

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

2015 Annual Report

Presented to:

Wes Cole, Chairperson & Gary Parker, Vice Chairperson
Governors' Behavioral Health Services Planning Council (GBHSPC)

Tim Keck, Interim Secretary,
Department for Aging and Disability Services (KDADS)

Sam Brownback, Governor

Prepared by:

GBHSPC Rural and Frontier Subcommittee
Leslie Bissell, Psy.D., LP - Fy2016 Lead Chair
Renee Geyer, MMC - Fy2016 Co-Chair

May 26, 2016

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: Since approximately 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, this 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 subcommittees to serve as a planning and advisory council to the state, a requirement connected with 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 have learned that "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 that "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 of what constitutes frontier, rural, and/or even urban areas in Kansas. This lack of consistency increases the risk of continued inaccurate information being used 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.

Therefore, one primary goal of this subcommittee has been to advocate for the use of KDHE's Frontier through Urban Continuum Definition in the development of further policy and decision making. We hope to accomplish this task via an Executive Order in 2017.

In years past we have also gathered significant data based on this definition to highlight the unique behavioral health needs of those living in Rural and Frontier areas. Some of these challenges include the following:

- Lack of Urban/Semi-Urban Resources in 8 out of 10 counties in Kansas (89 of 105 counties)
- Disproportionate share of the elderly population
- Rural legacy of depopulation has continued over the past decade
- Higher percentage per capita of Hispanic residents in Rural/Frontier counties, especially in the southwest corner
- Overall shortage of health care services available in Rural/Frontier areas with an even greater shortage of behavioral health providers and services

As a result of this information, the R/F Subcommittee works diligently to increase public awareness of rural and frontier realities in order to assure broad inclusion and representation of rural and frontier perspectives in behavioral health policy and decision making.

Membership

Membership is voluntary and is representative of 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, Substance Use Disorders (SUD) Treatment Providers, Child Welfare Agencies, Private and State Psychiatric Hospitals, Managed Care Organizations, University Partners, Law Enforcement, and adult and/or parents of children who are consumers of behavioral health services (Appendix A).

As of May 26, 2016, our membership is as follows:

Leslie Bissell	Southwest Guidance Center (Fy2016 Lead Chair)
Renee Geyer	Compass Behavioral Health (Fy2016 Co-Chair, Fy2017 Lead Chair)
Amanda Pfannenstiel	Saint Francis Community Services (secretary)
Gordon Alloway	IT Technology Expert
David Anderson	High Plains Mental Health Center
Charles Bartlett	KDADS Behavioral Health Commission
Diann Brosch	Senior Companion
Vicki Broz	Compass Behavioral Health
Ric Dalke	Compass Behavioral Health
Geovanni Gone	United Health Care
Lynn Lemke	Marillac
Wendy Lockwood	The Center for Counseling and Consultation
Vicki McArthur	Saint Francis Community Services
Tabitha Murski	Iroquois Center for Human Development
Jolene Niernberger	Senior Companion Program/FHSU
Melissa Patrick	Kansas Consumer Advisory Council for Adult Mental Health
Cheryl Rathbun	Saint Francis Community Services

Nicole Tice Larned State Hospital

Pending:

Bailey Blair	Community Engagement Institute/WSU
Bill Carr &/or Dale Coleman	Ford County Law Enforcement
Debbie Snapp	Problem Gambling Task Force; Housing and Homeless Subcommittee; Catholic Charities of Southwest Kansas
Dorothy Zische	Compass Behavioral Health Board Member

The subcommittee meets six times per year, usually during odd numbered months, on the 4th Thursday of the month. Members may participate in person at the Outpatient office of Compass Behavioral Health in Dodge City or may also participate either by phone or televideo.

FY2016 Milestones and Accomplishments

- Recommitment to the mission, vision, and values of the R/F Subcommittee by its members including assertive recruitment of new members from a broader base of community partners
- Implementation of a task list to hold all members accountable for duties assigned
- Presentation to full GBHSPC regarding rural/frontier data and how use of televideo technology and protocol can meet behavioral health needs in rural/frontier areas
- Development of implementation program for the sharing of resources related to the expansion of televideo services in R/F areas. Identified possible funding sources and possible barriers to further implementation
- Presentation at Larned State Hospital Mental Health Conference using R/F data
- Modification of our Mission, Vision, Values and Subcommittee Charter (Appendix B)
- Redesign of R/F Subcommittee Informational Brochure to reflect mission, vision, and values (Appendix C)
- Initiation of discovery of funding to meet transportation needs of consumers in R/F areas
- Modification of original Frontier through Urban Definition executive order recommendation with goal of resubmission in partnership with Housing Subcommittee (Appendix D)

Additional Noteworthy Milestones pre FY2016

- Developed and implemented the Tele-mental Health Consumer Survey 2014 (FY 2015)
- 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.
- Presented at state and national levels to advocate, educate and promote public awareness of mental health issues based on the KDHE continuum definition.

FY2016 Goals, Objectives and Progress Report

In FY2016, the R/F Subcommittee focused its efforts to meet the following four goals:

1) Adoption of KDHE's Frontier Through Urban Continuum Definition.

Problem: While an older draft of a similar executive order has already been submitted for the Governor's approval, efforts to date to see movement at an executive level have not been successful and as a result, the definition has yet to be adopted.

