

Working to End Homelessness



Community Services Initiatives

Mission:

Community Services Initiatives' mission is to provide an integrated process for ongoing planning and implementation for human services in our community.

"There is a lot that happens around the world we cannot control. We cannot stop earthquakes, we cannot prevent droughts, and we cannot prevent all conflict, but when we know where the hungry, the homeless and the sick exist, then we can help."

--Jan Schakowsky

Is this the approach that we, as a community, want to take? Do we want to accept that there always has been and always will be homeless people in our community? If it is, then we will continue to look the other way. If not, then we must make a commitment to do something that will make a difference in thousands of lives.

In order to do this, we first need to know who the people are that are living in homeless conditions. We must also look at the circumstances, barriers, and/or choices that have been entangled with those living in homelessness. And finally, as a community, we have to make the choice to say no one in Lincoln should be homeless.

The intention of this report is to recognize what homelessness is, who may be impacted by necessary interventions, and what needs to be done to make an impact on current conditions.

Homelessness in Lincoln has many faces.

Homelessness impacts children and adults. It can be something that lasts a long time or something which can be resolved quickly. One single unexpected event, or a long process of small problems, can set things in motion for your neighbor, your friend or co-worker, or even yourself, to become homeless.

The myriad causes of homelessness and the complexity of each individual's experience create an interesting challenge in addressing homelessness. Each person who experiences homelessness has their own unique story.

This report on homelessness in Lincoln will share some of those stories: from a woman who suddenly lost her job to a youth who lost his way; from one woman's struggle to escape the horrors of domestic violence to another woman's fight to recover from addiction and regain her mental health.

Homelessness in Lincoln is too common.

- In January 2008, on a given day, 764 individuals were homeless.
- The number of homeless individuals (both sheltered and unsheltered) was 1,311 in the first week of September 2008. Children 18 and under accounted for 32percent of the homeless.
- During a two-year period, there were at least 4,749 individuals in Lincoln who experienced homelessness.

Homelessness in Lincoln can be solved with the help of the entire community.

The partnership between Community Services Initiatives (CSI), the Lincoln/Lancaster County Homeless Coalition, and the University of Nebraska-Lincoln Center on Children, Families, and the Law (UNL-CCFL) has resulted in the stories, data, and solutions included in this report. This is an initial step for our community to move toward a more responsive and comprehensive system to help our neighbors.

Homelessness will not end with the efforts of just a few. This report is only a start. It is going to take a shared community vision that having even one person identified as homeless, is too many.

"We have come dangerously close to accepting the homeless situation as a problem that we just can't solve."

-- Aloha Kishinami

In this report, individuals (who's names have been changed) courageously share their unique stories of their experience in homelessness. Whether dealing with issues related to poverty, a lack of support from family, domestic violence, or managing behavioral health needs, it demonstrates that people can fall into homelessness even with the best of intentions and efforts.

Homelessness in Lancaster County

There were 4,749 persons identified as homeless in Lincoln during the two-year time period of July 1, 2006 - June 30, 2008. The following information is a demographic breakdown of these individuals:

- Fifty-eight and one half percent male and 41.3 percent female.
- Nine-hundred and fifty-seven, or 20 percent of homeless, were children and youth under 18.
- Two racial minorities were disproportionately represented among homeless population— Black/African American 22.5 percent of homeless and American Indians 5.5 percent of homeless. Their population representation in Lincoln/Lancaster County is 2.7 percent for Black/African American and .4 percent for Black/African American.
- Persons of Hispanic ethnicity, also disproportionately represented among homeless—10.3 percent compared to 4.6 percent in population.
- Thirty-five percent of homeless women 18 years of age or older identified as victims of domestic violence and 30 percent of homeless children were in households where the adult identified as a victim of domestic violence.
- Sixteen percent of respondents identified that mental illness has impacted their ability to escape homelessness.

