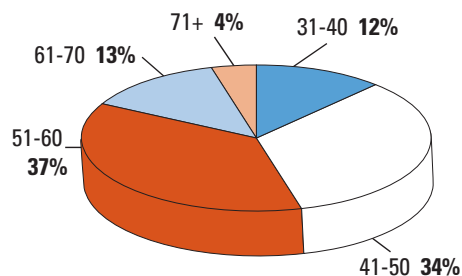
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IVAN SHAPIRO HOUSE

Ivan Shapiro House (ISH) is one of the first CR/SRO residences in NYC created specifically for the formerly homeless, mentally ill population. Opened in 1997 and home to 55 women and men, ISH is funded by the New York State Office of Mental Health (OMH) and the U.S. Department of Housing and Urban Development (HUD) and offers a full array of rehabilitative, treatment, vocational, support, and self-help services. In 2006, the residence began tailoring its service menu around the Wellness Self Management model (WSM). Psychiatric and physical wellness and recovery are paramount; residents develop individualized service goals geared toward maximizing individual needs and lifestyle choices, as well as developing skill sets that will enable them to live in the least restrictive possible residential setting. Although each resident's course is individualized, in many cases, residents are able to enter part- or full-time employment and/or to successfully locate and establish homes in independent, community-based housing.

DEMOGRAPHICS

AGE



DIAGNOSES

Axis I 67%
Axis I & Chemically Addicted 33%

GENDER

Male 55%
Female 45%

SERVICES

- Assertiveness, community integration, daily living skills, health services, parenting skills, skills development through case management, and rehabilitation counseling
- Resident empowerment/advocacy
- Group programming including substance abuse recovery, banking and budgeting, independent medication, housing advancement, empowerment, resident-organized recreation
- Vocational rehabilitation
- Psychiatric services
- Medication management
- Concrete and supportive case management

NOTABLE ACCOMPLISHMENTS

- **39** residents have transitioned to more independent living situations since the program opened its doors in 1997
- **27** residents in consultation with their case managers, to begin the process of applying for independent housing
- **75%** percent of residents manage their own funds and bank independently in the community

- **74%** of residents monitor their own medication
- **4** residents obtained employment in 2006, increasing the number of those working to **16**
- A full-time Wellness Self-Management Coordinator is on staff to assist residents in attaining the highest possible level of functional independence

A New Housing Residence: HUGHES HOUSE

During the summer of 2008, Urban Pathways will break ground on a 55-unit housing residence for the New York State Department of Mental Health priority population – homeless adults coming out of state institutions who are seriously and persistently mentally ill. The building's site, a vacant lot owned by UP, is located in between Hughes and Belmont Avenue in the South Bronx.

FINANCING

- Property purchase price \$1,225,000.
- Construction: OMH capital funding \$10,867,476
- Furnishings: OMH funding \$192,500
- Acquisition: \$1,165,000 from OMH and \$60,000 from UP. *The property was sold for \$60,000 over the appraised value leaving UP to cover the gap from operations funds.*
- Federal Home Loan Bank: Through the FHLB's Affordable Housing Program (AHP) UP was awarded \$741,000 as a developer's fee to be accessed at the completion of the project.

MORE ABOUT THE PROJECT

- Hiring locally from the South Bronx: UP has asked the Bronx Borough President's office to recommend contractors local to the South Bronx to carry out the project. In addition, priority will be given to local residents, if qualified, when staffing the building
- Architect Jonathan Kirschenfeld (famous for the NYC 'floating pool') has been retained for the project
- Construction will begin no later than August 2008; the project is estimated to be 18 months long
- Hiring of program staff will begin 90 days before the completion of construction

SCATTERED-SITE HOUSING

On August 7, 2007, UP received approval and a \$503,000 funding commitment from the NYC Department of Health and Mental Hygiene to develop 26 scattered-site apartments for homeless New Yorkers with a dual diagnosis (substance abuse history and a mental health condition). The first apartments will be available in March 2008.

