

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

2018 Annual Report

Presented to:

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

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

Jeff Colyer, Governor

Prepared by:

GBHSPC Rural and Frontier Subcommittee
Nicole Tice, Psy.D. – Fy2019 Chair
Tabitha Murski, LCP – Fy2019 Co-Chair
Renee Geyer, MMC – Fy2018 Chair

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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 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 2018.

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. Rural Legacy of Depopulation**
- 4. Behavioral Health Provider Shortage**

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!

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 Agencies, Private and State Psychiatric Hospitals, Managed Care Organizations (MCOs), University Partners, Law Enforcement, and adults and/or parents of children who are consumers of behavioral health services. A membership list with the Kansas counties they serve is provided in (Appendix A).

The subcommittee meets six times per year, usually during odd numbered months, on the fourth Thursday of the month. Members are able to participate in person at Compass Behavioral Health Outpatient office in Dodge City, as well as by phone conference or televideo.

FY2018 Objectives & Progress

- **#1 - Rural and frontier counties have smaller economies of scale and must provide services in more creative ways... or not at all. Because we believe it is the fundamental cornerstone necessary to build “Behavioral Health Equity for all Kansans”, we continue to share the message about the importance of adopting KDHE’s definition of the Frontier through Urban Continuum.**
 - Draft of Executive Order re: Frontier through Urban Definition, and KDHE Population Density Classifications in KS by County (Appendix B)

- **#2 - Strengthening the Continuum of Care in Rural and Frontier areas is the foundation upon which the Behavioral Health System operates.**
 - A. "...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)
 - Actively championing use of telemental health to address barriers to receiving behavioral health services – like workforce shortage and transportation.
 - Planning Telehealth Use Survey with KU Center for Telemedicine & Telehealth to explore telehealth as a tool for delivering an alternative service – especially for the elderly.
 - Presented on the need for telesupervision at the BSRB meeting on October 8, 2017.
 - Provided testimony on the need for telehealth parity in Kansas for House Bill 2674 on October 12, 2017. The bill was essential to meeting the mental health care needs of Kansans living in rural and frontier communities. (Appendix C)
 - B. Increase funding for crisis beds for the non-insured &/or underinsured to fill the gap in rural and frontier areas of the state.
 - When the opportunity arises, the subcommittee will advocate for the next crisis center to be in Western Kansas west of Barton County. The subcommittee thinks of crisis resources beyond crisis beds. More community outreach is always needed.
 - C. Advocate for adequate resources to meet consumer and provider behavioral health needs.
 - Efforts to conduct a R/F Telehealth Use Survey began in January of 2017 and are ongoing.
 - Hosted a Legislative Luncheon on October 12, 2017 in Dodge City, Kansas and presented on the Rural and Frontier subcommittees mission, values and goals.
 - Collaborated with Wichita State University on the type of behavioral health providers needed in R/F areas.
 - Advocating for social workers and other professionals to receive supervision via televideo to by approved the BSRB.
- **#3 - Continue to diversify membership to ensure that needs and resources are considered within and alongside the behavioral health system.**
 - Added five stakeholders to Subcommittee
 - Letter to BSRB re: use of telesupervision for QMHP's seeking behavioral health independent licensing. Upon request, provided links and documents supporting electronic efficacy to BSRB for their review.

Noteworthy Efforts pre Fy2018

- Presentation to GBHSPC re: R/F data and how use of televideo technology and protocol can meet behavioral health needs in R/F areas. 2016
- Developed implementation program for sharing resources related to the expansion of telemental health services in R/F areas. 2016
- Presentation at Larned State Hospital Mental Health Conference 2016
- Developed and implemented the Tele-mental Health Consumer Survey 2014 (Fy2015)
- Hosted Legislative Luncheon/January 26, 2012 with R/F presentation
- Hosted Legislative Reception/October 25, 2012 with R/F presentation
- Presented at state and national levels to advocate, educate and promote public awareness of behavioral health issues based on the KDHE continuum definition.

Fy2019 Goals

- In Fy2019, the R/F Subcommittee will continue focusing on finalizing the Executive Order for the Frontier through Urban Definition and strengthening the continuum of care in Rural and Frontier areas. The R/F subcommittee added a goal for 2019 to increase Suicide Prevention in Rural and Frontier areas. The subcommittee is looking to partner with the prevention subcommittee on this goal. Lastly, the group will look at partnering with the housing subcommittee to focus on homelessness in the Rural/Frontier Areas.

FY2018 Goals and Recommendations

Subcommittee members have collaborated in this formal process to provide data and make recommendations. Our literal “window of opportunity” is the window of advocacy. We appreciate and recognize the value of behavioral health equity for all Kansans, and will continue to work towards making access to essential, high quality behavioral health services for rural and frontier residents a reality!

The R/F Subcommittee recognizes the need for collaboration regarding 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 partnerships with GBHSPC and other subcommittees by Executive Order.
- 2) Strengthening continuum of care in R/F areas by:
 - a) Championing use of telemental health to address barriers, advocating for BSRB approval of telehealth supervision, providing data regarding telemental health efficacy to promote its use and conducting a Telehealth Use Survey.
 - b) Partner with other service organizations across state to increase access to services; continue to share information regarding rural and frontier strengths, needs, and unique issues; and advocate for solutions to address the behavioral health workforce shortage.

- c) Advocate for crisis beds for the non-insured and/or underinsured to fill the gap in the western half of the state.
- 3) Continue to diversify subcommittee membership to ensure that 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 meet the behavioral health needs of all Kansans. In examining the continuum of care, the R/F Subcommittee has identified that telemental health has the ability to address multiple barriers, but local and state legislation related to it needs addressed. 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 getting the quality behavioral health care Kansas residents in rural and frontier areas 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 by using 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: Draft of Executive Order: Frontier through Urban Definition, and KDHE Population Density Classifications in KS by County, 2016

Appendix C: House Bill 2674 Testimony