- a) Reviewed draft which was submitted to Governor's Office around FY2012 with the goal of simplifying the content to focus only on the definition. – Completed 11/2015
- b) Updated the wording to reflect current needs. Completed 3/2016
- c) Explore partnership with Housing Subcommittee to re-submit executive order. Pending as of 5/1/2016
- d) Re-submit executive order. Pending as of 5/1/2016

2) Increase awareness of and access to telemedicine/televideo resources in R/F areas.

Problem: The number of behavioral health providers available in R/F areas is insufficient to meet current needs. Televideo is an evidence based practice that has the potential to increase access to a wide variety of behavioral health resources.

- a) Explore possible use of USDA grant funds to meet infrastructure needs – Completed 4/2015
- b) Identify telemedicine crisis service challenges for emergency screening process between Community Mental Health Centers (CMHCs) and State Psychiatric Hospitals. Completed 12/2015 Outcome: three CMHCs in western Kansas are now using televideo screening services in collaboration with COMCARE in Wichita to provide emergency services.
- c) Develop protocol to help providers start to use available televideo technology to meet unique needs. In Process. Subcommittee has identified that the technology itself is no longer the barrier to use. Perceptions of technology and related local and state legislation and organizational policy are now the more significant barrier.
- d) Develop marketing plan for increasing awareness of televideo network and other collaborative efforts. In Process. Subcommittee has identified that in order for this to develop further, funds and specific agency/dedicated staff would need to be identified in order to make implementation efforts effective state wide.

3) Transportation for both routine and emergency behavioral health needs.

Problem: Transportation options in R/F areas are minimal. This impacts not only outpatient service delivery, but also access to more intense levels of support most often found at great distance from the county of residence.

- a) Explored possible capital funding available via Department for Aging grants. In Process. Subcommittee has identified that a clearer vision/plan needs to be developed before applying for this type of funding.
- b) Obtain and review Department of Transportation Study completed by the State to identify specific R/F challenges. In Process. Subcommittee has identified that using this study to identify barriers decreases the need to re-do work that has already been done by another qualified entity.

- c) Survey CMHC's and other providers regarding the type and frequency of transportation most often needed by consumers. In Process pending review of Transportation Study.
- d) Develop transportation scenarios for use to identify regional needs as well as examples of wide variety of needs. In Process pending review of Transportation Study.

4) R/F Subcommittee Membership and Identity.

Problem: Subcommittee has lost several members over the past two years due to resignations, retirements, or lack of engagement in the subcommittee. Membership also consisted primarily of CMHC staff or Child Welfare Agency Staff.

- a) Update informational brochure. Completed 1/2016. See attached.
- b) Develop clear application process including development of membership chair, application procedure, acceptance procedure, and new member follow-up. Completed 3/2015.
- c) Identify which R/F counties may not be represented and seek participation from those counties. Completed initial assessment. Subcommittee has identified need to actively pursue representation from northeast and southeast R/F counties.
- d) Review other subcommittee rosters and/or charters for ideas on types of agencies or individuals to invite. In Process. Each of the R/F Subcommittee members has been assigned another GBHSPC subcommittee and tasked with gleaning online information to make recommendations for possible membership.

FY2017 Goals and Recommendations

The R/F Subcommittee recognizes the need for collaboration regarding the following identified goals and recommendations. As presented below, the weight of primary ability to affect change for each is more heavily weighted with the State at the top of the list and upon the R/F subcommittee toward the bottom. We acknowledge that in order to affect meaningful change across the state, both entities must partner creatively to implement tangible change.

- 1) Statewide adoption of KDHE's Frontier through Urban Continuum definition via partnership with the Housing Subcommittee by Executive Order.
- 2) Strengthening continuum of care in R/F areas by:
 - a) Championing use of televideo technology by sharing established protocol and developing a centralized expert resource center to support those who need assistance implementing televideo technology and practice.
 - b) Further definition of specific transportation challenges for both routine and emergency mental health and SUD needs based on current trends and observations.
 - c) Increased funding for crisis beds for the non-insured and/or underinsured to fill the gap in R/F areas of the state.
 - d) Advocate for adequate resources to meet behavioral health care needs of consumers and providers.
- 3) Continue to diversify membership in the subcommittee to ensure that both needs and resources are considered both within and alongside the behavioral health system.

Summary

The behavioral health needs of Kansans in Rural and Frontier areas are unique and need to be taken into consideration regarding fiscal issues and related policy development. The adoption of a consistent definition of the Frontier through Urban Continuum (already utilized by KDHE) would help rural, frontier and urban areas meet the behavioral health needs of all Kansans. In examining the continuum of care, the R/F Subcommittee has identified that televideo technology itself is no longer the barrier to use, but rather the related anxiety, misinformation, and lack of protocol and policy related to it. Transportation continues to be a significant barrier on multiple levels for residents of rural and frontier areas in getting the quality behavioral health care they need and deserve. 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 using both research and technology to advocate for, and meet the needs of, those who live in rural and frontier areas.

