



**CENTER ON CHILDREN,
FAMILIES, AND THE LAW**

Community Services

The Community Cost of Chronic Homelessness

A White Paper for the City of Lincoln Continuum of Care

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Introduction

After years of decline, there have been increasing rates of chronic homelessness across the United States, with 138,361 persons experiencing chronic homelessness on a single night in 2022 (HUD, 2022). The City of Lincoln and Lancaster County are not immune to this phenomenon and have also seen steadily increasing rates of chronic homelessness.

This is a three-part report on chronic homelessness in Lincoln and the cost associated with this issue. In the first part of the report, we provide an overview of chronic homelessness, describe the state of chronic homelessness in Lincoln, trends, and a description of the people experiencing chronic homelessness. In part two of the report, we provide an overview of Permanent Supportive Housing (PSH) and the housing first approach consistently found to be the most effective housing approach and program to end chronic homelessness, and a review of the research and evaluation literature with a focus on the cost savings to communities in providing PSH for the chronic population. In part three of the report, we provide an analysis of the costs to the acute and emergency services system in Lincoln associated with 24 persons experiencing chronic homelessness in Lincoln and the potential averted costs to the Lincoln community if the same individuals had access to a housing first, permanent supportive housing program.

Part I: Chronic Homelessness

Chronic Homelessness refers to those persons that have experienced continuous homelessness for an extended period of time or that are frequently entering into homeless situations over a long period of time and have a disabling condition such as serious mental illness, substance use disorder, or physical disability. The U.S. Department of Housing and Urban Development (HUD), the primary federal agency focused on Homelessness and the source of most financial resources in Lincoln and Lancaster County to address Homelessness, defines chronic Homelessness as:

- *A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:*
 - *Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and*
 - *Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in Homelessness separating the occasions included at least 7 consecutive nights of not living as described.*
- *An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or*
- *A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.*

*A "break" in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility does not constitute a break in Homelessness.

The HUD definition of chronic homelessness is used in this report, and all data on chronic homelessness in this report is for persons meeting this definition.

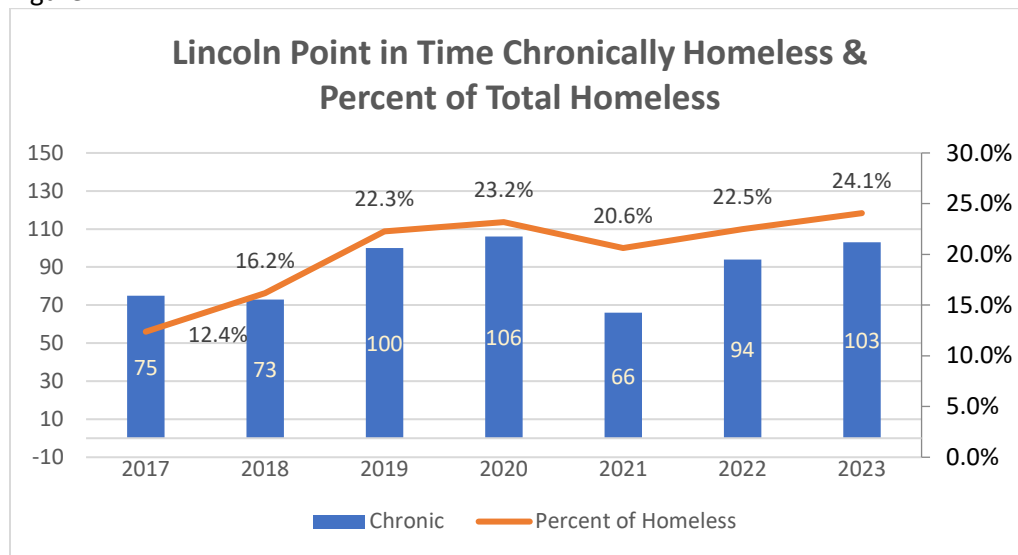
Chronic Homelessness in Lincoln

Over the past decade, the number of individuals experiencing homelessness on any given night in the City of Lincoln has decreased significantly. On a single night in January of 2012, there were 981 persons compared to 429 on a single January night in 2023. Annually, the number of households experiencing homelessness since 2018 has decreased by seven percent (7%). This achievement in the reduction in the number of persons experiencing homelessness is a result of significant federal, state, city, and county resource investments. This achievement is also the result of a network of community-based providers' efforts in improved outreach, shelter, and housing programming, and improved homeless service system policies and processes, including a system based on the housing first approach¹ and the All Doors Lead Home homeless coordinated entry system².

While the overall number of people experiencing homelessness in the City of Lincoln has decreased, the total number and percentage of people experiencing chronic homelessness has increased over this same period. Based on a single night, Point in Time Count, in Lincoln, individuals experiencing chronic Homelessness were 12.4% of the homeless population in 2017 and 24% in 2023 (See Figure 1.)

Annual data are consistent with single-night count trends. In 2022, 22% of all persons experiencing Homelessness in Lincoln were chronic. These data are consistent with national trends regarding the number of people experiencing chronic homelessness. According to the State of Homelessness: 2023 Edition by the National Alliance to End Homelessness, chronic homelessness reached record highs in 2022 and represented 22% of all persons experiencing Homelessness. (Homelessness, 2022)

Figure 1

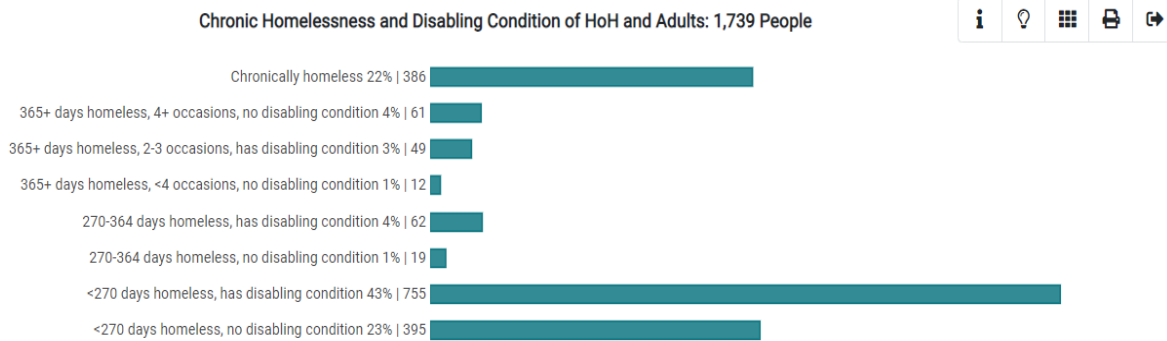


¹ Appendix A – City of Lincoln Continuum of Care Housing First Policy – CoC/ESG Written Standards - 2021

² <https://ccfl.unl.edu/community-services-management/coordinated-entry/lincoln>

In addition to the number of persons in Lincoln meeting the HUD definition of chronic homelessness, there is a large and growing percentage of the population that meets the duration and occasions criteria but have no verified disabling condition or that have a disabling condition without fully meeting the time/duration component of the chronic definition. These two subsets, in 2022, were an additional 184 persons, an additional 12% of the population experiencing homelessness, see Figure 2. With either a verified disability or more time or occasions homeless, these subpopulations increase the chronic and "near" chronic homeless populations to 34% of all persons experiencing Homelessness in Lincoln

Figure 2



Part II Economic Impact of Chronic Homelessness

Economic Impact of Chronic Homelessness

Hospital/Emergency Service System Costs

Homelessness is associated with poor physical and mental health (Kushel, 2015). Further, individuals experiencing chronic homelessness often have complex physical and or mental conditions but often struggle to access primary care. Thus, when they seek care, their condition may need more intensive treatment (Schanzer et al., 2007). For example, individuals experiencing homelessness are five times more likely to be admitted to inpatient care and stay an average of 4 days longer (Health Research and Educational Trust, 2017). In addition to having more health conditions requiring care, individuals experiencing homelessness also tend to utilize more costly acute health services rather than lower-cost preventative care (Health Research and Educational Trust, 2017; Kushel, 2015). Individuals experiencing homelessness are three times more likely to use the emergency department and often have repeated visits (Kushel, Vittinghoff, Haas 2001). The experience of homelessness creates many barriers to accessing regular health care; thus, when individuals do seek care, it is often through more costly acute services. Hospital systems have begun to recognize the role housing plays in health and healthcare and have started providing housing as a means of treatment to frequent hospital users who are chronically homeless (Health Research and Educational Trust, 2017). The University of Illinois Health system found that by providing housing through a housing first program to the top hospital users, they reduced participants' healthcare costs by 67% and saw a 35% reduction in emergency department visits.

