Approved: February 28, 2007
Date

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Dwayne Umbarger at 10:35 A.M. on February 5, 2007, in Room 123-S of the Capitol.

All members were present except:
Senator Jim Barone - excused
Senator Jay Emler - excused

Committee staff present:
Jill Wolters, Senior Assistant, Revisor of Statutes
J. G. Scott, Kansas Legislative Research Department
Reagan Cussimanio, Kansas Legislative Research Department
Audrey Dunkel, Kansas Legislative Research Department
Susan Kannarr, Kansas Legislative Research Department
Michael Steiner, Kansas Legislative Research Department
Melinda Gaul, Chief of Staff, Senate Ways & Means
Mary Shaw, Committee Assistant

Conferees appearing before the committee:
Melissa Ness, St. Francis Academy
Lee Flamik, Larned State Hospital
Wendy Lockwood, Center for Counseling and Consultation
Cheryl Rathbun, St. Francis Academy
Ric Dalke, Area Mental Health Center (Southwest Kansas)

Others attending:
See attached list.

Chairman Umbarger referred the following bill to the Department on Aging Subcommittee:

SB 245--State long-term ombudsman, volunteer ombudsman recruitment and training, budget estimates

The Chairman referred these Legislative Post Audit Reports to the following subcommittees for review:

Audit	Subcommittee
Finance & Compliance Audit Report KPERS FY 2006	KPERS Issues (Sen. Morris, Chair)
Performance Audit Report Postsecondary Educational Institutions Reviewing Tuition Rates Being Charged to Non-Resident Students in Kansas	Higher Education (Sen. Morris, Chair)
Performance Audit Report KPERS: Reviewing Active and Passive Investment Management Approaches and the State's Pension Obligation Bonds	KPERS Issues (Sen. Morris, Chair)
Performance Audit Report Reviewing Operations of the State Treasurer's Office FY 2006	Elected Officials - State Treasurer (Sen. Emler, Chair)
Performance Audit Report Reviewing Operations of the Pooled Money Investment Board (PMIB) FY 2006	Elected Officials - State Treasurer (Sen. Emler, Chair)

MINUTES OF THE Senate Ways and Means Committee at 10:35 A.M. on February 5, 2007, in Room 123-S of the Capitol.

Chairman Umbarger welcomed the conferees who presented information on mental health issues in rural Kansas (Attachment 1). They were Lee Flamik, Larned State Hospital, Wendy Lockwood, Center for Counseling and Consultation, Cheryl Rathbun, St. Francis Academy, Ric Dalke, Area Mental Health Center, Southwest Kansas and Melissa Ness, St. Francis Academy. Among the issues addressed were accessibility to services including transportation in travel time and travel reimbursement barriers. Also, availability can be a barrier which includes shortages of appropriate professionals to provide service. Limited numbers of providers per capita create a challenge in providing the number and range of psychiatric services, which is compounded in frontier and rural areas. Acceptability includes both stigma and "rural cultural competence."

It was noted that many creative partnerships are being utilized to draw upon the strengths of the frontier and rural counties and a few examples were given of the current collaborative efforts currently in place to meet the needs of children and families. Committee questions and discussion followed.

Information was received from The Rural Committee of Mental Health Services for Children and Families (Attachment 2) and The University of Kansas School of Social Welfare (Attachment 3).

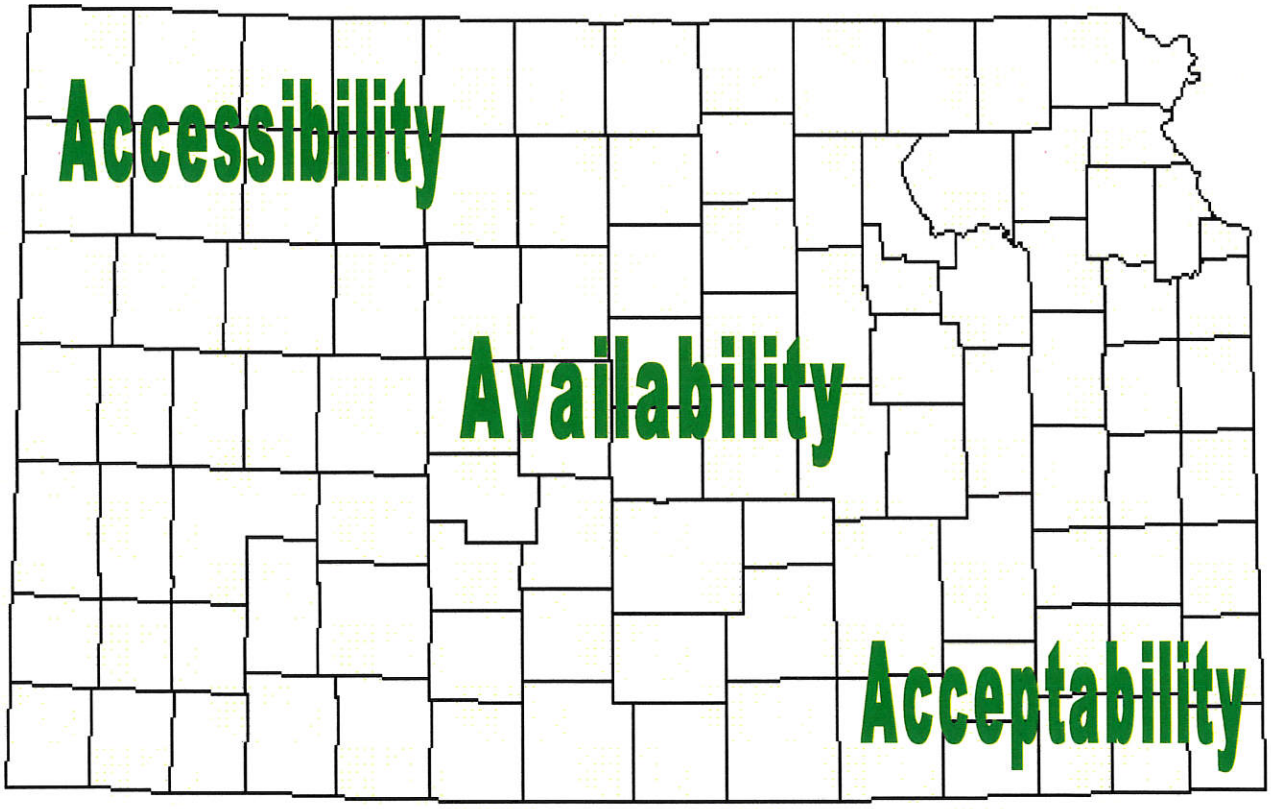
The meeting adjourned at 11:35 a.m. The next meeting is scheduled for the same day, February 5, 2007, at 11:45 a.m.

SENATE WAYS AND MEANS COMMITTEE
GUEST LIST

Date February 5, 2007

Name	Representing
Liz Crickard	Rural Cmty. of Mental Health Services
Cheryl Holmes	Univ. of KS; Rural Committee
Melissa L Ness	St Francis Academy
Cheryl Rathbun	St. Francis Academy
Ric Dalke	Area Mental Health Ctr / Rural committee
Lee Flamik	Larned State Hospital — From Frontenac Kansas MHS
Wendy Lockwood	The Center for Counseling & Consultation
Bruce Linhos	Children's Alliance
Dia Stamm	self —
Lindsey Douglas	The Heinen Law Firm
MARK BOEHNYSK	CAPITOL STRATEGIES
Mike Hammond	KCDMHCK
Robin Clements	Child Welfare Companies
Chip Wheelen	Assn of Osteopathic Med.
Kevin Silk	TILRC
PAT EARES	KCDC
Casey Spencer	TFT Family Services
Donna Lynn	KHPA
[illegible]	United Healthcare
Sheldon Weisgrau	KHI
[illegible]	LGR
Shelli Sweeney	Assoc. of Community Mental Health
Mike Hutfles	Cenpatico

Rural Mental Health Service Delivery



Rural Committee of Mental Health Services for Children and Families

Spring 2007

Senate Ways and Means
2-5-07
Attachment 1

Painting the Picture of Frontier and Rural Kansas

Presenter: Lee Flamik, Larned State Hospital (lof0618@lsh.ks.gov)

An Overview of Frontier and Rural Issues

- The frontier and rural voice is often not included and therefore is not considered in forming policy
- Issues facing frontier and rural counties are misunderstood and minimized as noted in the President's New Freedom Commission on Mental Health Report (p. 50)
- The terms "Frontier" and "Rural" need to be consistently and appropriately defined. In doing so,
    - Organizations and agencies can be more frontier or rural focused
    - Data and outcome driven decisions can be more accurately made at the county level
    - Funding awarded to universities and institutes can be targeted to these areas leading to studies and information specific to frontier and rural issues
    - Not distinguishing the data down to frontier and rural counties causes missed opportunities

Rural is a Specific Culture

- Frontier and Rural counties – including their residents and their needs – are not all alike
- Frontier and rural counties are diverse in their geography, economic base, development, and demographics
- Due to the smaller population per square mile, there is
    - A lack of anonymity leading to a greater feeling of a need for privacy
    - Limited consumer advocacy
    - Limited self-help resources

Frontier and Rural Health and Economics

- The positive effects of economy of scale is off-set in frontier and rural counties by the necessity to provide services over a widely spread geographical area
- There are a prevalence of small businesses in frontier and rural areas
- There are more part time workers
- Workers are less likely to have paid benefits
- Workers travel further to their jobs
- Residents in frontier and rural areas experience relatively poorer health and social welfare outcomes
- Frontier and rural residents are less likely to have health insurance
- Residents with mental health needs in these areas often "enter care later in the course of their disease than do their urban peers; enter care with more serious, persistent and disabling symptoms, and require more expensive and intensive treatment responses (Wagenfeld et al., 1994[1])."

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[1] Cited in the New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background Paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004. p. 7

Challenges faced by the service delivery system: How to approach them?

The President's New Freedom Commission: Subcommittee on Rural Issues focuses on three areas of need: Accessibility, Availability, and Acceptability. Each is reviewed here.

Accessibility includes transportation issues such as travel time and travel reimbursement barriers[2]. The "windshield time" due to the increased travel is felt in a variety of ways:

- A large amount of time is spent driving to see the client, which is not reimbursable.
- The driving time reduces the number of clients that can be seen in one day.
- Frontier and rural providers must assist with transporting clients to other critical services such as dental and primary care appointments

Availability[3] – includes shortage of appropriate professionals to provide service. Limited numbers of providers per capita create a challenge in providing the number and range of psychiatric services, which is compounded in frontier and rural areas

Acceptability[4] – includes both stigma and "rural cultural competence."

- Stigma is a general barrier that individuals with mental health issues face; however, the research shows that in rural areas, this barrier is intensified. In a rural community everyone knows everyone else's business.
- There exists a unique "rural culture" which must be acknowledged and respected

Mental Health Policies

- Policies and practices are developed for metropolitan areas
- Policy decisions made without frontier and rural input may have negative consequences in frontier and rural counties
- There are increased costs to serving a frontier/rural population due to distance and to the inability to capitalize on economy of scale
- Limited numbers of people in frontier and rural settings mean that per capita distribution of funding results in inadequate resources.

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[2] New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background Paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004, p. 7-8

[3] New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background Paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004, p. 10-11

[4] New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background Paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004, p. 13

Service and Service Innovation: Creating Solutions to Level the Playing Field

Presenter: Wendy Lockwood, Center for Counseling and Consultation
(wendyl@thecentergb.org)

Current Partnerships: Many **Creative Partnerships** are being utilized to draw upon the strengths of the frontier and rural counties. Below are a few examples of the current collaborative efforts in place to meet the needs of children and families

- In an effort to provide effective, efficient mental health services in rural and frontier counties, collaborative partnerships have developed between CMHCs, child welfare contractors, SRS, JJA, schools, law enforcement, physical health care providers and other community stakeholders.
- St. Catherine Hospital: Area Mental Health Center operates a joint psychiatric 10 bed adult/youth inpatient program at St Catherine Hospital in Garden City.
- Family Assessment: The Center for Counseling and Consultation has partnered with JJA, SRS and the court system to develop a juvenile diversion program for youth facing first offense out of home placement.
- West Side School: High Plains Mental Health Center partners with USD 489 to operate an alternative school in Hays for children who need extra support with the skill building needed to transition back to regular schools and be successful.
- In-home family treatment: Eight community mental health centers have entered into contractual agreements with St. Francis Academy to provide this service to SED youth. Contracting centers include Area Mental Health Center, Southwest Guidance Center, Prairie View, The Center for Counseling and Consultation, Horizons, High Plains, Iroquois Center for Human Development, and Sumner County Mental Health Center.

