

V O T E R



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The League of Women Voters is a non-partisan, nonprofit organization of women and men of every age, race, background and political belief. Through more than 1200 local Leagues, state Leagues and the national organization, League members work to promote citizen action on local, state, and national issues.

LUNCH & LEARN, November 14: COMMUNITY MENTAL HEALTH CENTERS: How Do They Serve Kansans?

Mental illness affects an estimated one family out of five nationally. Who cares for the mentally ill? In Kansas, that job falls primarily to the community mental health centers. In Salina, that means **Central Kansas Mental Health Center**, 809 Elmhurst.

As part of the League's state study on mental health services across Kansas, the November 14 LUNCH & LEARN presents staff members from CKMHC discussing their work, their history and the services they provide.

Panel members include **Pat Murray**, Executive Director; **John Presley**, Director of Community Based Services for Youth; and **Glenna Phillips**, Administrative Director of Community Support Services for Adults. We hope to hear of their

successes as well as their challenges. Central Kansas Mental Health Center serves Dickinson, Ellsworth, Lincoln, Ottawa and Saline Counties.

The League of Women Voters of Kansas is seeking answers on how best to serve the mental health needs of Kansans.

This panel discussion provides one key to those answers.

Please attend, bring your lunch, bring a friend, bring a question or an opinion to share.

LUNCH & LEARN is pre-

sented several times a year by the Salina League of Women Voters, providing citizens with information on current issues of public policy and services available in the community.

[See related Mental Health articles, pages 4-6.]

DATE:
November 14
TIME:
12:15-1:15
PLACE:
St. John's Lutheran Church,
302 S. Seventh,
Lantz Hall
(basement level)

INSIDE THIS ISSUE:

President's Report, Calendar, New Meeting Location	PAGE 2
Consolidation Study update	PAGE 3
Mental Health Study information	PAGE 4
Mental Health, continued	PAGE 5
Mental Health—Failing Grade for Kansas?	PAGE 6
Observer Reports, October Lunch & Learn	PAGE 7
Membership Form	PAGE 8

PRESIDENT'S REPORT

In two weeks the face of the city, state and the nation may change.

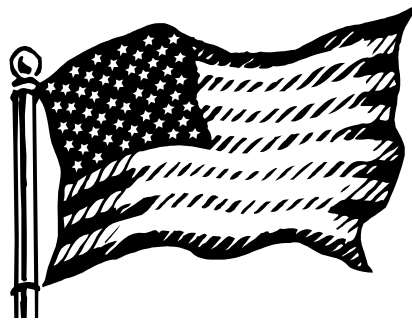
Will you be part of that change, or will you let someone else make those decisions for you? Will you allow someone who doesn't have the same political, moral or ethical values as you decide who will set policy for the next few years?

No matter your political view, watching people in oppressed countries literally risking their lives to vote in their first elections was incredibly inspiring. All we have to do is go to the polls and vote.

We fly our flags on July 4th and September 11th to show our patriotism. We have colored ribbons on our cars to show support for men and women who are fighting to protect our rights and others. Yet, about 60% of us didn't take time to vote in the past election.

We hear the argument that "nothing

will change." I am suggesting that you are absolutely right. Nothing will change if you don't register, educate yourself about the candidates AND educate the candidates about your beliefs, and then get out and vote.



A perfect example is the activities of the Saline County Commissioners. After discussion and two meetings, they changed their mind to at least listen to the League of Woman Voters regarding the examination of the study on city-county consolidation. They will hold a joint meeting with the City Commission to consider the question of a

discussion with citizens regarding consolidation.

When I do trainings with groups I always start out by asking, "Do you know who your legislators are"? About two thirds of the room usually raise their hands. Then I ask, "Do your legislators know who you are?" Only about one third of the room raises their hands.

We will have true democracy when all of us know our legislators and they know us. We'll have power when we vote for the person, not just the party.

