



Healthy Minds. Healthy Lives. Healthy Communities.

## Testimony to the Senate Committee on Public Health and Welfare

### Senate Bill 32

By Ric Dalke

Executive Director of Compass Behavioral Health

January 19, 2017

Madame Chairperson and members of the Committee, my name is Ric Dalke; I am the Executive Director of Compass Behavioral Health. I prefer to be there in person to present but appreciate the opportunity to provide written testimony in support of SB 32 which would amend the Medical Student and Resident Loan Assistance Act to include psychiatry for medical student loan repayment. This would assist our state in recruiting and retaining psychiatrists, of which there is a continual and ever growing shortage especially in “our neck of the woods.”

Compass Behavioral Health is one of 26 Community Mental health Centers across the State of Kansas. We serve 13 counties which cover approximately 11,000 square miles in far southwest Kansas including Finney, Ford, Hamilton, Kearny, Gray, Hodgeman, Stanton, Morton, Grant, Wichita, Greeley, Lane and Scott. Eight of the 13 counties are “Frontier” counties defined as those with less than 6 persons per square mile. The rural and frontier nature of our area leads to a unique set of issues and problems as we attempt to utilize standard treatment approaches to psychiatric concerns such as medication treatment. **Each single psychiatrist in Frontier Kansas covers approximately 5,000 lives within the 683 square miles they have to cover versus the approximately 900 lives within a 1 square mile area for a single psychiatrist in an urban area.**

With that in mind, I want to share my thoughts about Rural Kansas residents and why we support SB 32 and our need for any and all assistance in recruiting and retaining quality psychiatric providers:

- SB 32 addresses our psychiatric shortages in rural and frontier western Kansas. Access to psychotropic medications is a primary concern and need for all Kansans, not just those who reside in urban areas or population centers of Kansas.
- Our residents might drive up to 2 hours for a medication appointment and will just do without when access to professional resources is compromised or non-existent.

- At Compass Behavioral Health we have had in place consistent adds to recruit psychiatrists for the past 7 years. We have also invested considerable resources in placement agencies. In this time we have been able to hire two psychiatrists both over 65 years of age, both looking for a career ending 2 to 3 year placement. This has helped but not resolved our needs.
- We have developed a significant and meaningful tele-psychiatry program. This is indeed helpful but no one should consider this an answer to this resource issue. Many people need and request face to face services and Frontier Kansans should be provided similar options to those non-rural populations. Our experience over a number of years of running a very successful tele-psychiatry program tells us clearly that if we can start with a face to face session and evaluation, continued treatment with the remote services are much more successful.

In summary, access to psychiatric help and treatment is essential. SB 32 provides an option that improves access by increasing resources that can be incentivized to locate in rural and frontier Kansas. Here we experience a number of geographical and resource barriers. Please help us minimize those by your support of SB 32.

Thank you for allowing my written testimony.

Sincerely,



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