Reviewer's report

Title: Ending homelessness among people with mental illness: The At Home/Chez Soi randomized trial of a Housing First intervention in Toronto.

Version: 1 Date: 1 April 2012

Reviewer: John Song

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In terms of the reporting criteria as constructed by the editors, this reviewer did not believe that this manuscript has either major compulsory revision or minor essential revisions. What follows are my comments which are best characterized as discretionary revisions. I hope that it is clear why I would classify these suggestions, while not minor, as discretionary.

As the authors clearly explain in their introduction, there currently are two major, widely divergent, philosophies and approaches to homeless individuals with mental illness and/or substance abuse. The traditional approach emphasizes stabilizing or treating an individual’s mental illness or substance abuse before attempting to house them permanently. The latter approach, which reverses the order temporally and in emphasis, is more recently developed and has not been widely accepted yet. However, early empirical work has demonstrated great promise in this approach for some individuals.

A large scale randomized controlled trial is needed to illuminate which approach is most effective for which kinds of individuals, especially in Canada, a country that suffers from high rates of homelessness. Data from this kind of study would be extremely beneficial for service providers, municipalities, funding agencies, and other organizations to best utilize their resources efficiently and effectively.

The focus of this manuscript is more limited – it is a mainly descriptive paper reporting the recruitment strategies and challenges, as well as the community engagement activities of the project. In other contexts, this limited focus might not warrant a separate manuscript; however, there are several unique aspects about the project as located in Toronto, which is the site the authors describe: a large array of services geared toward homeless persons; municipal commitment; and a unique intervention that addresses the large percentage of immigrants among the homeless populations of Canada.

There is no hypothesis per se; rather, it is, as noted earlier, a description of the recruited sample and of the recruitment process. These aims of the manuscript is clearly articulated. To fulfill these aims, appropriate methodology is taken and well-described, although, as I'll discuss shortly, I believe they could be further illustrated. The data is sound and interesting. However, for purposes of this manuscript - and its aims - the results section was a little too detailed. It might be more appropriate to condense this section considerably and refer readers to
Table 2. The discussion was excellent, and the area that could be expanded. The background section is very complete and well-referenced and serves as a useful reference in itself. Finally, the article is well-written and organized.

The main suggestions that this reviewer would make is to decrease the space devoted to reporting descriptive statistics and increase reporting of the investigators’ experiences and lessons learned, as well providing further context to some of their assertions.

For example, the authors should further detail the challenges faced in terms of recruiting. This group is an experienced one, and sharing their challenges and solutions would be the greatest benefit of this manuscript. For example, when they write of “developing recruitment protocols acceptable to all,” it would be illustrative and helpful to describe the major conflicts between researchers and service providers in terms of recruitment protocol. They also write of the “need to negotiate the flow of referrals to meet both recruitment timelines and service provider needs.” This statement begs the question: What needs did the service providers have that may have conflicted with the recruitment timelines? The manuscript hints about misunderstandings about the project – which elevated to the level of “myths” – and it would be again informative to describe the misunderstandings and the strategies enlisted by the investigators to overcome them. Reading between the lines, the reader senses that understanding, acceptance, and recruitment of this project was difficult, but that these difficulties were overcome with some degree of hard work and innovation. It would be educational for readers, fellow investigators, and service and health care providers to have further insight into the challenges and solutions.

Many individuals and groups were instrumental to the project’s success, but it was hard for this reader to fully understand the relationships and duties; a chart demonstrating all the groups involved in this project might be helpful.

It is not clear why there wasn’t any unique ethno-racial intervention for those individuals with high needs. As the authors argue in their introduction, these individuals might be of greatest vulnerability. It is this reviewer’s assumption that there is a valid reason, thus it would be helpful to explain this design. Was it because there are more high needs individuals who are native Canadian?

It would be helpful to give demographics in general of Toronto in Table 2 for comparison.

The following sentence is unclear and should be clarified: “A high degree of commitment to ensure meaningful involvement of consumers and community members was a major characteristic of the Toronto site of the AH/CS project.” On whose part? And why more than others? This sentence is representative of some of the questions that arise from the text, which, if answered, would be beneficial to the reader.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests