

**Evidence Exchange Network (EENet)
Ontario Housing First Regional Network Community of Interest
(OHFRN-CoI)**

Policy Brief:

Assertive Community Treatment (ACT) and Housing First in Canada

December 8, 2018



Geoffrey Nelson

Tim Aubry

Supported by the Ontario ACT Association
<http://www.ontarioactassociation.com/oaa-executive/>

The OHFRN-COI is intended to assist communities across Ontario to develop, evaluate, and improve Housing First (HF) programs based on the Pathways model tested, adapted, and shown to be effective in the At Home/Chez Soi Demonstration Project. This CoI is supported by EENet, part of the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health. For more information, visit <http://eenet.ca/housing-first-community-of-interest/>

Contents

Main Messages	2
Purpose and Audience	3
Context.....	3
Homelessness in Canada.....	3
The Housing First Approach to Ending Homelessness.....	3
The Federal Policy Context in Canada.....	4
Assertive Community Treatment (ACT)	4
What Is ACT?	4
Research on Housing First and ACT.....	5
Implementation of ACT within Housing First in Canada	6
Current Status of ACT with Housing First in Canada.....	6
Current Implementation Challenges.....	7
Recommendations	8
References.....	9

Contact Information

Geoffrey Nelson, Ph.D.
Co-chair, EENet Ontario Housing First Regional Network Community of Interest
Emeritus Professor of Psychology
Department of Psychology
Wilfrid Laurier University
Waterloo, ON N2L 3C5
Email: gnelson@wlu.ca

Tim Aubry, Ph.D.,
Co-chair, EENet Ontario Housing First Regional Network Community of Interest
Professor, School of Psychology
University of Ottawa
Ottawa, ON K1N 6N5
Email: taubry@uottawa.ca

How to Cite This Document:

Nelson, G., & Aubry, T. (2018). *Assertive Community Treatment (ACT) and Housing First in Canada*. Toronto: EENet, Ontario Housing First Regional Network Community of Interest.

Main Messages

- This evidence-based policy brief informs federal Canadian and Ontario provincial policy-makers about the value of Assertive Community Treatment (ACT) in ending chronic homelessness in Canada.
- Homelessness is a major social problem in Canada, and people experiencing chronic and episodic homelessness have complex needs, including but not limited to serious mental illness and/or addictions that impede their ability to become stably housed.
- ACT is an evidence-based, multidisciplinary, wrap-around, team approach that supports people with severe mental illness and addictions in the community.
- Housing First programs that use ACT are recognized as evidence-based practices which were found in the Canadian [At Home/Chez Soi](#) research demonstration project. This project seeks to end chronic homelessness for a majority of people with serious mental illness and substance use problems.
- In some Canadian communities, ACT has been integrated into Housing First programs, but ACT is not commonly used in Housing First programs across Canada. Instead, some form of case management or other alternative support services are more frequently employed.
- The federal Homelessness Partnering Strategy shifted its policy in 2014 to emphasize the Housing First approach. However, funding for ACT was neither a part of this strategy, nor a part of the new National Housing Strategy, as health services are operated and funded by provincial and territorial governments, not the federal government.
- There is a lack of ACT services within many Housing First programs in Canada which means that many people who are homeless with serious mental illness do not receive the much needed intensive services such as ACT. At Home/Chez Soi research has proven ACT services to be effective in improving outcomes for clients with high needs.
- Current challenges in implementing ACT services in Canadian Housing First programs include: a lack of coordination between the mental health, housing and homelessness sectors in policy, planning and practices; marked inconsistencies across communities in implementation of Housing First with ACT; and a lack of coordination and funding across different levels of government and various government ministries.
- In order to scale up Housing First programs with ACT in Ontario and across Canada, the following is recommended:
 1. Direct funding of portable housing benefits (rent supplements) to ACT teams;
 2. The development of policies that recognize the clinical needs of people with serious mental illness who are homeless and underserved;
 3. Collaboration among provincial ministries within Ontario, so that the implementation and integration of ACT teams within Housing First is possible and coordinated;
 4. The development of a national plan as well as funding to link ACT with Housing First that is explicitly linked with the federal government's 10-year plan to reduce chronic homelessness by 50%; and
 5. The integration of federal and provincial policies regarding ACT within Housing First programs so that they are clear, consistent, coordinated, and coherent.

