
3.4

BUILDING RESEARCH CAPACITY TO IMPROVE SERVICES FOR THE HOMELESS AN INTEGRATED COMMUNITY-ACADEMIC PARTNERSHIP MODEL¹

Annie DUCHESNE, David W. ROTHWELL,
Georges OHANA & Amanda GRENIER

INTRODUCTION

Community organizations that address homelessness operate and design their interventions in a local context, taking into account factors that vary by region such as job availability, climate, social services offered, social housing availability and social assistance payments (Gaetz et al, 2013). Therefore it is important to generate place-based knowledge incorporating expertise from key stakeholders including practitioners and service users. An integrated community-academic partnership is one vehicle to increase local knowledge and better design community interventions. In this chapter, we present an example of one such partnership intended to better understand the needs of homeless people and increase the effectiveness of community-based responses in Montreal. We begin with a short history of community-academic partnerships including their challenges and new opportunities. Next we describe the OBM-McGill partnership in detail including priority development, the respective roles and responsibilities of community and university partners and some notable research outcomes. We then outline a few successes and setbacks of the example project

and the importance of organizational support for both partners. We conclude with lessons learned and focus on the critical importance of digital information management systems in facilitating partnerships.

COMMUNITY-ACADEMIC PARTNERSHIPS

Arguably, the social service environment has become increasingly conducive to the development of community-academic partnerships in Canada. More funders are recognizing the importance of such arrangements and have set up grants specifically to foster these relationships (Hall et al, 2009; Jackson, 2014). There is also a good deal of potential in new digital homeless management systems that help to bridge distances between institutions and generate better research. These systems give researchers access to information with minimal disturbance to everyday community activities. They offer a consistent way of collecting information to compare groups and assess need, and can be the basis for multiple projects over time.

1. We'd like to acknowledge the previous personnel who have made substantial contributions to the project over the years. These include Matthew Pearce, Lise Marion, Sebastian Mott, Marie-Pierre Hamelin, Malorie Moore, Stephanie Taillon and Jessica Spagnolo.

However, mutually beneficial research requires more than reliable data. Research and community organizations work in different contexts, and have different objectives, scopes and parameters. These distinctive approaches can present challenges to partnerships. A clear understanding of the differences between these two sectors is necessary for a fruitful partnership.

Universities have traditionally been positioned as knowledge generators and gatekeepers working independently from their communities (Soska & Johnson Butterfield, 2004); however, this role is shifting. However, recently universities have started to actively engage with local governments, not-for-profit organizations and local service providers to contribute to regional development (Hall & Tremblay, 2012). This shift has been useful to community organizations as they very rarely have the expertise or resources to evaluate need and test interventions. This is an especially important gap because of funders' growing interest in investing in evidence-based practices (Hall et al., 2009). In the homeless sector, short-term academic-community partnerships are common, though these often focus on specific issues within homelessness including physical health, substance use and mental health. Such projects tend to be initiated by academic researchers who approach community organizations to collect data on a specific issue for a defined period of time. This too often results in short-term one-way relationships that do not lead to sustainable change in the partnering organization. Local groups sometimes cite negative experiences with 'ivory tower institutions' that have come into the community to conduct studies, but have not adequately consulted community groups to inform their research or made extensive enough efforts to share their findings in an accessible way (Soska & Johnson Butterfield, 2004). As a result, community organizations have difficulty turning these findings into practical plans. One solution is to bring both sectors together in a long-term integrated fashion (Hall & Tremblay, 2012). Integration can facilitate research that has direct relevance to programs and policy, which should be the aim of all projects, and enables community organizations to assess trends in the population and help plan for the future. This type of partnership also allows researchers to engage in more meaningful participatory research with stakeholders, resulting in more clear interpretations of findings. (AUCC, 2008).

A clear understanding of the differences between these two sectors and how to manage these different cultures is necessary for a fruitful partnership.

