



## **Emergency Shelter Need 2025**

**A Report for the Continuum of Care of Lincoln and Lancaster County**

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### *Determining Emergency Shelter Need*

No single "standard" number of emergency shelter beds for people experiencing homelessness is recommended for a community based solely on population size. The ideal number of shelter beds for any community depends on many factors, including the size of the local homeless population, demographics, economy, housing availability, climate, available supportive housing, and support services in the community. The key is to have enough beds to meet the need while prioritizing strategies to transition individuals from shelter into permanent housing.

Local data on homelessness is the best method for determining the appropriate number of shelter beds needed in the community. An emergency shelter bed needs assessment based on factors like the current capacity, shelter bed utilization, unsheltered population, length of shelter stays, trends over time, and the varying number of different populations, such as families, survivors, individuals, and youth, provides a robust and reliable basis for our recommendations.

A Continuum of Care approach to addressing homelessness includes prevention, diversion, outreach, rapid rehousing, and permanent supportive housing strategies. These efforts help minimize shelter entry and length of stay and focus on the goal of stable, permanent housing solutions. In addition, a Continuum of Care approach includes integrating housing solutions with mental health services, victim services, substance treatment, and employment supports, which are vital to ensuring a successful response to ending homelessness.

Emergency shelters are essential to an effective, housing-focused homeless response system. The community must evaluate how various changes and improvements in our crisis response systems will affect the need for and demand for emergency shelter and other housing. Addressing the flow into and out of shelters is crucial for developing an effective crisis response system and ensuring that emergency shelters can enhance their capacity while fulfilling their role in quickly connecting people to stable, permanent housing.

### *Emergency Shelter Needs in Lincoln, Nebraska*

The Continuum of Care for Lincoln and Lancaster County annually assesses the community's emergency shelter bed needs using U.S. Department of Housing and Urban Development recommended methods to evaluate shelter requirements. This assessment includes the inflow and outflow from current shelter beds, the length of stay in shelter, the number of people sheltered on any given night in the community, the number who are

unsheltered, the percentages that are chronic among the sheltered and unsheltered populations, and current shelter bed inventory and utilization rates.

The 2025 Emergency Shelter Bed assessment indicates the need for 84 beds, 61 for individuals and 23 for families. Lincoln’s current inventory is 366 emergency shelter beds for all subpopulations: singles, families, survivors, veterans, and children. <sup>1</sup> The 2025 emergency shelter bed assessment indicates that Lincoln’s homeless system will best function, given current parameters, with a total emergency shelter bed inventory of approximately 450 beds, an 84-bed increase over the current inventory. The increased bed inventory should include those dedicated to serving survivors, beds for people with higher needs to be served at low-barrier facilities, medical respite beds, and beds for family units.

### **2025 Lincoln CoC - Emergency Shelter Inventory**

	<b>Current Inventory</b>	<b>Needed Inventory</b>	<b>Change</b>
Individual	183	244	<b>61</b>
Family	177	200	<b>23</b>
Youth	6	6	<b>0</b>
Total Beds	366	450	<b>84</b>

The City of Lincoln and Lancaster County plan to provide a 65-bed, low-demand emergency shelter for individuals in the city, filling an identified need in our emergency shelter array. The capacity needed, in addition, is emergency shelter beds for survivors fleeing domestic violence and shelter beds specific to families, including two-parent families.

In addition to expanding the emergency shelter beds, Lincoln must focus on reducing the number of days people stay in emergency shelters by increasing the availability of supported housing options to move people and families in housing crises from emergency shelters to stable, permanent housing destinations. Emergency shelter beds do not end a homeless episode; they are the first response to a housing crisis, and those in emergency shelters should have a length of stay of 30 days or less in the most effective homeless response system. Currently, shelter stays in Lincoln for individuals, an average of 71 days per episode and 75 days per episode for family episodes.

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<sup>1</sup> There are an additional 53 “Overflow” beds for individuals for extreme situations, which makes the total capacity in extreme situations 419. Overflow beds are not used in the calculation of needs.

### *Emergency Shelter Bed Inventory Per Capita – Lincoln and Comparison Communities*

The community has discussed per capita shelter bed data, and the following table provides accurate data on the emergency shelter bed per capita for Lincoln and several comparison cities. Again, while this is not the most appropriate method for determining shelter bed needs, it does demonstrate that Lincoln is significantly below the per capita rate compared to these communities. Although there is no recommended per capita emergency shelter bed rate in the U.S., some communities have identified one emergency shelter bed per 1,000 to 2,000 residents as a general benchmark. This benchmark aligns with the general incidence of homelessness between 0.1 and 0.2 percent in any community. Lincoln currently, and with an increased inventory, will continue to be below this general benchmark.

#### **Emergency Shelter Beds Per Capita Comparison**

	<b>MSA Population</b>	<b>CoC Emergency Shelter Beds</b>	<b>Per Capita Shelter Beds</b>
Omaha, MSA	984,548	1,267	777.1
<b>Lincoln, MSA</b>	<b>340,217</b>	<b>366</b>	<b>929.6</b>
Sioux Falls, MSA	304,555	284	1,072.4
Boise MSA	824,657	665	1,240.1
Madison MSA	680,796	473	1,439.3
Oklahoma City, MSA	1,477,926	1,005	1,470.6
Orlando MSA	2,393,055	1436	1,666.5
Des Moines, MSA	709,466	407	1,743.2
Columbus OH, MSA	2,138,926	1,148	1,863.2
		<b>HUD CoC Housing Inventory Charts 2024</b>	

## 2025 Lincoln CoC Emergency Shelter Needs Assessment - Modeling

Input					
Select State from Dropdown:		Nebraska			
Select CoC from Dropdown:		Lincoln CoC			
Coc Number:		NE-502			
Based on your community's AHAR, fill out the ES utilization rate info in the yellow cells:					
HMIS Participation Rate for Year-Round Beds:	100.00%	Emergency Shelter Utilization Rates:	Families	Individuals	
			90.0%	95.0%	
HMIS Participation rates are sufficient for tool use.					
Fill out the following cells based on your community's system performance measures:					
System Performance measure 3.1:			Previous FY	Current FY	
"This measures the change in PIT counts of sheltered homeless persons as reported on the PIT; Emergency Shelter Total:"			501	492	
System Performance measure 1a			Previous FY	Current FY	
"This measure is of the client's entry, exit and bed night dates strictly as entered in the HMIS system; Average LOT Homeless: Persons in ES and SH:"			75	65	

  

Output					
	Families		Individuals		
Current Emergency Shelter Beds:	177		183		
Emergency Shelter Bed Capacity at Current Utilization:	159		174		
Inflow to Emergency Shelters:	151		396		
Total Bednights for Inflow:	11,325		29,700		
	Low	High	Low	High	
Crisis Response Need (Beds) at Current System Status:	8	23	20	61	
Crisis Response Need (Units) at Current System Status:	3	10	20	61	

  

Modeling					
	Families		Individuals		
Increase ES Bed Utilization:	▲ ▼		▲ ▼		
	90.00%		95.00%		
Decrease Average LOT Homeless:	▲ ▼		▲ ▼		
	30		30		
Increase Households Receiving Prevention and Diversion Resources:	▲ ▼		▲ ▼		
	0		0		
Crisis Response Need after System Improvements:	Low	High	Low	High	
	3	9	8	25	
Crisis Response Need (Units) at Current System Use:	1	4	8	25	