



**A Closer Look at Youth Homelessness in Hennepin County**

**Final Capstone Report**

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## **Introduction**

A large and growing number of youth are homeless. The United States Department of Housing and Urban Development (USD-HUD) 2014 Annual Homeless Assessment Report (AHAR) counted the number of homeless youth. A total of 58,601 youth (18-24) were homeless on a single night in January 2014. Of these, 8,931 or 66% were unaccompanied. According to the USD-HUD, an unaccompanied child or youth is defined as a person under the age of 25 who is not a member of a family (i.e., a household composed of at least one adult and one child) or of a multi-child household (i.e., a household composed of multiple people under age 18).<sup>1</sup>

In Minnesota, an estimated 4,080 unaccompanied Minnesota youth experienced homelessness on a single night in January 2013. This includes an estimated 2,211 minor youth ages 17 and under and 1,869 young adults age 18 through 21. In Minnesota, "homeless youth" is defined as a person 21 years of age or younger who is unaccompanied by a parent or guardian and is without shelter where appropriate care and supervision are available, whose parent or legal guardian is unable or unwilling to provide shelter and care, or who lacks a fixed, regular, and adequate nighttime residence.<sup>2</sup>

The growing number of homeless youth nationally as well as locally in Minnesota is a growing problem. Homeless youth are at a higher risk for physical abuse, sexual exploitation, mental health disabilities, substance abuse, and death.<sup>3</sup> It is estimated that 5,000 unaccompanied youth nationwide die each year as a result of assault, illness, or suicide.<sup>3</sup> Homeless youth have higher rates of victimization and criminal activity and are more likely to engage in unsafe sexual practices; they also face substantial barriers to education and employment.<sup>3</sup> These problems further burden society with the cost of finding ways to take care

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<sup>1</sup><https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>

<sup>2</sup>Minnesota Statutes §256. 60

of these youth. If these youth are not helped, they will likely become an addition to the population of chronic homeless adults.<sup>3</sup>

The United States Interagency Council on Homelessness (USICH) created a federal plan in 2010 to end homelessness by 2020. In 2012 they added two new objectives to address youth homelessness.<sup>4</sup> The first objective is to improve homeless youth's access to education, sustainable employment, and quality childcare. The second objective is to strengthen the capacity of organizations to serve homeless youth by increasing knowledge about collaboration and successful interventions.

At the request of the Hennepin County Office to End Homelessness this project provides a description of homeless services and an analysis of patterns of service use for homeless youth age 18-23 in Hennepin County. This project provides a review of State and local homeless policy guidelines, as well as interviews with local homeless service providers to determine how local policy is implemented in shelters and youth centers. In addition, it analyzes administrative data sets from a variety of county contracted services to determine patterns in service usage of youth age 18-23 from 2009 to 2013. By analyzing the data and characteristics of those using services, further analysis can be conducted by the Office to End Homelessness to understand why youth use certain services, shelters or housing programs.

### **Literature on Successful Homeless Youth Interventions**

In order to understand youth homeless policy in Minnesota, it is important to review current literature on best practices to assist homeless youth. In our literature review we searched for evaluations that identified successful interventions for homeless youth. We searched in Sage Journal: Research on Social Work Practices, University of Minnesota Springer Links, and Google Scholar.

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<sup>3</sup>Bardine, Daria. Youth Homelessness in America. Issue brief. N.P.: National Network for Youth, 2014. Print.

<sup>4</sup>"Federal Strategic Plan to Prevent and End Homelessness: Amendment 2012. " United States Interagency Council on Homelessness (2012): Web. 25 Mar. 2015.

We identified an evaluation of a transitional housing program for homeless youth who had aged out of foster care, called Avenues to Independence (ATI). ATI provided housing, supportive services, and training to homeless young adults ages 18 to 23 in San Francisco. The goal of the transitional housing program was to simulate the real world while giving youth a place to live and programming to teach them the skills needed to successfully live as an adult. To participate, youth had to be homeless with no mental illness or chemical dependence issue serious enough to prevent them from maintaining full-time employment. To simulate paying rent, youth saved 30% of their income a month. They were also required to attend biweekly independent living skills (ILS) group meetings to work on improving things like money management, apartment searching, personal hygiene, and decision making. There was also a 3-week job skills program called Hire-Up.

The evaluation examined the impact of the program on employment, savings and housing for a group of 23 youth. It found that the mean length of time participants spent in the program was 7.3 months with only one young adult leaving before the 6 month requirement. Of the 23 youth, only 3 had a job when they entered the program, while all of them had a job upon exiting and 19 retained the same job through being at ATI. After adjusting for inflation, the mean hourly pay was \$9.61 per hour for Hire Up participants and \$7.42 per hour for those who opted out of Hire Up and still participated in the study.<sup>4</sup> On average, participants saved \$2,364 during the program. At the 6 month follow up, 20 of the 23 youth had known housing situations: 90% were living in stable housing independently or with family, 5% were incarcerated, and 5% had returned to the streets.<sup>5</sup>

To assess the impacts of mental health and chemical dependency interventions for homeless youth, we relied on a recent review of the literature which identified four studies which received at least a “fair” ranking of study quality, based on whether the study used a

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<sup>5</sup>Rashid, Sonja. "Evaluating a Transitional Living Program for Homeless, Former Foster Care Youth," Research on Social Work Practice 14. 4 (2004): 240-48. Web. 20 Mar. 2015.

clearly defined intervention, and whether it had adequate measurements, follow-up, and sample size.<sup>6</sup>

Two studies examined the impact of Brief Motivational Intervention (BMI), which a series of individual level motivational interview sessions with a counselor that are intended to lessen the harm of alcohol and drug use by homeless youth and to increase their use of services.<sup>6</sup> Both studies were randomized control trials with a population of homeless youth age 14-19 with an average age of 17-18. The first study used conventional clinical protocols to structure the motivational interviews and the second study was a follow up to assess BMI after making modifications. The first study found a reduction in illicit drug use other than marijuana at the 1-month follow up. The significant difference at the 1-month was not significant at the 3-month follow up. The second study modifications were more topics for counselors and youth to choose from, more freedom given to counselors to intervene during sessions, and youth were provided with BMI attendance vouchers. There were no significant benefits to the youth treated in comparison to the control group. Overall, participants reported a decrease in substance use over time.<sup>7</sup>

A third study examined the impact of Cognitive-Behavioral Group Therapy (CBGT) on self-esteem, depression, and self-efficacy in runaway youth. CBGT is a psychotherapeutic technique where distress and maladaptive behavior is treated by changing a patient's style of thinking and behavior. The purpose of the program was to change individual's thoughts and interpretations of situations and develop adaptive behavior. The study found that there was a

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<sup>6</sup>Itena, A. M. "Effective Interventions for Homeless Youth: A Systematic Review." 2010 American Journal of Preventive Medicine 38. 6 (2010): 637-45. Elsevier Inc. Web. 25 Mar. 2015.

<sup>7</sup>Baer JS, Garrett SB, Beadnell B, Wells EA, Peterson PL. Brief motivational intervention with homeless adolescents: evaluating effects on substance use and service utilization. *Psychol Addict Behav* 2007; 21(4): 582–6.  
Peterson PL, Baer JS, Wells EA, Ginzler JA, Garrett SB. Short-term effects of a brief motivational intervention to reduce alcohol and drug risk among homeless adolescents. *Psychol Addict Behav* 2006;20 (3):254 –64.

significant decrease in depression, a significant increase in self-efficacy, and no significant change in self-esteem.

The fourth study used the Community Reinforcement Approach (CRA) which is a framework that links CBI to the ecological and multi-causal creation of youth problematic behaviors. It is an approach to develop interpersonal change and to change social influences of behavior. This intervention was designed to increase social stability factors, decreasing substance abuse, and improve physical and mental health. The study found that the intervention caused a significant decrease in substance abuse, a reduction in depression, and an increase in social mobility.

Overall, it appears the Brief Motivational Intervention does not work very well in comparison to the Community Reinforcement Approach. The Community Reinforcement Approach had far more positive and significant results.

## **Landscape**

### *Minnesota Context*

Youth shelters in Minnesota must be licensed by the Department of Human Services (DHS) which imposes strict guidelines to ensure that individuals utilizing the shelters have access to appropriate services. In addition, according to license requirements by DHS, staff training must be provided as well as a site a visit to the shelter to ensure an appropriate environment is present. Due to State licensure, youth who turn 21 must migrate to the single adult shelter if additional needs exist. In 2013 there were 108 emergency shelter beds and 605 units of supported and transitional housing designated for unaccompanied youth statewide. The number of housing units available in 2013 fell short of meeting the needs of the estimated 4,080 homeless youth.<sup>9</sup>

Youth services beyond emergency shelters are available for those up to age 24 including, prevention, street outreach, drop in, and supportive housing. Youth who need



somewhere to stay for more than 90 days apply for transitional housing where they can stay for an extended period of time. Emergency shelters are limited to 30-90 day stays according to their state licensure. Supportive housing models can be time limited (i.e., transitional housing up to 24 months), or have no time limitation (i.e., permanent housing). In 2013, there were 341 transitional housing program units designated for unaccompanied youth, 159 of which were in greater Minnesota and on Reservations. Two hundred-fifty eight units of permanent supportive housing were designated for unaccompanied homeless youth, with 12 in greater Minnesota.<sup>8</sup>

In order to obtain information on how the homeless youth system in Hennepin County operates, we conducted interviews with policy staff at the MN Department of Human Services and Hennepin County. We also consulted state and county web sites to develop a description of youth homeless programs in Heading Home Hennepin. Finally, we conducted site visits at YouthLink, a drop in site where youth can go during the day, as well as several shelters in Hennepin County including The Bridge for Youth, Avenues for Youth, People Serving People and the Salvation Army: Harbor Lights.

### *Hennepin County Context*

According to Minnesota statute 256K.45 HOMELESS YOUTH ACT, services must be provided to those defined as homeless youth, which in Minnesota are those under the age of 21. Youth services/program activities include prevention, outreach, drop-in, shelter and supportive housing which are outlined in **Appendix A**. These activities include a wide range of service components including, but not limited to case management, conflict mediation, family reunification, independent living skills training access to housing resources, advocacy, access to education and employment opportunities, substance abuse treatment/counseling, mental

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<sup>8</sup>Homeless Youth Act Biennial Report, MN Department of Human Services, Office of Economic Opportunity, February 2015.

health counseling, individual and family counseling, transportation, recreational activities, crisis intervention and food and/or hot meals.

In Hennepin County, several organizations provide non-housing related youth services; however, the most well-known organization is YouthLink due to its capacity to serve so many youth in one location. YouthLink is unique due to its ability to provide services such as outreach, prevention and drop-in as well as housing. Additional organizations in Hennepin County that provided outreach services during the study period included the YMCA, The Link, Freeport/Project Solo and Hope Street. In Hennepin County, there are two county contracted shelters for youth, The Bridge for Youth and Avenues for Youth. In addition, Catholic Charities operates Hope Street which is a non-county funded shelter for youth.

Hennepin County has several privately funded family shelters which are available to homeless youth, including Mary's Place and Families Moving Forward. However, the majority of homeless families are served by the two county-funded shelters, People Serving People and St Anne's Place. In order to reside in a county-funded family shelter, an individual must be 18+ and hold custody of the child they are with. To stay in family shelter beds, a family must obtain a voucher from a county designated location such as Century Plaza. These vouchers are provided to the individual so they can stay in the family shelter with their children and partner.

