

REPORT TO THE LEGISLATURE

**The Supportive Housing and Managed Care Pilot
Year 4**

December 2004

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Minnesota Statutes, chapter 3.197 requires disclosure of the cost to prepare this report. Approximately \$1,000 for staff salaries and materials was spent to write the report.

EXECUTIVE SUMMARY

This is the fourth annual report submitted to the Minnesota Legislature pursuant to Laws of Minnesota 2001, Article 10, Section 55 (Minnesota Statutes Section 256K.25, subdivision 6).

The Supportive Housing and Managed Care Pilot is a demonstration project evaluating whether it is possible to help families and single adults who have long histories of homelessness achieve increased levels of stability and health, in a way that is cost effective for government compared to the expenses associated with homelessness. The project also offers insight into systemic changes needed to organize supportive housing interventions in partnership with the health and human services sector.

The Legislature has funding projected for the demonstration project through June 2007, pending completion of the 2006 - 2007 budget. If successful, the Supportive Housing and Managed Care Pilot could be one business model for achieving Governor Pawlenty's goal of ending long-term homelessness in Minnesota by 2010.

Blue Earth County and Ramsey County contract with Hearth Connection, a non-profit, that is responsible for this demonstration project. Families started enrolling in Blue Earth County in March 2001, and in Ramsey County in May 2001. Single adults began participating in both counties in August 2002. As of June 30, 2004, there were 58 families enrolled, including 175 children, and 82 single adults enrolled, for a total of 330 participants.

This report provides an update on the pilot after three years of working with families, and two years working with single adults. It gives a status report on the independent evaluation. It discusses the use of public funds, as well as leveraging of other public and private monies. All data reported herein is through the period ending June 30, 2004, unless otherwise noted.

This demonstration project continues to move forward as planned, and the mechanisms are in place to deliver information on long-term homelessness, housing and service interventions needed to break the cycle of homelessness, and the cost implications for government. Early findings indicate that the project is accomplishing its objectives.

1. Families have stayed in the pilot an average of 1.9 years (700 days) and single adults have been enrolled an average of 1.1 years (415 days). Retention in the program has been 86.8% annually. Most exits occur within the first year (average of 0.8 years). Only 12% of all exiting participants were asked to leave by the program.
2. Participants are experiencing housing stability. One year after enrolling in the pilot, 88% of households who have obtained permanent housing remained housed. Three quarters (74%) of households obtain permanent housing within six months of enrollment, 87% within the first year, and 98% within two years.
3. Hearth Connection and its partners have successfully integrated rental assistance into the pilot to keep housing affordable for participants. They supported 31% of

households (43) with \$231,839 of rental assistance through grants from the Minnesota Housing Finance Agency and the U.S. Department of Housing and Urban Development. Nineteen percent of participants (26) are able to use Section 8 housing choice vouchers. \$190,740 of pilot funding was used for rental assistance.

4. Assessments of participant well-being show substantial improvements in housing and basic living skills, and small improvements in substance use, income and financial assistance, and access to supports. Family relationships are improving, but parenting skills and children's behavior are emerging as significant challenges. Among single adults, medical problems are also being discovered.
5. The National Center on Family Homelessness evaluation of the cost impacts of the pilot on government-funded services received approval from the DHS Institutional Review Board in August 2004. In December, DHS will export data on pilot participants from multiple information systems for the evaluator to begin detailing participants' utilization of health and human services and the associated costs, and to define the characteristics of the comparison group.
6. Most of the initial and second participant outcome interviews have taken place. A summary of initial interviews painted a vivid picture of long-term homelessness and the many challenges participants face. A report on the first nine-month interval will be available in December 2004; the final cost and outcome study, by December 2006.
7. The third annual qualitative study report will be available in January 2005. Based on advance information from the National Center on Family Homelessness:

Participants continue to report high satisfaction, housing stability, and progress toward meeting other goals.... Successfully housing participants and helping them maintain housing continue to be strengths of the pilot. This success may rest on individualized housing responses. Primary providers do not place all participants in the same kind of housing on the same schedule. Instead, the timing of housing placements and the type of housing sought are tailored based on a combination of factors including participant preference, level of engagement, the provider's own approach to housing, and participant service and resource needs.

8. In State Fiscal Year 2004, the pilot used the \$1.5 million state appropriation and leveraged \$512,514 of federal Medicaid Targeted Case Management. The average cost of supporting a family is \$1,504 per month, down 17% from last year. The average cost per individual is \$1,217, down 21% from last year, driven by a reduction in the use of the appropriation to cover initial housing costs. Each dollar of the state appropriation has drawn \$0.34 of federal Medicaid and \$0.15 of directly managed rental assistance, in addition to \$0.45 of foundation support.
9. Foundations have continued to invest in Hearth Connection to manage and evaluate the pilot. Total funds raised surpassed \$3.2 million, with some initial investors making a second round of grants to help take the pilot through to its conclusion.