Engagement & Placement

Outreach Teams and Drop-in Centers constitute the engagement and placement arms of Urban Pathways' programming. With a focus on meeting homeless people on the streets or in drop-in centers where they can receive housing-focused case management, as well as receive concrete services, these programs are both the point of entry and path to permanency in that they work to engage and refer, and place clients into transitional and/or permanent housing.

OUTREACH PROGRAMS

Urban Pathways' outreach programs help homeless individuals leave the streets, enter drop-in centers or other programs and become housing-ready through the rehabilitative process and have the goal of helping homeless women and men along the path to self-sufficiency and permanent housing.

Our outreach programs depend on funders, community partners and volunteers to provide the most comprehensive service. We are proud to include as our partners:

- The NYC Department of Homeless Services
- Amtrack
- The Port Authority of NY & NJ
- NYC Department of Health & Mental Hygiene
- US Department of Housing & Urban Development
- Robin Hood Foundation
- Members of the Manhattan Consortium
- Midtown Community Court
- Bayley State Hospital
- Partnership for the Homeless
- BRC Reception Center
- The Washington Heights CORNER Project
- The Faith Foundation
- Northern Manhattan Improvement Corporation
- St. John's Hospital
- MTA Connections
- Bellevue Hospital's *Hospital to Home* Program

A.D.E. Program

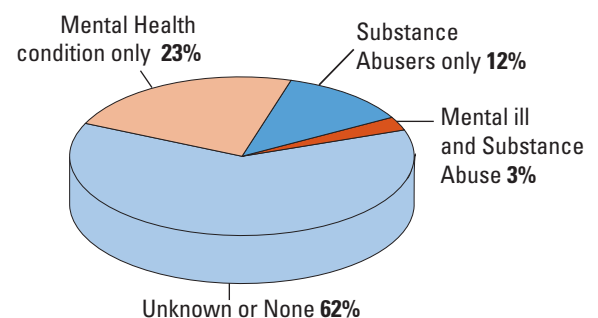
In December 1996 the United States Department of Housing & Urban Development (HUD) awarded Urban Pathways a grant for an Assessment, Diagnostic and Engagement (A.D.E.) Program. Using the agency's two drop-in centers as a base of operations, two MSW certified clinicians develop relationships with homeless individuals through regular contacts and, if possible and appropriate, accompany them to one of UP's drop-in centers. Outreach is conducted during afternoon and evening hours along the 8th and 9th Avenue corridors. Retention is enhanced through the development of additional evening programming and access to overnight beds off-site.

SERVICES

- Street outreach services to hard reach homeless individuals in midtown from W. 29th Street to W. 52nd Street
- Intake at the Open Door and Olivieri drop-in centers
- Groups for clients assigned to A.D.E./Partnership Bed-site
- Follow up counseling

DEMOGRAPHICS

DIAGNOSIS



GENDER

Male 60% Female 40%

NOTABLE RECENT YEAR-LONG ACCOMPLISHMENTS

- Met or surpassed all **10** of the objective goals on APR
- **75** clients contacted by A.D.E. were housed
- **277** clients were contacted
- May of 07' marks the **10th** year of operation for A.D.E.

Operation Alternative*

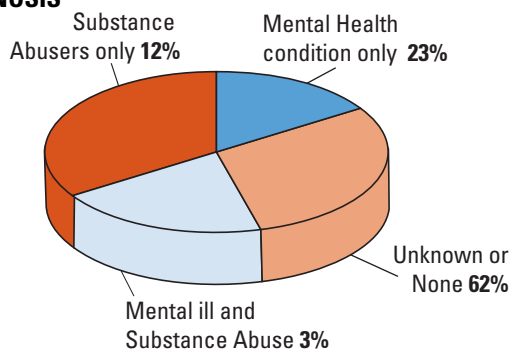
Urban Pathways received the contract for Operation Alternative, an outreach and referral program at the Port Authority Bus Terminal in April 1997. The program is located on "Old Taxi Road" between 40th and 41st Streets in the South Wing of the Terminal. Homeless individuals and families are self-referred and/or escorted by the Port Authority police, seven days a week from 7:30 AM until 11:30 PM. Staff conduct preliminary assessments and crisis intervention, and arrange referrals to a wide spectrum of service providers with whom Urban Pathways has long-standing linkages.