Several creative approached have been implemented to build efficiency, effectiveness while maintaining services:

- Mental health services offered through Iroquois Center for Human Development are being provided in a variety of locations including local health departments, hospitals, schools and physicians offices.
- St Francis Academy has implemented a traveling nurse position to conduct Kan Be Healthy check ups and coordinate medical services for children in the foster care contract.
- Use of televideo technology
- Expansion of vehicle fleets to address provider access. Making services available "in county"
- Exploration of a model to provide a traveling expert to different CMHCs serving frontier and rural areas to coordinate/supervise best practice programs or services for sexual abuse treatment
- Providers are "cross trained."

Despite these approaches in place, opportunities exist to better serve rural and frontier areas:

- Provide flexibility to tailor policy and procedure requirements
- Allow for differentials in service requirements and reimbursements
- Develop frontier and rural "Best Practices"
- Remove barriers to partnering
- Address medical services shortage in frontier and rural areas.

Summary of Frontier and Rural Issues and Suggested Framework for Decision-Making

Presenters: Cheryl Rathbun – St. Francis Academy (Cheryl.Rathbun@st-francis.org) and Ric Dalke, Area Mental Health Center (rdalke@areamhc.org)

The President's New Freedom Commission: Subcommittee on Rural Issues focuses on three areas of need:

- Accessibility
- Availability
- Acceptability

We want to share with you some examples of policies developed for Kansas that has impacted rural/frontier Kansas in the three areas of need for accessing mental health services.

Accessibility: Federal CMS guidelines allowed only one service per day to be compensated. Rural and Frontier people who strategically plan trips to town to minimize transportation costs want to see their therapist; case manager; and medical prescriber all during the same trip. CMHC's have had to write off the cost of all services but one or be put in a position to refuse to set up appointments for the convenience of consumer.

Availability: The new contract for Child Welfare agencies mandate placement of children within so many miles of their home or in their school district. This is an optimum scenario but many rural and frontier counties have no resource families. Compliance may make sense for population centers or "the city". It does not work for those areas of the State that have a lack of "available" resources.

When regulations for the new Juvenile Justice Authority were being implemented, it did not take long for some of the most rural and frontier counties to discover a problem with a simple regulation of law enforcement personnel staying with a child until a juvenile intake and assessment was completed. If you or your family drive through some of the frontier counties, have an accident and request police assistance, you may have to wait a number of hours while the only Law enforcement personnel in town tries to make some other arrangement for the JJA youth who is still in custody until an intake worker arrives at the community AND completes the intake. The intake worker usually lives 40 plus miles away from the county holding the juvenile. Again, a regulation appropriately designed in a population center in Eastern Kansas that is not effective in rural/frontier Kansas.

Acceptability: This includes the concept of "cultural sensitivity". The culture of rural and frontier counties is very different. One example of the differing culture is when Kansas State SRS department requests community meetings for distribution of information such as the Consumer Satisfaction Surveys. Many frontier and rural people will allow us to communicate with them on a 1 to 1 basis, but not in a group setting.

Social Work ethics at one time stated that there "shall be no dual relationships". In the City, this may have made for sensible ethics to insure that no one would be taken advantage of because of the therapeutic relationship. In the communities of rural/frontier Kansas, however, that meant that a professional could not buy groceries, buy a car, educate their children and attend community functions because sooner or later most community persons sought treatment at the local CMHC. Well intentioned - just not practical.

Inclusion: Cultural sensitivity naturally leads to "inclusion." Rural and frontier people and providers of services need to have permanent membership on committees and task forces and be included in policy and funding decisions that affect all Kansans.

Taking the Next Step

Given the frontier and rural cultural realities, please consider the following questions anytime a policy or funding decision affects all Kansans:

- Does your decision take into account unique characteristics of a rural and frontier population and culture? Will it work and how will we know?
- Have you included frontier and rural constituents in this decision? Is it based on county level data?
- Does your decision address barriers to services in a practical way for rural and frontier locations?
- Does your decision provide needed support as identified by county level need?
- Does your decision make the service available to all and is it easier for people to access the service?

Rural Committee Membership
January 2007

COMMUNITY MENTAL HEALTH CENTERS

- Area Mental Health Center - Ric Dalke
- The Center for Counseling and Consultation - Dwight Young, Wendy Lockwood
- High Plains Mental Health Center - Jennifer DeBoer, Brenda Seaman
- Iroquois Center for Human Development Inc. - Sheldon Carpenter, Brenda Fitz-Simmons
- Southwest Guidance Center - Jim Karlan

PRIVATE AGENCIES

- TFI Family Services - Mary Tucker, Curtiss Hemby
- Saint Francis Academy - Cheryl Rathbun, Cory Rathbun, Melissa Ness, Sharon Ringler, Betty Rush, Lori Appel-Flores, Deana Robben, Maralyn Cooper
- Youthville - Amy Tuttle, Patrice Claassen