Purpose and Audience

This evidence-based policy brief informs both federal level policy makers and Ontario provincial policy makers about the importance of Assertive Community Treatment (ACT) as a clinical component of the Housing First program which targets chronic homelessness for people with serious mental illness. ACT is an evidence-based multidisciplinary wrap-around team approach that supports people with severe mental illness and addictions in the community. Extensive research conducted over the past four decades has shown that ACT has had a significant impact in reducing hospitalization and ending chronic homelessness. Moreover, as was found in the At Home/Chez Soi research, the cost of ACT combined with Housing First is offset by a reduction in health, social, and justice-related services (Goering et al., 2014). Yet Housing First programs in Canada seldom use the ACT model to address the needs of people with serious mental illness. This policy brief highlights the need to integrate ACT and Housing First into health and housing policy strategies and to the need for additional funding in order to provide community support for individuals with serious mental illness who are homeless.

Context

Homelessness in Canada

Homelessness is a significant social problem in Canada, with recent estimates putting the total number of people who experience homelessness on a given night at over 35,000 (Gaetz, DeJ, Richter, & Redman, 2016). In Canada (Aubry et al., 2013), as in the U.S. (Culhane et al., 2007; Kuhn & Culhane, 2008), research has identified different sub-types of single adults experiencing homelessness. Single adults experiencing chronic and episodic homelessness constitute 15-20% of the homeless population and they account for the majority of shelter use. Furthermore, many have complex needs involving serious mental illness and addictions. In contrast, those who are temporarily homeless, typically have only one shelter stay and are able to quickly obtain housing either on their own or with short-term support.

The Housing First Approach to Ending Homelessness

In the U.S., the Housing First approach was specifically developed to address the needs of people with lived experience of mental illness, addictions, and long periods of homelessness (Tsemberis, 2010). Housing First consists of two main components: (1) immediate access to permanent housing facilitated by the provision of a portable housing benefit, and (2) intensive support, typically in the form of ACT or Intensive Case Management (ICM). More information about the importance of a portable housing benefit can be found in a recent policy brief by the authors (Nelson & Aubry, 2017). The Housing First approach began to take root in Canada very recently, first by the province of Alberta (Gaetz, Scott, & Gulliver, 2013), and then with the five-city At Home/Chez Soi research project (Goering et al., 2014). Following the very positive impacts of Housing First in reducing homelessness in the At Home/Chez research, province-wide reductions in homelessness achieved in Alberta through Housing First (The Seven Cities on Housing and Homelessness, 2017), and a change in federal homelessness policy emphasizing

Housing First (Macnaughton, Nelson, Piat, & Goering, 2017), Housing First programs expanded rapidly across the country.

The Federal Policy Context in Canada

In 2014, the federal government made a significant change in its Homelessness Partnering Strategy (HPS) policy by building on the successful findings of the Canadian At Home/Chez Soi research (described later in this brief) and the progress made by province of Alberta using the Housing First approach. The change in federal policy stated that the 10 largest Canadian communities were to allocate 65% of their federal funding to Housing First programs for chronically and episodically homeless persons, and the remaining 51 HPS designated communities and Indigenous communities were to allocate 40% of their funding to Housing First programs (Macnaughton et al., 2017).

The federal government is currently embarking on a new National Housing Strategy, including an expansion of programs serving homeless people (Federal Budget, 2017, Chapter 2). The new strategy sets a target of reducing chronic homelessness by 50% over a ten-year period. However, Housing First and ACT are not specifically mentioned in the National Housing Strategy. If this expansion is targeted at people experiencing homelessness and is coordinated across ministries and different levels of government, a policy that incorporates ACT as part of its housing strategy can contribute substantially to ending chronic homelessness in Canada.

Assertive Community Treatment (ACT)

What Is ACT?

During the early days of deinstitutionalization of mental health services, ACT was developed as an alternative to psychiatric hospitalization for people with serious mental illness (Stein & Test, 1980). In ACT programs, a multidisciplinary, community-based treatment staff provides intensive support around the clock, which includes crisis intervention in the late evening and early morning hours to people with serious mental illness. A considerable body of experimental research has demonstrated that ACT reduces hospitalization, improves housing stability and quality of life as well as reduces the severity of mental health symptoms (Bond, Drake, Mueser, & Latimer, 2001).