SERVICES

- Outreach in and around the Port Authority Bus Terminal
- Referrals to shelters, drop-in centers, detox/rehab and psych outpatient programs, entitlement and other community agencies
- Hygiene kits
- Emergency food and clothing
- Crisis intervention and contact with EMS when needed
- Transportation
- Safe Haven placements
- Case management
- Linkage to DHS Traveler's Assistance Program (TAP)

DEMOGRAPHICS

DIAGNOSIS



GENDER

Male 77% Female 23%

NOTABLE RECENT YEAR-LONG ACCOMPLISHMENTS

- Served **3,775** clients
- Contact made with **6,158** individuals
- Engaged **3,572** people into either accepting services or information
- Placed **17** clients into safe haven programs
- Placed **18** clients into transitional residential programs

George Washington Bridge Bus Station Outreach Program*

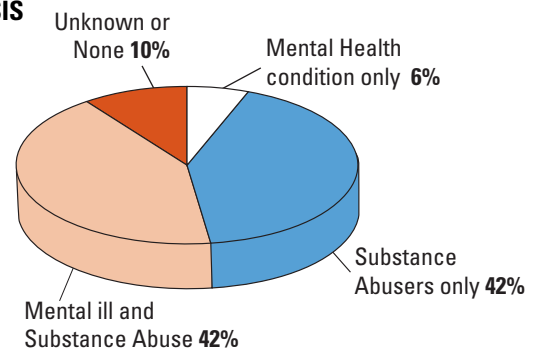
In October 2000, Urban Pathways received the contract for an outreach program from the Port Authority of NY and NJ at the George Washington Bridge Bus Station. Homeless individuals are self-referred, referred and/or escorted by the Port Authority police or other providers in NY and NJ. Staff members perform outreach in and around the bus station daily and creatively addresses the needs of its client population by providing engagement, assessment, case management, and referral services in order to reduce recidivism. The program maintains strong ties to the community's other service providers, and has instituted an intensive one-on-one case management approach.

SERVICES

- Referrals to government and community agencies
- Drug addiction counseling and referrals
- Harm reduction supplies and literature
- Case management
- Advocacy
- Housing placement
- Food and clothing

DEMOGRAPHICS

DIAGNOSIS



GENDER

Male 80% Female 20%

NOTABLE RECENT YEAR-LONG ACCOMPLISHMENTS

- **353** unduplicated clients served
- **1,693** referrals, including **301** to detoxification programs
- Continuation of the Harm Reduction Program

*programs terminated on 3/31/2008

AMTRAK Penn Station Outreach Program

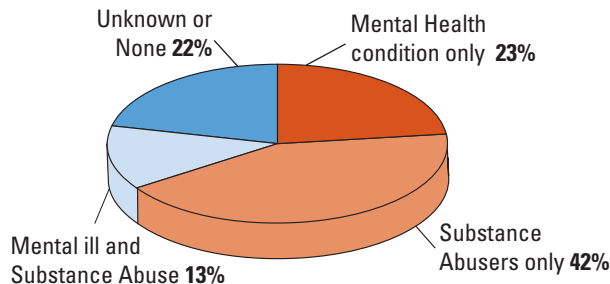
In January 2005, Urban Pathways launched the Amtrak Outreach Program in Pennsylvania Station near 32nd Street and Seventh Avenue entrance. Outreach is conducted at least twice daily. A late night outreach tour is conducted monthly from 11:00 PM - 1:00 AM including the collaborative efforts of the Amtrak Outreach staff, the A.D.E. Team, and the Amtrak Police in order to identify individuals who are repeatedly arrested in the station and service-resistant.

