# At Home/Chez Soi: A Canadian Multi-site Trial of Housing First

**Homelessness in a Global Landscape, Institute of Global Homelessness, Chicago, June 1, 2015**

Paula Goering, Centre for Addiction and Mental Health & University of Toronto

Mental Health Commission of Canada    Commission de la santé mentale du Canada

# Homelessness and Mental Illness

- Homelessness is a significant social problem in Canada
  (Estimates of 200,000 individuals per year)
- Prevalence of mental illness and substance abuse/dependence is high and associated with poorer outcomes
- Higher use of health, criminal and social services

# Canadian Context

1. **Social conditions** leading to unpreparedness for the labor market (e.g., high rates of functional illiteracy)

2. **Federal disengagement from low-income housing** in 1990s + **rising private-market rents**

3. **Modest (often declining in real terms) disability and welfare benefit**s

4. **Provincial services** mostly focused on two systems:

   • Emergency shelters that are beginning to evolve

   • Health and social services not specifically designed for homeless people

# At Home/Chez Soi Demonstration Project

- 2008 federal budget allocated $110 million over 5 years to the Mental Health Commission of Canada

- Action research on how to support people with severe mental illness to exit homelessness

- 85% funding into services and 15% into research

- Largest study of its kind in the world

# Research on Interventions for Homeless People with SMI

- Best approach in the literature to help people achieve stable housing is "***Pathways - Housing First***" (Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004; Tsemberis, 2010)

**Mental Health Commission of Canada** / Commission de la santé mentale du Canada

**Subsidized Housing** + **Support (ACT or ICM)**

# Characteristics of Housing

- No pre-conditions for housing
- Scattered site private market units
- Maximum of 30% of income for rent
- Participants hold their own lease
- Rights and responsibilities as a tenant

# Types of Support Services

***Assertive Community Treatment (ACT)***:  ACT

- Multi-disciplinary team / wrap around service
- Services and crisis coverage are available 24/7
- Staff to client ratio of 1:10

***Intensive Case Management teams (ICM):***

- Case managers with individual caseloads
- Outreach and coordination with other services
- Teams available 12 hours per day
- Staff to client ratio of 1:15

# **Design of Study**

- Pragmatic, multi-site, randomized, mixed methods field trial in five sites across Canada (Vancouver, Winnipeg, Toronto, Montreal, & Moncton)

- Investigation of effectiveness and cost-effectiveness of **Housing First** in Canadian contexts

- Two fidelity assessments & two implementation evaluations

- Model being tested with support at two levels of intensity (high needs = ACT) (moderate needs = ICM) vs. usual care

# Who is in At Home/Chez Soi?



- 2148 participants

  - 1158 in Housing First (HF)

  - 990 in Treatment as Usual (TAU)

- Primarily middle-aged

- 32% of participants are women

- 22% of participants identified as being an Aboriginal person

- Typical total time homeless in participants' lifetimes is nearly 5 years

- All have one or more serious mental health issue

- Majority have a concurrent disorder

- More than 90% had at least one chronic physical health problem

# Integrated Knowledge Translation

- "Evidence of effectiveness alone is rarely enough to ensure adoption of interventions" (Leff & Mulkern, 2002)

  - Research involves exchange and linkage with decision-makers

  - Requires allegiance to scientific and participatory principles

  - Science requires orderly, phased process of scientific investigation

  - Participation requires that the interests and values of various groups in public systems be reflected

# Goals of Knowledge Translation

- Support AH/CS sustainability efforts
- Contribute to scaling up of Housing First in Canada
- Advance policy and practice for people who are homeless and living with mental health issues
- Contribute to international awareness of research findings about implementation and outcomes of Housing First

# Key Strategies for Knowledge Translation

- Build Housing First literacy and competency in the field
- Ensure broad scale engagement in At Home Housing First implementation and findings
- Build national linkages to address homelessness and affordable housing issues
- Involve Persons with Lived Experience throughout the process
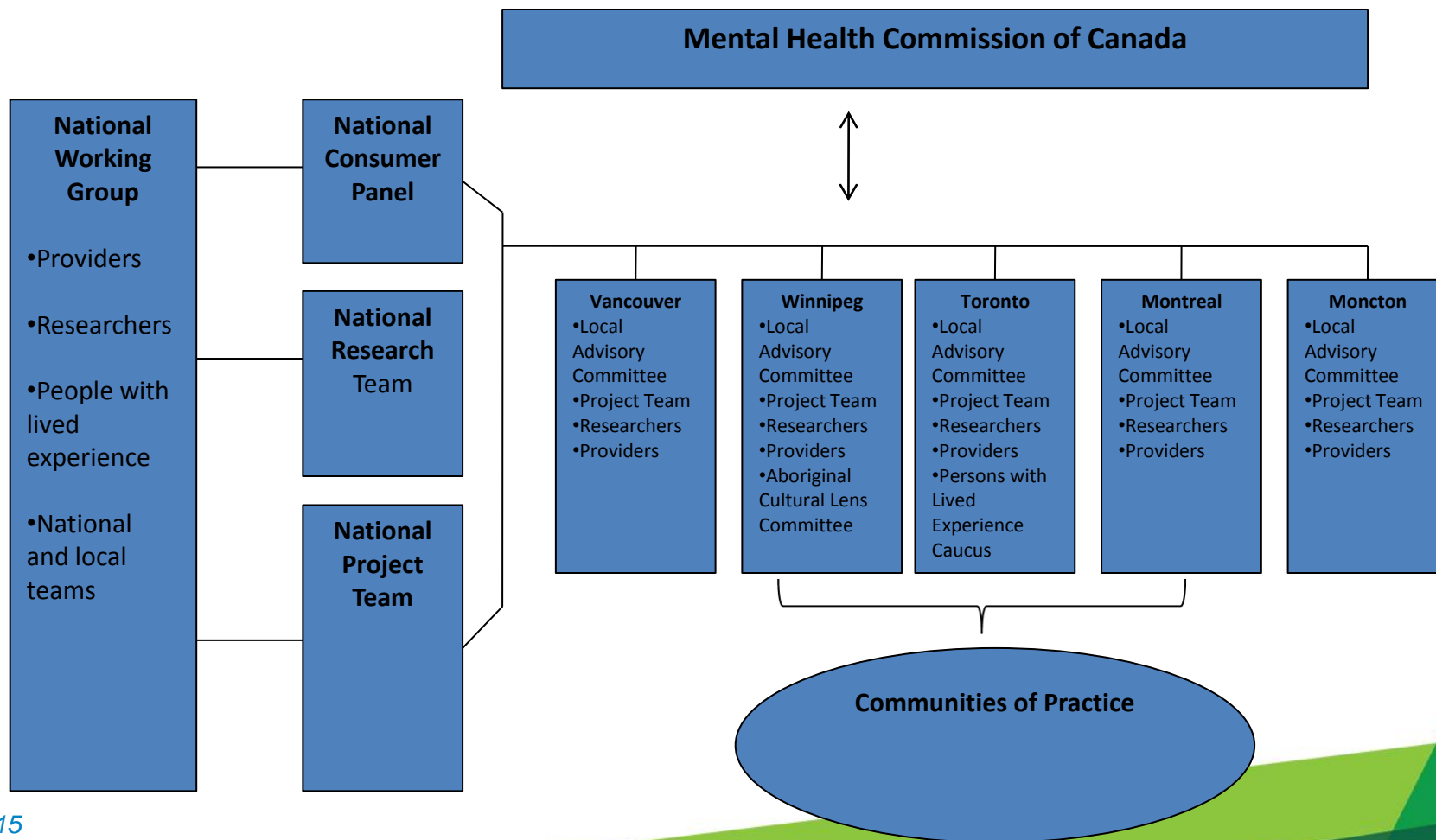
# What We Did to Increase Engagement