Appendix A: County Membership Representation

Appendix B: Rural and Frontier Subcommittee Charter – Draft pending approval

Appendix C: Rural and Frontier Subcommittee Informational Brochure

Appendix D: Draft of Executive Order and KDHE Population Density Classifications in KS by County, 2014

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

XX XX, 2016

For more information contact:

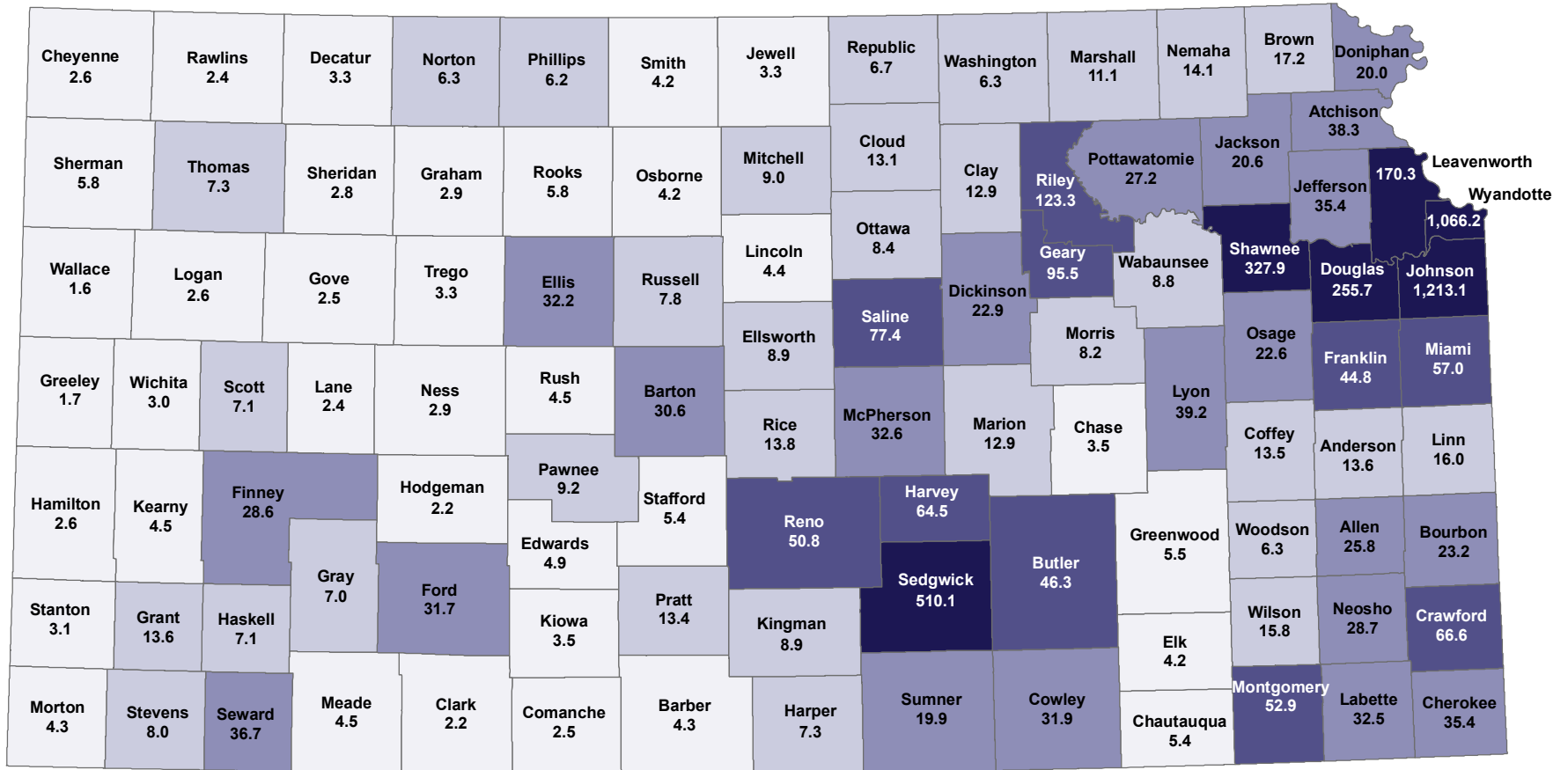
Leslie Bissell, Psy.D., LP, Southwest Guidance Center, lbissell@swguidance.org or Renee Geyer, MMC Compass Behavioral Health, rgeyer@compassbh.org

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.

Population Density Classifications in Kansas by County, 2014



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

Population Density by Classification* (persons per square mile)

State: 35.5

- Frontier (less than 6.0 ppsm)
- Rural (6.0 - 19.9 ppsm)
- Densely-settled Rural (20.0 - 39.9 ppsm)
- Semi-Urban (40.0 - 149.9 ppsm)
- Urban (150.0 ppsm or more)

* Kansas Department of Health and Environment classifications.

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

The Rural and Frontier Subcommittee works 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.

Mission

Collaborate through research to statistically understand and promote accessibility and availability of behavioral health services in rural and frontier Kansas counties.

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.

Membership

Our membership consists of representatives from identified agencies, member(s) of the GBHSPC, and adult and child consumers of behavioral health services. Co-Chairs will convene and facilitate bi-monthly meetings of the Membership. Work groups may be established with an identified specific focus and report back to Membership on an ongoing basis.

