

**The Population Being Served by the  
Supportive Housing and Managed Care Pilot:  
A Quantitative Portrait**

**September 3, 2004**

**Prepared for Hearth Connection by**



THE NATIONAL CENTER ON  
**Family Homelessness**

*for every child, a chance*

## Introduction

The Supportive Housing and Managed Care Pilot is a demonstration project funded by the State of Minnesota and administered by Hearth Connection to test an intensive, flexible, and housing-based response to long-term homelessness. Five different providers are involved in the pilot, two in Blue Earth county and three in Ramsey county. Two of the providers in Ramsey county serve homeless single individuals, one serves homeless families. In Blue Earth one provider serves each of the two groups.

The pilot includes an independent evaluation conducted by the National Center on Family Homelessness. The evaluation assesses an array of participants outcomes, documents the pilot's cost impact, and provides an annual qualitative description of the project's implementation and impacts.

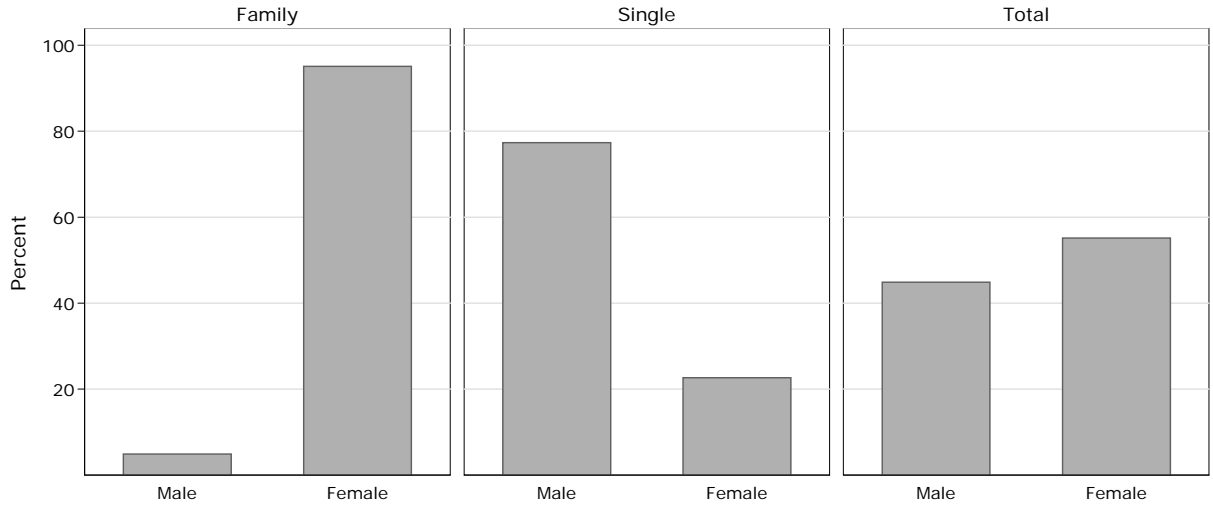
In this preliminary report of findings from the outcomes study, we present a quantitative description of the people the pilot is serving. The data in this report come from structured interviews conducted with participants using standardized research instruments. Interviews lasted from one to two hours and covered domains such as participants' demographics, physical and behavioral health, housing history, quality of life, service use, and satisfaction with services. These results are based on 143 interviews conducted with program participants in Ramsey and Blue Earth counties between October, 2002 and December, 2003.

