

Necessary increases to availability of and access to safe shelters

The Issue

Shelter is not housing.

Shelter is not and should never be a substitute for housing, but it is a key step in obtaining permanent, stable housing. Shelters often reach capacity throughout the year, resulting in an increase in the number of single adults who are unsheltered and living in places not fit for habitation. Individuals who spend the night outside of shelter face exposure to extreme weather in both the summer and winter and do not receive the safety benefits and access to services that shelters provide. Many unsheltered individuals experiencing homelessness find it difficult to sleep through the night, as they fear for their own personal safety and the safety of their personal belongings. Safe shelter gives people peace of mind and removes an additional burden from their lives as they navigate homelessness and pursue permanent housing.

For individuals experiencing homelessness who struggle with physical and mental health issues and need some level of medical care, neither shelters nor hospitals may provide the appropriate level of care. Medical Respite is an alternative setting that provides residential care for homeless individuals to recover and receive treatment, but there are too few respite beds in our community to meet the need. Individuals who are unable to receive Medical Respite may find it more difficult, if not impossible, to adequately recover and will remain ill for much longer than if they were able to receive appropriate care, often requiring more expensive hospital stays. Additionally, ill and injured individuals experiencing homelessness face additional barriers to achieving stable housing as they are often less mobile, unable to work, and find it difficult accessing housing and services.

The Update

As of June 2018, Hennepin County provides 1,166 to 1,216 shelter beds for individuals and families experiencing homelessness through a combination of both county and private non-profit organizations. Shelter beds for single adults are the highest, with 843 to 893 beds on any given night in Hennepin County. Shelter beds for families are the second highest, with 248 beds provided. Shelter beds for youth are the lowest, with only 75 beds provided on any given night.

As shelters become more and more full, individuals experiencing homelessness have found alternative ways to shelter. Another study conducted in Hennepin County in January of 2018 found that 404 individuals are found to be unsheltered on any given night. Of those 404, 257 were found to be using public transit as shelter, most notably the light rail line. On account of the few amount of available shelter beds, the light rail trains have turned into unstaffed and overcrowded de-facto shelters at night.

In March 2017, Wilder Research released a study titled “Medical Respite for the Homeless” which examined Medical Respite Care in the Twin Cities from the perspective of patients, potential patients, and service providers. Medical Respite Care is medical care for individuals experiencing homelessness to recover from an illness or injury, but are not ill or injured enough to be hospitalized. Providing a comprehensive look at the resources present in the Twin Cities, the study outlined the resources available, and how to improve the services provided. The respite programs currently available are the Exodus Residence and Harbor Light Center in Minneapolis, providing around 104 to 109 beds, and Union Gospel Mission in St. Paul, providing 2 beds. Since the study, Higher Ground St. Paul has opened and is providing 10 beds for men and 6 beds for women. Across the programs, it was agreed that the service gaps present within the Medical Respite Care program could be remedied by expanding the programs to be more accessible for more individuals and increasing respite resources to meet the ever-growing demand for respite beds.

The Impact

For our clients at Agate, having access to safe shelter is an important step to pursuing permanent housing. Individuals who are sleeping on the streets instead of shelters and are unable to recover from illness and injury due to lack of care are often unable to focus on permanent housing as other day-to-day responsibilities often take priority. In 2007, President of the Boston Health Care for the Homeless Program, Dr. James J. O’Connell, wrote that he “dream[s] of writing a prescription for an apartment, a studio, an SRO (single room occupancy), or any safe housing program, good for 1 month, with 12 refills,” to cure homelessness just as he might prescribe an antibiotic. If housing is the cure to homelessness, then safe shelter is the equivalent of having access to health care—it’s still possible to find housing, but far more difficult without safe shelter. Access to basic care and shelter can provide individuals experiencing homelessness a sense of stability that will provide them the support necessary to achieve permanent housing.