Multiple studies have found that health-related services account for over 50% of all acute and emergency services costs of those experiencing chronic homelessness (Flaming et al., 2016, Wu et al., 2016).

Law Enforcement and Criminal Justice System Costs

There are many laws and ordinances against activities individuals experiencing homelessness may engage in as a means of survival, such as sleeping in public places, loitering, panhandling, etc. This results in these individuals having frequent contact with law enforcement. The city of Denver recently reported an example of one individual who had 24 contacts with police in a 90-day period, resulting in \$4,000 in criminal justice-related costs. Similarly, the California Policy Lab found individuals experiencing homelessness had an average of 21 law enforcement contacts in a 6-month period. Individuals experiencing homelessness are also more likely to spend time in jail and often end up spending time in jail for minor offenses that typically would not result in jail time because they are unable to make their court date and or pay associated fees and fines (Rountree et al., 2019).

The homelessness – jail cycle is significant and costly. The City of Denver found that persons experiencing homelessness accounted for \$65 million in jail costs and \$5.6 million in booking fees during one year. (Urban Institute, 2020).

Law enforcement officers also interact with individuals experiencing chronic homelessness when responding to psychiatric and substance use-related crises. De-escalating and transporting individuals to a psychiatric care facility or public detox center can take significant time and resources from law enforcement. It is not uncommon for individuals experiencing chronic homelessness to cycle through the streets, jail, detox, and psychiatric units (Wu et al., 2016).

Other Acute Care and Service System Costs

Other services and systems, in addition to health and law enforcement and criminal justice service capacity, are economically impacted by those experiencing chronic homelessness, including mental health services, detoxification and substance use services, public parks and recreation, public safety, and transportation systems, and of course the emergency shelter and street outreach services. While healthcare costs typically represent 50% or more of all acute system costs, as many studies have identified, the costs to these systems are significant. (Larimer, et al 2009; Kuehn, 2012; Gillespie, et al 2021)

Permanent Supportive Housing and Housing First

Given chronic homelessness's high social and economic costs, communities have sought to identify improved solutions. Traditionally, homelessness was approached from a treatment-first lens, focusing on making individuals "housing ready." Under this approach, intervention efforts are focused on addressing an individual's mental health and substance use challenges. Researchers and service providers have recently found that treatment is more effective if individuals are first provided housing. "Housing First" recognizes stable housing as a basic human need, and under this model, individuals are offered voluntary support services but are also provided housing regardless of their participation in other support services. Housing first programs are effective, with decades of robust research finding that

housing first programs significantly reduce rates of homelessness and increase long-term housing stability (Peng et al., 2020).

There is variation among housing first interventions depending on the level of support the individual needs. Most individuals experiencing homelessness will only need temporary support and do well in Rapid Rehousing programs, which provide temporary tenant-based rental assistance (24 months or less). Rapid Rehousing programs focus on quickly providing individuals with housing and then providing support services to help the individuals work towards self-sustainability. However, policymakers and service providers recognize that a segment of the population experiencing homelessness requires ongoing support in order to maintain housing due to complex physical, developmental, substance use, or mental health disabilities.

Permanent Supportive Housing (PSH) programs are designed to provide long-term stable housing to individuals with these disabling conditions who are unlikely to sustain housing without financial and supportive services. In addition to housing support, participants are offered voluntary support services. There is a strong evidence base for PSH and studies across the US have demonstrated that PSH significantly increases participants' housing stability and quality of life (Peng et al., 2020). PSH has previously been credited with reducing chronic homelessness in the United States by 30% from 2007 to 2014 (National Alliance to End Homelessness, 2017) and increasing long-term (6 years) housing stability (Aubry et al., 2020).

The City of Lincoln Continuum of Care housing programs all operate using a housing-first approach and the CoC housing-first standards are provided in Appendix A. The City of Lincoln Continuum of Care housing inventory as of June 2023 includes 305 units of Permanent Supportive Housing, of which 170 are reserved for U.S. Military Veterans. The Lincoln CoC PSH utilization rate consistently exceeds 90% of all available units. As of June 20th, 2023, 177 persons experiencing homelessness were prioritized for PSH and without PSH housing availability.

Research and Evaluations on Averted Costs with Permanent Supportive Housing

As the evidence base for PSH as a successful housing program has grown (Aubry et al., 2020), communities are also examining the impact of PSH on averting acute care system costs. PSH requires significant upfront costs that vary depending on the population focus and the specific case management model used. Jacob's meta-analysis identified a median cost of PSH intervention of \$16k (Jacob et al., 2022). Despite this significant program cost, most evaluations and research finds that PSH participants dramatically reduce their acute/emergency service use, and thereby the costs associated with the use of those services are typically offset through PSH. The National Alliance to End Homelessness (2017) reports that, on average acute/emergency services for an individual experiencing chronic homelessness cost \$35,578 per year and that PSH reduces service costs by an average of 49.5%

The research examining the community cost of chronic homelessness and the cost benefits resulting from the provision of permanent supportive housing is significant, growing, and compelling. Table 1 below lists research studies and meta-analyses that have examined this issue and their major findings over the past decade. This listing is not comprehensive of all studies showing cost savings or an "averted" cost to the system. It is important to note that studies vary in cost offsets included; for

example, some studies only looked at the reduction in healthcare costs, while other studies include criminal justice and other social service costs. Full references for each are found in the Bibliography.