Causes of Homelessness

The reasons people become homeless are often complex; seldom is homelessness the result of a single factor in their lives. As pointed out by the National Coalition for Homelessness, many conditions or circumstances that contribute to homelessness can, and often are, overcome by persons that are not precariously positioned otherwise in terms of income, access to affordable housing, or other crisis conditions. When a crisis condition (for instance a medical issue, job loss, or an addiction) confronts a person on the margins, then the ability to maintain housing becomes more precarious than for others in the community.

In an interview of nearly 4,000 individuals reporting the primary reason for their homelessness, over 26 percent of the reasons given were related to economic/employment issues. In addition, nearly five percent of respondents identified housing affordability/availability as their primary reason. The top identified reasons listed below may be the "tipping factors" that moved persons into a homeless condition:

- Addiction /substance abuse issues (12.7 percent)
- Unemployment (8.3 percent)
- Domestic violence (6.8 percent)
- Loss of job (6.5 percent)
- Under-employment/low income (6.4 percent)

Just over 40 percent of those identified as homeless reported issues associated with poverty as a primary reason. Twenty-eight percent of homeless persons identified economic issues (low wage, under-employed, or unemployment) as the primary reason for their homelessness. Affordable and available housing comprise twelve percent of the primary reason for homelessness.



National Coalition for Homelessness, NCH Fact Sheet #1, June 2007, "Why are People Homeless?"

When an individual or family is paying more than 30 percent of their average monthly income (AMI) on rent or a mortgage, they risk homelessness every month. In 2007, the minimum wage in Lancaster County was \$6.55, and the median gross rent was \$630.

Housing Security	2004	2005	2006	2007
Required two bedroom rental wage	\$11.35	\$11.46	\$11.81	\$12.37
Two bedroom rental wage as percent of minimum wage	220%	223%	229%	211%
Maximum Affordable Monthly Housing Cost by 30% of Family AMI	N/A	N/A	\$496	\$494
Percent of Family AMI Needed to Afford Fair Market Rent - 2 bedroom	N/A	N/A	37%	39%

Any crisis, even a seemingly minor one, could put an individual or family at risk for becoming homeless. Subsequently, a job loss, a car accident, physical or behavioral health condition, or any other unexpected expense could put a family into a full-blown housing emergency. It can create the perfect storm of circumstances where a family that was managing to get by, is in far over their head and loses their home in the process, very quickly.

The most frequent identified primary reasons by homeless households with youth and children in Lincoln differ substantially from the overall population. The single most frequent identified reason for this population is a domestic violence situation (16.1 percent). The largest category identified for homelessness are reasons involving being removed, thrown out, evicted, or asked to leave their permanent residence (27.4 percent).

Reasons offered by unaccompanied youth, for why they are homeless, are somewhat different than the rest of the homeless population. The most frequently identified reasons were: asked to leave, a dual diagnosis, and substance abuse.

The Struggle to Meet the Needs

Lincoln is fortunate to have compassionate individuals and agencies working to combat homelessness. There are, however, realities that are beyond their control, including: inadequate funding, limitations within funding requirements, capacity, etc. Many of the staff within these organizations identify that they are often addressing the crisis at hand and are unable to go much beyond it, due to funding restrictions and lack of time. The needs of those that are homeless and near homeless are complicated, and when speaking with a local agency, they identified that between a full-time person and two part-time staff, they work with approximately 325 families or 952 individuals (this number varies depending on the agency) in a month. And, the reality remains, that they work with the people in need among a host of other duties at their agency.

The individuals that are identified as homeless and the near homeless families in Lincoln and Lancaster County face numerous challenges. The lack of adequate and affordable housing, in combination with access to supportive services (i.e. housing vouchers, etc.), is virtually non-existent for those not already homeless. Lincoln is fortunate to have a shelter that does everything in their power to help every person that comes to them; however, they are often just putting out fires.

After families find housing, they need the assistance they have received to be gradually stepped-down rather than once they reach a certain income level they are no longer eligible for subsidies. They also need ongoing support in the form of a community navigator or case manager that can continue to help them through any new challenges that could threaten to put them back into homelessness.

