Criterion 4: Targeted Services to Homeless and Rural Populations

The plan provides for the establishment and implementation of outreach to, and services for, such individuals who are homeless and the manner in which mental health services will be provided to individuals residing in rural areas.

Outreach and Services to the Homeless

Most Regional MH/MR Boards offer individualized services designed to alleviate homelessness as well as provide "mainstream" mental health treatment to persons who are homeless and mentally ill. By combining PATH and other McKinney funds that support specialized services with state and federal funds that support Community Support Services, the Department and the regional boards provide a statewide system of outreach, community support, and mental health services for persons with severe mental illness who are homeless. Three regional boards offer specialized services.

The following chart uses current data from the KDMHMRS information system to illustrate the incidence of homelessness among adults with severe mental illness who receive services from the Regional MH/MR Boards.

Number of Adults with SMI and Indicated Homeless Served by Regional Boards during SFY2001

Region	Homeless	Mission or Shelter
01 - Four Rivers	3	2
02 - Pennyroyal	6	0
03 - River Valley	25	30
04 - Lifeskills	20	3
05 - Communicare	6	2
06 - Seven Counties	338	106
07 - NorthKey	97	20
08 - Comprehend	0	1
10 - Pathways	22	0
11 - Mountain	14	8
12 - Ky River	8	1
13 - Cumberland River	2	1
14 - Adanta	33	0
15 - Bluegrass	71	34
TOTAL	**645**	**208**

PATH Block Grant

Through the PATH Formula Grant, the Department supports specialized initiatives to complement the existing community support array in the three urban regions that identify the largest number of persons who are homeless and mentally ill (Lexington, Louisville, and Covington).

PATH programs provide the following services:
- Outreach, housing, case management and psychiatric clinic services in a large homeless shelter in Lexington
- Outreach, housing and psychiatric clinic services in Covington
- Payeeship and case management services within a homeless service organization in Covington
- Residential support within a transitional facility for homeless men with severe mental illness in Louisville

In rural regions, persons who are homeless and mentally ill are a "priority population" for services offered by the existing community support array. Persons who are discharged from state hospitals and identified as being at risk of homelessness are referred to community-based services, intensive case management, or other aftercare arrangements.

Collaboration

KDMHMRS collaborates with the Specialized Housing Resources Department within the Kentucky Housing Corporation in the maintenance of local homeless planning boards ("Continuum of Care Committees") in Kentucky's area development districts (which correspond to the fourteen mental health regions). The Housing Coordinator in the Division of Mental Health facilitates the participation of representatives of Regional MH/MR Boards on the regional committees. Some staff of Regional MH/MR Boards serve as local coordinators and participate on the state level planning board. Tasks include:

- Establishing and maintaining participation by a broad range of local housing and service providers
- Setting regional priorities
- Assembling a single comprehensive, statewide application for various McKinney funding sources.

Through this process, Regional MH/MR Boards are collaborating more effectively with homeless service providers, local housing authorities, and community action agencies, especially in rural areas. Duplication of services has been reduced and coordination increased.

Through the Continuum of Care process, significant HUD funding has been brought into rural areas of Kentucky for homeless housing and services projects. During the most

recent competition in 2000, $2,862,580 was awarded for seven Supported Housing Program projects in "non-entitlement" areas. One of these projects (eight units of permanent housing in the Northern Kentucky area) will house individuals who are homeless and have severe mental illness. Two "Shelter Plus Care" projects were also renewed in the amount of $151,200. In the entitlement areas of the Commonwealth, Louisville/Jefferson County received $2,965,042, Lexington/Fayette County received $1,058,000 and Covington received $1,407,330. Total Kentucky funding in the most recent Continuum of Care competition amounted to $8,444,152.

Existing Continuum of Care projects that benefit individuals who are homeless and have serious mental illnesses include:

Shelter plus Care Rental Assistance:

- LifeSkills (the ten county Regional MH/MR Board catchment area)
- Kentucky River Commmunity Care (the eight county Regional MH/MR Board catchment area)
- Lexington Public Housing Authority (Fayette County)
- Jefferson County Community Development (Jefferson County)

Supportive Housing Program:

- New Beginnings, Bluegrass, Inc. (Lexington)
- Wellspring – Journey House (Louisville)
- Seven Counties Services, Inc. – Homeless Intervention Team (Louisville)
- Northkey / Homeless and Housing Coalition of Northern Kentucky (Covington)

Other Local Initiatives

The Department provides state funds to the St. Johns' Day Center in Louisville to hire an outreach worker. This staff person provides on-site assessment and links individuals with services at Seven Counties Services, the Regional MH/MR Board for Louisville.