Table 1 Partial list of Research/Evaluations on Permanent Supportive Housing and Averted Acute Care Systems Costs

Study/Author	Year	Findings
Impact of Indiana Permanent Supportive Housing	2013	<ul style="list-style-type: none"> • 83% reduction in incarcerations • 78% reduction in med. hospitalizations • 66% reduction in ER visits • 62% reduction in MH hospitalizations
Permanent Supportive Housing with Housing First: Findings from a Community Guide (Jacob et al.)	2022	<ul style="list-style-type: none"> • Meta-analysis of 17 studies • Median cost saving of \$18,247 per person per year. • Benefit-to-cost ratio of 1.80:1
Breaking the Homelessness-Jail Cycle with Housing First: Results from the Denver Supportive Housing Social Impact Bond Initiative (Cunningham et al.)	2021	<ul style="list-style-type: none"> • 34% reduction in police contacts compared to the control • 40% reduction in arrests over the control group • 38 fewer days in jail than the control group
Housing First Is Associated with Reduced Use of Emergency Medical Services (Mackelprang et al.)	2014	<ul style="list-style-type: none"> • 54% reduction in the number of EMS contacts two years post PSH
Cost-Effectiveness of Housing First Intervention with Intensive Case Management (Latimer et al.)	2019	<ul style="list-style-type: none"> • Net cost reduction of 46% post-PSH
Getting Home: Outcome from Housing High Cost Homeless Hospital Patients, (Flaming et al.)	2016	<ul style="list-style-type: none"> • \$46,895 (gross) annual costs avoided after entry into PSH, \$31,736 (net) • For every \$1 spent in PSH the first year \$2 in public costs avoided the first year and \$6 in every year after
Ending Chronic Homelessness Saves Taxpayers Money (National Alliance to End Homelessness)	2017	<ul style="list-style-type: none"> • Community costs reduced on average by 49.5% after PSH
Housing is Health Care (Bausch, et al.)	2021	<ul style="list-style-type: none"> • Average health care costs for chronic homeless with chronic mental illness per person per year were \$54,978
Ability Housing – The Solution that Saves	2018	<ul style="list-style-type: none"> • 58% decrease in overall hospital costs • 43% decrease in emergency room costs • 59% decrease in cost for in-patient services • 65% reduction in costs for arrests and jail bookings • 72% reduction in jail costs
New Path Community Housing – Annual Evaluation	2019	<ul style="list-style-type: none"> • 63% reduction in medical and criminal justice service utilization • \$1.3m annual savings and cost avoidance for 57 residents (\$22k PPPY)
Twelve-Month Client Outcomes and Service Use in a Multisite Project for Chronically Homelessness Adults (Mares, et al)	2009	<ul style="list-style-type: none"> • Quarterly health cost estimates declined by 50%, from \$6,832 to \$3,376 post PSH
Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems	2009	<ul style="list-style-type: none"> • 53% cost reduction for housed participants relative to wait-list controls
Supportive Housing in Illinois: A Wise Investment	2009	<ul style="list-style-type: none"> • High utilizer cost savings was \$73,000 per person per year. • 39% reduction in total cost of services pre to post PSH • Average savings of \$2,414 per resident, per year

Highlighting the meta-analysis conducted by Jacob et al. 2023 of 17 U.S. studies and evaluations, the median intervention cost per person per year (PPPY) was \$16,873, with a range from \$15,651 to \$25,567, and the median total benefit from averted costs PPPY was \$28,729 with a range from \$17,061 to \$36,014. Healthcare averted costs represented over 61% of the median averted costs across all studies. The significant component that healthcare costs contribute to overall averted costs is important for the analysis of the City of Lincoln data that follows where healthcare costs data were significantly unavailable.

Part III: Cost of Chronic Homelessness and Cost Reductions Through Permanent Supportive Housing in Lincoln

Cost of Chronic Homelessness in Lincoln

UNL-CCFL, for this report, identified the chronic homeless population in the City of Lincoln, the acute services used by this population and the associated costs. This study is to assist the Lincoln Continuum of Care (CoC) in the identification of service and needs gaps in the CoC and inform policy and resource allocation moving forward.

Method

Sample

The method used to identify the persons in this study started with the administrative data from the Homeless Management Information System (HMIS). Over 300 persons experiencing chronic homelessness from 2020 through 2022 were identified in the HMIS. A survey of service providers, including street outreach, law enforcement, mental health providers, and shelters, identified persons experiencing chronic homelessness that were perceived or known to be high-service system users. Additionally, data identifying the 100 highest-priority individuals from the Coordinated Entry System housing prioritization by name list was used to generate the initial sample.

Cross references across these three data sources were conducted to identify chronic homeless, identified by at least two service providers, and prioritized on the coordinated entry by-name list. This process generated a list of 65 individuals.

These 65 individuals were then rank ordered based on their Coordinated Entry priority score. Coordinated entry prioritization is based on the [Lincoln Common Assessment](#), a self-report tool that measures a person's acuity of need. The common assessment includes the length of time homeless, disabling conditions, health (physical and mental), and self-reported risk behaviors, visits to the ER (self-report), contact with law enforcement.

This list was further trimmed to 24 persons³ that were the highest coordinated entry priority ranked and identified by at least two service providers as significant users of the acute care systems. These 24 persons were used as the population for the collection of service cost data.

³ 24 persons were selected as the City of Lincoln's HOME-ARP plan calls for the development of 24 units of permanent supportive housing.

The demographic characteristics of the 24 chronically homeless, high acute care system utilizers reflect the overall chronic homeless population in Lincoln and nationwide: all are single, and 22 of the 24 (98%) are male. The average age is 48 years, ranging from 39 to 66 years.

Racial minorities are over-represented among the 24 chronically homeless individuals identified as top utilizers. According to the 2022 U.S. Census, most Lincoln residents were white (82.8%). While an estimated 4.1 % of individuals identified as Black, 5.9% identified as multi-racial, and less than 1% identified as Native American/American Indian. In contrast, among the group of 24 individuals identified, 16.7% identified as American Indian, 12.5% identified as Black, 12.5% identified as multi-racial, and 54% identified as White.

Seventy percent (70%) have a high school education or GED. Two individuals, or 8%, are U.S. Military veterans. All have a disabling condition of long duration, specifics of which are listed in Table 2. The majority have multiple disabilities.

Table 2

Disabling Condition	Percent
Chronic Health Condition	30%
Developmental Disability	12.5%
HIV/AIDs	4.2%
Mental Health Disability	75%
Physical Disability	33%
Substance Use Disorder	91.6%
Dual Diagnosis (MH and SU)	71%

Eight of the 24 (33%) have some cash income, all from Supplemental Security Income (SSI). None of the remaining 16 report income from any source. The total income from SSI ranges from \$609 to \$1,200 per month. Seven of the 24 (29%) received a non-cash benefit from the Supplemental Nutrition Assistance Program (SNAP).

Forty-two percent (42%) self-report they have health insurance coverage, all through Medicaid.

Acute Care System Utilization and Cost Data

The list of 24 persons was provided to multiple acute and emergency services providers in the city and county with the request to provide data on the number of services used by each individual over the past three years ending December of 2022. Additionally, each service provider's average or standard cost per service was requested; see Table 3 below. UNL-CCFL HMIS analyst also reviewed each individual's Homeless Management Information (HMIS) case notes⁴ for records of acute or emergency services documented within the HMIS.

⁴ See Appendix B – Example of HMIS Case notes

Data Collection

For several service providers, data could not be provided to UNL-CCFL for the study due to HIPAA regulations, e.g., fire and rescue and healthcare services. For these systems and services, UNL-CCFL staff reviewed case notes recorded within the HMIS and entered as part of outreach or case management documentation, i.e., shelter staff recording an individual exiting the shelter to the destination of a hospital; outreach staff recording an individual transported to hospital via ambulance from street, see Appendix B for an example of the case notes reviewed. **Therefore, system utilization and costs for these services are a significant undercount and estimate of actual use and costs. Not every such instance is known to outreach and case management staff, nor is it required to be recorded in the HMIS case notes.**

Acute care services used in this study, the source for the data, and the cost per service are listed in Table 3. Cost per unit of service or instance for each system provider was obtained, including from services/systems in which individual data were unavailable, e.g., Hospitals, Emergency Room, Fire and Rescue.

