

**CRITERION 4: TARGETED SERVICES TO HOMELESS AND RURAL POPULAITONS****● OUTREACH AND SERVICES TO HOMELESS**

By the late 1980s, homeless persons with serious mental illnesses had become a growing concern in Colorado. Study estimates of the numbers of such persons varied, but each service area in Colorado included homeless individuals. Since that time, Colorado has used federal funding to provide training to primary consumers to serve as outreach case managers, and more recently, mandated the awarding of PATH funds to applicants who demonstrated collaborative efforts between mental health service providers and homeless services providers. In 1989, the Governor created the Colorado Coordinating Council on Housing and the Homeless with participants from State agencies and local homeless service providers to ensure coordination and cooperation of program and funding resources. Their goal has been to develop a coordinated system of care throughout the State. Other State initiatives such as the Goebel Settlement Plan and the Metro Denver Homeless Initiative have provided leadership and expertise in the development of permanent supportive housing for persons with special needs.

In 1995, a study by Franklin James of the University of Colorado at Denver found 3,330 homeless persons, on a typical day in August of 1995 in a six county metropolitan region including Denver. Of these, 2,280 were adults, 18 or older, of whom 42% were in emergency shelters and 37% were in transitional housing. There were 550 individuals living on the street and 140 were living temporarily with a friend or relative. The annual growth rate of homeless persons in the metropolitan area is 14 percent. In 1995, 72% of the metropolitan homeless population was single adults living or traveling alone. Slightly less than half of the homeless were non-Hispanic Whites, about 22% were Blacks, and 14% were Hispanic. Native Americans and persons of Asian origin and other groups made up the remainder. The population consisted of 34% women, of whom 43% were single parents living or traveling with their children and 37% were single women living or traveling alone. (Patterns of Homelessness in the Denver Metropolitan Area: August 1995, Franklin J. James, Ph.D., University of Colorado at Denver)

In 1998, the PATH dollars were awarded to three entities. These awards will assist in addressing the needs of the homeless in two rural areas of the State; Pueblo and the San Luis Valley. These projects describe collaborative efforts to reach out and provide housing alternatives and mental health services to the underserved. The Colorado Coalition for the Homeless, the third entity to receive a PATH allocation, expanded its focus in Denver to include numerous ancillary providers of other services to the homeless population. Through their efforts, housing availability has been enhanced. As have medical and dental and other services.

During the December 1997 Mental Health Planning and Advisory Council Meeting, the Colorado Coalition for the Homeless discussed mental health issues for the homeless. The Coalition reported that there were over 6,000 homeless individuals per year in the Denver metropolitan area. Statewide, there are about 9,000 homeless individuals. It is estimated that 40 percent of the homeless individuals in the State have a mental illness. Due to the importance of this issue, a representative of the Colorado Coalition for the Homeless is now a member of the Mental Health Planning and Advisory Council.

The number of homeless on any given day in the Denver metropolitan area continues to grow. In 2000 a study in the Denver Metropolitan Area found 7,689 homeless persons in the six county areas. Of this figure, 2,45 were children in families and 284 were children on their own.

(Homelessness in the Denver Metropolitan Area-Fall Point in Time Study, September 2000, Tracy D'Alanno Department of Human Services). In 2000 PATH dollars were awarded to four entities. One of the four, Colorado Coalition for the Homeless has implemented expanded outreach services to children and adolescents through a collaborative effort with Urban Peaks the largest youth shelter facility in the state. *A goal of MHS is to continue providing outreach and mental health services to homeless persons with serious mental illnesses.*

During 2000, a subcommittee of the Strategic Planning Committee of the MHPAC developed a *Position Statement Concerning Needs for Increased Funding for People with Mental Illness, without Homes and Living on the Streets.* The MHPAC supported a Resolution within the Position Statement concerning seeking ongoing funding for continuum of care projects to address the problems of mental illness and homelessness. As noted in the Position Statement, "The federal government continues to devolve authority for homeless programs to states and local communities. There will be less funding available from the federal government each year. The State of Colorado needs to begin taking a leadership role in assuring that homeless persons with mental illness have access to appropriate housing services in order for them to reach maximum personal recovery and integration into the community." MHS demonstrated support of this issue by devoting some of its new mental health block grant dollars to expand Projects for Assistance in Transition from Homelessness, (PATH) Grant activities.

- **PROVISION OF SERVICES TO RURAL AREAS**

Colorado has a population of approximately 4.3 million citizens, concentrated in cities and suburban areas along the Front Range of the Rocky Mountains. Approximately 82 percent of the State's population resides in urban areas and the remaining 18 percent of the population reside in rural and frontier areas of the State. The mountains divide the State from north to south, with the western and eastern portions of the State being rural. Of the seventeen community mental health centers in Colorado, ten provide services to predominantly rural areas or areas which include a small city (less than 150,000 population) surrounded by rural areas. Providing services in these rural and frontier areas continues to be a challenge. Transportation is difficult for many consumers and mental health centers continue to seek innovative ways to address this issue, as well as to effectively outreach to persons in their region.