PARTNERSHIP DESCRIPTION

Montreal's Old Brewery Mission (OBM) shelter made the decision in recent years to shift to a more evidence-based model that aims to promote self-sufficiency. This shift was driven by a change in organizational leadership that pushed for evidence to help improve services. Research and knowledge development was seen as a critical ingredient in this shift; however, the organization did not have the internal capacity to engage in the long-term in-depth research required. The OBM had engaged in short-term partnerships with local universities in the past. Based on this experience, the organization decided to approach former partners to see if they were interested in more long-term work. In 2011 the OBM teamed up with the Social Development Research Group located at the McGill University Centre for Research on Children and Families (CRCF) to build research capacity and engage in new research on homelessness that would ultimately provide better services to homeless clients using evidence-informed practices. The project merged the analytical expertise from a third-party academic institution with the homelessness expertise of a service-driven not-for-profit organization to better understand the homeless population in the area and improve on service models. The approach taken in the OBM-McGill partnership is similar to partnerships found in the U.S. including the California-based Community Technology Alliance (CTA), which uses big data to address issues related to poverty and homelessness ("Community Technology Alliance," n.d.). In addition to understanding trends and adjusting services, the partnership also strives to go beyond organizational walls by presenting findings to the public in the hopes that others can benefit. The

In addition to understanding trends and adjusting services, the partnership also strives to go beyond organizational walls by presenting findings to the public in the hopes that others can benefit.

project has involved numerous personnel over the years that have contributed greatly. Currently a full-time research coordinator, a director of research at the OBM and a professor at McGill support the partnership.

The OBM-McGill research project has grown organically since 2011 to become a fully integrated, mutually beneficial long-term partnership. Since inception, the partnership has launched an in-depth exploration of homelessness in Montreal that aims to learn more about the the factors that contribute to chronic and episodic homelessness. Initial consultations with academics and social work experts led to the identification of five research priorities, including the need to:

1. Build research capacity at the shelter;
2. Identify key research topics;
3. Conduct new research;
4. Engage in knowledge translation and dissemination; and
5. Apply findings to improve policies and programs.

Through the project, the partnership hoped to be able to identify factors associated with long-term homelessness; pinpoint groups that 'fall between the cracks' of service delivery; shift the service-delivery model from downstream crisis management to upstream solutions; and prioritize resource allocation to help the greatest number of people.

HOMELESSNESS MANAGEMENT INFORMATION SYSTEMS

In 2001, the OBM adopted the free-to-use Homeless Individuals and Families Information System (HIFIS), developed by the Federal Government of Canada (PYE, n.d.). The digital client-management system was used day-to-day by counseling staff across the organization to reduce paperwork, see years of client data at a glance, present notes in a legible way, flag potential issues, etc. Administrative staff used the HIFIS system's capacity to produce basic population-level descriptive statistics for annual reports. The organization recognized the databases' potential for research purposes many years later.

At the time when the partnership started, HIFIS was primarily used as an administrative tool to keep track of individual client needs. However, the HIFIS system has the potential to be used for more than just administrative monitoring. It allows researchers to systematically collect information on the population being served, collect in-depth data in a cost-effective way and retrospectively follow individuals anonymously throughout their shelter trajectory using unique, randomly assigned client numbers. This is particularly advantageous because longitudinal studies about homelessness have in the past been either unfeasible or extremely difficult to conduct (Levinson, 2004: 228; North et al, 2012; Sosin et al, 1990) & Pollio, 2012; Sosin, Piliavin, & Westerfelt, 1990. The database can also be used to take into account the complex community-level interactions between individual psychosocial factors, institutional rules and regulations and social context (i.e. laws, rent affordability, minimum wage, job market, social safety net services, etc.).

The introduction of computerized information systems brings unique opportunities and challenges for research and community-based practice. Digital homelessness management information systems enable community institutions to enter data on service users, thereby building a rich database containing demographic background, client need and patterns of service use. Such systems have the potential to provide organizations with detailed information on the needs of the particular homeless population that they serve.

Administrative staff used the HIFIS system's capacity to produce basic population-level descriptive statistics for annual reports. The organization recognized the databases' potential for research purposes many years later.

In the case of homelessness, research conducted with these systems has the potential to provide organizations with the necessary evidence to:

1. Plan ahead by reading trends in the population that may lead to changes in service requirements;
2. Make the most out of a resource-limited environment by identifying top priorities for intervention and evaluating the efficacy of services;
3. Learn about the population to develop preventive services to end chronic and episodic homelessness; and
4. Justify funding requests using solid numbers specific to the organization. This can increase the likelihood of successfully funded evidence-based projects.