SERVICES

- Case Management
- Counseling
- Advocacy
- Detoxification and rehabilitation referrals
- Entitlement assistance
- Housing assistance

DEMOGRAPHICS

DIAGNOSIS



GENDER

Male 80.2% Female 19.8%

NOTABLE RECENT YEAR-LONG ACCOMPLISHMENTS

- 15 Safe Haven placements
- 26 Clients placed through the Penn Station Initiative
- Provision of identification cards for clients
- Collaborative outreach tours with MTA Connections and Amtrak Police

Path Outreach Program

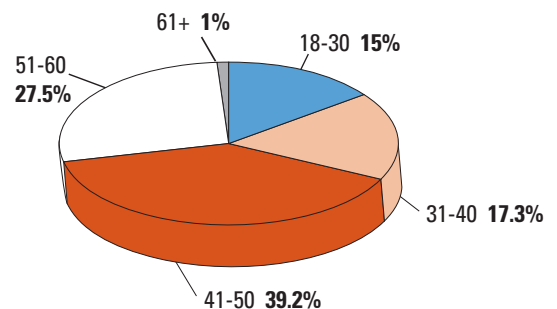
On November 30, 2005, Urban Pathways launched its fifth outreach program in five PATH stations located along the sixth avenue corridor. Each night, two-person outreach teams visit the PATH program locations – stations at 33rd Street, 23rd Street, 14th Street, 9th Street and Christopher Street – to engage homeless individuals interested in substance abuse, mental health and medical treatment, housing, shelter or drop-in center services. Outreach teams transport interested parties to locations such as Urban Pathways' drop-in centers where case managers may facilitate services not accessible during the night or on-site at PATH stations.

SERVICES

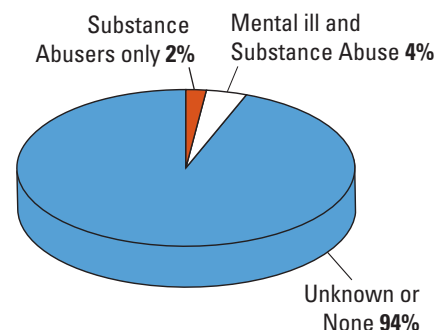
- Outreach
- Crisis intervention
- Advocacy
- Harm reduction
- Ongoing supportive counseling
- Comprehensive assessments
- Traveler's assistance
- Clothing, food, shelter, psychiatric and medical assessment

DEMOGRAPHICS

AGE



DIAGNOSIS



GENDER

Male 79% Female 21%

Engagement & Placement

The Manhattan Consortium

In 2005, the Mayor announced a plan to reduce the number of chronically street homeless adults in New York City by two-thirds over five years. In response, Urban Pathways, in collaboration with six other homeless service organizations developed a model — the Manhattan Outreach Consortium. Through a \$4.5 million contract with the NYC Department of Homeless Services (DHS), the Consortium is the single point of accountability in the borough responsible for all outreach and housing placement services.

The Consortium focuses on moving people off the streets and into permanent housing as quickly as possible and coordinates service delivery among its partners to eliminate duplication and facilitate the sharing of information and continuity of care. The model is recognized as critical to achieving long-term outcomes and meeting the goal of informing a systemic change in the way outreach to the homeless is currently conducted in New York City.

Through the Manhattan Consortium, UP's expanded responsibilities include:

- Conducting all street outreach between 14th and 42nd Street from river to river, Monday through Friday from 5:30 a.m. until 5:30 p.m.
- Conducting all street outreach below 59th Street, river to river, overnight, seven days a week and all day Saturday and Sunday.
- Responding to all homeless outreach 311 calls in Manhattan by dispatching outreach teams throughout the borough to respond to the needs of the street homeless.

With a \$250,000 grant from the Robin Hood Foundation, UP anticipates the following results:

- Assist an additional 500 clients and help 150 move into housing through the work of the Entitlements Specialist.
- Increase housing placements directly from hospitals by 25% and provide 250 clients a year with treatment planning and psychiatric evaluations.
- Serve an additional 180 individuals living in PATH stations and move an additional 45 individuals from the streets into appropriate programs.
- Place 150 homeless individuals engaged by an Operation Alternative street outreach team into permanent housing.