Hennepin County also operates single adult shelters for individuals over age 18 that do not have children, such as St. Stephens, YMCA and Catholic Charities. These single adults shelter include emergency shelter beds that require a voucher from the county and non-emergency shelter beds that do not require a voucher. When the bed is designated as "emergency," the individual must obtain a voucher from the county which allows the individual to stay in the shelter during daytime hours as well as guarantee a spot in the shelter as long as the voucher doesn't expire. Shelters have varying guidelines for how often a voucher must be renewed; at PSP the voucher is renewed weekly, at Salvation Army, the voucher is renewed monthly.

The following section provides detailed descriptions of YouthLink as well as each shelter we visited for this project. A detailed table of all organizations represented in this project is available in **Appendix B**. Based on client suggestions; we selected sites to visit in order to gain a good representation of the shelters available to youth in Hennepin County. We include information on the three youth shelters in Hennepin County: The Bridge for Youth, Avenues for Youth and Hope Street. We also report on visits to People Serving People, the largest family shelter in Hennepin County and Salvation Army, the largest single adult shelter. Due to the close proximity of Salvation Army: Harbor Lights to YouthLink; the intersection between the two sites was of particular interest to understand if youth spent time at both locations.

### YouthLink

YouthLink is a 30,000 square foot center where youth can obtain services during the day time hours. It was established in 1974 and is located near downtown Minneapolis. It was one of the first drop-in service organizations in the US after San Francisco. YouthLink services include drop in, outreach/prevention, education, employment, health and wellness, and transitional housing services in three apartment buildings in Minneapolis. In addition, YouthLink is the host site for the Youth Opportunity Center – a collaboration of 24 agencies providing services to young people in one location. Having a wide variety of service providers in one location helps break down the barriers young people may face in accessing these services and provides them with a wider range of opportunities and resources. Some examples of current collaborations include The Link which helps with housing, MN AIDS project, dental services for children and legal aid services.

YouthLink has chosen to serve certain age groups based on time of day. Those aged 18-23 are served from 9am-1pm. The center is then closed and reopens from 3pm-8pm to serve those 16-20. This has been a beneficial approach as the youth served during the two timeframes have very different needs according to the Director of Community Engagement,

Marney Thomas. She notes that those who come during the morning hours have more chemical and mental health needs, have had a harder life, are more at risk for chronic homelessness and have a criminal history. These are typically youth who are spending their nights in the single adult shelters and are not enrolled in school nor holding down a job. The youth who come to YouthLink for the afternoon drop in times are typically those who are in school and/or have a job. This is also why YouthLink has taken the initiative to segregate the youth they serve to better serve their unique needs.

YouthLink also has transitional and supportive housing; Archdale, Barnabas and Nicollet apartments. According to Rachel Greenwald, program staff at YouthLink, youth who would like to stay at Archdale and Barnabas apartments must fill out an application before they turn 22. If they are on the waiting list when they turn 22, they can retain their spot. At a minimum, youth must be 16 years old to reside in these housing locations. She also states that some of the units at Archdale are considered transitional living programs and have a two year maximum stay, however the rest of the housing locations are considered permanent housing and a time limit does not exist.

### Hope Street

The Hope Street shelter, operated by Catholic Charities, was established with 16 beds in 2001 and added an additional 12 beds in 2012. It is located in St Joseph's Home for Children, which is where child protection cases are brought until additional placement options are available. The 28 emergency shelters beds are evenly divided between boys and girls. 16 beds are designated for youth who spend the entire day at the shelter while 12 beds are only open from 7pm-12pm. Youth are encouraged to leave the shelter during the day to search for jobs or attend school. Four of the 28 beds are designated for minors under the age of 18. This designation is required due to federal funding they receive.

Hope Street started receiving Group Residential Housing (GRH) funding, a program funded through DHS but administered through the county, on February 1, 2015. The primary reason for obtaining this additional funding was to supplement money that was previously provided through the Otto Bremer Foundation. According to Andrea Simonett, DHS staff, the shelter receives around \$846/month per youth through the GRH program if they spend that entire timeframe in the shelter; otherwise the amount is prorated. In addition, youth receive \$95/month for personal expenditures.

According to Hope Street staff, an average of 20 individuals are turned away each week due to the shelter being at capacity; which is an average of 1,000 youth per year. Staff explained that youth are provided as many resources as possible when at capacity including referrals to other shelters. However, most of the time the other youth shelters are full and most youth do not want to spend time in an adult shelter due to the wide variety of individuals being served; including those with severe mental health and chemical dependency issues.

Services provided at Hope Street include an onsite clinic; help applying for public programs, and independent living skills such as how to run a household to prepare for life on their own. Staff members also help youth stay or get back in school, look for a job, practice their interviewing skills and build a resume. Every youth is assigned a case manager to ensure they are supported in the areas they want to focus on; including reunifying with their family if that is a viable option.

### *The Bridge for Youth*

The Bridge for Youth was established in 1970 and is located off of Hennepin Ave in Uptown Minneapolis. It was originally located in a smaller house which is located across the street from their much larger current location which opened in October 2013. The main goal of the Bridge for Youth is to serve youth in crisis and reunify them with their families. The Bridge has nine emergency shelter beds; 4 for boys and 5 for girls. According to program staff at the

shelter, they plan to increase their capacity to 14 beds due to a city grant. While they are licensed to serve those up to the age of 21 they have chosen to serve only those who are 10-17 years old. However, the average age of youth served is 14-15 years old. Their main goal is to encourage kids to stay overnight with family or friends rather than staying in the shelter. The average length of stay is five days, according to Joan Countryman, program staff at The Bridge.

In addition, the Bridge has an extended stay shelter known as *Transitions* for those 16-17 years old; which allows youth to stay up to 18 months. The *Transitions* program is an innovative housing and support program for 16–17 year old youth who need extra time before reconnecting with family or transitioning to an alternative living space. Teens share a bedroom with another teen and home-cooked meals are provided in the community kitchen. The facility also includes a living room, game room, laundry facility, and computer lab. In exchange, teens participate in household chores and attend once-a-week house meetings.

Youth have access to a variety of services at The Bridge. All youth receive a medical assessment within 24 hours which is conducted by Broadway Clinic physicians, volunteer nurses and University of Minnesota resident physicians. Youth receive a mental health assessment within 24 hours and have access to clinical services through Masters Level's interns. In addition, individual and family counseling services are offered as well as support through case managers for youth to return and/or remain in school. The primary focus is to reunify the youth with their family if possible.

According to staff at The Bridge for Youth, Avenues, Hope Street and YouthLink, they are each serving youth that are eligible to receive their services according to funding restrictions or DHS licensure. A variety of rules and regulations are present based on the various funding streams from the federal and state government as well as additional funding from non-profits or one time donations that are focused on certain activities. When asking each facility about the ages they serve, very clear answers were provided which were directly in line with their

DHS licensure and the age of youth who are allowed to stay in emergency shelters designated for youth.

As mentioned previously, the Bridge for has chosen to serve those 10-17. This modification was made for a variety of reasons but mainly because the staff felt this was a niche area that required special focus. Another reason is because those 18 and over, for example, are considered an adult and no longer require parental consent to stay the night in the shelter. Additional information is provided later in the Staff Perspectives section of this report.

### People Serving People

People Serving People (PSP), established in 1982 is a private non-profit family shelter, located in downtown Minneapolis. It has 99 emergency housing rooms and 10 permanent supportive 2 bedroom apartments. PSP serves individuals over 18 with children. Families secure a bed at the shelter through Hennepin County where they are provided a one week voucher that provides the family an emergency housing bed. Each week the family must renew the voucher through the county.

While PSP only has 99 rooms for emergency shelter, they currently serve over 110 families and over 350 individuals a night. According to program staff at PSP, the average length of stay for a family is 39 days. If PSP does not have an opening for a family, the family is most likely referred to the Drake Hotel where overflow spots are available. Hennepin County relies on placements in the Drake Hotel to ensure that it can fulfill its “shelter all” policy which means no family in the county will go without shelter. The Drake Hotel has more limited services available than the PSP shelter. PSP offers many services for children and families including a full service medical clinic, preschool prep and teen programs, assistance applying for programs, individual and family counseling services as well as assistance with finding permanent and supportive housing. In addition, the staff assists individuals with finding jobs.

PSP is a secure facility with security guards and metal detectors that everyone has to go through no matter how many times they go in and out of the facility. Curfew for the entire family is 10pm on school nights and 11pm on weekends. If the entire family is not present at curfew, the family is at risk of losing their spot at the shelter. By enforcing a curfew, it helps ensure children have a somewhat structured environment to grow up in.

### Salvation Army: Harbor Lights

The Salvation Army: Harbor Lights was established in the 1960s in the old Dayton's warehouse which is located in downtown Minneapolis. They are the largest single adult shelter in the tri-state area that serves single adults 18+. The shelter is divided into six floors which each serve a unique population. The first floor contains an area known as "Safe Bay" which has 130 beds. It opens at 8pm each night and is typically full by 9:30pm. Individuals have to be out by the 6am the next morning. Overflow spots are available in the auditorium and chapel area which can hold another 130 mats. Harbor Lights has been in overflow every night since April 2011 according to program staff. The second floor has 140 emergency beds for single men. To maintain their spot, individuals must have a voucher which is renewed on a monthly basis. The third floor has 165 beds dedicated to serving single women; 65 of those spots are secured through a voucher and the other 100 are shelter beds which mean they have to be secured each day on a first come first served basis. The fourth floor is known as "Beacon" and has 40 beds for those who need chemical dependency services. The fifth floor has 26 transitional housing apartments; half are veteran focused while the other half is for the general homeless population. The cost to reside on fifth floor is \$400/month and the individual can stay for a maximum of two years. The sixth floor is dedicated to administrative staff, a weight room for the clients and a clothing donation closet.

Shelter staff indicates that the biggest challenges they face are low staffing ratios of 1 worker per 140 adults served, limited access to housing case workers and limited funding.



When discussing partnerships with the youth shelters or YouthLink, the program staff said they could maintain closer ties to YouthLink if their staffing levels were higher. Individuals who have been in the shelter before and are aware of youth services or long term staff are the ones who educate clients about shelters dedicated to younger adults. Program staff described the protection that long term homeless guests provide to those who are new at the site and are possibly new to experiencing homelessness.

### **Staff Perspectives**

#### *Staff Recommendations*

Several themes emerged in our interviews with program staff. First, staff from the youth shelters as well as YouthLink felt youth shelters should be designated to serve two distinct age groups: 10-17 and 18-23. The Bridge for Youth has already taken this approach and chosen to serve those 10-17 years old. Hope Street and Avenues hold the same DHS license but serve all ages; however, it's important to note, they have designated minor beds that have been set aside for those under 18. Most of the time, these beds are filled with youth over 18 due to the specialization the Bridge for Youth has chosen to undertake.

To designate youth shelters for certain age groups, the DHS licensure structure would be need to be changed so that specification is allowed. Right now, licensure allows up to age 21 due to the state and federal definition of homeless youth. However, changes are being proposed at the state and federal level to modify the definition of homeless youth by increasing the age to 24 years old. Based on interviews and known research, youth aged 10-17 have very different needs from those aged 18-24. One of the main differences is the legal rights for those under 18. The youth shelters indicated to us that parental permission is required for anyone under the age of 18 who comes to their shelter. These individuals are much more vulnerable compared to those who are considered legal adults.