As a result, Colorado MHS serves an expansive rural area. Services were expanded to include the development of innovative programs through the Colorado Rural Demonstration Project and through the issuing of a PATH RFP issued in the spring of 2000. The effort included the development of crisis home beds, as an alternative to hospitalization. The distribution of resources and programs throughout rural areas remains somewhat uneven. The Statewide Medicaid Capitation initiative has provided rural regions with some, yet limited, additional resources for implementation of new programs. Telepsychiatry is an example of an expanded service that is available in some rural parts of the State.

The focus of the PATH RFP was to expand the PATH outreach services to additional rural areas not previously served. One of the previously awarded PATH programs, San Luis Valley Mental Health Center, has expanded its PATH outreach services into other rural areas not previously covered by PATH funding. The newest PATH contractor with the 2000 award cycle is now providing new outreach services in Greeley, Ft. Morgan and Ft. Collins, all located in the northern Front Range and rural areas of Colorado. *A goal of MHS is to maintain/increase the services provided in the rural areas of the State.*

**CRITERION 4: Targeted services to homeless and rural populations****• OUTREACH AND SERVICES TO HOMELESS**

During the December 1997 Mental Health Planning and Advisory Council Meeting, the Colorado Coalition for the Homeless discussed mental health issues for the homeless. The Coalition reported that there are over 6,000 homeless individuals per year in the Denver metropolitan area. Statewide, there are about 9,000 homeless individuals. It is estimated that 40 percent of the homeless individuals in the State have a mental illness. The average age of a homeless individual in the State is nine. Due to the importance of this issue, a representative of the Colorado Coalition for the Homeless is now a member of the Mental Health Planning and Advisory Council.

The clinical director of Urban Peak, a leading agency dealing with runaway and homeless youth in Denver, serves on the Child & Family Committee of the MHPAC. The July 2001 meeting of the Committee was held at Urban Peak and included a presentation by two youth on the results of community focus groups to identify service needs among homeless and other at-risk youth.

Through PATH funding the Mental Health Corporation of Denver is providing an on-site mental health specialist at Urban Peak. It is anticipated that this will significantly increase access to mental health services for homeless youth and serve as a model for other parts of the state.

A Homelessness in the Denver Metropolitan Area - Point in Time Study: September 19, 2001, revealed that homelessness among children in families continues to be one of the fastest growing segments of the Denver metropolitan area. This study showed an increase of 42% in the number of children from 1,931 in June 1998 to 2,745 in September 2000, with a corresponding 16.3% increase in the number of families. Additionally, homelessness among single youth increased 44% from 197 in 1998 to 284 in 2000.

The "youth in transition" population, which consists primarily of young people in the 16-21 year old group, continues to be of concern. Many of these youth age-out of youth serving systems and are at-risk of homelessness, and require special assistance. Children's Health and Rehabilitation Services has begun to address this issue through the funding of a pilot program, which includes support for a transition specialist, who coordinates services for youth ages 16-21 who have a severe emotional disturbance. An additional pilot will be funded in 2001. Statewide training on transitional services is planned for 2002.

*A goal of MHS is to provide outreach and mental health services to children with SED who are homeless.*

**• SERVICE PROVISION TO RURAL AREAS**

Colorado has a population of approximately 3.8 million citizens, concentrated in cities and suburban areas along the Front Range of the Rocky Mountains. Approximately 82 percent of the State's population reside in urban areas and the remaining 18 percent of the population reside in rural and frontier areas of the State. The mountains divide the State from north to south, with the western and eastern portions of the State being rural. Of the seventeen community mental health centers in Colorado, ten provide services to predominantly rural areas or areas which include a small city (less than 150,000 population) surrounded by rural areas.

As a result, Colorado MHS serves an expansive rural area. Services were expanded to include the development of an innovative service/program, the Colorado Rural Demonstration Project. The effort included the development of crisis respite home beds, as an alternative to hospitalization. The distribution of resources and programs throughout rural areas remains somewhat uneven. It is anticipated that the state Medicaid capitation initiative will provide rural regions with additional resources for implementation of new programs, as well as serving as a model for other rural regions. *A goal of MHS is to improve mental health service delivery to children with SED who reside in rural areas of Colorado.*

A rural site has been implemented through H.B. 1034, which focuses on community-based mental health services to youth offenders. Additionally, the existing pilot site for the transition program is in eastern Colorado serving rural communities.