Table 3

System/Service	Data Source/s	Cost per service
Emergency Shelter nights	HMIS data	\$30 per night
Homeless Outreach days	HMIS data	\$7 per day
Lancaster County Corrections nights	Lancaster County	\$115 per night
Lincoln Police Department classifications	City of Lincoln	Actual costs for classification
Lancaster County General Assistance	Lancaster County	Actual \$ of assistance provided
Crisis Assistance/Crisis Centers	Combination of provider data and HMIS Case notes	Variable from \$220 to \$453 per day depending upon the type of service
Lincoln Fire and Rescue (ambulance)	HMIS Case Notes	\$1,400 per LV2 transport (mid-level transport cost)
Emergency Room Visits	HMIS Case Notes	\$2,000 per (range \$750 to \$3,000)
Hospital Stays	HMIS Case Notes	\$3,000 per night

Chronic Homeless – Three-Year Acute/Emergency System - Service Costs

The cost data reported here is a conservative estimate of the actual costs for the 24 chronic homeless persons during this three-year period; as indicated previously, only those health-related services recorded by case managers/outreach staff in the HMIS case notes are included in this report.

Additionally, there are other costs associated with systems or services responding to or interacting with this population that are not captured in this analysis, i.e., police department resources, i.e., officer time used in responding to incidents, encampments, calls for assistance; public library staff time associated with assisting persons within the library, public health staff and resources, fire and rescue and parks and recreation staff and resources devoted to attending to and responding to a crisis in encampments or other locations.

Within those data limitations available for this analysis, the combined three-year costs of available data associated with the use of acute and emergency services and assistance by 24 chronic individuals in Lincoln is \$2,553,587 over three years from January 2020 through December 2022. The average cost per individual was \$106,399. The three-year cost per individual ranged from \$255,466 to

\$41,363, Table 4. **The average per person per year (PPPY) cost is \$35,466 in acute service costs based solely upon HMIS case notes of healthcare/ER/ambulance use and limited police department costs.**

Table 4

Three-year Acute / Emergency System Costs		
Mean per person		\$106,399
Median		\$97,635
Minimum		\$41,363
Maximum		\$255,467
Sum		\$2,553,587
Percentiles	25	\$72,256
	50	\$97,635
	75	\$131,368

The breakout of cost by each system/service is presented in Table 5.

Table 5

Cost by Acute System / Service

System/Service	Cost
Emergency Shelter *	\$28,842
Outreach	\$84,063
Jail	\$1,204,740
Police Department **	\$144,000
County General Assistance	\$1,534
Crisis Assistance/Crisis Centers	\$626,708
Ambulance ***	\$74,200
Emergency Room ***	\$114,000
Hospital ***	\$275,500

* 12 of the 24 individuals entered the shelter during this 3-year period.

** LPD Classification costs only – does not include responding to calls, arrests

** Limited data available from case notes in HMIS

Considering their chronic homeless status, the emergency shelter costs associated with this population may seem low. However, most individuals in this population are either not able to enter the shelter due to a previous ban or suspension or choose not to do so versus living unsheltered. Only 12 of the 24 entered the shelter for any period during the three-year period. The average number of shelter nights for those that did enter the shelter was 53, just 4.8% of all nights during the period.

In contrast, each of the 24 individuals was incarcerated for some time during the three years ranging from 16 days to 578 days, with an average of 340 days, 31% of all nights. Incarceration is a known survival/coping strategy some unsheltered persons use, particularly under severe weather conditions. Some individuals will intentionally commit a violation/infraction that will result in an arrest or turn themselves in on existing warrants to utilize the 'comfort' of a jail cell, with hot meals, conditioned air, and a shower over the conditions on the street. Some chronically homeless individuals also use crisis assistance services in the community, such as detox and mental health facilities, for

similar purposes. As noted earlier, prior research (Indiana, 2013) indicates that reductions of 83% in incarcerations can be achieved through permanent supportive housing programs.

Ambulance transport, emergency room visits, and hospital stays were available from the HMIS case notes for 9 of the 24 persons, and a single ambulance transport and emergency room visit for 5 of those individuals were recorded in the case notes. This is undoubtedly an undercount of both occurrence and frequency of ambulance transport, emergency room visits, and hospital stays for this population. Research (Culhane et al., 2002) indicates that chronic homeless hospital costs may compose as much as 57% of all acute care costs for this population. In contrast, the available data for Lincoln hospital costs account for just 16% of all costs. Annual hospital costs in a 2013 study for 131 chronically homeless individuals in Los Angeles averaged \$63,808 (Getting Home, Flaming, et al., 2016), whereas in this study, the available data for hospital, ER visits, and ambulance transport combined averages \$6,440 per individual, just 10% of that found by Flaming in Los Angeles. The acute care costs reported here are a significant undercount that must be considered when reviewing the total costs to the community and potentially averted costs, particularly for costs in the health system.

Reduction in Acute Service System Costs with Permanent Supportive Housing for Chronic

Research on the cost reductions associated with a housing-first approach and providing permanent supportive housing to persons experiencing chronic homelessness, as documented earlier in this report, is conclusive, consistent, and significant. Housing acute service system users in permanent supportive housing programs using a housing first approach reduces the cost to the acute and emergency care service system.

Examination of cost savings to the Lincoln and Lancaster County acute services system through the housing of 24 chronically homeless, high utilizers examined in this report, under three cost reduction levels derived from the research literature, are presented in Table 6.

Under a 40% cost reduction model, a conservative model based upon the research, a minimum annual reduction in acute service costs associated with this population is \$340,478, over a \$1 million reduction in acute and emergency service costs over three years. A per person per year (PPPY) averted cost of \$14,187 in acute/emergency services.

In a 50% cost reduction model pre- to post-housing, there is a minimum \$425,598 annual reduction, \$1.2 million over three years, and a minimum PPPY of \$17,733.

In a 60% cost reduction model of acute and emergency service cost reductions, a minimum annual reduction of \$510,717, \$1.5 million over three years, and a PPPY reduction of \$21,280.

Table 6

Acute System Costs and Estimated Minimum Cost Reductions after Permanent Supportive Housing Entry

<i>System/Service</i>	<i>3 Year Cost</i>	<i>40% averted</i>	<i>50% averted</i>	<i>60% averted</i>
Emergency Shelter *	\$28,842	\$11,537	\$14,421	\$17,305
Outreach	\$84,063	\$33,625	\$42,032	\$50,438
Jail/Corrections	\$1,204,740	\$481,896	\$602,370	\$722,844
Lincoln Police Department	\$144,000	\$57,600	\$72,000	\$86,400
General Assistance	\$1,534	\$614	\$767	\$920
Crisis Centers/Services	\$626,708	\$250,683	\$313,354	\$376,025
Ambulance**	\$74,200	\$29,680	\$37,100	\$44,520
Emergency Room**	\$114,000	\$45,600	\$57,000	\$68,400
Hospital**	\$275,500	\$110,200	\$137,750	\$165,300
3 Year Totals	\$2,553,587	\$1,021,435	\$1,276,794	\$1,532,152
Annual Cost Reduction		\$340,478	\$425,598	\$510,717
Annual Acute Services Reduction per Person (n = 24)		\$14,187	\$17,733	\$21,280

* 12 of the 24 individuals entered the shelter during this 3-year period.

** Limited data available from case notes in HMIS

The annual cost per person estimates for the operations of a permanent supportive housing program range from \$15,651 to \$25,567 (Bausch, 2021; Jacobs, 2023). Using an estimated \$18k permanent supportive housing per person per year (PPPY) for Lincoln and available acute system costs, the net difference in acute costs after PSH housing costs are presented in Table 7 under three cost reduction models.