## Demographics

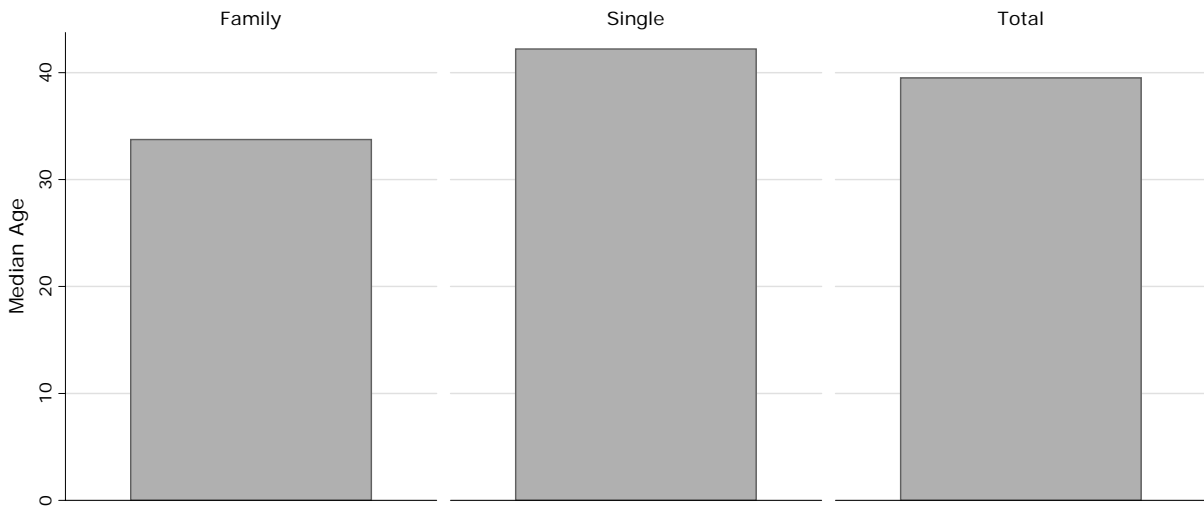
The pilot participants tend to be young adults (in their 30's) and are roughly evenly split between men and women, though the singles programs serve a predominantly male population and the family program participants are almost all female. About half of the respondents have never been married; a quarter are divorced. The majority of respondents are Caucasian, one-third are African American with smaller percentages Native American, Asian, or multiracial. Most respondents do not have an education beyond high school. The average age of the children of participants is 11.2 years.

As would be expected, significant demographic differences in gender, age, and the presence of children exist between the two counties and between the program types (single vs. family). Below we present a graphical summary of our findings.

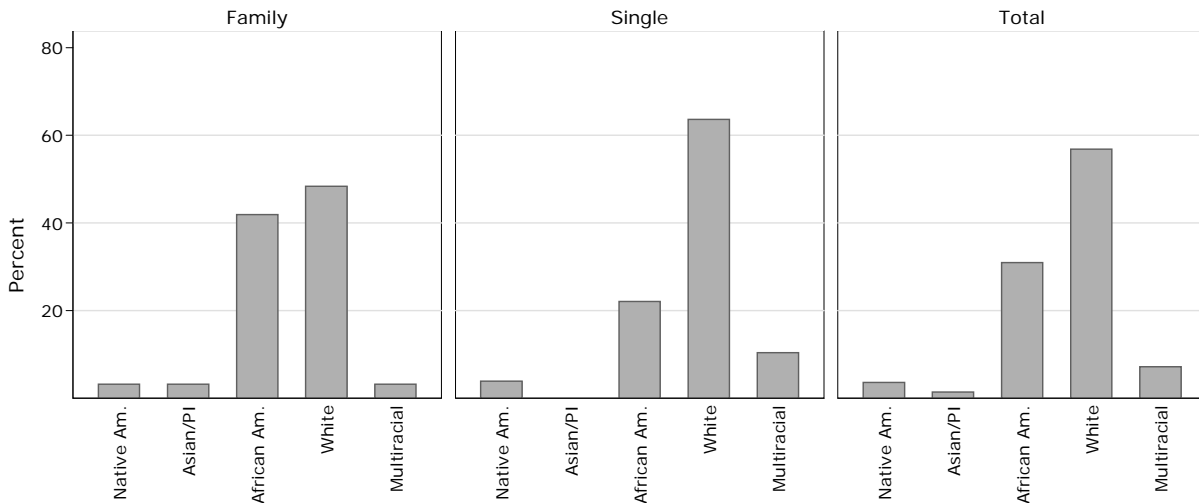
**The pilot is serving roughly equal numbers of men and women. Women are enrolled primarily in the family programs, men in the singles programs.**