During SFY 2002, CMHS Block Grant funds will continue to support a Rural Homeless Outreach program in the Mountain Regional MH/MR Board area. The goals of this program will be the identification and linkage of individuals with serious mental illness who are homeless with mainstream mental health services and the provision of consultation and training to homeless service providers. The service providers will mainly be members of the region's Continuum of Care group charged with developing regional, collaborative strategies to serve the homeless.

State Level Initiatives

The state PATH coordinator arranges training events designed to introduce exemplary practices to local providers. For example, in April 2001, a conference call introducing best practices in rural homeless outreach was arranged with the support of Advocates for Human Potential, technical assistance providers to CMHS' PATH program. And, during May 2001, the Department again collaborated with Advocates for Human

Potential, Inc. in sponsoring a two-day training event in Louisville on dual diagnosis (serious mental illness and substance abuse) services for individuals who are homeless and involved with the criminal justice system. These technical assistance forums will continue to be offered in SFY 2002.

Access to Mainstream Services

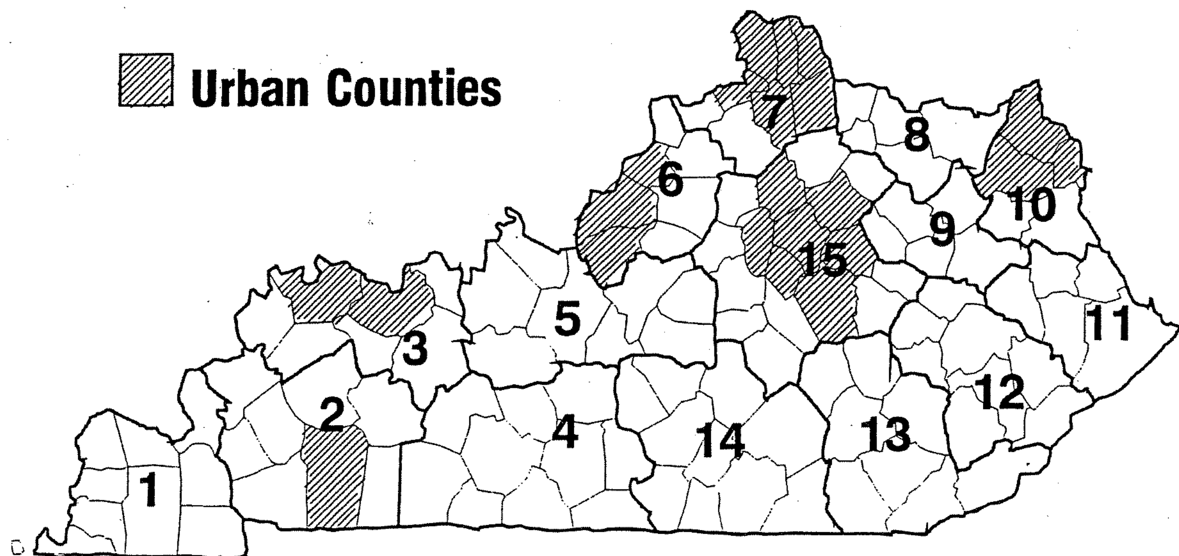
A crucial barrier remains the difficulty in "mainstreaming" homeless individuals with severe mental illness into regular mental health programs and other community services operated by Regional MH/MR Boards and other community agencies. Staff and consumers have difficulty making the transition to more formal services that sometimes have limited availability. The state PATH coordinator is collaborating with other state PATH coordinators in developing a "toolkit" for working with local public housing authorities. Through the introduction of the toolkit, it is anticipated that local providers can gradually improve access to mainstream subsidized housing resources. The "Mainstream Workgroup" hopes to move on to other areas of concern (e.g. employment, entitlement benefits) once this document is produced.

Objective A-4-1: Continue to provide support to local providers in participating actively in local/regional Continuum of Care processes.

Objective A-4-2: Assist in introducing exemplary practices in service delivery and accessing mainstream services to local providers.

Delivery of Mental Health Services in Rural Areas

Using the definition of Standard Metropolitan Statistical Area, Kentucky has 21 counties that are considered urban and 99 counties that are rural. The urban counties are highlighted on the map below.



More than one-half of the state's population resides in its 99 rural counties. At the close of SFY 2000, 35 percent of adults identified as having a severe mental illness resided in rural counties.

