Governor's Behavioral Health Services Planning Council
Rural and Frontier Subcommittee

2022 Annual Report

Presented to:

Wes Cole, Chairperson
Governors' Behavioral Health Services Planning Council (GBHSPC)

Laura Howard, Secretary
Department for Aging and Disability Services (KDADS)

Laura Kelly, Governor

Prepared by:
GBHSPC Rural and Frontier Subcommittee

Amanda Pfannenstiel, LCP, LCAC- Chair

Monica Kurz, LMSW, Co-Chair

September 16, 2022

Introduction

Our VISION: Behavioral health equity for all Kansans. All residents of rural and frontier communities of Kansas will have access to essential, high quality behavioral health services.

Our MISSION: To collaborate through research to statistically understand and promote accessibility and availability of behavioral health services in rural and frontier Kansas counties.

Our HISTORY: Please see Appendix A

Membership

Subcommittee members represent a variety of agencies and community partners who either reside in or serve residents of rural and frontier areas. Examples include but are not limited to representation from Community Mental Health Centers, Veterans Services, Child Welfare Organizations, Private and State Psychiatric Hospitals, Managed Care Organizations (MCOs), University Partners, and Law Enforcement. A membership list with the Kansas counties they serve is provided in Appendix B.

The Subcommittee meets six times per year, usually during odd numbered months, on the fourth Thursday of the month. In response to the COVID-19 pandemic in 2020, the subcommittee transitioned meetings to televideo and will continue to offer this platform for attendance into the future. Ongoing discussions include going to a hybrid model where the subcommittee will make efforts to meet in person three times a year.

FY2022 Goals & Progress

If the R/F Subcommittee could sum up their year in a word, it would be alignment. Alignment with behavioral health initiatives at the local, state, and federal levels. These behavioral health initiatives will come to fruition in Kansas over the next several years (telebehavioral health practices, 988, Mobile Crisis, CCBHC, etc.). The R/F Subcommittee selected from these initiatives to develop key goals where the group could leverage their collective voice to ensure impacts to the rural and frontier communities would be championed.

In FY2022, the R/F Subcommittee focused on addressing the primary goals listed below with progress included for each.

Goal 1: Evidence-Based Practices: The Rural/Frontier (R/F) Subcommittee will actively seek research/training opportunities for evidence-based practices applicable to the rural/frontier population.

- The R/F Subcommittee actively worked to identify leading evidence-based practices (EBP) being implemented in Kansas which would have a significant impact to the Rural/Frontier populations. These key EBP topic areas include but are not limited to telebehavioral health, 988, Zero Suicide, CCBHC, and Sequential Intercept Model (SIM).
- The R/F Subcommittee then began the work of establishing partners with mutual interests to have ongoing discussions on EBPs. Many members of the R/F Subcommittee serve on EBP implementation committees/coalitions/workgroups and were able to act as liaisons throughout the year. Shawna Wright, a leading expert on telebehavioral health, continues to advise the subcommittee on current activities as well as speak across the state on

telebehavioral health. Information on suicide prevention work will be shared in Goal 2. The R/F subcommittee has multiple members involved in the process of implementing CCBHC's into their organizations and communities (Compass, Four County, Iroquois Center, High Plains, Southwest Guidance Center). Audra Goldsmith, Senior Policy Analyst for Stepping Up, assists the subcommittee in our awareness of how EBPs affect adults with mental health moving through the justice system.

- The accomplishment of this goal was then met by the R/F members engaging in 1-2 research/training opportunities. The R/F Subcommittee invited the Chair and Co-Chair from the Evidence-Based Practices Subcommittee to present and collaborate on the cross over between subcommittee goals. The EBP Subcommittee shared their vision for the use of Implementation Science rather than selecting individual EBPs. The R/F Subcommittee endorses an Implementation Science approach to EBPs in rural and frontier communities because it allows rural practice to inform the implementation and efficacy of treatment approaches that have been researched and developed in urban settings. Additional training opportunities included being educated on the Stepping Up Initiative, The Sequential Intercept Model (SIM), HRSA Network Development for Cultural Competency in Agriculture, and CCBHCs.

