

# Emergency Shelter



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**Emergency shelter** is temporary short-term housing for individuals or families who are homeless. **Homeless** is defined as a household lacking a permanent place to live that is fit for human habitation (Minnesota Housing, 2015). This may include individuals who are doubled up – couchsurfing or staying with a friend or family member (Minnesota Housing, 2017).

**Homelessness may look different for different individuals.** It may include a primary nighttime residence that is a public or private place not designed for use as regular sleeping accommodations – such as cars, parks, and abandoned buildings. It may also include living in a shelter designed to provide temporary living arrangements – such as shelters, transitional housing, and/or hotel vouchers. Often included in the homeless population are individuals and families fleeing domestic violence who have neither an alternative residence nor the resources nor support networks to obtain permanent housing. The newest federal category of homeless includes families with children and unaccompanied youth who are unstably housed and likely to continue in that state due to disability or multiple barriers to employment (National Alliance to End Homelessness, 2012). The most common type of homelessness is likely doubling up and is itself a precursor to emergency shelter utilization. It is estimated that approximately 75% of people who are currently homeless previously doubled up with a family member or friend (Substance Abuse and Mental Health Services Administration, 2017).

While the primary reason individuals and families access emergency shelters is homelessness, upstream causes of homelessness drive the demand for emergency shelter. **Homelessness is linked with employment, employability, and financial stability.** According to the most recent annual survey by the U.S. Conference of Mayors, major cities across the country report that top causes of homelessness among families were: (1) lack of affordable housing, (2) unemployment, (3) poverty, and (4) low wages, in that order. The same report found that the top four causes of homelessness among unaccompanied individuals were (1) lack of affordable housing, (2) unemployment, (3) poverty, (4) mental illness and the lack of needed services (City Policy Associates, 2014). In other words, all top four reasons for homelessness among families as well as three of the top four reasons for homelessness among unaccompanied individuals were – in short – inability to pay rent.

In Minnesota, 60% of homeless adults experience a significant **mental illness** and 21% suffer from a **substance abuse disorder** (Wilder Research, 2015). In general, there is a high rate of comorbidity between mental illness and substance abuse, but establishing causality or directionality is difficult for several reasons: it has been noted that drug use

can cause abusers to experience one or more symptoms of another mental illness; mental illnesses can lead to drug abuse; and both drug use disorders and other mental illness can be caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress or trauma (US Department of Health and Human Services, 2008).

**Mental illness and substance abuse may also be exacerbated by homelessness.** Chronic stress can increase the chances of developing a mental health problem or exacerbate an existing condition (Mah, Fiocco, & Szabuniewicz, 2015). Individuals who previously used illicit substances - as well as those that did not - may turn to substances to cope with a stressful situation, while stress itself increases vulnerability to addiction (Sinha, 2008).

The barriers of unemployment, mental illness, and chemical dependency are **not experienced uniformly across demographic groups** and therefore, emergency shelters tend to serve populations that are less white than the general public. For instance, African Americans make up 5% of Minnesota's entire population, but make up 39% of people who are homeless. Meanwhile, American Indians comprise 1% of the state's population, but account for 8% of people who are homeless. Furthermore, Hispanics account for 4% of the state's population, but equal 7% of the state's homeless population. Compare this to Caucasians, who total 85% of the state's population but only make up 38% of the people who are homeless. This representation of the state parallels the nation's prevalence and breakdown of homelessness (paragraph sourced from Wilder Research, 2015)..

Emergency shelters are not intended to be a community's sole response to homelessness and do not serve well as such. Instead, they typically serve as an intake point to connect people with housing options. For an emergency shelter to adequately fulfill this role, it is essential that they participate in a **coordinated entry system** – a system by which a household's housing barriers are assessed and then, based on that assessment, the household is matched with housing options (US Department of Housing and Urban Development, 2015). When shelters fully participate in Coordinated Entry, the homeless experience can be significantly shortened for individuals and families (National Alliance to End Homelessness, 2017).

Similarly, the **housing-focused** shelter model promotes moving individuals and families into housing quickly rather than attempting to provide services within the emergency shelter. In fact, successful emergency shelters typically specialize in referrals rather than services. The limited services provided tend to focus on the basics: safety, meals, showers, and beds (Miller, 2016).

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