OVERVIEW

In 1999, the Minnesota Legislature authorized the Department of Human Services (DHS) to establish a Supportive Housing and Managed Care Pilot. The Legislature appropriated funds for the pilot in 2000 to work with families, and in 2001 to expand the pilot to singles. The 2003 Legislature appropriated funds to continue the program, with projections to continue funding the pilot at \$1.5 million per year until the pilot sunsets in June 2007, pending completion of the next 2006 - 2007 budget.

The Supportive Housing and Managed Care Pilot operates through a collaboration between DHS, Ramsey and Blue Earth counties, Hearth Connection, the Amherst H. Wilder Foundation, Mental Health Resources and Guild Incorporated.

The project works with families and single adults with long histories of homelessness, compounded by substance use, mental illness, trauma, violence and chronic health problems. The pilot combines a direct supportive service model linked to housing, and a service coordination mechanism – at both participant and agency levels – that promotes efficiency among many housing, health, social service and employment providers.

The pilot's premise is that housing stability will in turn promote improvements in health and self-reliance. Children will have safe and stable environments that support the attainment of health, developmental and educational goals. Further, when people have stable housing and the opportunity to improve their health and well-being, there will be a reduction in the use of costly, government-funded crisis and institutional services. Therefore, if the demonstration project is a success, there may be an argument – with data to back it – for expanding the pilot to meet the needs of more people who experience long-term homelessness.

This report describes what is happening with the pilot, the status of the independent evaluation, the use of public funds and the leveraging of public and private monies. All figures are for the period ending June 30, 2004, unless otherwise noted.

Characteristics of Participants

A total of 511 people from 206 households have enrolled in the pilot since it began operating in 2001. As of June 30, 2004, 330 people were enrolled, including 175 children from 58 families and 82 single adults. On average, families consist of 4.3 people, with 1.3 adults who average age 35, and 3.0 children who average 11 years of age. Families have stayed in the program an average of almost two years (700 days). Single adults, averaging 43 years of age, have been enrolled an average of just over one year (415 days).

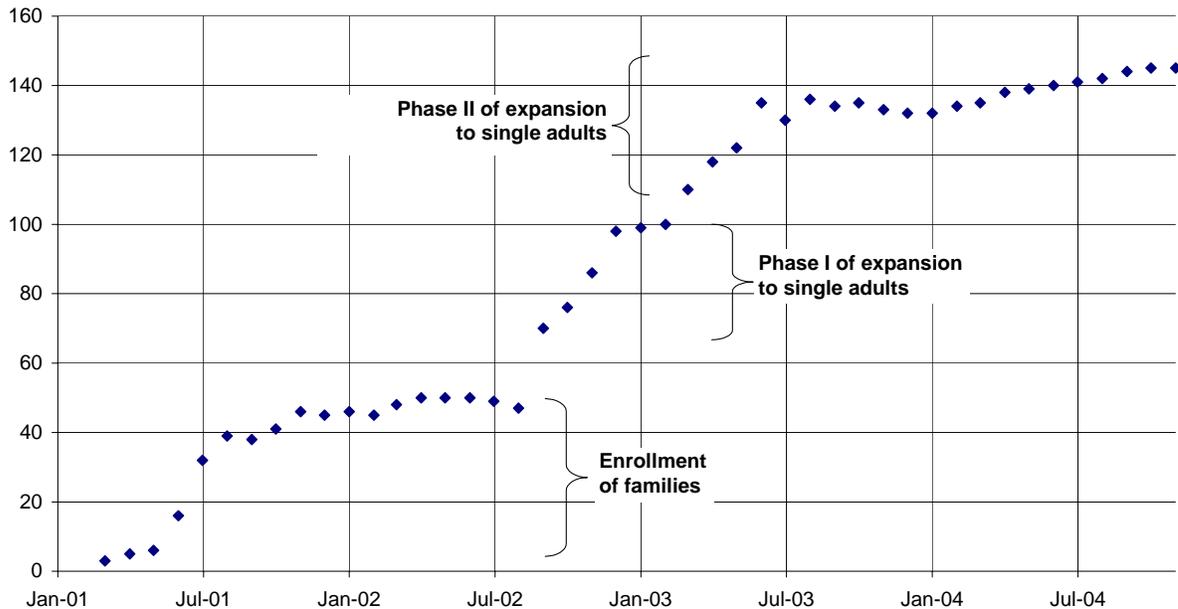
Table 1 presents enrollment and exits by state fiscal year. Chart 1 shows the pilot's growth over time.