Goal 2: Suicide Prevention and Postvention: The Rural/Frontier Subcommittee will have at least 2-3 members serve on the State Suicide Prevention Coalition, 988 Coalition, and/or Mobile Crisis Initiatives.

- Both Monica Kurz and Shawna Wright were able to strongly represent the rural and frontier voice through their service on the Kansas Suicide Prevention Coalition Steering Committee. This opportunity allowed for data and input on rural/frontier populations to be represented in an integral way to the coalition. Monica Kurz, incoming Chair, is a leader in the state of Kansas on suicide prevention.
- As part of the launch of the Kansas Suicide Prevention Coalition, membership and leadership include participation from all areas of the state including regional suicide prevention coalitions serving rural/frontier counties. The KSPC conducted a series of small group discussions about the current state suicide prevention plan and gathered input and feedback about needs of r/f communities as well as feasibility of the plan. This year, the sub-committee added a member, Sarah Gideon, who is engaged in rural suicide prevention work in the NE region of the state through a health care collaborative of hospitals.
- Lisa Southern, Dave Anderson, Amanda Pfannenstiel, and Shawna Wright participated with a variety of community partners to explore SIMS implementation (made possible by Stepping Up/Audra Goldsmith) in their respective regions as a means of preparing for 988 and mobile crisis role out. This is a great example of connecting and collaborating with community partners throughout the state.

Goal 3: Service Accessibility: The Rural/Frontier Subcommittee will advocate for at least 3 service accessibility issues by July 31, 2022.

- BSRB Executive Director, David Fye, and Assistant Director, Leslie Allen, attended a R/F Subcommittee meeting to have discussion on advocacy items.
- BSRB and the R/F Subcommittee engaged in conversation on reciprocity of licenses across state lines. BSRB has procedures in place. HB 2066 last year created an expedited

licensing timeline and also looked at reciprocity not just from the traditional standards but a new path to look at if a behavioral health provider practiced under a similar scope of practice, that provider is eligible to move forward in the state of Kansas. Allowing more individuals to provide services from other states. However, BSRB must examine compact language, licensing fee structure, and collaboration with other states.

- The R/F Subcommittee continues to support and advocate for all behavioral health disciplines to maintain COVID-19 waiver changes for reimbursement from federal payors HR945/S286.
- The R/F Subcommittee continues to advocate for measures to increase workforce availability and behavioral health service access. BSRB stated they must balance between being stringent enough to have good quality while also not standing in the way of increasing workforce. In-residence requirement means that 50% of education needs to be obtained in person. Online programs which are not accredited by the national associations cannot meet this requirement. The board is meeting to discuss if this requirement can be changed or modified. KS BSRB has been contacting national accrediting organizations to compare our standard to other states.

Goal 4: Data Integration and Information Sharing: The Rural/Frontier Subcommittee will collaborate with other GBHSPC subcommittees by utilizing a technology platform to support data sharing.

- The R/F Subcommittee did initial exploration into the current access/use of a shared platform such as Microsoft Teams. This is a common goal across multiple subcommittees. KDADS shared the idea of "owning" a Microsoft Teams site that would give access to identified members of each subcommittee. Unforeseen circumstances have delayed the forward movement of this project.
- If a shared platform is established, the R/F Subcommittee would have the secretary of the subcommittee take lead on uploading R/F data to platform. Both the Chair and Co-Chair would ask for access to increase collaboration across subcommittees.
- The R/F Subcommittee takes opportunities to educate other subcommittee members and members of legislature on rural/frontier needs. Over the last year, this has included presenting the R/F Maps PowerPoint, hosting a Virtual Coffee, attending meetings sponsored by the GBHSPC, and engaging with the EBP and KCC subcommittees.