ACT is often contrasted with Intensive Case Management (ICM) (Goering et al., 2011; Mueser, Bond, Drake, & Resnick, 1998; Tsemberis, 2015), with ACT as the preferred treatment for people with severe and persistent mental illness who have a high level of needs, while ICM is deemed more suitable for people with severe and persistent mental illness with more moderate needs. The following table, taken from Goering et al. (2011), depicts differences between the ACT and ICM models.

Characteristic	ACT	ICM
Staffing	Multi-disciplinary treatment team	Often a single case manager
Ratio of staff to clients	1:10	1:15-20
Service provision	Many services provided by the treatment team	Case managers broker many services with other agencies
Staff meetings	Staff meets daily	Staff meets weekly
Staff availability	7 days/week with crisis coverage overnight	5-7 days/week with 12 hour per day coverage

ACT started as a single program in Madison, Wisconsin, but has subsequently spread across the western world. With this widespread dissemination, it is important that ACT programs embody the critical ingredients of the original model that account for ACT’s effectiveness (Bond & Drake, 2015). To determine how well ACT programs adhere to the model, ACT fidelity scales have been developed and used to assess program adherence to ACT critical ingredients (e.g., Monroe-DeVita, Teague, & Moser, 2011; Vanderlip, Cerimele, & Monroe-DeVita, 2013).

Research on Housing First and ACT

Because of its significant evidence base, ACT was adopted by the Pathways to Housing – in creating the first Housing First program in New York City (Tsemberis, 2015). A substantial body of research conducted in the U.S. has shown that Housing First can rapidly end homelessness for the vast majority of persons with serious mental illness, complex needs, and for those who experience chronic homelessness (Aubry, Nelson, & Tsemberis, 2015; Coldwell & Bender, 2007). Moreover, in a systematic review of the research and support interventions for people with mental illness who are homeless, Nelson, Aubry, and LaFrance (2007) found that ACT has had a larger impact in reducing homelessness than ICM. A meta-analysis of research on the effectiveness of ACT with people with severe mental illness who are homeless found ACT to produce a 37% greater reduction in homelessness compared to standard case management treatments (Coldwell & Bender, 2007).

These promising findings led the Canadian government to support a multi-city research demonstration project, the At Home/Chez Soi study, which was funded by Health Canada and conducted by the Mental Health Commission of Canada (MHCC) with the collaboration of university and hospital researchers across Canada. The research was designed to examine the effectiveness of Housing First in five Canadian communities. Using a randomized controlled trial (RCT) design, the At Home/Chez Soi study assigned persons with mental illness and experiences of homelessness to either Housing First or Treatment as Usual under two conditions: those with a high level of needs who received ACT, and those with a moderate level of needs who received ICM (Goering et al., 2011). Those categorized under the high needs condition had a current diagnosis of psychotic or bipolar disorder, with either two or more hospitalizations in any year within the past five

years, along with comorbid substance use, or recent arrest or incarceration. This group scored relatively low on a measure of community functioning. Those categorized under the moderate needs condition had a diagnosis of a psychiatric disorder other than psychotic or bipolar disorder. This group scored higher on a measure of community functioning.

Persons receiving Housing First rapidly ended their homelessness and showed improved community functioning and quality of life both in the ACT (Aubry et al., 2016) and ICM (Stergiopoulos et al., 2015) conditions relative to Treatment as Usual. Moreover, the majority of Housing First participants remained housed after two years (Goering et al., 2014) and reported more positive life changes (Nelson et al., 2015) than those receiving Treatment as Usual. Additionally, a cost analysis showed that for every \$10 invested in Housing First, there was a \$9.60 return for ACT programs through reduced use of health care, social services, and implication in the justice system but only a \$3.42 cost offset for ICM programs (Goering et al., 2014; Ly & Latimer, 2015). The overall annual cost per person of delivering Housing First ACT was \$22,000. In contrast, the overall annual cost of Housing First with ICM per person was \$14,000. Thus, the research suggests that while Housing First with ACT is a more costly program than Housing First with ICM, there is almost complete recovery of costs obtained through reduced hospitalization. In other words, Housing First programs that use ACT for people with high needs break even in terms of costs.

As is the case with ACT, fidelity scales have been developed and used with Housing First programs using either ACT or ICM (e.g., Stefancic, Tsemberis, Messeri, Drake, & Goering, 2013). The Canadian At Home study (Goering et al., 2016), along with other research (e.g., Davidson et al., 2014; Gilmer, Stefancic, Henwood, & Ettner, 2015), found that the greater the degree of fidelity to the Housing First model, the better the outcomes (e.g., housing stability, quality of life, community functioning).