- Wide consultation on project definition

- Joint participation of local and national perspectives in planning and implementation

- Decision making at all levels informed by stakeholder perspectives

- Boundary spanner roles

- Advisory structures locally and nationally

- Government relations

- Media relations

- Commitment of resources (human and $) to support engagement

# Structure and Governance



**Mental Health Commission of Canada**

**National Working Group**

- Providers
- Researchers
- People with lived experience
- National and local teams

**National Consumer Panel**

**National Research** Team

**National Project Team**

**Vancouver**
- Local Advisory Committee
- Project Team
- Researchers
- Providers

**Winnipeg**
- Local Advisory Committee
- Project Team
- Researchers
- Providers
- Aboriginal Cultural Lens Committee

**Toronto**
- Local Advisory Committee
- Project Team
- Researchers
- Providers
- Persons with Lived Experience Caucus

**Montreal**
- Local Advisory Committee
- Project Team
- Researchers
- Providers

**Moncton**
- Local Advisory Committee
- Project Team
- Researchers
- Providers

**Communities of Practice**

**Colour= how involved**

Core team    Key Partner    Partner    Audience    Not yet involved

# Stakeholder Map

PACT

Aboriginal Council of Winnipeg

Main Street Project

United Way Sunshine House

Inner city Research Alliance

Canada research Chair, Urban Adaptation

Families for Mental Schizophrenia

Native Addict Conc

Salvation Army

U of M psychiatry

Uof W IUS

IPDA drunk tank

Detox and Main street drunk tank

Manitoba Center for Health Policy

Resource Assistance for Youth

Siloam Mission

Winnipeg Regional Health Authority

**Winnipeg**

Ma Mawi

Center for Aboriginal Human Resource Development

Addictions Foundation of Manitoba

Andres Street Family centre

Health Canada

AMC southern Chiefs Organization

MKO

MMF

Tribal councils Assembly of Manitoba Chiefs Manitoba keewatinowi Okimakaak Inc, Manitoba Metis Federation

Housing Plus

Province of Manitoba – family services and housing, health and health living

City of Winnipeg Community Services

UGM addictions residence, meal drop ins

Mount Carmel Clinic

Aboriginal Health & Wellness

Province of Manitoba – Health, Employment and Income assistance

Shelter

First nation Government

Downtown Watch Patrol

Soup kitchens & drop ins Our Place chex nous, Lighthouse

Downtown Winnipeg Business Improvement Zone

Uof M depart of Family Med NMU

Media, Winnipeg News, Gordon Sinclair

CMHA, Mood disorders

Mental health and addictions

Downtown Prosecutor

Community prosecutions

Winnipeg Police

Health Sciences Centre, ED

Community Aboriginal Groups

First Nations Health Centres

Elizabeth Fry Society JHS

Fire and Paramedic

Aboriginal Media

Department of Justice

U of M Medicine & Aboriginal research

Winnipeg Public/Audience

# Research Findings from the At Home / Chez Soi Demonstration Project

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**Tim Aubry,** Dept. of Psychology, University of Ottawa, Ontario, Canada