However, very few community organizations have the capacity to use their digital administration systems in this way. Therefore, most organizations are not able to benefit from this information. Although homeless management information systems hold enormous potential as one of the largest generally untapped resources for community-level research, making use of

the data can be challenging. Community organizations may struggle with the demands of data entry and with the know-how of processing and making use of the data. Amidst competing time demands, for example, workers responsible for data entry may miss key areas. Missing client data interferes with the ability of researchers to conduct analysis and to ensure that the group of people being analyzed is representative of the population as a whole. Making use of the data management systems is a complicated process that requires expertise as well as defined goals and priorities.

An integrated partnership between the frontline community organization and an academic institution is thus a possible solution to the problem of accessing and making use of the data collected in these complex information systems. Data management systems would seem to create the opportunity for collaboration between research and community practice. This is especially the case where the complexity of the factors that contribute to homelessness at large demand a more long-term and integrated approach. In this sense, a university-community partnership can build research capacity and provide a consistent feedback loop to improve service provision.

REALIZING THE PARTNERSHIP PRIORITIES

Identifying research partnership priorities can help shape long-term projects and ensure that partners are on the same page. This section reviews and outlines the five partnership priorities for the OBM-McGill partnership.

Priority One: Building Research Capacity

Early partnership activities involved identifying the strengths and weaknesses of the OBM's data management systems. McGill researchers explored the OBM database, in collaboration with HIFIS administration in Ottawa, to determine which variables were consistently collected and which were not. The findings from this exploration were used to determine the limitations of the administrative database and come up with viable solutions.

One example of information that was unsystematically recorded was mental health. This was problematic because mental illness can significantly affect a person's experience in homelessness and length of homeless episodes. Previous research has found that mental health contributes to longer episodes of homelessness (Forchuck et al, 2008; Robertson MJ & Winkleby MA, 1996). Mental illness has also been found to be associated with other complicating factors in the homeless population including substance use (Fischer & Breakey, 1991; Rush et al, 2008) and physical illness (Viron et al, 2014). Furthermore, due to the stigma of

mental illness, it can be difficult to find work (Gamm et al, 2003) and build a supportive social network (England et al, 2011; Hulchanski et al, 2009). Therefore, mental health status is an important consideration in any research examining service delivery for homeless persons and it is imperative that this information is collected consistently and carefully.

The research project began a series of activities to address the gaps in the data. A first step to reduce missing data and measurement bias was to train the OBM staff to collect and enter data in a systematic way. The OBM-McGill research coordinator gave group training workshops and disseminated clear protocols for data collection. Next, regular data check-ins were conducted by the research coordinator to address any outstanding issues with data collection. Finally, the McGill researchers developed methods to efficiently organize the data and convert the database so it could be read by statistical analysis software.

Priority Two: Identifying Key Research Topics

Early on in the partnership, an Executive Research Steering Committee (composed of representatives from McGill and the OBM) identified research topics, taking into account community context, research capacity and budgetary limitations. The purpose of the Steering Committee was to identify gaps in knowledge to inform service delivery. First, an extensive review of the existing programs and practices at the OBM was performed. The research coordinator and a research assistant conducted extensive background research on the theories embedded in the OBM's transitional programs. This internal report informed the discussions of the Research Steering Committee.

Early on in the partnership, an Executive Research Steering Committee (composed of representatives from McGill and the OBM) identified research topics, taking into account community context, research capacity and budgetary limitations.

During the first year of the project the primary interest of the OBM was to conduct an impact evaluation. Yet the amount of time and resources that would have been required to track down an acceptably large group considered to be representative of the population was not feasible. Given the constraints, research projects were designed to be smaller in scale and more manageable. A short list of topics ranging from a demographic description to a long-term program evaluation was proposed and approved by the OBM board of directors. Consultations with homeless shelter clients, stakeholders and the Steering Committee helped to determine priorities and potential challenges.

Priority Three: Conducting New Research

McGill researchers developed the methodology for each research question. This process included the identification and development of valid and reliable measurement instruments. The preference was to identify instruments previously validated in the homeless population. For example, the OBM-McGill partnership was interested in collecting information about a variety of psychosocial factors affecting homelessness including severity of mental health problems and substance use issues, quality of support from family and friends, level of involvement in the community, income and adequacy of available housing. An extensive search resulted in the identification of the Arizona Self-Sufficiency Matrix (ASSM) developed for use in homeless populations and verified in research projects conducted in the U.S. (Abt Associates, 2006). The Family Crisis Oriented Personal Scale (F-COPES) questionnaire was also identified (McCubbin, 1996).