Table 7

Net Cost Averted to Lincoln Community Post PSH for 24 Chronically Homeless – using available health system data

<i>Cost Reduction Model</i>	<i>40% averted</i>	<i>50% averted</i>	<i>60% averted</i>
Annual Acute Services Reduction per Person	\$14,187	\$17,733	\$21,280
PPPY Annual Cost Reduction w/Housing (\$18k per PSH unit)	-\$3,813	-\$267	\$3,280

Given the known underreporting of healthcare system costs in this report and a substantial research literature that finds healthcare costs make up over 50% of **all** acute/emergency system costs (Culhane 2002; Flaming 2016, Wu, 2016) in serving the chronically homeless population, if the limited Lincoln data used in this study were adjusted so that healthcare costs account for 50% of **all** acute care costs for persons experiencing chronic homelessness, the 3-year acute system costs would increase from \$2.55 million to \$3.6 million, \$1.2 million per year, \$49,980 PPPY. Table 8 below presents the net PPPY cost reductions under the three models with this adjustment in healthcare costs. These PPPY costs are consistent with findings in the research literature.

Table 8
Net Cost Averted to Lincoln Community Post PSH for 24 Chronically Homeless – health care cost as 50% of all acute care system costs

<i>Cost Averted Model</i>	<i>40%</i>	<i>50%</i>	<i>60%</i>
<i>Annual Acute Services Averted per Person w/ 50% adjustment in HC costs</i>	<i>\$19,992</i>	<i>\$24,990</i>	<i>\$29,988</i>
<i>PPPY Annual Cost Averted w/Housing (@\$18k per PSH unit)</i>	<i>\$1,992</i>	<i>\$6,990</i>	<i>11,988</i>

Summary

The City of Lincoln systems of care achieve incredible results in the most challenging work and are integral to making Lincoln a wonderful community. However, this review of the literature and City of Lincoln specific data demonstrate in addressing homelessness and specifically chronic homelessness, as a community, Lincoln is disproportionately and unnecessarily applying efforts and resources to the symptoms resulting from individuals experiencing chronic homelessness.

With a proper accounting of all acute and emergency services costs, \$1.2 million⁵ is spent annually for 24 chronically homeless persons in the City of Lincoln, \$49,980 PPPY.

With effective permanent supportive housing programs ranging in cost from \$15,651 to \$25,567 (PPPY) and using an estimated cost of \$18,000 for Lincoln, a PSH program for the same individuals could avert from \$1,992 PPPY to \$11,988 PPPY from the acute service system. These averted costs or saved expenditures are year over year. These savings ‘buy’ an overall improvement of the Lincoln community, decrease capacity strain on existing emergency systems, and improve the quality of life of persons experiencing chronic homelessness.

Lincoln is responding to chronic homeless-related healthcare primarily through the emergency room system and only when health issues are at a crisis level and orders of magnitude more costly.

Lincoln is responding to calls related to those experiencing chronic homelessness primarily through law enforcement as a component of street outreach vs. as support for homeless street outreach.

⁵ With estimates of actual health care costs equaling 50% of all acute/emergency services.

Lincoln and chronically homeless persons use the county corrections system and substance use treatment and detox services as de facto shelters and housing programs.

All of these efforts are costly and treat the symptoms of chronic homelessness without ending the homeless episode. A reallocation of these efforts and resources toward solving the housing crisis of individuals experiencing chronic homelessness through permanent supportive housing with a housing-first approach will result in decreased numbers of persons experiencing homelessness, improve the quality of life for those persons, resulting in fewer returns to homelessness, and a significant reduction in resource allocation to and burden on community acute and emergency service systems.

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Bibliography

- Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., & Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review. *The Lancet Public Health*, 5(6), e342-e360. 10.1016/S2468-2667(20)30055-4
- Aubry, T., Goering, P., Veldhuizen, S., Adair, C. E., Bourque, J., Distasio, J., Latimer, E., Stergiopoulos, V., Somers, J., Streiner, D. L., & Tsemberis, S. (2016). A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness. *Psychiatric Services (Washington, D.C.)*, 67(3), 275-281. 10.1176/appi.ps.201400587
- Bakke, E., Opatrny, M., Burnett, P., Philips, I., Hanka, M., Reynolds, E., & Head, S. *Impact of Indiana Permanent Supportive Housing Initiative*. Evansville, IL: ISO Center for Applied Research. www.in.gov/ihcda/files/IPSHI_Study.pdf
- Bausch, Julia C., Alison Cook-Davis and Benedikt Springer. (2021). *"Housing is Health Care": The Impact of Supportive Housing on the Costs of Chronic Mental Illness*. ().Arizona State University and its Morrison Institute for Public Policy at the Watts College of Public Service and Community Solutions. morrisoninstitute.asu.edu/sites/default/files/housing_is_health_care_report_2021.pdf
- Culhane, D., & Byrne, T. (2010). *Ending Chronic Homelessness: Cost-Effective Opportunities for Interagency Collaboration*. United States Interagency Council on Homelessness. www.usich.gov/resources/uploads/asset_library/DennisCulhane_EndingChronicHomelessness.pdf
- Culhane, D. (2018). *Chronic Homelessness - How has our understanding of chronic homelessness evolved?* ().Center for Evidence-based Solutions to Homelessness.

- Cunningham, M., Hanson, D., Gillespie, S., Pergamit, M., Oneto, A., Spauster, P., O'Brien, T., Sweitzer, L., & Velez, C. (2021). *Breaking the Homelessness-Jail Cycle with Housing First*. (). Washington, DC 20024: Urban Institute. www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf
- Fei, W., & Stevens, M. (2016). *The Services Homeless Single Adults Use and their Associated Costs An Examination of Utilization Patterns and Expenditures in Los Angeles County over One Fiscal Year*. <https://homeless.lacounty.gov/wp-content/uploads/2019/02/homeless-costs-final.pdf>
- Flaming, D., Lee, S., Burns, P., & Sumner, G. (2016). *Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients*. ().SSRN. <https://ssrn.com/abstract=2772242>
- Gillespie, S., Hanson, D., Leopold, J., & Oneto, A. (2021). *Costs and Offsets of Providing Supportive Housing to Break the Homelessness-Jail Cycle*. (). Chicago, IL: Urban Institute. https://www.urban.org/sites/default/files/publication/104499/costs-and-offsets-of-providing-supportive-housing-to-break-the-homelessness-jail-cycle_0.pdf
- Gould, L. Lemur catta Ecology: What We Know and What We Need to Know. *Lemurs* (pp. 255-274). Springer US. 10.1007/978-0-387-34586-4_12
- Health Research & Educational Trust. (2017). *Social determinants of health series: Housing and the role of hospitals*. (). Chicago, IL: Health Research & Educational Trust. www.aha.org/system/files/hpoe/Reports-HPOE/2017/housing-role-of-hospitals.pdf
- Health-Tech Consultants Inc. *The Solution That Saves: Summary Report*. ().2018.
- Heartland Alliance Mid-America Institute on Poverty. (2009). *Supportive Housing in Illinois: A Wise Investment*. (). Chicago, IL: Heartland Alliance Mid-America Institute on Poverty.
- Jacob, V., Chattopadhyay, S. K., Attipoe-Dorcoo, S., Peng, Y., Hahn, R. A., Finnie, R., Cobb, J., Cuellar, A. E., Emmons, K. M., & Remington, P. L. (2022). *Permanent Supportive Housing With Housing First: Findings*

