

DRAFT

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

**2021 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

Shawna Wright, PhD. – FY2021 Chair

Amanda Pfannenstiel, LCP, LCAC- FY2022 Chair

September 15, 2021

### *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. Historically, members have been able to participate in person at Compass Behavioral Health Outpatient office in Dodge City, as well as by phone conference or televideo. 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.

### *FY2021 Goals & Progress*

In FY2021, the R/F Subcommittee focused on addressing the following four primary goals. The previous year marked an opportune time to study, research, and advocate for telebehavioral health adoption, implementation, and utilization. The R/F Subcommittee strived to inform telebehavioral health best practices for providers and community members. The R/F Subcommittee anticipated a significant need to address and support suicide prevention initiatives and to increase prevention efforts in rural and frontier communities, particularly in response to the financial, employment, and life challenges rural and frontier communities have faced in response to COVID-19. The R/F Subcommittee advocated to increase behavioral health service accessibility and to support data integration with other subcommittees for the purposes of collaborating around data-driven initiatives to address the specific needs of rural and frontier communities.

The R/F Subcommittee partnered with KU's Center for Telemedicine & Telehealth (KUCTT) to explore opportunities for funding the Kansas Rural and Frontier Telebehavioral health (KRAFT) Study. The R/F Subcommittee engaged with potential statewide partners to identify grant funding; however, the R/F Subcommittee did not secure funding for the KRAFT study in FY2021. The R/F Subcommittee remains committed to Telebehavioral health research and advocacy as a means of increasing behavioral health equity, accessibility, and best practices in Kansas and is committed to continuing to seek and support opportunities to inform, collaborate, and advocate for advancements in these areas.

**Goal 1: Telebehavioral health Study**

- The R/F Subcommittee collaborated with researchers at the KU Center for Telemedicine & Telehealth to update the KRAFT Study parameters in response to the nationwide/statewide surge in telebehavioral health activity. Five mental health centers, one substance abuse treatment facility, and the Association of Community Mental Health Centers of Kansas agreed to participate as study partners. The Chair and Co-Chair met with other GBHSPC subcommittees and received support and endorsement for the study.
- The R/F Subcommittee pursued funding through connecting and consulting with foundations in the state and explored allocation of state COVID dollars. Unfortunately, the R/F Subcommittee was unable to secure funding for the KRAFT Study. Given the significant telehealth movement in the state, the aims of the study are outdated. The R/F Subcommittee will not continue to pursue funding for this study but remains dedicated to engaging with partners to study telebehavioral health and other evidence-based practices and how best practices can be informed from the rural and frontier perspective. In particular, the R/F Subcommittee has interest in partnering with mental health centers that are transitioning to the Certified Community Behavioral Health Clinic (CCBHC) model and investigating telehealth and evidence-based approaches to support equitable access to quality behavioral health services.

**Goal 2: Suicide Prevention**

- The R/F Subcommittee actively sought to include members from the rural, agricultural community and was successful in this endeavor. The R/F Subcommittee is committed to increasing membership of individuals with lived experience and plans to invite Jane Adams to an upcoming meeting for consultation and guidance in this area.
- The R/F Subcommittee reviewed the suicide prevention and consumer engagement approaches of community mental health centers and other rural organizations. The R/F Subcommittee is committed to advancing the High Plains Community Mental Health Center's (HPMHC) *Hope in the Heartland* approach and commends this effort to reduce the stigma associated with seeking behavioral health support. HPMCH has also invested in training local law enforcement officers in the Columbia-Suicide Severity Rating Scale (C-SSRS). Other efforts of note include Four County Mental Health Center's (FCMHC) radio announcements, which identified and normalized the experience of stress particular to rural communities. The Southeast Kansas Mental Health Center (SEKMHC) has developed a #StopTheSpike campaign in response to the anticipated increase in suicide related to the COVID-19 pandemic. This approach empowers local community members to support each other and provides guidance for talking with family members, peers, and co-workers who may be struggling with behavioral health signs and symptoms. Ford County has invested in Crisis Intervention Teams, and the R/F Subcommittee will consider ways to encourage other rural and frontier communities to adopt this approach. Incoming R/F Subcommittee Co-Chair, Monica Kurz actively shared suicide training opportunities for providers throughout the year for dissemination to rural/frontier partners.
- R/F Subcommittee members actively participated in statewide coalitions to represent rural and frontier needs and perspectives related to suicide prevention. Shawna Wright (Chair) and Monica Kurz (Incoming Co-Chair) were members of the Kansas Suicide Prevention Coalition Steering Committee and the Kansas 988 Coalition. Through this

work, the R/F Subcommittee developed a Power Point slide presentation that highlights the needs of rural Kansans through the examination of maps. Shawna Wright is also a member of the Kansas State Epidemiological Outcomes Workgroup and represents the data needs and barriers for rural and frontier communities.