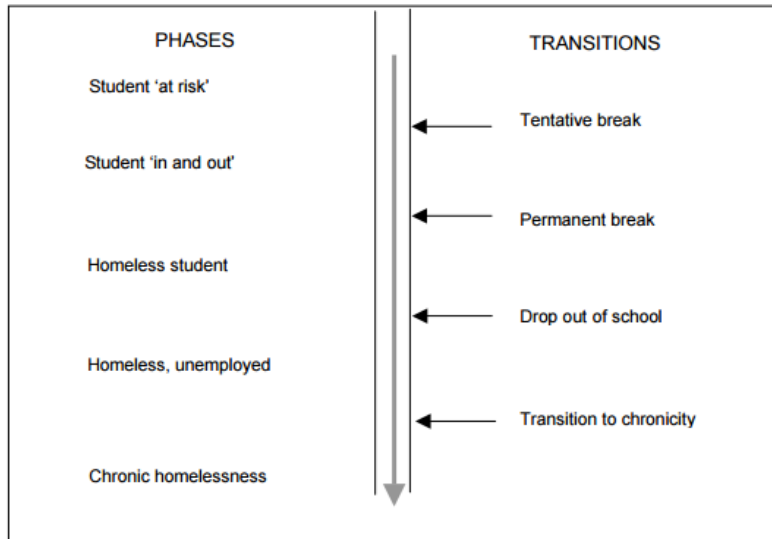
The second theme we identified is the need for another shelter designated for teen mothers under the age of 18. Due to licensure constraints by DHS, once a youth has a baby they are required to move to a family shelter; however, family shelters are only for those 18 and older. Based on interviews, LifeHaven in Ramsey County is the only designated shelter in the metro area for teens with children. LifeHaven provides housing and support to homeless teen moms with children, or who are expecting a child, in a family-style home on the east side of St. Paul. The home houses six young families, who can receive support for up to 18 months, and offers on-site staff support 24 hours a day.

The five shelters as well as YouthLink expressed concern with what happens to these young women as most of the time they are forced to make a choice between being separated from their newborn baby or choosing the streets so they can remain together. The only source of data to determine how many young girls this affects would have to come from LifeHaven and how many teens they have to turn away or hospital records to determine the living situation of teen mothers.

Lastly, we heard the need to ensure that all services provided for youth, no matter where they are provided need to be “trauma aware.” Marney Thomas from YouthLink said this is a critical piece as youth are moving into transitional and supportive housing as they don’t have the same access to services they did when using the drop in site. Staff at YouthLink expressed that most of the time youth have spent so much time in a homeless environment, they are unsure how to survive on their own in their own apartment. One suggestion was youth being paired in an apartment so they have each other for support. It was also suggested that continual counseling should be provided to ensure youth slowly transition out of the system and are confident and comfortable now being on their own, caring for themselves.

Homelessness as a Career Theory

After analyses were conducted at the youth shelter and YouthLink sites, it became clear that each of these organizations play a critical role in serving youth during different points along their trajectory of homelessness. Chamberlain and Mackenzie (2004) have a theory of ‘homelessness as a career process.’<sup>9</sup> This theory draws attention to the fact that people go through various stages before they develop a self-identity as a ‘homeless person’, and that different types of interventions are needed at different points on the homeless career trajectory. The following graphic shows the detail of what the continuum of interventions should look like for most youth according to the theory. (See Figure 1)



**Figure 1**

There are five phases on the homeless career trajectory and four biographical transitions. In the first three phases young people are still at school, but their housing situation is becoming increasingly precarious as they make the transition from ‘at risk’ to homelessness.

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<sup>9</sup>Chamberlain, Chris and MacKenzie, David. “Youth homelessness: four policy proposals,” *Australian Housing and Urban Research Institute*, September 2004.

In the final phases, young people are homeless and unemployed. There are four transitions: the tentative break, the permanent break, dropping out of school and the transition to chronicity.

The Bridge for Youth provides services for youth in the first three phases of homelessness when youth are 10-17 years old, still in school but their home life is becoming increasingly unstable. Based on interviews with the program coordinator at The Bridge, the largest group requesting assistance is single mothers who need a break and request that their child is brought to the shelter. According to The Bridge, average length of stay for a youth is five days and they are rarely at capacity in their nine bed emergency shelter.

Avenues and Hope Street also provide services to youth in the first three phases of homelessness. They are open in the evening which means the youth they are serving are primarily in school or at work during the day. Avenues and Hope Street primarily see those who are 18-20 due to the niche population the Bridge is serving. They do see minors but it is rare according to program staff at each of the shelters.

YouthLink provides services to youth in all stages of homelessness due to the two populations they are serving during morning and afternoon drop in services. The two populations are very different based on the fact that those who come during the morning hours are typically those who have spent time in the single adult or family shelter, are not in school and do not have a job. Those who come for afternoon services starting at 3pm are typically those who have been occupied with work or school and are coming after hours for support.

The final phases, according to the 'homeless career theory' are when youth are homeless and unemployed. This is when a permanent break occurs as well as a youth dropping out of school. The permanent break signifies that the young person no longer thinks of him- or herself as belonging to the family unit, and that he or she is unlikely to return 'home' on a

continuing basis.<sup>10</sup> According to the services we have explored in Hennepin this group would typically be the youth who are spending time in single adult and family shelters.

During the interviews, program staff at Hope Street and YouthLink indicated that youth typically leave youth shelter for two reasons; young girls leave because they have an older boyfriend who is not allowed in youth shelters due to his age and other youth prefer adult shelters because they have less accountability and structure. Youth shelters are highly structured due to licensure from DHS. They are held accountable to care for the youth spending time in their shelters and ensuring that services are offered and utilized. In conjunction with the single adult and family shelters, the youth accessing services during morning hours at YouthLink would fall into the final phases of this theory due to their unemployment. Many teenagers who become immersed in the sub-culture will make the transition to chronicity, or chronic homelessness. This denotes the acceptance of homelessness as a 'way of life'. It is a biographical transition which takes place gradually, rather than a dramatic event.<sup>3</sup>

Transitional and supportive housing are services of The Bridge for Youth, Avenues, Hope Street and YouthLink. YouthLink alone has 143 units in three buildings; Nicollet Square, Barnabas, and Lindquist Apartments. While YouthLink feels the supports could be better bundled for those transitioning on their own, they are fortunate to have these housing units available to youth who have aged out of youth shelter and trying to become independent and self-sustaining. These transitional and supportive housing units can help youth battle chronic homelessness by ending the cycle.

## **Data Analysis and Methodology**

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<sup>10</sup>Chamberlain, Chris and MacKenzie, David. "Youth homelessness: four policy proposals," *Australian Housing and Urban Research Institute*, September 2004.

The variables used in the analyses were extracted from spreadsheets from Hennepin County staff. Data for individuals in each spreadsheet were matched by their MAXIS ID. Data sources included:

- 1. Adult Shelter & Family Shelter Use Data:** Shelter data included date of birth, identification of shelter that had been used, dates of service – serve from and serve to – and MAXIS ID of individual. Data was separated by three sections: adult shelter usage, family shelter usage, and HL voucher shelter usage.
- 2. Youth Contracted System Data:** Hennepin County merged information on the name and date of birth of youth receiving county funded homeless youth services with the MAXIS system to identify each youth’s MAXIS ID. They provided us with youth contracted system data including date of birth, year of use, shelter, housing, and other youth services – in/outreach, prevention, and drop-in – and MAXIS ID of individual. The data is separated by two sections – 9,393 observations of youth with a MAXIS ID and 5,113 observations without a MAXIS ID. Data without an ID were removed from the analysis since demographics, adult shelter usage, and other information about the individual could not be matched.
- 3. Adult/Youth Benefit Data:** Benefit data included three spreadsheets: data of all benefits, data of RSDI SSI, and demographics. The first spreadsheet included benefits received, date of benefit received, personal ID and MAXIS ID. The second spreadsheet included date of RSDI SSI received, personal ID and MAXIS ID. The third spreadsheet – demographic data – included gender, race, and ethnicity – Hispanic origin identification – and personal ID. Benefits and demographic data were stored in MAXIS code format. Since personal IDs were used for demographic data, these were matched with MAXIS ID using the IDs from the first and second spreadsheets.
- 4. Mental and Chemical Health Usage Matched to Shelter Clients Data:** Mental illness and chemical dependency (MICD) health usage data was contained in two spreadsheets: data of adult program use and data of youth program use. Each spreadsheet included date of birth, program usage – mental health or chemical health – year of usage, and MAXIS ID.
- 5. Adult/Youth Probation Data:** Hennepin County merged information on name and date of birth to the probation system to obtain information on each youth’s

probation history. They provided us with data in two spreadsheets on the probation history of adult shelter users, and the probation history of youth shelter users. Each spreadsheet includes date of birth, probation, and identification number, but it did not indicate when each individual got on probation.

### Data Management

First, each spreadsheet was divided by year of observation: 2009 to 2013. Since each variable needed to be summarized into the form of 0 and 1 – 0: no, and 1: yes – the variables in each spreadsheet were collapsed into single line by MAXIS ID. Through this step, it was possible to indicate whether the individuals had received the service, benefits, or other variables that we were interested in for the given year. Second, spreadsheets with the same year were merged into one data set in order to obtain each variable of interest for each individual in the given year.

Based on the data sets that had been created from the previous step, two finalized data sets were created. First, a data set was created by appending observations vertically and collapsing by MAXIS ID to observe service use, benefits received, and other variables of interest for each individual in given period, 2009 to 2013. The data set was used for analyses of all young adults in the sample. Second, a data set was created that was horizontally merged by MAXIS ID, with a separate variable included for each variable's observed year. The data set showed the service use and other variables of each year, which were used for the analyses that took time into account.

### Limitations of Analyses

The analysis was subject to several limitations. First, data only contained information on county-funded activities. For this reason, analysis excluded privately funded shelters, such as Hope Street shelter for homeless youth and the Mary's Place shelter for families. Second, the analysis excluded Bridge for Youth because Bridge for Youth serves youth age 10 to 17, and this

age group was not the focus of the analyses. Third, both the data on youth homeless services and on probation records does not include information on MAXIS ID. To obtain information on youth demographics and service use, Hennepin County matched the youth service and probation record data to the MAXIS data system by name and date of birth. For this reason, the data only included information on youth who were in the MAXIS data system. In addition, it is possible that there were incomplete or inaccurate matches based on differences in the way name and date of birth were stored in each system.

We identified some evidence of mismatching or missing demographic information. First, there were 221 observations that had different dates of birth with the same MAXIS ID. These observations were not included in the analysis. Second, there were 474 observations on youth that received homeless services which did not have information on date of birth because Hennepin County was unable to find a match for that youth in the MAXIS data system. These observations were also dropped since it was not possible to include information on these youth's demographic characteristics and service use. Third, we found 150 observations that had different demographic information, gender and race, for the same personal ID. Since it was still possible to define the age of each individual; demographic information for these observations were dropped from the two data sets.

### **Data Results: Total Sample**

Analyses were done for the entire sample to see major trends and differences in characteristics of recipients within the groups. Figure 1 shows the group divisions and possible intersections among youth in each program, and Table 1 shows the distribution of youth who had used these programs. Youth program is defined as youth shelters or supplemental services provided by organizations such as YouthLink.