- From a Community Guide Systematic Economic Review. *American Journal of Preventive Medicine*, 62(3), e188-e201. 10.1016/j.amepre.2021.08.009
- Kuehn, B. M. (2012). Supportive Housing Cuts Costs of Caring for the Chronically Homeless. *Jama*, 308(1), 17-19. 10.1001/jama.2012.7045
- Kushel, M. B., Vittinghoff, E., & Haas, J. S. (2001a). Factors associated with the health care utilization of homeless persons. *Jama*, 285(2), 200-206. 10.1001/jama.285.2.200
- Kushel, M. B., Vittinghoff, E., & Haas, J. S. (2001b). Factors associated with the health care utilization of homeless persons. *Jama*, 285(2), 200-206. 10.1001/jama.285.2.200
- Kushel, M. B., Perry, S., Bangsberg, D., Clark, R., & Moss, A. R. (2002). Emergency department use among the homeless and marginally housed: results from a community-based study. *American Journal of Public Health*, 92(5), 778-784. 10.2105/ajph.92.5.778
- Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., Tanzer, K., Ginzler, J., Clifasefi, S. L., Hobson, W. G., & Marlatt, G. A. (2009). Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems. *Jama*, 301(13), 1349-1357. 10.1001/jama.2009.414
- Latimer, E. A., Rabouin, D., Cao, Z., Ly, A., Powell, G., Adair, C. E., Sareen, J., Somers, J. M., Stergiopoulos, V., Pinto, A. D., Moodie, E. E. M., & Veldhuizen, S. R. (2019). Cost-effectiveness of Housing First Intervention With Intensive Case Management Compared With Treatment as Usual for Homeless Adults With Mental Illness. *JAMA Network Open*, 2(8)10.1001/jamanetworkopen.2019.9782
- Mackelprang, J. L., Collins, S. E., & Clifasefi, S. L. (2014). Housing First is associated with reduced use of emergency medical services. *Prehospital Emergency Care*, 18(4), 476-482. 10.3109/10903127.2014.916020

Mares, A. S., & Rosenheck, R. A. (2010). Twelve-month client outcomes and service use in a multisite project for chronically homeless adults. *The Journal of Behavioral Health Services & Research*, 37(2), 167-183. 10.1007/s11414-009-9171-5

McGinnis-Brown, L., Hall, M., Larsen, B., & Crossgrove Fry, V. (2020). *New Path Community Housing annual evaluation 2020*. (). Boise, ID: Boise State University. <https://www.ourpathhome.org/media/1022/2020-annual-new-path-evaluation.pdf>

Nelson, G., Patterson, M., Kirst, M., Macnaughton, E., Isaak, C. A., Nolin, D., McAll, C., Stergiopoulos, V., Townley, G., MacLeod, T., Piat, M., & Goering, P. N. (2015). Life changes among homeless persons with mental illness: a longitudinal study of housing first and usual treatment. *Psychiatric Services (Washington, D.C.)*, 66(6), 592-597. 10.1176/appi.ps.201400201

Peng, Y., Hahn, R. A., Finnie, R. K. C., Cobb, J., Williams, S. P., Fielding, J. E., Johnson, R. L., Montgomery, A. E., Schwartz, A. F., Muntaner, C., Garrison, V. H., Jean-Francois, B., Truman, B. I., Fullilove, M. T., & Community Preventive Services Task Force. (2020a). Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review. *Journal of Public Health Management and Practice: JPHMP*, 26(5), 404-411. 10.1097/PHH.0000000000001219

Peng, Y., Hahn, R. A., Finnie, R. K. C., Cobb, J., Williams, S. P., Fielding, J. E., Johnson, R. L., Montgomery, A. E., Schwartz, A. F., Muntaner, C., Garrison, V. H., Jean-Francois, B., Truman, B. I., Fullilove, M. T., & Community Preventive Services Task Force. (2020b). Permanent Supportive Housing With Housing First to Reduce Homelessness and Promote Health Among Homeless Populations With Disability: A Community Guide Systematic Review. *Journal of Public Health Management and Practice: JPHMP*, 26(5), 404-411. 10.1097/PHH.0000000000001219

- Raven, M. C., Niedzwiecki, M. J., & Kushel, M. (2020). A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. *Health Services Research, 55*, 797-806. 10.1111/1475-6773.13553
- Rosenheck, R., Kaspro, W., Frisman, L., & Liu-Mares, W. (2003). Cost-effectiveness of supported housing for homeless persons with mental illness. *Archives of General Psychiatry, 60*(9), 940-951. 10.1001/archpsyc.60.9.940
- Rountree, J., Hess, N., & Lyke, A. *Health Conditions Among Unsheltered Adults in the U.S.* (). <https://escholarship.org/uc/item/44c5j3qz>
- Schanzer, B., Dominguez, B., Shrout, P. E., & Caton, C. L. M. (2007). Homelessness, health status, and health care use. *American Journal of Public Health, 97*(3), 464-469. 10.2105/AJPH.2005.076190
- Taylor, L. A. (2018). *Housing and Health: An Overview of the Literature.* (). Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/>
- Tsemberis, S. (2011). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction Manual. *Sam Tsemberis,*
- United States Interagency Council on Homelessness. (2017). *Ending Chronic Homelessness in 2017.* (). Washington, DC 20552: https://www.usich.gov/resources/uploads/asset_library/Ending_Chronic_Homelessness_in_2017.pdf

Appendix A

City of Lincoln Continuum of Care Housing First Standards

- Access to projects is not contingent on sobriety, minimum income requirements, lack of a criminal record (including status on the sex offender registry), completion of treatment, participation in services, status, or other unnecessary conditions.
- Projects do everything possible not to reject a household based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”
- People with disabilities are offered clear opportunities to request reasonable accommodations within application and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.
- Housing and service goals and plans are highly tenant-driven.
- Participation in services is voluntary and not a condition of tenancy but can and should be used to persistently engage participants to ensure housing stability.
- Services are informed by a harm-reduction philosophy recognizing that drug and alcohol use and addiction are a part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and assistance with financial management, including representative payee arrangements.
- Every effort is made to provide a tenant the opportunity to transfer from one housing situation or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.
- Projects that cannot serve a household work through the coordinated entry process to ensure that the household has access to other housing and services such as prevention assistance, homeless dedicated housing and services, and community-based affordable housing

Appendix B

Example HMIS Client Case Notes

Client Notes	System
Date Range: 01/01/2020 thru 06/08/2023	
Name: [REDACTED] SSN Number: [REDACTED] Quality of SSN: Full SSN Reported	Date of Birth: [REDACTED] Quality of DOB: Full DOB Reported Unique Identifier: [REDACTED]
[REDACTED]	
Title: Intoxicated in vestibule	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 06/01/2023	
On 06/01/2023, at approximately 0020 hours, [REDACTED] arrived at the men's shelter entrance, requesting to be let in. [REDACTED] was visibly under the influence. [REDACTED] utilized a Alco-Sensor to test [REDACTED] at the door. [REDACTED] blew a .247. [REDACTED] closed the door and contacted LPD. At approximately 0032 hours LPD escorted [REDACTED] out of the vestibule. End of report.	
Title: Detox Male	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 06/01/2023	
[REDACTED] had \$6,00 on his person when he came in at 12:40am	
Title: Urinated in recycling bin in detox room	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 06/01/2023	
It was reported that [REDACTED] urinated in the recycling bin in detox room #50, during his stay in the detox program from 5/31 to 6/1.	
Title: Suspended for behavior during 22-23 ES	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 04/18/2023	
TH- [REDACTED] has been suspended for his behavior during the ES season and his return date is 5-3-2023. To return following that, he must meet with the director and set up a behavior contract.	
Title: LPD called about a Detox	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 04/15/2023	
It was about [REDACTED] and they ask what the high we take on a BAC .277, But I really dont know and the female officer side they was just going to call emergency for him. And they did ask was he Banned from Detox and I GJ said he isnt Banned he [REDACTED] can come here after he get check out.	
Title: detox program	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 03/22/2023	
Client's Project Stay: People's City Mission Detoxification Program, Lincoln [10/02/2022 - 10/03/2022]	
[REDACTED] was brought in at 2145 by officer Fullerton and BAC is .179. He has smokes and a lighter in office.	
Title: BAC .343 /Incontinent	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 03/20/2023	
[REDACTED] came in last night wanting to stay. He blew a .343, well over twice what we allow, but I was unable to turn him away because the temperature was less than 33 degrees. He came in, laid down, slept quietly, and urinated on himself and his bedding.	
Title: BAC .242/ Alcohol on Property/ In Bunkhouse	
Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 03/13/2023	
[REDACTED] came in at .242 BAC, had an Earthquake in his poke, and went into the bunkhouse. Add 37 days suspension w/ ES.	

