Governor's Behavioral Health Services Planning Council

Rural and Frontier Subcommittee Report
2013 Annual Report
April 2013

Presented to:
Wes Cole and the Governors' Behavioral Health Services Planning Council (GBHSPC)
Shawn Sullivan, Secretary, Department for Aging and Disability Services (KDADS)
Sam Brownback, Governor

Mission

The GMHSPC Rural and Frontier Subcommittee is a group of mental health stakeholders who collaborate through research to statistically understand and promote accessibility and availability of mental health SERVICES IN FRONTIER AND RURAL Kansas counties. As defined by KDHE's frontier (less than 6 people per square mile) through urban continuum, we assure accessibility/availability of mental health services in frontier/rural Kansas counties.

Prepared by:
GBHSPC Rural and Frontier Subcommittee

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Committee Members:

Cheryl Rathbun- St Francis Community Services Chair

Barbara Clark- St. Francis Community Service & Adoptive Parent

Brenda Barger- Foster Parent

Cheryl Holmes- KU School of Social Welfare

Cory Turner - Larned State Hospital

Don Tedford- Consumer Representative

Gary Parker- GBHSPC Council Representative

Kathleen Holt- KU Kansas Work Force Initiative

Leslie Bissell- Southwest Guidance Center

Misty Ford- Havilland Care Center

Ric Dalke- Area Mental Health Center

Sheldon Carpenter- Iroquois Center for Human Development

Travis Hamrick– Iroquois Center for Human Development

Walt Hill-High Plains Mental Health Center

Wendy Lockwood- The Center for Counseling and Consultation

Pam McDiffett- KDADS Central Office Support Staff

Introduction:

The Rural & Frontier Subcommittee has worked diligently to increase public awareness of rural and frontier realities in order to assure broad inclusion and representation of rural and frontier perspectives in policy and decision making.

2013 Recommendations:

1) Continue to follow outcome of the Executive Order from the Governor for statewide adoption of the Frontier through Urban Continuum definition.

2) Support consumer and family involvement in our subcommittee: Continue to recruit and involve consumers and support their involvement by developing funding to facilitate attendance at meetings and activities.

Significant Accomplishments in past years:

- Advocated for the adoption of the KDHE Frontier through Urban Continuum Definition.
- Made presentations at state and national levels to advocate, educate and promote public awareness of mental health issues based on the KDHE continuum definition.
- Developed membership to include consumers, families and stakeholders representing all geographical regions of Kansas.
- Developed a Rural and Frontier Evaluation Tool to be used in assessments.
- Advocated for representation of the rural/frontier voice in regard to policy and decision making.
- Advocated for evidenced based practices found to be effective in rural and frontier communities.
- Advocated for the need for fiscal responsibility through all goals of the Rural & Frontier Subcommittee.

Accomplishments in 2013:

- Drafted and submitted Executive Order that is now with the Governor's office supporting the adoption of the KDHE Frontier through Urban Continuum Definition.

- Applied for and successfully received grant money to support reimbursement of transportation costs for consumers and families.

- Hosted Legislative luncheon on January 26, 2012 and Legislative reception on October 25, 2012. Made presentations at each outlining the importance of statewide adoption of the KDHE Frontier through Urban Continuum Definition.

Goals 2014

1) State wide Adoption of the KDHE Frontier through Urban Continuum Definition by Executive Order or by legislative action

Action Steps:

A. Follow up on Executive Order progress
   - Receive regular reports from larger GBHSPC.

B. Educate and gain support from government entities and decision makers for the adoption of the definition
   - Request support for the adoption of definition in our presentations.
   - Legislative receptions - for the purpose of education of legislators on the issues of rural and frontier realities (availability and accessibility of resources) and the necessity of being defined.
   - Track and provide position statement (and be ready to testify) on legislation that has rural and frontier concerns.
   - Identify stakeholders and provide educational information and data on rural and frontier issues as opportunity presents.

C. Identify Association and Community Partners to meet, present and collaborate with regarding like needs and concerns.

3) The GBHSPC has requested that the subcommittee research what telemedicine technical assistance is offered nationally, what is presently being used and/or has been tried in the state and its usefulness, and what opportunities and services would be beneficial to Kansas.
   - Develop an integrated, statewide blueprint and plan for use of technology for supports, enhancement and increased efficiency of services, care coordination, consumer supports and system planning.