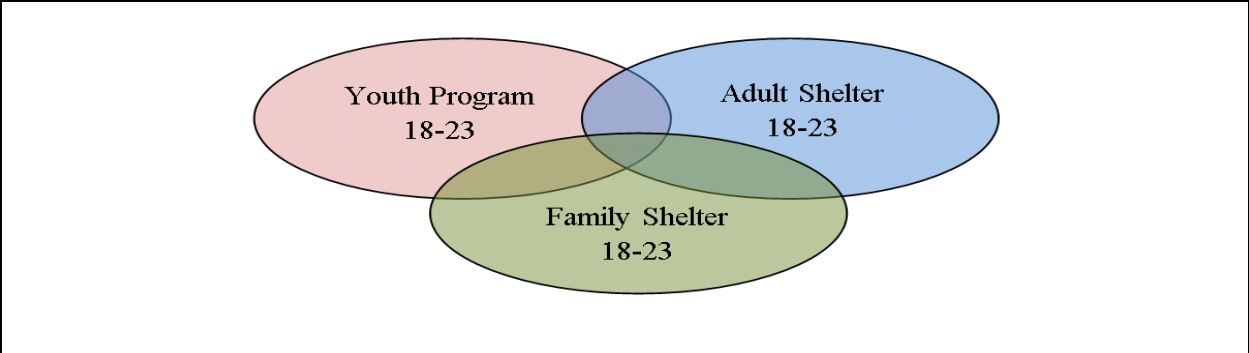


Figure 1. Groups by Different Program Use from 2009 to 2013

From Table 1, it is possible to observe that there are large numbers of individuals who only use adult or family shelter and who do not access youth programs. Of all youth accessing homeless services from 2009-2013, 44% used only youth services, 8% used a combination of youth and adult services, 4% used a combination of youth and family services, and 1% used youth, adult and family services. This left 42% of youth who accessed only adult services including 20% that used adult shelter, 21% that used family shelter, and 1% that used both family and adult shelter.

**Table 1: Distribution of Young Adults in Different Program Use Group (Youth who accessed a Hennepin County funded homeless service, 2009-2013)**

Group	Youth Program Only	Adult Shelter Only	Family Shelter Only	Youth & Adult	Adult & Family	Youth & Family	All Three Programs
Obs (%)	2,561 (44%)	1,175 (20%)	1,229 (21%)	489 (8%)	32 (1%)	253 (4%)	31 (1%)

**Gender:** It is possible to see three distinctive proportion of female in each group. First, over 95% of individuals in group Youth & Family and group Family Shelter Only are female. On the other hand, about 30% of individuals in groups Adult Shelter Only and Youth Program & Adult

Shelter Only are female. Finally, 58% of individuals in group Youth Program Only group is female, which is in-between the share for the adult and family groups.

**Race:** Table 2 shows that the majority of youth in all five groups is Black. This table also shows that the proportion of Blacks is significantly smaller in groups Adult Shelter Only (57%) and the Youth Program & Adult Shelter than other groups, having the proportion over 75%.

**Mental Health:** Table 2 shows that the proportion of individuals who had got a mental health (MH) service is significantly larger for groups Youth Program & Adult Shelter and Youth Program & Family Shelter. Over 50% of these two groups accessed MH services during the period 2009 to 2013, compared to 27% to 36% for the other three groups.

**Chemical Dependency:** Table 2 shows that that the proportion of individuals who had got a chemical dependency (CD) service is significantly larger for group Youth Program & Adult Shelter. About 40% of individuals in this group used a CD service during the period from 2009 to 2013, compared to 12% to 26% for the other three groups.

**Probation:** A small share of youth in the sample had a probation record. Only 7% of individuals in group Youth Services and Shelter Only and 9% of individuals in group Youth Program & Adult Shelter had a probation record, while there were no individuals with a probation record in groups Adult Shelter Only and Family Shelter Only. We do not know whether this reflects a low rate of probation among homeless youth or whether it reflects imprecision in the matching process.

**Table 2: Demographics and Characteristics by System****(Youth who accessed a Hennepin County funded homeless service from 2009-2013)**

	<b>Youth Services &amp; Shelter Only</b>	<b>Adult Shelter Only</b>	<b>Youth Program &amp; Adult Shelter</b>	<b>Youth Program &amp; Family Shelter</b>	<b>Family Shelter Only</b>
<b>Female</b>	58%	30%	34%	96%	99%
<b>Obs</b>	2,552	663	487	272	1,138
<b>White</b>	15%	34%	25%	10%	9%
<b>Black</b>	76%	57%	66%	80%	76%
<b>Native</b>	4%	6%	4%	6%	6%
<b>Mixed</b>	3%	3%	4%	4%	3%
<b>Asian</b>	1%	0%	0%	0%	0%
<b>Obs</b>	2,526	656	479	284	1,261
<b>MH</b>	33%	36%	60%	51%	27%
<b>CD</b>	15%	23%	39%	26%	12%
<b>Probation</b>	7%	0%	9%	4%	0%
<b>Obs</b>	2,561	1,175	489	284	1,261
<b>Total Obs</b>	2,561	1,175	489	284	1,261

\*Youth and Family also includes the group of individuals who used all three shelters

\*Family also includes the group of individuals who used both adult shelter and family shelter

\* Significance of the numbers from all five groups was tested using Fisher’s exact test, and all were significant under 95% significance level.

Youth-related services – in/outreach, prevention, drop-in, shelter and housing – had been provided to the individuals, and they were found from three groups: Youth Program Only, Youth Program & Adult Shelter, and Youth Program & Family Shelter. Table 3 shows the

percentage of individual in each group who had received such services in the period from 2009 to 2013.

**Table 3: Service Use by System Total Sample  
(Youth who accessed a Hennepin County funded homeless service from 2009-2013)**

Type of Service	Youth	Youth & Adult	Youth & Family
In/Outreach	3%	18%	4%
Prevention	7%	3%	5%
Drop-in	85%	86%	94%
Youth Shelter	15%	15%	11%
Adult Shelter	0%	100%	11%
Family Shelter	0%	0%	100%
Observations	2,561	489	284

\*Youth and Family also includes the group of individuals who used all three shelters

\*Family also includes the group of individuals who used both adult shelter and family shelter?

\* Significance of the numbers from all five groups was tested using Fisher’s exact test, and all were significant under 95% significance level.

**Drop-in:** Table 3 shows that the service with the largest proportion is drop-in services: 85% - 96% of youth in these three groups received a drop-in service.

**Outreach:** The proportion of recipients of in/outreach is relatively larger for group Youth Program & Adult Shelter (18%), which is about 4 to 6 times greater than other two groups.

**Youth Shelter:** 15% of individuals in group Youth Program Only had used youth shelter. Since youth shelter includes both shelter and housing, this result means that 85% of individuals in this group had not used housing from youth program.

It is important to investigate who are more disadvantaged within the youth. Therefore, sample population had been divided into four groups, with some intersections between them,

in terms of which program or shelter each individual had used, to compare the demographic information, MH, CD, and probation record of each group. Table 4 shows this information.

**Table 4: Demographics and Characteristics, by Receipt Housing Services  
(Youth who accessed a Hennepin County funded homeless service from 2009-2013)**

	Only Services (No Housing)	Any Youth Housing	Any Adult Shelter	Any Family Shelter
<b>Female</b>	70%	58%	35%	98%
<b>Obs</b>	2,165	490	1,209	1,410
<b>White</b>	14%	21%	30%	10%
<b>Black</b>	77%	72%	61%	81%
<b>Native</b>	4%	3%	5%	6%
<b>Mixed</b>	3%	3%	3%	3%
<b>Asian</b>	1%	1%	0%	0%
<b>Obs</b>	2,145	482	1,198	1,471
<b>MH</b>	30%	50%	44%	32%
<b>CD</b>	14%	25%	28%	15%
<b>Probation</b>	7%	7%	3%	1%
<b>Obs</b>	2,171	494	1,727	1,545
<b>Total Obs</b>	2,171	494	1,727	1,545

\*Since groups are divided by “any shelter type usage,” each group has intersecting observations.

\* Significance of the numbers from all five groups was tested using Fisher’s exact test, and all were significant under 95% significance level.

**Gender:** As in Table 2, Table 4 demonstrates that there were a high proportion of female recipients in group Any Family Shelter, low proportion of female recipients in group Any Adult

Shelter, and Youth Program are in between. 70% of individuals who used non-housing services were female.

**Race:** As in Table 2, the majority of youth in all four groups were Black. In addition, there was a relatively larger proportion of White among youth who accessed adult shelter.

**Mental Health:** Table 4 shows that individuals in youth or in adult shelters were more likely to have received mental health services. 50% of youth in youth shelter or housing and 44% of youth in adult shelter received a mental health service, compared to 30% to 32% of other youth.

**Chemical Dependency:** It is possible to observe the similar trend with mental health: youth who used youth housing or adult shelter services were more likely to receive a chemical dependency service. As shown, 25% to 28% of youth who received any youth housing or any adult shelter used a chemical dependency service compared to 14% to 15% of other youth.

**Probation:** Both the youth service only and the any youth housing groups had higher rates of probation than the other groups. However, as noted above, it is possible that these estimates reflect incomplete matching between the MAXIS and probation records system. Thus, there may be a higher proportion of youth in each group who has a probation record.

Table 5 shows the percentage of individuals from each group who got youth-related service. From this table, it is possible to compare the housing and non-housing service use of each group.

**Table 5: Youth Services by Receipt of Housing  
(Youth who accessed a Hennepin County funded homeless service from 2009-2013)**

	Only Services (No Housing)	Any Youth Housing	Any Adult Housing	Any Family Housing
<b>Outreach</b>	3%	2%	5%	1%
<b>Prevention</b>	8%	3%	1%	1%
<b>Drop-in</b>	92%	50%	26%	17%
<b>Youth Shelter</b>	0%	100%	5%	2%
<b>Adult Shelter</b>	0%	16%	100%	4%
<b>Family Shelter</b>	0%	6%	4%	100%
<b>Observations</b>	2,171	494	1,727	1,545

\*Since groups are divided by “any shelter type usage,” each group has intersecting observations.

\*Significance of the numbers from all five groups was tested using Fisher’s exact test, and all were significant under 95% significance level.

A majority of youth who had used either adult shelter or family shelter did not access youth-related services compared to groups No Housing and Any Youth Program. Compared to group No Housing, percentage of drop-in users in group Any Youth Housing is about half – 50% for group Any Youth Housing while 92% for No Housing – and half to one third for other services. On the other hand, percentages of other shelter use of group Any Youth Housing (adult shelter and family shelter) are relatively larger – 16% had used adult shelter and 6% had used family shelter – than the other two housing groups: Any Adult Housing and Any Family Housing.

**Intensity Analysis**

To examine the characteristics of youth who use homeless services intensively, we created three cohorts of youth who first received a youth service in 2009, 2010, or 2011 and we followed each cohort for three years. The sample was restricted to youth who were age 18-21

in the year they first entered each cohort to ensure that they were eligible for youth services during the entire three year observation window. Table 6 shows the ages of youth in each cohort and the years for which we measure service use. We used this data to analyze the characteristics of youth by costs of services and by the number of years of service use. We also examined the extent to which youth access welfare, mental health, and chemical dependency services before and after their first year of homeless services.

**Table 6: Cohort Groups for Intensity Analysis**

2009	2010	2011	2012	2013
				18
			18	19
		18	19	20
	18	19	20	21
18	19	20	21	22
19	20	21	22	23
20	21	22	23	24
21	22	23		
22	23			
23				

Table 7 shows the number of youth in each program type and the share of users that used one, two, or three years of services. In the entire subsample, about half of young adults used only one year of services, compared to a little less than a third that used two years, and a little less than a quarter that used three of three years of services.