SRS LARNED STATE HOSPITAL

- Lee Flamik

SRS AREA OFFICES/STATE

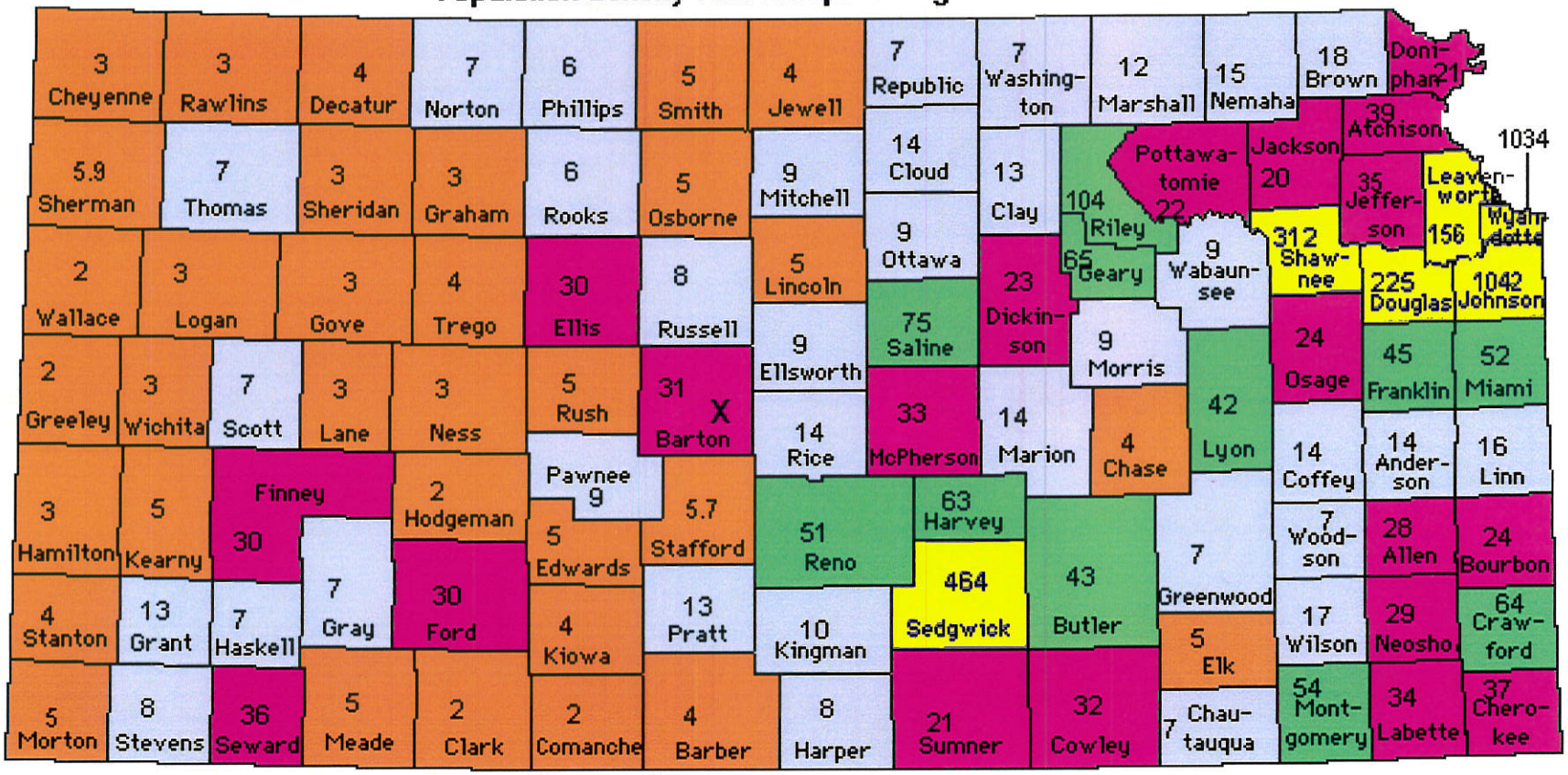
- SRS West Region Director - Robena Farrell
- West Region SRS - Verna Weber
- West Region Field Staff - Cindy Bowen
- South Central Region Field Staff - Gina Brewer
- SRS – Health Care Policy - Pam McDiffett, Nick Wood

UNIVERSITY OF KANSAS – SCHOOL OF SOCIAL WELFARE

- Cheryl Holmes, Elizabeth Crickard, Susan Corrigan

A Look at Mental Health Care in Rural Kansas

Population Density Peer Groups* Using Data from 2004 Est.

