

# **Phase II – Individual Tracking and Costs**

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

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**Prepared for:**

Washoe County

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# Executive Summary

Phase II of the study, “Examining the Cost-Effectiveness of Permanent Supportive Housing in Washoe County Nevada”, is described in the scope of work as follows: *“Estimate costs associated with each of the four principal sub-populations listed above by tracking individuals through various ‘systems’ and complete the cost-effectiveness related to housing and support systems for the chronic homeless.”* The four principal sub-

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advantage and a disadvantage was that, except for Dr. Hubbert, the team members had no extensive background with homeless-related issues. The research team had no preconceived notions or working knowledge of the population in the Reno-Sparks-Washoe County area, of the system of service providers, of the data available or of the individual service providers

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generalized conclusions and observations based upon individual identifiers without violating privacy requirements.

The most revealing general observation derived from data provided by the Reno Police Department, Washoe County Sheriff's Office, St. Mary's Regional Medical Center and Renown (formerly Washoe Medical Center) Regional Medical Center was that the demand placed upon these four

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of seven total bookings while the remaining 36 most “frequently” booked persistently homeless individuals had total booking over the same 2002 to December 2006 period *below* the mean of seven total bookings.

The third main observation has to do with the distribution of medical services consumed by the “frequent flyer” persistently homeless population in the Reno-Sparks-Washoe County area. For example, the three individuals identified as both inpatient “homeless” patients by St. Mary’s

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# Individual Cost Tracking

## *Introduction*

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## ***Reno Police Department, City of Reno***

Work on Phase II of this study started with the Reno Police Department's Chronic Offender Mapping Program (COMP). COMP was designed as a response to continued interaction betw

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In addition to the development of the COMP, other programs and services, such as the Crisis Intervention Team

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The “direct to arrest” approach is not designed to be punitive, but rather designed to be proactive in removing an individual from a lifestyle that is not only undesirable from the larger community’s view, but from the standpoint of the persistently homeless, chronic offender as well. Given the high frequency of Drunk (DRUNK), Mental Subject (MENTAL), Unwanted Subject (UNWANT) and Person Down (ONEDWN) calls for 911 Reno Police Department calls for servic

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emergency medical paramedic-EMT's – before receiving services from a supportive service provider.

The data provided by the Reno Police Department from the COMP was the individual's social security number, the individual's first and last name, height, weight, and hair and eye color. This data was provided for the most recent period, ending October 30, 2006. A total of 31 individuals were identified as current participants of the Reno Police Department's Chronic Offender Mapping Program. Table 1-1 presents a breakdown of the total number of individuals participating in the COMP and their state of origin using the first three numbers of their social security number.

**Table 1-1**



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bookings or 5.52% of all total bookings over the 2002 to December 5, 2006 period. One other individual accounted

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the “mean” plotted in Figure 1-1 while the majority of “frequent WCSO Detention Facility prisoners”, a total 36, had a total number of bookings over the entire 59 month period studied below the “mean” plotted in Figure 1-1. Table 1-3 summarizes this first principal observation.

**Table 1-3**  
**Detention Facility Prisoner Frequent Flyers – WCSO**  
**59 Months Total, 2002 – December 5, 2006**

Percent of

Percent of

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Table 1-4 presents some additional summary observations regarding the data

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outpatient visits are mentioned in this section, the reader should consider them the same as emergency room visits.

**Table 1-5**  
**Inpatient and Outpatient “Frequent Tab Flyers” – St. Mary’s Regional Medical Center**  
**2003 – September 30, 2006**

	<b>Number of Patients</b>	<b>Percent of all Patients</b>	<b>Number of Visits Per Patient</b>	<b>Percent of all Visits</b>
<b>Top 25 (1-25)</b>	1	4.00%	10	16.13%





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Department as participants of the Chronic Offender Mapping Program. Between 2002 and 2005, the three years of complete annual data, the 25 total persistently homeless individuals identified by St. Mary's averaged a total of 18.33 separate visits per year



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very few visits to Renown Regional Medical Center's emergency room in 2006. These 95 persistently homeless or unable to pay for services individuals had only two recorded visits to Renown Regional Medical Center's emergency room in 2006.

**Table 1-8**



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Additional data provided by St. Mary's Regional Medical Center and Renown Regional Medical Center did shed some light into the behavior of individual levels of supportive service consumption by the persistently homeless population in the Reno-Sparks-Washoe County area.

However, the available data provided to the authors of this report does provide enough information to draw conclusions. The

