



National Resource Center on Homelessness and Mental Illness

Rural Issues

April 2004

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Policy Research Associates, Inc., under contract to the Center for Mental Health Services

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Order #: 1326

Authors: Arce, A.A., Vergare, M.J., Adams, R.S., Lazarus, L.

Title: **A Typology of Community Residential Services.**

Source: Washington, DC: American Psychiatric Association, 1982. (Report: 30 pages)

Abstract: This is the 21st report in a monograph series authorized by the American Psychiatric Association. This report describes the work of the Task Force on Community Residential Services over the past four years. Task Force activities range from an initial survey of all 50 states to gather data for the compilation of a glossary to the proposed typology of community residences in an effort to formulate a standardized nomenclature. The report concludes with a series of recommendations for action.

Order #: 6094

Authors: Aron, L., Fitchen, J.M.

Title: **Rural Homelessness: A Synopsis.**

Source: In Baumhol, J. (ed), Homelessness In America. Phoenix, AZ: The Oryx Press, 91-85, 1996. (Book Chapter: 5 pages)

Abstract: The authors explain that significant differences are found in the types of housing problems experienced from region to region in rural areas. This chapter discusses: the definition of rural homelessness and poverty; specific features of rural homelessness; coping strategies; and residential mobility. The authors contend that for service providers, rural areas offer some distinct advantages in mobilizing local resources to combat homelessness.

Order #: 5601

Authors: Barry, K.L., Fleming, M.F., Greenley, J., Kropp, S., Widlak, P.

Title: **Severe Mental Illness and Substance Abuse in Rural Areas: Prevalence and Client Characteristics.**

Source: Madison, WI: Mental Health Research Center, 1994. (Monograph: 23 pages)

Abstract: Substance use and abuse are important problems in clients with severe mental illness (SMI). Limited information is available about clients with alcohol and other drug abuse (AODA) problems in rural settings. The purpose of this study was to assess differences in client functioning, health care use, and health effects among three groups of SMI clients: Group 1 - current substance abuse problem; Group 2 - past substance abuse problem only; and Group 3 - no history of alcohol or drug problems. This report confirms a high prevalence of substance use and abuse problems in rural clients with severe mental illness and suggests a profile of clients with current alcohol and drug problems.

Order #: 3709

Authors: Barry, K.L., Fleming, M.F., Greenley, J.R., Kropp, S., Widlak, P.

Title: **Characteristics of Persons With Severe Mental Illness and Substance Abuse in Rural Areas.**

Source: Psychiatric Services 47(1): 88-90, 1996. (Journal Article: 3 pages)

Abstract: A cross-sectional study of 1,551 clients receiving care in 10 community-based rural mental health care systems assessed problem behaviors and psychiatric symptoms among three groups of clients with serious mental illness: (1) those with a current substance abuse problem; (2) those with a history of substance abuse but no current problem; and (3) those with no history of substance abuse problems. Clients with a current substance abuse problem were younger than clients who had no history of such problems and had more symptoms of anger, more trouble with the law, and more suicidal threats than clients in the other two groups.

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Order #: 9634

Authors: Bird, D., Lambert, D., Hartley, D., Beeson, P., Coburn, A.

Title: **Rural Models for Integrating Primary Care and Mental Health Services.**

Source: Administration and Policy in Mental Health 25(3): 287-306, 1998. (Journal Article: 20 pages)

Abstract: This paper presents findings from a study designed to identify and describe models for integrating primary care and mental health services in rural communities. Data were obtained from telephone interviews with staff at rural primary care sites around the country. Findings are based on the responses of 53 primary care organizations in 22 states. The authors identify four integration models-diversification, linkage, referral, and enhancement-which appear to exist in combination, rather than as pure types. The proposed analytic framework outlines aspects of integration that are readily amenable to study (authors).

Order #: 8288

Authors: Bjorklund, R.W., Pippard, J.L.

Title: **The Mental Health Consumer Movement: Implications for Rural Practice.**

Source: Community Mental Health Journal 35(4): 347-359, 1999. (Journal Article: 13 pages)

Abstract: The authors state that developing consumer-oriented programs for rural areas presents a major challenge for practitioners and policymakers. The mental health consumer movement, a successful urban creation, has yet to fully impact rural practice and be of benefit to individuals with severe and persistent mental illness. Rural mental health professionals face unique challenges and opportunities in utilizing rural strengths to foster consumer participation in the design and implementation of service delivery. The authors address the unique barriers facing rural communities and propose a self-help model as a service delivery alternative (authors).

Order #: 5536

Authors: Blank, M.B., Fox, J.C., Hargrove, D.S., Turner, J.T.

Title: **Critical Issues in Reforming Rural Mental Health Service Delivery.**

Source: Community Mental Health Journal 31(6): 511-524, 1995. (Journal Article: 14 pages)

Abstract: Critical issues in reforming rural mental health service delivery systems under health care reform are outlined. It is argued that the exclusive focus on health care financing reform fails to include obstacles to effective mental health service delivery in rural areas. Characteristics of rural areas are delineated. Three assumptions about the structure of rural communities which are shaping the dialogue on rural health and mental health service delivery are examined. These assumptions include the notion that rural communities are more closely knit than urban ones, that rural services can be effectively delivered through urban hubs, and the rural dwellers represent a low risk population that can be effectively served through existing facilities and by extending existing services (authors).

Order #: 6559

Authors: Blank, M.B., Jodl, K.M. and McCall B.R.

Title: **Psychosocial Rehabilitation Program Characteristics in Urban and Rural Areas.**

Source: Psychiatric Rehabilitation Journal 20(1): 3-10, 1996. (Journal Article: 8 pages)

Abstract: Forty-eight clubhouse-type psychosocial rehabilitation programs were sampled in order to examine program characteristics that distinguished urban from rural programs. Analysis revealed that rural clubhouses were significantly smaller; had more limited accessibility, less specialized staff, and were somewhat more likely to serve a heterogeneous client population. Limitations of the study include a lack of data on consumer outcomes, potential bias owing to self-report by program staff, small sample size, and a dichotomous designation of urban and rural based on population density (authors).

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Order #: 7959

Authors: Butera, G., Maughan, G.

Title: **A Place in the Mountains: Rural Homeless Families in West Virginia.**

Source: Zero to Three: 24-30, August-September, 1998. (Journal Article: 7 pages)

Abstract: Homelessness is often assumed to be an urban phenomenon. Because homeless people are more numerous, more geographically concentrated and more visible in America's cities, homeless families in rural areas are often overlooked. In many cases, they are not literally homeless. They may live in the abandoned or condemned structures, or in campers, or with relatives in substandard housing. Still, they meet the federal description of homeless. This article looks at rural homelessness in Appalachia, along with services to this population and some suggestions to guide intervention policy.

Available From: National Center for Infants, Toddlers, and Families, 2000 M Street NW, Suite 200, Washington, DC 20036, (202) 638-1144, www.zerotothree.org.

Order #: 7218

Authors: Butler, S.S.

Title: **Homelessness Among AFDC Families in a Rural State: It Is Bound to Get Worse.**

Source: AFFILIA: Journal of Women and Social Work 12(4): 427-451, 1997. (Journal Article: 25 pages)

Abstract: Drawing on a sample of 929 recipients of Aid to Families with Dependent Children (AFDC) in Maine, this article examines the differences between families who had and had not experienced homelessness. Results indicated that about 15% of those receiving AFDC had been homeless in the past five years. The findings revealed few other differences, however, between the ever-homeless and never-homeless groups. The author argues that if a significant proportion of the AFDC population has recently been, or is at risk for being, homeless, then the current welfare reforms and elimination of AFDC will only increase the number of homeless families.