**Table 1.
Enrollment Summary**

	SFY2001	SFY2002	SFY2003	SFY2004	Total
Enrolled*					
Households	20	46	103	37	206
Families	20	46	18	17	101
Children	54	136	50	39	279
Adults	25	58	21	23	127
<i>Single adults</i>	0	0	85	20	105
Total Participants	79	194	156	82	511
Exited					
Households	0	18	21	27	66
<i>Families</i>	0	18	15	10	43
Children	0	49	33	22	104
Adults	0	23	18	13	54
<i>Single adults</i>	0	0	6	17	23
Total Participants	0	72	57	52	181

*Does not include changes in family composition during enrollment or transitions between providers.

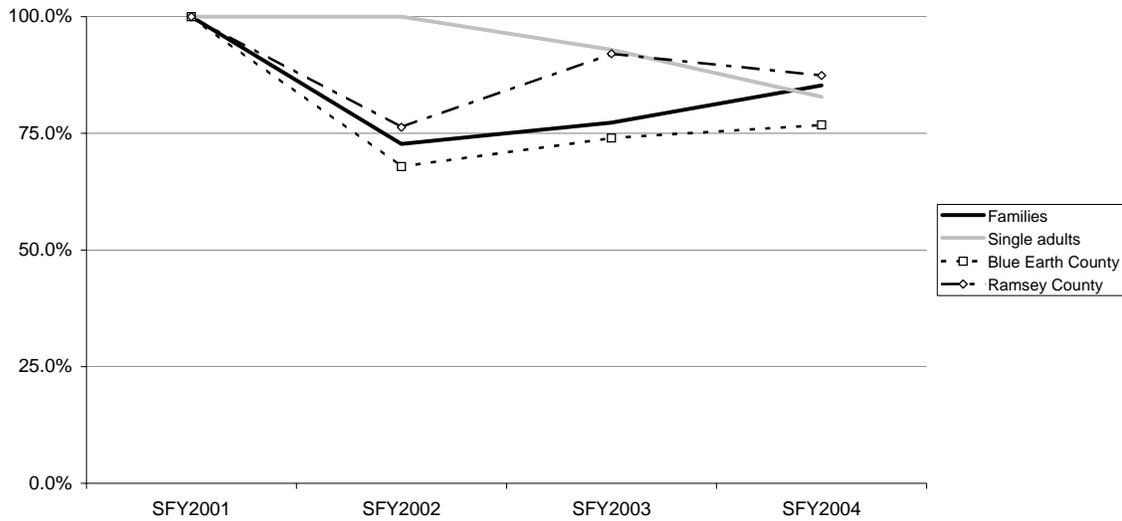
**Chart 1.
Number of Households Enrolled**



Retention remains high across the program. Chart 2 shows annual retention rates. The pilot has an average annualized household retention of 86.8%. Chart 2 shows that the retention rate is increasing for families, while falling slightly for single adults, but these rates are very close to one another. Retention is slightly higher in Ramsey County than in Blue Earth County.

Chart 2.
Annual Retention

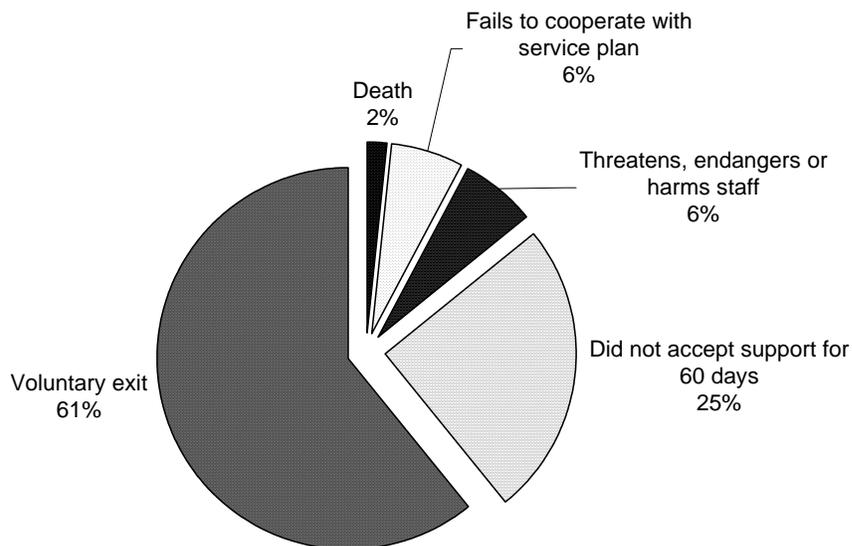
Households that remained enrolled at the end of each State Fiscal Year (SFY), as a percentage of all households enrolled during the same period.