The Flatiron BID

On December 3rd 2007, Urban Pathways and the Flatiron Partnership launched a Homeless Outreach program, a two-person team offering immediate and ongoing assistance to homeless in need of medical attention, treatment programs, and access to Safe havens, Drop-in centers and shelters to those who request it. Until March 31, Urban Pathways will be on duty from Monday to Friday, 20 hours a week. From April 1 to June 30, when warmer weather is expected to increase the homeless population on the street, the shifts will increase to 35 hours a week. Twice a

month, a five hour Saturday/Sunday or special overnight shift will replace one of the regular five hour shifts. The nighttime hours are important both to coincide with the food drops that are made during those times and to reach the homeless who might come into the district only after dark to find places to sleep.

DROP IN CENTERS

Our 24-hour drop-in centers offer adults access to meals, clothing, showers and rehabilitation and recovery programs. They also provide on-site medical, mental health and substance abuse assessments. In addition, utilizing a strong case management approach, the centers provide individual counseling, entitlement assistance, banking facilities, vocational training, money management and instruction in other independent living skills, all of which help clients successfully transition to housing.

The Antonio G. Olivieri Drop-In Center for Homeless Women

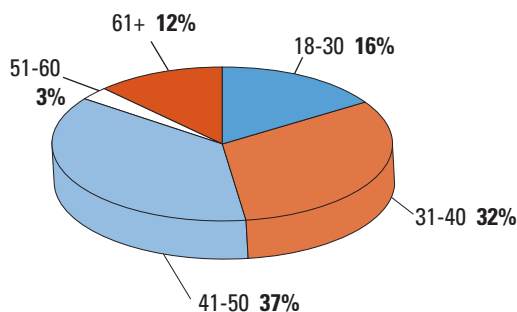
The Antonio G. Olivieri Drop in Center for Homeless Women offers a wide array of social services to women 18 years and older. The Center is committed to individualized and recovery-based planning in an effort to increase those skills necessary for successful integration into the community.

SERVICES

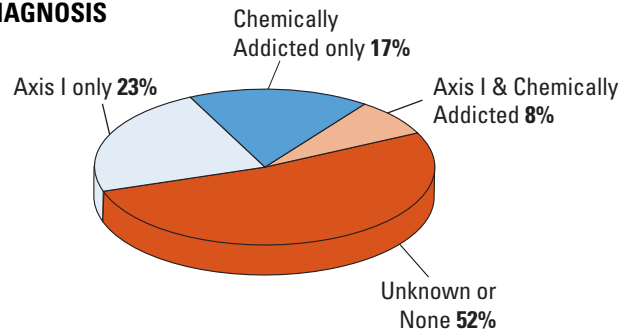
- On-site medical and psychiatric treatment
- Rapid assessment
- Linkages to community-based services
- Housing placement
- Meals and showers
- Clothing

DEMOGRAPHICS

AGE



DIAGNOSIS



GENDER

Female 100%

NOTABLE RECENT YEAR-LONG ACCOMPLISHMENTS

- Provided **35,000** meals
- Provided **11,000** showers
- Referred **564** clients for medical services
- Referred **329** clients for psychiatric services

PARTNERSHIPS

- NYC Department of Homeless Services
- NYC Department of Health and Mental Hygiene
- U.S. Department of Housing & Urban Development
- America's Second Harvest
- Helena Rubenstein Foundation
- City Harvest
- United Way
- Castle Middle School
- Mizuho Corporate Bank, Ltd.
- Broadway United Church
- Central Baptist Church
- Ascension Lutheran Church/ Deer Park