Order #: 7228

Authors: Center for Mental Health Services.

Title: **Mental Health Providers in Rural and Isolated Areas: Final Report of the Ad Hoc Rural Mental Health Provider Network.**

Source: Rockville, MD: Center for Mental Health Services, 1997. (Report: 20 pages)

Abstract: This report is based on two meetings of the Ad Hoc Rural Mental Health Provider Work Group. The group was formed by the Center for Mental Health Services and consists of representatives from federal and state agencies, professional organizations, academic institutions, and mental health consumers from rural areas. This report makes recommendations in two main categories: the amount and skill levels of rural mental health providers; and access to rural mental health providers and services. The report concludes that if the health system is to effectively serve rural communities, the unique aspects of rural service delivery will need to be considered and training provided for practice in rural and isolated areas.

Available From: SAMHSA's National Mental Health Information Center, PO Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.org, info@mentalhealth.org

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Order #: 8837

Authors: Cloke, P.

Title: Homelessness and Rurality: 'Out-of-Place' in Purified Space?

Source: Environment and Planning: Society and Space 18(6): 715-735, 2000. (Journal Article: 21 pages)

Abstract: This article discusses the apparent failure to couple together the constructs of "rurality" and "homelessness", and proposes a critical deconstruction of this failure with an emphasis on the problem in the United Kingdom. Three lines of argument are employed. First, there are a range of physical and material reasons why rural and urban spaces have varying qualities for hiding or revealing people who are homeless, and why the embodied experiences of homelessness have varying geographies. Second, there are a series of obstacles that exist within the practices, thoughts, and discourses of rural dwellers themselves, which lead them to deny homelessness exists in their place. Third, normalized conceptualizations about rurality and homelessness often serve to separate the two concepts, and contribute to the assumption that homelessness is an urban phenomenon which is rendered invisible in rural places (author).

Order #: 8925

Authors: Cloke, P., Milbourne, P., Widdowfield, R.

Title: Interconnecting Housing, Homelessness, and Rurality: Evidence from Local Authority Homelessness Officers in England and Wales.

Source: Journal of Rural Studies 17(1): 99-111, 2001. (Journal Article: 13 pages)

Abstract: This article investigates the discursive and practical policy issues relating to homelessness in rural areas of England and Wales. It begins with the argument that such homelessness does represent a significant but under-emphasized problem in rural areas. The authors suggest a number of ways in which rural homelessness is less visible than its urban counterpart, relating to the morphology of rural areas, social-cultural constructs of idyllic rural living, and conceptual assumptions which render homelessness as out-of-place in purified rural settings. The authors then report on findings from a survey of local authority homelessness officers in England and Wales and in-depth interviews with officers in the counties of Somerset and Gloucestershire (authors).

Order #: 8839

Authors: Cloke, P., Milbourne, P., Widdowfield, R.

Title: The Geographies of Homelessness in Rural England.

Source: Regional Studies 35(1): 23-37, 2001. (Journal Article: 15 pages)

Abstract: Relatively little attention has been given to the geographies of homelessness in rural England, still less to the nature and scale of homelessness in rural areas. In this article, the authors draw on analyses of unpublished official statistics on local homelessness and a national survey of local authorities to investigate the geographies of homelessness in rural England. In particular, the authors present findings on three key components of rural homelessness: the changing scale and profile of this homelessness; local authority practices for dealing with homelessness; and the ways in which the scales of homelessness in rural areas may remain under-counted within official homelessness statistics (authors).

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Order #: 8501

Authors: Cloke, P., Widdowfield, R.C., Milbourne, P.

Title: **The Hidden and Emerging Spaces of Rural Homelessness.**

Source: Environment and Planning 32(1): 77-90, 2000. (Journal Article: 14 pages)

Abstract: This article explores key issues bound up with the existence of homelessness in rural England. The article begins with a discussion of spatialized representations of homelessness and privileged constructions of rural spaces in England which together act to obscure visibilities of rural homelessness in a range of discursive environments. The authors then examine ways in which such representations and constructions impact on and connect with local experiences of rural homelessness by drawing on some key findings from recent research. Three main issues concerning visibilities and invisibilities of homelessness in rural spaces are considered: visibilities accorded to certain manifestations of rural homelessness through discourses of official statistics; a series of invisibilities associated with localized representations and experiences of homelessness in rural areas; and the ways in which rural homelessness emerges and becomes obvious in spaces that may be described as nonrural (authors).

Order #: 8821

Authors: Craft-Rosenbeg, M., Powell, S.R., Culp, K.

Title: **Health Status and Resources of Rural Homeless Women and Children.**

Source: Western Journal of Nursing Research 22(8): 863-878, 2000. (Journal Article: 16 pages)

Abstract: The purpose of this research is to describe the health status and health resources for women and children who are homeless in a Midwestern rural community. A group of 31 rural homeless women in a shelter participated in the study by answering questions on the Rural Homeless Interview developed by the investigators. The findings revealed higher than expected rates of illness, accidents, and adverse life events, with the incidence of substance abuse and mental illness being comparable to data from other homeless populations. The data on children were omitted by lack of knowledge on the part of their mothers. Some mothers reported that their children were in foster care, had been adopted, or were being cared of by others. The inability to access health and dental care was reported by half of the participants (authors).

Order #: 3197

Authors: Cuffel, B.J.

Title: **Violent and Destructive Behavior Among the Severely Mentally Ill in Rural Areas: Evidence from Arkansas' Community Mental Health System.**

Source: Community Mental Health Journal 30(5): 495-504, 1994. (Journal Article: 10 pages)

Abstract: A comparison of rates of violence among admissions to the Arkansas State Hospital system between urban and rural areas tested the hypothesis that hospital admissions were greater in rural areas than in urban areas. Data on violent and destructive behavior were recorded from the medical records of 609 patients in both rural and urban areas controlling for selected demographic and clinical characteristics. Results indicated that rural patients showed increased likelihood of violent and destructive behavior prior to admission. The increased rate of violence was particularly evident in those using substances prior to admission in rural areas suggesting that community management of the violent, substance abusing patient may be particularly difficult for rural areas.

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Order #: 8039

Authors: Cummins, L.K., First, R.J., Toomey, B.G.

Title: **Comparisons of Rural and Urban Homeless Women.**

Source: AFFILIA: Journal of Women and Social Work 13(4): 435-453, 1998. (Journal Article: 19 pages)

Abstract: This article explores the characteristics, coping patterns, and personal problems of 473 homeless women in 21 randomly selected counties in rural Ohio. Most of the women were homeless with partners and often attributed their homelessness to family conflict and economic hardship. Unlike homeless women in urban studies, the rural women had low incidence of mental illness and substance abuse and high levels of resourcefulness. The authors discuss concerns about the impact of welfare reform on rural women.

Order #: 1620

Authors: Davies, M.A., Bromet, E.J., Schulz, S.C., Dunn, L.O., Morgenstern, M.

Title: **Community Adjustment of Chronic Schizophrenic Patients in Urban and Rural Settings.**

Source: Hospital and Community Psychiatry 40(8): 824-830, 1989. (Journal Article: 7 pages)

Abstract: This article discusses the influence of environmental conditions (i.e., urban or rural location) on the community adjustment of chronic schizophrenic patients who live in boarding homes and other residential facilities. Seventy-eight patients living in an urban area and 46 patients living in a rural area were included in the study. Findings indicate that compared with rural patients, urban patients were more likely to live in substandard dwellings, to receive less practical support from the home operator, and to report more incongruence with household members and aversive neighborhood conditions. Urban patients showed significantly more psychopathology, functioned more poorly in relationships with others, and had poorer global functioning than rural patients. Except for the physical condition of patients' dwellings, all the environmental conditions measured in the study were significantly associated with some measures of community adjustment regardless of geographic setting (authors).