Families in Crisis

Susan thought she was living a normal, happy life. She made enough money at her job to pay monthly bills, rent an apartment, and support her two children without outside assistance. When Susan's company began downsizing, Susan thought she was safe since she'd been there for more than three years. She was wrong.

She hadn't had time to build up enough savings. When Susan lost her job she couldn't pay her bills, including her rent. Susan knew negotiating with her landlord for more time to pay rent while she was looking for a new job was futile. She had to move out with her two children.

Where can you go with two kids, no job, and no income because you have been laid off?

For Susan, that place was a local family emergency shelter that she had heard could help her until she could get back on her feet. Contacting the shelter was hard. Susan felt like a failure as a provider (losing her job), as a mother (losing her home), and as an independent human being.

Susan's story has a happy ending.



The shelter offered Susan and her children not just a place to live, but a "home" with a caring and supportive staff. A case worker helped her apply for housing vouchers and Susan worked hard to give back as well. The structure of the daily chores, classes, and being a part of a community helped her get through that temporary crisis. Susan and her children have moved back into an apartment. Susan is back in school working toward the future she dreamed for herself and her children. She also continues to give back to the agency which gave her hope and turned it into a positive experience.

As Susan's story shows, the unexpected loss of a job, when combined with poverty or low wages, can lead to homelessness. When a family is only able to do enough just to make ends meet and a crisis arises, there is too little reserve to endure the storm. While Susan's family is working diligently to return to self-reliance, there are far too many other families that are in similar positions.

Independent Youth

Darren was discovered on a cold bitter February night on the streets of Lincoln. He had not eaten in two days, was jobless, homeless, and had nothing but the clothes on his back. A local street outreach worker for unaccompanied youth took him to a local restaurant for a warm meal. Staff at an emergency shelter phoned his mother for consent and he checked in immediately. He was offered clean clothes, shower facilities, and a warm place to sleep for the night.

The staff at the shelter is helping Darren learn skills to ensure success in independent living. He currently works at a fast food restaurant to save the money needed to move out on his own.

Youth that are homeless are often given the label of being a troubled youth that has no hope. Sometimes they are running from a bad family situation, some have been kicked out, and some have aged out of the foster care system. Whatever their story is, they have fewer options than adults. They are often inadequately prepared for the adult world they are entering, and may not have the education or career options of an adult. Youth that are between 18 and 19 fall into a strange gap. They are not allowed to rent an apartment but are enough of an adult that a parent can kick them out of their home.

These youth need special consideration. They need ongoing support that will help them learn the skills necessary to live independently, including: household management, money management, parenting, working towards their own educational needs, therapy, etc.



July 2006 –June 2008

- Forty-eight unaccompanied youth (19 and under) were identified as homeless.
- There were an additional 34 unaccompanied youth identified by homeless families - these youth were not living with the family and their living situation can not be verified.

Domestic Violence

Jessica came from a home in which her parents were divorced. She believed emphatically that children should be raised with both their parents at home. And she believed her job as wife and mother was to "just focus on doing whatever she needed to do to make it work."

In high school, she met the man she would marry. The early days of the marriage were good, but when she began having children, things changed. Her husband was controlling and isolating. He verbally and emotionally abused her. Between the abuse and her increasing isolation, she felt worthless and weak.

Finally, prior to the birth of the fifth child, she chose to leave him and become homeless. Summoning her courage, she entered a shelter for victims of domestic abuse.

Her husband begged her to come home. He promised he would change. He promised he would give her the life she wanted – a husband and wife raising their children together. Her children were unhappy and missed their father.

In an effort to have her family together, Jessica returned home.

Then things got really bad.

One day she found herself pinned to the ground with her husband's knee on her throat and his fist cocked, saying "I'm going to kill you," while her children watched. She knew that if she survived, she would leave for good. Jessica left him for a second time and became homeless. She returned to the domestic violence shelter.

She worked with a case manager who helped Jessica to get the resources she needed and a plan to live on her own. Eventually, Jessica and her children moved into the shelter's transitional living program. Jessica is now in her own place, going to school for her Associate's degree. She is working part-time and raising her children without violence.

