

Related to Determining the Cost-Effectiveness of

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individuals add to the difficulty of tracking and providing assistance for this population.

The ANCHOR permanent supportive housing program began three years ago and has received increased funding yearly. Of the sixty-eight permanent supportive units provided, approximately 20 are used by homeless families, the remaining units are used by homeless individuals. Generally, a portion of clients who leave the ANCHOR program are sent to jail. However, other

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- How many individuals who receive transitional supportive housing

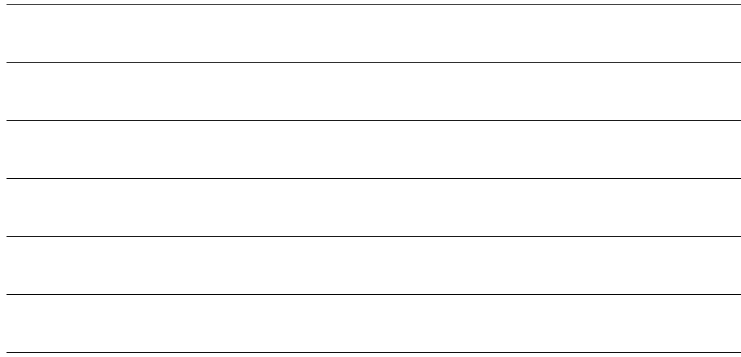
1 – Mental Health Service Providers

treating mental illness increases an offender's chance of successful rehabilitation.

Established in 2001, the Washoe County Mental Health Court staff consists of a judge, private contract defense attorney, two pre-trial service officers, state mental health liaison, and probation officer. The court is considered rehabilitative and is similar to the Drug Court, where the focus is on determining the root of the person's problem and getting them psychological or drug treatment, life skills, and holding them accountable for their actions. If defendants do not follow the program, they are dropped out of the MHC and may face jail time or other alternative sentencing measures. Currently, the court is a national model being studi

About 65% of the Mental Health Cour

Figure 1-3



MHC has increased since its inception. As more defendants are admitted into the MHC each year, the number of ongoing, more complex cases rises and extends the average length per case the court oversees.

As the Mental Health Court continues to see an increase in its annual budget the possible number of defendants admitted per year will increase. Therefore, the Mental Health Court's case capacity load is

increasing because of this continuing rise in the number of defendants admitted per year.

The most common mental health disorders reported by the Mental Health Court are Bipolar, Schizophrenia, Schizoaffective Disorder, and Major Depressive Disorder. Other disorders include Post-Traumatic Stress Disorder, Anxiety, ADHD, and Autism Spectrum Disorder.

Autism Spectrum Disorder, and AADD.

equal representation within the Mental Health Court may suggest women

relationship with Child Protective Services (CPS) to find immediate temporary housing and long term housing for their clients.

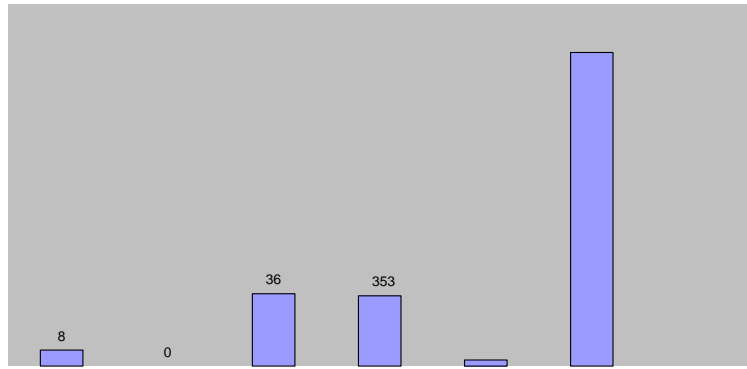
How do the homeless clients come to ReStart and who refers them?