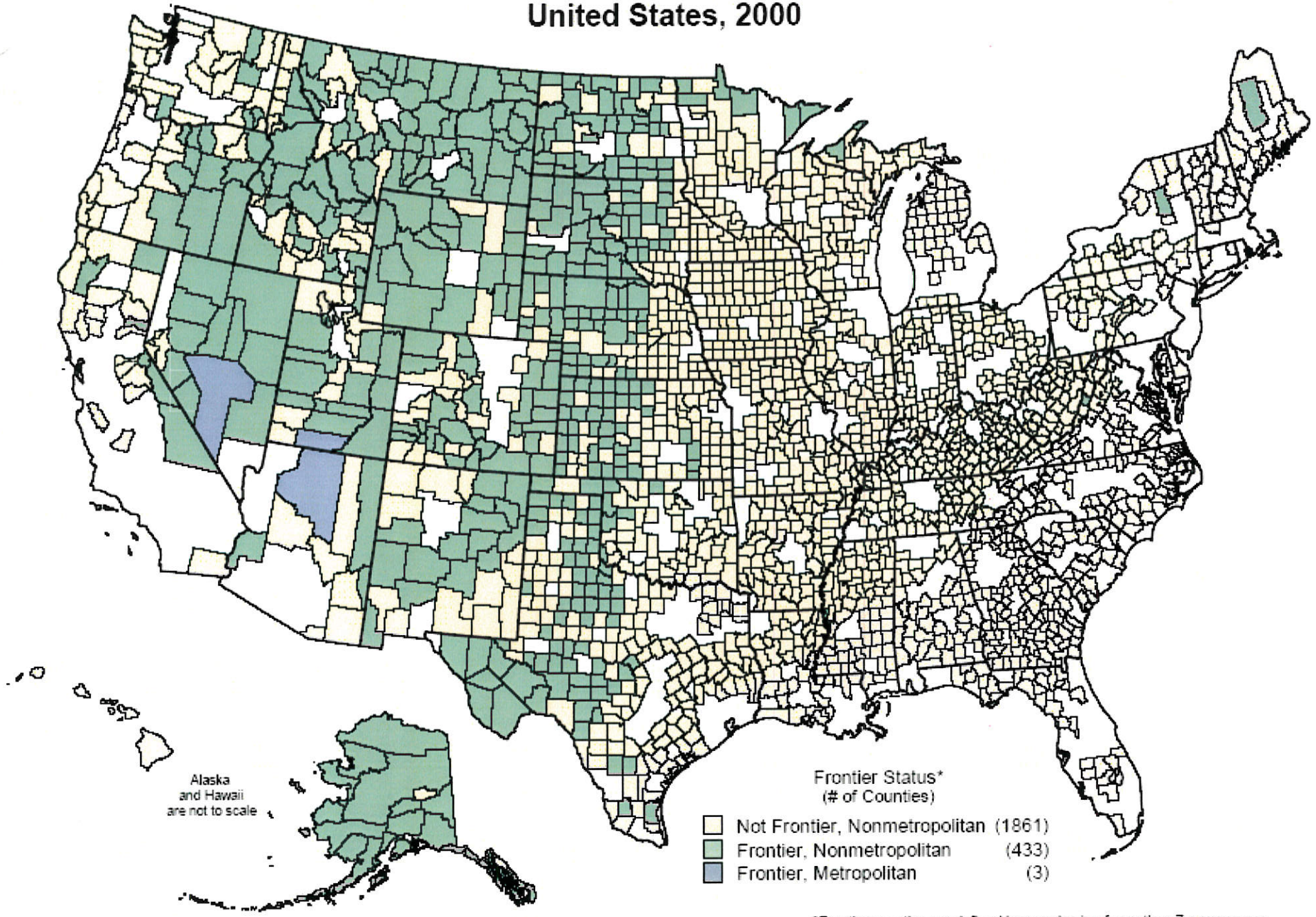


- Frontier (less than 6 persons per square mile)
- Rural (6 to 19.9 persons per square mile)
- Densely-settled rural (20 to 39.9 persons per square mile)
- Semi-urban (40 to 149.9 persons per square mile)
- Urban (150+ persons per square mile)

*Based on definition adopted by KS Dept. of Health and Environment

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

Frontier Counties
United States, 2000



: US Census Bureau, 2001.
ed By: North Carolina Rural Health Research and Policy Analysis Center, Cecil G.
Sharps Center for Health Services Research, University of North Carolina at Chapel Hill.

*Frontier counties are defined here as having fewer than 7 persons per square mile, and metropolitan areas that are not frontier counties are whited out. Nonmetropolitan counties in New England are classified according to the New England County Metropolitan Area (NECMA) definition.

A Look at Mental Health Care in Rural Kansas

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

Is The Health Care System Sustainable in Rural Kansas?

Kansas Health Policy Forums, Forum Brief, No. 7, January 2004.

Keith Mueller, Ph.D., Professor & Director of Center for Rural Health Policy Analysis University of Nebraska Medical Center

Leonard E. Bloomquist, Ph.D., Associate Professor of Sociology and Department Head Kansas State University

Richard Morrissey, Ph.D., Interim Director of Health, KDHE

Rural Issues
Forming National Mental Health Policy

"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)

Recommendations at the national level:

- Include frontier residents in policy-making*, **
  Frontier residents/consumers bring a unique perspective to policy development and the implementation process
- Ensure a rural voice in consultative process**

*"Frontier Education Center", Secretary Tommy G. Thompson, U.S. Department of Health & Human Services, September 2001

**"One Department Serving Rural America", Health and Human Services (HHS) Rural Task Force Report to the Secretary, July, 2002

A Look at Mental Health Care in Rural Kansas

The New Freedom Commission on Mental Health's *Subcommittee on Rural Issues: Background Paper* highlights the following realities:

"The different experiences that rural persons with mental illness face are influenced by three factors that may prevent them from receiving the mental health care they need: **Accessibility, Availability, and Acceptability** (Larson, Beeson, & Mohatt, 1993; Mohatt, 2000). These variables lead rural residents with mental health needs to:

- Enter care **later in the course of their disease** than do their urban peers;
- Enter care with **more serious, persistent, and disabling symptoms**; and
- Require **more expensive and intensive treatment** responses (Wagenfeld et al., 1994)."

New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background Paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004. p. 7

- Accessibility – includes transportation issues such as travel time and travel reimbursement barriers. p. 7-8
- Availability – includes shortage of appropriate professionals to provide service. p.10-11
- Acceptability – includes both stigma and "rural cultural competence." p. 13

New Freedom Commission on Mental Health, *Subcommittee on Rural Issues: Background Paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004.

A Look at Mental Health Care in Rural Kansas

Accessibility			Western Kansas	Eastern Kansas	
			40,594 sq. miles	41,831 sq. miles	
Type of Clinician	Year	Number of Clinician	Sq. miles covered by 1 Clinician	Number of Clinician	Sq. miles covered by 1 Clinician
MD	2000	26	1,561	368	114
	2006	7	5,799	152	321
Ph.D.	2000	15	2,706	528	79
	2006	27	1,503	614	68
Ma	2000	109	372	499	84
	2006	99	410	584	72
M/F	2000	38	1,068	390	107
	2006	46	882	671	62
D/A	2000	2	20,297	103	406
	2006	6	6,766	82	510
LASW / LBSW	2000	259	157	1,958	21
	2006	322	126	2,937	14
LMSW	2000	78	520	1,518	28
	2006	154	264	3,280	13
LSCSW	2000	73	556	1,195	35
	2006	73	556	1,419	30

M.D.	Psychiatrist and Child Psychiatrist
PhD	PhD. in Psychology
Ma	Masters' in Psychology
M/F	Marriage & Family Therapist
D/A	Registered Drug/Alcohol Counselor
LASW / LBSW	Licensed Social Worker / Case Manager
**LMSW	Licensed Masters Social Worker
**LSCSW	Licensed Specialist Clinical S/W

*Kansas Health Care Professional Inventory Data, 2000; 2006

*2000 U.S. Census Bureau, Kansas State and County Quick Facts

** Certified as Therapist/Counselor

A Look at Mental Health Care in Rural Kansas

Availability			Western Kansas	Eastern Kansas	
			326,491 population	2,361,927 population	
Type of Clinician	Year	Number of Clinician	Num. of people covered by 1 Clinician	Number of Clinician	Num. of people covered by 1 Clinician
MD	2000	26	12,558	368	6,418
	2006	7	46,642	152	15,538
Ph.D.	2000	15	21,766	528	4,473
	2006	27	12,092	614	3,846
Ma	2000	109	2,996	499	47,733
	2006	99	3,298	584	4,044
M/F	2000	38	8,591	390	6,056
	2006	46	7,098	671	4,715
D/A	2000	2	163,246	103	22,931
	2006	6	54,415	82	35,776
LASW / LBSW	2000	259	1,261	1,958	1,206
	2006	322	1,014	2,937	804
LMSW	2000	78	4,186	1,518	1,555
	2006	154	2,120	3,280	720
LSCSW	2000	73	4,473	1,195	1,976
	2006	73	4,473	1,419	1,665