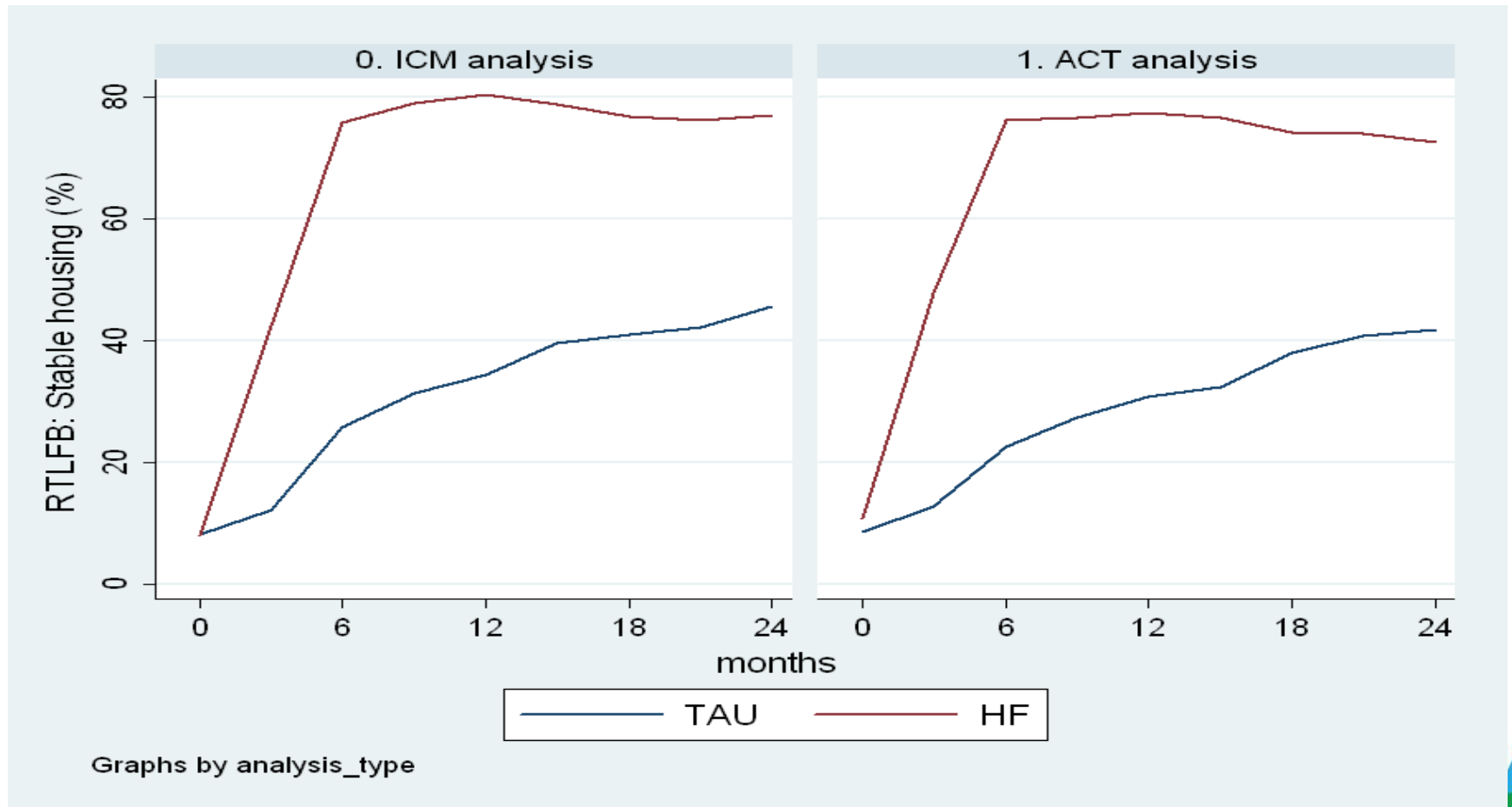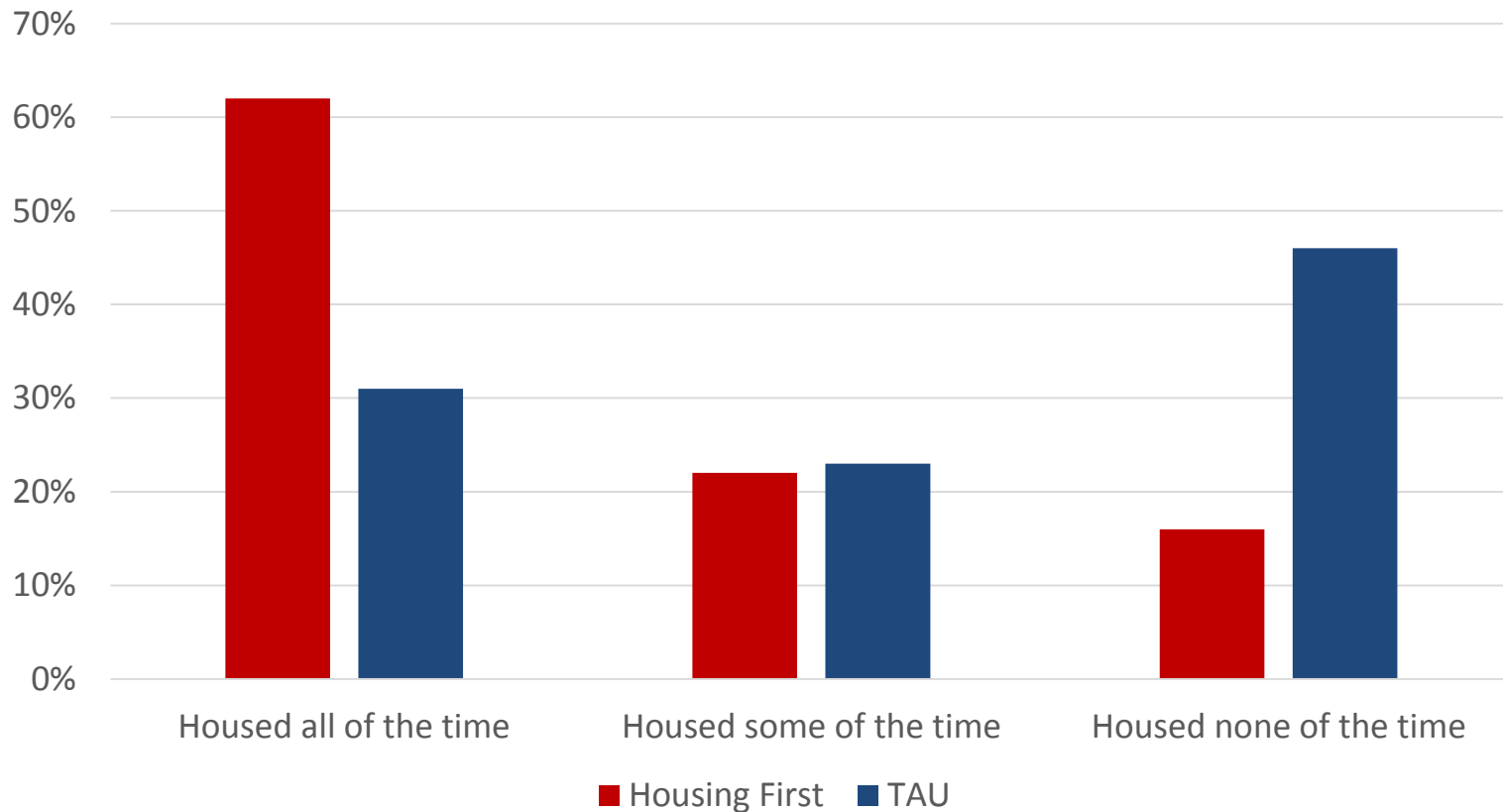# Housing First is Effective in Cities of Different Sizes and Composition Across Canada
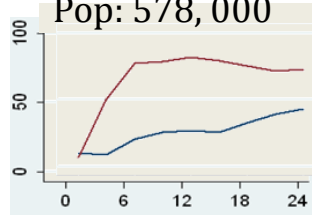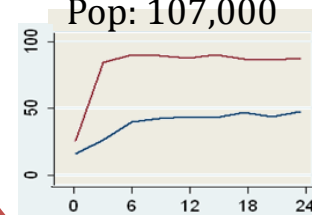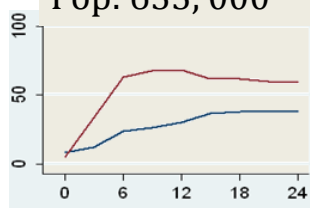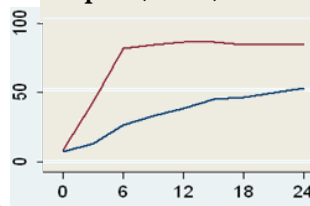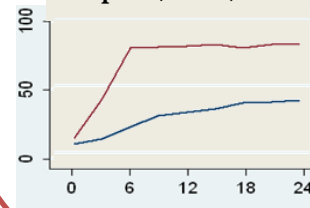
# Housing First Achieves Similar Housing Outcomes for Moderate and High Need Participants