**Table 7: Number of Years of Services by Program Type  
(Cohort of youth age 18-21 who first accessed homeless services in 2009-2011)**

	1 Year	2 Years	3 Years
<b>Youth, Adult, and Family Services (n=2,861)</b>			
%	51%	28%	22%
<b>Youth Services (n=1,913)</b>			
%	46%	29%	25%
<b>Adult Service (n=660)</b>			
%	67%	20%	13%
<b>Family Service (n=635)</b>			
%	65%	26%	9%

\*Note: Youth, Adult, and Family services overlap

*Intensity Analysis for Youth Accessing Youth Homeless Services*

To determine whether there was a difference in characteristics between youth who used high and low cost services, we separated the sample into three groups. The first group includes youth who received any youth service within the three-year observation window, the second group includes youth who received a high cost service (housing and shelter) and the third group includes youth who received a low cost service (drop-in, outreach, and prevention).

Table 8 shows how the number of years of service use varies based on cost of services used. The total size of the youth sample for all three cohorts is 1,913. Of all participants, 295 used high cost services and 1,813 participants used low cost services. Among all youth, 46% received only one year of services, 29% received 2 years and 25% received 3 years of service. Of youth who received a high cost service, 22% received only one year of services, 36% received 2 years and 42% received 3 years of service. Of youth who used a low cost service, 46% received only one year of services, 29% received 2 years and 25% received 3 years of service.

**Table 8: Number of Years in Youth Program by Cost of Service  
(Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

	1 Year	2 Years	3 Years
<b>Any Youth Services (n=1,913)</b>			
<b>N</b>	889	551	473
<b>%</b>	46%	29%	25%
<b>High Cost Services (n=295)</b>			
<b>N</b>	66	106	123
<b>%</b>	22%	36%	42%
<b>Low Cost Services (n=1,813)</b>			
<b>N</b>	829	520	464
<b>%</b>	46%	29%	25%

\*Note: High Cost and Low Cost service groups overlap

\*High Cost = housing and shelter services; Low Cost = prevention, outreach, and drop-in services

We examined how youth who used high and low cost services differed based on demographic characteristics, probation history, and health service use. Probation history indicates whether the young adult ever had a probation case. Health services are broken down into mental health and chemical dependency services and the observation period was whether they received a health service during the two years following their first year of youth homeless service use. We also tested whether there was a statistically significant difference in the characteristics of high and low cost users.

Table 9 shows no statistical difference between high and low cost users for race, gender, and probation history. Youth who used high cost services are younger than youth who used low cost services. An overwhelming and statistically significant 49% of high cost users were 18 years old while only 31% of low cost users were 18. High cost service users were much more likely to

use mental health services than low cost services users and is statistically significant at a 5% confidence level. About 49% of high cost participants used mental health services compared to 39% of low cost users. Participants who had a chemical dependency visit made up about 18% of total participants, 25% of high cost participants, and 19% of low cost participants. The difference in CD use among high cost and low cost service users was close to statistical significance at a confidence level of 5%.

Overall, this analysis revealed that high cost users are far younger and use more health services than low cost service users who were older and used few health services. There were no difference by race and gender.

**Table 9: Share of Youth Program Users by Cost of Services and by Characteristics  
(Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

	All Services		High Cost		Low Cost	
Age (n=1,913)	N	%	N	%	N	%
<b>18</b>	621	32%	146	49%**	563	31%**
<b>19</b>	524	27%	67	23%	516	28%
<b>20</b>	500	26%	60	20%*	478	26%*
<b>21</b>	268	14%	22	7%	256	14%
<b>Race (n=1,909)</b>						
<b>White</b>	265	14%	45	15%	249	14%
<b>Black</b>	1465	77%	218	75%	1401	77%
<b>Mixed</b>	137	7%	18	6%	128	7%
<b>Gender (n=1,900)</b>						
<b>Male</b>	798	42%	120	41%	756	42%
<b>Female</b>	1102	58%	172	59%	1045	58%
<b>Probation (n=1,913)</b>						
<b>No</b>	1856	97%	286	97%	1759	97%
<b>Yes</b>	57	3%	9	3%	54	3%
<b>Mental Health Services (n=1,913)</b>						
<b>0</b>	1175	61%	151	51%**	1112	61%**
<b>1</b>	738	39%	144	49%**	701	39%**
<b>Chemical Dependency Services (n=1,913)</b>						
<b>0</b>	1561	82%	223	76%*	1475	81%*
<b>1</b>	352	18%	72	24%*	338	19%*

\*Note: High Cost and Low Cost services overlap. High Cost = housing and shelter services; Low Cost = prevention, outreach, and drop-in services

\*\* Significantly different than total services year at a 5% confidence level

In Table 10, we looked at the differences between youth who used any youth service in one year, two years and three years during the three-year measurement period. Almost half of the youth in the three cohorts used only 1 year of service, followed by about a quarter using 2 and 3 years of service, respectively. We examined whether the number of years of service use differed by demographic characteristics. Table 10 shows there was no significant differences in the number of years of service use by race. However, the difference in years of service use for men and women was close to statistical significance. This comparison indicated that 28% of men used three years of services compared to 22% of women.

People with mental health and chemical dependency use had more youth service use. About 40% of mental health service users and 46% of chemical dependency service users also used three years of youth services compared to 25% of the entire sample. Probation users tend to have used two or more years of services and were unlikely to use one year of service. It is also worth noting that there were only 57 youth with a history of probation in our cohorts.

**Table 10: Share of Youth Program Users by Years of Service and Characteristics  
(Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

	1 Year	2 Years	3 Years	Total	N
<b>Total</b>	46%	29%	25%	100%	1,913
<b>Race</b>					
<b>White</b>	50%*	26%	25%	100%	265
<b>Black</b>	46%	29%	25%	100%	1,465
<b>Mixed</b>	47%	25%	28%	100%	137
<b>Age</b>					
<b>18</b>	46%	28%	26%	100%	621
<b>19</b>	41%**	30%	29%*	100%	524
<b>20</b>	50%*	28%	22%*	100%	500
<b>21</b>	53%**	31%	16%**	100%	268
<b>Gender</b>					
<b>Female</b>	49%*	29%	22%*	100%	1,102
<b>Male</b>	43%*	29%	28%*	100%	798
<b>Probation</b>					
<b>0</b>	48%*	28%	24%	100%	1,856
<b>1</b>	4%**	47%*	49%**	100%	57
<b>Mental Health Services</b>					
<b>0</b>	58%**	27%*	15%**	100%	1,175
<b>1</b>	29%**	31%*	40%**	100%	738
<b>Chemical Dependency Services</b>					
<b>0</b>	52%**	29%	20%**	100%	1,561
<b>1</b>	24%**	30%	46%**	100%	352

\* Nearly significant at 5% confidence level.

\*\* Significantly different than total service year at a 5% confidence level

Intensity Analysis for Youth Accessing Adult Shelter

In this section, we examined whether characteristics of youth who accessed adult shelter differed by the intensity of their use of adult shelter services. Our first measure of intensity of use was based on the total number of days in shelter. We define the high cost group to be youth who had more than 14 days of adult shelter use in the three year observation use, while low cost group had 1 to 14 days of adult shelter use during their three year observation window. This cutoff was based on a tabulation of total adult shelter days, which showed that 22% of the sample had 14 or more days of adult shelter use in the three year observation window.

Table 11 shows how the number of years of adult shelter use varied for the high and low cost groups. As shown, the sample includes 660 youth who entered adult shelter in 2009 to 2011. Of these, 145 participants were in the high cost group which meant they used more than 14 days of adult shelter, while 515 participants used less than 14 days of adult shelter which meant they were in the low cost group. High cost service users were much more likely to return to shelter in a subsequent year than low cost users. While 80% of the low cost group did not return to shelter in the next two years, 82% of the high cost users used shelter services in at least two years of the three year observation window.

**Table 11: Number of Years of Adult Shelter by Cost of Services  
(Cohort of youth age 18-21 who first accessed an adult shelter in 2009-2011)**

<b>Shelter Use (n=660)</b>	<b>1 Year</b>	<b>2 Years</b>	<b>3 Years</b>
<b>N</b>	440	135	85
<b>%</b>	67%	20%	13%
<b>High Use Service (n=145)</b>	<b>1 year</b>	<b>2 years</b>	<b>3 years</b>
<b>N</b>	26	56	63
<b>%</b>	18%	39%	43%
<b>Low Use Service (n=515)</b>	<b>1 year</b>	<b>2 years</b>	<b>3 years</b>
<b>N</b>	414	79	22
<b>%</b>	80%	15%	4%

We examined how high and low cost adult shelter users differed based on demographic characteristics and health service use. We did not include probation data because a small number of youth in the adult shelter system were on probation. We also tested for whether there was a statistically significant difference in characteristics and health service use between high and low cost users.

**Age:** High cost users were younger than low cost users. 25% of high cost users were age 18 compared to 10% of low cost users.

**Race and Gender:** A larger proportion of women were high cost than low cost users: 45% of youth in the high cost use group were women compared to 37% in the low cost group. Blacks were less likely to be represented in the high cost group: 62% of high cost users were Black compared to 73% of the low-cost group.

**Mental Health and Chemical Dependency Services:** Most youth had relatively low rates of mental health and chemical dependency services in the three years following entry into adult shelter. Among the high cost users, 14% received mental health services and 3% received chemical dependency service. Among the low cost users, only 5% receive mental health services and 1% received chemical dependency services.

Overall, youth who intensively used adult shelter services were far younger and used more health services than youth who used adult shelter less intensively.



**Table 12: Number of Years in Adult Shelter by Cost of Service  
(Cohort of youth age 18-21 who first accessed an adult shelter in 2009-2011)**

<b>Any Services</b>	<b>All Services</b>		<b>High Users</b>		<b>Low Users</b>	
<b>Age (n=660)</b>	N	%	N	%	N	%
<b>18</b>	88	13%	36	25%	52	10%
<b>19</b>	158	24%	24	17%	134	26%
<b>20</b>	213	31%	48	33%*	165	32%
<b>21</b>	201	30%	36	25%	165	32%
<b>Race (n=660)</b>						
<b>White</b>	131	20%	44	30%	88	17%
<b>Black</b>	466	71%	90	62%**	376	73%**
<b>Mixed</b>	63	10%	12	8%	52	10%
<b>Total</b>	660	100%	145	100%	515	100%
<b>Gender (n=660)</b>						
<b>Female</b>	254	39%	65	45%	189	37%
<b>Male</b>	404	61%	80	55%	324	63%*
<b>Mental Health Services (n=660)</b>						
<b>0</b>	614	93%	125	86%**	489	95%**
<b>1</b>	46	7%	20	14%	26	5%
<b>Chemical Dependency Services (n=660)</b>						
<b>0</b>	651	99%	141	97%	510	99%
<b>1</b>	9	1%	4	3%	5	1%

\* Nearly significant

\*\* Significantly different than total services year at a 5% confidence level

In Table 13, the demographic characteristics and health service use of youth who accessed adult shelter differed by years of adult shelter use. As shown, Blacks are somewhat less likely to enter adult shelter for more than one year: 37% of Blacks used adult shelter for two or more years, compared to 41% of Whites. In addition, younger youth were more likely to use multiple years of adult shelter: 43% of youth age 18 used more than one year of shelter compared to 27% to 37% of youth age 19-21.

Use of mental health and chemical dependency services is highly correlated with years of shelter use. Over 50% of youth with a mental health or a chemical dependency service used

adult shelter for two or more years. In contrast, only 20% to 25% of youth with no mental health or chemical dependency service had more than one year of adult shelter use.