This instrument was developed for use in low-income populations to describe an individual's self-reported coping strategies in times of crisis.

The partnership eventually decided on a two-phase research plan. The first two years of the project (Phase One: Years 2011 to 2013), focused on building the social scientific foundation for a more expansive study in the future. Improving the quality of data in the HIFIS administrative database was a priority. Phase One also consisted of a literature review and preliminary analysis of administrative data. In addition, the research coordinator conducted focus groups with clients that described their impressions of shelter programs and identified unmet needs. These in-depth discussions provided considerable information on the operations at the shelter, complimenting and providing context for the information collected by

the administrative database. In an early analysis of the administrative data, the researchers also replicated a classification system based on previous work performed in Canada and the U.S. (Aubry et al, 2012; Kuhn & Culhane, 1998). Further, a demographic exploration was used to identify service gaps and design new programs and policies.

Midway through Phase One, the OBM-McGill Research Steering Committee was approached by external researchers involved in a project on aging and homelessness² (see aginghomelessness.com) and a shorter term collaborative partnership was negotiated. Findings from the resulting work showed that older persons in the transitional programs stay longer than younger persons (Rothwell et al, (in press)). Understanding this phenomenon from different methodological perspectives was of great interest to both partners so the collaboration was extended into Phase Two of the OBM-McGill project.

Building on results from Phase One, the second phase of the partnership (Phase2: 2013-2015) consisted of using the new and improved database to attempt to identify the characteristics that can lead to chronic and episodic shelter use. This included an analysis of demographic, psychosocial and structural factors that may contribute to long-term homelessness. The ASSM and F-COPES measurement tools that had been put in place allowed the researchers to explore data beyond descriptive statistics. This phase of the project included a longitudinal study looking at the relationship between transitional program policy and returns to the shelter. A latent profile analysis was also used to identify the psychosocial characteristics, coping mechanisms and health issues associated with age, chronic and episodic homelessness.

Priority Four: Knowledge Translation

Knowledge translation has been a priority area for the OBM-McGill research project. Findings are interpreted in conjunction with frontline and administrative staff at the OBM. An understanding of the priorities of each of the organizations is required to put the results into terms that everyone can understand and benefit from.

To date, the partnership has produced a number of products including an extensive literature review (Mott et al, 2012a), and two focus group studies that clarified the client perceptions of the shelter's transitional programs (Mott et al, 2012b; Mott et al, 2013). The results of the first data analysis (Mott, 2012) using the HIFIS system were presented at the International Homeless Conference in Pennsylvania (Mott & Rothwell, 2013). In addition, several reports analyzed health issues (Duchesne & Rothwell, 2014a) and trends of service use over time (Duchesne & Rothwell, 2014b). A training manual for research was also produced (Duchesne, 2014). All public reports have been posted on the project website: mcgill.ca/socialdevelopment/projects/obm.

Extensive efforts are made to ensure that different audiences can understand the results. Results are presented in many ways including PowerPoint presentations, internal reports, infographics, journal articles and conference presentations.

It is also a high priority to share this information with the community to help change the public's perception of homelessness and to provide the most up-to-date information possible to other community-level organizations. For example, the CEO of the OBM was instrumental in spreading findings on chronic and episodic homelessness through op-eds, radio interviews and conference talks.

2. With Social Sciences and Humanities Research Council (SSHRC) funding the project (Principal Investigator Amanda Grenier) explores homelessness and aging at the levels of social programming and personal experience. Four aspects of the inquiry include: (a) late life challenges, (b) changing relationships to place and space in cities and shelters, (c) implications of impairment with regard to long-term care and (d) the influence of economic resources on late-life trajectories.

Priority Five: Apply Findings to Policy & Programs

An important part of the knowledge translation process is evaluating the extent to which programs and practices can be influenced by research results. The Research Steering Committee along with collaborative efforts from OBM staff across the organization use the research results to identify and address gaps in service to create more a comprehensive continuum of services.

Through word of mouth and distribution of reports, the research conducted as part of the partnership quickly finds its way into programming. For example, the research revealed that many individuals who arrived for the first time at the shelter (the newly homeless) often only used the emergency shelter, which offers few of the necessary supportive services to help individuals get back on their feet. It was suggested

that intensive interventions targeted toward the first-time homeless might help them stabilize more quickly. As a result, the OBM developed the *Accueil* program in order to provide personalized counseling services and more stable living arrangements for first-time homeless individuals. In doing so, the shelter was able to provide access to necessary resources in a lower-stress environment with the aim of reducing longer-term homelessness.