Client Notes

System

Date Range: 01/01/2020 thru 06/08/2023

Title: BAC .281 - sent to sober up

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 03/06/2023

[REDACTED] came in and was intoxicated - difficulty walking, disoriented. I breathalyzed him, his BAC was .281. I asked him to return when he was closer to .150 BAC.

Title: Detox Program: BAC .239

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 02/26/2023

2/26/2023: [REDACTED] was brought to detox at 9:55 p.m. on 2/26/2023 by LPD Officer Fenc1 #1587 with a BAC of .239. Mr. [REDACTED] exited detox at 3:30 a.m. on 2/27/2023.

Title: Police summoned for trespassing

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 02/19/2023

[REDACTED] stepped out for a cigarette after 10:00 pm and came back into the airlock. He asked to be let in. I reminded him that, as he knows, if he leaves after curfew, he needs to be off property until 5:00 am. He refused to leave, I called the police, they spoke to him, and he left.

Title: Alcohol Property

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 02/17/2023

[REDACTED] had a Hurricane on him in the dining room, 30 days out>LC

Title: Feb. Attendance 2023

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 02/02/2023

NCNS-1,2,3,24

Title: January Attendance 2023

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 01/29/2023

NCNS-28

Title: smoking in the bathroom and assaulting staff

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 01/26/2023

[REDACTED] was caught smoking in the bathroom . [REDACTED] showed signs of being intoxicated JW attempted to get J [REDACTED] to blow a BAC JL slapped JW's hand away. JW called LPD

Title: Detox Program: BAC .146

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 01/21/2023

1/21/2023: [REDACTED] was brought to detox at 10:30 p.m. by LPD Officer [REDACTED] on Saturday, January 21st with a BAC of .146. [REDACTED] exited detox on Sunday, January 22nd.

Title: HOSPITAL

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 01/18/2023

[REDACTED] HAD ANOTHER SEIZURE AND WENT TO THE HOSPITAL

Title: HOSP

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 12/09/2022

[REDACTED] had a seizure this morning in the agape and fell and hit his head on the lockers on the southwest side of the agape. I [REDACTED] called 911 and another guest took care of J [REDACTED]

Title: Hospital

Client Notes

System

Date Range: 01/01/2020 thru 06/08/2023

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 10/14/2022

JK- I was in the dining room getting ready to open the door in the next couple minutes when another guest waved me down in an urgent manner when I go there, they said there was a guy having a seizure in the agape. When I JK got there [REDACTED] was in the middle of a seizure and I JK called 911 and stayed there until they arrived to take [REDACTED] away. Director DD was also there to help until help arrived.

Title: Detox

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 10/03/2022

10/3/2022-When checking on [REDACTED] at 9:15a he indicated that he was ready to leave. I gave him his belongings back including a belt, hat, shoes, cigarettes, sweatshirt and 5\$. [REDACTED] blew .000 at this time. I escorted him out of the building.

Title: Detox

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 10/02/2022

At 4:55pm LPD brought in [REDACTED] and he was admitted into the PCM detox program. Upon arrival his possessions contained a belt, sweatshirt, shoes, hat, cigarettes and 5dollars in cash.

At approximately 2:30am on a routine room check of the client I entered the room in which he was somewhat awake. I informed him that i needed to administer a BCM on him. He blew a .013 then laid back down.

At the 4:00am check he indicated he had to use the restroom so I escorted him and brought him a sack lunch back to his room. KW

Title: March attendance 2022

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 03/03/2022

NCNS 3,4

Title: Sent Guest to Hospital

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 02/22/2022

At around 3:30 am a Guest came to the office to inform Staff TP that [REDACTED] collapsed and started shaking on the floor. Staff TP went to see what was going on to discover [REDACTED] sweating and face was Red he appeared very confused and unresponsive. Staff immediately called 911 the Paramedics arrived shortly afterwards to transport him to the hospital.

Title: Detox

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 02/19/2022

JK- [REDACTED] showed up the front door clearly intoxicated, I JK went out and meet [REDACTED] at the front door and told him that he needed to go to detox and [REDACTED] said he has not been drinking anything, I JK asked [REDACTED] if I did a BAC on you right now will you blow 0's. [REDACTED] said no and tried to come in anyways. I JK stopped [REDACTED] and got him sitting on a chair in the lobby and tried to get him to head back out to detox and possibly come back at 8PM but [REDACTED] refused even though [REDACTED] is on suspension. I JK just called for him [REDACTED] to go to detox around 2:40pm

Title: February attendance 2022

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 02/02/2022

NCNS 2,3,4,9,10,11,23,26

Title: More Intoxicated

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 02/01/2022

[REDACTED] was not allowed to stay on 1/31/2022 for having a BAC of .230. He was told to come back sober. He returned shortly before midnight, was breathalyzed, and had a BAC of .267.

I contacted the non-emergency number and explained the situation. The LPD officers wanted to arrest and lodge Jason, but were unable to do so - our permitting him to return means LPD won't enforce the ban.

Title: Intoxicated

Client Notes

System

Date Range: 01/01/2020 thru 06/08/2023

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 02/01/2022

TH- [REDACTED] came in today intoxicated. His BAC is .226. We asked him to leave and come back when he was sober.

Title: More Intoxicated/Alcohol on Property/Fighting Police *** NO ES

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 02/01/2022

[REDACTED] was here earlier today and blew .226. He was asked to come back when he is sober. [REDACTED] returned, I breathalized him at 19:17 and he blew a .297. He is not allowed to stay because of his BAC, and refuses to leave. I contacted dispatch to have [REDACTED] removed.

When they arrived, [REDACTED] refused to leave and struggled with them. During his struggle, he popped a double sized high alcohol beer hidden in his coat.

Because of the constant more than one time a day calls, the fact that he returns in worse shape than when we speak to him, the alcohol on his person, and fighting with the police, I made the determination he is not eligible for ES for the next month.

Title: Intoxicated

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/31/2022

[REDACTED] came in today intoxicated and his BAC was .230. We asked him to leave and come back when he is sober.

Title: Alcohol on property

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/28/2022

I RW went into the Agape restroom and caught [REDACTED] drinking a hurricane. He is getting another 30 days suspension.

Title: seizure

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/27/2022

JK- At around 4:25 as I JK was coming back from doing Curtis Center checks I JK noticed on call [REDACTED] heading back to the bathroom, another guest came up and said that there was an old man laying on the floor having a seizure. on call [REDACTED] went back to the agape bathroom and saw that it was in fact [REDACTED]. I JK went to the office and called for the ambulance.

Title: Intoxicated

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/24/2022

TH- Found [REDACTED] unconscious in the Agape bathroom. I called LPD to come and assess the situation and take him for treatment and evaluation..