The mental health system in Kentucky has always recognized the rural nature of the state and has placed a priority on ensuring that services are available and accessible in all of its one hundred twenty counties.

Common problems for rural areas are isolation and the difficulties imposed by the lack of information and access. Other problems include the heightened stigma associated with mental health services in rural areas and the difficulty of ensuring confidentiality and anonymity in small communities. In addition, each rural community has its own unique challenges because of cultural, geographic and social differences.

A recent telephone survey compared the attitudes of individuals in rural and urban settings toward mental health treatment and found that individuals in rural communities are less likely to seek care because of the stigma associated with the receipt of mental health services. Certain rural values such as self-reliance, conservatism, and distrust of outsiders compound the problem.

Rural Initiatives

During SFY 2002, consumer and family initiatives will continue to receive CMHS Bock Grant funding to continue to impact on the problems associated with **rural isolation, stigma, lack of information, and access:**

- The Mental Health Association of Northern Kentucky employs consumers and professionals to provide "Stigma Fighters" training modules.
- The Kentucky Consumer Advocacy Network's customer advocacy project will travel to four regions, all of which contain rural counties. Ky CAN will also improve access by providing a Customer Conference in central Kentucky to accommodate 250 additional consumers. This conference is in addition to the Consumer Conferences held in eastern and western Kentucky.
- NAMI Kentucky will provide the "Family to Family" education series in eight regions, all of which contain rural counties. NAMI Kentucky also has been granted CMHS Block Grant funds to implement a toll free number and to develop and distribute brochures throughout rural Kentucky to encourage family members to access them. NAMI-Kentucky continues to focus on developing new chapters in rural areas of Kentucky, and they recently established a new group in Salyersville in rural Appalachia.

Criterion 4: Targeted Services to Homeless and Rural Populations

The plan provides for the establishment and implementation of outreach to and services for, such individuals who are homeless. The plan also describes the manner in which mental health services will be provided to individuals residing in rural areas.

Homeless Youth

A preliminary assessment of mental health needs among homeless children was conducted by KDMHMRS staff in 1991 and substantiated a need for a demonstration outreach project.

Following a solicitation of proposals in 1993, CMHS Block Grant funds were used to establish the "Homeward Bound" program through Seven Counties Services, the Regional MH/MR Board in Louisville, to provide outreach and services to homeless youth who have severe emotional disabilities. The youth targeted by the project include:

- Youth who live "on the street" or who move between shelters, friends and others
- Youth living in families which are homeless
- Youth living in "doubled up" situations with relatives or friends
- Homeless teens who are pregnant or have young children

The Homeward Bound project, using the IMPACT model, provides Service Coordination and Wraparound Services for identified youth. The project has an interagency advisory body and is making progress toward financial independence. By maximizing Medicaid income, the need for CMHS Block Grant funding has been reduced by half. The project also provides periodic training for mental health staff on effective strategies for working with homeless youth.

Transitioning from Child to Adult Services

Kentucky IMPACT has now been in operation for twelve years. Many youth who entered Kentucky IMPACT as children and pre-adolescents are reaching the age limit for receiving children's services. The transition of children with severe emotional disabilities to adult systems of care therefore, is increasingly becoming a concern. RIACs are struggling with the issues of helping young adults find appropriate services in the adult system.

KDMHMRS began funding demonstration projects and planning to provide community-based services for youth transitioning to adulthood in SFY 96. The projects have continued to receive funding beyond the demonstration time frame. Two of the projects (Pathways and Bluegrass South and West) are located in rural areas of the state, while the third project is in Louisville. In SFY 01, the three projects served approximately 70 youth, ages 16-21 years old, who had a severe emotional disability. Historically, this has been a difficult population to serve, as the youth continue to be in need of case management services, but do not always fit the criteria for adult case management.

Exacerbating the problems is the fact that many mental health professionals work either with children or with adults and have little knowledge about, or experience accessing, services outside of their area of expertise. Case managers have learned that the two service arenas do not always operate in compatible manners.

The purpose of the transition programs is to guide and direct a program of service coordination for these young adults that builds on existing resources that are community based and centered on the individual needs of the youth. Additionally, the programs strive to decrease the rate of hospitalization and incarceration of these youth. Services offered in addition to IMPACT model service coordination include the following: social skills training; individual and group psycho-education; structured recreation; community service work; linkage with appropriate housing resources, and exploration and development of educational and vocational interests and opportunities.

Successes of the projects include the involvement of the adult services community with transition-age adolescents, reduced caseloads for service coordinators serving this population (which allows them to focus on transition issues), and improved collaboration with the school-to-work programs implemented as a part of the Kentucky Education Reform Act.