When a person leaves a domestic violence situation, they often leave with only what they have on their person. This is often a life or death situation. Also, the abuser often controls the money, and the person does not have extra cash to help support them. The use of credit cards could put their lives in jeopardy. They walk away from friends, family, jobs —anything that would mean they could be found. When you add the responsibility for children, it complicates the circumstances even more

For Jessica, it took more than one time to leave the relationship for good. She returned to the unsafe life because she thought it was better for her children. She had gone from a home where her children had what they needed, to making them homeless by leaving her abuser. Domestic violence can be found in over 30 percent of the Lincoln Homeless Survey respondents during a two-year period.

Jessica and her children will need ongoing services to help them remain safe as well as support for Jessica in working for her family's independence. She may need assistance with housing, legal counsel, job and/or education, and counseling services.

July 2006 –June 2008

- The single most frequently identified reason for this population is a domestic violence situation (16.1%).
- Nine hundred and twenty (920) homeless persons indicated they were victims of domestic violence.
- Thirty-five percent (486 persons) of homeless women, 18 years of age and older in Lincoln indicated they were victims of domestic violence (Table 6: CSI Homeless Data Report).
- Thirty percent (290 persons) of homeless children were in households where the adult was a victim of domestic violence.

These persons are self-identified to CS-MIS service providers. Domestic violence shelters do not use CS-MIS/HMIS due to restrictions mandated by federal regulation.

Behavioral Health Needs

Tasha, several months pregnant with her first child and homeless, came into a transitional housing with case management program. She had been clean for a few months from methamphetamine and was also battling with bipolar and intermittent explosive disorder.

From the beginning, she participated in outpatient therapy and case management services. She met with her case manager on a weekly basis and slowly started to learn the basics of independent living. She received support getting her to prenatal medical appointments and addressing her mental health issues.

Tasha gave birth to her daughter, and not long, after she moved back to California to be with her mom. Things did not go as planned, and she returned to Lincoln. When she got to Lincoln she was homeless, with a child, and living in unsafe conditions. As a result her baby was placed with Child Protective Services (CPS).

Tasha has worked hard to get her life back together with consistent therapy and taking care of her basic needs. She has been able to secure housing through a local agency and a voucher program.



During this time, she received visits with her daughter and has learned the skills of how to be a good mother. After she got pregnant with her second child, she had the tools necessary to keep him safely at home. Tasha has worked hard to be the parent her children need her to be. With the progress she had shown, she was able to get overnight visits with her daughter and soon her daughter moved home with her. Tasha is currently attending the local university and has been clean and sober for over two and a half years.

It can be difficult for persons struggling with behavioral health issues to address those needs when their basic needs are not being met. It also can be challenging for staff that are working with this population to work with the individual and/or family on coming up with a plan that will meet their basic needs, when their behavioral health concerns are preventing them from being able to meet their basic needs on any ongoing basis.

With the proper supports (i.e. case management, therapy, medication management, etc.) a person who is living with a persistent mental health condition or someone who is working to manage their substance abuse problem can maintain employment and their living situation. While it was a long road for Tasha, with the support of agencies, she was able to address her mental health and substance abuse conditions, and was able to become the parent her children need her to be.

July 2006 –June 2008

- Persons that identify addiction and substance abuse as a reason for their homelessness make up 17 percent of the population in the first six-month period; their percentage of the homeless that are long-term (homeless in all four time periods) increases to 21.8 percent.
- Also, twenty-five percent of homeless persons (1,097 persons) reported they had a disability which impacted their ability to escape from homelessness.
- The most frequently identified disabilities were: mental illness (27 percent of those with a disability), physical/medical (16.3 percent of those with a disability), alcohol/drug abuse (12.9 percent of those with a disability), and physical mobility (9.6 percent of those with a disability).

High Utilizers of Emergency and Homeless Services in Lincoln

CSI, in cooperation with members of Lincoln’s Homeless Coalition, replicated a 2006 research project that examined the cost of the top utilizers of emergency services in Lincoln, Nebraska. The CSI study reported here examined data for the 2007 calendar year. The purpose of the study was to determine the amount of emergency resources devoted to homeless, high utilizers in Lincoln.