**Table 13: Share of Adult Shelter Users by Years of Service and by Characteristics (Cohort of youth age 18-21 who first accessed an adult shelter in 2009-2011)**

	1 Year	2 Years	3 Years	Total	N
<b>Total</b>	67%	20%	13%	100%	635
<b>Race</b>					
<b>White</b>	59%*	27%	14%	100%	145
<b>Black</b>	63%*	21%	16%	100%	289
<b>Mixed</b>	61%	9%*	30%**	100%	33
<b>Age and Gender</b>					
<b>18</b>	57%*	28%	15%	100%	68
<b>19</b>	73%	15%*	12%	100%	169
<b>20</b>	68%	22%	10%	100%	209
<b>21</b>	63%	21%	16%	100%	214
<b>Female</b>	69%	22%	9%*	100%	153
<b>Male</b>	58%**	22%	20%**	100%	319
<b>Mental Health Services</b>					
<b>0</b>	80%**	15%**	5%**	100%	377
<b>1</b>	49%**	29%**	22%**	100%	283
<b>Chemical Dependency Services</b>					
<b>0</b>	75%**	18%	7%**	100%	473
<b>1</b>	45%**	26%**	29%**	100%	187

\* Near significant difference than total services year at 5% confidence level

\*\*Significantly different than total services year at a 5% confidence level

*Intensity Analysis for Youth Accessing Family Shelter*

In this section we analyzed how characteristics of youth who enter family shelters vary by intensity of use of family shelters. The participants are divided into high cost users and low cost users based on their days of family shelter use. For this analysis, we defined high cost users as youth who used family shelter for more than 21 days and low cost users as youth who used shelter for 1-20 days during the three year observation period. As shown in Table 14, according

to this definition, 112 youth used high cost services and 523 youth used low cost services. In addition, high cost users are more likely to be two and three year users than low cost users.

**Table 14: Number of Years of Family Shelter Service of Youth by Cost of Services (Cohort of youth age 18-21 who first accessed a family shelter in 2009-2011)**

Shelter Use	1 Year	2 Years	3 Years	Total
N	413	166	56	635
%	65%	26%	9%	100%
<b>High Use Service</b>				
N	24	50	38	112
%	21%	45%	34%	100%
<b>Low Use Service</b>				
N	389	116	18	523
%	74%	22%	3%	100%

Table 15 shows how demographic characteristics and health service use varies for high cost and low cost users of family shelter services. We did not include information on probation because there was not a significant difference in probation use based on intensity of family shelter use.

**Age:** As in adult or youth shelters, use of family shelter decreased with age. Among high cost users, 38% were age 19 compared to 23% of low cost users. In addition, 20% of high cost family shelter users were age 21 compared to 38% of low cost users.

**Race and Gender:** Blacks were disproportionately represented among high cost users; 81% of high cost users were Black compared to 73% of low cost users. However, there is not a statistically significant difference in service use by gender. This may be because of the small number of males as head of household in family shelters.

**Mental Health Services:** A disproportionate share of youth with high family shelter use had mental health services. In the high cost group, 20% of youth accessed mental health services; while in the low cost group only 3% of youth accessed mental health services.

**Chemical Dependency Services:** Only 1% of youth in family shelters used chemical dependency services. There is not a significant difference in proportion of chemical dependency users among high cost users and low cost users of family shelter services.

Generally speaking, youth who use family shelter services intensively are more likely to be young, Black, and to have accessed mental health services.

**Table 15: Number of Years in Family Shelter by Cost of Service  
(Cohort of youth age 18-21 who first accessed a family shelter in 2009-2011)**

	All Services		High Use		Low Use	
Age (n=635)	N	%	N	%	N	%
<b>18</b>	70	11%	18	16%	52	10%
<b>19</b>	163	26%	41	38%**	122	23%
<b>20</b>	185	29%	33	27%	152	29%
<b>21</b>	222	35%	23	20%	199	38%*
<b>Race (n=629)</b>						
<b>White</b>	83	17%	64	12%	19	17%
<b>Black</b>	507	73%	425	81%	82	73%
<b>Mixed</b>	39	8%	30	6%	9	8%
<b>Total</b>	629	100%	519	100%	110	100%
<b>Gender (n=633)</b>						
<b>Male</b>	6	1%	1	1%	5	1%
<b>Female</b>	627	99%	111	99%	516	99%
<b>Mental Health Services (n=635)</b>						
<b>0</b>	525	83%	417	80%**	108	97%
<b>1</b>	110	17%	107	20%	3	3%
<b>Chemical Dependency Services (n=635)</b>						
<b>0</b>	630	99%	519	99%	111	100%
<b>1</b>	5	1%	4	1%	1	0%

\* Near significant difference than total services year at 5% confidence level

\*\*Significantly different than total services year at a 5% confidence level

In Table 16, we examined how the demographic characteristics and health service use of youth varied based on the number of years of family shelter use. As shown, 65% of family

shelter users stayed in family shelter for just one year, while one fifth stayed for two years, and about 9% of youth stayed for three years. There was not a statistically significant difference in years of family shelter use by gender or by race. The difference by age was close to statistical significance. The results show that 45% of youth age 18 stayed in family shelter for two or more years, compared to 32% to 36% of older youth. Families with mental health and chemical dependency use were more likely to have multiple years of family shelter use: 62% of families who used mental health services and 51% of families who used chemical dependency services had more than one year of family shelter use. This compares to the 35% of the total sample with more than one year of shelter use.

**Table 16: Share of Family Shelter Users by Years of Service and Characteristics  
(Cohort of youth age 18-21 who first accessed a family shelter in 2009-2011)**

	1	2	3	Total	N
<b>Total</b>	65%	26%	9%	100%	635
<b>Race</b>					
<b>White</b>	61%	27%	12%	100%	59
<b>Black</b>	64%	27%	9%	100%	492
<b>Mixed</b>	66%	25%	9%	100%	53
<b>Age</b>					
<b>18</b>	55%*	34%	10%	100%	67
<b>19</b>	66%	21%*	13%	100%	157
<b>20</b>	64%	28%	8%	100%	183
<b>21</b>	68%	25%	7%	100%	228
<b>Gender</b>					
<b>Female</b>	64%	28%	9%	100%	574
<b>Male</b>	83%	17%	0%	100%	6
<b>Mental Health Services</b>					
<b>0</b>	73%**	21%**	6%*	100%	433
<b>1</b>	48%**	38%**	14%**	100%	202
<b>Chemical Dependency Services</b>					
<b>0</b>	66%	25%	9%	100%	606
<b>1</b>	41%*	45%*	14%*	100%	29

## **Outcome Analysis for Youth Shelter Users**

We set up a pre and post analysis to see what services our cohort used one and two years before or after their first year of youth service. The categories we looked at were: public welfare programs, mental health and chemical dependency, and adult or family shelter services.

### **Outcomes for Youth Accessing Youth Homeless Services:**

Table 17 shows tabulations of use of public welfare programs for the cohort that accessed youth homeless services. The 'Any Pre' column represents the percentage of young adults that used public programs during the two years prior to their first year of youth services. The 'One of Two Years Post' column represents the percentage of young adults that used public programs during one of the two years after their first year of youth services. The 'Both of Two Years Post' column represents the percentage of young adults that used public programs during both of the two year after they first accessed youth homeless services. Finally, the 'Any Post' column represents the percentage of young adults that used public programs either their first or second year after their first year of youth homeless services.

No more than about 4% of youth used any public programs before using youth homeless services but as much as a quarter of participants used health care or food stamp services at least one year and almost half of participants received one of these services either one or two years post. There was a large decrease in emergency assistance and group residential use from year one post to year two post which means that not many participants used these two services for two consecutive years.

**Table 17: Youth Program Users with Public Program Use Before and After First Service Use (Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

Benefit Type	Any Pre	One of Two Years Post	Both of Two Years Post	Any Post
MFIP	1%	10%	5%	15%
General Assistance	1%	11%	7%	18%
Group Residential Housing	1%	12%	4%	16%
Emergency Assistance	1%	12%	1%	14%
Health Care	4%	28%	22%	50%
Food Stamps	3%	25%	19%	44%

Table 18 shows that only 2-4% of participants used mental health or chemical dependency services in the two years prior to accessing youth homeless services. However, 25% of youth used mental health services and 12% used chemical dependency services in the two years following their initial year of homeless youth services.

**Table 18: Health Service and Youth Program Users Before and After First Service Use (Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

(N=1,913)	Any Pre	One of Two Years Post	Both of Two Years Post	Any Post
Chemical Dependency	2%	9%	2%	12%
Mental Health	4%	18%	7%	25%

Table 19 presents information on the share of youth who entered an adult or family shelter in the two years following their initial use of youth homeless services. Of all youth who used youth services, 9% showed up in adult shelters in the following two years, while 6% showed up in family shelter.

**Table 19: Youth Program Users that Use Adult or Family Shelter After First Service Use  
(Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

(N=1,913)	One of Two Years Post	Both of Two Years Post	Either years
<b>Adult Shelter Use</b>	6%	3%	9%
<b>Family Shelter Use</b>	5%	1%	6%

*Outcomes for Youth Accessing Adult Shelters*

Table 20 presents information on the extent to which youth who enter adult shelters access public welfare programs during their two years prior and the two years following initial adult shelter use. As shown, no more than 5% to 6% of youth use public programs prior to entering adult shelter. Youth are much more likely to receive public program assistance in the two years after they entered the adult shelter. The two most frequently used public programs are health care and food stamps.

**Table 20: Adult Shelter Users by Public Program Use Before and After First Service Use  
(Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

Benefit Type	Any Pre	One of Two Years Post	Both of Two Years Post	Any Post
<b>MFIP</b>	1%	8%	3%	11%
<b>General Assistance</b>	3%	18%	10%	28%
<b>Group Residential Housing</b>	2%	20%	7%	27%
<b>Emergency Assistance</b>	1%	12%	1%	14%
<b>Health Care</b>	6%	22%	22%	44%
<b>Food Stamps</b>	5%	23%	20%	44%

Table 21 presents information on the share of youth entering adult shelter that use mental health or chemical dependency services in the two years before and after their initial adult shelter use. As shown, 8% to 13% of youth used chemical dependency or mental health services



prior to entering adult shelter. The percentage with chemical dependency or mental health service use doubled during the two years following adult shelter use, with 16% to 24% using either service.

**Table 21: Health Service and Adult Shelter Users Before and After First Service Use (Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

n=660	Any Pre	One of Two Years Post	Both of Two Years Post	Any Post
<b>Chemical Dependency</b>	8%	12%	4%	16%
<b>Mental Health</b>	13%	16%	8%	24%

*Outcomes for Youth Who Accessed Family Shelters*

Table 22 presents information for youth entering family shelters on the share that received public program during the two years before and the two years after their year of initial family shelter use. As shown, less than 10% of the family shelter users used any public programs during the two years prior to shelter entry, and family shelter users are much more likely to use public programs during the two years following the year of shelter entry. During the two years following shelter entry 39% of youth received MFIP payments and 24% received food stamp only payments. Since food stamps are automatically included in the MFIP grant, this would mean that 63% of youth in family shelters received food stamp in the two years following the year of shelter entry. In addition, 42% used health care, 29% used emergency assistance, and 20% used group residential housing in the two years following the year of shelter entry.

**Table 22: Family Shelter Users by Public Program Use Before and After First Service Use (Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

Benefits	Any Pre	One of Two Years Post	Both of Two Years Post	Any Post
MFIP	4%	27%	12%	39%
General Assistance	2%	2%	1%	3%
Group Residential Housing	1%	17%	3%	20%
Emergency Assistance	1%	25%	4%	29%
Health Care	8%	29%	13%	42%
Food Stamps	6%	20%	4%	24%

Table 23 shows use of mental health and chemical dependency services of youth who accessed family shelter during the two years before and after the first year of family shelter use. About 4% of youth used chemical dependency services and 9% used mental health services during the two years before they entered family shelter. This proportion increased substantially after shelter entry, with 7% of youth using chemical dependency services and 18% using mental health services in the two years following their first year of family shelter use.