Order #: 3826

Authors: Dottl, S.L., Greenley, J.R.

Title: **Rural-Urban Differences in Psychiatric Status and Functioning Among Clients with Severe Mental Illness.**

Source: Community Ment Health Journal 33(4):311-21, 1997. (Journal Article: 23 pages)

Abstract: This research paper compares psychiatric status, home- and community-based activities of daily living, and recreational and vocational functioning among 1,600 adults with serious mental illness from 18 small-city and rural Wisconsin counties. Results show that rural clients are less likely to have a diagnosis of schizophrenia, schizoaffective disorder, or organic brain syndrome; have higher levels of general pathology, including more belligerent, nervous, and depressive behaviors; engage in more recreational activities and fewer vocational activities than their urban counterparts.

Order #: 996

Authors: Drake, R.E., Wallach, M.A., Teague, G.B., Freeman, D.H., Paskus, T.S., Clark, T.A.

Title: **Housing Instability and Homelessness Among Rural Schizophrenic Patients.**

Source: New York, NY: Presented at the 143rd Annual Meeting of the American Psychiatric Association, 1990. (Report: 24 pages)

Abstract: The authors discuss housing instability and homelessness for schizophrenic individuals in a rural area. Findings indicate that housing instability, even when less severe as in rural areas, remains an important signifier of risk. Unstably housed schizophrenic persons in rural areas have few psychosocial supports and are at greater risk of homelessness and institutionalization. The findings support the integral nature of stable housing in community treatment of severely mentally ill individuals.

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Order #: 5620

Authors: Farrell, S.P., Koch, J.R., Blank, M.

Title: **Rural and Urban Differences in Continuity of Care After State Hospital Discharge.**

Source: Psychiatric Services 47(7): 652-654, 1996. (Journal Article: 3 pages)

Abstract: In a study to determine differences in continuity of care for state hospital patients discharged to rural and urban areas, all community mental health centers in Virginia were asked to complete a brief questionnaire about each patient discharged to the centers in fiscal year 1992. Discharges to rural centers had significantly higher levels of continuity of care on four of five dimensions of continuity. The authors suggest that rural centers' lower staff ratios and decreased role boundaries may make them better able than urban centers to carry out the diverse tasks needed to help discharged patients resume community living (author).

Order #: 2370

Authors: First, R.J., Rife, J.C., Toomey, B.G.

Title: **Homelessness in Rural Areas: Causes, Patterns, and Trends.**

Source: Social Work 39(1): 97-108, 1994. (Journal Article: 12 pages)

Abstract: This article presents the results of the first major statewide study of rural and nonurban homelessness conducted in randomly selected rural counties in Ohio. A major finding of the study is that differences exist in the demographic composition of the rural homeless population as compared to urban populations. Data from this study indicate that homeless individuals in rural areas are younger, more likely to be single women or mothers with children, are better educated, less likely to be disabled and more likely to have become homeless because of economic circumstances. The authors contend that an understanding of the relationships between homelessness, poverty, unemployment, and depressed rural economies is missing in current perspectives on homelessness (authors).

Order #: 956

Authors: First, R.J., Toomey, B.G. and Rife, J.C.

Title: **Preliminary Findings on Rural Homelessness in Ohio.**

Source: Columbus, OH: Ohio State University, 1990. (Report: 24 pages)

Abstract: This report presents preliminary findings from the first comprehensive study of rural homelessness in the United States. Data are presented from an analysis of interviews conducted with 921 homeless adults in 21 randomly selected rural counties in Ohio. The NIMH-funded study was designed to replicate prior research in 16 of the 21 sample counties, thus providing indicators of the nature and extent of change in rural homelessness in Ohio over a span of six years. Findings indicate significant growth in the number of rural homeless persons, as well as some basic changes in their demographic characteristics (authors).

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Order #: 5999

Authors: Fischer, E.P., Owen, R.R., Cuffel, B.J.

Title: **Substance Abuse, Community Service Use, and Symptom Severity of Urban and Rural Residents With Schizophrenia.**

Source: Psychiatric Services 47(9): 980-984, 1996. (Journal Article: 5 pages)

Abstract: This article describes a study that examined the relationships of substance abuse, use of community-based services, and symptom severity among rural and urban residents with schizophrenia in the six months after discharge from short-term inpatient care. At baseline and six-month follow-up, symptom severity of 139 subjects was assessed using the Brief Psychiatric Rating Scale (BPRS), and substance abuse status was determined using the Structured Clinical Interview for DSM-III-R. BPRS results on average indicated symptom improvement between baseline and follow-up, although symptoms worsened for 27% of the subjects. Symptoms of rural substance abusers who used no community services were worse at follow-up than those of any other subgroup. Nearly half of all subjects had less than monthly contact with community services. The greater likelihood of symptom worsening among rural residents was attributed to their less frequent use of community services. The findings reinforce the importance of ensuring involvement in community-based services for individuals with comorbid schizophrenia and substance use disorders. The authors contend that the promotion of service use by persons with a dual diagnosis may be particularly critical to the well-being of rural residents with schizophrenia (author).

Order #: 7150

Authors: Fitchen, J.M.

Title: **Homelessness in Rural Places: Perspectives from Upstate New York.**

Source: Urban Anthropology and Studies of Cultural Systems and World Economic Development 20(2): 177-210, 1991. (Journal Article: 34 pages)

Abstract: The author contends that homelessness in rural America is generally overlooked because it does not fit urban-based perceptions and definitions. This article is based on field research in scattered rural communities in New York State. Data were collected in interviews with low-income families and with local service providers, and from records of community agencies and schools. The author suggests research-based strategies for preventing and responding to homelessness that would be appropriate for rural people and rural communities (author).

Order #: 1691

Authors: Fitchen, J.M.

Title: **On the Edge of Homelessness: Rural Poverty and Housing Insecurity.**

Source: Rural Sociology 57(2): 173-193, 1992. (Journal Article: 21 pages)

Abstract: This article, based on long-term field research in upstate New York, sets the problem of rural homelessness in context, explains the increase in rural poverty that puts more people at risk of homelessness, and examines some trends in rural housing that reduce the ability of poorer residents to secure adequate shelter. The nature of housing insecurity and the strategies poor rural people use to keep themselves from becoming literally homeless are noted. The conclusion is that the definition of homelessness should be broadened for rural usage to encompass poor people on the edge of or at high risk of homelessness. Additionally, programs to assist the homeless and prevent homelessness must be appropriate for rural situations (author).

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Order #: 7988

Authors: Fitchen, J.M.

Title: **Poverty and Homelessness in Rural Upstate New York.**

Source: In Dehavenon, A.L. (ed.), *There's No Place Like Home: Anthropological Perspectives on Housing and Homelessness in the United States*. Westport, CT: Bergin & Garvey, 1-17, 1996. (Book Chapter: 17 pages)

Abstract: This chapter finds that, in rural upstate New York, changes in social organization as a result of the low-income housing crisis include an increase in single-parent families combined with a corresponding reduction in available employment opportunities. The result for many has been the removal of children to relatives or foster families when their parents become homeless. Needy families live in marginal housing, like trailers, with housing code violations, rats, polluted water, no sewers, and little or no code enforcement by the government until the families are forced to leave. The author recommends preventative case management in public assistance programs and rent subsidies for families at risk of homelessness (author).

Order #: 8356

Authors: Fox, J.C., Berman, J. Blank, V.G., Rovnyak, V.G.

