

## **CRITERION 4: TARGETED SERVICES TO RURAL AND HOMELESS POPULATIONS**

### **Description of Persons with SED and SMI Who Are Homeless**

#### ***DCFS***

Children identified as SED who are homeless or at risk of becoming homeless are referred from county shelters, social services, and the juvenile courts to DCFS Children's Mental Health Services or Intensive Family Services programs. Once identified, DCFS provides shelter care and transitional housing.

#### ***MHDS***

MHDS uses definitions of *homelessness* that are based on Department of Housing and Urban Development (HUD) regulations, which state that a person is homeless if they meet any of the following conditions:

- Living in places not meant for human habitation (streets, cars, parks, etc.).
- Living in an emergency shelter.
- Fleeing a domestic violence situation and no subsequent residence has been identified.
- Being discharged within one week from an institution (e.g., mental health facility, substance abuse facility, or jail/prison) in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

MHDS also uses definitions of *at imminent risk of homelessness* that are based on HUD regulations, which include the following:

- Living in transitional or supportive housing.
- Spending up to 30 consecutive days in an institution.
- Being evicted within one week and no subsequent residence has been identified.

Using information obtained as part of the Continuum of Care applications to the Department of Housing and Urban Development (HUD), following are the key statistics for homelessness in the state of Nevada:

<i>Population</i>	<i>2000 Estimate</i>
Number of persons who are homeless statewide	16,049
Number of persons who are homeless in urban areas	11,684
Number of persons who are homeless in rural areas	4,365

## **Available Services**

### **DCFS**

Once the specialized needs of children who are homeless are identified, linkages to treatment services and Intensive Family Services are provided. Outreach services have been provided to shelters for homeless families to identify children at risk of becoming SED. Case management services for homeless families who are at risk of abusing or neglecting their children is provided. Crisis child respite care is also available. During FY 2000, approximately 303 children who are homeless or at risk of homelessness were served through State funded Early Childhood Crisis Services.

### **MHDS**

In Nevada, there is a Continuum of Care initiative directed by MHDS and its agencies that addresses the needs of persons who are homeless in the state. This initiative includes the participation of various nonprofits in the three major regions of Nevada and therefore takes a different form within each area.

#### **Northern Region**

In the northern region, the Continuum of Care initiative has been undertaken by the Reno Area Alliance for the Homeless. This group includes two staff representatives from Northern Nevada Adult Mental Health Services (NNAMHS). This organization, in conjunction with NNAMHS staff, provides housing and support services to persons who are homeless or at risk of homelessness. The services provided include the following:

#### ***Mental Health Services***

- Screening
- Diagnosis
- Life skills training
- Mental health counseling
- Substance abuse counseling

#### ***Housing Services***

- Emergency shelters
- Group homes
- Transitional homes
- Permanent housing

The Reno Area Alliance for the Homeless also works in conjunction with Health Access Washoe County (HAWC), which provides medical services to low-income and homeless populations. HAWC has two clinics located in Reno. Their primary clinic is staffed by five medical care practitioners who provide healthcare on a sliding scale, cost basis to low-income clients. This

facility has served an estimated 4,000 – 6,000 clients per year for the past four years. HAWC’s secondary clinic is staffed by one medical care practitioner who provides free healthcare services to the homeless. It is estimated this facility has served up to 1,000 clients per year during its past two years of operation.

## Southern Region

In 1999, MHDS funded an additional full-time staff person at Southern Nevada Adult Mental Health Services (SNAMHS) to provide essential outreach, screening, and expedition of services for persons who are homeless with SMI. This staff person collaborates with all southern Nevada nonprofit organizations that work with persons who are homeless to ensure responsiveness and access to services for those in need.

In the southern region, the Continuum of Care initiative has been undertaken by the Southern Nevada Homeless Coalition and the Southern Nevada Regional Planning Coalition (SNRPC) Homeless Task Force. In conjunction with the SNAMHS staff person, these organizations provides housing and support services to persons who are homeless or at risk of homelessness. The services provided include the following:

### *Mental Health Services*

- Outreach
- Screening
- Diagnosis
- Case management
- Job training
- Life skills training
- Education
- Domestic violence counseling
- Mental health counseling
- Substance abuse counseling
- Gambling and other addiction counseling

### *Housing Services*

- Emergency shelters
- Group homes
- Transitional homes
- Permanent housing

## Rural Region

In the rural areas, the Continuum of Care initiative has been undertaken by MHDS Division staff and Rural Clinics. Through the system of rural clinics, the remainder of the state is provided housing and support services similar to those provided in the northern and southern regions.