### Goal 3: Service Accessibility

- The R/F Subcommittee dedicated resources to advocating for measures to increase workforce availability and behavioral health service access throughout the year.
  - The R/F Subcommittee wrote a letter to the Kansas Behavioral Sciences Regulatory Board in December as the Board considered legislative priorities for the upcoming session. The R/F Subcommittee endorsed the utilization of telesupervision across behavioral health disciplines for professionals requiring supervision for independent licensure.
    - The R/F Subcommittee was pleased with the passage of HB 2208, a bill requested by the Board of the BSRB that includes many helpful statutory changes, including expanded authorization of supervision by televideo, changes to required hours, and other significant modifications to requirements for licensees and aspiring licensees.
    - David Anderson, R/F Subcommittee member serves on the Board of the KS BSRB, and he was instrumental in communicating the needs of rural and frontier behavioral health services providers and with assisting the R/F Subcommittee with understanding BSRB policy and procedures.
    - The R/F Subcommittee will continue to take an active role in supporting telesupervision best practices and will sponsor an educational learning session this year at the Association of Community Mental Health Centers of Kansas Annual Conference.
- The R/F Subcommittee supports *HB 2209 Enacting the psychology interjurisdictional compact to provide for interjurisdictional authorization to practice telepsychology and temporary in-person, face-to-face psychology* and will continue to advocate for its passage as part of the Subcommittee's goal to encourage the BSRB to expand reciprocity of behavioral health licenses across state lines.
- 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 collaborated with the *2020 Special Committee on Kansas Mental Health Modernization and Reform*. Shawna Wright (Chair) worked with the Telehealth workgroup to assist with identifying and organizing State telebehavioral health priorities.
- The R/F Subcommittee invited Audra Goldsmith to share information about Stepping UP, a national initiative to reduce the number of people with mental illnesses in jails. The Subcommittee will continue to pursue collaboration with Stepping Up.
  - Shawna Wright (Chair) was invited to speak on a panel at the postponed 2021 Statewide Behavioral Health Summit, a part of the national initiative from the National Center for State Courts, State Justice Institute, Conference of State Court Administrators, and Conference of Chief Justices on addressing the Court and Community Response to the Issue of Mental Health. Dr. Wright will discuss statewide needs and provide a rural and frontier perspective.

**Goal 4: Data Integration across Subcommittees**

- The R/F Subcommittee met with two other subcommittees during the FY2021 year and discussed collaboration and data sharing. The Subcommittee has found through direct meetings and membership liaisons that other subcommittees share similar interests. The R/F Subcommittee will continue to explore opportunities for collaboration and data sharing in the upcoming year with a focus on learning how to leverage the Microsoft Teams platform.
- The R/F Subcommittee has adopted the SMART goals approach to assist with measuring outcomes and directing the Subcommittee efforts.

*Noteworthy Efforts FY2021*

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.
- Hosted a virtual Legislative Coffee in November of 2020 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; **Vicki Broz**- Prevention Subcommittee; **Shereen Ellis**- Service Members, Veterans, and Families and Prevention Subcommittees, **Monica Kurz** – Prevention Subcommittee, Kansas Suicide Prevention Coalition Steering Committee; **Debbie Snapp**- Homeless and Housing Subcommittee, etc.)
- Collaborated with other subcommittees through the year (e.g., Prevention Subcommittee, Children's Subcommittee).
- The Subcommittee continues to strive to diversify membership. New memberships include:
  - Mirna Bonilla/K-State Extension
  - Ian Cizerele-Brown/Four County Mental Health Center
  - Pending Member: Audra Goldsmith/Stepping Up

*FY2022 Goals*

The R/F Subcommittee is committed to addressing and achieving the four following goals in FY2022. The Subcommittee continues to highly value any opportunity to improve behavioral health service access and equity for rural and frontier populations while holding standards for high quality services and client-informed approaches. The R/F Subcommittee will continue to lead efforts to advance telehealth availability and training for rural behavioral health providers.

