

MEDICAL

**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

Table of Contents

1.

Executive Summary

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- It is important to understand that if the homeless population were moved to transitional and/or permanent supportive housing, there would still be a need for health care services. Therefore, it would be

1 – Medical Service Providers

Medical Sections & Data Providers

- 1 - St. Mary's Regional Medical Center
- 2 - Renown Health
- 3 - HAWC Outreach Medical Clinic
- 4 - Northern Nevada Medical Center
- 5 - VA Sierra Nevada Health Care System
- 6 - Washoe County Department of Social Services
 - The Healthcare Center (formerly Washoe Medical Center)

Type of data from these providers:

-

for policy makers to evaluate the issues completely. However, there does seem to be linkage between chronic health problems and high medical costs associated with homelessness.

Most individuals who become designated as homeless in the Reno/Sparks area can be found in or near the downtown Reno area. This location provides the closest emergency room access to St. Mary's Regional Medical Center and Renown Medical Center, which are both located in close

with staff because of a language barrier, severe mental illness, intoxication level, and/or inability to pay for services, or other various situations. This may cause an individual who may not be homeless to be included as homeless.

The second factor, no insurance, may also cause under or over inclusion because some individuals who are homeless may have insurance; therefore, they are not picked up in the homeless patient data collection process described above, and some with insurance not provide that information leading to inclusion in the count when they should not have been.

Estimates derived using the medical providers' operational definitions provide gross estimations of the homeless population within the region that is accessing medical services through these two providers. Because essentially the same operational definition was used for both Renown Health and St. Mary's Regional Medical Center, and was used to extract data over a five-year time period, the order of magnitude and the trend analyses

program offering Health Care for Homeless Veterans (HCHV). This program provides housing information, substance abuse treatment, mental health treatment, assistance with residential issues, eligibility and enrollment, and access to medical care. Some of the general housing conditions that qualify a veteran as Health Care of Homeless Veterans Program are living in someone's house, in a car, on the street, in a shelter, or if a veteran is about to become homeless.

1 - St. Mary's Regional Medical Center

Description of facility and staff

Saint Mary's Regional Medical Center is a privately owned and operated facility with 312 inpatient beds and 27

Case Management Referral Criteria

1. Purpose

To identify potential situations that may require case management services.

2. Group Affected

Case Management Department, Physicians, Interdisciplinary Staff, Nursing Staff, Patients/Families

3. Policy

The Case Management Department, through the discharge planning process, provides individualized continuity of care. Development of the plan of care is a coordinated, confidential, interdisciplinary process when recognized patient preferences, needs and self-care potential. Discharge planning is individualized; patient oriented, and ensures patient access and choices of services during hospitalization, post-discharge and in the emergency department. Collaboration between the community, facility and professional disciplines facilitates the process of informed decision making by patients and families.

4. Procedure

A. Within 24 hours of admission, the Case Management Department will assess high-risk patients for case management, discharge planning and/or appropriate interdisciplinary referrals.

B.

referral criteria to prioritize and identify patients/families/significant others requiring social work intervention.

4. Procedure

A. Social Workers will be available for assessments upon request. To be

shelters, hotels, etc.), knocking on doors and talking to children, their families and seniors regarding their needs.

Once needs are identified, registered nurses, social workers, HSSS workers, law enforcement officers, and interpreters coordinate and case manage to provide medical/social service assessments, health, safety and nutrition

The hospital “normalized” costs listed in the tables below have s1e

An average of 209 homeless patients cost roughly \$120,521 per year , and an average cost per

Table 1-5 presents the top nine ICD 9 codes diagnosed by St. Mary's to their

Food Resources

- St. Vincent's Dining Room: Lunch

On October 11, 2006, Lisa Jones, a social worker for St. Mary's, gave her insight on the hospital care and interaction with the persistently homeless population. For the past three years she has been a social worker in the

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- If it is perceived the patient may

Table 2-1 represents the top diagnosis entered for homeless patients entering the Renown Medical Center Emergency Department. Most of the diagnoses are related to the consumption of alcohol, bodily pain, and mental health related issues.