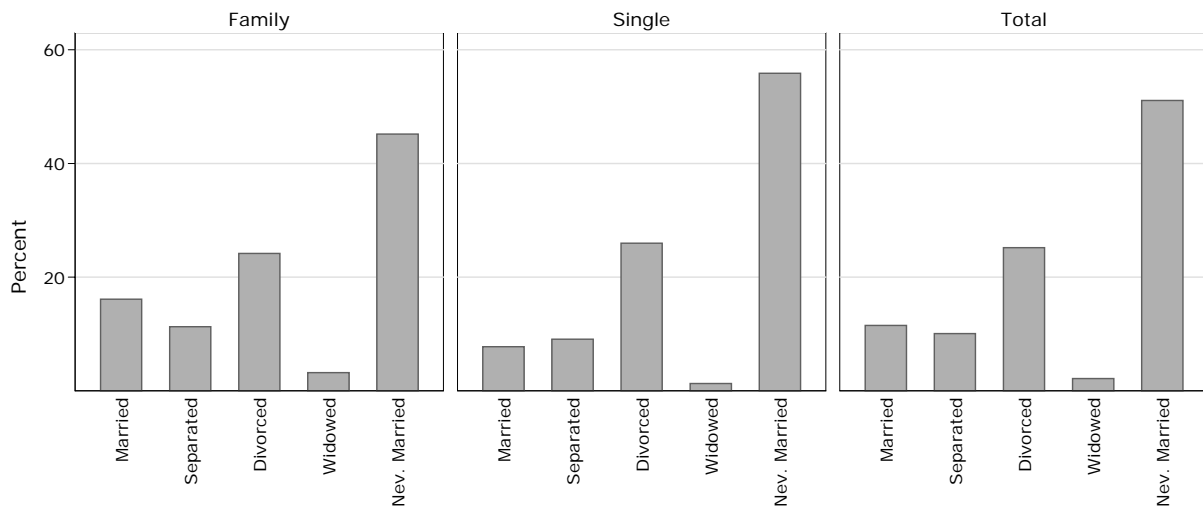
**The average pilot participant is in her late thirties. Participants in programs for families are, on average, ten years younger than participants in programs for singles.**



**Most pilot participants are Caucasian or African American. The family programs have more African American participants than the singles programs. Programs for singles are serving more Caucasian participants.**

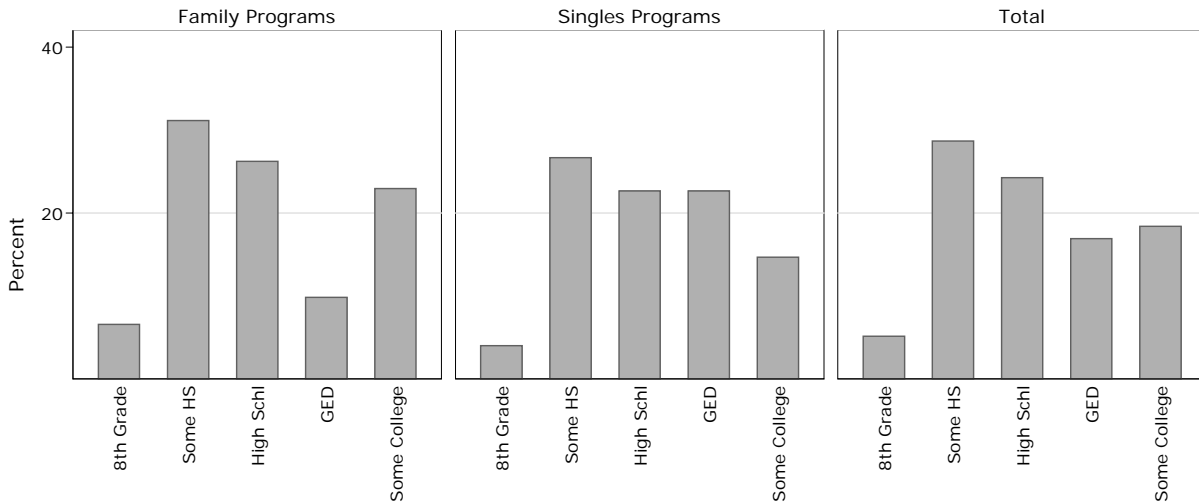


**About half of the pilot participants have never been married. A quarter are divorced.**



*A greater percentage of single program respondents have never been married; a greater percentage of family program participants are currently married.*