Noteworthy Efforts FY2022

The R/F Subcommittee partners with other service organizations across state to increase access to services. The R/F Subcommittee will continue to share information regarding rural and frontier strengths, needs, and unique issues as well as advocate for solutions to address the behavioral health workforce shortage.

- R/F Subcommittee members actively participate in local and state conversations and initiatives to address this goal.
- Jane Adams attended a subcommittee meeting to present information on ways to recruit members with lived experience
- Hosted a virtual Legislative Coffee in November of 2022 via Zoom and presented the R/F Subcommittee's goals and objectives.

- Partner with the State Epidemiological Outcome Workgroup to share data needs for Rural and Frontier areas.
- R/F Subcommittee members serve on a variety of GBHSPC subcommittees to increase communication and collaboration across subcommittees and workgroups (e.g., **Ric Dalke**- Exec Committee as Vice-Chair; **Shawna Wright**- Kansas State Epidemiological Outcomes Workgroup, Kansas Suicide Prevention Coalition Steering Committee, Kansas 988 Coalition, Kansas Prescription Drug and Opioid Advisory Committee; Co-Chair of Telehealth Workgroup for Mental Health Modernization and Reform; **Vicki Broz**- Prevention Subcommittee; **Shereen Ellis**- Service Members, Veterans, and Families and Prevention Subcommittees, **Monica Kurz –** Prevention Subcommittee, Kansas Suicide Prevention Coalition Steering Committee, 988 Coalition, School Mental Health Advisory Board; **Debbie Snapp**- Homeless and Housing Subcommittee, etc.)
- Collaborated with other subcommittees through the year (e.g., Kansas Citizens Committee on Alcohol and other Drug Abuse, Evidence Based Practices, All GBHSPC subcommittee meeting-).
- The Subcommittee continues to strive to diversify membership. New memberships include:
  - Amanda Benaway- Saint Francis Ministries
  - Audra Goldsmith- Stepping Up
  - Marshall Lewis- Southwest Guidance Center
  - Mary Jane Dowler, Iroquois Center
  - Sarah Gideon- Health Innovations Network of Kansas
  - Roger Barnhart, Central Kansas Mental Health Center

FY2023 Goals

Goal 1. Crisis Response in Rural and Frontier Communities

Objective 1. Review mobile crisis definitions and provide recommendation on standard definition.

Objective 2. Organize roundtable with ACMHCK to review rural and frontier community examples

Objective 3. Review crisis response models and connection to law enforcement in rural and frontier communities.

Objective 4. Provide recommendations on rural frontier crisis response to GBHSPC.

Goal 2: Suicide Prevention and Postvention

Objective 1: R/F Subcommittee will continue to have 2-3 members involved in the Suicide Prevention Coalition to a provide a rural and frontier perspective.

Objective 2: Review youth models developed in urban areas for adaptation to rural and frontier communities

Goal 3: Service Accessibility and Workforce Shortages

Objective 1: Advocate to BSRB on reciprocity of licenses across state lines as a short-term strategy for addressing workforce shortages.

Objective 2: Advocate for the expanded viability of telehealth and telephonic services

Objective 3: Evaluate workforce building strategies from other states and Kansas communities to make recommendations for workforce enhancements.

Recommendations

The R/F Subcommittee recognizes the need for collaboration regarding identified goals and recommendations. The Subcommittee makes the following recommendations with the understanding that the State and the GBHSPC are instrumental in affecting change to support and enhance the goal of behavioral health equity in Kansas. The Subcommittee understands that in order to affect meaningful change across Kansas, we must partner creatively to achieve measurable change.

1) The R/F Subcommittee recommends championing use of telebehavioral health to address barriers through several mechanisms:

- Include the client/patient home as a recognized originating site (i.e., allow telebehavioral health billing to the home).
    - Include telephone-only telebehavioral health services in all Kansas geographies that have insufficient broadband access.
- Advocacy for all behavioral health disciplines to maintain waiver changes for reimbursement from federal payors HR945/S.286.

