PHASE I - OVERVIEW

Examination of the Costs of Homelessness and Issues Related to Determining the Cost-Effectiveness of Supportive Services and Housing in Washoe County, NV

January, 2007

Prepared for:

Washoe County

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Forward

This report presents results of a study of our homeless. Please note use of the term "*our* homeless" rather than "the homeless". A surprising portion of our homeless population is "from Nevada". These people are our brothers and sisters, our parents, our children, our aunts, uncles, or cousins or families members of friends and acquaintances. They are the formers soldiers, sailors, marines and air force personnel who served our country. They are also, in large part, suffering from mental illness and/or drug-dependency. Our homeless population also includes our medically uninsured who have had a substantial medical event make them indigent, and our broken families (single parents with children) who do not have the resources to have permanent housing. Our homeless population includes those who are unemployed, but it also includes our working poor. It includes our adolescents and young adults who have been "thrown out" or who have left home voluntarily, and who now have an existence of "couch surfing" among their acquaintances.

When most people think of the homeless, the first image that comes to mind is the panhandler who approached them on the street asking for spare change. The recollection is of a person smelling of alcohol, urine, body odor and bad breath, wearing several layers of old dirty clothing, and the general gut reaction was a concern for their own personal safety and security. The individuals represented by this image, too, are part of our homeless population, but represent only a very small portion.

One of the important observations of this study is that our homeless population is not a homogeneous group, but is made up of a number of different subgroups with different causes of homelessness and different sets of problems. Likewise, the services needed for the homeless population is not a "one-size-fits-all" solution, but different sets of services for these various subgroups.

This project focused on our persistently homeless population. The definition of persistent homelessness, as provided by Washoe County, is as follows: "***more than one episode of homelessness within the last 12***

months; or homeless for more than 45 days in the last 12 months". This group includes the "stereotype" mentioned above, and is composed almost entirely of those with mental illness and/or substance abuse/dependency. This is the portion of our homeless that appears to have the highest frequency of interaction with the area's first responders (police, fire and ambulance service), has the highest rates of arrests, bookings and incarcerations, and which are frequent users of emergency room facilities and services.

One of the challenges in thinking about ways of dealing with this population is to continually remind ourselves that while our persistently homeless people are fairly smart, they are not rational (at least not according to our standard of rationality). They will not necessarily respond as you or I would to certain incentives or disincentives. As stated recently by District Court Judge Peter Breen, "Many of the homeless are in self-imposed exile from the mental health services. Our role should be to get these people engaged as early as possible for as long as possible."

In undertaking this study, a number of interesting challenges were encountered, including the following:

1. Multiple definitions of homeless and homelessness;

2. Few entities actually designating individuals as homeless (rather, many have some "operational definitions");

3. Limited cost data associated with the provision of services, with problems ranging from limited tracking of costs, to tracking direct variable costs only, to little or no allocation of fixed costs; and

4. Problems tracking individuals due to: a) limited or no tracking by some service providers; b) HIPAA requirements; c) individuals having different identifiers (various forms of their names and aliases, different social security numbers, etc.); and d) no effort to obtain identifiers for juveniles (a vulnerable at-risk population), so we excluded this population in our protocols for Office of Human Research Protection.

There is an opportunity and a need to address each of these challenges in the future. A program to collect better data on an ongoing basis could provide policy makers with much better insight into the full and complete financial burden of homelessness, as well as information better reflecting the actual cost-effectiveness of various alternatives. Further, such as system should also provide a management tool that would allow service providers to make determinations as to efficiency and effectiveness of their various programs and delivery systems.

1 – Review of Principal Cost Categories

Introduction

The nature of persistently homeless concerns in the Reno-Sparks-Washoe County area is systemic in that a change in conditions in one area generally leads to unforeseen changes in another area. This study, "Examining the Cost-Effectiveness of Permanent Supportive Housing in Washoe County, Nevada" identified six primary cost categories. These six identified primary cost categories are:

1. First Responder Costs
2. Medical Costs
3. Mental Health Costs
4. Detention Facility Costs
5. Judicial Costs
6. Housing Costs

Numerous service providers were identified in each of the six primary cost categories listed above and, in some cases, one service provider reached across multiple cost categories. Although these six primary cost categories can be examined independently of each other and funding and support is generally provided independently by cost category, those individuals who are persistently homeless, chronically homeless and even "at-risk" of becoming homeless rarely, if ever, acknowledge any distinction between these six primary cost categories. The fact that those in demand of various services provided in each of the six primary cost categories listed above generally ignore service category classifications should be an indication to service providers, policy makers and the community at-large that the way in which supportive services are currently provided presents an opportunity to updated delivery systems and overall management of a this larger community-wide "system".

The six working papers that comprise Phase I of this study detail cost behavior, supply and demand behavior and changes in the total number of clients serviced across a wide array of various service providers in each of

the six primary cost categories. Section one of this chapter of this paper summarizes some of the general findings for each working paper for each of the six identified primary cost categories. Section two of this chapter of this paper provides some cross-comparison across all six identified primary cost categories.

Principal Findings by Cost Category

For a more in-depth discussion on each cost category, it is recommended that the read consult the specific working paper for each cost category summarized here.

Before each cost category is presented here, it is important to note that these various cost categories, and the subsequent services providers in each category and the individuals they serve, do not exist independent of each other. Changes made to one cost category will have some type of impact on the others. For example, increased levels of funding and resources for housing service providers may indeed reduce levels of demand for emergency room and inpatient hospital admissions for individuals who are persistently homeless. The creation of additional permanent supportive housing may *shift* those costs away from emergency room and inpatient hospital care to outpatient care and increased demand for first responder, especially emergency medical paramedic-EMT, services. Policy makers considering new strategies and approaches to managing the persistently homeless and even "at-risk" of becoming persistently homeless populations in the Reno-Sparks-Washoe County area must appreciate the interconnected nature of all these various cost and service categories.

First Responder Costs and Service Providers

First responders generally include various entities and agencies in law enforcement (i.e. city police force or county sheriff's department), fire protection services (i.e. fire departments) and even emergency medical paramedic-EMT's. In the Reno-Sparks-Washoe County area, numerous agencies, entities and programs were identified as principal providers of first responder services to the persistently homeless and even "at-risk" of becoming persistently homeless population throughout the Reno-Sparks-Washoe County area. The principal service providers in the Reno-Sparks-Washoe County area include, but are certainly not limited to, the following listed here, in no particular order:

1. City of Reno Police Department
2. City of Sparks Police Department
3. Washoe County Sheriff's Office
4. Consolidate Truckee Meadows Fire Department including the City of Reno's Fire Department
5. City of Sparks Fire Department
6. Regional Emergency Medical Services Authority (REMSA)

Various programs exist that are specifically trained and oriented towards providing various first responder services in each of these individual first responder service providers. Three specific programs/partnerships were identified as the principal programs within law enforcement and across all first responders that deal directly with this study's targeted persistently homeless and/or "at-risk" population. In no particular order, these three programs are listed here:

1. Motel Interdiction Team (MIT), City of Reno Police Department – established in 2004 as part of the Downtown Enforcement Team (DET), the MIT was designed to aggressively pursue criminal activities in various weekly and 28-day motels throughout the City of Reno's downtown urban core. In addition to aggressive law enforcement and pursuit of potential criminal activity in various weekly and 28-day motels scattered throughout the City of Reno's downtown urban core, the MIT is also equipped to provide supportive services and referrals to the residents using the weekly and 28-day motel housing stock as temporary, transitionary, emergency and, in some cases, permanent affordable housing.

2. Crisis Intervention Team (CIT), City of Reno Police Department – established in 2004 as part of the Downtown Enforcement Team (DET), the CIT was designed specifically as an outreach component of the Reno Police Department to individuals who suffer from various types of mental illness and substance abuse before an individual has the opportunity to escalate their behavior to serious criminal activities. The CIT is an aggressive and "intervention-oriented" law enforcement program that is also equipped to provide supportive service and referrals to individuals intercepted by CIT officers of the Reno Police Department.

3. Homeless Evaluation Liaison Program (HELP) City of Reno Police Department and Washoe County Sheriff's Office – The Homeless Evaluation Liaison Program is joint law enforcement program between the City of Reno and Washoe County established in 1994. The HELP serves many cross purposes aimed at aggressive intervention in the undesirable behavior of individuals who are persistently homeless and/or "at-risk" of becoming persistently homeless across Washoe County. The HELP uses a wide array of supportive services in-house as well as its ability to refer individuals to supportive services provided by other service providers located throughout the Reno-Sparks-Washoe County area. Responsible for conducting regular "river sweeps" the objective of the HELP is to aggressively outreach and link persistently homeless and/or "at-risk" individuals to various supportive services. The types of in-house services range from assisting individuals return to their jurisdiction of origin *only if* an existing supportive network exists for the

individual to return to, to providing referrals to other providers throughout the Reno-Sparks-Washoe County area.

There is of course a great deal of overlap and cooperation between all three of these specific programs and the six principal first responder service providers listed above. For example, a standard "river sweep", although administered and executed by the Homeless Evaluation Liaison Program requires the assistance of CIT officers, patrol officers and assigned deputies of the Washoe County Sheriff's Office.

Another example was the latest response to a devastating fire of one of the more prominent residential weekly/28-day motels in the City of Reno's downtown urban core. In response to this particular tragedy, MIT and CIT officers of the City of Reno Police Department worked in conjunction with patrol officers of the Reno Police Department, fire department officials of the Consolidated Truckee Meadows Fire Department including the Reno Fire Department as well as with emergency medial-EMT's from the Regional Emergency Medial Services Authority (REMSA) to provide on-site first responder services to a persistently homeless population and "at-risk" population who suffered from various disorders including physical disabilities, varying degrees of mental disorders, substance abuse disorders and numerous co-occurring disorders and conditions.

Yet another example regards standard "day-to-day" operations of patrol officers, fire department officials and emergency medical paramedic-EMT's in the field. During "ride-alongs" conducted by members of the University of Nevada, Reno's research team with emergency paramedic-EMT's from REMSA and with patrol officers from both the City of Reno and City of Sparks Police Departments, responses to obviously homeless individuals required a coordinated effort between law enforcement fire department paramedic trained personnel and emergency REMSA paramedic-EMT's. Each first responder had a specific and well defined role to play in delivering their particular first responder to the homeless individual in need of attention.

There is also a great deal of overlap and cooperation between these various first responder service providers and other service providers in other cost and service categories. For example, in the example of the "river sweep" program executed by the Homeless Evaluation Liaison Program in conjunction with Reno Police Department patrol officers and other Washoe County Sheriff's Office deputies, various service providers from other organizations participated as well. On a July 26, 2006 "river sweep", representatives from Project Restart (profiled in the Mental Health working paper of this study) and HAWC Outreach Medical Clinic (profiled in the Medical working paper of this study) were present and worked in conjunction with law enforcement first responders to link persistently homeless individuals to specific supportive services. A representative from the Alternatives to Incarceration program, a non-first responder element of

the Washoe County Sheriff's Office (profiled in the Detention Facility working paper of this study) was present to assist in linking individuals living in encampments along the Truckee River with additional supportive services.

In the example involving the recent tragic fire that consumed a weekly/28 day residential motel in the City of Reno's urban core, first responders worked closely with numerous agencies across the Reno-Sparks-Washoe County area included Red Cross, the United Way of Northern Nevada and the Sierra (profiled in the Housing working paper of this study), Project Restart (profiled in the Mental Health working paper of this study), HAWC (profiled in the Medical working paper of this study) and even the Washoe County School District (profiled in the Housing working paper of this study) for use of an area high school for emergency shelter of those victims left homeless after the incident. Many other service providers also contributed to relief efforts for the victims of this incident. This demonstrates the vast overlap amongst first responders, other service providers and even between and across city and county governments in providing assistance to the persistently homeless and "at-risk" populations.

These examples, like countless others, demonstrate the critical role first responders play in providing supportive services and assistance to the persistently homeless and "at-risk" populations across the Reno-Sparks-Washoe County area. In many ways, the first contact individuals who are persistently homeless have with the complex and intricate "supportive services network" already present within the Reno-Sparks-Washoe County area is with a first responder, be it a law enforcement officials, a fire department representative or an emergency paramedic-EMT. The decisions made by these first responders have long-term impacts on what types of supportive services individuals who are persistently homeless and "at-risk" of becoming persistently homeless will receive. This observation is one of the underlying reasons as to why policy makers have authorized the development, creation and maintenance of various first responder programs and services aimed at this study's targeted persistently homeless and/or "at-risk" population in the Reno-Sparks-Washoe County area.

Two levels of analysis were performed in measuring the current load on first responders generated by a persistently homeless and/or "at-risk" of becoming persistently homeless in the Reno-Sparks-Washoe County area. The first level of analysis involved examination of historical case loads on specific first responder program services designed specifically to assist the persistently homeless and/or "at-risk" populations in the Reno-Sparks-Washoe County area. The second level of analysis involved examination of various "homeless-related" calls for police service at a "street-level" in three defined geographic areas.

The first level of analysis utilized case data – total number of individual contacts and total number of individuals assisted – provided by the

Homeless Evaluation Liaison Program. Table 1-1 presents changes in the total number of individuals contacted by the Homeless Evaluation Liaison Program between 2000 and 2005 and Table 1-2 presents changes in the total number of individuals assisted by the Homeless Evaluation Liaison Program between 2000 and 2005.

Table 1-1
Total Number of Individuals Contacted – HELP
2000 – 2005

Year	Total Contacts	Average Annual Percentage Change
2000	1,918	
2001	1,749	-9.66%
2002	1,932	9.47%
2003	1,980	2.42%
2004	1,973	-0.35%
2005	1,850	-6.65%
Average	**1,900**	**-0.95%**

Table 1-2
Total Number of Individuals Assisted – HELP
2000 – 2005

Year	Total Assisted	Average Annual Percentage Change
2000	445	
2001	406	-9.61%
2002	637	36.26%
2003	653	2.45%
2004	660	1.06%
2005	712	7.30%
Average	**586**	**7.49%**

Between 2000 and 2005, the Homeless Evaluation Liaison Program (HELP) contacted, on average 1,900 persistently homeless or "at-risk" of becoming persistently homeless individuals. Between 2000 and 2005, the total number of individuals contacted by the HELP decreased slightly, from 1,918 individuals contacted in 2000 to 1,850 individuals contacted in 2005, a net decline of just 68 individuals contacted or 3.55%. Despite this small decline between 2000 and 2005, the year-to-year change in the number of total individuals contacted by the HELP shown in Table 1-1 changed very little. For the most part, the number of individuals contacted by the HELP remained relatively unchanged. Averaging 1,900 total individual contacts per year, HELP officers and deputies contacted, on average, 5.21 persistently homeless or "at-risk" individuals *per day*. Clearly, using the

HELP data on total number of clients contacted per year, demand for the types of first responder service provided by the Homeless Evaluation Liaison Program has remained fairly high.