**Most respondents do not have an education beyond high school.**



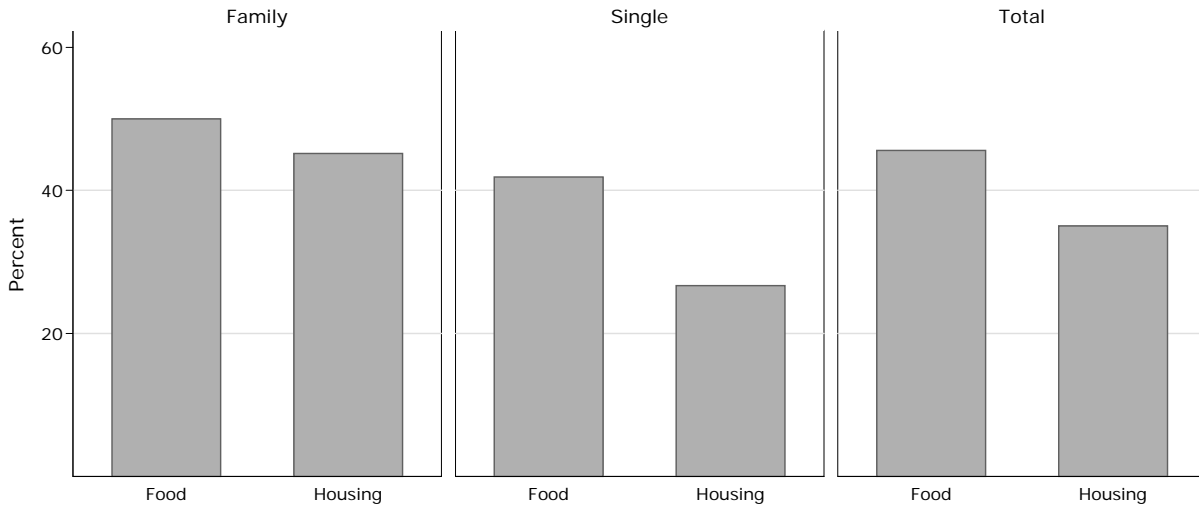
**Income**

The median monthly income for pilot participants is \$571. Less than half report having enough money to cover food. About one-third report having enough money to cover housing. Pilot participants receive income from a variety of sources. Three-quarters receive income from food stamps. More than two-thirds receive income from MFIP and related social welfare programs. Slightly less than half of respondents report any earned income in the past nine months.

Respondents in programs for families receive income from more sources of financial support and receive more money per month on average than respondents in programs for singles. Those in programs for singles, however, spent more money on themselves, on average, than those in programs for families. Respondents in family programs tended to receive income from food stamps, MFIP, earned income, rent support, and child support while singles are more likely to report receiving income from Social Security and SSDI.

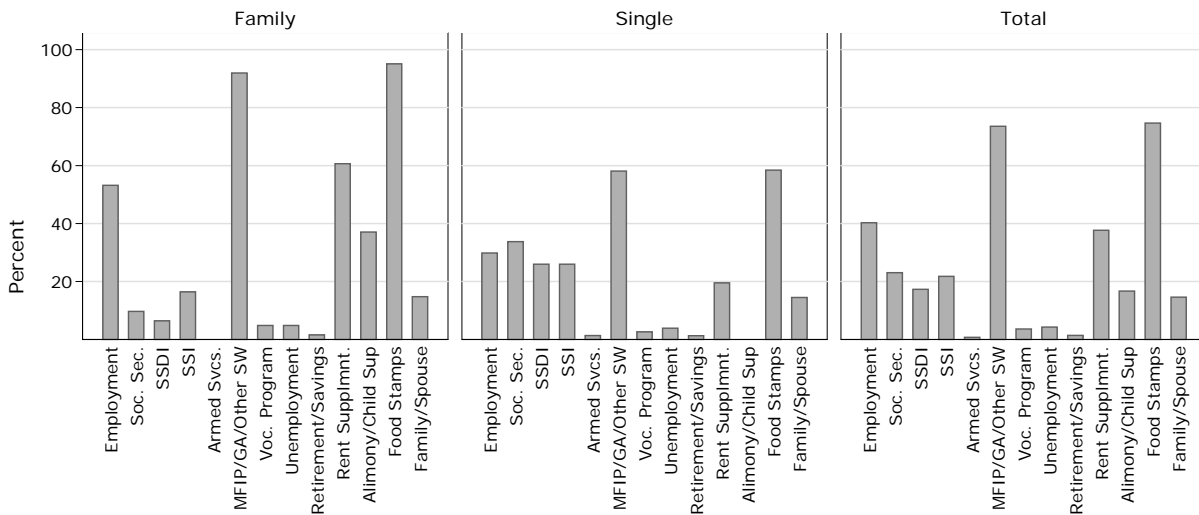
Significant differences also existed between respondents from the two counties and among the provider agencies. A greater percentage of respondents from Ramsey County reported having enough money to cover food and housing than those in Blue Earth; more of them receive income from social security; a greater percentage of respondents from Blue Earth county receive income from earned income, rent support, or child support. Differences among the agencies in participants' sources of income reflect differences between the singles and family programs.