2) The R/F Subcommittee recommends the inclusion of rural and frontier representatives on all State behavioral health initiatives (e.g., Mental Health Modernization, 988 Coalition, Mobile Crisis Initiatives, etc.). Behavioral health policy and decision-making expectedly occurs in the State's urban centers; however, more than 80% of the State is classified as rural or frontier. Rural and frontier representatives are imperative to strategic planning and implementation given their unique experiences, expertise, and familiarity with local behavioral health resources and barriers.

3) The R/F Subcommittee recommends advocacy for reciprocity of licenses across state lines to address service accessibility and staff shortages. Licensure in Kansas is a 1000 hours above neighboring states.

5) The R/F Subcommittee recommends statewide adoption of KDHE's Frontier through Urban Continuum definition via partnerships with GBHSPC and other subcommittees by Executive Order.

6) The R/F Subcommittee recommends the adoption of a common software platform (e.g., Microsoft Teams) to assist collaboration and communication with other GBHSPC subcommittees and data integration across groups. Further, the R/F Subcommittee recommends that all subcommittees be trained on the utilization and features of a shared software platform.

7) The R/F Subcommittee recommends the dedication of resources to strengthen the continuum of care in Kansas by opening respite opportunities for youth not receiving SED Wavier services.

Summary

The behavioral health needs of Kansans in Rural and Frontier areas are unique and need to be taken into consideration regarding policy development and fiscal issues. Lack of Urban/Semi-Urban resources, the rural legacy of depopulation, a higher percentage per capita of Hispanic residents, and a significant Behavioral Health Provider shortage all continue to be significant barriers to accessing the quality behavioral health care Kansas residents in rural and frontier areas need and deserve. The COVID-19 pandemic has had a global impact of the health and well-being of the general population, and individuals living in rural and frontier areas have fewer resources to mitigate the impact of the pandemic. It is noted that even urban areas have struggled to meet workforce demands to address the increasing need for behavioral health services, which increases competition for available behavioral health professionals. Therefore, the Rural and Frontier Subcommittee of the Governor's Behavioral Health Planning Council will continue to partner with a wide variety of individuals and organizations to identify ways to strengthen the continuum of care by using research and technology to advocate for, and meet the needs of, those who live in rural and frontier areas.

Although the R/F Subcommittee is not dedicating resources to the adoption of the Rural through Urban Continuum, the Subcommittee continues to go on record in the statewide adoption of this definition that is utilized by the Kansas Department of Health and Environment (KDHE). The Subcommittee is agreeable to partnering with and supporting other organizations/committees that support this goal.

The R/F Subcommittee is glad to announce the incoming FY2022 Chair, Monica Kurz, the incoming FY2022 Co-Chair, Audra Goldsmith, and returning FY2022 Secretary, Ian Cizerle-Brown.

Appendix A: Rural and Frontier Subcommittee History

Appendix B: County Membership Representation

Appendix C: Draft of Executive Order: Frontier through Urban Definition, and KDHE Population Density Classifications in KS by County, 2016

Appendix A

Rural and Frontier Subcommittee History

Since more than 80% of Kansas is rural or frontier, this committee was originally developed under a state contract prior to becoming a part of the then Governor's Mental Health Services Planning Council (GMHSPC). Its original mission was to support the University of Kansas (KU) in forming a committee to represent the rural and frontier counties of Kansas that focused on the mental health needs of children in the child welfare system.

In July 2008, the task group was moved under the umbrella of the GMHSPC to become the Rural and Frontier (R/F) Subcommittee. This new collaboration increased partnerships with other sub-committees to serve as a planning and advisory council to the state, a requirement of federal Mental Health Block Grant funding. This affiliation, which is now inclusive of substance use disorders (SUD) and named the Governor's Behavioral Health Services Planning Council (GBHSPC), provides us with a formal process for making recommendations to the system and acknowledges the uniqueness of the behavioral health needs of rural and frontier areas. We are the only behavioral health subcommittee based upon geographic location.