Implementation of ACT within Housing First in Canada

Current Status of ACT with Housing First in Canada

While there is no inventory of Housing First programs in Canada, let alone Housing First programs that use the ACT model, we can draw from different sources to gain a better understanding of using ACT within Housing First in Canada. First, in the At Home/Chez Soi project, each of the five cities had an ACT Housing First program. However, two years after the federal funding for this research demonstration project ended, one ACT program was discontinued (Montreal), and another was changed into a FACT (Flexible ACT) program that no longer targeted individuals who were homeless (Nelson et al., 2017). The three ACT programs that continued (in Toronto, Winnipeg, and Vancouver) all maintained relatively high levels of fidelity.

In a recent study of scaling out Housing First programs to new communities (Macnaughton et al., 2018), it was found that of the 14 new Housing First programs that were created in six different communities, only two used the ACT model. Both of these

programs were in the Fraser Health region of British Columbia, which now has a total of four ACT Housing First programs. Currently, these programs are supported through Fraser's priority action plan in mental health (Fraser Health, 2014).

There are other Canadian communities that combine ACT with Housing First, like the Canadian Mental Health Association (CMHA) Toronto Branch and as well as several of the seven largest cities in Alberta which have the longest history with Housing First. However, these communities appear to be the exception rather than the rule.

Current Implementation Challenges

Currently there are several challenges to the implementation of ACT as a key component of Housing First programs in Canada.

First, while ACT programs can be found in many Canadian communities, they are seldom targeted at those people with serious mental illness who are experiencing chronic or episodic homelessness. Funded through health ministries, ACT programs focus primarily on mental health issues, not homelessness. As well, there is often limited client turnover in ACT programs making them difficult to provide access for new clients. Policies need to be developed to explicitly link ACT with homelessness policy and practice.

Second, there are marked inconsistencies among Canadian communities in the availability of Housing First programs that use ACT and how they are delivered. In many communities, including Ontario and Quebec, Housing First programs using the ACT model are simply not available for the reasons stated above. Instead, some form of case management is used, which is often not sufficiently intensive for people with serious mental illness who are homeless with high needs.

Third, there is a lack of coordination across different levels of government (federal, provincial, municipal) and between provincial ministries. For example, in Ontario the Ministry of Municipal Affairs and Housing funds housing and homelessness services and the Ministry of Health and Long-Term Care funds ACT programs. However these two ministries do not have an integrated plan or shared goals that are needed to administer and fund Housing First programs which use the ACT model for people with serious mental illness who experience chronic homelessness. Below, we expand on this lack of coordination.

Municipalities provide programs for people experiencing homelessness that are planned and operated under the leadership of Housing Service Managers. These Service Managers are accountable to District Social Services and Administration Boards. Provincial funding for housing programs comes from the Ministry of Municipal Affairs and Housing to municipal governments.

ACT programs are operated by hospitals, local CMHA branches, and other non-profit mental health organizations. ACT programs in Ontario are funded through the Local

Health Integration Networks (LHINs), which receive funding from the Ministry of Health and Long-Term Care.

Thus, in Ontario communities, there is a “disconnect” between the housing and mental health systems. Each system has its own mandates and targets. The housing system aims to provide housing for people experiencing homelessness, while the mental health system, through programs like ACT, strives to reduce in-patient hospitalization and emergency room use for people with serious mental illness. With finite resources, each of these systems experience pressures to meet their goals and targets. This places constraints on the potential of Housing Service Managers and LHIN personnel to collaborate and come up with innovative solutions that help to alleviate problems faced by individuals who are both homeless and have a serious mental illness. There are currently no mechanisms in place to align these two systems to better serve people with serious mental illness who are homeless. Rather they operate in a siloed way with the health system focusing on people’s mental health needs and the housing system working on people’s housing needs. A more integrated approach is needed to address both the mental health and housing needs of people who are homeless with mental illness. Moreover, ACT teams vary in terms of the degree to which they are guided by Housing First principles of choice and client-driven services. Some ACT programs are more compatible with Housing First than others.