**Percentage of time housed**



Graphs by analysis_type

# A Higher % of HF Participants Stably Housed All the Time in Last 6 Months of the Study

# Greater Improvements in Community Functioning for HF Participants



Predictive Margins with 95% CIs
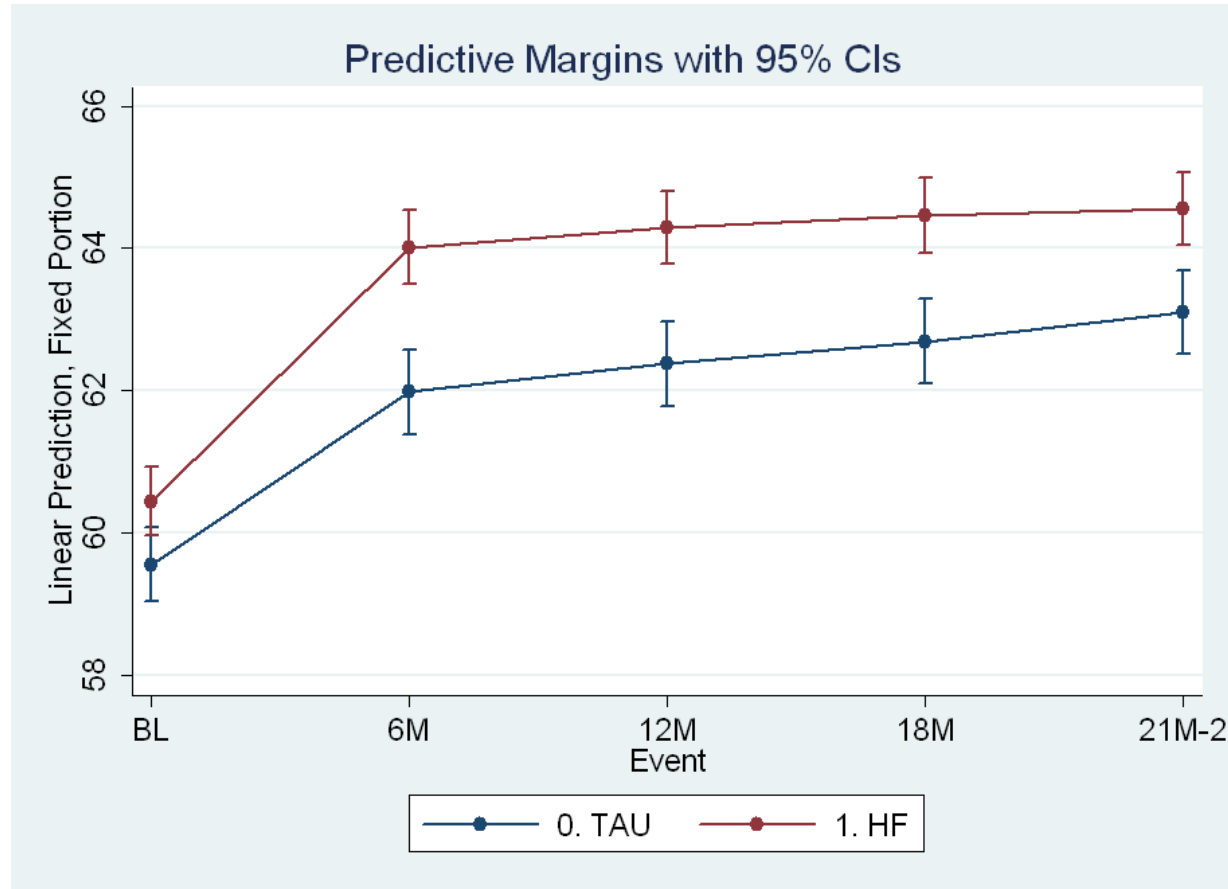
- Average post BL differences are SIG for both ICM and ACT
- Group (ICM & ACT) X Time interaction SIG at 18 mos. but not 24 mos.

# Greater Improvements in Quality of Life for HF Participants



Predictive Margins with 95% CIs
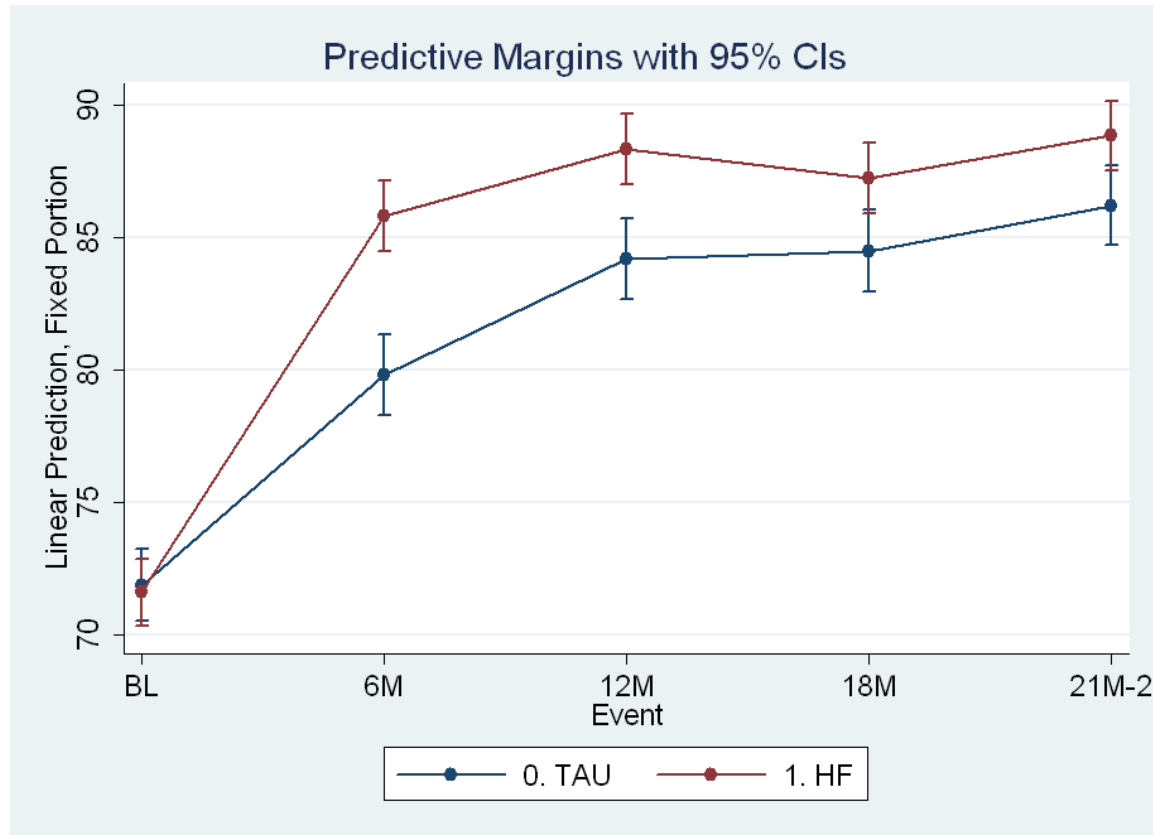
- Average post BL differences are SIG for both ICM and ACT
- Group (ICM) X Time interaction SIG over 24 mos.
- Group (ACT) X Time interaction SIG at 18 mos. but not 24 mos.