The Open Door

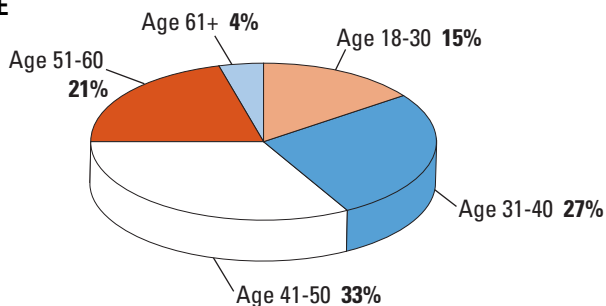
The Open Door provides 24-hour services to 200 homeless men and women per day. Over the last few years we have actively pursued a path of 'housing-focused case management' through an enhanced placement team. We have done this by developing new positions that do expedited assessment and screening to minimize the time that an individual stays within the facility by determining what options are available given their particular set of circumstances. For those that use our drop-in services and have few, if any other options, we work to encourage them to be added to our case management rolls, where housing placement is the focus. This approach requires intensive work in an expedited fashion to avail the client to the best housing option for them, and requires an understanding of housing solutions like congregate care, supportive, supported, section 8, SRO's, private apartments, nursing homes, reuniting clients with their families, long-term drug and alcohol treatment programs and travelers aid.

SERVICES

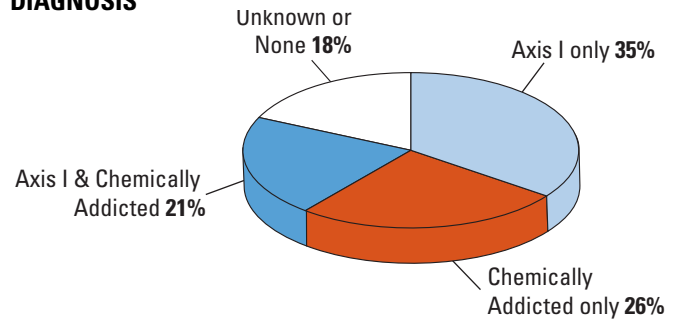
- Meal service (three per day)
- Access to clothing and showers
- Medical and psychiatric services
- Vocational training
- Case management
- Linkages to clinics, day treatment programs and psychosocial programs
- Housing Placement

DEMOGRAPHICS

AGE



DIAGNOSIS



GENDER

Male 75% Female 25%

NOTABLE RECENT YEAR-LONG ACCOMPLISHMENTS

- Served **4,371** unique individuals
- Engaged **515** clients into case management services
- Placed **253** clients into housing
- Served **110,807** meals

PARTNERSHIPS

- NYC Department of Homeless Services
- Port Authority of NY and NJ
- U.S. Department of Housing & Urban Development
- NYC Department of Hygiene & Mental Health
- America's Second Harvest
- City Harvest
- Ford Foundation
- Congregation Rodeph Shalom
- Lehman Brothers
- Office of the Controller of the Currency
- IBM
- Glaceau
- Nyack Homeless Project
- Starbucks

Therapeutic Supported Employment

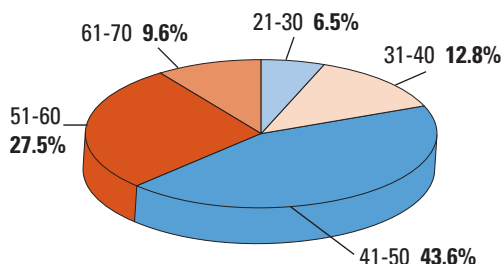
THE ESTEEM PROGRAM

The ESTEEM program uses therapeutic counseling and support for homeless and formerly homeless adults as a tool for personal development in a workplace environment. Clients engage in a variety of skills training, supportive counseling, and “hands-on” experiences that are provided in a vocational context to encourage individuals to grow and move towards independence. Practical experiences gained in workplace settings are used to address individuals’

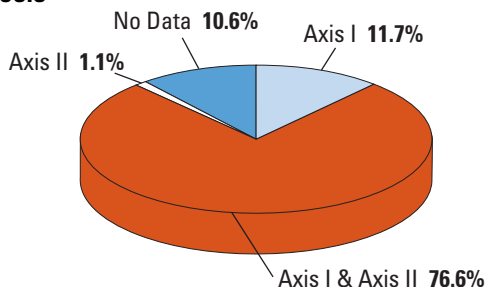
psychosocial development, as well as issues of adequacy, competency, accomplishment, self-awareness, social interactions, and accountability. Ultimately, many clients enter into internships and competitive employment, bolstering confidence, independence and self-sufficiency and successfully moving into more permanent and private housing.