Between 2000 and 2005, the Homeless Evaluation Liaison Program assisted, on average, 586 persistently homeless or "at-risk" of becoming persistently homeless individuals by either helping them return to supportive networks in their jurisdiction or origin or by referring them to other needed supportive networks and service providers in the Reno-Sparks-Washoe County area. Between 2000 and 2005, the total number of individuals assisted by the HELP increased significantly, from 445 individuals assisted in 2000 to 712 individuals assisted in 2005, a net increase of 267 individuals assisted or 60.00%. Averaging 586 total individuals assisted per year, HELP officers and deputies assisted, on average, 1.60 persistently homeless or "at-risk" individuals *per day*. With demand for the types of services the HELP offers relatively stable over the 2000 to 2005 period, the Homeless Evaluation Liaison Program has been able to assist more and more individuals both on an annual basis as well as on a per day basis as the number of individuals actually assisted *per day* increased from an average of 1.22 individuals assisted per day in 2000 to an average of 1.95 individuals assisted per day in 2005.

The second level of analysis regarding use of emergency 911 calls for service data for four specific "homeless-related" calls for police service in three specific geographic areas within the City of Reno for four complete annual periods between 2002 and 2005. The four specific "homeless-related" calls for police service, according to interviews conducted with Reno Police Department (RPD) officers, are (actual RPD "codes" for calls for service are in parenthesis):

1. Drunk (DRUNK)
2. Mental Subject (MENTAL)
3. Person Down (ONEDWN)
4. Unwanted Subject (UNWANT)

The three specific geographic areas analyzed in this study where persistently homeless behavior is "most frequent" according to interviews with RPD officers are:

1. Downtown Reno Urban Core, an area generally bounded by Interstate 80 to the north, the City of Reno – City of Sparks municipal boarders to the east, one block south of the Truckee River to the south and Keystone Avenue to the west.

2. S Virginia Street Region, an area along S Virginia Street, one block both east and west of S Virginia Street between Parklane Mall/Plumb Lane to the north and Meadowood Mall/Meadowood Mall Circle to the south.

3. University of Nevada, Reno Area, an area generally bounded by N McCarran Boulevard to the north, Valley Road to the east, Interstate 80 to the south and N Sierra Street to the west.

Table 1-3 presents the annual comparison of Unwanted Subject (UNWANT) 911 calls for RPD police service in each of the Downtown Reno Urban Core, S Virginia Street Region and University of Nevada, Reno areas for each year between 2002 and 2005. Data was provided by the Reno Police Department's Crime Statistics Unit.

Table 1-3
Unwanted Subject (UNWANT) – Downtown Reno Urban Core, S Virginia Street and University of Nevada, Reno Areas
2002 – 2005

Year	Number of UNWANT Calls - Downtown	Annual % Change	Number of UNWANT Calls - S Virginia Street	Annual % Change	Number of UNWANT Calls - UNR	Annual % Change
2002	368		101		56	
2003	417	13.32%	151	49.50%	60	7.14%
2004	485	16.31%	198	31.13%	66	10.00%
2005	563	16.08%	191	-3.54%	68	3.03%
Average	458	15.23%	160	25.70%	63	6.72%

**Source: Reno Police Department, Crime Statistics Unit*

Between 2002 and 2005, the largest concentration of Unwanted Subject (UNWANT) 911 calls for RPD police service was in the Downtown Reno Urban Core, averaging 458 UNWANT calls for service per year and increasing at an average annual rate of 15.23% per year. The S Virginia Street Region had second highest concentration of UNWANT 911 calls for RPD police service, averaging 160 UNWANT calls for service per year and increasing at an average annual rate of 25.70%. The University of Nevada, Reno area had the lowest concentration of UNWANT 911 calls for RPD police service, averaging 63 UNWANT calls for service per year and increasing at an average annual rate of 6.72% per year.

- Between 2002 and 2005, the number of UNWANT calls for service in the Downtown Reno Urban Core increased from 368 UNWANT calls for RPD police service in 2002 to 563 UNWANT calls for RPD police service in 2005, a net increase of 195 calls or 52.99%.

- Between 2002 and 2005, the number of UNWANT calls for service in the S Virginia Street Region increased from 101 UNWANT calls for RPD police service in 2002 to 191 UNWANT calls for RPD police service in 2005, a net increase of 90 calls or 89.11%

- Between 2002 and 2005, the number of UNWANT calls for service in the University of Nevada, Reno area increased from 56 UNWANT calls for RPD police service in 2002 to 68 UNWANT

calls for RPD police service in 2005, a net increase of 12 calls or 21.43%.

Growth in the total number of Unwanted Subject calls for RPD police service increased in all three studied areas but increased at the greatest rate in the S Virginia Street Region.

Table 1-4 presents the annual comparison of Drunk (DRUNK) 911 calls for RPD police service in each of the Downtown Reno Urban Core, S Virginia Street Region and University of Nevada, Reno areas for each year between 2002 and 2005. Data was provided by the Reno Police Department's Crime Statistics Unit.

Table 1-4
Drunk (DRUNK) – Downtown Reno Urban Core, S Virginia Street and University of Nevada, Reno Areas
2002 – 2005

Year	Number of DRUNK Calls - Downtown	Annual % Change	Number of DRUNK Calls - S Virginia Street	Annual % Change	Number of DRUNK Calls - UNR	Annual % Change
2002	94		26		19	
2003	106	12.77%	29	11.54%	28	47.37%
2004	115	8.49%	37	27.59%	20	-28.57%
2005	105	-8.70%	49	32.43%	12	-40.00%
Average	**105**	**4.19%**	**35**	**23.85%**	**20**	**-7.07%**

**Source: Reno Police Department, Crime Statistics Unit*

Between 2002 and 2005 the Downtown Reno Urban Core had the largest concentration of Drunk (DRUNK) calls for RPD police service, averaging 105 DRUNK calls for service per year and increasing at an average annual rate of 4.19% per year. The S Virginia Street Region had the second largest concentration of Drunk (DRUNK) calls for RPD police service, averaging 35 DRUNK calls for service per year and increasing at an average annual rate of 23.85% per year. The University of Nevada, Reno had the lowest concentration of Drunk (DRUNK) calls for RPD police service, averaging 20 DRUNK calls for service per year. DRUNK calls for RPD police service in the University of Nevada, Reno actually decreased between 2002 and 2005, decreasing at an average annual rate of 7.07% per year.

- Between 2002 and 2005, the number of DRUNK calls for service in the Downtown Reno Urban Core area increased from 94 DRUNK calls for RPD police service in 2002 to 105 DRUNK calls for RPD police service in 2005, a net increase of 11 calls or 11.70%.

- Between 2002 and 2005, the number of DRUNK calls for service in the S Virginia Street Region increased from 26 DRUNK calls for

RPD police service in 2002 to 49 DRUNK calls for RPD police service in 2005, a net increase of 23 calls or 88.46%.

- Between 2002 and 2005, the number of DRUNK calls for service in the University of Nevada, Reno area decreased from 19 DRUNK calls for RPD police service in 2002 to 12 DRUNK calls for RPD police service in 2005, a net decrease of 7 calls or 36.84%.

Growth in the total number of Drunk calls for RPD police service increased in two of the three studied areas but increased at the greatest rate in the S Virginia Street Region.

Table 1-5 presents the annual comparison of Person Down (ONEDWN) 911 calls for RPD police service in each of the Downtown Reno Urban Core, S Virginia Street Region and University of Nevada, Reno areas for each year between 2002 and 2003, the only two years complete annual data on the Person Down 911 call for police service was available. Data was provided by the Reno Police Department's Crime Statistics Unit.

Table 1-5
Person Down (ONEDWN) – Downtown Reno Urban Core, S Virginia Street and University of Nevada, Reno Areas
2002 – 2003

Year	Number of ONEDWN Calls - Downtown	Annual % Change	Number of ONEDWN Calls - S Virginia Street	Annual % Change	Number of ONEDWN Calls - UNR	Annual % Change
2002	59		20		8	
2003	83	40.68%	16	-20.00%	8	0.00%
Average	**71**	**40.68%**	**18**	**-20.00%**	**8**	**0.00%**

**Source: Reno Police Department, Crime Statistics Unit*

Between 2002 and 2003 the Downtown Reno Urban Core had the largest concentration of Person Down (ONEDWN) calls for RPD police service, averaging 71 ONEDWN calls for service per year and increasing at an average annual rate of 40.68% per year. The S Virginia Street Region had the second largest concentration of Person down (ONEDWN) calls for RPD police service, averaging 18 ONEDWN calls for service per year and decreasing at an average annual rate of 20.00% per year. The University of Nevada, Reno had the lowest concentration of Person Down (ONEDWN) calls for RPD police service, averaging 8 calls for service per year. The number of ONEDWN calls for RPD police service was unchanged between 2002 and 2003.

Only in the Downtown Reno Urban Core was there any measurable increase in the number of Person Down (ONEDWN) 911 calls for RPD police service. There was a slight decrease of Person Down calls for service in the

S Virginia Street area and no measurable change in the University of Nevada, Reno area.

Table 1-6 presents the annual comparison of Mental Subject (MENTAL) 911 calls for RPD police service in each of the Downtown Reno Urban Core, S Virginia Street Region and University of Nevada, Reno areas for each year between 2002 and 2005. Data was provided by the Reno Police Department's Crime Statistics Unit.

Table 1-6
Mental Subject (MENTAL) – Downtown Reno Urban Core, S Virginia Street and University of Nevada, Reno Areas
2002 – 2005

Year	Number of MENTAL Calls - Downtown	Annual % Change	Number of MENTAL Calls - S Virginia Street	Annual % Change	Number of MENTAL Calls - UNR	Annual % Change
2002	44		18		6	
2003	52	18.18%	20	11.11%	5	-16.67%
2004	36	-30.77%	18	-10.00%	10	100.00%
2005	47	30.56%	14	-22.22%	9	-10.00%
Average	**45**	**5.99%**	**18**	**-7.04%**	**8**	**24.44%**

**Source: Reno Police Department, Crime Statistics Unit*

Between 2002 and 2005 the Downtown Reno Urban Core had the largest concentration of Mental Subject (MENTAL) calls for RPD police service, averaging 45 MENTAL calls for service per year and increasing at an average annual rate of 5.99% per year. The S Virginia Street Region had the second largest concentration of Mental Subject (MENTAL) calls for RPD police service, averaging 18 MENTAL calls for service per year and decreasing at an average annual rate of 7.04% per year. The University of Nevada, Reno had the lowest concentration of Mental Subject (MENTAL) calls for RPD police service, averaging 8 MENTAL calls for service per year and increasing at an average annual rate of 24.44% per year.

- Between 2002 and 2005, the number of MENTAL calls for service in the Downtown Reno Urban Core area increased from 44 MENTAL calls for RPD police service in 2002 to 47 MENTAL calls for RPD police service in 2005, a net increase of just 2 calls or 6.82%.

- Between 2002 and 2005, the number of MENTAL calls for service in the S Virginia Street Region decreased from 18 MENTAL calls for RPD police service in 2002 to 14 MENTAL calls for RPD police service in 2005, a net decrease of just 4 calls or 22.22%.

- Between 2002 and 2005, the number of MENTAL calls for service in the S Virginia Street Region increased from 6 MENTAL calls for

RPD police service in 2002 to 9 MENTAL calls for RPD police service in 2005, a net increase of just 3 calls or 50.00%.

Growth in the total number of Mental Subject calls for RPD police service increased in two of the three studied areas but increased at the greatest rate in the University of Nevada, Reno area.

Table 1-7 presents the annual comparison of all four "homeless-related" 911 calls for RPD police service – UNWANT, DRUNK, ONEDWN and MENTAL – in each of the Downtown Reno Urban Core, S Virginia Street Region and University of Nevada, Reno areas for each year between 2002 and 2005. Data was provided by the Reno Police Department's Crime Statistics Unit.

Table 1-7
All "homeless-related" Calls – Downtown Reno Urban Core, S Virginia Street and University of Nevada, Reno Areas
2002 – 2005

Year	Number of "Homeless" Calls - Downtown	Annual % Change	Number of "Homeless" Calls - S Virginia Street	Annual % Change	Number of "Homeless" Calls - UNR	Annual % Change
2002	565		165		89	
2003	658	16.46%	216	30.91%	101	13.48%
2004	636	-3.34%	253	17.13%	96	-4.95%
2005	715	12.42%	254	0.40%	89	-7.29%
Average	644	8.51%	222	16.14%	94	0.41%

**Source: Reno Police Department, Crime Statistics Unit*

Between 2002 and 2005 the Downtown Reno Urban Core had the largest concentration of all "homeless-related" calls for RPD police service combined, averaging 644 calls for service per year and increasing at an average annual rate of 8.51% per year. The S Virginia Street Region had the second largest concentration of all "homeless-related" calls for RPD police service combined, averaging 222 calls for service per year and decreasing at an average annual rate of 16.14% per year. The University of Nevada, Reno had the lowest concentration of all "homeless-related" calls for RPD police service, averaging 94 calls for service per year and increasing at an average annual rate of 0.41% per year.

The Downtown Reno Urban Core also had the largest cost concentration related to responding to various "homeless-related" calls for RPD police service. Assuming an estimated average $1,000 cost per 911 call, the Downtown Reno Urban Core cost the Reno Police Department, on average, $644,000 per year responding to various "homeless-related" calls for RPD police service. The average cost of $1,000 per call was provided by officials from the Reno Police Department, the City of Reno and by examination and cost allocation of data provided in the City of Reno's annual financial

statements, FY 2002 through FY 2005. This estimated $1,000 per call includes all fixed and variable costs. The data provided to the authors of this study was insufficient to extract any estimate of fixed and variable costs.