The Certified Community Behavioral Health Center (CCBHC) is a promising model for all of Kansas, and particularly rural and frontier communities.

Transitioning to the CCBHC model may be more difficult for rural and frontier communities due to their limited resources, particularly in the domain of delivering evidence-based care. Evidence-based approaches are typically researched and developed in urban areas where treatment and intervention studies are highly structured, controlled, and resource-rich. The R/F Subcommittee aspires to collaborate with CCHBCs to explore ways in which evidence-based treatment models can be modified to fit rural and frontier populations and ways in which practice in rural and frontier communities can inform ongoing research.

The R/F Subcommittee will embrace all opportunities to support and develop suicide prevention resources and to contribute to such initiatives by including the rural and frontier perspective and looks forward to continued collaborations with the Kansas Suicide Prevention Coalition, the 988 Coalition, and the mobile crisis initiative. The R/F Subcommittee will continue to prioritize and engage in efforts to increase behavioral health service availability, access, and equity through exploring and supporting workforce issues to increase the number of behavioral health providers who deliver service in rural and frontier communities. The R/F Subcommittee is invested in collaborating with other GBHSPC subcommittees and supports data integration with other subcommittees to adopt data-driven initiatives that address the specific needs of rural and frontier communities.

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

- Objective 1. Identify topic areas pertinent to Rural/Frontier populations. (Telebehavioral health study, Telebehavioral health supervision training, etc.)
- Objective 2. Locate partners with mutual interests (Evidence-based Practices Subcommittee, etc.)
- Objective 3. Pursue 1-2 research/training opportunities.

**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.

- Objective 1. Provide data and input on rural/frontier populations
- Objective 2. Identify ways to increase awareness of available resources and then engage with those resources
- Objective 3. Collaborate with community partners to address any barriers

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

- Objective 1. Advocate to BSRB on reciprocity of licenses across state lines
- Objective 2. Advocate for all disciplines to maintain waiver changes for reimbursement from federal payors HR945/S.286, using data when possible
- Objective 3: Support workforce opportunities for behavioral health professions

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

- Objective 1. Identify current access/use of platform (Microsoft Teams)
- Objective 2. Identify R/F member to take lead on uploading R/F data to platform.
- Objective 3. Explore opportunities to educate other subcommittee members and members of legislature on rural/frontier needs (R/F Maps PowerPoint, Virtual Coffee, etc.)

#### *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 the passage of *HB 2209 Enacting the psychology interjurisdictional compact to provide for interjurisdictional authorization to practice telepsychology and temporary in-person, face-to-face psychology* as a means of increasing access to qualified behavioral health professionals and specialty behavioral health care in Kansas.

4) The R/F Subcommittee recommends the dedication of resources to strengthen the continuum of care in R/F areas by increasing the number of available crisis beds for the non-insured and/or underinsured to fill the gap in the western half of the state.

- 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.

### *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, Amanda Pfannenstiel, the incoming FY2022 Co-Chair, Monica Kurz, and the incoming FY2022 Secretary, Ian 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 subcommittees 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 &amp; Frontier Subcommittee Members