That is the promise of a democracy. That is the obligation of citizens in a democracy. Democracy is a privilege. Let's be sure we respect it by educating ourselves about the candidates and voting!

—Gina McDonald

CALENDAR



NOVEMBER

- 7 General Election
- 14 Lunch & Learn (Mental Health)
- 21 Board Meeting
- 23 Thanksgiving

DECEMBER

No Board Meeting -
Happy Holidays!

JANUARY 2007

- 9 Lunch & Learn
- 16 Board Meeting

FAMILY HOPE CENTER New Location for Board Meetings

New Place, New Day for LWV Board

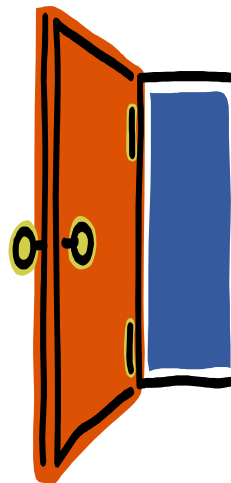
The Family Hope Center, housed at the First Presbyterian Church, 308 S. Eighth, is the new home for Salina League of Women Voters board meetings.

For several years, the board met at St. John's Lutheran Church in the meeting room of the Child Abuse Prevention Services (CAPS). St. John's began a new policy this year of locking its doors at 5:00 p.m., conflicting with the board's

meeting time of 5:15, so the board had to seek a new location. The Family Hope Center was available during the evening hours but only during the first half of each week, so the board now meets on the third Tuesday, rather than the third Thursday, of each month.

The board welcomes all members to attend board meetings.

DIRECTIONS: Enter the church through the south door next to the parking lot. The Family Hope Center is the third door on the left side of the hallway. **Come on in!**



Both City and County Agree to Discuss League's Call For Consolidation Task Force

Members of the City-County Consolidation Study committee met with both the city commission and county commission during September, and presented each with the League's new position in favor of a joint task force to evaluate the consolidation issue.

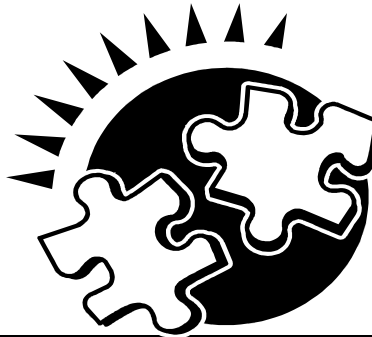
City commissioners, during a study session, greeted the idea with enthusiasm.

County commissioners were decidedly more skeptical but agreed to put the issue on the agenda for their regular meeting October 3. At that meeting, several citizens expressed opinions.

Former Saline County Sheriff and Salina police officer, Darrell Wilson, was doubtful of the value of consolidation but made what seemed to be the deciding statement—"If you don't study the issue, it's never going to go away."

The county commission agreed to add the matter to one of its next joint meetings with the city commission. Those meetings will be on the last Mondays of October and January.

The September meeting with the city commission was postponed from May due to League members' scheduling conflicts. At the meeting with the city commission, Mayor Donnie Marrs asked rhetorically, if less government is a good thing, why would you not be interested in consolidation?



However, Commissioner John Vanier noted that the study committee was "preaching to the choir," implying that the harder sell on the task force idea would be in the presentation to the county. Commissioners postponed formal action on the League's position until after the presentation to the county.

At the study committee's first presentation to the county, study chairperson David Norlin found inspiration in a poem heard that morning on the daily public radio program, *Writer's Almanac*. The poem for the morning had involved the challenge of breaking open the hard, rough shell of a coconut to reach the sweet, edible insides. Norlin likened that to the challenge of determining the value of consolidation. The image was picked up by the *Salina Journal*, and by the time of the October 3 public meeting, Commission Chairman Mike White informed Norlin that their office now had a coconut on display as a reminder of the issue.