Title: **Mental Disorders and Help Seeking in a Rural Impoverished Population.**

Source: *International Journal of Psychiatry in Medicine* 29(2): 181-195, 1999. (Journal Article: 181 pages)

Abstract: This study examined the impact of an in-home screening and educational intervention on help seeking among rural impoverished individuals with untreated mental disorders. The effect of including a significant other in the intervention and reasons for not seeking help were explored. The sample was randomly selected from households in nine rural counties in Virginia. The short form of the CIDI was used to screen 646 adult residents. Respondents who screened positive were randomly assigned to one of three groups: no intervention; an educational intervention; or the educational intervention with a significant other. A list of local sources of health and mental health care was distributed. At one-month post interview, respondents were telephoned to inquire about help seeking. Almost one-third (32.4%) of these respondents screened positive for at least one disorder. Five hundred and sixty-six (87.6%) were successfully followed up, and 33 of the 566 (5.8%) reported that they had sought professional help since the interview. Eighty-four subjects who screened positive and received the educational intervention reported in follow up that they had discussed the interview with a friend or family member, but only 11 (13.1%) received encouragement to seek treatment. The predominant reason endorsed for not seeking help was "felt there was no need," even among respondents who were informed that they had a disorder. The implication of these results for investigation and service providers is that motivating individuals to seek mental health services is a complex process; more attention must be devoted to the development of culturally relevant methods for facilitating help seeking. (authors)

Order #: 3825

Authors: Greenley, J.R., Dottl, S.L.

Title: **Sociodemographic Characteristics of Rural and Urban Severely Mentally Ill Clients.**

Source: Madison, WI: Mental Health Research Center, Research Paper Series 46, 1995. (Report: 20 pages)

Abstract: This research paper examines sociodemographic differences between rural and urban clients with serious mental illness. It offers a possible explanation for these differences. Results show significant differences between rural and urban clients in terms of age, gender, and marital status, but not in terms of education or income. Young (18-35 yr.), unmarried males are more likely to live in more densely populated counties. Older (65+ yr.) women who are currently or previously married are more likely to live in less densely populated counties.

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Order #: 5643

Authors: Greenley, J.R., Schulz, R.

Title: **Staff Burnout and Rural Mental Health Services.**

Source: Madison, WI: Mental Health Research Center, Research Paper Series 44, 1995. (Unpublished Paper: 15 pages)

Abstract: Staff burnout is thought to be especially severe in human service organizations such as those serving persons who have serious mental illness. The authors explain that staff burnout has been described as a particularly serious problem in rural mental health services. Burnout associated with conditions especially critical in rural areas, such as the availability of adequate staff (e.g., tenure, turnover, retention, and recruitment) and burdens of work (e.g. special problems of isolated clients and separation of staff from other colleagues and providers). This paper reports findings from a study of mental health staff that attempts to assess levels of burnout and analyze factors associated with burnout in rural areas.

Order #: 8094

Authors: Harvey, M.

Title: **The Rural Impacts of Welfare Reform: Annotated Bibliography of Literature Concerning the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.**

Source: Madison, WI: University of Wisconsin-Madison, 1998. (Bibliography: 62 pages)

Abstract: This annotated bibliography provides a listing of articles on a wide range of topics related to the impact welfare reform may have upon rural areas.

Available From: Mark Harvey, Department of Rural Sociology, University of Wisconsin-Madison, Madison, WI 53706, mhharvey@students.wisc.edu

Order #: 10426

Authors: HCH Clinicians Network

Title: **Hard to Reach: Rural Homelessness and Health Care.**

Source: Healing Hands, 5(5): 2001. (Newsletter: 6 pages)

Abstract: This issue of Healing Hands examines obstacles encountered by people who first experience homelessness in small communities and remote rural areas of the United States. The articles briefly explain the causes of rural homelessness and how unstably housed people in rural areas differ from their urban counterparts. In addition, they highlight strategies that homeless service providers are using to meet the challenges these clients present, and recommendations to improve service access and reduce rural homelessness.

Order #: 3413

Authors: Hendryx, M.S., Borders, T., Johnson, T.

Title: **The Distribution of Mental Health Providers in a Rural State.**

Source: Administration and Policy in Mental Health 23(2): 153-155, 1995. (Journal Article: 3 pages)

Abstract: Previous studies have shown that inpatient hospitalization rates may be influenced by the supply of specialty services, such as hospital psychiatric units, and the supply of specialist and generalist physicians. The objectives of this study are twofold: (1) to describe the professional mental health provider supply across geographic areas of a predominantly rural state; and (2) to relate physician and non-physician supply to area hospitalization rates. Findings indicate wide variation in the distribution of mental health professionals across rural areas. Hospitalization rates for rural area populations are positively related to the area's physician supply, but unrelated to other mental health professional supply. The authors recommend the need to study factors that influence distribution of providers and implement means to create more equitable supplies.

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Order #: 5535

Authors: Hill, C.E., Fraser, G.J.

Title: **Local Knowledge and Rural Mental Health Reform.**

Source: Community Mental Health Journal 31(6): 553-568, 1995. (Journal Article: 16 pages)

Abstract: According to the authors, rural mental health care reform has failed to recognize that service utilization and access is guided by the meanings and explanations that rural dwellers ascribe to symptoms and treatments for mental illness. These meanings and explanations are described here as local knowledge. It is argued that planning for reform in rural mental health service delivery must take into account local knowledge and explanations for mental illness and its treatment in order to improve rural mental health. Factors such as race, ethnicity, and type of illness are examined (authors).

Order #: 5639

Authors: Hollingsworth, E.J., McKee, D., Pitts, M.

Title: **Staffing of Rural Community Support Programs.**

Source: Madison, WI: Mental Health Research Center, Research Paper Series 23, 1992. (Unpublished Paper: 23 pages)

Abstract: Rural mental health programs are believed to suffer from small staffs, lack of staff training, and overwhelming client loads. The authors relate staffing to other aspects of mental health care as they discuss staffing of rural Community Support Programs (CSPs) for people who have serious mental illness. The issues discussed include: staff size and client ratio; turnover; staff characteristics; models of staffing; and differences between very rural and small city settings. Data on staffing in 12 rural and small city CSPs in Wisconsin are used to investigate these issues.

Order #: 1593

Authors: Housing Assistance Council, Inc.

Title: **Housing Programs for the Homeless in Rural Areas.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1988. (Report: 50 pages)

Abstract: With limited financial resources and a small social service network, rural communities are using innovative strategies to assist the increasing number of the rural homeless, a population that seems to be dominated by families with young children. The purpose of this report is to provide highlights of six approaches to housing the homeless in rural areas of the United States. The projects described provide emergency, transitional, and/or permanent housing services. Projects were selected from all the major regions of the country: the Northeast (New York); the South (Tennessee); the Midwest (Minnesota); and the West (California and Arizona).

Available From: Housing Assistance Council, Inc., 1025 Vermont Avenue, NW, Suite 606, Washington, DC 20005, (202) 842-8600. (COST: \$5.00).

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Order #: 12739

Authors: Housing Assistance Council.

Title: **Fair Housing, the Zoning Process, and Land Use Politics in Rural Areas.**

Source: Washington, DC: Housing Assistance Council, 1998. (Report: 31 pages)

Abstract: This report addresses the "Not in My Back Yard" (NIMBY) syndrome, which is a common factor in preventing affordable housing development in some communities. This study will provide an outline of common patterns in NIMBY cases, explore the circumstances that would transform a NIMBY situation to a fair housing discrimination case, and outline the grievance mechanisms available to complainants in these types of housing discrimination situations. This report uses examples from four cases to illustrate choices and strategies that may be employed at different points in a NIMBY conflict. In each case, local opponents to an affordable housing project used the permit or zoning process to challenge an affordable housing proposal. Documentation obtained for the cases included copies of zoning applications and minutes from zoning hearings. Copies of fair housing complaints were also obtained for the cases in which they were filed (authors).