Who are ESTEEM Program Participants

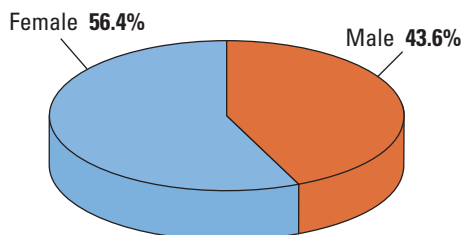
AGE



DIAGNOSIS



GENDER



PROGRAM GOALS FOR 2008

- Enroll 250 clients in the program
- Ensure at least 50 clients are employed
- Hold at least 12 retention seminars
- Hold at least 100 prevocational groups

Why ESTEEM is Innovative?

ESTEEM is a marriage of current vocational counseling theory and evidence-based practice of the supportive employment paradigm. The more traditional “on the job training” structure combined with weekly therapeutic sessions affords clients the opportunity to excel as they work on issues of personal growth and development. Unique components of the program include:

- Unlike most traditional TEP (Transitional Employment Programs) that have openings and fit clients in, ESTEEM staff work one-on-one on individual goals and vocational planning and find opportunities that fit clients’ profiles
- The program models the organization’s “eclectic and hybrid ‘continuum of care’ and ‘rapid placement’ model by incorporating aspects of: IPRT (intensive psychiatric rehabilitative treatment), vocational counseling supportive employment and competitive employment to meet clients’ needs
- ESTEEM staff explore clients’ personal barriers to employment such as family of origin, current and past psychiatric substance abuse history, fears of success/failure and understanding his/her own behavioral patterns
- The incorporation of intensive counseling/crisis management when relevant

continued on back...

The Six ESTEEM Levels

Prevocational Groups

Prevocational Groups are hour-long seminars designed as an engagement/recruitment tool for those that utilize services at our two drop-in centers (note the estimated population that just use services but are not active clients looking for housing is over 4,000.) The groups, led by ESTEEM's program director, are intended to identify and demystify the job training and readiness processes to encourage enrollment for those that are ready. Specific projected outcomes of the groups include:

- Discuss perceived barriers to employment including: hygiene, communication “dos and don'ts,” fear of work social norms such as talking to a supervisor, peer vs. customers, home vs. work (what is appropriate in each setting) and dress
- Discuss the balance between searching for housing and job training/competitive employment. Some clients searching for housing don't believe both can be done simultaneously
- Provide guidance to site staff (p/t vocational specialists) on accessing clients' motivation, commitment, interest in exploring work job readiness and problem solving
- Expand the program to a third site, The Travelers Safe Haven

Tier I (ADL & Soft-Skills Training)

Tier I is a six-month module that joins job-readiness skills with clinical services to encourage individual growth. Clients participate for a maximum of 12 hours per week at the Urban Pathways site where they live. Tier I also includes 10 hours of “on-the-job” training, one half-hour of one-on-one vocational counseling, one half-hour meeting with vocational coordinators for practical follow-up and feedback related to their positions, and a total of one hour of facilitated group sessions with peers, designed to help them address difficulties and recognize successes. Through daily activities that model work, clients gain skills in the following areas: scheduling, attendance, attitude, reliability, problem solving, interpersonal relationships, and communication. Each day clients are asked to assess their own abilities in these areas and work towards individual goals that will enhance their daily functioning.

Tier II (Work-related Technical Skills Training)

Tier II is a six-month module through which clients work for a maximum of 13 hours per week at an Urban Pathways site other than where they live or accept services. This Tier includes 10 hours of “on-the-job” training, 45 minutes of one-on-one vocational counseling, one half-hour meeting with

vocational coordinators for practical follow-up and feedback related to their positions, and one hour in facilitated group sessions with peers. These groups are designed to identify their talents and work-world interests, prepare resumes, and practice interviewing. Technical skills training includes: clerical (answering phones, filing, typing), messenger (navigating public transportation), operations (maintenance repairs, stripping and waxing floors), and food services (meal planning, ordering, cooking). In this module clients are beginning to flex their independence and are asked to take on more responsibility for personal decision-making, money and time management, and goal setting. Before moving on from this module, they undergo at least one formal mock interview and have completed a resume.