# Similar Improvements in Health Outcomes for Both Groups

- Both groups report improvements in:
  - Substance use
  - Mental health

- Both groups maintained their physical health

**Original Investigation**

# Effect of Scattered-Site Housing Using Rent Supplements and Intensive Case Management on Housing Stability Among Homeless Adults With Mental Illness
## A Randomized Trial

Vicky Stergiopoulos, MD; Stephen W. Hwang, MD; Agnes Gozdzik, PhD; Rosane Nisenbaum, PhD; Eric Latimer, PhD; Daniel Rabouin, MSc;
Carol E. Adair, PhD; Jimmy Bourque, PhD; Jo Connelly, MSW; James Frankish, PhD; Laurence Y. Katz, MD; Kate Mason, MHSc; Vachan Misir, MSc;
Kristen O'Brien, MSc; Jitender Sareen, MD; Christian G. Schütz, MD, PhD; Arielle Singer, MD; David L. Streiner, PhD; Helen-Maria Vasiliadis, PhD;
Paula N. Goering, PhD; for the At Home/Chez Soi Investigators

**IMPORTANCE** Scattered-site housing with Intensive Case Management (ICM) may be an appropriate and less-costly option for homeless adults with mental illness who do not require the treatment intensity of Assertive Community Treatment.

**OBJECTIVE** To examine the effect of scattered-site housing with ICM services on housing stability and generic quality of life among homeless adults with mental illness and moderate support needs for mental health services.

**DESIGN, SETTING, AND PARTICIPANTS** The At Home/Chez Soi project was an unblinded, randomized trial. From October 2009 to July 2011, participants (N = 1198) were recruited in 4 Canadian cities (Vancouver, Winnipeg, Toronto, and Montreal), randomized to the intervention group (n = 689) or usual care group (n = 509), and followed up for 24 months.

**INTERVENTIONS** The intervention consisted of scattered-site housing (using rent supplements) and off-site ICM services. The usual care group had access to existing housing and support services in their communities.

**MAIN OUTCOMES AND MEASURES** The primary outcome was the percentage of days stably housed during the 24-month period following randomization. The secondary outcome was generic quality of life, assessed by a EuroQoL 5 Dimensions (EQ-5D) health questionnaire.

**RESULTS** During the 24 months after randomization, the adjusted percentage of days stably housed was higher among the intervention group than the usual care group, although adjusted mean differences varied across sites.

| Study City | Adjusted % (No. of Days Stably Housed/No. of Days With Housing Data) | | Adjusted Mean Difference, % (95% CI) |
|---|---|---|---|
| | Intervention Group | Usual Care Group | |
| A | 62.7 (417.3/683.0) | 29.7 (189.2/621.6) | 33.0 (26.2-39.8) |
| B | 73.2 (491.5/653.4) | 23.6 (157.0/606.8) | 49.5 (41.1-58.0) |
| C | 74.4 (506.7/658.1) | 38.8 (255.2/626.2) | 35.6 (29.4-41.8) |
| D | 77.2 (520.4/651.5) | 31.8 (223.1/649.1) | 45.3 (38.2-52.5) |

The mean change in EQ-5D score from baseline to 24 months among the intervention group was not statistically different from the usual care group (60.5 [95% CI, 58.6 to 62.5] at baseline and 67.2 [95% CI, 65.2 to 69.1] at 24 months for the intervention group vs 62.1 [95% CI, 59.9 to 64.4] at baseline and 68.6 [95% CI, 66.3 to 71.0] at 24 months for the usual care group, difference in mean changes, 0.10 [95% CI, −2.92 to 3.13], P=.95).

**CONCLUSIONS AND RELEVANCE** Among homeless adults with mental illness in 4 Canadian cities, scattered site housing with ICM services compared with usual access to existing housing and community services resulted in increased housing stability over 24 months, but did not improve generic quality of life.

**TRIAL REGISTRATION** isrctn.org Identifier: ISRCTN42520374

← Editorial page 901

+ Author Video Interview and JAMA Report Video at jama.com

+ Supplemental content at jama.com

**Author Affiliations:** Author affiliations are listed at the end of this article.

**Group Information:** The At Home/Chez Soi Investigators are listed at the end of this article.

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# One-Year Outcomes of a Randomized Controlled Trial of Housing First With ACT in Five Canadian Cities

Tim Aubry, M.A., Ph.D., Sam Tsemberis, Ph.D., Carol E. Adair M.Sc., Ph.D., Scott Veldhuizen, M.A., David Streiner, Ph.D., Eric Latimer, Ph.D., Jitender Sareen, M.D., Michelle Patterson, Ph.D., Kathleen McGarvey, M.D., Brianna Kopp, M.P.H., Catharine Hume, M.H.Sc., Paula Goering, R.N., Ph.D.

**Objective:** Housing First is a groundbreaking approach to ending chronic homelessness among people with mental illness. This article presents one-year findings from a multi-site randomized controlled trial (RCT) comparing Housing First with treatment as usual.

**Methods:** The study was a nonblind, parallel-group RCT conducted in five Canadian cities. A sample of 950 high-need participants with severe mental illness, who were either absolutely homeless or precariously housed, was randomly assigned to Housing First (N=469) or treatment as usual (N=481). Housing First participants received a rent supplement, assistance to find housing, and assertive community treatment. Treatment-as-usual participants had access to all other existing programs.

**Results:** At one-year follow-up, 73% of Housing First participants and 31% of treatment-as-usual participants resided in stable housing (p<.001, odds ratio=6.35, covariate adjusted difference=42%, 95% confidence interval [CI]=36%−48%). Improvement in overall quality of life was significantly greater among Housing First participants compared with treatment-as-usual participants (p<.001, d=.31, CI=.16−.46). Housing First participants also showed greater improvements in community functioning compared with treatment-as-usual participants (p=.003, d=.25, CI=.09−.41).