Available From: Housing Assistance Council, 1025 Vermont Avenue, NW, Suite 606, Washington, DC 20005, (202) 842-8600, www.ruralhome.org.

Order #: 12334

Authors: Housing Assistance Council.

Title: **Picking Up the Pieces: Restoring Rural Housing and Communities After a Disaster.**

Source: Washington, DC: Housing Assistance Council, 2003. (Report: 50 pages)

Abstract: This report identifies existing contact persons and agencies, with the goal of increased coordination among them and stimulate further development of community-based resources such as housing development corporations and advocacy agencies. The section entitled "Initial Response" outlines the process that disaster-stricken communities can expect to undergo following the catastrophe. The section entitled "Specific Housing Resources for Disasters" describes the principal forms of assistance available to those whose homes have been damaged or destroyed by disasters. These are programs specifically designed for use in disaster recovery situations. Next, a section on "General Housing Resources" provides descriptions of key agencies and some of the programs they administer that are relevant to housing recovery. In each case, the guide provides the address of the agency office or offices from which more detailed information can be obtained. Finally, a section entitled "Reaching the Hard-to-Reach" briefly discusses the special problems of meeting the housing needs of low income rural residents (authors).

Available From: Housing Assistance Council, 1025 Vermont Avenue, NW, Suite 606, Washington, DC 20005, (202) 842-8600, www.ruralhome.org

Order #: 1594

Authors: Housing Assistance Council.

Title: **Rural Homelessness: A Review of the Literature.**

Source: Washington, DC: Housing Assistance Council, 1991. (Report: 65 pages)

Abstract: This literature review discusses the nature and causes of homelessness in nonmetropolitan communities around the United States, areas beyond the urban centers and their fringes where homelessness is commonly believed to predominate. Information from descriptive reports is presented in the first two sections of this paper, which discuss ways in which rural homelessness is defined and understood and the dynamics of rural homelessness, focusing on the interaction between economic decline, increasing poverty, and housing problems in rural America as the most frequently cited contributing factors. A review of research data on the prevalence of nonmetropolitan homelessness and population characteristics, as compared to the urban population, follows. The appendices include an annotated bibliography.

Available From: Housing Assistance Council, Inc., 1025 Vermont Avenue, NW, Suite 606, Washington, DC 20005, (202) 842-8600, www.ruralhome.org.(COST: \$6.00)

Rural Issues

Order #: 7227

Authors: Housing Assistance Council.

Title: **Rural Housing and Welfare Reform: HAC's 1997 Report on the State of the Nation's Rural Housing.**

Source: Washington, DC: Housing Assistance Council, 1997. (Report: 70 pages)

Abstract: The second in a series of State of the Nation's Rural Housing reports by the Housing Assistance Council, this report has two major parts. The first presents data on all rural residents and their housing, and compares them to urban and suburban residents. The second focuses on rural welfare recipients, particularly on their housing conditions. The report relies primarily on micro data released in 1997 from the 1995 American Housing Survey, conducted every two years for the Department of Housing and Urban Development. The report concludes that it is unlikely that welfare reform will help poor rural Americans improve their lives (author).

Available From: Housing Assistance Council, Inc., 1025 Vermont Avenue, NW, Suite 606, Washington, DC 20005, (202) 842-8600, www.ruralhome.org (COST: \$6.00).

Order #: 1069

Authors: Housing Assistance Council.

Title: **Shelter and Housing Resources for Homeless Assistance: A Guide for Small Towns and Rural Communities.**

Source: Washington, DC: Housing Assistance Council, 1990. (Report: 110 pages)

Abstract: This guide to federal and state resources for homeless assistance identifies programs with a shelter or housing component that are available to nonmetropolitan and rural communities. The programs listed are generally available to all geographic locations either nationally or within a given state; a few of the state programs have specific rural set-asides. Emergency and transitional shelter programs are included, as well as permanent housing specifically targeted for homeless persons or special needs populations, single room occupancy dwellings, and assistance to prevent loss of home. Programs that fund services only are not included in the guide; nor are all sources of federal and state housing assistance (authors).

Available From: Housing Assistance Council, Inc., 1025 Vermont Avenue, NW, Suite 606, Washington, DC 20005, (202) 842-8600, www.ruralhome.org (COST: \$6.00).

Order #: 2868

Authors: Howland, R.H.

Title: **The Treatment of Persons with Dual Diagnoses in a Rural Community.**

Source: Psychiatric Quarterly 66(1): 33-49, 1995. (Journal Article: 16 pages)

Abstract: The literature on individuals with co-occurring mental health and substance use disorders is marked by the paucity of information on such persons in rural settings. This article describes the characteristics of a rural community mental health system, illustrating the difficulties in treating persons with dual diagnoses in rural settings. The difficulties in serving this population in rural settings include: (1) a fragmented system of services; (2) centralized services in a large geographic area; (3) overly restrictive regulations; (4) conceptual differences in treatment approaches; (5) confidentiality and stigma in a rural culture; and (6) the academic and professional isolation of mental health workers. Recommendations to address these problems and to improve the delivery of services to persons with dual diagnoses are suggested (author).

Rural Issues

Order #: 2873

Authors: Husted, J., Wentler, S.A. and Bursell, A.

Title: **The Effectiveness of Community Support Programs for Persistently Mentally Ill in Rural Areas.**

Source: Community Mental Health Journal 30(6): 595-600, 1994. (Journal Article: 6 pages)

Abstract: The purpose of this study was to determine the effectiveness of a rural community support program by comparing the number of days hospitalized for an equal amount of time before and after participation in the program. It was found that participation resulted in a significant reduction in the number of days hospitalized (authors).

Order #: 3190

Authors: John, P.L.

Title: **Poverty in Rural America: January 1980 - June 1993.**

Source: Beltsville, MD: United States Department of Agriculture, 1993. (Bibliography: 46 pages)

Abstract: This annotated bibliography contains 219 citations of books, journal articles and reports concerning poverty and homelessness in rural American published between 1980 and 1993.

Order #: 3131

Authors: Kales, J.P., Barone, M.A., Bixler, E.O., Miljkovic, M.M., Kales, J.D.

Title: **Mental Illness and Substance Use Among Sheltered Homeless Persons in Lower-Density Population Areas.**

Source: Psychiatric Services 46(6): 592-595, 1995. (Journal Article: 4 pages)

Abstract: This study examines a sheltered homeless population in two counties of lower-density population, Dauphin and Cumberland, in central Pennsylvania, to assess the prevalence of mental illness and substance abuse. Findings indicate that although mental illness and substance abuse may be somewhat less prevalent among homeless persons in rural areas than in large urban areas, they are nevertheless significant problems (authors).

Order #: 3132

Authors: Lachance, K.R., Santos, A.B.

Title: **Modifying the PACT Model: Preserving Critical Elements.**

Source: Psychiatric Services 46(6): 601-604, 1995. (Journal Article: 4 pages)

Abstract: This paper discusses issues concerning the modification of the Program for Assertive Community Treatment (PACT) model especially for use in rural areas. The authors focus on six basic elements of the PACT model: multi-service teams; 24-hour service availability; small caseloads that do not vary in composition; ongoing and continuous services; assertive outreach; and psychosocial rehabilitation. They describe how programs in South Carolina that are using variations of the PACT model have retained these elements and achieved desired outcomes with smaller teams operating on modified schedules (authors).

Rural Issues

Order #: 1897

Authors: Lazere, E.B., Leonard, P.A. and Kravitz, L.L.