Barriers that the projects have encountered include:

- Start-up and staff turnover problems
- Lack of knowledge by agencies concerning the effects of mental illness on adolescents
- Young adults' desire to be "on their own" and free of service providers
- Confidentiality issues with parents and agencies when adolescents gain adult status

State Interagency Council staff participates in the Cabinet for Families and Children's Chafee Foster Care Independence Program (CIP). The CIP broadens the population of young people eligible to receive independent living services and educational benefits offers important opportunities for expanding activities in states and communities to help young people transitioning from foster care.

Objective C-4-1: Provide one training or technical assistance event per year regarding youth transitioning to adulthood.

Objective C-4-2: Conduct an interagency study of the problems associated with initiating Youth Transitioning to Adulthood programs.

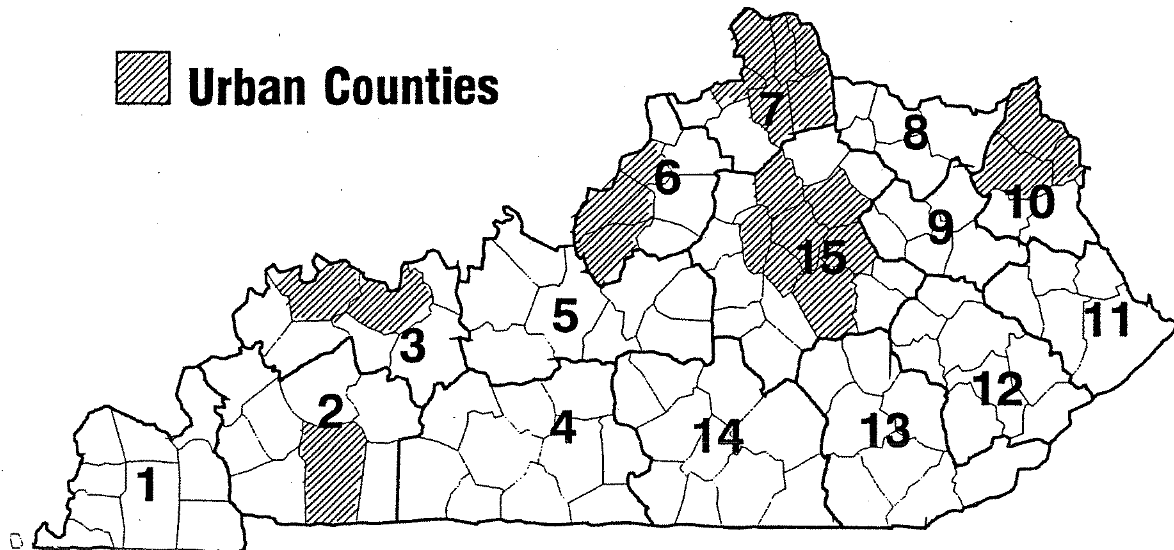
Objective C-4-3: Increase number of Youth Transitioning to Adulthood programs.

Objective C-4-4: Utilize video from Youth Transition Conference in at least three training events.

Objective C-4-5: Collaborate with the Chafee Foster Care Independence Program.

Rural Services

Twenty-one of Kentucky's 120 counties are part of Metropolitan Statistical Areas (MSA); the remainder are rural. These rural areas contain approximately half of the Commonwealth's citizenry.



One of the most significant factors affecting children and families in rural areas of Kentucky is the rate of poverty. Kentucky is a poor state, and average per capita income is 77 percent of the national average. According to the 1990 US census, Kentucky has 34 counties that are classified as persistently poor. These counties are rural and located primarily in the southeastern part of the state, or Appalachia. (Census data for 2000 not yet available in this domain.)

The two most common barriers to mental health services in rural areas are the isolation of families who have a child with an emotional disability and the limited public transportation. Isolation can be partially attributed to the geographic distance between neighbors, but may be more closely associated with the heightened stigma associated with mental health services in rural areas and the difficulty of ensuring confidentiality and anonymity in a small, closely-knit community.

Limited public transportation contributes not only to service access problems, but also increases the cost of services. KDMHMRS and Kentucky Medicaid allow Regional MH/MR Boards to recover transportation costs as an allowable service delivery cost. Additionally, Medicaid clients can receive direct reimbursement of transportation costs. When no other source of funding is available to IMPACT clients, wraparound funds may be used to pay transportation costs, or if appropriate, costs to repair a family's

automobile. Finally, the "Empower Kentucky" program of Governor Paul E. Patton is capitating all public transportation programs to single providers to utilize economics of scale that will make transportation services for public programs more accessible.