We have learned… "Epidemiologic evidence suggests that the prevalence and incidence of adults with serious mental illnesses (SMI) and children with serious emotional disturbances (SED) are similar between rural and urban populations (Kessler et al., 1994). However, access to mental healthcare, practitioners, and delivery systems to provide care, and attitudes and cultural issues influencing whether people seek and receive care differ profoundly between rural and urban areas." (*New Freedom Commission on Mental Health, Subcommittee on Rural Issues: Background Paper. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004. p. 2*)

We also know… "The vast majority of all Americans living in underserved, rural, and remote rural areas also experience disparities in mental health services. . . Rural issues are often misunderstood, minimized and not considered in forming national mental health policy." *(New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Final Report. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003, p. 50)*

One significant barrier to addressing this disparity is the lack of a consistent definition as to what constitutes frontier, rural, and urban areas in Kansas. This lack of consistency increases the risk of continued use of inaccurate information to make a wide range of policy and fiscal decisions that directly impacts the care and treatment available to Kansans who call rural and frontier areas home.

From the beginning the subcommittee has advocated for state-wide use of KDHE's definition of the Frontier through Urban Continuum. Defining the continuum ensures that limited resources intended to address critical rural issues in 84% of the State, are then transmitted to meet those diverse needs in rural locations. Adoption of this definition will benefit the entire state in the development of further policy and decision making. Federal funding and State grant proposals will be strengthened by the adoption and use of this definition as well. To accomplish this, an executive order submitted in 2016 has been followed up by education and advocacy in 2019.

The Rural and Frontier Subcommittee continues to gather significant data based on this definition to highlight the unique behavioral health needs of those living in rural and frontier areas. Collectively, we believe these four behavioral health needs most need to be addressed:

1. Lack of Urban/Semi-Urban Resources in 89 out of 105 Kansas counties
2. Higher percentage per capita of Hispanic residents
3. Behavioral Health Provider Shortage
4. Increased Suicide Rates

This Subcommittee also recognizes that innovation and creativity is necessary – and must be embraced. Organizations are now often designed to help meet diverse needs, and collaboration with other agencies and businesses are commonplace. Technology is one of the tools that are highly beneficial. For example, telemental health service provision and use of iPads in the field let us meet people where they are – any place – at any time. Addressing rural barriers with new and innovative ways of doing business often requires advocacy. We work hard to provide that advocacy supported by research data and information to promote behavioral health service accessibility!