The S Virginia Street Region had the second largest cost concentration related to responding to various "homeless-related" calls for RPD police service, costing the Reno Police Department an estimated $222,000 per year. The University of Nevada, Reno area had the lowest cost concentration, costing the Reno Police Department just $94,000 per year on average.

- Between 2002 and 2005, the number of all "homeless-related" calls for service in the Downtown Reno Urban Core area increased from 565 calls for RPD police service in 2002 to 715 calls for RPD police service in 2005, a net increase of 150 calls or 26.55%. Total cost associated with responding to these "homeless-related" calls in the Downtown Reno Urban Core also increased between 2002 and 2005, increasing from $565,000 in 2002 to $715,000 in 2005.

- Between 2002 and 2005, the number of all "homeless-related" calls for service in the S Virginia Street Region increased from 165 calls for RPD police service in 2002 to 254 calls for RPD police service in 2005, a net increase of 89 calls or 53.94%. Total cost associated with responding to these "homeless-related" calls in the S Virginia Street Region also increased between 2002 and 2005, increasing from $165,000 in 2002 to $254,000 in 2005.

- Between 2002 and 2005, the number of all "homeless-related" calls in the University of Nevada, Reno area remained unchanged, with 89 calls for RPD police service in both 2002 and 2005. Total cost associated with responding to these "homeless-related" calls in the University of Nevada, Reno area also remained unchanged, at a total cost of $89,000 in both 2002 and 2005.

Growth in the total number of all "homeless-related" calls for RPD police service combined increased in two of the three studied areas but increased at the greatest rate in the University of Nevada, Reno area in-terms of both frequency and total cost.

Table 1-8 presents the change in the annual number of all four "homeless-related" 911 calls for RPD police service – UNWANT, DRUNK, ONEDWN and MENTAL – for all three geographic areas studied – Downtown Reno Urban Core, S Virginia Street Region and the University of Nevada, Reno area – for each year between 2002 and 2005. Significant growth in the annual number of "homeless-related" calls for RPD police service was evident throughout the entire City of Reno, regardless of

geographic location. Data was provided by the Reno Police Department's Crime Statistics Unit.

Table 1-8
All "homeless-related" Calls – All Geographic Areas Combined
City of Reno
2002 – 2005

Year	Number of "Homeless" Calls	Annual % Change
2002	819	
2003	975	19.05%
2004	985	1.03%
2005	1058	7.41%
Average	**959**	**9.16%**

The total number of all "homeless-related" calls for RPD police service throughout the City of Reno, regardless of geographic location, increased year-to-year in each year between 2002 and 2005, increasing at an average annual rate of 9.16% per year. Between 2002 and 2005, the total number of all "homeless-related" calls throughout the City of Reno increased from 819 total calls in 2002 to 1,058 total calls in 2005, a net increase of 239 total "homeless-related" calls for RPD police service or 29.18%. An average of 959 "homeless-related" calls for RPD police service was recorded in each year between 2002 and 2005.

The total cost, assuming the $1,000 cost per 911 call for RPD police service, of responding to all "homeless-related" calls for RPD police service throughout the City of Reno, regardless of geographic location, also increased year-to-year in each year between 2002 and 2005. Between 2002 and 2005, the total cost of responding to all "homeless-related" calls throughout the City of Reno increased form an estimated $819,000 in 2002 to an estimated $1,058,000 in 2005. The average annual cost of responding to various "homeless-related" calls for RPD police service throughout the City of Reno between 2020 and 2005 was an estimated $959,000 per year.

Similar analysis was performed for three primary areas in the City of Sparks. The three primary areas in the City of Sparks, according to City of Sparks Police Department officials, included:

1. Downtown Sparks Urban core, an area generally bounded by E Prater Way to the north, McCarran Boulevard to the east, Glendale Avenue to the south and 19th Street to the west.

2. Sparks Truckee River Corridor, an area generally bounded by Gregg Street to the north, Interstate 80 to the east, the Truckee River to the south and N Kietzke Lane/Interstate 80 to the west.

3. East Sparks Area, an area generally bounded by Orovada Street to the north, Sullivan Lane/19th Street to the east, Interstate 80 to the south and Shoshone Drive/Carville Drive/Silverada Drive to the west.

After interviewing City of Sparks Police Department (SPD) officials, four primary 911 "codes" for service were identified as most associated to "homeless-related" activity in each of the three geographic areas listed above in the City of Sparks. These four codes included (actual SPD "codes" for calls for service are in parenthesis):

1. Loitering (LOIT)
2. Mental Subject (MENTAL)
3. Unwanted Subject (UWN)
4. Vagrant (VAG)

Table 1-9 summarizes a total of 69 individual months of data provided by the Sparks Police Department between January, 2001 and September, 2006. An estimated average cost of $850 was used to estimate the average cost per 911 call for SPD police service.

The $850 per call average cost was estimated using the same methodology used to estimate the $1,000 per call average cost per 911 call for Reno Police Department service. Similar to the RPD $1,000 per call average cost, the $850 SPD average cost per call is an allocation of all total costs, fixed and variable. The information available for analysis did not provide any opportunity to effectively estimate individual fixed and individual variable costs per 911 call for SPD police service for the City of Sparks.

Table 1-9
All "homeless-related" Calls – All Geographic Areas Combined
City of Sparks
January, 2001 – September, 2006

Loitering (LOIT)	Mental Subject (MENTAL)	Unwanted Subject (UNW)	Vagrant (VAG)	Combined "Homeless" Calls SPD	Est. Average Cost	Est. Total Cost
17	215	747	328	1,307	$850	$1,110,950

**Source: City of Sparks, Sparks Police Department*

Between 2001 and September, 2006, the City of Sparks Police Department spent an estimated $1,110,950 responding to a total of 1,307 "homeless-related" calls. Unwanted Subject (UNW) had the highest frequency of calls, totaling 747 total calls between 2001 and September, 2006. Vagrant (VAG) had the second highest frequency of calls, totaling 328 total calls, Mental Subject (MENTAL) had the third highest frequency of calls, totaling 215

total calls and Loitering (LOIT) had the lowest frequency of calls, totaling only 17 total calls between January, 2001 and September, 2006.

On a per month basis, the City of Sparks Police Department responded to an average of 18.94 "homeless-related" calls per month. The total estimated cost per month associated with responding to various "homeless-related" calls throughout the City of Sparks was an estimated $16,100.72.

The available first responder data for the City of Reno and the City of Sparks was unable to adequately measure how many actual individuals are responsible for generating these calls. For example, in the City of Reno, the available data did not adequately determine whether or not 3,837 individuals generated the 3,837 total "homeless-related" calls recorded throughout the City of Reno over the entire 2002 to 2005 period or whether there was any "skew" to the distribution of 911 "homeless-related" calls for RPD police service where a handful of individuals who are persistently homeless were responsible for the majority of the 3,837 total "homeless-related" calls recorded between 2002 and 2005 in the City of Reno. The same is true for the City of Sparks. The available data from the City of Sparks used in Phase I of this study could not distinguish between how many individual "homeless-related" calls can be attributed to one or a handful of persistently homeless individuals.

However, it is important to note that the cost per call and the total cost of responding to various "homeless-related" 911 calls for either RPD or SPD police service would be unaffected if only a handful of individuals were responsible for the majority of "homeless-related" 911 calls in either the City of Reno or the City of Sparks. In either case, the City of Reno would still have incurred a total five-year cost, between 2002 and 2005, of approximately $3.8 million responding to various "homeless-related" 911 calls for RPD police services and the City of Sparks would still have incurred a total 69-month long cost, between January, 2001 and September, 2006, of approximately $1.1 million responding to various "homeless-related" 911 calls for SPD police services.

What is clear is that the total number and total cost of various "homeless-related" 911 calls for both RPD and SPD police services has increased over the past several years in both the City of Reno and the City of Sparks. This increased "demand" for various first responder Reno Police Department and Sparks Police Department is generating additional strain on both police department first responder systems.

Given the earlier observation that fire department and REMSA emergency medical paramedic-EMT personnel are also required as part of an "overall" first responder response to various "homeless-related" calls for service, the increased demand on Reno Police Department and Sparks Police Department is likely creating additional strain on the resources of the Consolidated Truckee Meadows Fire Department, Reno Fire Department,

Sparks Fire Department as well as additional strain on the emergency medical paramedic-EMT first responder services provided by REMSA. Additional strain due to increased demand for first responder services from the Reno-Sparks-Washoe County area's persistently homeless population on Washoe County Sheriff's Office resources is also evident given the analysis presented above for the Homeless Evaluation Liaison Program in-terms of total contacts, total number of individuals assisted as well as the increased numbers of encampments found along the Truckee River during periodic "river sweeps".

Further strain on various first responder services can be indirectly observed given the pattern of individual and combined "homeless-related" calls in the various geographic regions studied in the City of Reno. As the above analysis for the Downtown Reno Urban Core, S Virginia Street Region and the University of Nevada, Reno area indicates, the frequency of "homeless-related" calls for RPD police service has increased at a rate *greater than* in the S Virginia Street Region than the rate of growth in the Downtown Reno Urban Core. This could indicate that the persistently homeless population, at least in the City of Reno, is beginning to spread outwards into the "first ring of suburban development", outside the City of Reno's immediate urban core. This spread, which is increasing at *an increasing rate,* could likely add additional strain to various first responders throughout the Reno-Sparks-Washoe County area.

Medical Costs and Service Providers

Medical service providers engaged in providing medical treatment to the persistently homeless population in the Reno-Sparks-Washoe County area range from major regional medical centers and hospitals to emergency medical clinics to veteran's hospitals to county public health service providers. Six different medical service providers were profiled in this study in the Medical working paper. Those six medical providers, in no particular order, are:

1. St. Mary's Regional Medical Center
2. Renown (formerly Washoe Medical Center) Health Center
3. HAWC Outreach Clinic
4. Veteran's Association Hospital of Northern Nevada
5. Washoe County Department of Social Services
6. Northern Nevada Medical Center.

Like first responder service providers and the other service providers in the other principal service provider categories, medical services providers do not exist and operate in an enclosed vacuum. Instead, like other service providers, medical service providers are part of a larger system. Changes in the medical service provider category can have lasting impacts on other types of service providers in other categories, both positive and negative, and changes in other service provider categories have lasting impacts on

medical service providers, both positive and negative. For example, a reduction in clinic medical services available could potentially lead to increased demand on emergency room and inpatient resources provided by larger hospitals. The increased pressure on emergency room and inpatient hospital services could potentially lead to severe shortages of available bed space for not only the persistently and/or "at-risk" homeless populations, but for the community at-large. The possibility of diversion away from a particular emergency room ripples throughout this larger system, forcing first responders to modify the way in which services are provided.

The data presented in this section for medical service providers profiles the change in demand for various levels of medical care generated by the persistently homeless and/or "at-risk" of becoming persistently homeless populations for each of six principal medical care providers listed above.

Table 1-10 presents annual changes in the number and the estimated cost of providing emergency room medical services to a persistently homeless population over the 2001 to 2005 period, the five years of complete available data, for St. Mary's Regional Medical Center.

Table 1-10
St. Mary's Emergency Room
2001 – 2005

Year	Homeless Patients	Total Charges	Estimated Cost at 36% of Total Charges
2001	183	$206,626	$74,385
2002	242	$309,315	$111,353
2003	176	$247,305	$89,030
2004	209	$356,671	$128,402
2005	235	$553,992	$199,437
TOTAL	**1,045**	**$1,673,909**	**$602,607**
Year	**Homeless Patients**	**Total Charges**	**Estimated Cost at 36% of Total Charges**
2001			
2002	32.24%	49.70%	49.70%
2003	-27.27%	-20.05%	-20.05%
2004	18.75%	44.22%	44.22%
2005	12.44%	55.32%	55.32%
Average	**9.04%**	**32.30%**	**32.30%**

Several observations can be made use the data presented in Table 1-10. First, the number of persistently homeless individuals admitted to St. Mary's emergency room between 2001 and 2005 has increased at an average annual

rate of 9.04% per year, increasing from 183 persistently homeless individuals in 2001 to 235 persistently homeless individuals in 2005, a net increase of 52 individuals or 28.42%. Although the data in Table 1-10 does not indicate whether or not there is any type of "skew" to the distribution of frequency of emergency room visits per individual, it at least appears as though St. Mary's Regional Medical Center is providing more and more emergency room services to the persistently homeless population in the Reno-Sparks-Washoe County area.

The second observation drawn from the data presented in Table 1-10 concerns the behavior of total charges and the estimated total cost incurred and assumed by St. Mary's between 2001 and 2005 due to emergency room visits by persistently homeless individuals. Between 2001 and 2005, total charges, total costs reimbursed and total costs incurred and assumed by St. Mary's increased at an average annual rate of 32.30% per year. Estimated total costs increased from $74,385 in 2001 to $199,437 in 2005, a net increase of $125,052 or 168.11%.

Table 1-11 presents annual changes in the number and cost of providing inpatient and OSS medical services to a persistently homeless population over the 2001 to 2005 period, the five years of complete available data, for St. Mary's Regional Medical Center.

Table 1-11
St. Mary's Inpatient and OSS
2001 – 2005

Year	Homeless Patients	Total Charges	Estimated Cost at 36% of Total Charges
2001	165	$5,233,810	$1,884,172
2002	217	$6,654,065	$2,395,463
2003	222	$9,290,275	$3,344,499
2004	132	$5,603,819	$2,017,375
2005	98	$3,974,328	$1,430,758
TOTAL	**834**	**$30,756,297**	**$11,072,267**
Year	**Homeless Patients**	**Total Charges**	**Estimated Cost at 36% of Total Charges**
2001			
2002	31.52%	27.14%	27.14%
2003	2.30%	39.62%	39.62%
2004	-40.54%	-39.68%	-39.68%
2005	-25.76%	-29.08%	-29.08%
Average	**-8.12%**	**-0.50%**	**-0.50%**

Compared to the number of emergency room persistently homeless patients admitted between 2001 and 2005 at St. Mary's Regional Medical Center, the number of inpatient and OSS persistently homeless patients admitted between 2001 and 2005 has declined significantly. Between 2001 and 2005, the total number of inpatient and OSS persistently homeless patients admitted at St. Mary's Regional Medical Center decreased by 8.12% per year, decreasing from 165 persistently homeless inpatient and OSS patients in 2001 to 98 persistently homeless inpatient and OSS patients in 2005, a net decrease of 67 total individuals or 40.61%. Although the data in Table 1-11 does not indicate whether or not there is any type of "skew" to the distribution of frequency of inpatient and OSS services provided per persistently homeless individual, it at least appears as though St. Mary's Regional Medical Center is providing fewer and fewer inpatient and OSS medical services to the persistently homeless population in the Reno-Sparks-Washoe County area.