**Table 23: Health Services Use by Youth in Family Shelter (Cohort of youth age 18-21 who first accessed youth homeless services in 2009-2011)**

	Any Pre	One of Two Years Post	Both of Two Years Post	Any Post
Chemical Dependency	4%	6%	1%	7%
Mental Health	9%	14%	3%	18%

**Capacity Analysis**

To determine the extent to which youth currently use the adult shelter or the family shelter system, we calculated the average number of days of shelter use per month and the number of people in shelters per month of youth of 18 to 23 from 2009 to 2013. Should

Hennepin County decide to provide segregated services for homeless youth, this analysis would provide an estimate of the number of youth that would need services.

Table 24 presents information on the average daily use of adult shelter by youth age 18 to 23 in each month from 2009 to 2013, while Table 25 presents information on the number of youth served in each month from 2009 to 2013. As shown, an average of 25 to 41 youth used adult shelter per day in each month in 2012 to 2013, while a total of 102 to 150 youth used adult shelter in each of these months. This would imply that on average, Hennepin County might need a minimum of 25 to 41 additional beds if it wanted to segregate adult shelter services for homeless youth. This number could be larger if youth do not access shelter services at uniform levels throughout the month.

**Table 24: Number of Days of Adult Shelter Use by Youth (18-23) per Month/30**

Year	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
<b>2009</b>	19	22	23	22	34	25	27	32	29	33	38	37
<b>2010</b>	34	33	36	36	43	37	34	37	36	35	35	28
<b>2011</b>	30	34	36	36	31	30	34	34	32	31	31	34
<b>2012</b>	41	35	40	39	29	25	27	36	35	31	30	38
<b>2013</b>	41	38	39	32	30	25	27	26	33	37	34	33

**Table 25: Number of Youth (18-23) in Adult Shelter per Month/30**

Year	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
<b>2009</b>	80	88	101	82	118	97	111	128	117	120	124	123
<b>2010</b>	104	107	122	121	122	124	120	130	128	119	125	111
<b>2011</b>	119	136	143	131	119	121	137	131	122	123	131	126
<b>2012</b>	127	115	139	135	112	107	104	133	133	125	118	138
<b>2013</b>	150	136	121	122	129	113	102	113	104	129	129	116

Table 26 presents information on the average daily use of family shelters by families headed by a youth age 18 to 23 in each month from 2009 to 2013, while Table 27 presents information on the number of families headed by a youth age 18 to 23 in family shelters in each month. These tables show that in each month from 2009 to 2013, family shelter served an

average of 35 to 76 families headed by a youth age 18-23 per day, while the number of families headed by a youth age 18-23 ranged from 70 to 113. This would imply that Hennepin County would need a minimum of between 35 to 76 units if it wanted to segregate family shelter services for families headed by homeless youth. This number could be larger if youth do not access shelter services at uniform levels throughout the month.

**Table 26: Number of Days of Adult Shelter Use by Youth (18-23) per Month/300**

Year	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
2009	41	42	56	48	45	39	43	51	59	67	60	42
2010	36	37	48	51	52	56	61	63	56	52	53	52
2011	52	44	45	43	38	39	41	57	64	54	48	49
2012	54	42	35	39	51	54	53	61	70	76	58	46
2013	58	56	52	50	59	61	58	65	58	61	50	52

**Table 27: Number of Youth (18-23) in Adult Shelter per Month/30**

Year	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
2009	87	72	87	81	78	75	85	93	103	105	88	71
2010	70	71	88	85	83	87	101	108	93	93	87	72
2011	76	74	70	76	84	69	77	96	100	91	88	86
2012	76	69	72	76	84	92	97	103	113	103	89	76
2013	84	79	82	88	97	100	97	103	103	99	86	79

**Conclusion and Recommendations**

Based on data analysis and comparison of populations among family, single and youth shelters, it was evident that a lack of intersection exists between the three systems. Table 1 shows that among all youth that accessed a homeless service from 2009-2013, 44% used youth only services, 20% used adult shelter, 21% used family shelter, and only 14% combined youth services with either adult or family shelter. Table 5 provides further breakdown of youth services received, for youth who entered shelter from 2009-2013. This table makes it clear that many youth who enter adult or family shelter do not access youth services. Only 26% of youth who entered adult shelter and 17% of youth who entered family shelters received drop-in

services, while 1% to 5% received prevention or outreach services. This suggests that it may be a good idea to provide additional outreach to youth in adult or family shelters to ensure all youth are aware of the intense support system available for their age group.

Our analysis of intensity use suggested that a sizeable proportion of youth access homeless services for more than one year. As shown in Table 7, about 25% of youth who used youth homeless services used three of three years of youth services, while 13% of youth who entered adult shelter and 9% of youth who entered family shelter entered shelter in three of three years. We found that repeat users of youth homeless services, family shelter, and adult shelter are younger with more mental health and chemical dependency services use. We also found in Table 9, that “high cost” youth shelter services are targeted towards younger youth who use mental health or chemical dependency services, which suggest that youth shelter services may be appropriately targeted towards youth with the highest risk of prolonged homelessness. Nevertheless, it may be a good idea to provide additional supportive services to these youth at highest risk of repeated use of homeless services.

Our analysis suggested that the majority of youth who accessed shelter services enter adult or family shelters rather than youth shelters. As shown in Table 5, of all youth who entered shelter in 2009-2013, 494 entered a youth shelter, 1727 entered an adult shelter, and 1545 entered a family shelter. We also found on average, Hennepin County might need a minimum of 25 to 41 additional beds if it wanted to segregate adult shelter services for homeless youth. This number could be larger if youth do not access shelter services at uniform levels within each month.

Finally, based on themes identified through youth, single adult and family shelter visits; three recommendations are provided.

1. Create new DHS license structure that would allow youth shelters to serve two distinct youth populations; those 10-17 and those 18-24. This would allow focused and age appropriate services based on the youth served in the setting.
2. Designate a shelter in Hennepin County for teen mothers under the age of 18. This would allow additional options for teen moms to remain with their newborn babies until a more permanent option can be located.
3. Ensure all services are “trauma aware”, no matter the age of the individual or location of the service. This will ensure successful transitions from youth to adult shelter, shelter to transitional housing, and finally transition to supportive and permanent housing.

**Appendix A**

<b>Table 1: Description of Homeless Youth Act Activities</b>	
Program Type	
Prevention	Activities of all homeless youth program providers contribute to prevention of ongoing homelessness for youth. Prevention activities include capacity and infrastructure building, family reunification, crisis counseling and transition services.
Street Outreach	Street outreach programs locate, build relationships with, and meet the immediate needs of homeless youth living on the streets or in temporary arrangements, while working to connect youth with a range of services, including housing.
Drop-in	Drop-in centers provide homeless youth with basic needs including meals, a safe place during the day, and supportive services to assist them in securing permanent housing. Drop-in centers provide walk-in access to crisis intervention and one-to-one case management services on a self-referral basis.
Shelter	Shelter programs provide youth with referral and walk-in access to emergency, short and medium-term residential care. These programs provide safe, dignified shelter, including private shower facilities, beds and meals; and assist youth with reunification with family or legal guardian when required or appropriate.
Supportive Housing	Supportive housing programs can be site-based (i. e. , all units located in one facility), or scattered-site (i. e. , units located in apartments in the community). Supportive housing programs assist youth in locating and maintaining safe, dignified housing. Programs may offer rental assistance and related supportive services, or refer youth to other organizations that provide such services. Programs may also assist youth in maintaining their current housing through homelessness prevention activities (e. g. , rent assistance, family counseling, etc. ).

**Appendix B**

Agency Name	Type of Service	Population	Services	Location	Hours of Operation
Avenues for Youth	Shelter  21 beds	Shelter and Transitional Housing with supportive services homeless youth ages 16 to 21.  This housing facility accepts ex-offenders reentering the general public population from a correctional facility.  First come, first serve. No waiting lists.	At Avenues, their goal is to provide a respectful environment that will support youth who are experiencing homelessness, with help in identifying and accomplishing your goals so that you can transition into a more stable and safe living situation.  Avenues will provide you with: * Basic needs of food, shelter, personal care supplies, bathroom and laundry facilities * Bus passes * Case Manager who helps youth set and pursue personal goals, including school, work, housing and independent living skills * Nursing and mental health care * 24-hour guidance and care by their staff of youth counselors * Social and recreation activities * Employment and education support * Transition and AfterCare Case Manager to help youth transition to and succeed in stable housing situations	1708 Oak Park Ave N, Minneapolis, MN, 55411 (612) 522-1690	Business Hours: 8:00am - 6:00pm, 7 days a week Shelter Open: 24 hours / day
Bridge for Youth	Homeless Youth Transitions Program	16 - 21 years old	Case management, short term and intermediate term shelter for homeless youth between the ages of 16 and 21, providing support and assistance in preparing for successful independent living.	1111 W 22nd St, Minneapolis, MN, 55405 (612) 377-8800	9:00am - 4:00pm, Monday – Friday  Shelter 24 hours/day
Bridge for Youth	HUD Funded Transitional Housing	16 - 20 years old.	The Transitions program is an innovative housing and support program for 16-17 year old youth who need extra time before reconnecting with family or transitioning to an alternative living space This housing facility accepts ex-offenders reentering the general public population from a correctional facility.	1111 W 22nd St, Minneapolis, MN, 55405 (612) 377-8800	9:00am - 4:00pm, Monday – Friday  Shelter 24 hours/day
Bridge for Youth	HUD Funded Emergency Shelter  14 beds	10 - 17 years	Offers a temporary shelter for youth who are in crisis.  Sometimes youth are not safe at home or a family simply needs a respite while they are working out problems. This therapeutic shelter program provides a safe, temporary time-out for youth and families experiencing serious conflicts.	1111 W 22nd St, Minneapolis, MN, 55405 (612) 377-8800	Shelter 24 hours/day