Goals of the Subcommittee

- 1) Advocate for the adoption of KDHE's frontier through urban continuum to ensure that limited resources intended to address critical rural needs are transmitted to locations that have those needs.
- 2) Identify and address the barriers faced by residents of rural and frontier communities with behavioral health needs and develop specific steps of action.
- 3) Explore the most efficient methods of service delivery in rural areas and advocate for their adoption in Kansas to increase access and improve the availability of behavioral health services.

Subcommittee Lead Chair: Leslie D. Bissell

Co-Chair: Renee Geyer

GBHSPC - Rural & Frontier Subcommittee Members by County

Gordon Alloway – IT Technology Expert - Douglas
David Anderson – High Plains Mental Health Center (20 counties) – Ellis
Charles Bartlett - KDADS Behavioral Health Commission – Jefferson
Leslie Bissell - Southwest Guidance Center (4 counties) – Seward
Diann Brosch – Senior Companion Program/FHSU (15 counties) - Hodgeman
Vicki Broz – Compass Behavioral Health (13 counties) – Ford
Ric Dalke - Compass Behavioral Health (13 counties) – Finney
Renee Geyer - Compass Behavioral Health (13 counties) – Scott
Geovanni Gone’ – United Health Care – all 105 Kansas counties – Ford
Lynn Lemke – Marillac (Johnson County) - Johnson
Wendy Lockwood - The Center for Counseling and Consultation (4 counties) – Barton
Vicki McArthur - Saint Francis Community Services (75 counties) – Sedgwick
Tabitha Murski - Iroquois Center for Human Development, Inc. (4 counties) – Kiowa
Jolene Niernberger – Senior Companion Program/FHSU (15 counties) - Ellis
Melissa Patrick – KS Consumer Advisory Council for Adult MH- all Kansas counties - Kiowa
Amanda Pfannenstiel - Saint Francis Community Services (75counties) – Ellis
Cheryl Rathbun - Saint Francis Community Services (75 counties) – Ellsworth
Nicole Tice - Larned State Hospital (61 counties) - Pawnee

Bailey Blair – Community Engagement Institute/WSU - Sedgwick
Bill Carr &/or Dale Coleman – Ford County Law Enforcement - Ford
Debbie Snapp – Problem Gambling Task Force; Homeless and Housing Subcommittee; Catholic Charities of Southwest Kansas - Ford
Dorothy Zische – Compass Behavioral Health Board Member - Hodgeman

The above individuals have been invited to become members of the R/F Subcommittee.

GBHSPC - Rural & Frontier Subcommittee Members by County

Gordon Alloway – IT Technology Expert - Douglas
*David Anderson – High Plains Mental Health Center (20 counties) – Ellis
^Charles Bartlett - KDADS Behavioral Health Commission – Jefferson
+Leslie Bissell - Southwest Guidance Center (4 counties) – Seward
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Melissa Patrick – KS Consumer Advisory Council for Adult MH- all Kansas counties - Kiowa
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@Cheryl Rathbun - Saint Francis Community Services (75 counties) – Ellsworth
\$Nicole Tice - Larned State Hospital (61 counties) - Pawnee

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

^KDADS Behavioral Health Commission office is located in Shawnee County

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

=Senior Companion Program/15 counties: Barton, Ellis, Ford, Gove, Graham, Hodgeman, Logan, Ness, Osborne, Pawnee, Phillips, Rooks, Rush, Russell and Trego; with **office** in Hays

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

#The Center for Counseling and Consultation/4 counties: Barton, Pawnee, Rice and Stafford with **4 offices**/Great Bend, Larned, Lyons and St. John

@St. Francis Community Services/75 counties: Barber, Barton, Butler, Chase, Cheyenne, Clark, Clay, Cloud, Comanche, Cowley, Decatur, Dickinson, Edwards, Ellis, Elk, Ellsworth, Finney, Ford, Geary, Graham, Grant, Gray, Greeley, Greenwood, Gove, Hamilton, Harper, Harvey, Haskell, Hodgeman, Jewell, Kearny, Kingman, Kiowa, Lane, Lincoln, Logan, Lyon, Marion, McPherson, Meade, Mitchell, Morris, Morton, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Pratt, Rawlins, Rice, Reno, Republic, Riley, Rooks, Rush, Russell, Saline, Scott, Sedgwick, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Sumner,

Thomas, Trego, Wallace, Washington, Wichita; with **20 offices**/Colby, Concordia, Dodge City, El Dorado, Emporia, Garden City, Great Bend, Hays, Hutchinson, Junction City, Kensington, Liberal, Manhattan, McPherson, Newton, Pratt, Salina, Wellington, Wichita and Wyandotte County

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

\$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, Ottawa, Pawnee, Phillips, Pratt, Rice, Saline, Sumner, Scott, Stafford, Stanton, Osborne, Rawlins, Reno, Rooks, Rush, Russell, Seward, Sheridan, Sherman, Smith, Stevens, Thomas, Trego, Wallace and Wichita

Bailey Blair – Community Engagement Institute/WSU - Sedgwick
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Dorothy Zische – Compass Behavioral Health Board Member - Hodgeman

The above individuals have been invited to become members of the R/F Subcommittee.

THE GOVERNOR'S BEHAVIORAL HEALTH SERVICES PLANNING COUNCIL (GBHSPC)

RURAL & FRONTIER SUBCOMMITTEE INFORMATION AS OF MAY 2016

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

OUR VISION is 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.