The cost of inpatient and OSS medical services provided by St. Mary's Regional Medical Center far exceeded the cost of providing emergency room medical services to the persistently homeless population in the Reno-Sparks-Washoe County area over the 2001 to 2005 period. Between 2001 and 2005, total charges and total estimated costs assuming a total charge-to-total cost ration of 36.00% decreased only slightly, on average, by 0.50% per year. Total charges and total estimated cost of providing inpatient services at St. Mary's both declined significantly however between 2001 and 2005, both by 24.06% per year. Between 2001 and 2005, total charges of inpatient and OSS medical services provided by St. Mary's Regional Medical Center decreased from an estimated $5.2 million in 2001 to an estimated $4.0 million, a net decrease of approximately $1.2 million. Between 2001 and 2005, total estimated costs, again assuming a charge-to-cost ratio of 36.00% incurred by St. Mary's Regional Medical Center due to providing inpatient and OSS medical services to the persistently homeless population in the Reno-Sparks-Washoe County area decreased from approximately $1.9 million in 2001 to an estimated $1.4 million in 2005, a net decrease of $453,414.

Although the figures for emergency room medical services and inpatient and OSS medical services provided by St. Mary's Regional Medical Center to the persistently homeless population in the Reno-Sparks-Washoe County area might seem substantial by themselves, compared to the total number of *all* emergency room and *all* inpatient and OSS patients serviced by St. Mary's Regional Medical Center between 2001 and 2005, the number of persistently homeless individuals serviced by St. Mary's is relatively insignificant.

Table 1-12 compares the total number of all emergency room patients and the total number of all inpatient and OSS patients serviced by St. Mary's between 2001 and 2005 to the number of persistently homeless emergency

room and inpatient and OSS patients serviced by St. Mary's over the same 2001 to 2005 period.

Table 1-12
St. Mary's Percentage of Homeless of Total Patients
2001 – 2005

Year	Total IP Patients	IP Homeless Percentage	Total ER Patients	ER Homeless Percentage
2001	45,280	0.36%	16,392	1.12%
2002	47,761	0.45%	14,687	1.65%
2003	50,779	0.44%	13,803	1.28%
2004	47,694	0.28%	13,827	1.51%
2005	49,188	0.20%	14,767	1.59%
Average	**48,140**	**0.35%**	**14,695**	**1.43%**

Over the entire 2001 to 2005 period, the number of persistently homeless inpatient and OSS patients at St. Mary's Regional Medical Center accounted for only, on average, 0.35% of *all* annual inpatient and OSS patients admitted by St. Mary's Regional Medical Center per year. Over the entire 2001 to 2005 period, the number of persistently homeless emergency room patients at St. Mary's Regional Medical Center accounted for only, on average, 1.43% of *all* annual emergency room visits admitted by St. Mary's Regional Medical Center per year. Between 2001 and 2005, the number of persistently homeless patients, either inpatient and OSS or emergency room, represented a statistically insignificant portion of St. Mary's total emergency room and inpatient-OSS patient base.

Not only do persistently homeless emergency room and inpatient-OSS patients represent a statistically insignificant portion of St. Mary's Regional Medical Center total patient base, the per persistently homeless patient cost of services provided at St. Mary's Regional Medical Center is decreasing. Table 1-13 shows this trend over the 2001 and 2005 period.

Table 1-13
St. Mary's Total Cost and Cost per Persistently Homeless Patient
2001 – 2005

Year	Total Homeless Patients	Total Cost	Total Cost per Patient
2001	348	$1,958,557	$5,628
2002	459	$2,506,817	$5,461
2003	398	$3,433,529	$8,627
2004	341	$2,145,776	$6,293
2005	333	$1,630,195	$4,895
Average	**376**	**$2,334,975**	**$6,181**

Between 2001 and 2005, the average number of persistently homeless patients serviced by St. Mary's Regional Medical Center was 376 individuals per year. Over the same 2001 and 2005, St. Mary's average annual total cost of providing various emergency room and inpatient-OSS medical services to the average annual number of 376 persistently homeless patients was approximately $2.3 million. The average annual total cost per persistently homeless patient at St. Mary's Regional Medical Center was $6,181 per year, per patient. However, the per persistently homeless patient cost at St. Mary's Regional Medical Center has decreased between 2001 and 2005, decreasing from an estimated per patient cost of $5,628 in 2001 to an estimated $4,895 in 2005, a net decrease of $733 per persistently homeless patient or 13.02%.

Renown Regional Medical Center (formerly Washoe Medical Center), provided similar data regarding the number of persistently homeless patients and the total number of *all* patients treated through Renown's emergency room department as well as through Renown's inpatient services for FY 2006. The results from Renown Regional Medical Center are similar to that of the results seen for St. Mary's Regional Medical Center. The persistently homeless population in the Reno-Sparks-Washoe County area that found themselves in need of Renown's emergency room or inpatient medical services was a statistically insignificant part of all emergency room and inpatient services provided by Renown Regional Medical Center in FY 2006.

- In FY 2006, Renown had a total of 68,013 emergency room visit. Of the 68,013 total emergency room visits, only 1,447 or 2.13% of them were associated to a persistently homeless population in the Reno-Sparks-Washoe County area.

- In FY 2006, Renown had a total of 47,103 individual visits that required admittance to the emergency room department. Of the 47,103 total emergency room admissions, only 928 or 1.97% of them were associated to a persistently homeless population in the Reno-Sparks-Washoe County area.

- In FY 2006, Renown had a total of 20,935 total patients admitted to inpatient care from Renown's emergency room. Of the 20,935 total inpatient cases admitted, only 104 or 0.50% of them were associated to a persistently homeless population in the Reno-Sparks-Washoe County area that had to be admitted to inpatient care from Renown's emergency room.

In addition to total patient counts, for both *all* patients and all persistently homeless patients, Renown Regional Medical Center was able to provide detailed statistics on the types of diagnosis for persistently homeless patients in the Reno-Sparks-Washoe County area admitted to both the emergency room and inpatient care treatment programs for FY 2006. Table 1-14

summarizes emergency room patient diagnosis for Renown's persistently homeless patient base for FY 2006 and Table 1-15 summarizes inpatient patient diagnosis for Renown's persistently homeless patient base also for FY 2006.

Table 1-14
Renown Regional Medical Center – Top 10 Emergency Room Diagnosis
FY 2006

Diagnosis	Total Number of Cases
ALCOHOL ABUSE-UNSPEC	24
PAIN IN LIMB	24
ALCOHOL WITHDRAWAL	23
CHEST PAIN NOS	23
DEPRESSIVE DISORDER NEC	21
HEAD INJURY NOS	21
PSYCHOSIS NOS	19
ABDOMINAL PAIN-SITE NOS	19
ALCOHOL ABUSE-CONTINUOUS	19
OTH CONVULSIONS	18
BACKACHE NOS	18

Table 1-15
Renown Regional Medical Center – Top 10 Inpatient Diagnosis
FY 2006

Diagnosis	Total Number of Cases
ALCOHOL WITHDRAWAL	9
DELIRIUM TREMENS	8
CELLULITIS OF ARM	6
ACUTE PANCREATITIS	4
PNEUMONIA ORGANISM NOS	3
OPEN WOUND-CHEST/S COMP	3
CHEST PAIN NOS	3

In the top ten diagnosis for both persistently homeless patients admitted to Renown's emergency room or inpatient care facilities, alcohol abuse related diagnosis or physical disorders related to alcohol abuse or another substance abuse disorder were the most common types of diagnosed conditions. This has immediate policy implications for the development of permanent supportive housing programs for the Reno-Sparks-Washoe County area. If reduction in the total number of emergency room and inpatient visits by the Reno-Sparks-Washoe County area's persistently homeless population is to be a principal goal, the types of supportive medical and treatment services in any permanent supportive housing program will have to consider treatment protocols that address these specific diagnostic conditions.

In addition to various diagnostic conditions, Renown Regional Medical Center provided "frequent flyer" statistics for 193 persistently homeless patients in FY 2006 and the number of times they visited Renown's

emergency room. Table 1-16 presents a breakdown of this distribution for the number of persistently homeless patients and their frequency of visits to Renown Regional Medical Center for FY 2006.

Table 1-16
Renown Regional Medical Center – Distribution of Visits
FY 2006

Number of Patients	Visits per Patient
95	2
29	3
17	4
9	5
25	6
3	7
2	8
2	9
2	11
2	12
1	13
2	14
2	15
1	19
1	36

The distribution in Table 1-16 shows that a small majority of persistently homeless patients at Renown Regional Medical Center in FY 2006 accounted for a significant majority of the total number of visits to Renown made by 193 persistently homeless individuals in the Reno-Sparks-Washoe County area. For example, using the last four entries in Table 1-16, 2 persistently homeless patients had a total of 14 total visits in FY 2006 to Renown Regional Medical Center, 2 other persistently homeless patients had a total of 15 total visits, 1 persistently homeless patient had a total of 19 total visits and 1 other persistently homeless patient had a total of 36 total visits to Renown Regional Medical Center.

All told, Table 1-16 tracks a total of 193 total persistently homeless individuals who consumed a total of 767 total visits to Renown Regional Medical Center in FY 2006. Using the bottom four entries in Table 1-16, 6 persistently homeless patients, or just 3.11% of the total number of individuals tracked in Table 1-16, accounted for 113 of the 767 total visits, or 14.73%, recorded and tracked by Renown Regional Medical Center.

So far, the demand placed upon major hospital medical facilities generated by the persistently homeless population in the Reno-Sparks-Washoe County area has been sufficiently examined. The second side to medical care services provided to the persistently homeless population in the Reno-Sparks-Washoe County area is the type of medical service provided by emergency health clinics like the HAWC outreach clinic. Table 1-17 presents annual changes in the number of total cases assisted between 1998

and 2005. Note that Table 1-17 does not provide data on the total number of individuals assisted and treated by HAWC over the 1998 and 2005. Given the data provided by HAWC, it was not possible to determine the total number of individuals assisted by HAWC, only the total number of individual cases. Data was provided by the HAWC clinic.

Table 1-17
HAWC Outreach Clinic – Number of Cases/Clinic Visits per Year
1998 – 2005

Year	Total Cases Served	1998 - 2005 Annual Percentage Change	2001 - 2005 Annual Percentage Change
1998	900		
1999	1,685	87.22%	
2000	4,028	139.05%	
2001	4,318	7.20%	
2002	4,184	-3.10%	-3.10%
2003	4,527	8.20%	8.20%
2004	4,494	-0.73%	-0.73%
2005	5,383	19.78%	19.78%
Average	**3,690**	**36.80%**	**6.04%**

Two different pictures are revealed in the analysis presented in Table 1-17. First, the number of cases handled by HAWC per year between 1998 and 2005 increased at a substantially greater rate, 36.80% per year on average, versus the growth in the total number of cases handled by HAWC per year between 2001 and 2005, which grew at an average annual rate of only 6.04%. This may indicate that either the demand for various medical clinic services has slowed in recent years or that HAWC has reached the upper limits of its carrying capacity. Because HAWC is restricted by the total amount received in federal funds per year, HAWC can only provide a maximum amount of various medical services – ranging from dental care to treatment for diabetes – limited by the total amount of federal funds it receives at the beginning of each year.

The second picture revealed by the data presented in Table 1-17 is, that no matter how you interpret the data on the total number of cases handled by HAWC between 1998 and 2005, there is an obvious year-to-year increase in the demand for various triage and clinic oriented medical services. Overall, HAWC has handled, on average, 3,690 cases between 1998 and 2005. Between 2001 and 2005, the average annual number of cases handled by HAWC increased to an average of 4,581 cases handled per year. Clearly, there has been some increase in the demand for various medical services, at least at a clinic level, amongst the persistently homeless population in the Reno-Sparks-Washoe County area.

Several summary observations regarding the medical costs and service provider category data presented in this section and throughout this study.

- First, the number of persistently homeless-related cases in Reno-Sparks-Washoe County area hospitals, for emergency room or inpatient care services, has remained relatively unchanged over the past several years, and, at most has declined measurably in-terms of the overall demand for inpatient services.

- Second, it is apparent that a very small percentage of the whole persistently homeless in the Reno-Sparks-Washoe County area is generating a substantial majority of the demand for various hospital emergency room and inpatient care services.

- Third, the overall number of persistently homeless individuals using hospital emergency room and inpatient services and the total frequency of their visits and stays is *not* enough by itself to cause any apparent "great strain" on hospital resources. In the case of St. Mary's Regional Medical Center, the number of actual emergency room and inpatient cases related to the persistently homeless population in the Reno-Sparks-Washoe County area could only account for 0.35% of *all* total annual inpatient services and 1.43% of *all* total annual emergency room services provided by St. Mary's, on average, for each year between 2001 and 2005.

- Fourth, the specific medical services being demanded by the persistently homeless population in the Reno-Sparks-Washoe County area generally center on alcohol abuse related symptoms and other symptoms related to other forms of substance abuse.

- Fifth, and finally, there appears to be an increased level of demand for triage and clinic level medical services amongst the persistently homeless population in the Reno-Sparks-Washoe County area despite the relatively no-change level in demand for medical services at an emergency room, inpatient hospital level.

Mental Health Costs and Service Providers

An array of mental health service providers exist in the Reno-Sparks-Washoe County area designed to provide various mental health supportive services to the persistently homeless population in the Reno-Sparks-Washoe County area. The three principal mental health providers profiled in this study included, in no particular order:

1. Mental Health Court
2. Project ReStart Inc.
3. Northern Nevada Adult Mental Health Services

Mental health services providers are an important link in the overall system designed to provide various supportive services to the persistently homeless population in the Reno-Sparks-Washoe County area. Like first responders and medical care service providers, the quality of mental health supportive services provided to the persistently homeless and/or "at-risk" of becoming persistently homeless depends greatly on how each individual service provider in the mental health cost category interacts with other services providers in other cost categories. The Mental Health Court for example, established in 2001 as part of the Second Judicial District Court, cuts across both first responder service providers, detention facility and other judicial service providers as a means of linking persistently homeless individuals who end up in judicial system yet require significant mental health treatment. But the Mental Health Court itself relies on several service providers, like Project Restart, Inc. and Northern Nevada Adult Mental Health Services (NNAMHS), to deliver the mental health supportive services ordered by the court itself.

