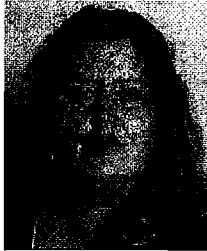


## Time for change

Homeless shelters no substitute for local health services.

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By Denise Giles

Homeless shelters are not the best option for people with chronic and severe medical conditions, serious mental illness, delirium tremors from alcoholism, or withdrawal from methamphetamine, crack, heroin and other drugs.

Traditional shelters do not, nor can they, afford to convert their cots to treatment beds; their volunteers and minimal staff into physicians, nurses and psychiatrists; their food pantries into pharmacies; or their day centers into emergency rooms.

The homeless shelter system should not be a dumping ground for people whose communities do not have appropriate mental and physical health programs or effective discharge planning processes from public facilities and the state Department of Corrections.

Shelter directors across the state share their stories of nurses, case managers, social workers and others calling from hospitals, social services, prisons and mental health facilities seeking to place their patients and clients in homeless shelters.

They often need that placement within 24 hours, knowing that most homeless shelters have waiting lists.

Homeless providers share their concerns about those who arrive, sometimes by one-way bus tickets, without a call, appearing to have been discharged directly to the street.

If we do not focus our attention on the fact that multiple government agencies and local communities are failing in their responsibilities to persons to whom they have an obligation, we will continue to see rising numbers of persons suffering from a lack of services labeled as chronically homeless, and pouring into our homeless shelter system.

Communities should consider who is actually responsible to serve those deemed "chronically homeless," and demand that those institutions come forward and reduce the stress on an already overburdened homeless shelter system.

Change is necessary, but if we leave it to others to plan, and we fail to require our government entities and local leadership to actively participate, examine internal system challenges and restructure current agency services and funding streams, I fear our 10-year planning efforts to end homelessness will produce an impotent strategy without clear and committed resources to truly address problems in the current system.

Our homeless shelter system should certainly be a part of the continuum of care for persons experiencing homelessness, but should not be considered substitutes for necessary medical and mental health programs needed in communities.

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