Lincoln Homeless Coalition, which consists of representatives from Bryan Hospital, the ambulance service, CS-MIS/HMIS, Lincoln Police Department, and Cornhusker Place Detox, provided unduplicated data. Personal identification was coded so names were not revealed. The top 20 utilizers had continuous or repeated episodes of street homelessness in Lincoln.

Three-thousand and fourteen (3,014) emergency services were utilized by 20 persons in calendar year 2007 for a total service cost of \$732,465 based upon actual or average service costs provided by providers (see source notes below).

Emergency Services Received by 20 Highest Homeless Utilizers and Total Cost

	Number of Top 20 Users Service	Services	Average Number of Services per User	Total Cost of Services
Hospital Visits	20	131	6.6	\$421,067
Lincoln Fire and Rescue Transports	20	119	5.9	\$196,583
Cornhusker Place Detox	7	155	22.1	\$24,480
Booking / Jail - LPD	4	37 bookings 396 jail days	9.25 (bookings) 99 (jail days)	\$35,120
Homeless Shelter Service (shelter nights)	13	2,013	154.8	\$50,325
Other Homeless Services	16	163	10.2	\$4,890
Total Services		3,014		\$732,465

High Utilizer Data:

Cornhusker Detox costs were provided by Cornhusker Place and are actual costs incurred by top utilizers for the time period.

Actual costs used \$702.50 per advanced life support transport and \$587.50 for basic support transport.

Booking / Jail costs are based on \$200.00 per booking and daily care of \$70.00 per day.

Hospital costs were provided by Bryan/LGH and are actual costs incurred by top utilizers for the time period.

Homeless Shelter Services costs are based on average of \$25.00 per night (People’s City Mission).

Other Homeless Service costs are based \$30.00 per service provided – this is an average cost – some services provided greatly exceed this average.

Community Response

In 2008, the Community Services Initiatives (CSI) project identified three impact areas to explore ways to make our community great. Homelessness was the first of these three areas to be studied.

The UNL Center on Children, Families, and the Law and CSI created a data report using the most comprehensive data gathering and assessment to date for our community in the area of homelessness.

CSI hosted a series of focus groups where the Homelessness Data Report was presented to an array of human service providers and other stakeholders. The focus groups include all of the CSI coalitions (Basic and Emergency Needs, Behavioral Health, Child & Youth Development, and Stop Abuse), the CSI Advisory Team, the Human Services Federation Members, the Lancaster County Homeless Coalition, and others.

Feedback from these focus groups form the basis for the potential solutions in the next section. These ideas range in approach, cost, feasibility and other factors, and thus are not prioritized. The community should consider all these options as implementation opportunities arise. The usefulness of this community planning is already being seen in the implementation of federal stimulus funds that are being allocated to Nebraska.

It is going to take a mix of creative solutions to end homelessness in our community. The partnership between business, elected officials, faith leaders, and human services will be vital to ensure the most holistic and effective approaches to solving homelessness. The potential solutions, that follows, provides a starting point for such partnerships and offers a variety of options to foster finding common ground.

The Lincoln Homeless Coalition held Project Homeless Connect on October 23, 2009. This provided men, women and children with varying service opportunities. It is similar to a health fair but more expansive. At this fair, men, women and children who are homeless can receive much needed services; services that helped them address health, housing, legal, and other needs at no cost, all at one place and all in one day. There was also an information and referral piece in addition to actual service provision.



Solutions to Homelessness in Lincoln

A wide variety of solutions for homelessness have been identified by stakeholders through the utilization of focus groups. Some of these solutions involve increasing current interventions, while others suggest ways to increase the scope or effectiveness of current assistance programs. Still other solutions are currently not offered in our community. This is not a prioritized list. Any community conversation about potential solutions should use this as a starting point while considering feasibility, costs, effectiveness, need, and other constantly changing factors.