**Conclusions:** Compared with treatment as usual, Housing First produced greater improvements in housing stability, quality of life, and community functioning after one year of enrollment. The study provides support for adopting Housing First as an approach for ending chronic homelessness among persons with severe mental illness, even if they are actively symptomatic or using substances.

Over the last three decades, homelessness has emerged as a significant social problem in Canada and the United States (1–4). The prevalence of chronic general medical problems, mental illness, and addictions and the associated acute care costs are significantly higher among homeless populations compared with the general population (5–7).

The predominant program model for reducing homelessness among persons with severe and persistent mental illness and other medical conditions can be characterized as a continuum of services in which individuals progress through shelters, transitional housing, and, eventually, permanent housing. The aim of this approach, often referred to as "treatment first," is based on the assumption that individuals must be stabilized before being housed. Research indicates that treatment-first programs can be effective in reducing homelessness among clients who follow the programs' treatment regimens (8,9). However, this approach has shown limited success among clients who encounter obstacles to treatment adherence. Such individuals tend to remain homeless and have extensive contact with emergency rooms, detox centers,

criminal justice institutions, or other acute care systems, or they may stay disengaged from services (6).

Pathways to Housing, an organization located in New York City, developed an alternative program for this population called "Housing First" (10). Founded on the principles of psychiatric rehabilitation and consumer choice, Housing First offers immediate access to housing and community support without requiring participation in treatment or sobriety as preconditions.

Studies to date indicate that Housing First programs that include recovery-oriented assertive community treatment (ACT) are a promising approach (8,9,11). Compared with recipients of standard care—often a continuum of residential settings—recipients of Housing First obtained housing earlier and remained stably housed longer, showed greater reductions in use of health and social services, and reported higher levels of quality of life (8,9,11). However, the evidence base for the effectiveness of Housing First remains limited, consisting of published research from two small trials conducted in New York City and five quasi-experimental studies

# Cost Offsets Vary Depending on Need Level

## Cost Analysis: HF with ACT

- Housing First costs $22K per person per year
- Average net cost offset of $21.4K CAD (96%) per person.
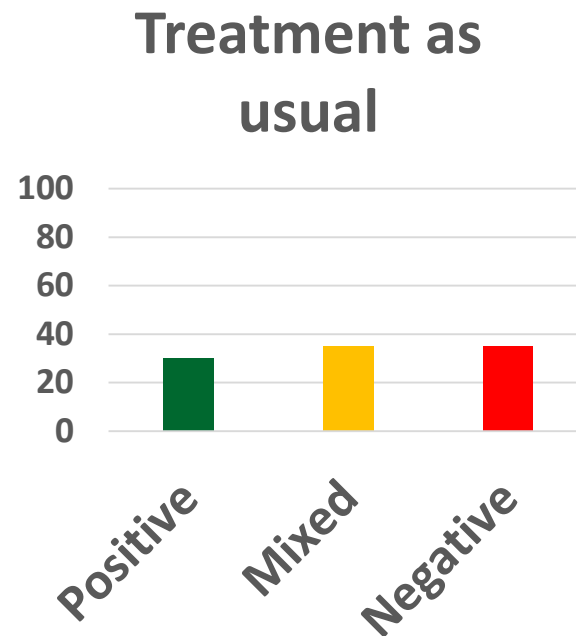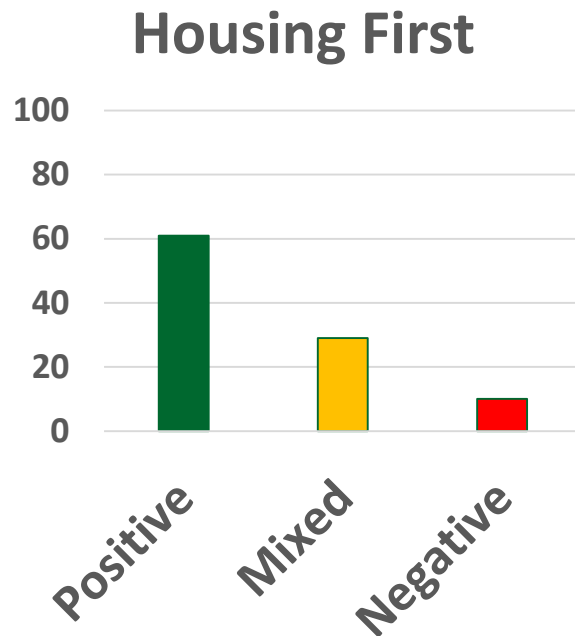- $10 CAD invested in HF with ACT saved $9.60 CAD

## Cost Analysis: HF with ICM

- Housing First costs $14K CAD per person per year
- Average net cost offset of $4.8K CAD (34%) per person.
- $10 CAD invested in HF with ICM saved $3.42 CAD

# Qualitative Findings: Consumer Narratives

- N=197 at 18-months, 10% of the total sample

- Participants interviewed at baseline and 18-months

- 13 life domains re: changes – e.g., typical day, education, work, housing

- Each interview coded for life changes – (Kappa=.77 for inter-rater reliability)

# More Positive and Less Negative Life Changes for HF Participants

### Housing First

| | | | |
|---|---|---|---|
| 100 | | | |
| 80 | | | |
| 60 | | | |
| 40 | | | |
| 20 | | | |
| 0 | Positive | Mixed | Negative |

### Treatment as usual

| | | | |
|---|---|---|---|
| 100 | | | |
| 80 | | | |
| 60 | | | |
| 40 | | | |
| 20 | | | |
| 0 | Positive | Mixed | Negative |

Mantel Haenszel $\chi^2$=28.5, df=1, p=.0000001

# Consumer Narratives: Coding Examples

- **Positive life change** – *"This is the first time, you know, that I've had a home… And, this is the first place like I… feel like I love to go home…I feel so safe.  And…being safe is a major issue for me, you know?"*

- **Mixed/neutral life change** – *"That's what life is, cause it's just like I said, like picking up, losing it all, picking up, losing it all, picking up, losing it all."*

- **Negative life change** – *"They discharged me to a hotel. I left the next day. It was noisy, bug-infested, full of drugs."*

# Life Changes Among Homeless Persons With Mental Illness: A Longitudinal Study of Housing First and Usual Treatment

Geoffrey Nelson, Ph.D., Michelle Patterson, Ph.D., Maritt Kirst, Ph.D., Eric Macnaughton, Ph.D., Corinne A. Isaak, M.Sc., Danielle Nolin, Ph.D., Christopher McAll, Ph.D., Vicky Stergiopoulos, M.D., M.H.Sc., Greg Townley, Ph.D., Timothy MacLeod, M.A., Myra Piat, Ph.D., Paula N. Goering, R.N., Ph.D.