League members attending one or more of the public meetings include Gina McDonald, Jan Mendel, David Norlin, Ann Zimmerman, Mike Wilson, Kaye Crawford and others. Many of the local media articles are linked at the League's website.

THE LWV OF SALINA SUPPORTS:

- 1) Establishment of a joint commission/task force from the city and the county to:
 - a) look at the consolidation issue,
 - b) explore its advantages and disadvantages, and
 - c) bring a recommendation before the citizens.
- 2) A balance of representation on the commission/task force among all facets of the community, including but not limited to the following:
 - a) Geography (city/county, urban/rural).
 - b) Genders.
 - c) Socio/economic levels.
 - d) Public, private & non-profit sectors.
 - e) Races and ethnicities.
 - f) Disabilities.
 - g) Age groups.
- 3) Completion of the work of the commission/task force within 12 months.

THE LWV OF SALINA RECOMMENDS THAT THE COMMISSION / TASK FORCE:

- 1) Listen to all sides and foster respect among all participants.
- 2) Gather input (information, opinions, recommendations) from all segments of the city-county community, by:
 - a) Holding public meetings across the county.
 - b) Surveying citizens using various formats, such as printed materials, electronic media and telephone.
- 3) Gather input from outside the county related to consolidation.
- 4) Examine the issues of consolidation, including but not limited to:
 - a) The structure of a unified government.
 - b) The role of elected officials in such a government.
 - c) Land use and zoning rules.
 - d) Property tax issues.
 - e) Allocation of existing city and county debt.
 - f) Inclusion of other local governmental units.
 - g) Effects on employees and job classifications.
 - h) Overall economic impact of consolidation.

State study: MENTAL HEALTH SERVICES in KANSAS

Mental illnesses are more common than cancer, diabetes or heart diseases. More than 5 million Americans each year suffer from an acute episode of mental illness, affecting one in five families in their lifetime, with such conditions as bipolar disorder, schizophrenia or major depression.

One in ten young people have mental illnesses severe enough to cause some level of impairment. Even though many new and effective treatments and medication significantly reduce symptoms and allow normal lifestyles, fewer than one in five receive needed treatment, often because of the stigma surrounding mental illnesses.

Given these facts, the state-wide membership of League of Women Voters of Kansas (LWVK) at the 2005 State Council Meeting, decided to undertake a two year study of Kansas's mental health system.

A study committee began sifting through the vast amount of information on mental health in Kansas. Marge and Ted Mintun joined the committee in the summer of 2006, when the study was well underway, so that the Salina League would be represented. They had a steep learning curve. The state committee completed the first segment of the study last month, sending study and discussion guidelines to local leagues.

The current task of the Salina League members is to educate themselves about mental health in Kansas. THE ARTICLES IN THIS NEWS-LETTER are the first step. Then the November 14 Lunch and Learn will follow up with a discussion of our local mental health services, past and pre-

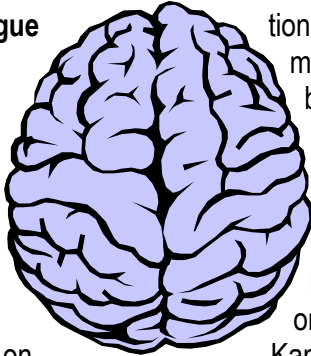
sent. (See article, page 1.)

Later in November, a study meeting, and possibly two, will give members the chance to look at mental health services, their history, achievements and failings. By the end of November, the state study committee will give all of the local leagues "consensus questions" to answer. Our Salina League has until January to meet, answer the questions and send the answers to the state study committee.

The state committee will take all of the feedback from the local leagues, evaluate the material and recommend to the board a new Kansas League position on Mental Health. The state

board then makes its recommendation for LWVK position on mental health in Kansas, to be finalized by the membership at the spring '07 Council Meeting.

This position becomes the basis for the League's lobbying efforts on mental health issues in Kansas.