Most exits from the pilot continue to be voluntary, either because a participant has told the primary provider that they are finished or moving out of the service area, or because they have not sought help and cannot be found for over two months. In Chart 3, only the categories “fails to cooperate with service plan” and “threatens, endangers or harms staff” represent when a participant is asked to leave the pilot. This is a promising indicator for a project seeking to engage persons with long histories of homelessness.

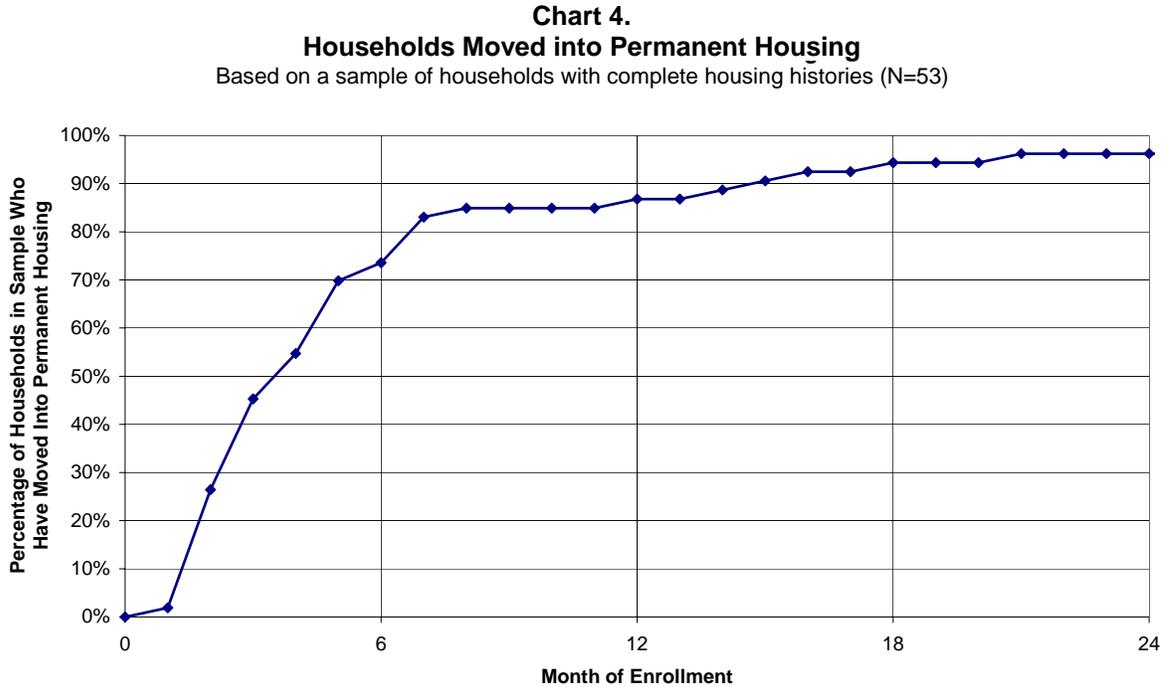
Chart 3.
Reasons for Exit from the Pilot

Covering 66 households who have exited through July 1, 2004



Housing Stability

Helping participants access housing is critical to the pilot's intervention and to interrupting the costly and damaging cycle of long-term homelessness. As shown in Chart 4, about three quarters (74%) of households obtain permanent housing in their first six months of enrollment. After one year in the program, 87% have obtained permanent housing. At two years, 98% have obtained permanent housing.¹