[REDACTED] is to be on a contract governing his behavior. He will be given ES, only if hw tests .1 or lower BAC

Title: ALCOHOL ON PROPERTY

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/21/2022

[REDACTED] was drinking a Beer in the bathroom, tonight offering it to a few guest and handed it to me. Was very drunk also. #0 days suspension for this.

Title: 30 day suspension - assault

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/17/2022

I witnessed [REDACTED] grab [REDACTED] by the shoulders from behind and give him a "bum's rush" towards the exit. Adding 30 days to his suspension. He is now suspended through 3/14.

Title: Alcohol on Property

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/14/2022

[REDACTED] had a bottle of Vodka open drinking it with help from [REDACTED] and [REDACTED]. They all three are suspended with ES for thirty days.

Title: Erratic and belligerent behavior / Trespassing

Client Notes

System

Date Range: 01/01/2020 thru 06/08/2023

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 01/04/2022

[REDACTED] was notably intoxicated last night. He made a number of contradictory statements, lied to staff, and did not clean himself up after having been told he needed to do so because of soiling himself. He left three times after curfew. The first two times he was let in with a warning each time that if he left again, he would need to leave until 5:00 am. The third time, we declined to allow him back in and called law enforcement, asking that he be taken to detox. He began shaking the doors forcefully while we waited for the police. The thought behind calling them was that if he left again, he wasn't capable of helping himself and would likely suffer injury or death. When the police arrived, he yelled at them for quite a while before leaving with them. The police advised us that Jason is "flagged" at detox - no longer allowed there at all because of his medical conditions. He was instead booked for trespassing for refusing to leave and likely released on PR Bond.

* If his medical conditions are severe enough to prevent him from going to detox, aren't they too severe for him to be here?

Title: Sent Guest to Hospital

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 12/28/2021

At around 11:45 pm last night [REDACTED] had a Seizure in the Agape while sleeping on the Floor. Staff TP called 911 Paramedics arrived shortly afterwards to Transport him to the ER.

Title: highly intoxicated.

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 12/15/2021

JK- [REDACTED] was in the agape and we were told by day shift that [REDACTED] was not supposed to be here tonight and [REDACTED] was highly intoxicated so he was asked to leave, [REDACTED] did not want to leave but instead wanted to go to detox, so I JK called to have him sent. this was done around 8:30pm

Title: December 2021 Attendance

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 12/09/2021

NCNS 8,9,10,21,22

HOSP-16

Title: Non-compliance with Covid requirements.

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 12/07/2021

TH- DD, TH, and JL confronted [REDACTED] on his resistance to producing a negative Covid test or a Vax card. He is also having seizures on a regular basis and chooses alcohol over going to the pharmacy to get his meds to stabilize his symptoms. We stated he isn't eligible for services until he gets Covid compliant and starts his medication.

Title: Sent Guest to Hospital

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 12/06/2021

It was brought to our attention that [REDACTED] was sitting in the entryway and had vomited on himself. He was confused and couldn't understand simple questions. We called 911, he was transported to the hospital and later returned with a negative Covid test.

Title: Sent Guest to Hospital

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 12/06/2021

At approximately 10:20, we were alerted that [REDACTED] was seizing. I called 911, gave them the information requested, assisted him as directed, and waited with him until EMS arrived and transported him.

Title: Alcohol on property

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 10/09/2021

[REDACTED] was sitting on the steps of the bike rack with 3 unopened, 1 opened, and 1 empty beer drinking.

Title: Hospital

Agency: People's City Mission, Lincoln Staff: [REDACTED] Date: 06/04/2021

JK- [REDACTED] came in around 12am and looked terrible and smelt terrible and staff members were worried for him so I JK

Client Notes

System

Date Range: 01/01/2020 thru 06/08/2023

called so that he could be taken to the hospital and looked at.

Title: Transported by EMS

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 06/01/2021

Approx. 11:35 6/1/21, [REDACTED] came to the shelter. Supervisor [REDACTED] observed that [REDACTED] was so intoxicated that he was at severe risk and called and asked to have him transported to detox.

Title: May Attendance 2021

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 05/26/2021

NCNS 26,29

Title: called for help

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 05/23/2021

JK- [REDACTED] came in around 6:35am and his left eye was completely swollen shut like someone had hit him or something, I JK asked [REDACTED] what had happened and he said he fell and I asked him if he needs someone to look at him and after a couple minutes he agreed so I JK called.

Title: Sent To Hospital

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 04/07/2021

At around 9:30pm Staff TP noticed that [REDACTED] was bent over the garage can in hallway outside of the office. He was vomiting up Blood and Mucus into the garbage can. Staff immediately called 911 Paramedics arrived Shortly afterwards to transport him to the ER.

Title: April 2021 Attendance

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 04/02/2021

NCNS-1,10,14,15-EXIT

Title: March attendance 2021

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 03/03/2021

NCNS- 2,26,31

Title: 911

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 02/25/2021

JK- At around 1:45 we had another guest come up and say that we had a guy seizing in the agape, staff GJ hurried out being the closer one and staff JK called for the ambulance. [REDACTED] was in and out of seizing until the paramedics came in to work with him. Staff GJ said that [REDACTED] was starting to turn colors so they pulled [REDACTED] from his cot to the floor and continued to comfort until help arrived.

Title: Alcohol on Property

Agency: People's City Mission, Lincoln

**Staff: [REDACTED]
Ray**

Date: 02/11/2021

I RW went into the restroom in the Agape at 3 PM and [REDACTED] was standing there with a beer in his hand. Two more was in the second stall. He and [REDACTED] was in there and [REDACTED] had been seen drinking alcohol earlier as well.

Title: look into medical attention

Agency: People's City Mission, Lincoln

Staff: [REDACTED]

Date: 01/15/2021

JK- Tonight just before bedtime in the AGAPE, we had a couple of guests come up to us saying that they did not want to be mean but [REDACTED] has some stinky feet. I staff JK went out with a towel and body wash and woke [REDACTED] up and asked nicely for him to go clean his feet and he was totally willing. I also went and took [REDACTED] a new clean pair of socks and noticed that he has some sores on his feet that I think should be looked at by a medical professional. To my personal eyes the sores looked like they had some green in them, I am hoping he does not have gang green.

1/16/21 Staff called paramedics after talking with [REDACTED] about the condition of his feet. He acknowledged that they have been

Client Notes**System**

Date Range: 01/01/2020 thru 06/08/2023

fairly painful as well. Paramedics came after 7am and took him to the hospital.

Title: Medical emergency**Agency: People's City Mission, Lincoln****Staff:** [REDACTED]**Date: 01/12/2021**

[REDACTED] was sleepwalking around 4:30 AM and was nonresponsive to attempts to speak with him. Upon getting closer it was discovered that he was bleeding from his head and mouth. He was also urinating on the floor. Paramedics were called and they took him to the hospital.

Title: Neg COVID test results**Agency: People's City Mission, Lincoln****Staff:** [REDACTED]**Date: 01/09/2021**

[REDACTED] came back today from having been in the hospital with a negative test result. He is eligible for service.

Title: January Attendance 2021**Agency: People's City Mission, Lincoln****Staff:** [REDACTED]**Date: 01/06/2021**

NCNS 6

HOSP- 21

Title: Alcohol on Property**Agency: People's City Mission, Lincoln****Staff:** [REDACTED]**Date: 01/01/2021**

[REDACTED] came in with 4 fireballs at about 11 AM. RW told him he had to leave that he could come in at 8 either here or the alternate site. He is suspended with ES.

717