Since its inception in 2001, the Mental Health Court of Washoe County acts as a "clearing house" for various defendants who suffer from some form of mental illness and require programmatic treatment not relatively available to individuals who become part of larger "prison population". One of the principal goals is to "divert" those who need treatment for various mental health disorders away from the jails as a means of reducing overall detention facility populations. Since 2001, the Mental Health Court of Washoe County has seen a steady increase in the total number of *all* defendants and the total number of persistently homeless individual defendants. Table 1-18 presets a breakdown of the total number of defendant – both all defendants and those defendants identified as persistently homeless – for FY 2002 through FY 2006. Data was provided by the Mental Health Court.

Table 1-18
Case Load – Total Number of Defendants, Mental Health Court
FY 2002 – FY 2006

Fiscal Year	Total Number of All Defendants	Annual % Change	Total Number of Homeless Defendants	Annual % Change	Percentage of Defendants That are Homeless
2002	13		9		69.23%
2003	30	56.67%	20	55.00%	66.67%
2004	144	79.17%	94	78.72%	65.28%
2005	256	43.75%	166	43.37%	64.84%
2006	304	15.79%	198	16.16%	65.13%
Average	**149**	**48.84%**	**97**	**48.31%**	**66.23%**

Between FY 2002 and FY 2006, the total number of *all* defendants before the Mental Health Court in Washoe County increased at an average annual rate of 48.84% per year, increasing from 13 total defendants in FY 2002 to 304 total defendants in FY 2006, a net increase of 291 total defendants or

2238.46%. Over the same FY 2002 and FY 2006, the total number of persistently homeless defendants before the Mental Health Court in Washoe County increased at an average annual rate of 48.31% per year, increasing from 9 total persistently homeless defendants in FY 2002 to 198 total persistently homeless defendants in FY 2006, a net increase of 189 total defendants or 2100.00%.

Between FY 2002 and FY 2006, the average number of *all* defendants tried before the Mental Health Court in Washoe County was 149 total defendants per year and the average number of persistently homeless defendants tried before the Mental Health Court in Washoe County was 97 total defendants per year. Overall, the number of persistently homeless defendants before the Mental Health Court in Washoe County accounted for 66.23% of *all* defendants tried before the court between FY 2002 and FY 2006. Clearly, the persistently homeless population in the Reno-Sparks-Washoe County area makes up the majority of individuals, diagnosed with some form of mental illness, who end up before the Mental Health Court.

A large portion of *all* defendants before the Mental Health Court in Washoe County are also identified as chronic substance abusers, further complication treatment for mental illness. Table 1-19 presents the percentage of *all* defendants before the Mental Health Court who were diagnosed with some form of substance abuse between FY 2002 and FY 2006.

Table 1-19
Defendants Identified as Substance Abusers – Mental Health Court, Washoe County
FY 2002 – FY 2006

Fiscal Year	Total Number of All Defendants	No. Diagnosed with Substance Abuse Disorder	Percentage of the Whole
2002	13	13	100.00%
2003	30	26	86.67%
2004	144	117	81.25%
2005	256	217	84.77%
2006	304	257	84.54%
Average	**149**	**126**	**87.44%**

Between FY 2002 and FY 2006, the number of defendants who were diagnosed with both some type of mental illness and some form of substance abuse disorder accounted for, on averaged, 87.44% of all defendants before the Mental Health Court per year. On average, the Mental Health Court in Washoe County heard cases for 126 individuals per year who were diagnosed with some form of mental illness and substance abuse disorder. On average, given the data presented in Table 1-18, 66.23% of the 126 individuals before the Mental Health Court who were diagnosed

with some form of mental illness and some form of substance abuse disorder, were also homeless.

The numerous co-occurring conditions and disorders will help complicate the development of effective treatment programs. In sentencing, the Mental Health Court will have to consider the specific needs persistently homeless individuals who suffer from some of mental illness and some form of substance abuse disorder require for treatment and case management to be effective. The "homeless" component of these specific defendants require housing services, basic lifestyle skill development services, basic food and clothing services as well as treatment for various mental health and, due to various environmental conditions that are likely to exist, medical services as well as substance abuse recovery treatment.

The examination of the Mental Health Court in Washoe County provides additional evidence to support the hypothesis that even though these various cost and service provider categories have been examined independently of each other, they do in fact, exist together in a much more complex and comprehensive system. This observation has huge implications for the development of permanent supportive housing designed to provide a wide variety of supportive services for the persistently homeless and even "at-risk" of becoming persistently homeless population in the Reno-Sparks-Washoe County area. Not only will a vast of array of supportive services be required but a great deal of cooperation will be needed across numerous services providers to a degree that has not yet been realized in the Reno-Sparks-Washoe County area.

Detention Facility Costs and Service Providers

In Washoe County there is one principal provider of detention facility services. The Washoe County Detention Facility, operated under the jurisdiction of the Washoe County Sheriff's Office (WCSO), located at 911 Parr Boulevard in Reno, Nevada is the primary detention facility – jail for all of Washoe County. Within the Washoe County Detention Facility, various types of inmates are housed ranging from individuals with minor, misdemeanor charges to individuals who require the maximum amount of restraint and supervision under the law due to the violent, destruction and felony related crimes they have committed or are awaiting trial for.

Part of the Washoe County Detention Facility are two primary programs examined that relate most to the persistently homeless population in the Reno-Sparks-Washoe County area. They are, in no particular order:

1. WCSO Inmates Assistance Program (IAP)
2. Civil Protective Custody (CPC)

In addition to these two direct programs, the Washoe County Sheriff's Office operates, administers and executes the Alternatives to Incarceration

Unit (AIU). The AIU is comprised of five specific programs. These five specific programs that are part of the AIU are, in no particular order:

1. House Arrest
2. Sheriff's Community Work Program (SCWP)
3. Homeless Evaluation Liaison Program (HELP)
4. Inmates Work Program
5. Jail Counseling Programs

Like other service providers in the other service provider categories examined in this study, the WCSO Detention Facility does not operate in a vacuum. The WCSO Detention Facility is linked to a wide variety of other service providers in other service provider categories in the same way other service providers are linked and operate in tandem with the Detention Facility itself. For example, the Homeless Evaluation Liaison Program (HELP) was profiled as a first responder due to its nature of acting as a "front line interceptor" of many persistently homeless individuals in the Reno-Sparks-Washoe County area though the HELP's initial purpose, when it was first formed in 1994, was to alleviate the strain on the WCSO Detention Facility that was being placed on it by a growing number of persistently homeless individuals who found themselves incarcerated in the jail.

Another example is the Civil Protective Custody (CPC) program. CPC is the non-offense legal detaining of an individual who poses a significant and immediate threat to themselves or others due to intoxication. Once the individual no longer poses an immediate threat to themselves or others, the individual is released without the record of an arrest. Although individuals who are taken into Civil Protective Custody are detained lawfully at the WCSO Detention Facility until they pose no immediate risk to themselves or others, the CPC program largely relies on the judgment of first responders, be it law enforcement officials, fire department personnel or emergency medical paramedic-EMT's. The decisions made by these first responders have a great deal of impact on the level of service provided by the WCSO Detention Facility.

Changes in the behavior of various aspects of the WCSO Detention Facility also have significant impacts on the behavior and range of options for first responders. If inmate and jail population levels at the WCSO Detention Facility approach and meet capacity, first responders are forced to find alternatives to either arrest or Civil Protective Custody. If an officer or sheriff deputy intercepts a persistently homeless individual on the street that is in clear need of either arrest or CPC, but there is not excess capacity available at the WCSO Detention Facility, the officer or deputy may be forced to either 1) let the individual go or 2) call for emergency medical paramedic-EMT transport from the site of the intervention/interaction to an area hospital emergency room.

Another twist to this example is the impact changes in the behavior of various medial service providers may have on the function and behavior of the WCSO Detention Facility. In the above hypothetical scenario (not so hypothetical as interviews with various detention facility and first responder service providers indicate that the above and other examples identified here are actually occurring), the lack of capacity at the WCSO Detention Facility lead to an increased burden on first responder and medical provider services, a lack of available capacity in area hospital emergency rooms may generate significant increases in the demand for WCSO Detention Facility CPC services. If area hospital emergency rooms "fill up" and become unable to admit additional patients, those persistently homeless individuals who require medical supervision and qualify for CPC may require transport – via law enforcement or emergency medical paramedic-EMT's – from the hospital emergency room to the WCSO Detention Facility.

Table 1-20 presents the number of identified persistently homeless individuals who are part of the WCSO Detention Facility population by program and housing unit for each calendar year between 2004 and 2006.

Table 1-20
Number of Homeless Inmates by Program or Housing Unit – WCSO Detention Facility
2004 – 2006

Type of Detention Facility Program/Housing Unit	2004	2005	2006	Avg. Annual % Change	2004-2006 Actual Change	2004-2006 % Change
House Arrest	28	72 157.14%	142 97.22%	127.18%	114	407.14%
SCWP	31	25 -19.35%	0 -100.00%	-59.68%	-31	-100.00%
Medical	23	40 73.91%	38 -5.00%	34.46%	15	65.22%
Mental Health Housing Unit 3	96	169 76.04%	145 -14.20%	30.92%	49	51.04%
Special Housing Unit 4	27	64 137.04%	89 39.06%	88.05%	62	229.63%
Special Housing Unit 6	42	86 104.76%	66 -23.26%	40.75%	24	57.14%
Special Housing Unit 7	72	141 95.83%	102 -27.66%	34.09%	30	41.67%
Intake Booked and Released	124	149 20.16%	151 1.34%	10.75%	27	21.77%
TOTAL	**443**	**746** **68.40%**	**733** **-1.74%**	**33.33%**	**290**	**65.46%**

Between 2004 and 2006, the number of all persistently homeless inmates, in various programs or housing units, in the WCSO Detention Facility

increased at an average annual rate of 33.33% per year, increasing from 443 total persistently homeless inmates in 2004 to 733 total persistently homeless inmates in 2006, a net increase of 290 total inmates or 65.46%. Between 2004 and 2006, the "intake booked and released" procedure had the highest average annual frequency of persistently homeless individual occurrences, averaging 141 "intake booked and released" persistently homeless individuals per year. Housing of persistently homeless inmates in "mental health housing unit 3" had the second highest average annual frequency, averaging 137 persistently homeless inmates per year between 2004 and 2006. The Sheriff's Community Work Program (SCWP) and persistently homeless individuals requiring "medical" treatment had the lowest average annual frequencies of persistently homeless individuals per year, averaging 19 persistently homeless inmates in the SCWP per year and 34 persistently homeless inmates who required "medical" treatment per year between 2004 and 2006 respectively.

Judicial Costs and Service Providers

It should already be evident how interconnected judicial service providers are in providing supportive services to the persistently homeless and/or "at-risk" of becoming persistently homeless population in the Reno-Sparks-Washoe County examined in this study. Already, in the mental health cost and service provider category, the importance of the Mental Health Court of Washoe County was presented. The judicial cost and service provider working paper identified seven additional courts and organizations that provide a range of judicial services for the persistently homeless population in the Reno-Sparks-Washoe County area. Those seven additional courts and organizations are, in no particular order:

1. Homeless Court
2. Reno Justice Court
3. Reno Municipal Court
4. Second Judicial Court of Washoe County
5. Sparks Justice Court
6. Sparks Municipal Court
7. Washoe County Sheriff's Office

Like the other cost and service provider categories examined in this study, these various judicial courts and organizations do not operate in a vacuum. Instead, they operate in tandem with numerous other service providers in various service provider categories across the Reno-Sparks-Washoe County area. For example, sentencing decisions made by judges in the various courts examined in this study have long-term and often unpredictable impacts on the capacity and load demands for incarceration and detention facility services.

More indirectly, certain decisions and rulings in court can adversely impact an individual or family who is persistently homeless. Conviction of a gross

misdemeanor or felony charge, and some misdemeanor charges, may disqualify individuals seeking the type of employment that is low-skill yet require some form of background check and minimal qualification level for a Sheriff's Identification Card or "gaming work permit". A significant majority of individuals that are persistently homeless, as either individuals or families, require some form of employment assistance yet they have generally low-skill levels of training. This observation generally qualifies these individuals for various types of employment in the tourist, gaming, entertainment and service-oriented sectors of our regional economy. However, conviction of certain types of criminal activity may disqualify these individuals from future employment, such as a felony contempt of court charge or failure to appear arrest warrant. The inability to obtain a "gaming work permit" identification card may prohibit the individual from gaining employment further complicating and extending periods of homeless behavior due to a lack of employment and financial resources.

Table 1-21 provides some useful statistics on the total number of *all* cases filed and the total number of persistently homeless-related cases filed in the Second Judicial Court of Washoe County, the Reno Justice Court and the Sparks Justice Court for each year between FY 2002 and FY 2005.