**Objective:** This study compared the life changes of homeless people with mental illness participating in Housing First or treatment as usual and examined factors related to various changes.

**Methods:** Semistructured narrative interviews were conducted with 219 participants in five Canadian cities at baseline; 197 were interviewed again at 18 months after random assignment to Housing First (N=119) or treatment as usual (N=78). Interviews were coded across 13 life domains, and each participant was categorized as reporting positive, mixed-neutral, or negative changes. Housing First and treatment as usual participants were compared with respect to change patterns. Thematic analysis was used to examine factors related to various changes.

**Results:** The percentage of participants in Housing First reporting positive changes was more than double that for participants in treatment as usual, and treatment as usual participants were four times more likely than Housing First participants to report negative changes. Factors related to positive changes included having stable good-quality housing, increased control over substance use, positive relationships and social support, and valued social roles. Factors related to negative changes included precarious housing, negative social contacts, isolation, heavy substance use, and hopelessness. Factors related to mixed-neutral changes were similar to those for participants reporting negative changes but were less intense.

**Conclusions:** Housing First with intensive support was related to more positive changes among homeless adults with mental illness across five Canadian cities. Those with poor housing or support, more common in treatment as usual, continued to struggle. These findings are relevant for services and social change to benefit this population.

*Psychiatric Services in Advance, February 16, 2015; doi: 10.1176/appi. ps.201400201*

Homelessness among people with mental illness and addictions has emerged as a significant health and social issue in North America (1,2). Various approaches have been developed to support this population, including assertive community treatment (ACT) (3) and intensive case management (ICM) (4). However, unless these programs are paired with permanent housing, their effectiveness in reducing homelessness and improving mental health and psychosocial outcomes is limited (5).

Pathways to Housing developed Housing First, a novel approach for this population (6). In contrast to "treatment first" approaches, Housing First provides immediate access to housing in the community with rent supplements and with no requirements for a person's housing readiness. Housing First combines ACT and ICM with permanent housing, typically apartments, located throughout the community, rather than placing people in congregate housing with on-site staff. Recent reviews of controlled studies of

Housing First have shown that it is effective in reducing homelessness, emergency room use, and hospitalization and increasing housing stability and consumer satisfaction (7,8). However, the effectiveness of Housing First in regard to psychosocial outcomes, such as recovery and community integration, is less clear. Standardized measures may not adequately capture such outcomes and thus they may not fully assess the impacts of Housing First on this population.

Qualitative research may shed more light on psychosocial outcomes. In one qualitative study, 20 formerly homeless people with mental illness reported positive personal and interpersonal changes (for example, more independence and improved or renewed relationships) and greater resource acquisition (for example, employment) after obtaining permanent supportive housing (9). Similarly, a qualitative study in which 12 formerly homeless people with mental illness were interviewed during their first six months in permanent supportive housing reported an overall theme of "moving

Mental Health Commission of Canada    Commission de la santé mentale du Canada

# Scaling Out and Scaling Up Housing First in Canada

**Homelessness in a Global Landscape, Institute of Global Homelessness, Chicago, June 1, 2015**

**Geoffrey Nelson,** Dept. of Psychology, Wilfrid Laurier University, Waterloo, Ontario, Canada

# Systems Theory, Scaling Out, Scaling up

- Following At Home/Chez Soi, we were interested in scaling out and scaling up Housing First across Canada
- Lee and Westley (2011) use systems theory and complexity theory to understand social innovation and its diffusion. They make a distinction between:
  - Scaling out – replication and diffusion of an innovation across settings
  - Scaling up – moving an innovation into a broader system and creating transformative change

# Scaling Out and Up – Wandersman et al.'s (2008) Interactive Systems Framework of Knowledge Transfer
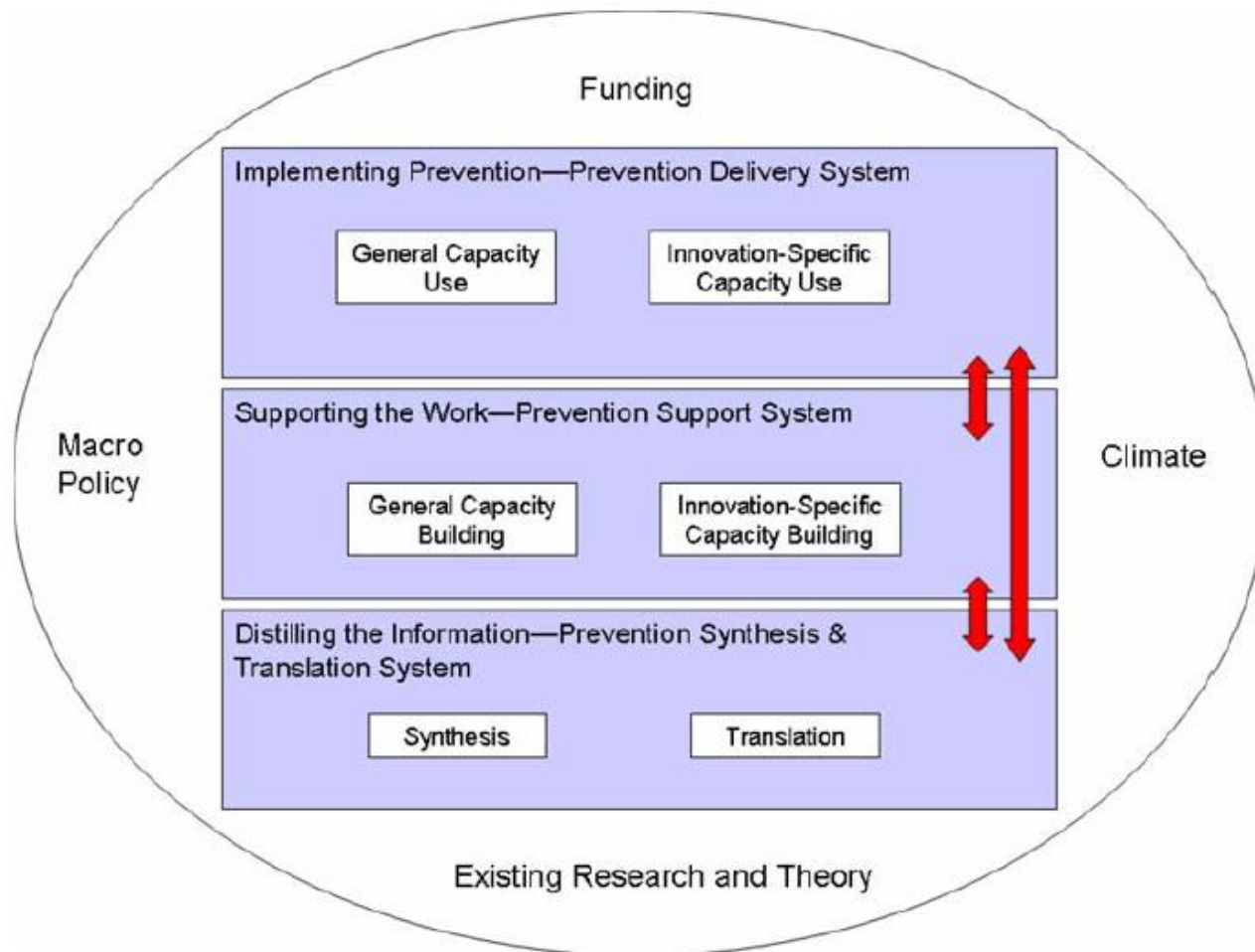
# Context