The lack of connection between housing and mental health in practice and within government legislation stands in sharp contrast to the logical and empirical connections between the housing and health. First, there is clear evidence that housing in Canada is a critical social determinant of health (Mikkonen & Raphael, 2010), and that homelessness is linked with many dimensions of health (Guirguis-Younger, McNeil, & Hwang, 2014). Second, Forchuk et al. (2008) found that out of 2687 discharges from psychiatric wards, 167 people were discharged to shelters or “no fixed address.” This problem is deeply rooted in the inconsistencies found within housing and mental health. The 167 individuals that were discharged to shelters or temporary locations with “no fixed addresses” were the result of a larger systemic issue where mental health systems and housing systems remain disconnected

Recommendations

Our recommendations include the following:

1. Direct funding of portable housing benefits (rent supplements) to ACT teams;
2. The development of policies that recognize the needs of people with serious mental illness who are chronically homeless and underserved and the provisions of sufficient intensity in line with these needs;
3. The development of a plan to ensure that provincial ministries implement ACT within Housing First in a clear, consistent and coordinated manner;

4. The development of a national plan within the federal homelessness initiative to link ACT with Housing First that adheres to the federal government's 10-year plan to reduce chronic homelessness by 50%; and
5. A strategic plan to integrate federal and provincial policies surrounding ACT within Housing First programs so that they are clear, consistent, coordinated, and coherent

References

- Alberta Seven Cities on Housing and Homelessness (2017). *2016 Point-In-Time count of homelessness: Provincial report*. Seven Cities on Housing and Homelessness.
- Aubry, T., Farrell, S., Hwang, S. W., & Calhoun, M. (2013). Identifying the patterns of emergency shelter stays of single individuals in Canadian cities of different sizes. *Housing Studies, 28*, 910-927.
- Aubry, T., Goering, P., Veldhuizen, S., Adair, C.E., Bourque, J., Distasio, J., . . . Tsemberis, S. (2016). A multiple-city RCT of Housing First with Assertive Community Treatment for homeless Canadians with serious mental illness. *Psychiatric Services, 67*, 275-281.
- Aubry, T., Nelson, G., & Tsemberis, S. (2015). Pathways Housing First for people with severe mental illness who are homeless: A review of the research. *Canadian Journal of Psychiatry, 60*, 467-474.
- Fraser Health. (2014). *Mental health supported housing and residential program: Priority action plan 2015-2020*. Fraser Health.
- Bond, G.R., & Drake, R.E. (2015). The critical ingredients of Assertive Community Treatment. *World Psychiatry, 9*, 141-159.
- Bond, G.R., Drake, R.E., Mueser, K.T., Latimer, E. (2001). Assertive Community Treatment for people with severe mental illness: Critical ingredients and impact on patients. *Disease Management and Health Outcomes, 9*, 141-159.
- Coldwell, C.M., & Bender, W.S. (2007). The effectiveness of Assertive Community Treatment for homeless populations with severe mental illness: A meta-analysis. *American Journal of Psychiatry, 14*, 240-242.
- Davidson, C., Neighbors, C., Hall, G., Rogue, A., Cho, R., Kutner, B., & Morgenstern, J. (2014). Association of Housing First implementation and key outcomes among homeless persons with problematic substance use. *Psychiatric Services, 65*, 1318-1324.
- Forchuk, C., MacClure, S.K., Van Beers, M., Smith, C., Csiernik, R., Hoch, J., & Jensen, E. (2008). Developing and testing an intervention to prevent homelessness among

individuals discharged from psychiatric wards to shelters or “no fixed address”:
Journal of Psychiatric and Mental Health Nursing, 15, 569-575.

Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting communities to end homelessness*. Toronto: Canadian Observatory on Homelessness Press.

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The state of homelessness in Canada 2016*. Toronto: Canadian Observatory on Homelessness Press.

Gilmer, T.P., Stefancic, A., Henwood, B., & Ettner, S. L. (2015). Fidelity to the Housing First Model and variation in health service use within permanent supportive housing. *Psychiatric Services*, 66, 1283-1289.

Goering, P.N., Streiner, D.L., Adair, C., Aubry, T., Barker, J., Distasio, J., Hwang, S.W., Komaroff, J., Latimer, E., Somers, J., & Zabkiewicz, D.M. (2011). The At Home/Chez Soi trial protocol: A pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities. *BMJ Open*, 1.