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

* <b>David Anderson</b> –High Plains Mental Health Center (20 counties)/ Behavioral Sciences Regulatory Board Member (KS counties)-Ellis <a href="mailto:david.anderson@hpmhc.com">david.anderson@hpmhc.com</a>
^ <b>Charles Bartlett</b> –KS Dept. for Aging & Disability Behavioral Health Commission Liaison/GBHSPC Member & Liaison (KS counties)-Jefferson <a href="mailto:Charles.Bartlett@kdads.ks.gov">Charles.Bartlett@kdads.ks.gov</a>
+ <b>Leslie Bissell</b> -Southwest Guidance Center (4 counties)–Seward <a href="mailto:lbissell@swguidance.org">lbissell@swguidance.org</a>
? <b>Mirna Bonilla</b> - K-State Research and Extension, <a href="mailto:mbonillia@ksu.edu">mbonillia@ksu.edu</a>
= <b>Diann Brosch</b> –Senior Companion Program/Fort Hays State University (15 counties)–Hodgeman <a href="mailto:dbvillagenurse@yahoo.com">dbvillagenurse@yahoo.com</a>
& <b>Vicki Broz</b> –Compass Behavioral Health (13 counties)/Prevention Subcommittee–Ford <a href="mailto:vbroz@compassbh.org">vbroz@compassbh.org</a>
<b>Dale Coleman</b> –Ford County Law Enforcement (1 county)–Ford <a href="mailto:dcoleman@fordcounty.net">dcoleman@fordcounty.net</a>
<b>Ian Cizerele-Brown</b> - Four County Mental Health Center, <a href="mailto:ibrown@fourcounty.com">ibrown@fourcounty.com</a>
! <b>Ric Dalke</b> -Iroquois Center for Human Development, Inc. (4 counties)/GBHSPC Member–Reno <a href="mailto:RicDalke@irqcenter.com">RicDalke@irqcenter.com</a>
<b>Shereen Ellis</b> - Aetna (KS counties) / Service Members, Veterans, and Families / Prevention Subcommittee <a href="mailto:EllisS3@Aetna.com">EllisS3@Aetna.com</a>
& <b>Renee Geyer</b> -Compass Behavioral Health (13 counties)–Scott <a href="mailto:rgeyer@compassbh.org">rgeyer@compassbh.org</a>
? <b>Kylee Harrison</b> -K-State Research and Extension- Wild West District, (3 counties) <a href="mailto:kharrison@ksu.edu">kharrison@ksu.edu</a>
> <b>Scott Kedrowski</b> -Russell Child Development Center (10 counties)–Finney <a href="mailto:skedrowski@rcdc4kids.org">skedrowski@rcdc4kids.org</a>
# <b>Monica Kurtz</b> -KS Suicide Prevention Resource Center (KS counties)/GBHSPC Prevention Subcommittee/Prevention Works Steering Committee/KS Prevention Collaborative Conference Planning Committee <a href="mailto:monica@kansassuicideprevention.org">monica@kansassuicideprevention.org</a>
= <b>Jolene Niernberger</b> -Foster Grandparent & Senior Companion Programs/Fort Hays State University (15 counties)–Ellis <a href="mailto:jniernbe@fhsu.edu">jniernbe@fhsu.edu</a>
@ <b>Amanda Pfannenstiel</b> -Saint Francis Ministries (75 counties)/KS Assoc. of Masters in Psychology (KS counties)–Ellis <a href="mailto:Amanda.Pfannenstiel@st-francis.org">Amanda.Pfannenstiel@st-francis.org</a>
<b>Larry Salmans</b> -) KS Association of Master’s in Psychology (KS counties)-Hodgeman <a href="mailto:senatorsalmans@yahoo.com">senatorsalmans@yahoo.com</a>
( <b>Debbie Snapp</b> -Catholic Charities of Southwest KS (28 counties)-Homeless & Housing Subcommittee/ Problem Gambling Task Force/Southwest KS Homeless Coalition (28 counties)-Ford <a href="mailto:dsnapp@catholiccharitiesswks.org">dsnapp@catholiccharitiesswks.org</a>
& <b>Lisa Southern</b> -Compass Behavioral Health (13 counties)–Garden City <a href="mailto:lsouthern@compassbh.org">lsouthern@compassbh.org</a>
\$ <b>Nicole Tice</b> -Larned State Hospital (61 counties)–Pawnee <a href="mailto:nicole.tice@lsh.ks.gov">nicole.tice@lsh.ks.gov</a>
<b>Justin White</b> - KVC Hospitals (KS counties), Sedgwick <a href="mailto:jrwhite@kvc.org">jrwhite@kvc.org</a>
<b>Shawna Wright</b> -KU Center for Telemedicine & Telehealth/Wright Psychological Services (KS counties)/ Aging Subcommittee / KansasState Epidemiological Outcomes Workgroup-Neosho <a href="mailto:swright6@kumc.edu">swright6@kumc.edu</a>
& <b>Dorothy Ziesch</b> –Compass Behavioral Health Board Member (13 counties)/Silver Haired Legislator (Hodgeman)-Hodgeman <a href="mailto:dot.ziesch@yahoo.com">dot.ziesch@yahoo.com</a>

**\* 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

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

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

**& 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,**

**Aetna-KS counties**

**KU Center for Telemedicine & Telehealth/KS counties**

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

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

**> Russell Child Development Center/19 counties:** Clark, Ford, Finney, Gray, Greeley, Grant, Hamilton, Haskell, Hodgeman, Kearny, Lane, Mead, Morton, Ness, Scott, Seward, Stevens, Stanton & Wichita; **4 offices/ Dodge City, Garden City, Liberal & Scott City**

**KS Suicide Prevention Resource Center/KS counties**

**@ 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**

**Ⓒ 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

**KVC Hospitals-** (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

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