Appendix B
GBHSPC - Rural & Frontier Subcommittee Members

Organization representation(s), county(ies) served, office location(s), & email

* ***David Anderson***–High Plains Mental Health Center (20 counties)/ Behavioral Sciences Regulatory Board Member (KS counties)-Ellis *david.anderson@hpmhc.com*
^ ***Charles Bartlett***–KS Dept. for Aging & Disability Behavioral Health Commission Liaison/GBHSPC Member & Liaison (KS counties)-Jefferson *Charles.Bartlett@kdads.ks.gov*
= ***Roger Barnhart-*** Central Kansas Mental Health Center (5 counties) rbarnhart@ckmhc.org
@ ***Amanda Benaway-*** Saint Francis Ministries (75 counties) amanda.benaway@st-francis.org
? ***Mirna Bonilla***- K-State Research and Extension**,** mbonillia@ksu.edu
& ***Vicki Broz***–Compass Behavioral Health (13 counties)/Prevention Subcommittee–Ford *vbroz@compassbh.org*
+ ***Dale Coleman***–Ford County Law Enforcement (1 county)–Ford *dcoleman@fordcounty.net*
# ***Ian Cizerele Brown-*** Four County Mental Health Center (counties) ibrown@fourcounty.com
! ***Mary Jane Dowler***-Iroquois Center for Human Development, Inc. (4 counties) maryjanedowler@irggcenter.com
% ***Shereen Ellis-*** Aetna Better Health of Kansas (KS counties) / Service Members, Veterans, and Families / Prevention Subcommittee EllisS3@Aetna.com
) **Sarah Gideon**- Health Innovations Network of Kansas (10 counties) sgideion@stormnontvail.org
& ***Renee Geyer***-Compass Behavioral Health (13 counties)–Scott *rgeyer@compassbh.org*
> ***Audra Goldsmith-*** Stepping Up Kansas Technical Assistance Center (KS counties) *agoldsmith@cgs.org*
/ **Monica Kurz-**Kansas Suicide Prevention HQ (KS counties), monica@ksphq.org
= ***Marshall Lewis***-Southwest Guidance Center (4 counties)–Seward mlewis@swgccmhc.org
@ ***Amanda Pfannenstiel***-Saint Francis Ministries (75 counties)/KS Assoc. of Masters in Psychology (KS counties)–Ellis *Amanda.Pfannenstiel@st-francis.org*
(***Debbie Snapp***-Catholic Charities of Southwest KS (28 counties)-Homeless & Housing Subcommittee/ Problem Gambling Task Force/Southwest KS Homeless Coalition (28 counties)-Ford *dsnapp@catholiccharitiesswks.org*
& ***Lisa Southern***-Compass Behavioral Health (13 counties)–Garden City *lsouthern@compassbh.org*
$ ***Nicole Tice***-Larned State Hospital (61 counties)–Pawnee *nicole.tice@lsh.ks.gov*
~ ***Shawna Wright-***KU Center for Telemedicine & Telehealth/Wright Psychological Services (KS counties)/ Aging Subcommittee / KansasState Epidemiological Outcomes Workgroup-Neosho swright6@kumc.edu

* **High Plains Mental Health Center/20 counties:** Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Osborne, Phillips, Sheridan, Sherman, Smith, Rawlins, Rooks, Rush, Russell, Thomas, Trego & Wallace; **6 offices/**Hays, Phillipsburg, Osborne, Norton, Colby & Goodland

^ **KDADS Behavioral Health Commission/KS counties:** with **office** in Shawnee County

= **Central Kansas Mental Health Center/5 counties**: Dickinson, Ellsworth, Lincoln, Ottawa, Salina

@ **Saint Francis Ministries/66 counties:** Barton, Chase, Cheyenne, Clark, Clay, Cloud, Comanche, Decatur, Dickinson, Edwards, Ellis, Ellsworth, Finney, Ford, Geary, Graham, Grant, Gray, Greeley, Gove, Hamilton, Harvey, Haskell, Hodgeman, Jewell, Kearny, Kiowa, Lane, Lincoln, Logan, Lyon, Marion,

McPherson, Meade, Mitchell, Morris, Morton, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Rawlins, Reno, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Sedgwick, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Wallace, Washington & Wichita; **Offices/**Colby, Concordia, Dodge City, Emporia, Garden City, Great Bend, Hays, Hutchinson, Junction City, Liberal, Newton, Salina, Wichita

? K-State Research and Extension- **Wild West District/3 counties**: Haskell, Seward, and Stevens

& Compass Behavioral Health/13 counties: Ford, Finney, Gray, Greeley, Grant, Hamilton, Hodgeman, Kearny, Lane, Morton, Scott, Stanton & Wichita; **4 offices/**Dodge City, Garden City, Scott City & Ulysses

+ Ford County Law Enforcement (1 county)–Ford

 # Four County Mental Health Center (4 counties)- Chautauqua, Cowley, Elk, Montgomery, Wilson,

! The Iroquois Center for Human Development Inc. /4 counties: Comanche, Clark, Edwards & Kiowa; **5 offices/**Ashland, Coldwater, Greensburg, Kinsley & Minneola