At a higher policy level, findings from the aging homeless component of the partnership were influential in shaping Quebec's new homeless policy. Along policy lines, Quebec is leading the way in recognizing and targeting older people in its strategy.

SUCCESSES AND SETBACKS

Successes

This project has seen several successes, including measurable progress in implementing evidence-informed programming at the shelter. Results have been used to design and justify more diverse transitional programs to help accommodate the specific needs of clients. For example, simple analyses have estimated the proportion of clients with problematic substance use, mental health problems and physical ailments. These straightforward demographic studies aided in the development of certain transitional programs including the aforementioned *Accueil* program and the *Projet Réaffiliation en itinérance et santé mentale* (PRISM) program. This program, developed and offered in partnership with the Centre Hospitalier de l'Université de Montréal, offers mental health treatment programs in-residence to chronic, service-shy homeless clients with concurrent substance use disorders.

Furthermore, the organization has a greater research capacity that is sustainable in the long term. This enhanced capacity has created a culture of research within the organization that encourages critical thinking, examines biases and promotes constant improvement.

Perhaps most poignantly, the various descriptive studies and classification analyses have given weight to community knowledge. Several results have confirmed systematically what service-driven agencies have known anecdotally for a long time: that their homeless clients are a heterogeneous group of complex people with a variety of needs and survival strategies.

Simple analyses have helped to determine the proportion of clients with problematic substance use, mental health problems and physical ailments. These straightforward demographic studies helped in the development of certain transitional programs...

Challenges

Overall, the partnership has encountered numerous challenges. As with any partnership between sectors, there is a need to manage expectations and adapt to new work processes. Impediments to the OBM-McGill research project were similar to those faced in many other partnerships. Chief among them was a clash of cultures between the academic and the not-for-profit sectors. As a result, the partners often experienced different expectations for timelines and resource allocation. From the standpoint of the academics, fostering an environment of co-ownership was also a challenge. There is often a perception that the university researchers are the experts and they should tell service providers what is best. Despite this tendency the research team has remained committed to engendering a climate where service providers feel ownership and control over the process.

One of the main issues was negotiating the community agency demands in an environment of limited research resources. For example, the OBM initially expected that the research team would be able to follow individuals in the community to determine who was able to leave homelessness and who was not. However, this kind of project was impossible to achieve with a single full-time researcher and it was cost prohibitive to hire more individuals to perform this task. Smaller and more manageable projects had to be proposed.

Another challenge was breaking down the academic research versus practice divide in terms of timelines and turnaround. Academic research takes a significant amount of time and hurdles arise often throughout the process including research assistant turnover, delayed ethics approval and the discovery of missing data. Inflexible deadlines in this context are not reasonable. However, community-level organizations require nimbleness when using research results for funding applications as well as the design of new programs and practices. The OBM-McGill project navigated these differences by negotiating compromises; for example, McGill partners compromised by prioritizing practice-relevant knowledge over other types (e.g. peer-reviewed publications). Instead of preparing each individual analysis for publication in a scientific journal, the research team generated concise reports for internal use. This ensured that the majority of the work produced for the partnership was centred on informing and improving services. In contrast to a peer-reviewed journal article, these reports were produced more

quickly and were often easier for the OBM management to interpret. The project maintains a commitment to produce formal academic publications, but this is secondary to knowledge translation. The OBM partner compromised by sacrificing some agility; the organization agreed to adhere to the research plan and data collection instruments for a prescribed period of time for the purposes of producing reliable research – an unfamiliar practice in an organization used to making quick and frequent changes. The OBM also learned to accept that quality results would take longer to produce than originally expected. Regular and timely communication was key. All levels of the OBM management were informed of progress and setbacks through quarterly and annual reports. This type of regular reporting established accountability and managed expectations.

A balance also had to be struck when performing research in the context of a busy service-driven agency. A large dataset containing plenty of information allows researchers to perform advanced statistical techniques. However, the complexity of data measurement tools has to take into account all the other responsibilities of the shelter staff. Data collection cannot impede important daily activities. For the OBM-McGill partnership, this balance was negotiated through regular stakeholder consultations with frontline staff members. Stakeholder sessions provided a system of checks and balances on the ground to ensure that instruments were capturing information accurately without being too burdensome and changes were made when required.