**Less than half of respondents report having enough money to cover food or housing.**



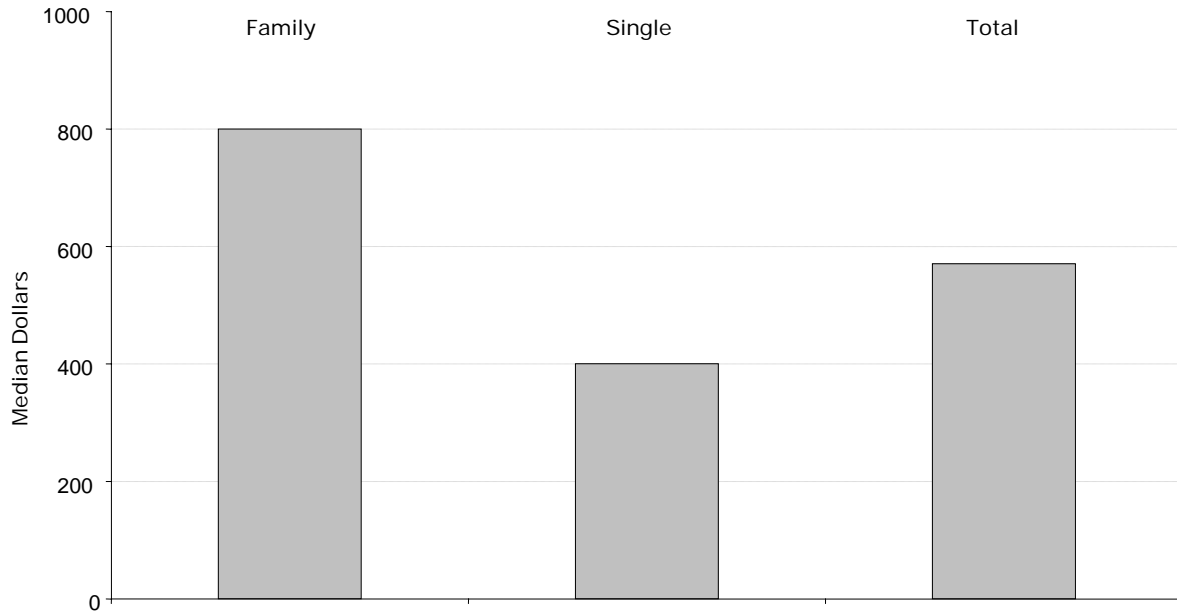
*A greater percentage of respondents report enough money to cover food than to cover housing. Respondents in family programs have more money to cover food and housing than those in singles programs.*

**Single participants and family participants receive income from different sources.**



*More families program participants receive income from food stamps, MFIP, employment, rent support, and child support. Pilot singles were more likely to receive Social Security and SSDI.*

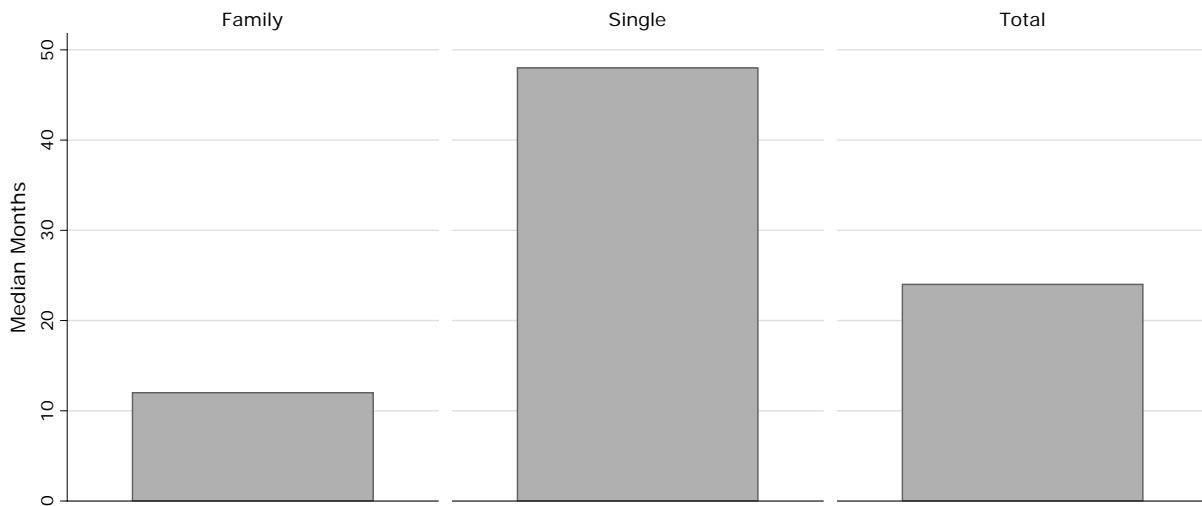
**The median monthly income for families is higher than that of singles, but both groups are extremely impoverished.**