KANSAS FACTS:

- ◆ In Kansas, there are 29 licensed community mental health centers spread over more than 100 locations, serving more than 100,000 persons a year and covering all 105 counties.
- ◆ The primary goal: providing individuals with quality care, treatment and rehabilitation.
- ◆ Thanks to community mental health centers, state mental hospital beds have been reduced from 1000 in fiscal year 1990 to 376 beds today. Many former hospital patients now live in their own community, relying on community mental health centers for help.
- ◆ The public mental health system

serves both as a safety *net* for individuals and as a safety *valve* for an inadequate private sector response to mental illness.

KANSAS HISTORY:

Until after World War II, Kansas warehoused most mentally ill patients in mental hospitals or in their own homes. During WWII, many soldiers became mentally ill, which created renewed interest in mental illness nationwide.

During the 1940's, mental facilities in Kansas received very small appropriations. In 1948, the 2000 patients at Topeka State Hospital were treated by five doctors, two nurses, one psychologist and 120 aides. Conditions were deplorable.

By 1948, Topeka's Winter General Hospital, established in 1925 by Karl Menninger, had 1700 employees, remodeled buildings, and a program for training in psychology, social work and psychiatric nursing. It became a model training facility for the Veterans Administration and stood as the citadel of American psychiatry.

In 1949, the death of a legislator's wife who had mental illness mobilized lawmakers to change the Kansas mental hospital situation. The governor obtained money and permission to ask Menninger's to change Topeka State Hospital from a custodial to a teaching hospital. This change was made, and the hospital's new status continued until its closure in 1997. Kansas state mental hospitals at their peak had more than 5000 patients and were a model for the nation.

In the meantime, several factors were operating which resulted in mental patients being released to the commu-

(Continued on page 5)

MENTAL HEALTH STUDY (cont.)

(Continued from page 4)

nity or being treated only in the community. Community mental health centers often became the treatment of choice because:

- ◆ Anti-psychotic drugs were introduced in 1954 which made it possible for the mentally ill to live outside hospitals.
- ◆ A belief developed that people would receive better treatment in their community than in hospitals far from home.
- ◆ State government wished to shift the cost burden to the federal and local governments, and maintenance of patients in the community was much less expensive than in a hospital.

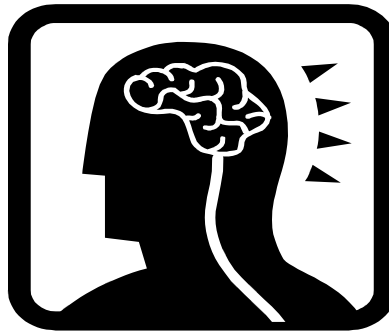
However, de-institutionalization became “the shame of the states,” because the mental health center system could not provide the basic food, clothing, shelter or support mechanisms to enable severely ill persons to cope with their environment. Initially, community mental health services were psychotherapy-only, with no provision for other needed services to the actively ill persons pushed out of the state hospitals.

By 1987, Kansas was ranked 42nd among the states and declining. The community mental health centers were funded by federal and county monies and the hospitals by the state general fund. These two completely separate systems did not collaborate or coordinate their services.

WHERE THINGS STAND TODAY

In 1990, the Mental Health Reform legislation introduced major changes which bring us up to the present:

- ◆ Community Mental Health Centers (CMHCs) became the gatekeepers for the state mental hospitals. All patients referred for hospitalization were first screened by CMHCs and then either admitted to a state hospital or assigned a case manager and diverted to community programs. As a result,



State hospital bed use was greatly curtailed, reducing costs to the state.

- ◆ Only persons dangerous to themselves or others were to be sent to state hospitals. The goal was that patients be stabilized and stay the shortest possible time before returning to the community for on-going treatment. Today, however, in spite of increased restrictions on state hospital admissions, the numbers of patients admitted to state hospitals is increasing, and re-admission rates are higher than the national average. Over-strained state hospitals serve as the safety net to accommodate indigent patients too sick or disturbed to be able to use the community resources intended to avert hospitalization.