## Statewide

Using information obtained as part of the Continuum of Care applications to the Department of Housing and Urban Development (HUD), following are the key statistics for services provided to persons who are homeless in the state of Nevada:

<i>Population</i>	<i>2000 Estimate</i>
Number of persons who are homeless receiving housing assistance statewide	7,612
Number of persons who are homeless receiving housing assistance in urban areas	4,669
Number of persons who are homeless receiving housing assistance in rural areas	2,943

## **PATH, Shelter Plus Care, ACCESS, and HUD Grants**

### **DCFS**

These services are administered and provided by MHDS.

### **MHDS**

During 2000, Nevada received \$300,000 for Programs for Assistance in the Transition from Homelessness (PATH). This money was divided between regions as outlined below:

<i>Region</i>	<i>Amount</i>
MHDS for grant administration	\$ 9,900
Northern region: Project ReStart for Washoe County	\$ 81,000
Southern region: Salvation Army for Clark County	\$ 178,193
Rural region: Salvation Army for Mesquite and Pahrump	\$ 30,907

These agencies provide outreach, referral, housing assistance, and treatment services to persons in Nevada who are homeless with SMI. In 2000, Nevada PATH providers assisted 35,991 people using PATH and other resources. They also enrolled 951 people into PATH-funded services.

MHDS continues to work with PATH providers to increase the quality of services provided and the coordination of housing and treatment services. In May of 2000, the MHDS Performance Improvement Team reviewed PATH providers using current community standards (i.e., Joint Commission on Behavioral Health and HUD). In May of 2001, PATH providers and State mental health liaison staff participated in federal technical assistance. The training was entitled *Housing and Services: Best Practices*. This training allowed community human service agencies, both public and private, to brainstorm funding and resource issues so that the needs of people who are homeless and suffer from SMI can be met both effectively and efficiently.

Nevada also receives Shelter Plus Care (SPC) funding. This money is aimed at linking rental assistance and supportive services to individuals who are homeless and disabled, and served 37 families and 93 individuals in 2000.

Due to the increased need for permanent supportive housing in the southern and rural areas of the state, both SNAMHS and Rural Clinics submitted proposals with their local Continuum of Care application. The Rural Clinics proposal would add an additional 16 units for families and 29 units for individuals, for a total of 45 SPC units. The SNAMHS proposal would add an additional 6 units for families and 10 units for individuals, for a total of 16 SPC units.

Additionally, Continuum of Care funding was applied for by each of the affiliates in all three regions of the State. As outlined above, the Continuum of Care initiative is regionalized into the three typical areas statewide: northern region (Washoe County), southern region (Clark County), and rural region (balance of state). The 2001 pro rata need amount for Nevada is \$3,251,263. However, proposals are usually for multiple fiscal years.

Funds were requested by region as follows:

<i>Region</i>	<i>Amount</i>
Northern region	\$ 898,740
Southern region	\$ 3,674,879
Rural region	\$ 1,677,400

Based on the above, the total amount of Continuum of Care funds applied for by Continuum of Care affiliates beginning in 2002 is \$6,251,019.

## **Definition of Rural and Urban**

### ***DCFS***

This information pertains to services administered and provided by MHDS.

### ***MHDS***

MHDS uses the definitions of rural and urban set for by the U.S. Census Bureau. They are as follows:

- rural** For the purpose of presenting data from Census 2000 for the urban and rural portions of a geographic entity, the U.S. Census Bureau classifies as rural, by default, all territory, population, and housing units located outside of urbanized areas and urban clusters. See urban.
- urban area** A generic term that refers to both urbanized areas and urban clusters. This terminology is new for Census 2000.
- urban cluster** A densely settled area that has a census population of 2,500 to 49,999. An urban cluster (UC) also can be an area with 50,000 or more people if fewer than 35,000 live in an area that is not part of a military reservation. A UC generally

consists of a geographic core of block groups or blocks that have a population density of at least 1,000 people per square mile, and adjacent block groups and blocks with at least 500 people per square mile. A UC may consist of all or part of one or more incorporated places and/or census designated places, and may include area adjacent to the place(s) or it might not include a place at all. See central place, extended place, urban, urbanized area.