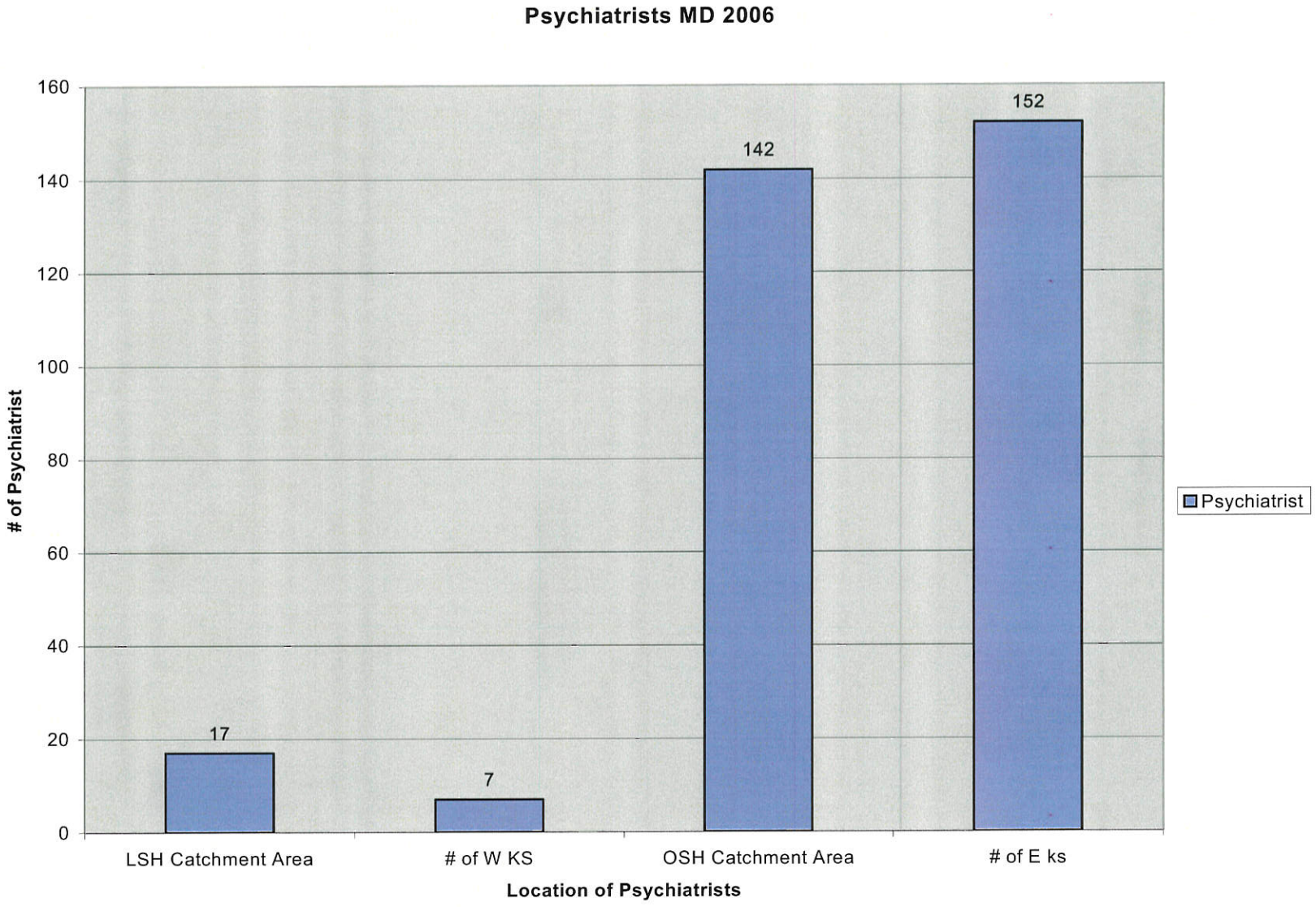
M.D.	Psychiatrist and Child Psychiatrist
PhD	PhD. in Psychology
Ma	Masters' in Psychology
M/F	Marriage & Family Therapist
D/A	Registered Drug/Alcohol Counselor
LASW / LBSW	Licensed Social Worker / Case Manager
**LMSW	Licensed Masters Social Worker
**LSCSW	Licensed Specialist Clinical S/W