### **Housing History**

Pilot participants report extensive histories of homelessness. The median number of episodes of homelessness as an adult is 2 and the median duration of homelessness is 24 months. The averages for episodes and duration of homelessness (3.3 times homeless, 61.4 months duration) reflect the fact that a sizable subgroup of pilot participants have extremely extensive histories of homelessness. Additionally, these overall figures mask considerable variability between families and singles.

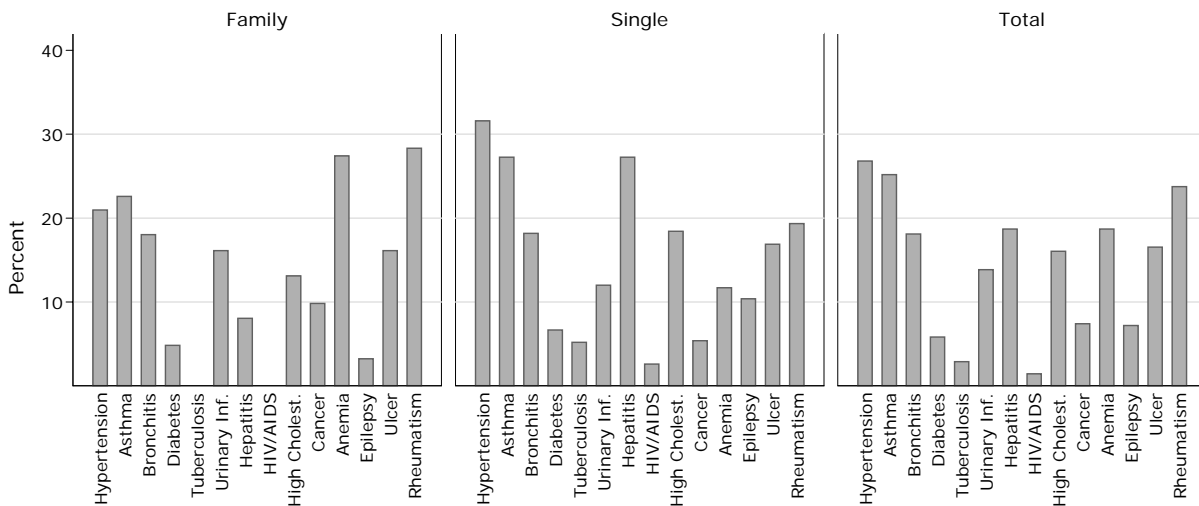
**The median time spent homeless as an adult is 24 months. Respondents in the singles programs have been homeless longer, than those in the family programs and have a median length of adult homelessness of 5 years.**



## Health

Pilot respondents report a heavy disease burden, averaging approximately two serious physical health conditions each. High blood pressure, asthma, and rheumatism were the most commonly reported conditions. A quarter of the respondents had been diagnosed with hypertension or asthma. One-fifth of the respondents have been diagnosed with rheumatism, anemia, or hepatitis. Cancer, diabetes, tuberculosis, or AIDS/HIV were present in smaller numbers. Few significant health differences exist between groups of respondents.