**urban growth area (UGA)** A legally defined geographic entity delineated around urban development in Oregon. UGA boundaries are delineated by state and local officials, and subsequently confirmed in state law, to control urban growth. UGAs are new for Census 2000.

**urbanized area (UA)** A densely settled area that has a census population of at least 50,000. At least 35,000 people in an urbanized area (UA) must live in territory that is not part of one or more military reservations, or it is classified as an urban cluster. A UA generally consists of a geographic core of block groups or blocks that have a population density of at least 1,000 people per square mile, and adjacent block groups and blocks with at least 500 people per square mile. A UA may consist of all or part of one or more incorporated places and/or census designated places, and may include area adjacent to the place(s). See central place, extended place, urban, urban cluster.

## **Services Access Barriers and Efforts to Overcome Them**

### ***DCFS***

This information pertains to services administered and provided by MHDS.

### ***MHDS***

#### **Northern Region**

In the northern region of the Nevada barriers to service access include types of available housing and the need to improve and increase support services to prevent homelessness. The Continuum of Care initiative has applied for funds this year to increase the capacity of emergency shelters and transitional housing. The initiative has also begun establishing a database of homeless support services that can be accessed by all providers (public, private, and nonprofit) to locate appropriate services for individuals and families in need of specific housing and support services.

## Southern Region

In the southern region of Nevada barriers to service access include the closure of local nonprofit emergency shelters along with other locations that have typically allowed persons without fixed residence to “pitch a tent.” The Southern Nevada Homeless Coalition includes over 80 organizations that are concerned with the plight of persons who are without a fixed nighttime residence. All of the project priorities included in the 2001 Continuum of Care application for funding outlined above focus on housing services, which include the entire range from emergency shelter to permanent new housing.

## Rural Region

In the rural areas of Nevada the major barrier to service access continues to be the fact that most areas are geographically remote. Access to housing assistance and support services is a significant problem, as people usually have to travel great distances to get services. Those people that do not have to travel face confidentiality problems that result from living in a small town. Clients often report that they are reluctant to seek services because “everyone in the town would know,” especially as they may encounter someone they know in the waiting room.

The Continuum of Care initiative for rural Nevada intends to overcome these barriers by applying for tenant-based rental assistance that can be used throughout all rural areas. This rental assistance will be matched in equal dollar amounts with support services. These services can be provided through the various Rural Clinics located throughout the state as well as be individually based. Service Coordinators can provide a range of services that can be delivered in a consumer’s residence.

## Goals and Objectives

### ***DCFS – FY 2002***

#### Criterion 4

**Goal 7: Develop a continuum of child and adolescent mental health service programming into the less populated areas of the state.**

Objective 7.1: Provide intensive family services to children and adolescents in the rural region.

### ***DCFS – FY 2003***

During FY 2003, DCFS will continue with the original goal outlined for FY 2002.

## **MHDS – FY 2002**

### Criterion 4

#### **Goal 4: Improve the delivery of mental health services to rural and homeless populations.**

- Objective 4.1: Maintain or increase the number of rural persons with serious mental illness who receive mental health services from community clinics.
- Objective 4.2: Maintain or increase the number of homeless persons with serious mental illness receiving services.

## **MHDS – FY 2003**

During FY 2003, MHDS will continue with the original goal outlined for FY 2002.

PLEASE NOTE: A complete summary of all goals and objectives that appear in this application are included in Attachment C.

## **Performance Indicator Descriptions**

The performance indicator descriptions for both DCFS and MHDS appear in the required format in Attachment D of this application.

## **Performance Indicator Data Tables**

The performance indicator data tables for both DCFS and MHDS appear in the required format in Attachment E of this application.