Tier III (Supportive Employment)

Tier III is a six-month module through which clients work at companies other than Urban Pathways. Clients work a minimum of 10 hours a week, are paid at least minimum wage, and receive weekly job coaching and vocational counseling as well as monthly job development counseling. This is unlike competitive employment in that employers are part of the clients' vocational team and are in frequent communication with the ESTEEM staff. Clients in this module are working on issues related to further independence and increased responsibility with a “safety net” of teamwork from the employer. Upon completion of this Tier, clients either work with the Job Development Coordinator to secure another Tier III opportunity or move on to competitive employment. In addition to strengthening the adult daily living skills learned from participating in the previous two tiers, individual therapeutic benefits/outcomes of this Tier include increasing independent living.

Tier IV (Competitive Employment)

Tier IV is ongoing support for clients who are ready to enter or have entered competitive employment. Skills training include advanced resume writing, mock interviewing, and dressing for success. Clients meet regularly, and for as long as needed, with a job coach to ensure continued participation in the workforce. Sixty-five percent of those who are employed maintain employment for more than six months. Issues raised in this module include fear of success or failure, fear of increased independence and responsibility, and handling triggers for relapse and decompensation. Clients are able to continue receiving supportive services from ESTEEM staff until they feel stabilized in their employment. All skills learned thus far are maintained in this Tier.

Low-Threshold Programs

THE TRAVELERS SAFE HAVEN

In July 2007, Urban Pathways converted the Travelers Hotel from a transitional shelter to a safe haven. This conversion supports our “housing first” approach, ensuring single adults move rapidly and directly into housing from the street. We recognize that offering a safe place to sleep will serve as a stabilizing factor that will both improve clients’ baseline standard of living and lead to the consideration of alternative housing options.

The Travelers Safe Haven is a welcoming environment where clients are encouraged to progressively achieve objectives towards attaining permanent housing. A high staff-to-client ratio works to introduce a safer and healthier standard of living for men who have lived on the streets for an extended period of time. Within two weeks of arriving at The Travelers clients are assessed to establish housing possibilities. The client and counselor work together to gather and file paperwork for housing assistance and benefits applications. At the same time the counselor and the Travelers team work to stabilize the client through individual counseling, psychiatric service and assessment, medical treatment, and socialization to relearn social and living skills. These stabilizing activities combined with the housing often result in a reduction of symptoms of mental illness.

Placement into Housing

Staff work to get clients approved for and/or find living situations that meet the program’s single goal: placement into permanent housing. **Housing placement options include:**

- Section 8 housing
- Supportive housing
- Scattered site housing
- Residential Treatment Facilities
- Department of Homeless Services *Rental Assistance Program*
- Family re-unification

The Moving Home Initiative

The actual move from the safe haven to permanent housing is predicated on two issues. First, ensuring clients remove all stigma and barriers attached to coming inside so that they may become and remain stable, focus on other housing and become ready for permanent housing. The second issue is the availability of financial assistance to support a variety of expenses associated with setting up permanent living situations. *Moving Home* provides this critical support to those transitioning from the Travelers Hotel Safe Haven into permanent housing.

Our goal is to provide each of the 44 men we anticipate who will move on annually with the following:

- A \$500 stipend, administered by a UP case manager for deposits, moving and/or furniture
- New sets of sheets and towels
- Cleaning kit including necessary household products
- Hygiene kit including necessary toiletries including shampoo, lotion, toothpaste
- Clothing

Long-term Anticipated Outcomes

- **80%** of clients who move out of the facility will join community programming or vocational training activities within three months of locating housing
- **75%** of clients who move out of the facility will have fewer emergency hospital visits or admissions for the twelve months following their location of housing
- **75%** of clients who move out of the facility will develop one significant service support relationship in their new location within three months of locating housing