% Aetna Better Health of Kansas/KS counties

) Health Innovations Network of Kansas- Atchison, Brown, Coffey, Dickinson, Geary, Jackson, Jefferson, Nemaha, Shawnee, Washington

> Stepping Up Kansas Technical Assistance Center/KS counties

/ KS Suicide Prevention Resource Center/KS counties

= Southwest Guidance Center/4 counties: Haskell, Meade, Seward & Stevens; with **office** in Liberal

(Catholic Charities of Southwest Kansas/28 counties: Barber, Barton, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Meade, Morton, Ness, Pawnee, Pratt, Rush, Scott, Seward, Stafford, Stanton, Stevens, Wichita; **3 offices/**Dodge City, Garden City & Great Bend

$ Larned State Hospital, Psychiatric Services Program/61 counties: Barber, Barton, Butler, Cheyenne, Clark, Comanche, Cowley, Decatur, Dickinson, Edwards, Ellis, Ellsworth, Finney, Ford, Gove, Graham, Grant, Gray, Greeley, Hamilton, Harper, Harvey, Haskell, Hodgeman, Kearny, Kingman, Kiowa, Lane, Lincoln, Logan, Marion, McPherson, Meade, Morton, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Pratt, Rawlins, Reno, Rice, Rooks, Rush, Russell, Saline, Scott, Stafford, Stanton, Stevens, Seward, Sheridan, Sherman, Smith, Sumner, Thomas, Trego, Wallace & Wichita; **office/**Larned State Hospital

~ KU Center for Telemedicine & Telehealth/KS counties

Appendix C

Executive order – For Behavioral Health Care in Rural and Frontier Counties of Kansas

By the Governor's Behavioral Health Services Planning Council and their Rural and Frontier Subcommittee.

Assuring access and availability of behavioral health and medical care services for all Kansans from border to border;

WHEREAS, K.S.A. 48-925(b) provides that the Governor may issue orders and proclamations which shall have the force and effect of law under subsection (b) of K.S.A 48-924;

WHEREAS there are 105 Kansas counties, of which 36 counties are Frontier, 32 counties are Rural, 21 counties are Densely settled Rural, 10 counties are Semi-urban and 6 counties are Urban;

WHEREAS the majority of the state is rural and frontier and all counties in Kansas should be adequately represented and considered in regard to policy and decision making;

WHEREAS the adoption of this Frontier through Urban Continuum Definition will allow for the clear and consistent definition of each population density and support the inclusion of all Kansans;

NOW, THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, I hereby acknowledge the need for a consistent definition of Frontier, Rural, Densely settled Rural, Semi-urban and Urban using the Kansas Department of Health and Environment (KDHE) Continuum definition designations of:

Frontier counties are designated as less than 6 people per square mile.

Rural counties are designated as 6-19.9 people per square mile.

Densely settled Rural counties are designated as 20-39.9 people per square mile.

Semi-urban counties are designated as 40-149.9 people per square mile.

Urban counties are designated as 150+ people per square mile.

AND, FURTHERMORE, state agencies shall use the designation to guide policy development; program and regulation implementation; to determine policy impact on Frontier, Rural, Densely settled Rural, Semi-urban, and Urban areas; and to address issues and develop strategies that take into account both population and geography.

This document shall be filed with the Secretary of State as Executive Order No. x-x and shall become effective immediately.

Submitted by the GBHPC Rural/Frontier Subcommittee

Nicole Tice, GBHPC Rural/Frontier Subcommittee Chair 11/05/2019

For more information contact:

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Monica Kurz,
monica@ksphq.org; 785-841-9900

References

Holmes, C. (2011). *2010 Population Density Peer Group for Kansas Counties [map]*. (scale not given.) Lawrence, KS: University of Kansas.

Institute for Policy & Social Research, The University of Kansas; data from the U.S. Census Bureau, Population Estimates, Vintage 2014.