Title: **The Other Housing Crisis: Sheltering the Poor in Rural America.**

Source: Washington, DC: Center on Budget and Policy Priorities, 1989. (Report: 69 pages)

Abstract: This report on the housing conditions of the rural poor is issued jointly by the Center on Budget and Policy Priorities and the Housing Assistance Council. It is based on data released in February 1989 by the Bureau of the Census and the Department of Housing and Urban Development. These data demonstrate convincingly that the growing shortage of affordable housing affects rural and urban areas alike -- and is truly a national problem. In addition, this report incorporates earlier analyses of federal housing programs conducted by Cushing N. Dolbear for the Low Income Housing Information Service.

Available From: Center on Budget and Policy Priorities, 236 Massachusetts Avenue, NE, Suite 305, Washington, DC 20002, (202) 408-1080.

Order #: 7233

Authors: McDonel, E.C., Bond, G.R., Salyers, M., Fekete, D., Chen, A., McGrew, J.H., Miller, L.

Title: **Implementing Assertive Community Treatment Programs in Rural Settings.**

Source: Administration and Policy in Mental Health 25(2): 153-173, 1997. (Journal Article: 21 pages)

Abstract: The authors present a controlled evaluation of a rural adaptation of the assertive community treatment (ACT) model for clients with serious and persistent mental illness (SPMI). Four rural community mental health settings adopted an ACT model, while a fifth site blended ACT principles with those of the Rhinelander model, another approach to case management for persons with SPMI. A broad array of client and system outcomes were evaluated at six, 12, and 24 months into the intervention. Twelve-month findings alerted the authors to potential problems and weaknesses that were evaluated and addressed. Small positive findings at 24 months suggested the corrections may have had an impact. The authors also provide descriptive data on the challenges of implementing complex services models, giving particular attention to barriers to mental health service provision that are uniquely rural (authors).

Order #: 1323

Authors: Meeks, C.B.

Title: **Rural Housing: Status and Issues.**

Source: Cambridge, MA: MIT Center for Real Estate Development, 1988. (Report: 32 pages)

Abstract: Although rural areas share many of the problems of urban areas, they have some distinguishing characteristics that make urban-oriented approaches, delivery systems and programs inappropriate. This report highlights some of the unique characteristics of rural or nonmetro areas that require consideration in the development of programs and policies to reduce housing problems.

Available From: MIT Center for Real Estate Development, 77 Massachusetts Avenue, W31-310, Cambridge, MA 02139, (617) 253-4373, <http://web.mit.edu/cre/>.

Rural Issues

Order #: 7878

Authors: Meisler, N., Williams, O.

Title: **Replicating Effective Supported Employment Models for Adults with Psychiatric Disabilities.**

Source: Psychiatric Services 49(11): 1419-1421, 1998. (Journal Article: 3 pages)

Abstract: This article describes the trials and tribulations of mounting two model programs -- Program for Assertive Community Treatment (PACT) and Individual Placement and Support (IPS) -- for seriously mentally ill consumers in a rural mental health center in South Carolina. The authors describe how the individuals responsible for adopting these model programs had to make many compromises, leading to a common feature of successful adoption of innovations -- "reinvention" of the model program to fit the unique constraints, resources, limitations, and staffing available in the host setting (authors).

Order #: 845

Authors: National Catholic Rural Life Conference.

Title: **The Hidden Homeless of Rural America: A National Tragedy, a Growing Disgrace and a Warning for the Future.**

Source: Earth Matters 37(4): 3-32, 1988. (Journal Article: 29 pages)

Abstract: This publication features five articles that examine the causes of rural homelessness, the role of economic factors and land use in precipitating rural homelessness, characteristics of the population, an interview with a rural homeless family, and a description of the service needs of the population and recommendations for adapting services to local communities.

Order #: 6943

Authors: National Rural Health Association.

Title: **The Rural Homeless: America's Lost Population.**

Source: Washington, DC: National Rural Health Association, 1996. (Monograph: 18 pages)

Abstract: This monograph addresses the growing problem of homelessness among America's rural population. It discusses the difficulty of reporting the true number of rural homeless, causes of homelessness and preventive measures communities can implement. Also addressed are the social, political and economic aspects of homelessness. The monograph presents a portrait of the rural homeless that contrasts with the image of the urban homeless. Other issues explored include defining the dimensions of rural homelessness, available resources, legal and illegal immigration issues, and the need for federal leadership as well as resources from private-public partnerships.

Available From: The National Rural Health Association, Publications Department, One West Armour Boulevard, Suite 203, Kansas City, MO 64111, (816) 756-3140, www.nrharural.org. (COST: \$12.00)

Order #: 5793

Authors: Nord, M., Lulof, A.E.

Title: **Homeless Children and Their Families in New Hampshire: A Rural Perspective.**

Source: Social Service Review: 461-478, September 1995. (Journal Article: 18 pages)

Abstract: The author examines 20 case studies of homeless students and their families in New Hampshire. The studies reveal that homelessness is a problem in rural, as well as urban areas. Homelessness for two-parent families came in the wake of economic reverses, while for single-parent families the precipitating event was family disruption. Homeless school children were found to suffer serious setbacks both academically and socially, including exhaustion, lack of time and a place to do homework, coordinating school schedules with work schedules, instability, out-of-school periods, frequent changes of school, and stigmatization. The authors conclude that these problems characterized not only the period of literal homelessness but also the entire residential crisis episode surrounding that period (authors).

Rural Issues

Order #: 2042

Authors: O'Malley, P. (ed.)

Title: **Homelessness: New England and Beyond.**

Source: New England Journal of Public Policy 8(1): 1-813, 1992. (Journal:Entire Issue: 813 pages)

Abstract: This special issue examines the policy dilemmas related to homelessness. With a special focus on the New England area, the issue covers topics such as financing mental health services for homeless individuals with mental illnesses, university cooperation, AIDS, local community responses, housing, aggressive outreach, rural homelessness, the McKinney Act, alcoholism, drug abuse, and panhandling. The authors include local service providers, advocates, social workers, mental health professionals, housing experts, and persons who have experienced homelessness first-hand.

Available From: John W. McCormack Institute of Public Affairs, University of Massachusetts at Boston, 100 Morrissey Boulevard, Boston, MA 02125-3393, (617) 287-5550.

Order #: 681

Authors: Patton, L.T.

Title: **The Rural Homeless.**

Source: Washington, DC: U.S. Department of Health and Human Services, 1987. (Report: 36 pages)

Abstract: The discussion presented here relies upon a review of the available research, a special survey conducted by the U.S. Department of Health and Human Services (HHS) of its community health center grantees and two site visits -- to the Black Belt counties of Alabama and Mississippi and the farm regions of Minnesota and North Dakota -- which were supported by HHS. While broad generalizations cannot be drawn from the site visits, they proved particularly useful in providing sharply contrasting views of homelessness. This report first examines the nature of homelessness in rural areas and its causes. The structural transformation now underway in the rural economy, the nature of the rural environment and rural social service networks are briefly reviewed as well as available evidence regarding the characteristics of the rural homeless. The remainder of the report examines the scant data regarding medical care utilization by the homeless. The primary sources of data include a study supported by the National Institute of Mental Health of the homeless in Ohio and the community health center survey and site visits mentioned above (author).

Order #: 3189

Authors: Porter, K.H.

Title: **Poverty in Rural America: A National Overview.**

Source: Washington, DC: Center on Budget and Policy Priorities, 1989. (Report: 31 pages)

Abstract: This report focuses on those people living in poverty in rural areas of the United States. To provide a better understanding of who these individuals are, the report describes their characteristics and examines how the rural poor are similar to and different from the urban poor. Despite the popular perception of concentrated African American poverty in the nation's inner cities, more than 44% of blacks living in nonmetropolitan areas were poor in 1987, compared to 33% of blacks living in central cities. In addition, nonmetropolitan whites and Hispanics are just as likely to be poor as their center city counterparts. However, the composition of the rural poor is significantly different from that of the urban poor. Unlike the central city poor, rural poor are more likely to be white, to live in families headed by two parents, to be concentrated in the South, and to work. In addition, while the proportion of adults who are poor is similar in both central city and rural areas, the rural poor are somewhat more likely to be elderly (authors).