THE IMPORTANCE OF ORGANIZATIONAL SUPPORT

Projects such as the community-research partnership between OBM and McGill rely on a strong level of organizational support. This project has a number of features that help to ensure success. First and foremost is the OBM administration that values and prioritizes research. The organization recently created a position for a director of research. The director of research is positioned to champion research activities within the organization, perform the administrative actions necessary to plan the projects and keep them funded and identify and resolve prioritization issues that arise between the institutions. The director ensures that the projects are running smoothly and the results are disseminated in an accessible way to all parties.

The second element is the dedicated OBM program counselors who perform data collection duties on top of regular counseling services. Many engage in research further by providing their expert opinions for improving measurement tools. For example, in 2014, a small committee of counselors met at regular intervals with the Research Coordinator to improve upon a questionnaire that assessed client psychosocial status. These counselors met as a group to offer their ideas and individually to perform cognitive interviews – a process that took months to complete. As a result clear definitions of terms were developed and the instrument became more relevant to the OBM context.

The third element is a full-time research coordinator whose sole focus is this project. While this set-up is unconventional in academic-community partnerships, it is also productive. It provides the shelter with a regular stream of new information and allows many questions to be answered in a relatively short period of time. A principal investigator with previous experience collaborating with community groups is also an asset. This position opens up publication and additional partnership opportunities.

Projects such as the community-research partnership between OBM and McGill rely on a strong level of organizational support.

The fourth major facilitator is the presence of a customizable digital administrative database that has been in place for several years. While administrative data has some methodological constraints, it is extremely useful in a population that is traditionally difficult to follow. The information should be in a format that is possible to convert to the necessary statistical programs. An automatic system that randomly assigns unique client identifiers also allows near complete anonymity.

Finally, for a project of this nature, partners need to be flexible and open to self-reflection. For example, the OBM has expressed its commitment to research even if the findings are counterintuitive to current practices and require organizational changes that may prove difficult to implement. On the university side, the evaluative types of requests that come from agencies are difficult to integrate into the expectations of ‘what counts’ as academic research. The researchers must commit to performing research that may not lead to traditional indicators of academic success like publishing findings in high-impact journals or being awarded large grants.

CONCLUSION

The OBM-McGill community-academic partnership project provides real life examples of how an existing data infrastructure can be used to create a regular feedback loop to better understand and respond to the needs of the homeless population at the community level. Not only does it provide evidence that services are meeting the needs of the target population, but it also creates a culture of research that encourages critical thinking, the examination of biases and the desire to constantly improve based on client needs.

Research offers a forum for organizations to examine their service activities and to consistently ask:

- Does this service address an identified and documented need within the population?
- What impact is the service having on the population (positive/neutral/negative)? Based on what criteria? Are these criteria representative of the desired outcomes?
- How can programs and outcomes be improved? Is there a regulation or policy that needs revision?
- Are there service blind spots or ‘forgotten’ subpopulations that need attention?
- Is there enough capacity to serve everyone? Are too many resources dedicated to a single area that only requires a few?
- Is there enough focus on prevention?

Understanding the needs and service use patterns of the homeless population is a major step toward ending homelessness. The OBM-McGill community-academic partnership model described in this paper was based in a shelter with a range of programs such as supported housing and community outreach. As such, it is applicable to many different contexts from the development of homeless-centric healthcare services to designing and implementing the supportive services that are associated with the Housing First models. We hope this partnership description will be informative to others seeking to assess the various approaches to homelessness across the country.

Understanding the needs and service use patterns of the homeless population is a major step toward ending homelessness.