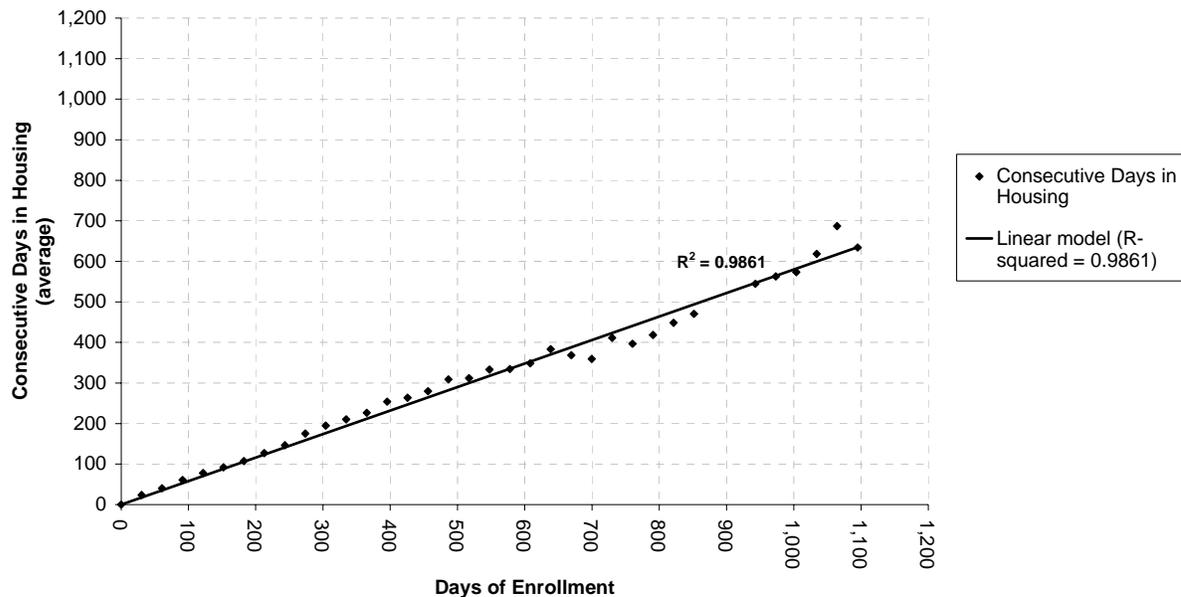


For many participants, housing stability is an iterative process. A participant might move into an apartment or house, then be homeless for a period before moving into another home. The percentage of households experiencing homelessness at any point in time gradually decreases with enrollment. By the time participants are in the pilot for 18 months, only one-quarter still have episodes of homelessness. That means three-quarters appear to be breaking that cycle.

Another important way to consider housing stability is to consider how many participants are housed over time. One year after enrolling in the pilot, 88% of households who obtained permanent housing are still housed. Chart 5 shows the strong correlation between duration of enrollment and the average duration (consecutive days) participants spent in their current housing (i.e., since their last move). The graph is based on monthly snapshots of each household's housing situation, over the duration of their enrollment.

¹Hearth Connection's data on housing stability is incomplete due to some reporting problems that occurred early in the project. Therefore not all households who have participated in the pilot are represented in these figures. The reporting problems have been rectified, so over time, the data becomes more representative.

**Chart 5.
Consecutive Days in Housing vs. Days of Enrollment
Through June 30, 2004**



Supportive Services

There are five *primary provider* teams working with participants. In Blue Earth County, the human services department has two teams: Journey Home and STEP work with families and individuals respectively. In Ramsey County, Amherst H. Wilder Foundation operates Project Quest for families. For single adults, Mental Health Resources, Inc. has Project Homeward, and Guild Incorporated has Delancey Street working.

Primary providers are responsible for supporting participants in finding and maintaining housing, and they also directly provide or coordinate a full continuum of services.

The service model is designed to meet the needs of the participants. Participants are not required to agree to seek or participate in any particular course of care or treatment in order to enroll or remain in the project. The primary providers strive to engage participants with flexibility and creativity, to establish effective working relationships over time, and to provide services where and when they are needed. The flexible financing structure promotes stewardship while targeting resources to where each individual needs them most.

The service model is maturing as the pilot progresses. The primary providers and Hearth Connection grapple with critical issues for serving this population:

- The degree of engagement that is beneficial before housing is procured;
- The transition to permanent housing, especially for people who have been on the streets and in shelter for extended periods of time;
- The structure of primary provider teams, including how they best meet the needs of children; and
- The insufficient supply of supportive housing options for these participants.

In addition to helping participants find and keep stable housing, and define and work towards individually identified goals, another objective of the pilot is to improve service coordination among agencies. The *support team* is the conceptual model for service coordination, where participants and primary providers work together to gather and manage a network of people who are needed to help a participant achieve his or her goals. Although the consistent implementation of this support team model has been slow to develop, there are beginning to emerge examples of improved service coordination that result in better access for participants. For example, in Ramsey County, one psychiatrist from the mental health center works with the single adult pilot participants. This has helped primary providers take advantage of small windows of opportunity wherein participants are open to accepting care. It has also helped promote continuity of care for a group that is more prone to appointment no-shows and resistance to medication.