2) Continue to broaden membership
   - Identify process for new membership.
   - Review other committee's process and develop written process for this committee.
   - Identify and recruit members to represent other providers.
   - Continue to identify and recruit additional consumer and family participants.

3) Explore avenues of strengthening community collaboration surrounding the provision of behavioral health services.

- Review status of community collaborative in the rural & frontier communities-do they already exist in some form.
- Present possible model of community collaboration for those that do not have a current forum.
- Assess statistically state administrative level of funding decision making and the impact it is having on rural and frontier communities. Develop an avenue for communities regarding coordination of data points and include the effects of managed care.
- Problem solve avenues to address the changes and how they are impacting the community and the residents in the community.

Summary:

The Rural and Frontier Subcommittee works to understand the effects of our economic and geographical conditions on all consumers of mental health services as seen through the lens of the continuum of population density. We understand that on either side of the continuum the lack of resources and adequate funding places a hefty burden for the population of people who experience serious emotional and brain disorders. The subcommittee has identified the political arena as the primary forum to provide opportunities for moving forward in achieving its goals.

Attachment: A

Background information for Kansas

Rural and Frontier Subcommittee of the Governor's Mental Health Services Planning Council

Why Define Frontier and Rural?

"Defining rural does make a difference in ensuring limited resources intended to address critical rural needs actually are transmitted to locations that have those needs."[1]

"Population decline has broad social and economic consequences for the residents of these counties. None perhaps is more serious than the potential impact of population loss on the provision of health and health care services. At the current rate of population decline, the provision of health and health care services in many frontier and rural counties in Kansas eventually will become economically unsustainable."[2]

Description of Kansas – Population and Population Density

The subcommittee recommends use of KHDE's population density peer group continuum, defined as follows:

- Frontier is less than six people per square mile (p/m^2)
- Rural is 6-19.9 p/m^2
- Densely-settled rural is 20-39.9 p/m^2
- Semi-urban is 40-149.9 p/m^2
- Urban is 150+ p/m

Based on this continuum and using 2010 Census data, Kansas has the following peer groups.

	Eastern KS		**Western Kansas**	
Population Density Peer Groups	# of counties	% of counties	# of counties	% of counties
Frontier	6	10%	30	65%
Rural	21	36%	11	24%
Densely-settled Rural	16	27%	5	11%
Semi-urban	10	17%	0	0%
Urban	6	10%	0	0%
Grand Total	59	100%	46	100%

*Western Kansas is the column of counties including Barton County, west to the Colorado border.

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, Rural Health Policy (2007). *Mental Health and Rural America: 1994-2005: An Overview and Annotated Bibliography*. Available at ftp://ftp.hrsa.gov/ruralhealth/RuralMentalHealth.pdf, page 13.

[2] Is The Health Care System Sustainable in Rural Kansas? Kansas Health Policy Forums, Forum Brief, No. 7, January 2004. Keith Mueller, Ph.D., Professor & Director of Center for Rural Health Policy Analysis University of Nebraska Medical Center Leonard E. Bloomquist, Ph.D., Associate Professor of Sociology and Department Head Kansas State University Richard Morrissey, Ph.D., Interim Director of Health, KDHE

Using Census 2000 county population density status and comparing its county population from Census 2000 to Census 2010, population loss had occurred in 30 of the 31 frontier Kansas and 32 of the 38 rural counties. In contrast, four of the five urban counties had population gain. Given the second quote shown above, this is a critical issue for Kansas.

A comparison of population to land mass illustrates the vast distance that frontier and rural providers, consumers, and family members must cover for service delivery of all types:

- Frontier and rural counties together have 12% of the population and 67% of the land mass.
- Densely-settled rural, semi-urban and urban counties together have 88% of the population and 33% of the land mass.

Finally, an examination of population age groups illustrates differences across the continuum that can affect service needs. While frontier and rural counties have roughly the same percentage of their population in the 17 and under age group, they have a higher percentage of individuals who are 65 and older.