Rural Issues

Order #: 8277

Authors: Putnam, M., Landes, D., Lieberman, B., Chamberlain, D.

Title: **Rural AIDS Housing: Issues and Opportunities.**

Source: Seattle, WA: AIDS Housing of Washington, 1998. (Report: 148 pages)

Abstract: This report addresses HIV/AIDS housing and services from a non-metropolitan perspective. It targets small communities and the local organizations that are working to meet the housing needs of people living with HIV/AIDS. The report's focus was shaped by a collaboration of rural HIV/AIDS services and housing experts from throughout the country. It includes an extensive listing of government contacts for each state; a survey of the state of HIV/AIDS and housing in the rural U.S., including the results of consumer needs assessments in Kentucky and Washington; an examination of the unique barriers to the provision of housing and supportive services to rural residents; case studies of successful rural housing and services programs; an extensive bibliography and glossary; links to other resources; and profiles of the reality of living with HIV/AIDS in rural and non-metropolitan parts of the U.S.

Available From: AIDS Housing of Washington, 2014 East Madison, Suite 200, Seattle, WA 98122, (206) 322-9444, www.aidshousing.org.

Order #: 10944

Authors: Reynnells, M.L.

Title: **Federal Funding Sources for Rural Areas: Fiscal Year 2003.**

Source: Beltsville, MD: Rural Information Center, 2003. (Resource Guide: 176 pages)

Abstract: The federal funding programs available to rural areas included in this document were selected from the Catalog Of Federal Domestic Assistance 2002. The Catalog is an annual publication that provides extensive listings of federal assistance programs including housing, mental health and homeless programs; national, regional, and local office contacts; and grant application procedures. Local governments should check with their state or regional offices about programs in this document. Many federal programs that are developed to provide assistance to local governments, are distributed through state or regional offices (authors).

Available From: Rural Information Center, National Agricultural Library, 10301 Baltimore Avenue, Room 304, Beltsville, MD 20705, (800) 633-7701, ric@nal.usda.gov, www.nal.usda.gov/ric/ricpubs/funding/federalfund/ff.html

Order #: 7958

Authors: Riley, B., Fryar, N., Thornton, N.

Title: **Homeless on the Range: Meeting the Needs of Homeless Families with Young Children in the Rural West.**

Source: Zero to Three: 31-35, August-September 1998. (Journal Article: 5 pages)

Abstract: Family BASICS (Building A Supportive, Integrated Community) is a model family support and prevention program that was created in response to the growing number of homeless families in Missoula, MT. In its six years of operation, this organization has found that these families have very few close or stable ties to family or friends and that social isolation leads to family homelessness, keeping families in crisis. To strengthen families and prevent homelessness, Family BASICS strives to reduce isolation, while respecting independence. This article looks at western Montana's youngest homeless or near-homeless citizens and presents an overview of the economic and housing adversities facing their families. Family BASICS' social support approach to homeless families with young children is described.

Available From: National Center for Infants, Toddlers, and Families, 2000 M Street NW, Suite 200, Washington, DC 20036, (202) 638-1144, www.zerotothree.org.

Rural Issues

Order #: 7882

Authors: Rohland, B.M., Rohrer, J.E., Tzou, H.

Title: **Broker Model of Case Management for Persons with Serious Mental Illness in Rural Areas.**

Source: Administration and Policy in Mental Health 25(5): 549-553, 1998. (Journal Article: 5 pages)

Abstract: In this article, case managers in Iowa's 99 counties were surveyed in order to assess the application of a broker model of case management for persons with serious mental illness who live in a rural state. The utility of this model was evaluated by examining characteristics of case managers, such as education, experience, and caseload, and their perception of the availability and adequacy of community support services within their counties. The authors conclude that three weaknesses -- inconsistent and inappropriate training, restrictions from role as direct service provider, and limited service availability -- diminish the practicality of the broker model in Iowa and other rural states. The authors state that alternative models for case management that are less dependent on referral to existing community resources, such as assertive community treatment, may be more effective in rural areas.

Order #: 7900

Authors: Rosenheck, R., Bassuk, E., Salomon, A.

Title: **Special Populations of Homeless Americans.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 36 pages)

Abstract: Surveys conducted over the past two decades have demonstrated that homeless Americans are exceptionally diverse and include representatives from all segments of society -- the old and the young; men and women; single people and families; city dwellers and rural residents; white and people of color; and able-bodied workers and people with serious health problems. Veterans appear in substantial numbers among the homeless, as do former criminal offenders and illegal immigrants. Each of these groups experiences distinctive forms of adversity resulting from both societal structures and personal vulnerabilities, and has unique service delivery needs. Attention to the distinctive characteristics of subgroups of the homeless is important in facilitating service delivery and program planning, but may also diffuse attention away from shared fundamental needs, and generate unproductive policy debate about deserving vs. undeserving homeless people (authors).

Available From: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, <http://aspe.hhs.gov/progsys/homeless/symposium/toc.htm>

Order #: 1900

Authors: Santos, A.B., Deci, P.A., Lachance, K.R., Dias, J.K., Sloop, T.B., Hiers, T.G., Bevilacqua, J.J.

Title: **Providing Assertive Community Treatment for Severely Mentally Ill Patients in a Rural Area.**

Source: Hospital and Community Psychiatry 44(1): 34-39, 1993. (Journal Article: 6 pages)

Abstract: The authors describe an assertive community treatment program developed for patients in rural South Carolina and evaluate the effect of the program on rates of hospital utilization and cost of care. Data on 23 patients with chronic psychotic disorders living in rural areas of South Carolina before and after assignment to an assertive community treatment program were compared. The study results of decreased hospitalizations and shorter lengths of stay after admission, suggest that the model can be successfully used in rural areas (authors).

Rural Issues

Order #: 808

Authors: Segal, E.A.

Title: Homelessness in a Small Community: A Demographic Profile.

Source: Social Work 25(4): 27-30, 1989. (Journal Article: 4 pages)

Abstract: Homelessness has typically been regarded as a problem of the large, urban city. The current study was an examination of the extent and characteristics of homeless people in a small community and what, if any, were the similarities with the urban homeless population. Personal interviews were conducted with men and women staying at local shelters. The survey instrument used was developed with an emphasis on gathering demographic data and information on social supports. The findings indicate that the number of homeless people in small communities is growing. The data suggest that the homeless people of smaller, more prosperous communities are similar in composition and needs to the homeless people of urban areas and should be included in national estimates (author).

Order #: 5534

Authors: Shelton, D.A., Frank, R.

Title: Rural Mental Health Coverage Under Health Care Reform.

Source: Community Mental Health Journal 31(6): 539-552, 1995. (Journal Article: 14 pages)

Abstract: Efforts to integrate services and financing under health care reform hold benefits for provision of services to rural persons with mental illnesses. Remote areas pose a particular challenge as the unique characteristics of rural America are even more evident. The model for managed care in remote rural areas will differ from those used in urban and their adjacent-rural areas. Universal coverage would remove the barriers to accessing care for this population, but does not assure availability of adequate mental health services or sufficient providers in rural areas. Characteristics of currently available rural mental health services are presented and obstacles to expanded delivery under health care reform are outlined (authors).

Order #: 3310

Authors: Shelton, D.A., Merwin, E. and Fox, J.