Improvements in Participant Functioning

Functional assessments are completed every six months using the *Minnesota Family Assessment of Needs and Strengths* for families and the *Ramsey County/Blue Earth County MI/CD Functional Assessment* for single adults. The assessments document gradual improvements in participants' functioning across a wide range of areas. Mean assessment scores show substantial improvements over time for both single adults and families in housing and basic living skills. The assessments also show small improvements over time in substance use, income and financial assistance, and access to supports. The assessments suggest that primary providers and participants are increasingly discovering medical problems. For families, family relationships improve over time, but children's behavior and parenting skills are emerging as significant challenges.

Assessment scores for single adult participants suggest four notable improvements in functioning over the first two years (i.e., the first five assessments):

- Vocational functioning
- Educational functioning
- Self-care and independent living capacity
- Obtaining and maintaining housing

Smaller improvements are also seen for:

- Mental health services needs
- Use of drugs or alcohol
- Obtaining and maintaining financial assistance

Only one slight decrease in functioning appears in the data for medical health, which suggests that the pilot is uncovering medical problems as it engages participants over time.

Assessment scores for families suggest five notable improvements in functioning over the first thirty months of enrollment (i.e., the first six assessments):

- Housing, environment and basic physical needs
- Substance use
- Family relationships

- Caregiver life skills
- Social support systems

Smaller improvements are also seen for:

- Employment and income management

As with single adults, no notable decreases in function are seen with families. There are, however, two smaller decreases in functioning:

- Parenting skills
- Child characteristics [i.e., behavior]

These might be the result of primary providers eventually being able to work with families in less crisis-ridden, more normalized housing environment, but more exploration is required.

In general, the assessments show slow but incremental improvements. Since this data is collected every six months as long as participants stay in the pilot, trends can be watched over time.

EVALUATION

Under contract with Hearth Connection, the National Center on Family Homelessness is conducting a multifaceted evaluation of the pilot's effectiveness.

Qualitative Study

A qualitative study looks at how the pilot works and its effectiveness by gathering information from many different stakeholders through interviews, focus groups and case studies. The second of four reports was published in January 2004. It highlighted eighteen findings from conversations with more than 90 stakeholders, including many participants. Highlights include the success the program has had in engaging people with very complex histories of homelessness, helping them find housing, and creating trusting relationships as the basis for moving forward. Participants report changes in their utilization of crisis services. They struggle with how to set limits to protect their own housing situations, while giving back to others who are still homeless. Primary providers are working out ways to administer the program transparently to show that while the pilot does not treat every participant exactly the same (i.e., supports are highly individualized), it does treat all participants fairly.

The third report will be published in January 2005. A preview shows that the pilot continues to go well. Participants continue to report high levels of satisfaction with the way they are treated in the pilot and how they are supported by primary providers. The project's flexibility and intensiveness both appear to be important. The 2005 report should have a much more detailed discussion on the range and role of different supportive housing models.

Cost and Outcome Study

Outcome improvements are measured through interviews with participants when they enroll, and after 9 and 18 months. Last year's legislative report included information obtained from initial interviews with participants, detailing the many severe barriers participants face, including long histories of homelessness and housing instability, multiple physical, mental and chemical health challenges, and patterns of abuse, trauma and violence in people's lives.

An initial look at data covering the first nine-month interval for participants shows major improvements in housing stability, small improvements in mental health, and high levels of satisfaction with the services and housing available in the pilot. The National Center on Family Homelessness will be publishing this summary in December 2004.

The impact of the pilot on the cost and utilization of government-funded services is being assessed by aggregating data from many government systems about pilot participants before and after they enroll in the pilot, and in comparison to a similar group that is not enrolled in the pilot. The evaluator received approval to conduct this cost and outcome study from the Department of Human Services' Institutional Review Board in August. DHS has worked with the evaluation team to define data sets in all the major health and human services information systems. Protocols have been negotiated for how data will be pulled and integrated, and how the matched comparison group will be constructed, while protecting the privacy of individuals. The Department will be transferring the first batch of data to the National Center on Family Homelessness in December. The final report on the cost impact of the pilot will be available late in 2006, on schedule.

In sum, the evaluation is proceeding as planned. Hearth Connection is in a position to deliver the agreed-to level of information to the State at the close of the demonstration project. All evaluation reports can be found on the National Center on Family Homelessness' website at <http://www.familyhomelessness.org/hearthconnection.html>.