Table 2-1
Renown Medical Center – Top 10 ED Diagnosis
2006

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

In 1998 HAWC secured a “Healthcare for the Homeless” grant to operate a homeless inception, the HAWC Outreach Clinic has provided approximately 19,000 medical visits for homeless individuals. The HAWC Outreach Clinic provides primary care, mental health

Figure 3-3

Figure 3-5

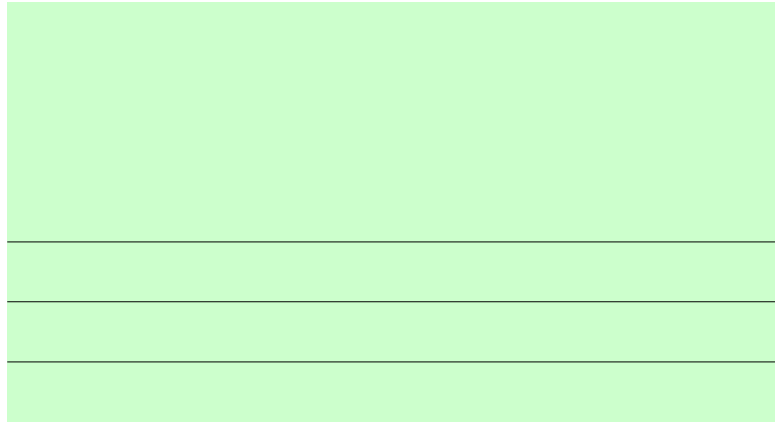


Table 3-1
HAWC Outreach Medical Clinic
Selected Diagnoses & Services Rendered I
2005

Table 3-3
HAWC Outreach Medical Clinic 2005

	0-19 years-old	20 & Older
None/Uninsured	98	1,815
Medica4d	32	68
Medicare	0	36

residential issues, eligibility and enrollment, and access to medical care. The

Description of services provided and approximate number of homeless receiving service

community-based supervised group homes while working for pay in VA's Compensated Work Therapy Program (also known as Veterans Industries). Veterans in the CWT/TR program work about 33 hours per week, with approximate earnings of \$732 per month, and pay an average of \$186 per month toward maintenance and up-keep of the residence. The average length of stay is about 174 days. VA contracts with private industry and the

Supported Housing

Like the HUD-VASH program identified above, staff in VA's Supported Housing Program provides ongoing case management services to homeless veterans. Emphasis is placed on helping veterans find permanent housing and providing clinical support needed to keep veterans in permanent housing. Staffs in these programs operate without benefit of the specially

It is estimated by the Coordinator of the Health Care for Homeless Veterans that of the current (2006) estimated 300 clients served through the HCHV Program, approximately 85% to 90% suffer from co-occurring mental health and substance abuse disorders. It was also observed by the Coordinator of HCHV that about 50% to 60% of those who receive assistance through HCHV recognizably benefit, 10% to 15% are believed to really shine and successfully improve for the better, and lastly, 15% to 25% of the truly chronically homeless veterans who come through the HCHV Program do not improve and continue their way of life.

VA Sierra Nevada Health Care budget ieof Nati on related to homeless services provided

Table 5-4 looks at the amount of funding provided in 2004 of personal

habits or voluntarily resigned from a job within 30 days from the date of application. With some exceptions, employable applicants must actively look for work. Employable applicants are assisted in GA for a maximum of 30 days in a 12-month period.

Applicants Pending Assistance date Nevada State Welfare

Applicants for Temporary Aid for Needy Families (TANF) are assisted while their applications are being processed by the State. Assistance is granted for up to 30 days in a 12-month period based on the condition that the applicant cooperate fully with the State and follow through with the application process.

Disabled Applicants

Applicants who are permanently disabled must provide medical verification of their disability and apply for Supplemental Security Income (SSI), Social Security Disability (SSD), Medicaid, and/or Vocational Rehabilitation services. These clients are eligible for assistance while pending the above programs.

Who refers homeless individuals to Washoe County Adult Social Services?

Most clients who come for assistance are referred from medial entities, local service providers, or through others who receive assistance.

What is the process in which patients are identified as homeless?

In a few months a new system will be put in place that will capture whether incoming patients are homeless. Currently, only the persistently homeless are identified in records, the more transitional homeless population living with friends, or jump date place to place are not designated as homeless.

Approximate number of homeless patients receiving each service

Figure 6-1
Washoe County Dept of Social Services – Adult Services Division

Source: Washoe County Department of Social Services

In Figure 6-2, the 15% homeless proportion of total clients served is based

The EMTALA law has essentially created a situation where the mainstream