- Existing research and theory – findings of At Home/Chez Soi
- Climate – conservative federal government, Housing First as a "curious case" (Macnaughton, Nelson, & Goering, 2013; Stanhope & Dunn, 2011)
- Macro-policy – federal government announces renewal of Homelessness Partnering Strategy (HPS) in March, 2013 federal budget, but calls for a shift in funding to Housing First
- Funding – $600 million for 5-year renewal

# Knowledge Synthesis and Translation System

- Peer-reviewed publications
- Reports and summaries written in accessible language and readily available on the websites of the Mental Health Commission of Canada and the Homeless Hub
- National Film Board – *Here at Home*, including short videos featuring participants
- *Canadian Housing First Toolkit* (2014), http://www.housingfirsttoolkit.ca/

# Canadian Housing First Toolkit – Homepage



The modules are visible above in the home screen and the top menu

# Overview Module – Key Questions

# Support System and Delivery System

- Support system – Training and technical assistance (TTA) consultation provided by Pathways to Housing National (Sam Tsemberis), funded by the Mental Health Commission of Canada
- Delivery system – 61 Canadian communities receive HPS funding; shift to Housing First approach; in the 10 largest communities, > 60% to Housing First

# Research

- *Transforming Treatment Services and Housing for People with Mental Illness in Canada: A Systems Approach to Integrated Knowledge Translation* – 3-year study (2013-16) (CIHR PHSI) that is designed to answer two broad sets of research questions:

  1. Communities

     a. How do community stakeholders create a shared vision and partnerships to implement Housing First in their local contexts?

     b. What are the impacts of a systems approach to knowledge transfer on the planning and implementation of Housing First?

     c. How are community services, community partnerships, and policies transformed?

     d. What contextual factors (policy, research, systems) influence  a, b, and c?

# Research

- *Transforming Treatment Services and Housing for People with Mental Illness in Canada: A Systems Approach to Integrated Knowledge Translation* – 3-year study (2013-16) (CIHR PHSI) that is designed to answer two broad sets of research questions:

  2. Regional Housing First networks

  a.    How are regional Housing First networks developed?

  b.    How do regional Housing First networks promote the planning and implementation of Housing First?

  c.    How do regional Housing First networks strengthen relationships and provide mutual support among network members to implement Housing First?

  d.    How do regional networks work to transform services and policies?

  e.    What contextual factors (policy, research, systems) influence the formation and functioning of regional Housing First networks?

# Knowledge Transfer – Pathways Training and Technical Assistance

- 18 communities, 6 of which are being studied: Surrey, Saskatoon, Winnipeg, Waterloo, York, Halifax

- Training and technical assistance

  - For each site, (1) initial training, (2) ongoing telephone consultation, (3) follow-up training, (4) fidelity assessment

  - Regional training, toolkit workshop, discussion of regional networks in 4 regions

# Research – Data Collection

- Initial training needs assessment focus group

- Workshop evaluations

- Field notes

- Program fidelity assessments

- Key informant and focus group interviews to evaluate the process of training and technical assistance, the impacts, and the factors influencing the impacts both at the community level and at the regional Housing First network level

# Early Findings

- Initial training needs assessment focus group – community stakeholders identify a number of training needs (e.g., housing procurement, case management)

- Workshop evaluations – both community and regional workshops are very positively evaluated (average ratings of 4 out of 5)

- New Housing First programs or enhancements in Surrey, Saskatoon, Waterloo, with others soon to be launched

# **Early Findings**

- Some initial resistance and questioning of the Housing First model that accompanied the shift in HPS funding

- Challenges experienced bringing together stakeholders who have not previously partnered with one another, especially mental health and housing sectors

- Considerable interest in forming regional Housing First networks to support Housing First implementation

# Project Leaders

- **Principal Investigators:** Geoff Nelson, Wilfrid Laurier University; Paula Goering, University of Toronto and Centre for Addiction and Mental Health; Vicky Stergiopoulos, University of Toronto and St. Michael's Hospital

- **Project Manager:** Eric Macnaughton, Wilfrid Laurier University

- **Pathways National:** Sam Tsemberis

- **Mental Health Commission of Canada:** Catharine Vandeline

## PHSI Co-investigators

- Tim Aubry, University of Ottawa
- Jino Distasio, University of Winnipeg
- Steve Gaetz, York University
- Myra Piat, McGill University
- Jitender Sareen; University of Manitoba
- Sam Tsemberis, Pathways to Housing

## PHSI Decision-makers

- Jody Ciufo, Canadian Housing and Renewal
- Sue Goodfellow, Streets to Homes
- Vicky Huehn, PSR Canada
- Donna Pettey, Canadian Mental Health Association/ Ottawa
- Tim Richter, Canadian Alliance to End Homelessness

# Community Partners

- **Surrey, B.C.:** Becky Doherty, Fraser Health Authority
- **Saskatoon, SK:** Brenda McAllister, Saskatoon Health Region; Shan Landry, United Way; Shaun Dyck, Supportive Housing Initiatives Partnership
- **Winnipeg, MB:** Brian Bechtel, Winnipeg Poverty Reduction Council; Shannon Watson, Winnipeg Regional Health Authority
- **Waterloo, ON:** Marie Morrison, Region of Waterloo
- **York:** Christine Hill-Cabellero, United Way
- **Halifax:** Jim Graham, Affordable Housing Association of Nova Scotia; Sue LaPierre, United Way; Trevor Briggs, Capital Health

# Questions?

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Visit: www.mentalhealthcommission.ca

 (for detailed information and reports)

Visit: www.nfb.hereathome.ca

(for video short stories about the project and our participants)

Visit: www.housingfirsttoolkit.ca

(for the *Canadian Housing First Toolkit*)