USE OF PUBLIC RESOURCES

Rental Assistance

There is virtually no access to Section 8 in Ramsey County anymore. The St. Paul Public Housing Authority (PHA) and the Metropolitan Housing and Redevelopment Authority (HRA) waiting lists have been closed more than one year, and the Minnesota Supportive Housing Consortium's Housing Choice program closed this year. As of July 1, 2003, the St. Paul PHA reports over 6,000 households on its waiting list, the Metro HRA estimates 8,000, and the Minnesota Supportive Housing Consortium estimates over 1,600. Of 140 households in the pilot as of June 30, 2004, 81% were unable to use Section 8 rental assistance.

This gap is being filled for 31% of pilot participants by the Minnesota Housing Finance Agency (MHFA) and the U.S. Department of Housing and Urban Development (HUD). In Ramsey County, Hearth Connection used MHFA's Housing Trust Fund rental assistance for an average of 20 households in the pilot each month. These funds can be used to support families or single adults, and do not screen out people with poor rental histories or criminal

records. Hearth Connection was awarded an additional \$561,100 of Housing Trust Fund rental assistance during State Fiscal Year 2004.

Also in Ramsey County, Hearth Connection used HUD’s Shelter Plus Care rental assistance for 12 single adults each month. Shelter Plus Care is a permanent rental assistance program for individuals who can verify a recent history of homelessness as well as a disability. The pilot also used Shelter Plus Care administered by the Metro HRA for an average of eight families per month during this fiscal year. Hearth Connection and Ramsey County received a five-year award of \$513,360 of Shelter Plus Care, which began during State Fiscal Year 2004, and a second award of \$777,720 to begin during State Fiscal Year 2005.

Each dollar of the state appropriation has leveraged \$0.15 of rental assistance, only counting the programs directly managed by Hearth Connection, not including Section 8 and other assistance with which the pilot coordinates.

There continues to be a discrepancy between HUD and the State of Minnesota regarding discharge policies at state hospitals, prisons, and other state-operated institutions. Minnesota does not have a discharge policy that accepts financial responsibility for housing individuals at discharge. HUD, however, asserts that people being discharged from institutions cannot be considered homeless, regardless of housing status, and are not eligible for Shelter Plus Care.

State Pilot Appropriation and Federal Medicaid Targeted Case Management

In 2003, the Minnesota Legislature appropriated \$1.5 million per year from the general fund for the pilot. In fiscal year 2004, the Blue Earth County pilot budget included \$389,000 from DHS, supplemented by federal Medicaid Targeted Case Management (TCM) funds totaling \$114,394. The Ramsey County budget included \$1,111,000 from DHS, \$1,109,067 of which was expended. The Ramsey pilot leveraged \$398,120 from TCM. TCM revenue averaged \$514 per family and \$163 per single adult per month. Each dollar of the state appropriation leveraged \$0.34 of federal Medicaid. Only \$1,933 of the appropriation was not encumbered in fiscal year 2004.

Table 2.
Financial Summary of DHS Pilot Revenue (July 2003- June 2004)

	Ramsey	Blue Earth	TOTAL
DHS pilot revenue	\$1,109,067	\$389,000	\$1,498,067
MA-Targeted Case Management	\$398,120	\$114,394	\$512,514
TOTAL REVENUE	\$1,507,187	\$503,394	\$2,010,581

Additional revenue came from Hearth Connection contracts with the Minnesota Housing Finance Agency for Housing Trust Fund rental assistance (\$182,540), and Ramsey County – Hearth Connection contracts with the U.S. Department of Housing and Urban Development for Shelter Plus Care rental assistance (\$49,299).

Table 3 shows expenses for families, compared to the two previous fiscal years. Please note that the first three months of operation in SFY01 are rolled in with SFY02. These figures are

calculated differently than in previous years to include new funds and be able to show comparisons. Based on 675 months of family enrollment, the average cost per family per month was \$1,504: \$1,274 for services and \$229 for rental assistance (including \$157 of MHFA monies), down 17% from last year, and 19% from two years ago.

**Table 3.
Financial Summary of Pilot Expenses for Families (April 2001 - June 2004)**

	SFY02	SFY03	SFY04
Months of Participation	552	634	675
Primary Providers			
Flexible Participant Supports	\$113,410	\$105,966	\$66,150
	\$205 PHPM	\$167 PHPM	\$98 PHPM
Supportive Services	\$682,942	\$826,798	\$793,963
	\$1,237 PHPM	\$1,304 PHPM	\$1,176 PHPM
Housing			
Pilot Housing	\$232,688	\$84,327	\$48,928
	\$422 PHPM	\$133 PHPM	\$72 PHPM
Housing Trust Fund	\$0	\$132,787	\$106,115
		\$209 PHPM	\$157 PHPM
TOTAL	\$1,029,040	\$1,149,878	\$1,015,156
	\$1,864 PHPM	\$1,814 PHPM	\$1,504 PHPM

Table 4 shows expenses for single adult participants. Based on 1,013 months of single adult enrollment, the cost per person per month is \$1,217: \$953 for services and \$264 for rental assistance (including \$75 from MHFA and \$49 from HUD), down 21% from last year.