The potential solutions have been grouped in five general categories. This is our “to do” list in addressing homelessness. Ideally, our community will attempt to implement solutions in each of these broad areas:

1. Increase Resources for Homelessness Prevention

- Increase the capacity and utilization of the Rent-Wise Program;
- Employment and living skills assistance;
- Improve access to homeless services for near homeless persons;
- Improve job transportation options — especially on evenings and weekends;
- Improve access to computers to apply for assistance online;
- Education for consumers on fiscal management and early access to utility assistance;
- Work with HHS to change policies to support a more gradual step-down process and benefits to those working towards self-sufficiency;
- Ensure that people have a medical home;
- Mediation to prevent evictions from going to court;
- Specialized assistance for transitional-age youth;
- Ensure consistent, accessible, affordable, and appropriate child care options;
- Develop early intervention services with families when childhood truancy is an issue; and
- Promote the needs for the community to have more living wage jobs.

2. Increase Availability of Emergency Shelters and Transitional Living

- Increase domestic violence shelter capacity;
- Increase emergency shelters for men, women, and children;
- Develop drop-in housing without requirements;
- Need more child advocates and family advocates (two different roles);
- Increase street outreach;
- Develop transitional housing with supportive services;
- Increase capacity for permanent supportive housing; and
- Create supportive independent living for young adults transitioning from the youth system.

3. Increase Capacity of Providers Addressing the Causes of Homelessness

- Develop substance abuse treatment on demand for when the person is ready;
- Ensure transportation assistance for clients to ensure accessibility to treatment;
- Develop system navigator role with ability to create seamless care; and
- Assist children with the psychological impact of homelessness.

4. Implement Innovative Approaches

- Implement Housing First Model;
- Support Homeless Resource/Service Fair;
- Develop Rapid Re-housing Model;
- Expand ED Connections Model (shared information, same people/team with the outreach approach);

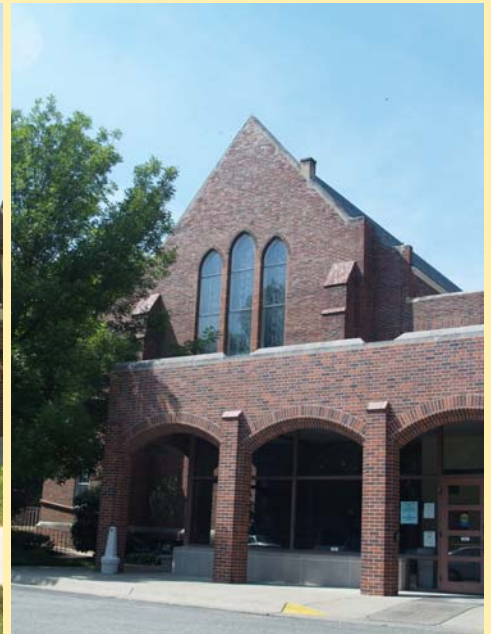
- Replicate other community volunteer programs: Wheels for Humanity at St. Marks Church—handyman services through churches. Volunteer at Saratoga Schools—parents can receive points towards gifts, etc.;
- Utilize PATHWAYS model for long-term case management; and
- Eliminate problematic practices with pay-day lending.

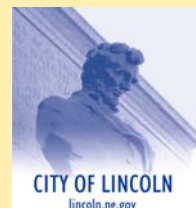
5. Promote a Coordinated System of Care

- Improve seamlessness of case management and information sharing across systems;
- Increase the availability and accessibility of supportive flexible funding;
- Create a single-point of entry to services; and
- Eliminate barriers for chronic homelessness and re-accessing services; may need second, third, or more chances.

Addressing Homelessness

The Federal Stimulus Funds have provided new money to our community to work toward preventing homelessness. In these rough economic times, we know more people are at risk of becoming homeless. These funds will be utilized in Lincoln to provide a safety net for people and allow them to remain in their homes until they can get back on their feet. The CSI process identified several interventions that will be implemented due to these funds, including: a centralized intake area; increased data collection to ensure accountability; and access to temporary, preventative assistance for utilities and other needs.





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