### Participants report high rates of high blood pressure, asthma, hepatitis, anemia, and rheumatism.



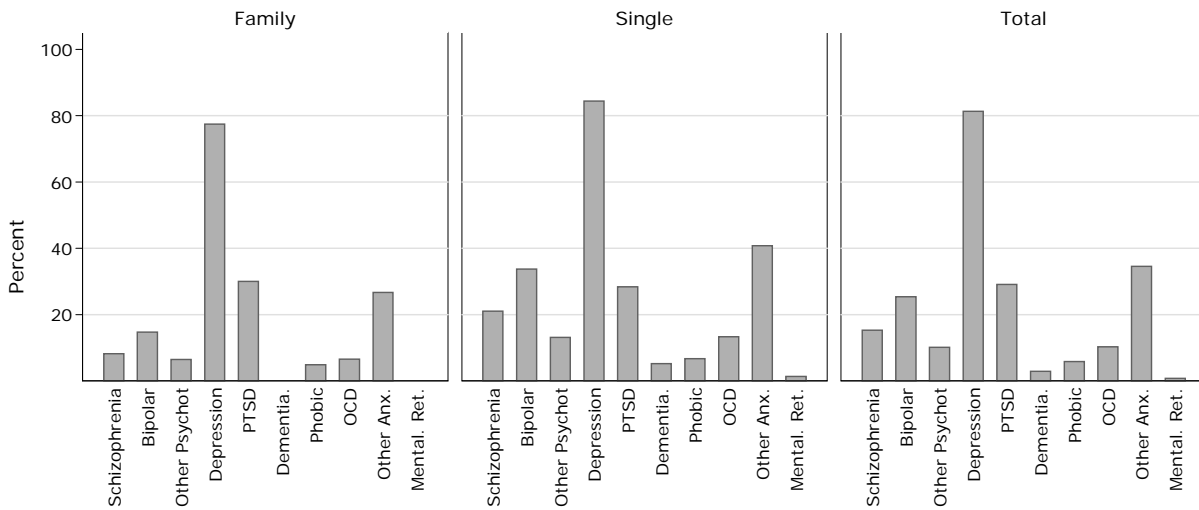
*Single participants report higher rates of hepatitis than those in family programs. Those from the family programs report more anemia and rheumatism. These differences probably reflect differences in diseases by gender.*

## Mental Health

Pilot respondents also report high rates of mental illness, higher than the rates for physical illness. An overwhelming majority of respondents report they have been told they have depression. One-third of respondents report being diagnosed with an anxiety disorder. Many respondents report that they have been told they have PTSD. A quarter report that they have bipolar disorder and fifteen percent report having schizophrenia.

The data show that significant differences exist between the mental health of respondents in the singles programs and the family programs. Singles report a greater number of mental conditions. A greater percentage of respondents from programs for singles report being diagnosed with schizophrenia or bipolar disorder.

**A great majority of participants - 82% - suffer from depression. Anxiety, PTSD, bipolar disorder, and schizophrenia are also extremely common.**