	% of 2010 Census Population by Peer Group	
Population Density Peer Group(s)	**Age 17 and Under**	**Age 65+**
Frontier and Rural	23.7%	19.8%
Densely-settled Rural	25.9%	14.5%
Semi-urban and Urban	25.7%	11.7%

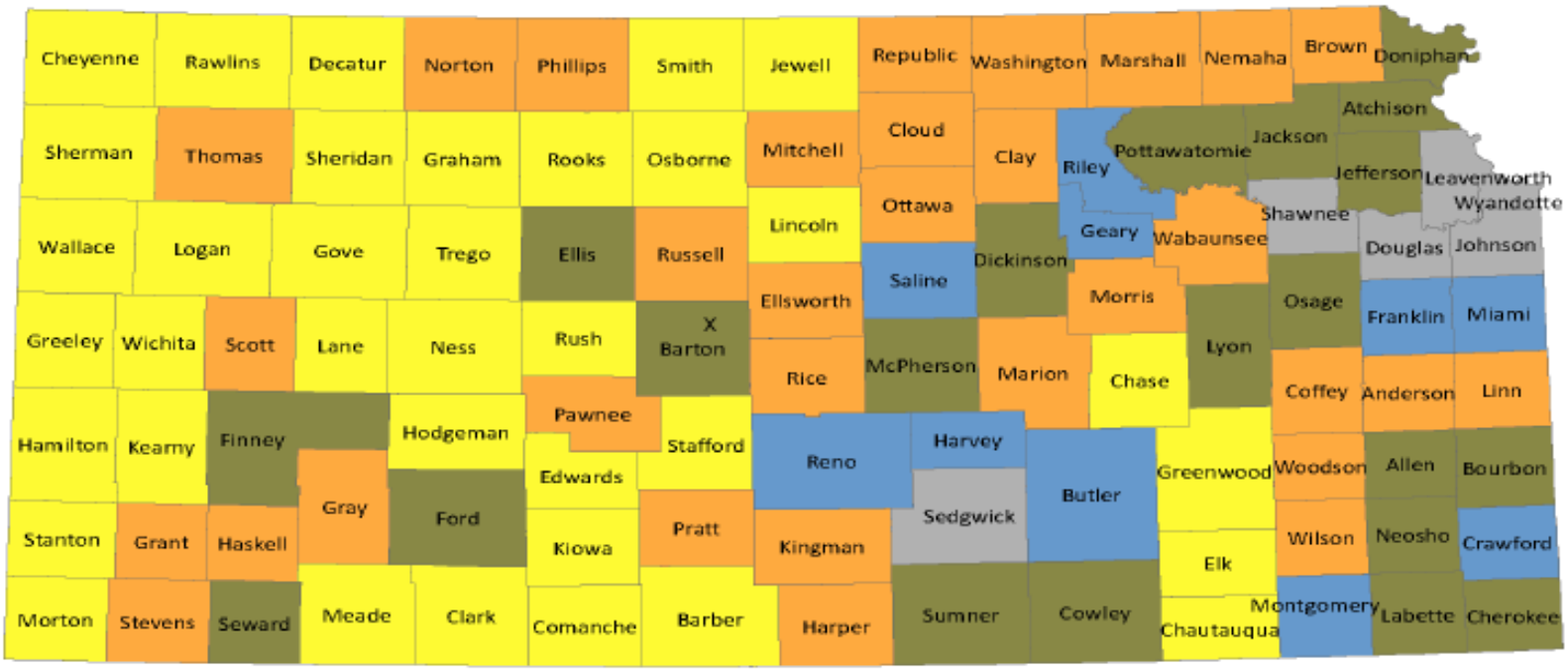
For more information, please contact:

For information about the subcommittee, please contact: Cheryl Rathbun, cherylr@stfrancis.org; Wendy Lockwood, wendyl@thecentergb.org; or Ric Dalke: rdalke@areamhc.org.

Please also visit http://www.socwel.ku.edu/occ/viewProject.asp?ID=76

2010 Population Density Peer Groups for Kansas Counties

For more information, see http://www.socwel.ku.edu/occ/viewProject.asp?ID=76



The "X" in Barton County indicates the geographical center of Kansas.

Population Density Peer Group

- Frontier (less than 6 persons per sq. mile)
- Rural (6 to 19.9 persons per sq. mile)
- Densely-settled Rural (20.00 to 39.9 persons per sq. mile)
- Semi-urban (40 to 149.9 persons per sq. mile)
- Urban (150+ persons per sq. mile)

Counties classified using Kansas Department of Health and Environment Population Density Peer Groups.
County Population Density Peer Groups calculated using 2010 Census Redistricting Data (PL94-171 Summary File, Table G0001 for Kansas counties. Land area converted from sq. meters to sq. miles. Data retrieved 4/4/11. Map is not to scale.