Homeless patients come to ReStart either through referrals from other service providers, the Washoe C

e through word of mouth
community and

Service allows clients to make purchases with a VISA Buxx Card rather than by check or cash which can often times be lost. In addition, clients can utilize the VISA Buxx Card at any ATM machine to access available cash. Clients receive all of the purchase and fraud protec

Figure 2-1



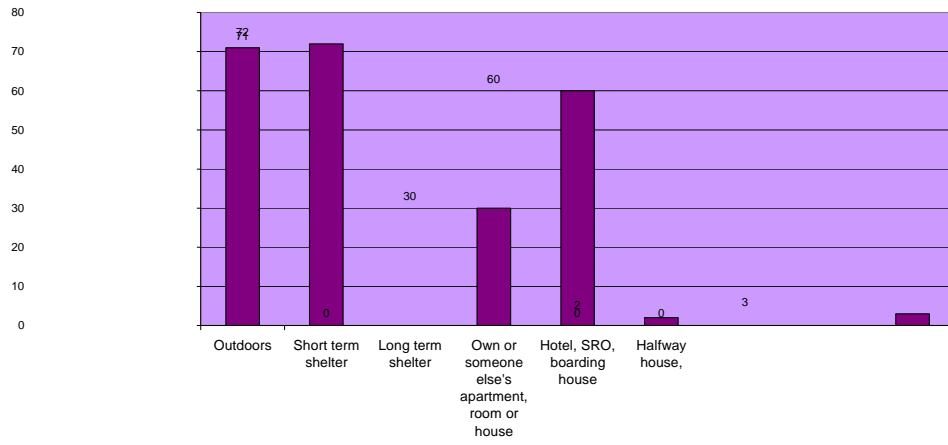
The following age distribution suggests many clients who are homeless and have a mental health disorder, may not need assistance or may not be legally able to attain service until their adult years. Also, many clients may not seek assistance until their forties or realize help is available. The age distribution drop off point past the 50-64-year-old designation may be due to either an earlier death rate of clients who are homeless and have a mental health disorder or perhaps the existence of alternative assistance available to individuals 65-years-old and over.

In Figure 2-3, the gender breakdown for female and male clients who are homeless and have a mental health disorder is shown. The split is rather balanced with males making up 57% and females 43%.

Figure 2-3

Figure 2-6

PATH Annual Report F.r Fiscal Year 2006



permanent supportive housing. For each

All individuals housed in the ANCHOR program receive supportive services from the Community Mental Health Center including psychiatric care,

system-wide results. Using longitudinal data, communities can track service and demand trends. These data are critical to accurately calculate the size and needs of the homeless population as well as the outcomes of specific interventions and programs. Policymakers, agency directors, homeless program consumers, and advocaten require this information for service and systems planning and advocacy.”

The anticipated benefits of a Homeless Management Information System for homeless men, women, and children include the availability of better data to engage individuals who are homeless in more appropriate planning and referral making strategies to ensure that clients receive

However, RAAH providers have recommended collection of data in a standardized format for **minimum data standards** with encouragement to participate in the actual HMIS. The rationale used to recommend the

required to participate in HMIS are those who receive HUD funding. A broader implementation and use of th

Living Arrangement (SLA). The high cost is due to the around-the-clock

The data received and analyzed from ReStart Inc. and the Mental Health Court follow a similar trend. A large majority of individuals, who were found to be homeless by the two entities and have a mental health disorder, also had a substance abuse problem. This trend is also noted by many other homeless service-providers whose da

Being a state-run facility, NNAMHS does not engage in outreach; therefore such outreach needs to be provided by other community-based mental health treatment facilities. The limited number of mental health service providers limits selection for those with a mental illness. The point of entry for individuals who are homeless with mental illness and/or substance abuse could be mental health service providers, rather than first responders such as: Reno Police Department, Sparks Police Department, Reno Fire Department, etc.

Initial contact made by police officers with the homeless population is critical. These officers currently play a large role as a point-of-entry to the network of service providers for ma

REFERENCES

1. Atkinson, G., Bartholet, D., and Gill, C.K.