Table 1-21
Second Judicial Court of Washoe County, Reno Justice Court and Sparks Justice Court
FY 2002 – FY 2005

Court Jurisdiction	FY 2002	FY 2003	FY 2004	FY 2005	Avg. Annual % Change
Second Judicial Court Washoe County					
Total Criminal Cases Filed	**3,214**	**3,033**	**3,059**	**3,025**	
Annual Percentage Change		-5.63%	0.86%	-1.11%	-1.96%
Total No. of Homeless-Related Cases	**155**	**183**	**192**	**288**	
Annual Percentage Change		18.06%	4.92%	50.00%	24.33%
Percentage of All Cases Related to Homeless Individuals	**4.82%**	**6.03%**	**6.28%**	**9.52%**	**6.66%**
Reno Justice Court					
Total Criminal Cases Filed	**6,688**	**6,497**	**5,900**	**6,551**	
Annual Percentage Change		-2.86%	-9.19%	11.03%	-0.34%
Total No. of Homeless-Related Cases	**97**	**67**	**136**	**178**	
Annual Percentage Change		-30.93%	102.99%	30.88%	34.31%
Percentage of All Cases Related to Homeless Individuals	**1.45%**	**1.03%**	**2.31%**	**2.72%**	**1.88%**
Sparks Justice Court					
Total Criminal Cases Filed	**2,721**	**2,573**	**2,675**	**2,641**	
Annual Percentage Change		-5.44%	3.96%	-1.27%	-0.92%
Total No. of Homeless-Related Cases	**73**	**30**	**80**	**75**	
Annual Percentage Change		-58.90%	166.67%	-6.25%	33.84%
Percentage of All Cases Related to Homeless Individuals	**2.68%**	**1.17%**	**2.99%**	**2.84%**	**2.42%**

Between FY 2002 and FY 2005, the number of *all* cases filed in the Second Judicial Court of Washoe County decreased at an average annual rate of 1.96% per year but the number of persistently homeless-related cases filed increased at an average annual rate of 24.33% per year, increasing from 155 homeless-related cases filed in FY 2002 to 288 homeless-related cases filed in FY 2005, a net increase of 133 total cases or 85.81%. Between FY 2002 and FY 2005, homeless-related cases filed in the Second Judicial Court of Washoe County accounted for 6.66% of all cases filed per year on average. The percentage that homeless-related cases filed in the Second Judicial Court of Washoe County accounted for *all* cases filed between FY 2002 and FY 2005 has also increased, accounting for 4.82% of *all* cases filed in FY 2002 to accounting for 9.52% of *all* cases filed in FY 2005.

Between FY 2002 and FY 2005, the number of *all* cases filed in the Reno Justice Court decreased at an average annual rate of 0.34% per year but the number of persistently homeless-related cases filed increased at an average annual rate of 34.31% per year, increasing from 97 homeless-related cases filed in FY 2002 to 178 homeless-related cases filed in FY 2005, a net increase of 81 total cases or 83.51%. Between FY 2002 and FY 2005, homeless-related cases filed in the Reno Justice Court accounted for 1.88% of all cases filed per year on average. The percentage that homeless-related cases filed in the Reno Justice Court accounted for *all* cases filed between FY 2002 and FY 2005 has also increased, accounting for 1.45% of *all* cases filed in FY 2002 to accounting for 2.72% of *all* cases filed in FY 2005.

Between FY 2002 and FY 2005, the number of *all* case filed in the Sparks Justice Court decreased at an average annual rate of 0.92% per year but the number of persistently homeless-related cases filed increased at an average annual rate of 33.84% per year, increasing from 73 homeless-related cases filed in FY 2002 to 75 homeless-related cases filed in FY 2005, a net increase of 2 total cases or 2.74%. Between FY 2002 and FY 2005, homeless-related cases filed in the Sparks Justice Court accounted for 2.42% of all cases filed per year on average. The percentage that homeless-related cases filed in the Sparks Justice Court accounted for *all* cases filed between FY 2002 and FY 2005 has also increased, albeit slightly, accounting for 2.68% of *all* cases filed in FY 2002 to accounting for 2.84% of *all* cases filed in FY 2005.

Three general observations can be made from the analysis presented above in Table 1-21.

1. More and more of the persistently homeless population in the Reno-Sparks-Washoe County area are finding themselves before various judicial courts in the Reno-Sparks-Washoe County area. Although the number of *all* cases filed in all three courts examined, the Second Judicial Court of Washoe County, the Reno Justice Court and the Sparks Justice Court, has remained relatively unchanged over the past few

years, the number of homeless-related cases filed in each court has increased steadily between FY 2002 and FY 2005.

2. More and more of *all* cases before various courts in the Reno-Sparks-Washoe County area are becoming related to the judicial demands of the persistently homeless population in the Reno-Sparks-Washoe County area. As a percentage of *all* cases filed in each of the three courts examined in Table 1-23, an increasing amount are homeless-related. The persistently homeless population in the Reno-Sparks-Washoe County area that require the attention of the courts is placing an increasing burden on the judicial systems of the City of Reno, the City of Sparks and Washoe County.

3. The courts are having a greater and greater impact in the lives of persistently homeless individuals and families in the Reno-Sparks-Washoe County area. As mentioned earlier in this section, the sentencing decisions made by judges in these various courts have both predictable and unpredictable outcomes in the futures of various persistently homeless individuals in the Reno-Sparks-Washoe County area as well as the demand for services placed upon other service providers in other service categories by the persistently homeless and/or "at-risk" of becoming persistently homeless population. Appropriate uses of alternative to incarceration sentencing and jail diversion programs and policies can not only alleviate the demand for incarceration and detention facility services, but can, if combined with appropriate court-order supportive service programs, help the persistently homeless individual break the cycle of "self-imposed exile" and help that individual reintegrate back into society and the larger community through housing and employment rehabilitation.

The importance of the courts in linking persistently homeless individuals and families, as well as "at-risk" of becoming homeless individuals and families, with various supportive services is clearly apparent and evident. As more and more persistently and "at-risk" homeless individuals find themselves before various courts, the court has a unique opportunity to impose conditions aimed at rehabilitation if appropriate. However, this will require considerable commitment to increased levels of partnership and cooperation between the judicial system in the Reno-Sparks-Washoe County area and various service providers in other cost and service provider categories.

Housing Costs and Service Providers

The housing costs and service provider category examined in this study was one of the largest overall categories. Although only ten specific service providers were sampled for study, dozens, if not hundreds, of different service providers at all levels of government and the private sector, are in some way involved in providing various types of housing services to either

the persistently homeless or "at-risk" of becoming homeless populations in the Reno-Sparks-Washoe County area. These service providers cross numerous cost and service provider categories. Although "housing assistance", be it permanent placement, temporary, transitionary or emergency housing support, seems to be a common goal and a common function of almost every service provider in the Reno-Sparks-Washoe County area, it is surprising that so many service providers behave in a fashion where the provision of housing services is secondary to other supportive housing such as first responder, medical care, mental health care, judicial and even detention facility services.

The Housing working paper, that is part of this overall study, consisted of three principal sections. First various service providers were examined as a means of estimation demand for permanent supportive housing. Second, various types of housing stock were examined as a way of estimating and predicting how permanent supportive housing may behave, in-terms of cost and benefit. Third, various studies were examined and certain specific policy recommendations were made.

In the first section, the ten service providers profiled included, in no particular order:

1. Catholic Community Services of Northern Nevada
2. Reno-Sparks Gospel Mission
3. Shelter plus Care, Northern Nevada Adult Mental Health Services
4. Ridge House
5. Committee to Aide Abused Women
6. Safe Embrace
7. Family Promise
8. United Way
9. Washoe County School District Children in Transition Program
10. Reno Housing Authority

Several observations can be made given the client data provided by these ten individual service providers.

First, the level of supportive services provided across ten service providers has remained relatively constant over the last several years and in some cases, the number of services provided has decreased slightly. Although the relatively constant level of total service provided, and even the slight decrease in the number of individuals/families assisted by each service provider listed above, maybe the result of service providers reaching the upper limits of their provider capacity levels, it may also indicate a relative "flattening", and in some cases a decline, in both the total demand of various supportive services needed by the persistently and/or "at-risk" homeless population in the Reno-Sparks-Washoe County area and the total number of persistently and/or "at-risk" homeless individuals who require various supportive services.

Second, examining the client data provided by the ten various service providers sampled and analyzed showed a great diversity in the different types of population cohorts within the overall persistently homeless and/or "at-risk" of becoming persistently homeless population. Single persistently homeless men who suffer from some form of severe mental illness (the group most commonly targeted in various studies and programs of permanent supportive housing in other jurisdictions like Denver, CO, Philadelphia, PA and New York, NY) account for a statistically insignificant portion of the overall, total persistently homeless and/or "at-risk" population in the Reno-Sparks-Washoe County area. There are single persistently homeless and "at-risk" women, single parent persistently homeless and "at-risk" families with children, two-parent persistently homeless and "at-risk" families with children, couples who are persistently homeless and "at-risk" with no children and even children who are persistently homeless and "at-risk" who are either abandoned or runaways with no parent or legal guardian.

Each of these, and many other population cohorts within the larger persistently homeless and/or "at-risk" of becoming persistently homeless population demand have various levels of mental health, medical health, substance abuse disorders as well as co-occurring disorders. This great variability across individuals and individual families that are either homeless or "at-risk" of becoming homeless creates great variability in the types and total amount of supportive services needed. A "one-size-fits-all" approach to providing permanent supportive housing can not meet the variation in demand for all these types of supportive services in demand. This point is affirmed by previous studies done regarding the permanent supportive housing programs in jurisdictions like Denver, CO, Philadelphia, PA, New York, NY and San Francisco, CA.

Third, despite the great variability in both the types and amount of supportive services needed, there is some commonality. Basic principal supportive services, such as housing, basic food and clothing, employment assistance, lifestyle skill development and education, were all common amongst various the various persistently homeless and/or "at-risk" population cohorts identified by each of the ten service providers profiled. Prenatal and basic medical care, such as dental care and minor physical ailment care, as well as substance abuse treatment, were somewhat common across all various persistently homeless and/or "at-risk" population cohorts. More intensive medical and mental health care were the least common types of supportive services demanded amongst various population cohorts identified by each of the ten service provides profiled. This observation, that more intensive medical and mental health care demands for supportive services were least common, tends to support the observation in the medical cost and service provider category that the number of persistently homeless and/or "at-risk" of becoming persistently homeless individuals who needed and received medical emergency room and inpatient care over the last

several years accounted for only a statistically insignificant minority of all emergency room and inpatient services provided by the major medical providers located in the Reno-Sparks-Washoe County area.

The second major part of analysis in the housing working paper of this study examined three types of housing stocks in the Reno-Sparks-Washoe County area. Those three housing stocks included:

1. Weekly-Low Budget or 28-day Residential Motels
2. Subsidized Housing Properties
3. Normal, non-subsidized, longer-term Rental Apartment Properties (used as the control group in this study)

The weekly-low budget or 28-day residential motels are a significant part of the number of "affordable" housing units available in the Reno-Sparks-Washoe County area. In the City of Reno alone, a total of 109 properties, or 4,534 total individual units were sampled for this study. City wide, there could be as many as 300 individual weekly motel properties, have in excess of 10,000 individual units. The weekly motel housing category examined in this report have been used largely as this area's affordable housing stock in addition to providing emergency, temporary, transitionary, and even in some cases permanent, housing for both the persistently homeless and "at-risk" of becoming persistently homeless populations.

The subsidized housing properties are what most individuals would consider affordable, assisted rental properties consisting of properties managed and funded through tax payer dollars at either a local, county, regional, state or federal level. In the City of Reno alone, a total of 68 properties, or 5,836 total individual units were sampled for this study. These various subsidized housing properties were used to approximate levels of various costs that may occur in new permanent supportive housing properties developed in the Reno-Sparks-Washoe County area. The subsidized housing properties studied here have an unusually high concentration of seniors and disabled that skew demand for emergency paramedic and outpatient services upwards similar to the skewed upward demand for outpatient services seen in actual permanent supportive housing programs in other jurisdictions.

Properties in the control group category are properties that most individuals would consider normal, non-subsidized, longer-term rental apartment properties. In the City of Reno alone, a total of 32 properties, or 6,709 total individual units were sampled for this study. These normal, non-subsidized, longer-term rental apartment properties help to establish a "community base" level number of various emergency services and costs that the weekly motel properties and subsidized housing properties can be compared against.

Weekly motels, subsidized housing properties and control group properties were examined in just the City of Reno due to the observation that the largest concentration of weekly motels, subsidized housing and control

group properties are located within the City of Reno. This concentration in the City of Reno made comparison of costs easier as additional effort to "control" for cost differences in police and other costs associated with other public services across different jurisdictions. The analysis in the second major part of the housing working paper consisted of examining the various levels of emergency services and public costs associated with each type of property. Those types of public costs and emergency services included:

1. Reno Police Department 911 calls for service by "code"
2. Regional Emergency Medical Services Authority (REMSA) total responses and total transports
3. Washoe County Sheriff's Office (WCSO) Civil Division total number of evictions

The number of Reno Police Department 911 calls for service had the highest total frequency of occurrence and the highest total cost of providing the emergency police service across all three housing stocks studied and out of all three types of public costs and emergency services. The weekly motel housing category had the highest frequency of 911 calls for emergency police services and the highest cost on both a total and per unit basis when compared to the frequency and cost of 911 emergency police services in either the subsidized housing or control group category. The high frequency of criminal activity within the weekly motel category significantly contributed to the low levels of measured trust, stability, security, safety and overall neighborhood solidarity present amongst residents of the weekly motel category. The high levels of mistrust, fear, animosity and general suspicion was greatest amongst the weekly motel residential population when measured to feeling of mistrust, fear, animosity and general suspicion amongst residents in both the subsidized housing and control group categories.

The number of REMSA total responses and total transports had the second highest total frequency of occurrence and the highest total cost of providing emergency paramedic-EMT services across all three housing stocks studied and out of all three types of public costs and emergency services. The subsidized housing category had the highest frequency of REMSA calls for responses and transports and the highest cost on both a total and per unit basis when compared to the frequency and cost of REMSA responses and transports in either the weekly motel or control group category. This result is not surprising given the high concentration of seniors and disabled amongst the subsidized housing residential population. Given the above-average (estimated using the control group category) level of demand for emergency medical paramedic-EMT services in the subsidized housing category, it is likely that new permanent supportive housing programs designed for the persistently homeless and/or "at-risk" of becoming persistently homeless population in the Reno-Sparks-Washoe County area will have similar above-average levels of demand for emergency medical paramedic-EMT services. This may also help to explain why studies

conducted on permanent supportive housing programs in jurisdictions like Denver, CO, Philadelphia, PA and New York, NY found increased levels of demand for outpatient medical and mental health services amongst the population of these various permanent supportive housing programs.

The number of WCSO Civil Division evictions had the lowest total frequency of occurrence and the lowest total cost across all three housing stocks studied and out of all three types of public costs and emergency services examined in each of the three housing stocks studied here. The control group category had the highest frequency of WCSO Civil Division evictions and the highest cost on both a total and per unit basis when compared to the frequency and cost of WCSO Civil Division evictions in either the weekly motel or subsidized housing category. This result is not necessarily surprising given that much of the rent in the subsidized housing category is, in fact, subsidized and provided in such a way to minimize the occurrence of eviction and that in the weekly motel category, landlords, owners and property managers generally do not have to go through the WCSO Civil Division to evict a resident for delinquent rent. Residents in the weekly motel category can be locked out with no advanced notification and by a simple change of the lock. Although residents are able to have local law enforcement require the landlord, property owner and/or manager to allow the evicted resident access to their former unit to retrieve personal items, this type of eviction does not require the use of the WCSO Civil Division and therefore would not likely cause a measurable demand for WCSO Civil Division services.