“Epidemiologic evidence suggests that the prevalence and incidence of adults with serious mental illnesses and children with serious emotional disturbances are similar between rural and urban populations” (*Kessler et al., 1994*). “However, **access** to mental health care, 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*

Specific barriers that frontier and rural counties across Kansas face in behavioral service delivery:

- **Lack of Urban/Semi-Urban Resources** with fewer services available.
- **Disproportionate Share of Elderly Population** bearing the greatest burden for the state's elderly, along with the increasing costs related to projected growth and longevity.
- **Rural Legacy of Depopulation** resulting in an erosion of the economic base, making it more difficult to support health services locally.
- **Concentrated Hispanic/Latino Population** increasing need for bilingual/bicultural workforce in area with decreased workforce.
- **Shortage of Available Health Resources**
- **Patient Migration** with no hospital located within 10% of these counties' borders.
- **Mental Health Workforce Limitations** include older staff, added costs to attract new staff, more stress due to numbers served, and few referral options.
- **Many Square Miles Covered by Behavioral Health Providers** to provide service.
- **Psychiatrists are Very Limited**

In summary, Kansan's residing in frontier and rural counties have many **UNIQUE** health-related needs.

***Strengthened Continuum of Care to Increase Efficiencies**

***Increased Access**

***Improved Availability**

Why advocate for the use of KDHE's frontier through urban continuum?

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.”

**Quote from the US Dept. of Health & Human Services, Health Resources & Services Administration, Rural Health Policy (2007). Mental Health & rural America: 1994-2005: An Overview & Annotated Bibliography.*

A DIVERSE ARRAY OF MEMBERSHIP IS BEST ABLE TO ADDRESS RURAL & FRONTIER HEALTH-RELATED NEEDS ACROSS THE STATE. WE INVITE YOU TO JOIN OUR EFFORTS.

The Rural & Frontier Subcommittee works 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.

Meetings are held from 9am to noon each January, March, May, July, September and either November or December (based on holiday schedules) at the Outpatient office of Compass Behavioral Health, 506 Avenue L in Dodge City (with a conference line available for members unable to attend in person).

CONTACT US

You may contact Kansas Department for Aging & Disability Services (KDADS) Rural & Frontier Subcommittee Support staff at 785-296-3471:

- If you have interest in becoming a member of the subcommittee.
- If you live in or serve folks in rural and/or frontier areas.
- If you would like to attend a subcommittee meeting.
- If you would like to present to the subcommittee regarding your program or organization.
- If you would like the subcommittee to present to your program or organization on rural and frontier matters.

RESOURCES

Governor's Behavioral Health Services

Planning Council (GBHSPC) at

<http://esp.kdads.ks.gov>

University of Kansas Social Welfare at

<http://www.socwel.ku.edu/OCC/viewProject.asp?ID=76>

Wes Cole, Chair

913-755-8655 (phone)



**Governor's
Behavioral Health
Services Planning
Council
Rural &
Frontier
Subcommittee
Informational
Brochure**

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

***Behavioral Health Equity
for All Kansans***
2016 Annual Report

June 21, 2016

Governor's Behavioral Health Services Planning Council
Topeka, KS

Who we are:

- Leslie Bissell, Psy.D., LP – Lead Chair
 - Executive Director of Southwest Guidance Center, Liberal, KS
- Renee Geyer, MMC – Co-Chair
 - Grant Coordinator, Compass Behavioral Health, Scott City, KS

Annual Report Overview

- Our Vision, Mission, and brief history
- What we know about behavioral health issues and needs in Rural/Frontier areas of Kansas
- Subcommittee milestones, objectives, and progress to date
- Future goals

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."***

March 24, 2016 Rural/Frontier Charter

Our Mission

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



History of the Rural & Frontier Subcommittee

- We originally began as a subgroup of a committee focused on the mental health needs of children in the child welfare system.
- Beginning in July 2008, our group moved under the umbrella of the GMHSPC to become the Frontier and Rural Subcommittee.
- The GMHSPC functions as the Kansas planning and advisory council that is required in order to receive federal Behavioral Health Block Grant funding.
- Affiliation which is now inclusive of substance abuse disorders and named the GBHSPC provides us with a formal process for making recommendations to the system and acknowledges the uniqueness of frontier and rural issues.

We have learned that...

“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 health care, 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 that...

“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.”¹

¹ 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

Why do we advocate for the use of KDHE's frontier through urban continuum?

“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.”