- ◆ Medicaid cannot be used to pay for state hospital beds for most patients but can be used for services at CMHCs. In fact, Medicaid has become the major payer for mental health services offered by CMHCs.
- ◆ CMHCs have increased services that target adult and children populations.
- ◆ The majority of adult consumers of community service programs are living independently. Over half are involved in work or educational activities.
- ◆ Consumer-run organizations have increased in size and number – to 20 in 2005.

The move from treatment in state hospitals to treatment at community mental health centers in their own com-

munities has brought welcome changes for persons with mental illness and mental disorders.

However, unintended consequences have also emerged. Among the most serious:

- ◆ **Homelessness:** State hospitals meet the needs for shelter, clothing, food and care. When patients are removed from the hospitals, poor and without resources or jobs, homelessness often results. Once homeless, individuals often stop receiving mental health treatment and medication, and their condition worsens.
- ◆ A significant **decrease in physical health** often develops in adults with severe and persistent mental illness.
- ◆ **Increased death rates** from diseases which are readily treatable and preventable.
- ◆ A severe **shortage of psychiatric hospital beds** when needed.
- ◆ **Incarcation**—an increase in the number of people with severe and persistent mental illness in jails and prisons. (For instance, Johnson County Department of Corrections estimated in 2005 that about 22% of their adult offenders were diagnosed as mentally ill and many more have mental health issues.)

What direction should Kansas mental health care take from here? The Kansas League of Women Voters study aims to find the best answers, with your help.

—Ted Mintun

SOURCES FOR THIS ARTICLE:

“Recognizing the Importance and Value of Community Based Mental Health Treatment,” by Michael Hammond, Executive Director, Association of Community Mental Health Centers of Kansas Inc. • “History of the Mental Health Care System in Kansas,” by Roy W. Menninger. • “The Evolution of Community Mental Health Centers in Kansas,” by Jacqueline L. Heckman James.

National Group Gives Kansas a Failing Grade, MH Association Disagrees

The National Alliance for Mental Illness, a self-described “not for profit, grass roots, self help, support and advocacy organization of consumers, families and friends of people with severe mental illness,” recently issued a report on America’s Health Care System for Serious Mental Illness.

No state received an A, only five received B’s. Kansas was one of eight states receiving an F. Two states refused to participate. Most states received either C or D – with D being the grade most often given.

NOTE: The study did not rate the states in terms of their over-all mental health system – just the system for patients with **serious mental illness**, a small percentage of the total patients served by mental health agencies but by far the hardest to serve.

NAMI’s Reasons for Kansas’ F:

- Kansas uses the right words and has good intentions, but its programs for seriously mentally ill are weak, says NAMI. The rhetoric does not match reality.
- Although SRS has created a five-year strategic plan with remarkable openness and participation by consumers and families, NAMI finds that SRS has a history of asking consumers for their input and then ignoring it.
- Assertive Community Treatment (ACT) is the most effective “evidence-based” intensive treatment program for resistive-to-treatment and seriously mentally ill patients to keep them out of hospitals and involved in treatment. Kansas uses a “strengths” model instead, which NAMI says is less intensive and less effective.
- The availability, quality, and timeliness of crisis services are reportedly inconsistent from one Community Mental Health Center to another; more clinically-trained staff are needed.
- A severe shortage of acute inpatient hospital treatment exists.
- Kansas is behind in decriminalizing mental illness. Incarceration of the mentally ill shifts costs to the criminal justice system,

giving the mental health system no financial incentive to resolve the matter.

Despite the drawbacks, NAMI lists some good things that are happening. The state has several pilot projects which will need careful monitoring to see if they meet “evidence-based” practices standards. Limited block-grant funds have been used to fund projects for culturally competent initiatives. Telemedicine infrastructure exists but is underutilized and inconsistent.