Kansas Health Care Professional Inventory Data, 2000; 2006

*2000 U.S. Census Bureau, Kansas State and County Quick Facts

** Certified as Therapist/Counselor

A Look at Mental Health Care in Rural Kansas

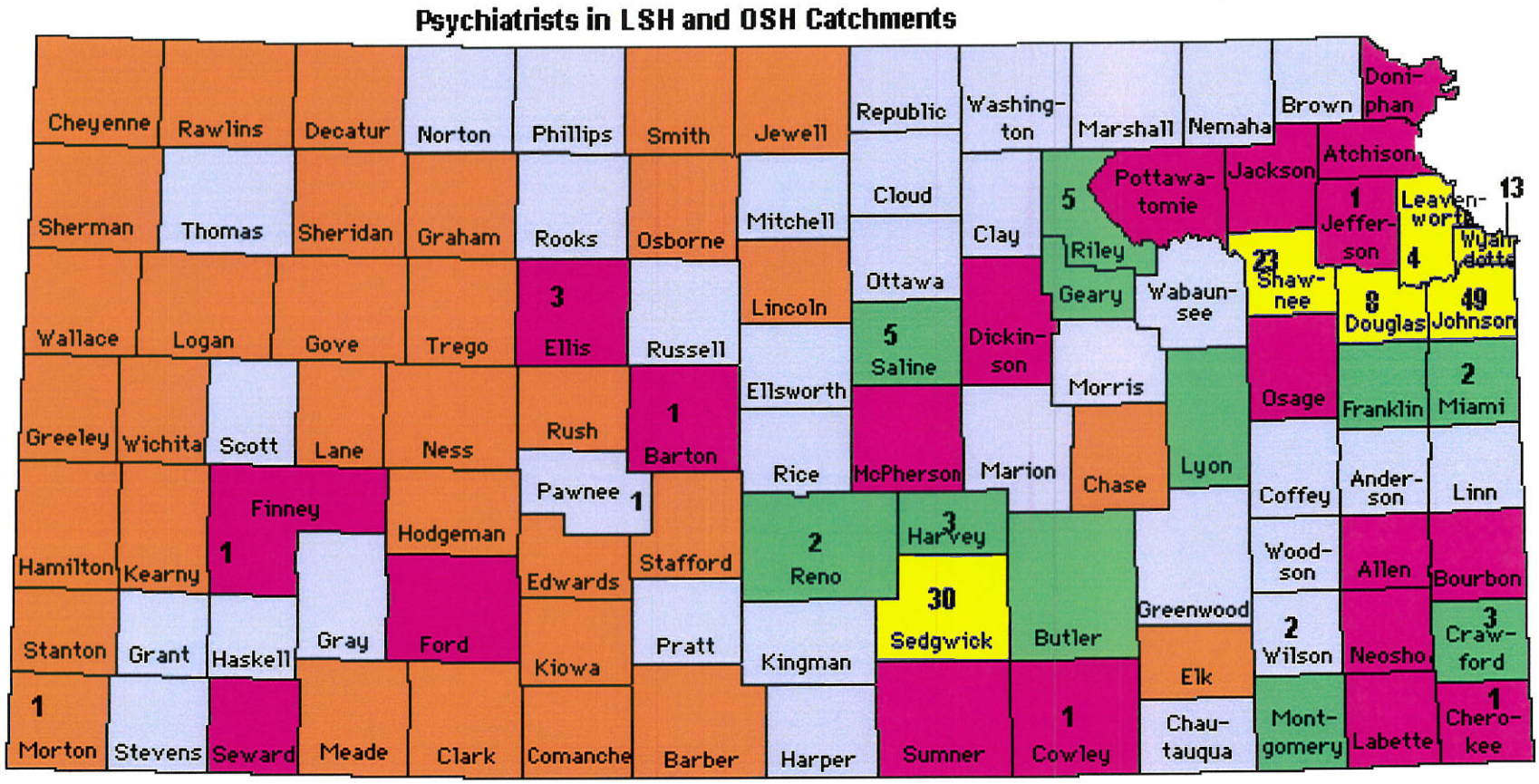


Barton County west = Western Kansas
LSH catchment area = 59 counties, 46 counties in Western Kansas + 13 counties in Eastern Kansas
OSH catchment area = 46 counties + 13 counties from LSH catchment area = 59 counties in Eastern Kansas

Office of Kansas Department of Health and Environment Data, 2006

Chart development & design by Eric Fox, Director of Consumer Relations

A Look at Mental Health Care in Rural Kansas



Numbers based on Kansas Health Care Professional Inventory Data, 2006

- Frontier (less than 6 persons per square mile)
- Rural (6 to 19.9 persons per square mile)
- Densely-settled rural (20 to 39.9 persons per square mile)
- Semi-urban (40 to 149.9 persons per square mile)
- Urban (150+ persons per square mile)

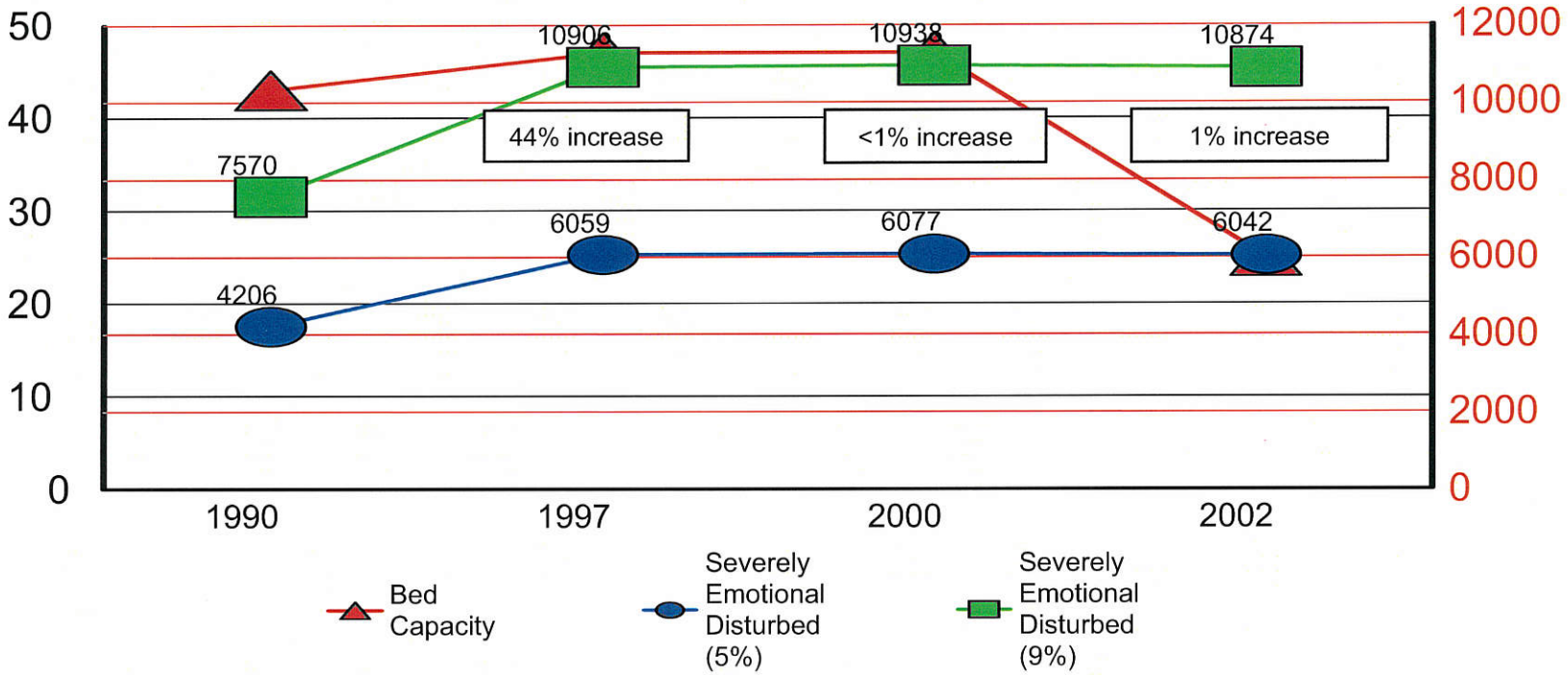
*Based on Definition adopted by Kansas Department of Health and Environment.

A Look at Mental Health Care in Rural Kansas

LSH: Psychiatric Services Program (PSP)

SED (5% & 9%) Population (LSH Catchment Area)

Note: SED = Ages 5-17



Data based on 2000 Census and KDHE

44% increase in population from 1990 to 2002
42% decrease in bed capacity from 1990 to 2002

Chart development & design by Debbie Brooks, Research Analyst II

ACCEPTABILITY

- Stigma is a general barrier individuals with mental health issues face; however, the research shows that in rural areas, this barrier is intensified. In a rural community everyone knows everyone else's business.
- There exists a unique "rural culture" which must be acknowledged and respected.