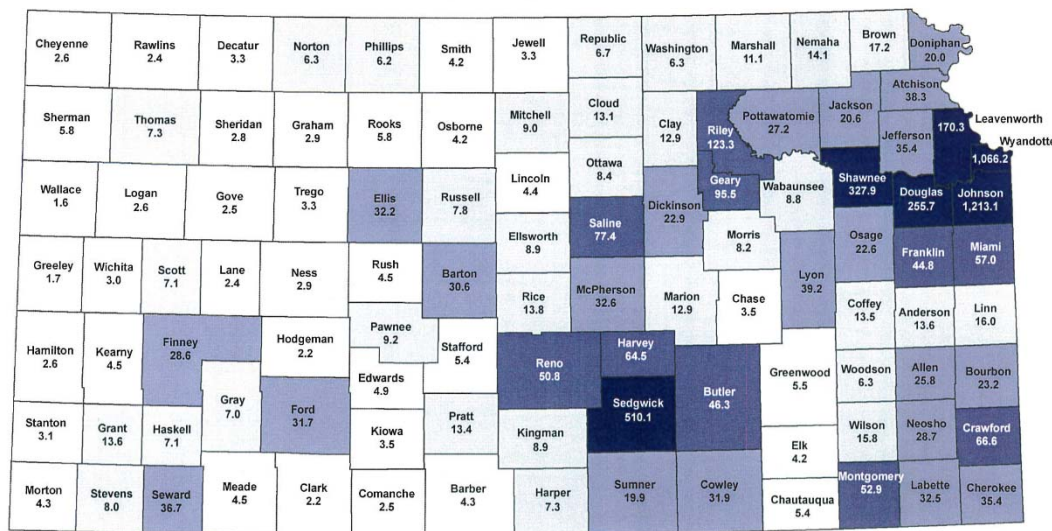
U.S. Department of Health and Human Services, Health Resources and Services Administration, Rural Health Policy (2007). *Mental Health and Rural America: 1994-2005: An Overview and Annotated Bibliography*.

Available at <ftp://ftp.hrsa.gov/ruralhealth/RuralMentalHealth.pdf>

Rural and Frontier Subcommittee

The Frontier through Urban Continuum Definition

Population Density Classifications in Kansas
by County, 2014



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

Population Density by Classification*
(persons per square mile)

State: 35.5

- Frontier (less than 6.0 ppsm)
- Rural (6.0 - 19.9 ppsm)
- Densely-settled Rural (20.0 - 39.9 ppsm)
- Semi-Urban (40.0 - 149.9 ppsm)
- Urban (150.0 ppsm or more)

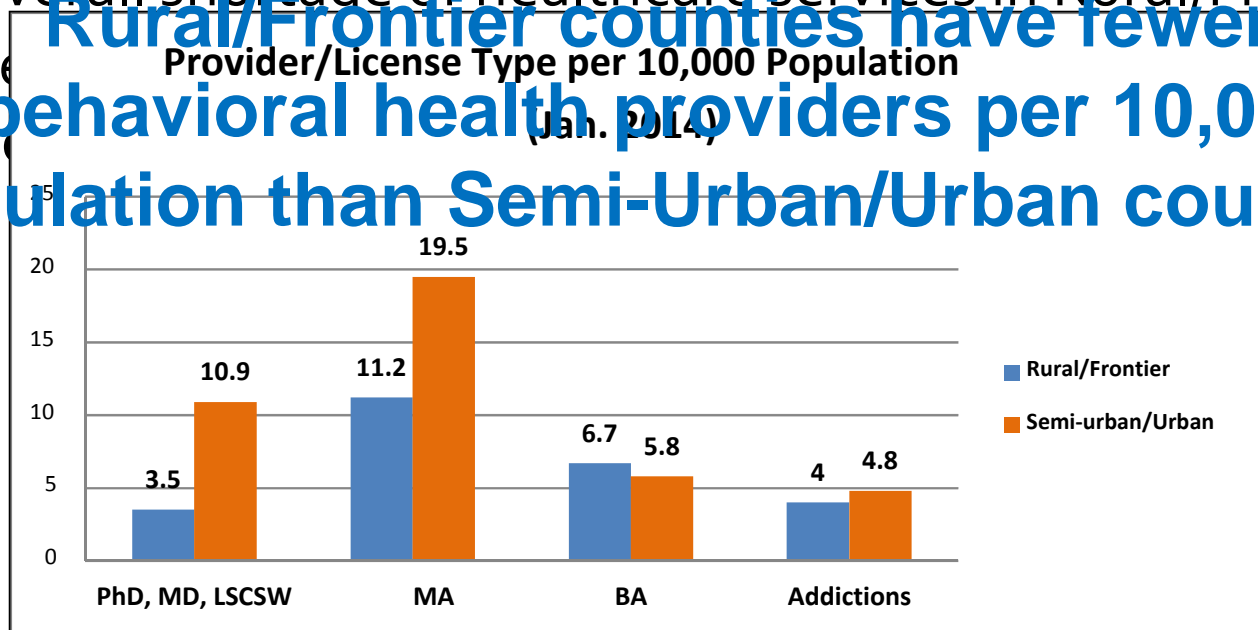
* Kansas Department of Health and Environment classifications.

Unique Rural/Frontier Behavioral Health Needs

- Lack of Urban/Semi-Urban Resources in 8 out of 10 counties in Kansas (89 of 105 counties)
- Disproportionate share of the elderly population
- Rural legacy of depopulation has continued over the past decade
- Higher percentage per capita of Hispanic residents in Rural/Frontier counties, especially in the southwest corner

