

January 7, 2019

Office of the Honorable Christine Elliott,
Minister of Health and Long-Term Care
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Office of the Honorable Steve Clark,
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Re: Assertive Community Treatment (ACT) and Housing First in Canada

Dear Ministers Elliott and Clark:

In our role as Co-Chairs of the [Ontario Housing First Regional Network Community of Interest \(OHFRN-Col\)](#) and President of the Ontario ACT Association, <http://www.ontarioactassociation.com/>, we are writing to provide you with our recently released policy brief, "[Assertive Community Treatment \(ACT\) and Housing First in Canada.](#)"

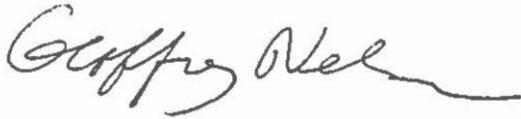
Both of us were members of the Mental Health Commission of Canada's National Research Team of the [At Home / Chez Soi](#) Demonstration Project that tested the effectiveness of Housing First for people with serious mental illness and a history of homelessness in five Canadian cities, including Toronto. The findings from this study were unequivocal in demonstrating that Housing First can solve homelessness for a majority of this population. Moreover, the costs associated with these programs were offset by a reduction of use of health, social, and justice-related services.

A critical ingredient of Housing First programs in At Home was the provision of **Assertive Community Treatment (ACT)** services for clients with "high needs." The term high needs characterizes clients with serious mental illness (e.g., schizophrenia, bipolar disorder) and substance use problems who are frequent users of hospital services. These clients are often discharged to "no fixed address" because the appropriate services are not available to them. While the Ontario Ministry of Health and Long-term Care funds over 80 [ACT programs](#) across the province that provide intensive community support with a low staff-to-client ratios (typically 1:8 to 10) and 24/7 coverage, seldom do these programs have a specific program emphasis on high needs clients who are homeless. Moreover, they have great difficulty accessing the portable housing allowances that are a key component of the Housing First approach to end homelessness.

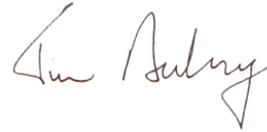
In the housing sector in Ontario, Housing First programs for people who have experienced homelessness often rely on some form of case management services. While case management is appropriate for many people with more "moderate needs" who have been homeless, it is insufficient for those with high needs. In contrast to the low staff-to-client ratios of ACT and around the clock coverage, the staff-to-client ratio is 1:15 to 1:20 and coverage is frequently more limited. Thus, many Ontario communities struggle to serve effectively those with high needs, because ACT services are typically not available to homeless people who require the more intensive, wrap-around, multi-disciplinary (including psychiatry and nursing) support that ACT provides.

We would like the opportunity to meet with you to discuss how your two ministries can be better aligned with respect to ACT and Housing First for clients with high needs. Thank you for your attention to this request and we look forward to hearing from you.

Sincerely,



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For more information about the OHFRN-Col, visit: <http://www.eenet.ca/node/1257#about>