Rural Issues

Many **Creative Partnerships** are being utilized to draw upon the strengths of the frontier and rural counties. Below are a few examples of the current collaborative efforts in place to meet the needs of children and families:

- Area Mental Health Center operates a joint psychiatric 10 bed adult/youth inpatient program at St. Catherine's Hospital in Garden City. This helps divert children from Larned State Hospital, keeping them closer to home.
- The Center for Counseling has partnered with JJA, SRS, and the court system to develop a juvenile diversion program for youth facing first offense out of home placement. By offering treatment options and wrap around services, children can remain in their homes and prevent out of home placement

Rural Issues

Creative Partnerships continued:

- High Plains Mental Health Center partners with USD 489 to operate an alternative school in Hays for children who need extra support with the skill building needed to transition back to regular schools and be successful.
- Eight Community Mental Health Centers have entered into contractual agreements with St. Francis Academy to provide In-Home Family Treatment to SED youth. CMHCs include Area MHC, Southwest Guidance, Prairie View, The Center for Counseling and Consultation, Horizons, High Plains, Iroquois Center, and Sumner County MHC.

Rural Issues

Creative Approaches for Efficiency and Effectiveness:

- Mental health services offered through Iroquois Center for Human Development are being provided in a variety of locations including local health departments, hospitals, schools, and physicians offices.
- St. Francis Academy has implemented a traveling nurse position to conduct Kan Be Healthy check ups and coordinate medical services for children in the foster care contract.
- Use of televideo technology
- CMHCs and private agencies in frontier and rural areas have expanded vehicle fleets to address provider access, allowing them to provide services to children and families in their county.
- Exploration of a model to provide a traveling expert to different CMHCs serving frontier and rural areas to coordinate/supervise best practice programs or services for sexual abuse
- Cross-training of providers to meet client needs

Example of CBS Staff Mileage in Frontier Counties* for FY06 (July 1, 2005 – June 30, 2006)

- Average miles driven per month = 7,364
- Average # of children served per month = 43
  (numbers are increasing over time; currently at 54 in July 2006)
- Average miles per child per month = 171
- Average non-reimbursable travel-related cost to Iroquois per month (mileage plus staff time) = $4,115

*Data provided by Iroquois Mental Health Center.

Rural Issues

Opportunities to Better Serve Frontier and Rural Areas:

- Provide flexibility to tailor policy and procedure requirements
- Allow for differentials in service requirements and reimbursements
- Develop frontier and rural "Best Practices"
- Remove barriers to partnering
- Address medical services shortages in frontier and rural areas

Taking the Next Step

Given the frontier and rural cultural realities, please consider the following questions anytime a policy or funding decision affects all Kansans:

- Does your decision take into account unique characteristics of a rural and frontier population and culture? Will it work and how will we know?
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- Does your decision address barriers to services in a practical way for rural and frontier locations?
- Does your decision provide needed support as identified by county level need?
- Does your decision make the service available to all and is it easier for people to access the service?

The Rural Committee of Mental Health Services for Children and Families

Rural Mental Health Service Delivery Presentation

Contacts for Rural Issues:

- Lee Flamik, Larned State Hospital, LOF0618@lsh.ks.gov
- Wendy Lockwood, Center for Counseling and Consultation, wendyl@thecentergb.org
- Cheryl Rathbun, St. Francis Academy, Cheryl.rathbun@st-francis.org
- Ric Dalke, Area Mental Health Center, rdalke@areamhc.org

Upcoming Presentation Schedule:

January 29	SRS Mental Health All Staff
February 5	Senate Ways and Means Committee
February 28	Governor's Mental Health Planning Council – Children's Subcommittee
March 2	Children's Alliance

For More Information:

To learn more about the Rural Committee of Mental Health Services for Children and Families or to schedule a presentation, please contact:

Cheryl Holmes, KU School of Social Welfare, holmes70@ku.edu, 785-830-9006
OR
Liz Crickard, KU School of Social Welfare, crickard@ku.edu, 785-830-9008

For access to the full Rural PowerPoint presentation, please visit:

http://www.socwel.ku.edu/occ/projects/cmh/mhsEvaluations.html
and click on "Mental Health Service Needs for Frontier and Rural Youth"

Taking the Next Step:

Given the frontier and rural cultural realities, please consider the following questions anytime a policy or funding decision affects all Kansans:

- Does your decision take into account unique characteristics of a rural and frontier population and culture? Will it work and how will we know?
- Have you included frontier and rural constituents in this decision? Is it based on county level data?
- Does your decision address barriers to services in a practical way for rural and frontier locations?
- Does your decision provide needed support as identified by county level need?
- Does your decision make the service available to all and is it easier for people to access the service?

Senate Ways and Means
2-5-07
Attachment 2

The University of Kansas

School of Social Welfare

FEB 12

February 9th, 2007

Senator Duane Umbarger
State Capitol
300 SW 10th Room 120
Topeka, Kansas 66612

Dear Senator Umbarger,

On behalf of the Rural Committee of Mental Health Services for Children and Families, I wish to thank you for providing us with the opportunity to share testimony this week with the Senate Ways and Means Committee. Please express our gratitude with the committee for granting us time to discuss rural mental health service delivery and for the thoughtful questions and comments that were shared during Monday's meeting.

The Rural Committee of Mental Health Services for Children and Families is comprised of an active and varied membership that is willing to serve as a resource as you are making policy and funding decisions that affect frontier and rural counties. If you would like additional information or have follow-up questions for the committee, please feel free to contact any one of the members listed below:

Ric Dalke – rdalke@areamhc.org
Lee Flamik – LOF0618@lsh.ks.gov
Wendy Lockwood – wendyl@thecentergb.org
Cheryl Rathbun – Cheryl.Rathbun@st-francis.org
Melissa Ness – mlness@cox.net
Liz Crickard – crickard@ku.edu
Cheryl Holmes – holmes70@ku.edu

Once again, thank you for your time, and we look forward to future interaction with your committee.

Sincerely,

Cheryl Holmes

Cheryl Holmes
KU School of Social Welfare

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Attachment 3