Unique Rural/Frontier Behavioral Health Needs

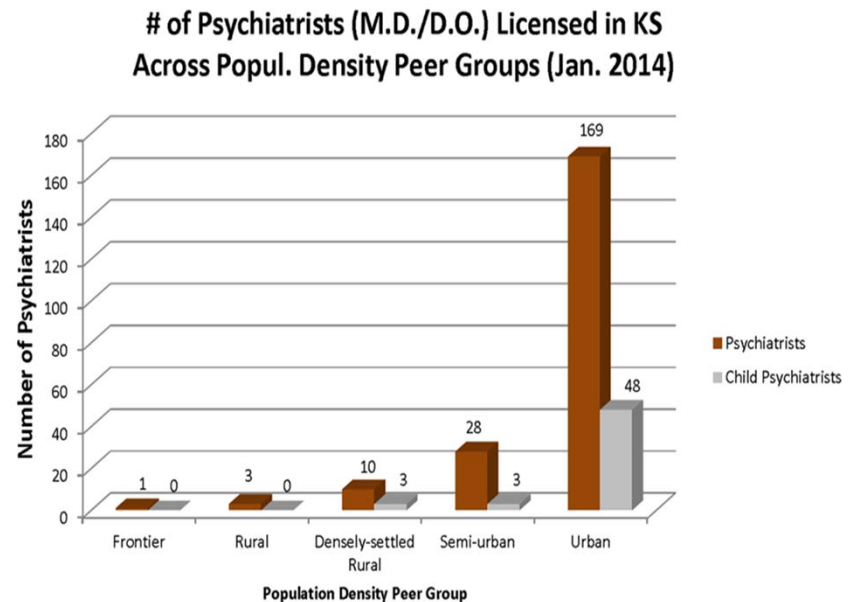
Overall shortage of healthcare services in Rural/Frontier areas. **Rural/Frontier counties have fewer behavioral health providers per 10,000 population than Semi-Urban/Urban counties.**



Psychiatrists are very limited in Rural/Frontier Counties

1/2 large marshmallow
= 1 Kansas County

1 Hershey Kiss
= 1 psychiatrist



Data Source: KS Board of Healing Arts, January 2014. Population Density Peer Groups based on 2010 Census data.
Note: The counts are based on psychiatrists with active licenses in Kansas and could include retired professionals.

Fy2016 Milestones & Accomplishments

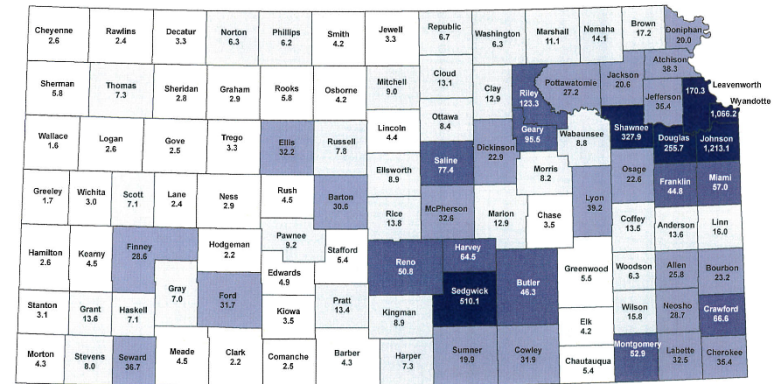


Fy2016 Goals, Objectives & Progress Report

1) Adoption of KDHE's Frontier through Urban Continuum Definition.



Population Density Classifications in Kansas by County, 2014



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

Population Density by Classification* (persons per square mile)

- Frontier (less than 6.0 ppsm)
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* Kansas Department of Health and Environment classifications.

Fy2016 Goals, Objectives & Progress Report

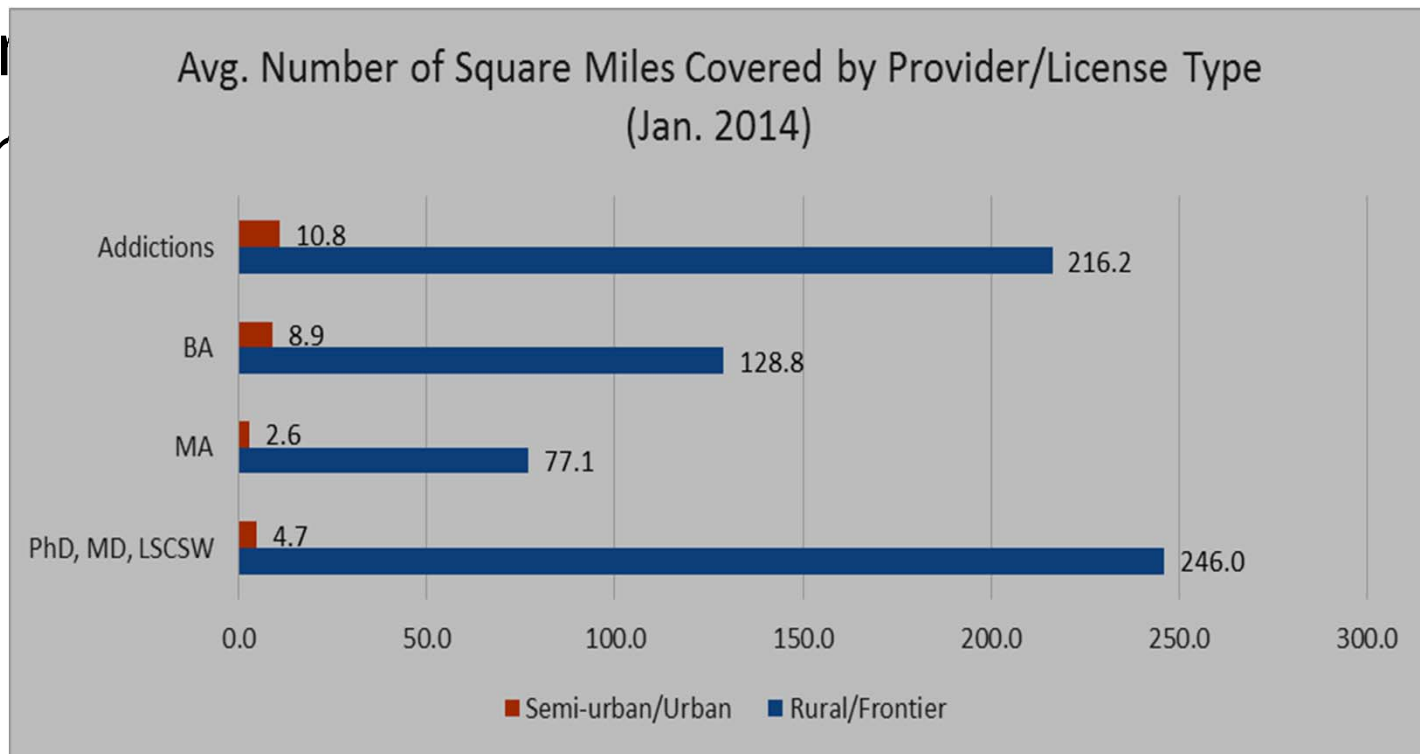
2) Increase awareness of and access to telemedicine/televideo resources in R/F areas.