**Table 4.
Financial Summary of Pilot Expenses for Single Adults (August 2002 - June 2004)**

	SFY03	SFY04
Months of Participation	457	1,013
Primary Providers		
Flexible Participant Supports	\$27,116	\$50,650
	\$59 PHPM	\$50 PHPM
Supportive Services	\$512,680	\$914,885
	\$1,122 PHPM	\$903 PHPM
Housing		
Pilot Housing	\$134,937	\$141,812
	\$295 PHPM	\$140 PHPM
Housing Trust Fund	\$30,272	\$76,425
	\$66 PHPM	\$75 PHPM
Shelter Plus Care	\$0	\$49,299
		\$49 PHPM
TOTAL	\$705,005	\$1,233,071
	\$1,543 PHPM	\$1,217 PHPM

Table 5 shows other expenses, including county administrative fees (no longer charged against the appropriation in SFY04), Hearth Connection administrative fee, and a housing

assistance risk management pool. The total cost per participating household per month of \$1,332 has gone down 22% from last year, driven in large part by less money being designated for temporary housing assistance during the start-up phase, but also reflecting a decreased cost over time to support participants. The cost of supporting participants in SFY04 exceeded available revenue by \$117,221, made up by a contribution by Blue Earth County and losses by some Ramsey County primary providers.

**Table 5.
Financial Summary of Other Pilot Expenses (July 2003- June 2004)**

	SFY02	SFY03	SFY04
Months of Participation	552	1,091	1,688
County Administration	\$36,489 \$66 PHPM	\$32,041 \$29 PHPM	\$0
Hearth Connection	\$62,186 \$113 PHPM	\$156,266 \$143 PHPM	\$67,518 \$40 PHPM
Housing Assistance Pool	\$20,388 \$37 PHPM	\$245,884 \$225 PHPM	\$22,196 \$13 PHPM
Subtotal	\$119,063 \$216 PHPM	\$434,191 \$398 PHPM	\$89,714 \$53 PHPM
Support	\$796,352 \$1,443 PHPM	\$1,472,560 \$1,350 PHPM	\$1,825,648 \$1,082 PHPM
Housing	\$232,688 \$422 PHPM	\$382,323 \$350 PHPM	\$422,579 \$250 PHPM
TOTAL	\$1,029,040 \$1,864 PHPM	\$1,854,883 \$1,700 PHPM	\$2,248,227 \$1,332 PHPM

LEVERAGING PRIVATE FUNDS

Private philanthropic grants to Hearth Connection cover the costs of Hearth Connection staff who support and administer the pilot, as well as the cost of the evaluation. Since last year, secondary investments have been made by foundations to take the pilot to its completion:

- F.R. Bigelow Foundation (second award)
- Family Housing Fund (second award)
- The Minneapolis Foundation (second award)
- Northwest Area Foundation
- The Jay and Rose Phillips Family Foundation
- St. Paul Foundation (second award)

They join previous investors, totaling \$3.2 million in private investment since 1999:

- Allina Foundation
- Katherine B. Andersen Fund of the St. Paul Foundation
- Anonymous
- F.R. Bigelow Foundation
- Blue Cross Blue Shield of Minnesota Foundation

- Otto Bremer Foundation
- Bush Foundation
- Corporation for Supportive Housing
- Family Housing Fund
- Greater Minnesota Housing Fund
- Initiative Fund of Southeast and South Central Minnesota
- John S. and James L. Knight Foundation
- Mankato area health care providers
- Mardag Foundation
- Minneapolis Foundation
- Patrick and Aimee Butler Family Foundation
- Robert Wood Johnson Foundation
- St. Paul Foundation
- Sheltering Arms Foundation

Hearth Connection used \$681,000 of foundation grants during SFY2004. Each dollar of the state appropriation has leveraged \$0.45 of foundation support.

CONCLUSION

The Supportive Housing and Managed Care Pilot is successfully documenting housing and service interventions which appear to be successfully interrupting the cycle of long-term homelessness and helping participants make improvements in their lives. Hearth Connection has integrated state appropriated money with federal Medicaid dollars, rental assistance programs and philanthropic investments. The pieces are in place to produce a final report on the cost and outcome impacts by the 2007 Legislative Session.