REFERENCES

- Abt Associates. (2006, March). *Arizona Statewide Program Evaluation Project: Arizona Self-Sufficiency Matrix*. Retrieved from https://www.azdes.gov/uploadedFiles/Aging_and_Adult_Services/Community/ssm_decision_tree.pdf
- Aubry, T., Klodawsky, F. & Coulombe, D. (2012). Comparing the Housing Trajectories of Different Classes Within a Diverse Homeless Population. *American Journal of Community Psychology*, 49(1–2), 142–155. <http://doi.org/10.1007/s10464-011-9444-z>
- AUCC. (2008). *Momentum: The 2008 report on university research and knowledge mobilization*. Association of Universities and Colleges of Canada (AUCC).
- Community Technology Alliance. (n.d.). Retrieved from <http://www.ctagroup.org/>
- Duchesne, A. (2014, April). OBM Research Training Manual. Retrieved from http://www.mcgill.ca/socialdevelopment/files/socialdevelopment/research_guide_online.pdf
- Duchesne, A. & Rothwell, D. (2014a, January 12). Health Issues: OBM Transitional Clients. Retrieved from http://www.mcgill.ca/socialdevelopment/files/socialdevelopment/r02_healthissues_14jan2014.pdf
- Duchesne, A. & Rothwell, D. (2014b, February 20). Year-by-Year Analysis of Transitional Program Stays. Retrieved from http://www.mcgill.ca/socialdevelopment/files/socialdevelopment/report_1.7.1_final.pdf
- England Kennedy, E. S. & Horton, S. (2011). “Everything that I thought that they would be, they weren’t:” Family systems as support and impediment to recovery. *Social Science & Medicine*, 73(8), 1222–1229. <http://doi.org/10.1016/j.socscimed.2011.07.006>
- Fischer, P. J. & Breakey, W. R. (1991). The epidemiology of alcohol, drug, and mental disorders among homeless persons. *American Psychologist*, 46(11), 1115–1128. <http://doi.org/10.1037/0003-066X.46.11.1115>
- Forchuck, C., Brown, S. A., Schofeld, R. & Jensen, E. (2008). Perceptions of health and health service utilization among homeless and housed psychiatric consumer/survivors. *JPM Journal of Psychiatric and Mental Health Nursing*, 15(5), 399–407.
- Gaetz, S., Donaldson, J., Richter, T. & Gulliver, T. (2013). *The State of Homelessness in Canada 2013*. Canadian Homelessness Research Network Press.
- Gamm, L., Hutchison, L., Dabney, B. & Dorsey, A. (Eds.). (2003). *Rural Healthy People 2010: A companion Document to Healthy People 2010. Volume 2*. College Station TX: The Texas A&M University System Health Science Center, School of Rural Public Health, Southwest Rural Health Research Center. Retrieved from <http://sph.tamhsc.edu/srhrc/docs/rhp-2010-volume2.pdf>
- Hall, B. & Tremblay, C. (2012). *Learning from SSHRC funded Partnerships: Community Outcomes and Conditions for Success*. Social Sciences and Humanities Research Council of Canada.

- Hall, B., Tremblay, C. & Downing, R. (2009). The funding and development of community-university partnerships in Canada: Evidence-based investment in knowledge, scholarship, innovation and action for Canada's future. Office of Community-based Research, University of Victoria.
- Hulchanski, J. D., Campsie, P., Chau, S. B. Y., Hwang, S. H., Paradis, E. & Canadian Population Health Initiative of the Canadian Institute for Health Information. (2009). Mental Health, Mental Illness, & Homelessness in Canada. In *Finding Home: Policy Options for Addressing Homelessness in Canada*. Canadian Homelessness Research Network, The Homeless Hub. Retrieved from <http://www.homelesshub.ca/resource/23-mental-health-mental-illness-homelessness-canada>
- Jackson, E. (2014). Community University Engagement in Canada: Voices from the Field. McMaster University.
- 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(2), 207–232. <http://doi.org/10.1023/A:1022176402357>
- Levinson, D. (2004). *Encyclopedia of Homelessness*. SAGE Publications.
- McCubbin, H. I. (1996). *Family assessment: resiliency, coping and adaptation : inventories for research and practice*. University of Wisconsin Publishers.
- Mott, S. (2012, August). Modelling Patterns of Shelter Use at the Old Brewery Mission: Describing Program Populations and Applying a Typology of Homelessness. Retrieved from http://www.mcgill.ca/socialdevelopment/files/socialdevelopment/modelling_patterns_of_shelter_use_at_the_obm_with_cover_page.pdf
- Mott, S., Moore, M. & Rothwell, D. (2012a, September 21). Addressing Homelessness in Canada: Implications for Intervention Strategies and Program Design. Retrieved from http://www.mcgill.ca/socialdevelopment/files/socialdevelopment/literature_review_final_draft_-_october_19_2012.pdf
- Mott, S., Moore, M. & Rothwell, D. (2012b, September 21). Etape Program: Focus Group Findings. Retrieved from http://www.mcgill.ca/socialdevelopment/files/socialdevelopment/etape_focus_group_final_version_october_19_2012.pdf
- Mott, S. & Rothwell, D. (2013, June). *Profiles and perceptions: Analysis of treatment first transitional housing clients*. Presented at the International Homelessness Research Conference, Philadelphia, PA. Retrieved from http://www.mcgill.ca/socialdevelopment/sites/mcgill.ca.socialdevelopment/files/poster_philadelphia_2013_-_final.pdf
- Mott, S., Spagnolo, J. & Rothwell, D. (2013, June 10). Escal Program: Focus Group Findings. Retrieved from http://www.mcgill.ca/socialdevelopment/files/socialdevelopment/escal_focus_group_report_final_version_june_10_2013.pdf
- North, C. S., Black, M. & Pollio, D. E. (2012). Predictors of Successful Tracking over Time in a Homeless Population. *Social Work Research*, 36(2), 153–159. <http://doi.org/10.1093/swr/svs005>

