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By ROBERT PIERCE • Leader & Times In the past decade, support for Kansas' mental health industry has taken a significant hit, with as much as 56 percent of that backing having disappeared over that period. This has forced many state agencies, including Liberal's Southwest Guidance Center, to dip into its cash resources to continue to survive.

As a method to fix what many are calling a "de facto" mental health system, state leaders earlier this year proposed a plan to target services to mentally ill people considered most at risk of being jailed or sent to a state hospital.

Dr. Leslie Bissell, executive director of SWGC, said Governor Sam Brownback originally considered taking \$10 million from the state's mental health budget to finance the Mental Health Initiative.

Since last year's tragic shooting at Sandy Hook Elementary in Newtown, Conn., however, Brownback and other state officials have had a change of heart and have made the decision to keep those funds in the system.

Bissell said, however, how those funds are allocated will be changing.

"That \$10 million comes from two different funding streams," she said at the May 6 Seward County Commission meeting. "The first one of those is called Mental Health Reform. Those monies were allocated to help get individuals out of the state hospital and back to the community to help keep them there. That's how the guidance center was able to come into its own as a community mental health center and provide those services in the community."

The second of those streams, the Family Centered Systems of Care, is one that is in transition, according to Bissell.

"It will no longer be just for children and their families who are at high risk of hospitalization," she said. "Those funds are now going to be used for both adults and children in one of five different categories."

Bissell said the spirit of the MHI is to meet intensive needs in mental health, and she added another aspect of the plan is an approach state leaders are calling regional recovery centers.

There are currently 27 Community Mental Health Centers in Kansas, and SWGC itself serves four counties – Haskell, Meade, Seward and Stevens – and what the state is proposing is rather than having CMHCs, Kansas would be divided into anywhere from five to seven regions.

Bissell said monies that were in the past allocated to CMHCs would now be given to a regional center, and those funds, based on the needs of the region, would be reallocated to the community centers in that region to meet specific needs.

SWGC is currently slated to be part of a region that includes Larned and all of Kansas from Wichita west to the Colorado border. Bissell said she believes the spirit of the MHI is an awesome one, providing more intensive services and targeting high at-risk populations leaves CMHCs with little, if any, funding.

“For us, that Family Centered Systems of Care money accounts for about 11 percent of our support budget, which breaks down to about \$80,000 for me,” she said. “Mental Health Reform is a bigger chunk of change for us. That’s about 47 percent of our support budget. Obviously, if those funds go away, we would be hurting pretty badly.”

Bissell said when state officials drew maps of the regions being considered under the MHI, nine factors of CMHC’s were assessed.

“Some of them were based on the size of the agency, number of employees, number of the evidenced-based practices,” she said. “Population was one of those items. Fiscal liability was another. Based on all those numbers, they came up with this magic list and made the different regions.”

Bissell said the challenge of the MHI is its practical application, which she labeled as “vague.”

“What we as mental health providers are saying is we’re not clear on how this is going to add value to people that we serve,” she said. “It seems to be adding another layer of unnecessary administration costs and other duties and things we have to report and prove that we need those funds where presently we don’t have that.”

Bissell said a majority of Kansas’ CMHCs are not-for-profit, and many counties across the state have concerns about the regional approach to mental health care.

In 2012, following the retirement of longtime SWGC director Jim Karlan, Bissell took over leadership of the agency, and she said her number one priority at that time was to take a good look at SWGC’s finances over the past 10 years. She said after that research, she came to the realization that the agency could not continue to operate “as usual.”

“We have to make some significant changes,” she said. “We have to be able to increase our revenue building opportunity and to get as much support as we can to be able to provide the level of services that we are providing.”

Bissell said on May 1, as a way to cut down on its level of no shows, guidance center officials began sending reminders to its clients. She said the level of no shows can get as high as 45 percent in the mental health field, and this is something the center wants to decrease.

Another rule the center has eliminated is having clients pay up front for services, something Bissell said would make people more responsible for appointments.

“We would get a higher return and decrease that no show return,” she said.

Bissell said SWGC officials have found this is not necessarily the case.

“It hasn’t really helped us a whole lot, and it ultimately is not meeting the needs of consumers.”

Another purpose of changing how clients pay is to help the center better engage patients and meet their needs sooner, as well as increase the agency’s revenue.

Bissell said through the state’s association of CMHCs, SWGC now has the opportunity to get some technical assistance from the state.

“The experts in the state that are doing a lot of the things that we’re doing to catch up with everybody else, they’re going to come out for a couple of days, help us look at how we operate and give us some more suggestion,” she said.

Bissell said she hopes all of these changes will help the guidance center see a significant change in its revenue by the end of the year and also grow its services to the community.

“My goal is to maintain services as long as we can,” she said. “Based on our last financial audit, if we currently spend at the same rate that we are, we will probably be out of business by 2015.”

This is something Bissell said she is taking quite seriously, and she said the technical assistance SWGC will get can help the agency figure out where to best put its resources.

“Worst case scenario, we would end up becoming a crisis intervention type of service,” she said. “We want to be able to provide ongoing support where they are and keep them in the community. We know that’s the cheapest way to provide care, and we also know it’s the best quality of life.”

## **May is Mental Health Month**

### **New study finds high-risk youth who have volunteer mentors have fewer depressive symptoms**

• Provided by Big Brothers Big Sisters of Haskell, Stevens and Seward Counties About a year after being paired with mentors, youth evaluated in a recent study (many of whom had multiple risk factors for delinquency, school failure, teen pregnancy and mental health problems) had fewer symptoms of depression.

The young people were part of the first large-scale evaluation to assess how mentoring affects “higher-risk” youth. Noted mentoring researchers, Carla Herrera, David DuBois and Jean Grossman studied more than 1,300 youth enrolled in seven mentoring programs, including five Big Brothers Big Sisters agencies.

Youth with mentors, compared to those without mentors who faced similar challenges, improved

in their social competence, academic attitudes and grades. The strongest findings were related to decreases in symptoms of depression—an especially noteworthy outcome given that nearly one in four youth in the study reported high levels of depressive symptoms before being matched with mentors.

“Depression has been linked to a host of short- and long-term problems for young people, including suicidal behavior, academic and social difficulties, and increased risk for substance abuse and teen pregnancy,” the researchers reported. “The study’s findings offer robust evidence that participation in volunteer-centered, one-to-one, community-based mentoring programs can ameliorate and/or prevent the emergence of depressive symptoms,” researchers added.

“When young people face multiple life challenges, their families and communities suffer as well,” said Big Brothers Big Sisters President and CEO, Dan Soliday. “While a number of studies have found that one-to-one mentoring helps ‘at-risk’ children, this new research provides important insights about the impact of our work on youth who face a range of issues, including those who face higher levels and severity of risk factors.”

The study revealed the importance of careful screening for mental health concerns at intake, in combination with referral mechanisms for those who are in need of additional support. Of note, the researchers found that while mentoring programs are successful at reaching youth with lower-risk profiles, they are also able to reach those who meet the “higher-risk” threshold, without significant efforts beyond their normal recruitment strategies.

The study found mentors who received early-match training and consistent phone support met more frequently and had longer-lasting relationships with their mentees. Youth whose mentors received in-person group training also reported higher-quality relationships. The researchers noted that offering tailored training and support to mentors, mentees and families based on the specific risks youth face has the potential to produce even stronger benefits.

For more information on Big Brothers Big Sisters, or how you can get involved in the program, call 888-KS4-BIGS or go to [www.kansasbigs.org](http://www.kansasbigs.org).

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