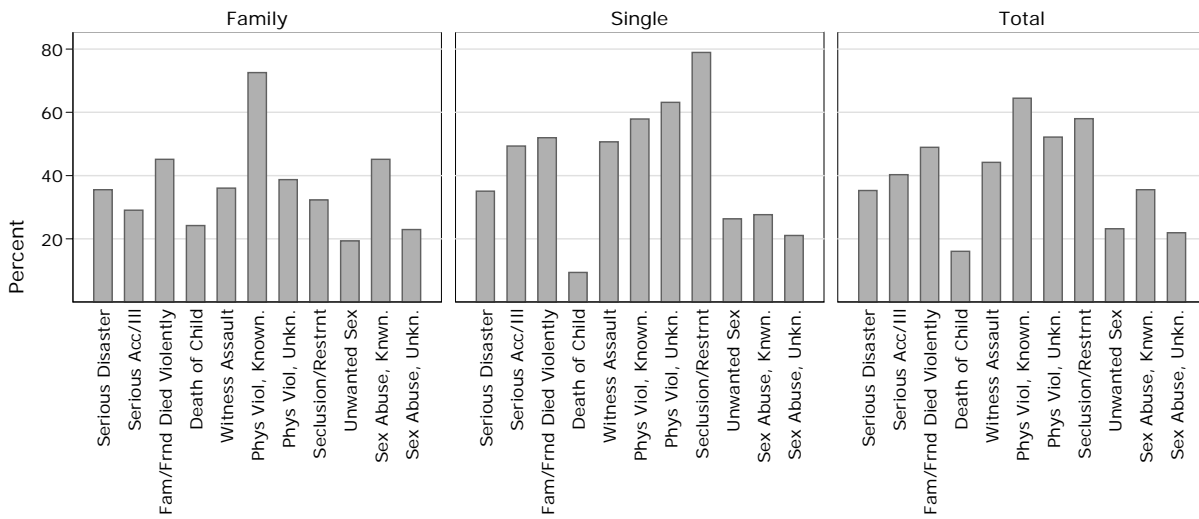


## Trauma

Pilot respondents report extremely high levels of traumatic experiences. The majority have experienced physical violence from a family member or known individual, and about half have experienced physical violence from an unknown individual. More than half have been strip-searched, restrained or held against their will in a jail or hospital. Just under half have had a family member, friend, or partner die violently, and slightly fewer have been present when a person was killed or assaulted. More than one-third have been sexually assaulted by a family member or known individual.

Significant differences exist among respondents' experiences of trauma. Respondents from Ramsey County experience a greater range of types of traumatic events. A greater percentage of Ramsey County respondents have been strip searched, experienced physical violence from an unknown individual, or been victims of nonviolent crimes. A greater percentage of respondents in programs for singles have been strip searched, had a life threatening accident, been physically assaulted by an unknown individual, and been a victim of a nonviolent crime. A greater percentage of respondents in programs for families have experienced sexual assault by a family member or the death of a child. These differences reflect the gender differences between the program types.

**Participants report very high levels of traumatic experiences. The types of experiences differ between the singles and the family members.**



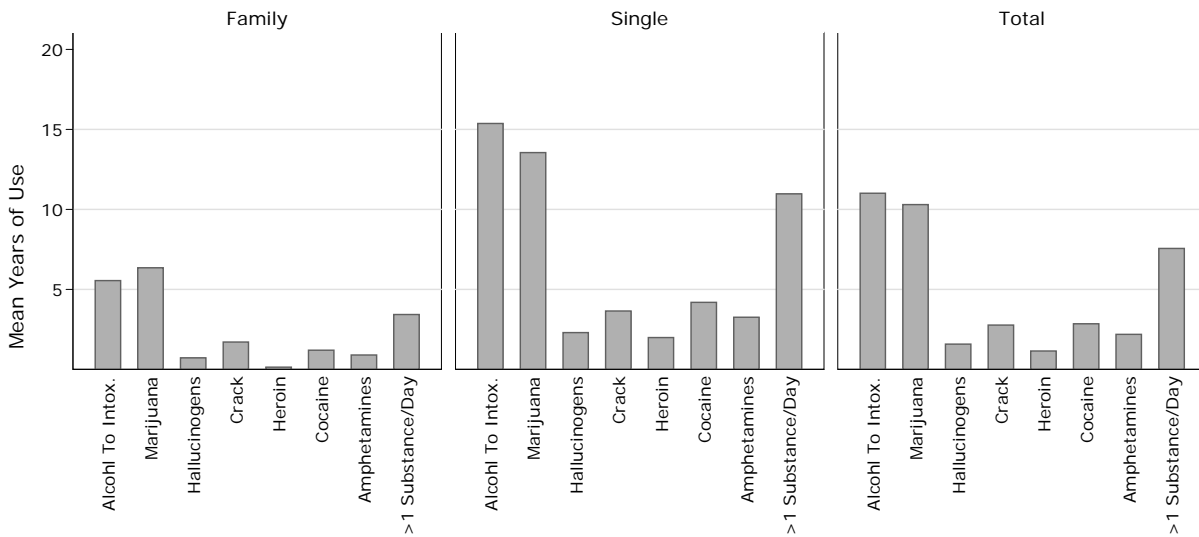
*Pilot participants have experienced extremely high rates of traumatic events including physical and sexual violence from both known individuals and strangers.*

## Substance Use

Respondents averaged over ten years of alcohol and marijuana use over their lifetimes. Respondents also reported use of other substances including cocaine, crack, amphetamines, hallucinogens, heroin, and polydrug use.

Respondents in the singles programs had longer lifetime use of alcohol, marijuana, hallucinogens, crack, heroin, cocaine, and amphetamines than participants in programs for families.

**Pilot respondents have had a long histories of substance use, particularly of alcohol and marijuana.**



*Single respondents have used substances for longer periods of time than those from the family programs. Respondents have the most extensive histories with alcohol and marijuana.*