“... technology itself is no longer the barrier to use. Perceptions of technology and related local and state legislation and organizational policy are now the more significant barrier.” (R/F Subcommittee

FY2016 Annual Report pg. 5, 2c)

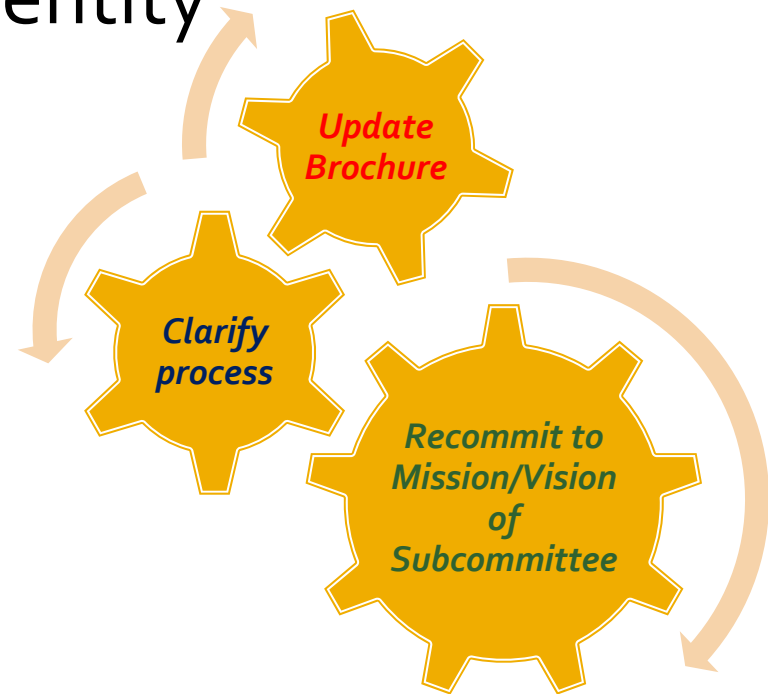
Fy2016 Goals, Objectives & Progress Report

3) Tr
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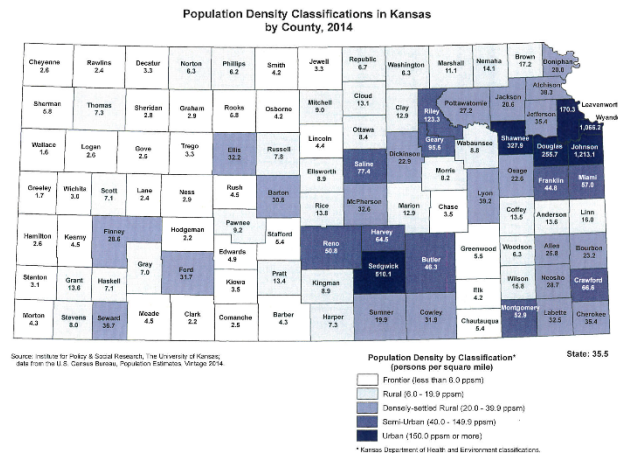
Fy2016 Goals, Objectives & Progress Report

4) R/F membership and identity



Fy2016 Goals & Recommendations

1) Statewide *adoption of KDHE's Frontier Through Urban Continuum Definition* in collaboration with Housing Subcommittee by executive order.



Fy2016 Goals & Recommendations

2) *Strengthening continuum of care* in R/F areas



Fy2016 Goals & Recommendations

- 3) Continue to *diversify membership* in the subcommittee to ensure that both needs and resources are considered both within and alongside the behavioral health system.

Questions?

For more information about the Rural/Frontier
Subcommittee contact

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Thank You!



Sunrise on the Prairie by Marshall Lewis, 2014