Title: Implications of Health Care Reform for Rural Mental Health Services.

Source: Administration and Policy in Mental Health 23(1): 59-69, 1995. (Journal Article: 10 pages)

Abstract: This article discusses the unique health care needs of rural populations and how health care reform would impact rural health services with particular emphasis on mental health services. According to the authors, availability of personnel, access to services, and acceptability by rural residents are key factors in evaluating rural mental health service delivery. The authors contend that efforts toward health care reform for people with mental illnesses in rural America must take into consideration these factors when developing policy. In addition, although health care reform would remove barriers to accessing care for this population, it would not assure an expansion of services or providers in rural areas. Special incentives for providers to locate in rural areas would be needed.

Rural Issues

Order #: 7936

Authors: Stein, L.I., Santos, A.B.

Title: Rural, Dually Diagnosed, and Homeless Populations.

Source: In Stein, L.I., Santos, A.B., Assertive Community Treatment of Persons with Severe Mental Illness. New York, NY: W.W. Norton & Company, 111-130, 1998. (Book Chapter: 20 pages)

Abstract: This chapter addresses four policy-relevant issues associated with the dissemination of Assertive Community Treatment (ACT) services. Specifically discussed are key modifications and adaptations necessary to implement effective ACT programs in rural settings; for homeless populations; to maximize employment opportunities; and to minimize the use of illicit drugs.

Available From: W.W. Norton & Company, 500 Fifth Avenue, New York, NY 10110, (212) 354-5500, www.wwnorton.com.

Order #: 12708

Authors: United States Department of Housing and Urban Development.

Title: Continuums of Care for States.

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Brochure: 22 pages)

Abstract: The goal of a state CoC is to develop strategies to coordinate homeless assistance programs in areas not covered by other Continuums. States and participating localities must come up with efficient organizational structures that allow participatory involvement in all aspects of the CoC process, from forming local planning groups, to soliciting applications to setting priorities. In addition, the local/state partnerships need to find ways to assemble data on the housing and service needs of homeless people in what are often non-contiguous parts of the state. Finally, for states that are using this process to address the fact that the needs and resources of rural areas may be different from those of metropolitan areas or even of more populous non-metropolitan areas. This brochure provides an introduction to the particular challenges facing states implementing a Continuum of Care (CoC) approach and offers examples of how some states have successfully addressed these challenges (authors).

Available From: U.S. Department of Housing and Urban Development, Office of Community Planning and Development, www.hud.gov/offices/cpd/homeless/library/coc/cocstates.pdf.

Order #: 1727

Authors: United States General Accounting Office.

Title: Homelessness: HUD's Interpretation of Homeless Excludes Previously Served Groups.

Source: Washington, DC: U.S. General Accounting Office, 1992. (Report: 14 pages)

Abstract: This report reviews the Department of Housing and Urban Development's (HUD) interpretation of the McKinney Act's definition of homeless. The McKinney Act initially authorized 20 programs to assist the homeless, and HUD is responsible for administering five of these programs. According to some homeless assistance providers, for purposes of determining eligibility for HUD's McKinney programs, HUD has narrowed the definition to include persons living only on the street or in shelters. This report provides information on (1) HUD's interpretation of the definition of homeless; (2) ambiguities in HUD's definition of homeless; and (3) the effects of this interpretation on persons who are deinstitutionalized, living doubled up, and living without accommodations in rural areas (authors).

Available From: U.S. General Accounting Office, 441 G Street NW, Washington, DC 20548, (202) 512-4800, www.gao.gov.

Rural Issues

Order #: 2169

Authors: United States House of Representatives.

Title: H.R. 4300, Stewart B. McKinney Homeless Assistance Amendments.

Source: 102nd Congress 2nd Session, February 1992. (Legislation: 54 pages)

Abstract: This legislation authorizes amendments to the Stewart B. McKinney Homeless Assistance Act to extend programs providing urgently needed assistance for the homeless. The broadest change included in the amendments is a new requirement that all recipients of McKinney funds, with a few exceptions such as states, include at least one homeless or formerly homeless individual on their board or governing bodies. Another modification to the Act is the merger of the two Supportive Housing programs with the Supplemental Assistance for Facilities to Assist the Homeless (SAFAH) program. The Shelter Plus Care program was modified to include four parts: tenant-based rental assistance, project-based rental assistance, sponsor-based rental assistance, and Section 8 SRO moderate rehabilitation. In addition, changes were made to the SRO Housing program that allow nonprofits to apply directly to the Department of Housing and Urban Development (HUD). The amendment also created two new programs including the Rural Homelessness Grant program and the Safe Havens program.

Available From: National Housing Law Project, 1012 Fourteenth Street NW, Suite 610, Washington, D.C. 20005, (202) 347-8775, www.nhlp.org/html/pubhsg/Rucker%20AARP%20Amicus%20FINAL.PDF

Order #: 3399

Authors: Van Hook, M.J., Ford, M.

Title: Linking Mental and Primary Health Care In Rural Areas.

Source: Administration and Policy In Mental Health 22(6): 633-641, 1995. (Journal Article: 9 pages)

Abstract: This paper describes the context of the policy and service delivery environment influencing the nature of mental and primary health services in rural areas. Since instituting programs can require a major investment in limited agency resources, the discussion highlights strategies for integrating services systems that can be used to implement these arrangements (authors).

Order #: 6013

Authors: Wagner, J.D., Menke, E.M., Ciccone, J.K.

Title: What Is Known About the Health of Rural Homeless Families?

Source: Public Health Nursing 12(6): 400-408, 1995. (Journal Article: 9 pages)

Abstract: The authors explain that families represent the fastest-growing subgroup of the homeless population. Most of the research has focused on urban homeless families and not on rural homeless families. This article describes a study in which the characteristics and health of rural homeless families in Ohio was examined. The majority of mothers perceived themselves and their children as having no physical health problems. Results show that 52% of the children under six years of age had Denver Developmental Screening Test (DDST) scores that indicated they might have developmental lags and 15 of the children over four years of age had scores that indicated they might have behavioral problems. The reported use of illegal drugs, alcohol, and cigarettes was high for this group of mothers. Strategies are included that nurses can use in working with rural homeless families (authors).

Rural Issues

Order #: 2745

Authors: Windle, C.

Title: **Social Values and Services Research: The Case of Rural Services.**

Source: Administration and Policy in Mental Health 22(2): 181-188, 1994. (Journal Article: 8 pages)

Abstract: This article suggests a framework for planning research evaluations of health care reform in the mental health service system with special emphasis on underserved populations such as those living in rural and inner city areas. According to the author, one of the many problems a national health care plan must address is how to accommodate the special problems of rural and inner city areas that have much poverty, few service resources, and probably greater costs for adequate quality of services (author).

Order #: 1701

Authors: Zawisza, K. and Macklin, H.

Title: **Assessing Local Housing Needs: A Guide for Rural Communities.**

Source: Washington, DC: Housing Assistance Council, 1992. (Report: 68 pages)

Abstract: The National Affordable Housing Act of 1990 requires states and many urban areas to develop a planning document called the Comprehensive Housing Affordability Strategy (CHAS) in order to receive funding for new as well as many existing housing programs. The CHAS consists of five elements, the first of which is a needs assessment that summarizes data on the jurisdiction's needs for housing assistance for very low-, low- and moderate-income families. If rural communities are to receive housing assistance, their needs must be reflected in their state's CHAS. This manual is intended to encourage and assist these endeavors by describing methods of identifying housing needs and facilitating the use of Census data (authors).

Available From: Housing Assistance Council, 1025 Vermont Avenue, NW, Suite 606, Washington, DC 20005, (202) 842-8600. (COST: \$5.00)