For individuals who cannot get to service sites, reimbursement from Kentucky Medicaid and KDMHMRS is available to providers for in-home and school-based mental health services. The development of school-based services, in particular, has greatly expanded the availability of outpatient mental health services for children and youth. In addition, families receiving IMPACT services receive most of their case management services in their homes or schools, and some of a "wraparound aide's" time is spent in the home.

Telepsychiatry networks that extend throughout Eastern Kentucky have been developed by Bluegrass Regional MH/MR Board and the University of Kentucky Department of Psychiatry. These networks already deliver consultation and direct services to children and their families who are unable to travel. They also allow for "expert" consultation assistance to rural providers. (Refer to map of Telehealth Networks of Kentucky in Adult Criterion 4.) Likewise, telemedicine technology has enabled closer communication among regional mental health administrators and state personnel in the implementation of a federal grant which will improve access and service capacity in three Appalachian regions in Eastern Kentucky.

One strategy to address rural access problems is the recruitment and development of family support staff, who are parents of children with severe emotional disabilities. These parents are responsible for facilitating a regional network of parent-to-parent support and advocacy, which provide informal connections between parents to supplement kinship networks.

A third distinct problem is the difficulty of recruiting staff to work in the rural areas, which limits the capacity to expand and create alternative, non-traditional services. While these three problems are common to rural areas, each rural community has its own unique problems because of cultural, geographic and social differences.

This problem has been addressed in a variety of ways at the local level. Many Regional MH/MR Boards offer tuition assistance for staff to help retain staff. Additionally, one program in northern Kentucky has offered graduating college seniors stipends for tuition in exchange for a guarantee of two years of service. One of the Regional MH/MR Boards in Appalachia successfully negotiated with the University of Kentucky to provide a two-year master's degree in social work via teleconferencing at a local community college, saving a two and one-half hour commute to the nearest university. In three Eastern Kentucky regions, specific training for in-school wraparound capacity is being planned and delivered under the auspices of a major federal child mental health grant.

There are also other on-going efforts to identify ways to recruit and retain mental health staff in all areas of the state and to fully integrate our systems of physical and mental health services and substance abuse services. This will bring us closer to addressing

the needs of children and families in a preventative, comprehensive and efficient (cost effective) manner.

KDMHMRS and other stakeholders across the state are participating in an initiative cosponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resource and Services Administration (HRSA), Bureau of Primary Health Care, National Health Services Corps (NHSC). This started with an effort entitled "Ensuring the Supply of Mental Health and Behavioral Health Services and Providers Summits" and follow-up meeting at the state and federal level are scheduled.

The Kentucky Commission on Services and supports for Individuals with Mental Illness, Alcohol, and Other Drug Abuse Disorders and Dual Diagnoses created by HB 843addressed this issue in their report and made the following recommendations with regard to collaboration and professional staffing:

- Assess the current mental health and substance abuse workforce in each region of the state
- Develop collaborations with other agencies for staff recruitment and training, with universities to create strategies for educational programs and to coordinate curriculum with licensure and certification requirements
- Use distance learning and telehealth technology to reduce social isolation and to integrate the network of community providers, and to deliver training programs
- Provide funds for higher salaries, examine differential pay and incentives for rural providers, and create recruitment and retention incentives for professionals trained in substance abuse treatment and for those who can prescribe medications.
- Recruit and train staff who specialize in geriatric and children's mental health
- Increase the availability of professionals who are trained in the use of newly patented medications.

<u>Comments from the Planning Council Members at their August, 10, 2001 Meeting</u>

Council members suggested that we look at what the HB 843 Commission said about the area of staff recruitment. Information from HB 843 document has been added to Criterion 4.

Performance Indicators for Children with Severe Emotional Disabilities – Criterion 4

1. Penetration Rate--Rural Children with Severe Emotional Disabilities (SED)

Value: Percent

Measure: Percentage of the estimated number of rural children with SED who are annually served by a Regional Interagency Council or a Regional MH/MR Board

Numerator: Unduplicated sum of children served during the SFY by a Regional Interagency Council, and children with an SED marker who received a Regional MH/MR Board service, who live in a rural (non-MSA) county

Denominator: Five percent of the Kentucky child census in rural (non-MSA) counties

SFY 99	SFY 2000	SFY 2001	SFY 2002
25%	25%	31%	31%