- PYE, S. (n.d.). The Homeless Individuals and Families Information System (HIFIS) Initiative: Using Information and Communication Technologies to Build Knowledge and Understanding on Homelessness.
- Robertson MJ & Winkleby MA. (1996). Mental health problems of homeless women and differences across subgroups. *Annual Review of Public Health, 17*, 311–36.
- Rothwell, D., Sussman, T., Grenier, A., Mott, S. & Bourgeois-Gu erin, V. ((in-press)). Patterns of shelter use amongst men new to homelessness in later life: Will they stay or will they go?
- Rush, B., Urbanoski, K., Bassani, D., Castel, S., Wild, T. C., Strike, P., Carol, ... Somers, J. (2008). Prevalence of Co-occurring Substance Use and Other Mental Disorders in the Canadian Population. *La Pr evalence de L'utilisation de Substance et D'autres Troubles Mentaux Co-Occurrents Dans La Population Canadienne.*, 53(12), 800–809.
- Sosin, M., Piliavin, I. & Westerfelt, H. (1990). Toward a Longitudinal Analysis of Homelessness. *Journal of Social Issues*, 46(4), 157–174. <http://doi.org/10.1111/j.1540-4560.1990.tb01804.x>
- Soska, T. & Johnson Butterfield, A. (Eds.). (2004). *University-Community Partnerships: Universities in Civic Engagement*. Binghamton, NY: The Harworth Social Work Practice Press.
- Viron, M., Bello, I., Freudenreich, O. & Shtasel, D. (2014). Characteristics of Homeless Adults with Serious Mental Illness Served by a State Mental Health Transitional Shelter. *Community Mental Health Journal*, 50(5), 560–565. <http://doi.org/10.1007/s10597-013-9607-5>
-

ABOUT THE AUTHORS

Annie Duchesne

The Old Brewery Mission

annie.duchesne2@mail.mcgill.ca

Annie Duchesne (MScPH) is the Research Coordinator for the Evaluation, Research and Improvement Project for Transition Services – a partnership between McGill University and the Old Brewery Mission (OBM). She studies the connections between policy, practice, individual factors and the experience of homelessness at the community-level. Results of the OBM research project can be found at: <https://www.mcgill.ca/socialdevelopment/projects/obm/pub>

David W. Rothwell*McGill School of Social Work*

David Rothwell (PhD) is an Assistant Professor in the department of Social Work at McGill University and a Faculty Associate with the Center for Social Development at George Warren Brown School of Social Work (Washington University in St. Louis). He studies poverty and economic inequality and specializes in social developmental and asset-based interventions.

Amanda Grenier*McMaster University*

Amanda Grenier (PhD) is Associate Professor in the Department of Health, Aging and Society, Gilbrea Chair in Aging and Mental Health, and Director of the Gilbrea Centre for the Study of Aging (McMaster University, Canada). Her work explores the intersections of theory, policy frameworks, organizational practices, and lived experience in areas such as frailty, late life transitions, exclusion and older homelessness. Information and results of her study on homelessness of older people can be found at aginghomelessness.com

Georges Ohana*The Old Brewery Mission*

Georges Ohana is the Director of Housing, Urban Health and Research at the Old Brewery Mission. He uses an evidence-based model to design better services for homeless people in Montreal. Some of his programs can be explored at: <http://www.oldbrewerymission.ca/en/programs-services>