Agency Name	Type of Service	Population	Services	Location	Hours of Operation
Bridge for Youth	Counseling	Self-referral by youth and families, also referrals from agencies	<p>Uses a strengths-based counseling approach to help young people and families identify their strengths and develop self-confidence to increase their chances for success.</p> <p>Counsel adolescents and parents in seeking alternatives to the problem including:</p> <ul style="list-style-type: none"> <li>-Adolescent/youth counseling</li> <li>- Ongoing family therapy</li> <li>- Early intervention with physically and sexually abusive families with adolescents.</li> </ul>	1111 W 22nd St, Minneapolis, MN, 55405 (612) 377-8800	<p>Programs and services offered days and evenings;</p> <p>9:00am - 4:00pm, Monday – Friday</p> <p>Shelter 24 hours/day</p>
First Covenant Church w/Salvation Army	Adult Shelter	50 Men and Women-Adults	<p>For the fifth year, First Covenant is partnering with the Salvation Army to provide shelter to 50 men and women experiencing homelessness.</p> <p>The Salvation Army provides the staff, assigns the guests, and shares the cost of operations. First Covenant offers the space, food, and volunteers to cook and serve dinner and breakfast.</p>	First Covenant Church Fellowship Hall 810 S. 7TH STREET MINNEAPOLIS, MN 55415 612-332-8093	6pm-7am November 1-end of April
Higher Ground  Catholic Charities Secure Waiting (CC SW – Men)	Shelter	<p>Homeless adults who are sober.</p> <p>This housing facility accepts ex-offenders reentering the general public population from a correctional facility.</p>	<p>It is a secure waiting space which means you come in at 5:00 pm, must leave by 7:00 am and can't stay during the day.</p> <p>Higher Ground Shelter - free emergency homeless shelter - 171 spaces. Hennepin County social services, light dinner, breakfast, showers, some lockers.</p> <p>Higher Ground Shelter - Pay-for-Stay: Provides 80 emergency shelter beds for men. Lockers, meals and computer lab. \$7/night or \$42/week. Sobriety required Must have voucher from the county</p>	165 Glenwood Ave, Minneapolis, MN, 55405 (612) 204-8550	Hours 4:00 p. m. - 9:00 a. m.
Freeport/Project Solo  Freeport West-Minneapolis	Outreach	12-21 years old	<p>The Street &amp; Community Outreach Program provides services and resources to homeless, runaway, and at-risk youth who are 12 to 21 years old:</p> <ul style="list-style-type: none"> <li>- Emergency shelter</li> <li>- Transitional housing</li> <li>- Drop-in centers</li> <li>- Meal sites</li> <li>- Clothing</li> <li>- Human Immunodeficiency Virus (HIV) / Sexually Transmitted Disease (STD) prevention</li> <li>- Medical care</li> <li>- Mental health counseling</li> <li>- Alcohol and chemical dependency treatment</li> <li>- Employment opportunities</li> <li>- Educational programs</li> <li>- Life skills programs.</li> </ul> <p>NOT CURRENTLY OPERATING</p>	2222 Park Ave S, Minneapolis, MN, 55404 (612) 354-3345	Office: 8:00am - 5:00pm, Monday - Friday; program hours vary NOT CURRENTLY OPERATING

Agency Name	Type of Service	Population	Services	Location	Hours of Operation
Hope Street Shelter	Housing	Homeless Youth and young adults (16+) who were in foster care	<p>The Hope Street Permanent Supportive Housing Program assists youth 18 - 24 who are experiencing homelessness in securing permanent housing in the community and becoming self-sufficient. A case manager provides intensive case management, rental assistance, home visits, independent living skills training and educational counseling and referrals.</p> <p>Services:</p> <ul style="list-style-type: none"> <li>- Locating safe and stable housing</li> <li>- Advocacy</li> <li>- Intensive case management</li> <li>- Crisis counseling and support</li> <li>- Independent living skills training</li> <li>- Educational assistance</li> <li>- Employment assistance and maintenance.</li> </ul>	<p>1121 E 46th St, Minneapolis, MN, 55407</p> <p>(612) 204-8211</p>	
Hope Street Prevention Program	Outreach	No age requirement, but most youth referred by high schools are 16 to 20-years-old	<p>Hope Street Prevention</p> <p>Hope Street collaborates with Minneapolis Public Schools and northwest suburban schools to provide homelessness prevention services which identify youth at risk of homelessness and provides support services to those individuals. Case managers work with youth and their families.</p> <p>Program details:</p> <ul style="list-style-type: none"> <li>- No age requirement, but most youth referred by high schools are 16 to 20-years-old</li> <li>- Workers help prevent homelessness by assisting with rent subsidies, apartment search, landlord mediation, utility payments, eviction prevention, housing application fees and case management</li> <li>- Family reunification counseling and family mediation services are provided when applicable</li> </ul> <p>Program goals</p> <ul style="list-style-type: none"> <li>- The primary goal is for youth to continue with their educational goals (attending school, graduation, etc. ) despite being in a housing crisis</li> <li>- Family reunification</li> <li>- Youth and families are prevented from using shelters</li> <li>- Avoiding eviction.</li> </ul>	<p>1121 E 46th St, Minneapolis, MN, 55407</p> <p>(612) 204-8211</p>	

Agency Name	Type of Service	Population	Services	Location	Hours of Operation
People Serving People	Emergency Housing for Families	Families with children under the age of 18. Guests are screened and referred by Hennepin County.  99 emergency housing 10 permanent supportive apts	Short-term emergency housing provided to families experiencing homelessness. People Serving People (PSP)'s goal is to provide a safe place to stay and connect families with resources to help them on their path to self-sufficiency. These additional resources include advocacy services, educational programming for children aged 6 weeks to 5 years, tutoring and activities for school aged children, employment services, and a technology resource center.  This housing facility accepts ex-offenders reentering the general public population from a correctional facility.	614 3rd St S, Minneapolis, MN, 55415 (612) 332-4500	Adults: \$39. 49/night - Children: \$26. 71/night * Subject to change per Hennepin County?
River of Life Church w/St Stephens Human Services	Temporary Shelter	50 Single Adult Men	The River of Life winter shelter is a non-sober shelter that operates in North Minneapolis to serve the overflow needs of the community and Hennepin County.  Staff will play a part in assisting clients locate housing, employment, medical and other basic needs while they stay at our shelter.  River of Life is not a sober shelter. Individuals may come in under the influence but may not use on the property. If they are caught they will be asked to leave.	2200 Fremont Avenue North, Minneapolis,  Shelter Phones: <b>612-217-3824</b> and <b>612-217-3860</b>	November-April  <u>Doors open:</u> Monday-Friday at 5:30pm Saturday-Sunday at 4pm Check in <b>deadline is 8pm</b> , when new beds are assigned.
Salvation Army-Harbor Light-Secure Waiting-Safe Bay	Shelter	260 Single Men  30 day resident of Hennepin County	Homeless men only must be 30 day HC resident  Secure free overnight shelter for adult men, available on a first come, first served basis. A free hot meal is served at 6:00 pm and warm showers are available.  SW-HL Chapel –Men is the secure waiting space for men at Harbor Light. It is also called Safe Bay. When Safe Bay is full, people sleep in the chapel.	1010 Currie Ave Minneapolis (612) 338-0113 Ext: 3153	5PM – 7:30am
Salvation Army-Sally's Place-Harbor Light	Shelter	100 Single Women  30 day resident of Hennepin County	Homeless adults including special needs unit for disabled Hennepin Intake to get voucher  Secure shelter and breakfast to single homeless women, available on 'first come, first served' basis.	1010 Currie Ave Minneapolis  (612) 338-0113	It is a secure waiting space which means you come in at 5:00 pm, must leave by 7:00 am and can't stay during the day.

Agency Name	Type of Service	Population	Services	Location	Hours of Operation
St Anne's Place	Housing	Women 18 and older who are in need of a supportive atmosphere and are willing to participate in community living	<p>Located in the former convent of Ascension Church, Ascension Place houses up to thirty-two women in transition. Many of the women who have histories of abuse, homelessness, mental illness and chemical dependency.</p> <p>The programs at Ascension Place are geared towards helping residents become as self-sufficient as their circumstances allow, through case management, support groups, education, and activities.</p> <p>Support Provided by Ascension Place:</p> <ul style="list-style-type: none"> <li>- Case management</li> <li>- 24-hour staff coverage</li> <li>- Private bedrooms</li> <li>- Registered nurse on staff</li> <li>- Three meals provided daily</li> <li>- Chemical health group</li> <li>- Numerous support groups</li> <li>- Physical, educational, and artistic activities and outings</li> <li>- Family room for visits with children</li> </ul>	<p>2634 Russell Ave N, Minneapolis, MN, 55411</p> <p>(612) 521-2128</p>	
YouthLink-Project Offstreets	Outreach	<p>Must be homeless and under age 20 for drop in center</p> <p>Help for young people between the ages of 18 - 23 who are accessing adult shelters is available from 9:00am - 2:00pm; and are for the purpose of connecting them to services.</p>	<p>YouthLink's Drop-In Center, also known as Project Offstreets, is a safe place youth can visit when there's nowhere else to turn. It's a one-stop shop of sorts for homeless youth that offers basic health care needs, long-term housing referrals and help finding a job all under one roof.</p> <p>More specifically, during your visit to the Drop-In Center, you will have access to:</p> <ul style="list-style-type: none"> <li>- Help obtaining your social security card, state ID's, birth certificates, etc.</li> <li>- Shower, access laundry facilities</li> <li>- Personal hygiene products and clean clothes</li> <li>- Safe and secure lockers</li> <li>- Sound and trusted legal advice</li> <li>- Reliable on-site medical clinic services</li> <li>- A caring, trusting adult you can talk to</li> </ul> <p>The Drop-In Center is a place for youth to call home as they move past their immediate survival needs and realize their full, individual potential.</p>	<p>41 N 12th St, Minneapolis, MN, 55403</p> <p>(612) 252-1200</p>	<p>9:00am - 8:00pm, Monday - Friday; drop-in is open 3:00pm - 8:00pm, Monday - Friday.</p> <p>Drop in center hours for youth 18-23 currently staying in adult shelters: 9:00am - 12:00pm, Monday - Friday;</p> <p>Drop in center hours for youth 16-21 3:00pm - 8:00pm.</p>
YouthLink: Archdale Apartments	Housing	Homeless youth.	<p>In total, YouthLink provides social service support to 76 one-bedroom and studio apartments within its Archdale and St. Barnabas locations.</p> <p>These housing facilities accept ex-offenders reentering the general public population from a correctional facility.</p>	<p>1600 1st Ave S, Minneapolis, MN, 55403</p> <p>(612) 253-1460</p>	

Agency Name	Type of Service	Population	Services	Location	Hours of Operation
YouthLink: Lindquist Apartments-Nicollet Square	Housing	Homeless youth.	Nicollet Square offers 42 furnished studio apartments to homeless youth with private bathrooms and kitchenettes. What's more, Nicollet Square residents will have an opportunity to secure that first job right in the building as the facility will also feature retail businesses like a coffee shops, bakeries and restaurants. These housing facilities accept ex-offenders reentering the general public population from a correctional facility.	3710 Nicollet Ave, Minneapolis, MN, 55409  (612) 823-0122	
YouthLink-St Barnabas Apartments	Housing	Homeless youth.	In total, YouthLink provides social service support to 76 one-bedroom and studio apartments within its Archdale and St. Barnabas locations. These housing facilities accept ex-offenders reentering the general public population from a correctional facility.	906 S 7th St, Minneapolis, MN, 55415  (612) 253-0630	
YMCA POINT Northwest	Prevention/Counseling	10-21 years old and their families	A 24-hour crisis intervention and mediation program for young people in Hennepin County age 10-21 (and their families) who are on the run or thinking of running away, are homeless or precariously housed, or are transitioning out of foster care, group home, or correctional facility.		
YMCA Youth Intervention Services	Prevention/Counseling	10 - 20 years old	Youth Intervention Services provides free services to youth from northwestern Hennepin County who are thinking of running away, have run away, or are homeless.  Youth Intervention Services staff works closely with local schools, police, and other community agencies. Through this program youth, along with their families, are provided with crisis intervention, mediation, reunification, and referral.  When appropriate, an emergency host home placement can be made or, if necessary, referral to other short-term shelter for youth and a transitional living program are also available	1711 W Broadway Ave, Minneapolis, MN, 55411 (612) 588-9484	Staff members are available to youth and families 24 hours a day, 7 days a week
YMCA NW New Hope	HUD Funded Emergency Shelter		Offers support for youth through outreach, community-based intervention, education, shelter services and transitional housing	7601 42nd Ave N, New Hope, MN, 55427 (763) 535-4800	5:00am - 10:00pm, Monday - Friday; 6:00am - 9:00pm, Saturday - Sunday