Like many of the other service providers in other service provider categories, changes in the housing cost and service provider category has system-wide effects, some of which can be predicted, some of which cannot be predicted and some of which are positive and desirable and some that have negative and undesirable effects. The more obvious and most predictable impacts would be changes in the level of criminal activities and demand for emergency medical paramedic-EMT services in either one of the three studied housing stocks. Continued high levels of criminal activity, for example, within the weekly motel category, will likely create additional demand for and strain upon the load capacity restraints of local law enforcement agencies including the Reno Police Department, Sparks Police Department and even the Washoe County Sheriff's Office.

The less obvious and less predictable impact of increased criminal activities amongst the weekly motel, or any other housing stock, would be the impacts on other service providers such as the courts and possibly the Washoe County detention facility. Increases in specific types of criminal activities resulting in specific types of 911 calls for police service, such as Family Disturbance, Child Related Victim and even Sex Related Crime, may drive increased demands in the need for specific supportive services aimed at servicing women who have become victims of domestic abuse and are homeless as a result, children who have become victims of child abuse and

now are homeless yet require the services of public organizations like Child Protective Services and the Washoe County School District's Children in Transition Program and victims, as well as perpetrators, of sex related crimes may generate additional demand for various counseling, medical, mental health and substance abuse supportive services.

The behavior of various elements of the housing cost and service provider category have very substantial and very measurable impacts on other parts of the larger "system network" of supportive services that already exist in the Reno-Sparks-Washoe County area. This high degree of interdependence amongst various housing service providers and other service providers in other service categories across multiple jurisdictions forces policy makers considering the creation of a new permanent supportive housing program to think systematically in how best to establish and deliver permanent supportive housing programs and think regionally in the development and delivery of a permanent supportive housing program.

Comparison across Cost and Service Provider Categories

When these various cost and service provider categories are placed "side-by-side" a larger, more complicated picture begins to take place. It becomes quickly apparent that no one service provider, no one cost generator and no one service provider category works independently of other service providers, of other cost generators and of other service provider categories.

The picture that often arises can often be contradictory. Some data from some service providers indicate that both the total demand for various supportive services and the total cost of providing those services to the persistently homeless and/or "at-risk" population in the Reno-Sparks-Washoe County area has decreased over the last several years while some data from other service providers indicate that both total demand and total cost are increasing. To add to this confusion is the seemingly contradictory conclusion that the level of demand for various supportive services placed upon a wide array of various service providers across multiple service provider categories by itself has become very costly, very inefficient and has not made a sizable difference in either the number of or condition of the persistently homeless and/or "at-risk" of becoming persistently homeless population that exists in the Reno-Sparks-Washoe County area. Yet, compared to other users of various services – non-homeless patients in hospitals or non-homeless defendants in court or non-homeless offenders incarcerated for example – the number of persistently homeless and/or "at-risk" individuals use a statistically insignificant portion of all total services provided when compared to all other users.

Adding to this complexity is the vast diversity that exists amongst various individual cohorts of the persistently homeless and larger "at-risk" population. Across all service providers and across all cost and service provider categories a very complex and varied picture arises. The study of

the weekly motel housing category for example, shows that policy makers have a much larger concern than just single persistently homeless men who suffer from some form of severe mental illness. Instead, policy makers, service providers, public agencies, different entities, organizations and the public at large must begin to tackle the different and varied challenges of addressing the unique demands of many different population cohorts. The study of individual weekly motels throughout the Reno-Sparks-Washoe County are reveals that one weekly residential motel, with an average of 35 individual units, can have substance abusers, prostitutes, the elderly, the disabled, problem gamblers, violent offenders, runaway children, children that have been abandoned by their parents, families with small children, and single individuals all living on a single property. Each individual occupant in each individual unit at just a single weekly residential motel can generate a great deal of demand on multiple service providers across multiple service and cost categories at a single instant.

This level of complexity is not common to just the weekly motel residential housing stock examined in this study. This level of complexity and diversity also exists amongst individuals who are persistently homeless and "at-risk" of becoming homeless living literally on the street, in a car, in an encampment along an isolated part of the Truckee River or in a hospital's emergency room, a hospitals intensive care unit, before a judge in any one of the different courts that exist in the Reno-Sparks-Washoe County area, in the mental care housing unit of the Washoe County Sheriff's Office Detention Facility or in any one of the almost infinite number points of entry to the larger system of service providers that exist for the persistently homeless and "at-risk" population in the Reno-Sparks-Washoe County area.

This almost impossible to comprehend system is made even more complex by the undeniable fact that it is almost impossible to find just one individual who is persistently homeless or "at-risk" of becoming homeless who needs only one specific type of supportive service. Generally, one individual who is persistently homeless or "at-risk" of becoming homeless requires a great deal of various supportive services ranging from medical care to mental health care to first responder care to judicial attention to incarceration to housing. Take for example some of the data provided by Family Promise (profiled in the Housing working paper of this study). Family Promise is a service provider that is part of the Interfaith Hospitality Network aimed at providing supportive services and emergency shelter to families that have become homeless for a variety of reasons. Family Promise assisted 115 total families between FY 2002 and FY 2005. Over the same FY 2002 and FY 2005, Family Promise tracked the consumption of 18 various supportive service categories. In each one of the 115 cases Family Promise assisted between FY 2002 and FY 2005, not one family required only one service. In some cases, a single individual family required almost every one of the 18 various supportive services offered, either in-house or through referral to another service provider. This "pattern of demand" was not isolated to just Family Promise. This observation was also made for case data provided by

Safe Embrace and the United Way of Northern Nevada and the Sierra (both profiled in the Housing working paper as well). Both Safe Embrace and the United Way were identified as "housing service providers" but service providers profiled in the medical category, Renown Health Center for example, and in the mental health category, Northern Nevada Adult Mental Health Services for example, both showed the same tendency.

This observed "pattern of demand" for multiple supportive services by individuals who are either persistently homeless or "at-risk" of becoming persistently homeless is made even more difficult by the fact that no one individual service provider and no one service provider category is capable of delivering these services by themselves. A great deal of cooperation and coordination is needed to effectively link individuals in need with the supportive services they require across multiple service providers and multiple service provider categories. In many cases, the analysis performed in this study shows that this disjointed, often clumsy approach is not only inefficient, but creates numerous barriers that individuals who are persistently homeless or "at-risk" of becoming homeless have to overcome in order to get the supportive services they need. Bureaucratic and often inflexible policies and procedures have too often negatively impacted the lives of those in the Reno-Sparks-Washoe County area that so desperately need the supportive services that can make a positive difference in their lives as well as the lives of all people in the community at large.

Add to all these various levels of complexity and difficulty is the difficulty in actually intercepting and identifying the individuals who are persistently homeless and even "at-risk" of becoming homeless. In the forward part of this report is the quote, "self-imposed exile". So many of those that need various types of supportive services have chosen to effectively "live off the grid", moving from encampment to encampment, motel room to motel room, alley to alley, dumpster to dumpster, couch to couch and even jurisdiction to jurisdiction, be it between the City of Reno and the City of Sparks, between Washoe County and other counties in northern Nevada or between Nevada and other states. The reasons for this type of "self-imposed exile" vary as greatly as the number of individuals who are routinely identified as persistently homeless. Severe mental illness, fear of incarceration, lack of sufficient resources, pride and even a lack of just general knowledge contributes to the high degree of transience amongst the persistently homeless and "at-risk" population in the Reno-Sparks-Washoe County area. One individual who is persistently homeless can be a life long resident of the Reno-Sparks-Washoe County area. This individual is often well known, often by their first name, by law enforcement, fire department personnel, emergency medical paramedic-EMT's, judges, clerks of the court, emergency room nurses, inpatient physicians, social workers, psychiatrists, psychologists, case managers and a vast array of individual service providers too numerous to mention and list here.

Then there is the other individual. This individual spends sometimes only a few days or just a few weeks or, maybe at the most, a few months at a time here in the Reno-Sparks-Washoe County area. This individual is not as well known by law enforcement, physicians, case managers and others but is familiar. This individual is seen only a few times a year but generally "pops up" at around the same day(s) on the calendar. Some many individuals and families that are persistently homeless and "at-risk" of becoming persistently homeless are so transient that they only appear at certain times of the year in the Reno-Sparks-Washoe County area.

The reasons why they return to the Reno-Sparks-Washoe County area vary considerably. Some are looking for work and come back to the Reno-Sparks-Washoe County area at a time where they know employment is plentiful. Others who move in and out of the Reno-Sparks-Washoe County area do so because they have used up whatever supportive services they had in other jurisdictions and others because it is simply "that time of year". As there are wealthy "snowbirds" that winter in Orlando and summer in the Hamptons, there are individuals who are persistently homeless yet move from jurisdiction to jurisdiction following a seasonal pattern in attempt to avoid the harsh winters of colder climates. Then there are those who come to the Reno-Sparks-Washoe County area to take advantage of various opportunities for personal criminal benefit. The summer tourism season in the Reno-Sparks-Washoe County area is not only a staple for the local economy in-terms of tourism-generated tax revenues, but is also a staple for those who would criminally profit from tourism, be it selling narcotics, soliciting sex for cash or through theft of personal property.

Be it the more indigenous, long-term "stable" persistently homeless and "at-risk" population or the highly transient, mobile and more "unstable" persistently homeless and "at-risk" population, there is one common thread that unites them all. Generally speaking, these individuals only become clients of the larger "system" identified in this report at a point of crisis where the intensity of service(s) needed and the cost of providing those crisis level services is so great that it is often difficult to provide them adequately. In the Reno-Sparks-Washoe County area, there is a preponderance of evidence to support the conclusion that the historical and even current approach to assisting "those in need" has been reactive, not proactive. The emphasis has been on reaction, not prevention. It is this policy practice that has lead to the general escalation in both the level of demand and the cost of supplying that demand for various types of supportive services to the persistently homeless and "at-risk" population in the Reno-Sparks-Washoe County area.

But in recent years a new approach has begun evolve across the Reno-Sparks-Washoe County area. New judicial services, like the Mental Health Court, the Homeless Court and the Drug Court have been developed, implemented and designed to be proactive in breaking the cycle of "self-imposed exile" so many of those that are persistently homeless and who are

"at-risk" of becoming homeless. New law enforcement tools and approaches, like the Motel Interdiction Team and the Crisis Intervention Team, both elements of the Reno Police Department's Downtown Enforcement Team are designed to seek out individuals who are in need of various supportive services before they engage in severe patterns of criminal behavior. The joint Washoe County Sheriff's Office – Reno Police Department program, the Homeless Evaluation Liaison Program, is designed to work not only proactively, but across jurisdictions and help coordinate the efforts of various service providers "in the field".

And these examples are only a few examples of this new, proactive and prevention-oriented approach. The creation of the Reno Area Alliance for the Homeless (RAAH) is a multi-agency-organization-individual-jurisdictional-service provider approach to coordinating the efforts of not only service providers but the efforts of multiple governments at the city, county, school district, regional and state level relating to the providing of various supportive services to the persistently homeless and "at-risk" of becoming persistently homeless population across the Reno-Sparks-Washoe County area.

These new programs, organizations, alliances and approaches are, however, new. Most of them have not been in existence for more than a few years. The data examined across the different cost and service provider categories in this study still leave us to wonder whether or not this evolving proactive and prevention-oriented approach will work for not only those that are single persistently homeless individuals who suffer from some form of mental illness but will help make a measurable and positive difference in the lives of all those that are persistently homeless and "at-risk" of becoming homeless in the Reno-Sparks-Washoe County area.

2 – Review of Principal Policy Implications and Recommendations

Introduction

A vast amount of data and literature has been summarized and reviewed throughout this report. In each concluding section of each individual working paper, a series of policy implications and policy recommendations are made. This overview report contains a brief synopsis of those policy implications and recommendations.

The overall purpose of this study was to help encourage a larger discourse amongst policy makers at the city, county, school district, regional and state level, service providers, agencies, organizations and across the community at larger regarding the direction of future policies and programs aimed at developing new methods of supportive service delivery to the persistently homeless and "at-risk" of becoming homeless population in the Reno-Sparks-Washoe County area.

As mentioned in the forward section of this report, this study comprised what is hoped to be a comprehensive "inventory" of numerous issues regarding the different elements of the persistently homeless population in the Reno-Sparks-Washoe County area. To reiterate, a number of interesting challenges were encountered over the near eight months this study was conducted in, including the following:

1. Multiple definitions of homeless and homelessness;

2. Few entities actually designating individuals as homeless (rather, many have some "operational definitions");

3. Limited cost data associated with the provision of services, with problems ranging from limited tracking of costs, to tracking direct variable costs only, to little or no allocation of fixed costs; and

4. Problems tracking individuals due to: a) limited or no tracking by some service providers; b) HIPAA requirements; c) individuals having

different identifiers (various forms of their names and aliases, different social security numbers, etc.); and d) no effort to obtain identifiers for juveniles (a vulnerable at-risk population), so we excluded this population in our protocols for Office of Human Research Protection.

Each one of this individual challenges presents opportunities for future research as well as opportunities for the development of specific policies and programs. These specific policies and programs are examined in greater detail here.

Recommendation 1 – A Common Definition of Persistently Homeless and "At-Risk" of Becoming Homeless

Despite the recent shift in public policy towards a more proactive and prevention-oriented approach mentioned at the conclusion of chapter one of this report, there is still no common, single definition of "homeless" and "homelessness" in the Reno-Sparks-Washoe County area. Many service providers involved directly, as well as indirectly, in the providing of supportive services to the persistently homeless and/or "at-risk" population commonly use operational definitions of "homeless" and "homelessness". Given current funding practices, these operational definitions generally mimic the definitions used by various sources of funding including municipal, county, state, federal and other providers of direct funding or grant funding.