Goering, P., Veldhuizen, S., Nelson, G., Stefancic, A., Tsemberis, S., ... Streiner, D. (2016). Further validation of the Pathways Housing First Fidelity Scale. *Psychiatric Services*, 67, 111-114.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., ... & Aubry, T. (2014). *National At Home/Chez Soi Final Report*. Calgary, AB: Mental Health Commission of Canada.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., Macnaughton, E., Streiner, D., & Aubry, T. (2014). *National final report: Cross-site At Home/Chez Soi project*. Calgary, AB: Mental Health Commission of Canada.

Government of Canada. (2017). *Budget 2017: Building a strong middle class*. Ottawa: Government of Canada, available at <http://www.budget.gc.ca/2017/home-accueil-en.html>

Guirguis-Younger, M., McNeil, R., & Hwang, S.W. (Eds.). (2014). *Homelessness and health in Canada*. Ottawa: The University of Ottawa Press.

Kuhn, R., & Culhane, D.P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26, 207-232.

Ly, A., & Latimer, E. (2015). Housing First impacts on costs and associated cost offsets: A review of the literature. *Canadian Journal of Psychiatry*, 60, 475-487.

- Macnaughton, E., Nelson, G., Goering, P., & Piat, M. (2017). Moving evidence into policy: The story of the At Home/Chez Soi initiative's impact on federal homelessness policy in Canada and its implications for the spread of Housing First in Europe and internationally. *European Journal of Homelessness, 11*, 109-130.
- Macnaughton, E., Nelson, G., Worton, S.K., Tsemberis, S., MacLeod, T., Stergiopoulos, V., Aubry, T., Hasford, J., Distasio, J., & Goering, P. (2018, early view). Navigating complex implementation contexts: Overcoming challenges and achieving outcomes in a national initiative to scale out Housing First in Canada. *American Journal of Community Psychology*. doi: 10.1002/ajcp.12268
- Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Toronto: York University School of Health Policy and Management.
- Monroe-DeVita, M., Teague, G. B., & Moser, L. L. (2011). The TMACT: A new tool for measuring fidelity to assertive community treatment. *Journal of the American Psychiatric Nurses Association, 17*, 17-29.
- Mueser, K.T., Bond, G.R., Drake, R.E., & Resnick, S.G. (1998). Models of care for severe mental illness: A review of research on case management. *Schizophrenia Bulletin, 24*, 37-74.
- Nelson, G., & Aubry, T. (2017). *A portable housing benefit as an indispensable component of ending homelessness in Canada*. Toronto: EENet, Housing First Ontario Regional Community of Interest.
- Nelson, G., Aubry, T., & Lafrance, A. (2007). A review of the literature on the effectiveness of housing and support, assertive community treatment, and intensive case management interventions for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry, 77*, 350-361.
- Nelson, G., Caplan, R., MacLeod, T., Macnaughton, E., Cherner, R., Aubry, T., Methot, C., Latimer, E., Plenert, E., Stergiopoulos, V., McCullough, S., Zell, S., Patterson, M., Piat, M., & Goering, P. (2017). What happens after the demonstration phase?: The sustainability of Canada's At Home/Chez Soi Housing First programs for homeless persons with mental illness. *American Journal of Community Psychology, 59*, 144-157.
- Nelson, G., Patterson, M., Kirst, M., Macnaughton, E., Isaak, C., Nolin, D., McAll, C., Stergiopoulos, V., Townley, G., MacLeod, T., Piat, M., & Goering, P. (2015). Life changes among homeless persons with mental illness: A longitudinal comparison of those entering Housing First or usual treatment. *Psychiatric Services, 66*, 592-597.
- Stergiopoulos, V., Hwang, S.W., Gozdzik, A., Nisenbaum, R., Latimer, E., Rabouin, D., ...Goering, P.N. (2015). Effect of scattered-site housing using rent supplements and intensive case management on housing stability among homeless adults with mental

illness: A randomized controlled trial. *Journal of the American Medical Association*, 313, 905-915.

Stein, L.I., & Test, M.A. (1980). Alternative to mental hospital treatment: I. Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, 37, 392-397.

Tsemberis, S. (2015). *Housing First: The Pathways model to end homelessness for people with mental illness and addiction*. Center City, MN: Hazelden Publications.

Vanderlip, E.R., Cerimele, J.M., & Monroe-DeVita, M. (2013). A comparison of Assertive Community Treatment Measures and Patient-Centered Medical Home Standards. *Psychiatric Services*, 64, 1127-1133.