Although the use of operational definitions have proved effective in maintaining financial support as well as defining each individual service providers specific client base, it severely retards the ability to conduct meaningful research and develop policies that are general enough to meet the requirements of the entire "system" outlined in this report but the individual needs of various service providers and the various individuals who are persistently homeless and/or "at-risk" of becoming homeless.

In addition to assisting in the development of meaningful research and policy development, a common definition of "homeless" and "homelessness" will hopefully help various parts of the larger community unite under a common banner and with a common goal and objective in mind. As mentioned at the conclusion of chapter one, a great deal of historical, as well as current, approaches to the provision of new supportive services to the "in need" population in the Reno-Sparks-Washoe County area has generally been reactive and of a responsive-oriented nature. Generally, individuals who are persistently homeless or "at-risk" of becoming homeless do not receive supportive services until they are in actual, often desperate, need. By the time this crisis level is reached, the effectiveness of different supportive services has been severely reduced and the costs associated with providing these various supportive services have

escalated to a level so high that the provision of meaningful, rehabilitative services is cost prohibitive.

Unfortunately, due to the use of differing operational definitions for "homeless" and "homelessness" amongst different service providers and other interested parties and stakeholders, these "crisis points" occur at different levels of need. Even amongst similar service providers within the same cost and service provider category, the use of operation definitions that differ prohibit the development of proactive and preventative-oriented policies and programs designed to intervene early in a persistently homeless or "at-risk" individuals' behavior before the crisis level is reached.

The development of a single, common definition for "homeless" and "homelessness" for the Reno-Sparks-Washoe County area will not be an easy process. Many service providers are forced into using narrowly and specifically defined definitions of "homeless" and "homelessness" to secure annual funding. The development of a single, common definition will require, to some extent, divorcing funding cycles from operation definitions and narrowly defined population cohorts. This will require a completely new approach to how various service providers interact with each other and how they are funded. Not an easy process to be sure, but a process that must eventually begin and a problem that must be resolved if meaningful policy, be it permanent supportive housing policy or other types of policy aimed at enhancing service delivery to the persistently homeless and/or "at-risk" of becoming homeless population in the Reno-Sparks-Washoe County area, is to be developed.

This development of a single, common definition for "homeless" and "homelessness" will also require including other stakeholders not normally included in this larger discussion. Certainly, policy makers must proactively pursue such a discussion amongst service providers, agencies, organizations and others that are directly involved in the providing of supportive services to the persistently homeless and/or "at-risk" population in the Reno-Sparks-Washoe County area. But a larger discussion is needed with other stakeholders including business leaders, economic development specialists, housing development specialists not normally involved in providing housing for the "homeless", community and institutional leaders, members of the public, researchers and policy analysts and others as well, to develop a common and useful definition that has meaning for all stakeholders and members of the community at large.

This discussion must also occur at a different level than has been the case historically. If readers take away one thing from this study it should be the need to consider all these issues at a *regional* level. All the policy implications and recommendations made throughout this study, including the need for a common definition of "homeless" and "homelessness" and the other recommendations made in this particular report, stress the importance of examining all these issues at a larger, *regional* level. The issues facing

the Reno-Sparks-Washoe County area regarding the persistently homeless and/or "at-risk" population examined in this report are the same general issues in the City of Elko in eastern-northern Nevada, Carson City, Douglas County, Storey County and other parts of northern Nevada. A common, meaningful definition of "homeless" and "homelessness" across a wider *region* in northern Nevada will help focus the larger discussion amongst many stakeholders, jurisdictions, organizations, service providers, agencies and others regarding what policies would best provide the types of supportive services the persistently homeless and/or "at-risk" population most need in a way that is both proactive and prevention-oriented.

Recommendation 2 – Designation of "Homeless" using a Common Definition

Another barrier to the research summarized in this study was the surprising realization that very few direct and indirect service providers actually designate individuals who are persistently homeless as homeless. This further complicates the development of effective and meaningful policy as it is practically, for all real purposes, impossible to adequately define just the number of homeless individuals in just the Reno-Sparks-Washoe County area, let alone attempt to create service packages that match any reasonable estimate of demand. A general tenant of economic market theory is that any good or service supplied is "made" according to some measured and perceived level of demand for the good or service being manufactured, produced and/or delivered. The first question asked of any start-up business is, "have you identified a market and is there sufficient demand for the good or service your business will provide?" before questions regarding needed levels of funding, technical support or equipment and space are even touched upon.

Yet, despite the numerous "homeless counts" and attempts to create various measures of how many actual "homeless" people are actually in need of various types of supportive services in the Reno-Sparks-Washoe County area, the best counts are only "point in time counts" that provide information for one, narrow point in time, generally a specific few hours on a specific day. There is no way to effectively and adequately measure how many actual persistently homeless and/or "at-risk" of becoming homeless individuals actually exist in the Reno-Sparks-Washoe County area currently generally because the vast majority of service providers, except a notable few, designate individuals as homeless if they are homeless.

This may be due to the lack of a common definition of "homeless" and "homelessness" in the Reno-Sparks-Washoe County area. Without a commonly accepted definition of "homeless" and "homelessness" it becomes largely irrelevant if service providers actually designated individuals as homeless or "at-risk" of becoming homeless because the definition of what it means to be "homeless" would change from service provider to service provider. Depending upon which service provider an

individual ended up receiving services from, the individual may or may not be designated homeless. This lack of consistently would lead to the same type of confusion and inconsistently in analysis and subsequent policy decisions. As a result, largely ineffective and inefficient policies would be developed that fail to provide a meaningful level of supportive services to the actual persistently homeless and/or "at-risk" population in the Reno-Sparks-Washoe County area.

Recommendation 3 – Better Cost Tracking, Recording and Analysis is Needed

Yet another surprising barrier to the research conducted for this study was the general lack of relatively reliable and straightforward cost data. Much of the available cost data was limited in costing the provision of services, with problems ranging from limited tracking of costs to tracking direct variable costs and to little or no allocation of fixed costs.

Take, for example, the estimated $1,000 cost per 911 call for Reno Police Department emergency police services. This figure was largely developed from interviews with various City of Reno and Reno Police Department officials as well as review of the City of Reno's annual financial statements regarding fund expenditures for the Reno Police Department over several fiscal years. Generally, total costs for each fiscal year were used to estimate the $1,000 cost per 911 call for police service. How much of this cost is fixed including the cost associated with the purchase of a squad car? Should the cost of the squad car be depreciated and how much of that depreciation should be allocated per year in the estimated cost of responding to 911 calls for police service? Should the police officer's salary be part of this $1,000 cost per 911 call for police service? Wouldn't the City of Reno have to pay the officer's salary regardless of whether or not the officer was either responding to a homeless-related call for service, involved in a regular non-homeless related traffic stop or just on patrol? These, and many other questions regarding cost allocation could not be answered in this study given the sparse cost data afforded to the authors of this study; not only for the Reno Police Department but for almost every single service provider involved in the direct and indirect provision of supportive services to the persistently homeless and/or "at-risk" population in the Reno-Sparks-Washoe County area.

Not only is the ability to conduct effective and accurate research on this topic made nearly impossible, but it becomes practically impossible to develop effective policies aimed at reducing overall costs and then effectively measure the success of those new policies. Studied conducted on the benefits of permanent supportive housing for the chronically homeless in Denver, CO, Philadelphia, PA and New York, NY claim that the per individual cost of providing such medical types of services such as inpatient medical treatment ranged between $10,000 and $20,000 per individual admitted to inpatient care and that the development of permanent supportive

housing resulted in net savings between $5,000 and $8,000 per individual in just inpatient treatment service savings.

But are these figures realistic? Take, for example, the one-night stay in inpatient care for "routine" surgery such as the removal of gallstones that, baring any type of complication, would generally require only a one night stay in a hospital bed for observation and recovery. Being admitted to a hospital in the Reno-Sparks-Washoe County area may cost an individual around $15,000 for a one night stay in inpatient care. This does not include the surgeons' fees, or the fees for any additional services or "equipment" used such as pain medications, the use of an EKG machine, the use of an oxygen tank or any additional services or equipment used. The $15,000 is just for the general use and stay in a hospital inpatient room.

Generally however, if the individual is insured, the insurance company will negotiate a settlement of between $5,000 and $8,000 between the insurance company and the hospital for just the one night stay overnight in a hospital room in addition to whatever other costs might have been incurred. So what cost should be used as an estimate what it costs, in-terms of total costs, direct fixed costs, indirect fixed costs, direct variable costs and indirect variable costs? Should the $15,000 be used or should the negotiated amount between $5,000 and $8,000 that the insurance company pays and the hospital actually receives be used an estimation of cost? Does it *really* cost the hospital $15,000 a night to have an individual admitted to inpatient care for one night for observation and recovery? Or is this just the amount of money the hospital hopes to recover from the individuals' insurance company? Should fixed costs, such as the oxygen system built into the hospital room, be allocated as part of the cost per patient per night total cost even if the individual did not use it? Should a portion of the administrative costs be incorporated, such as the hospital Chief Executive Financial Officer's salary be incorporated into this estimation of costs? Should even the nurses' salary be incorporated? After all, would not that nurse be paid regardless as to whether or not all the beds were full or just a handful of the beds were full with patients?

This above hypothetical case is not uncommon amongst all the various service providers in all the different cost and service provider categories examined in this study. For major service providers, like city and county governments and agencies that have the ability to track individual costs appropriately, there is almost no excuse as to why better individual cost tracking of direct fixed costs, indirect fixed costs, direct variable costs and indirect variable costs cannot be accomplished.

Better cost tracking becomes much more difficult for smaller service providers, some of which do not even have administrative staffs. Many of the service providers profiled in this study rely on staff to not only act as administrators, but perform case management services as well. Needless to say, service providers should be focused more on providing the needed

supportive services than on administrative tasks that can often monopolize staff time. However, this observation does not change the need for better cost tracking across the larger "system" identified in this report. Some effort, across all service providers in all cost and service provider categories, to better estimate and track costs is needed if effective and appropriate policy is to be developed and tested.

Recommendation 4 – Better Tracking, Recording and Analysis of Individuals is Needed

In league with the barrier identified as problems to tracking and individual identification of persistently homeless and/or "at-risk individuals, there is a general need to build a much more comprehensive and extensive database for the purposes of identifying those who are persistently homeless and/or "at-risk" of becoming homeless. Although service providers and local, county, state and federal organizations have recently come together to create a Reno-Sparks-Washoe County area Homeless Management Information System (HMIS) database with the express purpose of helping better identify persistently homeless and "at-risk" individuals and the level of services they require, the HMIS is still in its infancy. At best, only one full year of complete data in the HMIS was available at the time this study was undertaken.

Furthermore, the HMIS is limited in two important ways. First, the HMIS is generally geared towards data collection in the Reno-Sparks-Washoe County area and largely ignores other jurisdictions at a *regional* level outside Washoe County. Common throughout this particular report and the various working papers that comprise this overall study, the problems facing Reno-Sparks-Washoe County regarding how to best provide various supportive services to the persistently homeless and/or "at-risk" population are the same problems in the City of Elko in eastern-northern Nevada, Carson City, Douglas County, Storey County and other neighboring jurisdictions. A more comprehensive approach, which encompasses a larger region, to data collection, tracking, recording and analysis is needed. Recently, as already mentioned, several programs, agencies and multi-jurisdiction-agency approaches and organizations have begun to take shape. However, approaches like the Reno Police Department's Motel Interdiction Team and Crisis Intervention Team, the joint Reno Police Department-Washoe County Sheriff's Office program Homeless Evaluation Liaison Program and the recently established Reno Area Alliance for the Homeless are still focused on the provision of services for a persistently homeless and/or "at-risk" population that largely exists within the Reno-Sparks-Washoe County area will little to no inclusion of jurisdictions that exist outside Washoe County.

The second principal limitation regarding the HMIS is the nature of the data collected and recorded in the HMIS database. First, the data is limited in that it does not track other useful fields such as total cost and total number

of different services received by the individual. As mentioned earlier, poor financial and cost data made the effort to estimate total costs, direct fixed costs, indirect fixed costs, direct variable costs and indirect variable costs nearly impossible. One great advantage authors of other studies of existing permanent supportive housing programs in other jurisdictions like Denver, CO, Philadelphia, PA and New York, NY had was a vast database of cost information that identified fixed and variable costs of multiple services for numerous individuals over several years. Without this type of cost data, tracked at an individual level over multiple years, it will be very difficult to estimate the effectiveness of any type of permanent supportive housing developed in the Reno-Sparks-Washoe County area. Secondly, the data in the HMIS is limited in-terms of the number of other fields that relate to medical conditions, mental health disorder diagnosis, number of different types of first responder services, judicial services and detention facility services consumed. This is largely due to the fact that very few actual service providers in the Reno-Sparks-Washoe County area participate in the HMIS. Participation in the HMIS is only required if the service provider receives some level of federal US Department of Housing and Urban Development (HUD) funding. If the service provider does not receive federal HUD funds, there is no incentive to participate and add to the database from the service providers own client database.

Some effort will have to be made to better collect, analyze and report data for individuals who are persistently homeless and/or "at-risk" of becoming homeless not only in the Reno-Sparks-Washoe County area, but across northern Nevada at a *regional* level. The scope of what data collected must also be expanded to not only include those who are persistently homeless individuals who suffer from some form of severe mental illness, but those other individual and family persistently homeless and even "at-risk" of becoming homeless population cohorts identified throughout the course of this study. This increased scope should also include a realization that in order to be proactive and prevention-oriented, larger, broader populations that include individuals who are "at-risk" of becoming homeless need to be included as well. For example, individuals living in the weekly residential motel housing stock as well as the subsidized housing stock studied in the Housing working paper of this study need to be included.

This new expanded database for the collection, analysis and recording of data for individuals, families and other population cohorts that are persistently homeless and/or "at-risk" of becoming homeless should also be centralized, administered and maintained at a central location – a "clearing house". This one organization should not only perform the collection, analysis and recording of data but should also work proactively with all stakeholders and deliver regular reports on the status of the overall persistently homeless and/or "at-risk" population located not only in the Reno-Sparks-Washoe County area but across a larger region in northern Nevada. This one organization should regularly report to various government jurisdictions, agencies, organizations, associations and service

providers throughout the use of either quarterly or annual reports as to whatever important findings in-terms of supply of services, demand for services and various cost elements regarding the supply and demand for a wide range of supportive services.