Kansas has involved consumers in services, funding twenty consumer-run organization. Consumers are critical, saying there should be greater emphasis on education and recovery and increased incorporation of their concerns into the planning process for the mental health system.

Response: Association of Community Mental Health Centers of Kansas, Inc

ACMHCKI represents twenty-nine licensed Community Mental Health Centers in Kansas. Michael J. Hammond is executive director. Member centers provide home- and community-based as well as outpatient mental health services in all 105 counties in Kansas, 24 hours a day, seven days a week, providing the publicly funded community-based mental health services for the State of Kansas.

Hammond expressed disappointment with the NAMI report, saying that it misrepresents the Kansas public mental health system and does not give an accurate grade for the following reasons:

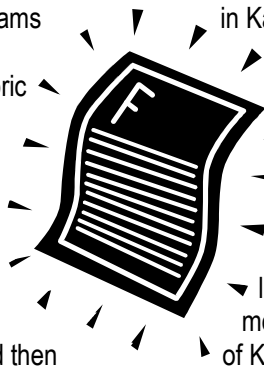
- NAMI criticizes the state for not being open to ACT. Kansas has a long history with strengths-based case management which has shown positive outcomes for consumers and families.
- Data maintained by Kansas State Mental Health Authority indicates that crisis services are consistent from one community mental health center to another.
- Consumer satisfaction surveys in Kansas indicate consumers and families rate quality, appropriateness, treatment outcomes high for the Kansas system.

Hammond refuted specific points in the

NAMI report card statement, specifically:

- Kansas has the highest penetration rate among the target populations of surrounding states. Kansas also has a mandate to serve everyone that walks in the doors of all centers. Centers serve over 100,000 people a year – 70,000 being non-target populations.
 - Kansas has been quick to embrace recovery along with a series of promising practices, best practices and evidence-based practices.
 - Kansas has limited parity and is exploring with policy makers opportunities to increase parity.
 - Licensing standards in Kansas require consumer and family input on treatment planning as well as serving on community mental health center boards.
 - Mental health centers have a state mandate to serve every one regardless of ability to pay. Mental health centers also have a sliding fee schedule.
 - There are community mental health centers in Kansas participating in jail diversion programs.
- Points on which ACMHCKI expressed agreement with NAMI were as follows:
- Access to acute inpatient treatment is a problem and regional state-operated inpatient facilities are needed.
 - More can be done in jail diversion; but NAMI needs to recognize current efforts.
 - A need does exist for greater focus on cultural diversity and competence.
 - Innovation is always needed.
 - More workers are needed, especially psychiatrists and child psychiatrists.
 - Increased consumer and family involvement and access to information is needed.
 - NAMI recognized good access to medications and many evidence based practices currently in place in Kansas

Mr. Hammond discussed current efforts to transform the Kansas public mental health system and consumer participation. Hammond refers to a report comparing Kansas favorably to surrounding states. (Summarized from “NAMI: Grading the States 2006: Kansas” and March 1, 2006 letter to NAMI from Association of Community Mental Health Centers of Kansas, Inc.)



LIBRARY BOARD & SCHOOL BOARD REPORTS

Library Board, Aug 15

Friends of the Library held its book sale. CLASS (Community Learning and Skill Sharing) has 39 new instructors. New classes include a film and discussion series, cooking classes, bus trip to a Wichita art museum, and a six-week writing workshop. Average course fee: \$28.35, scholarships available.

2007 budget is \$2.02 million, up \$88,000 from '06. Changes from '06: library materials up by \$10,000; lighting/heating up from \$55,000 to \$70,000; furniture/equipment up from \$8,000 to \$12,000; insurance down from \$34,000 to \$25,000; contingency funds down from \$30,000 to \$20,000; capital improvements up from \$125,000 to \$140,000. Mill levies: 2007, 5.226 ('06: 5.325). Property evaluation: up 6.5%. Employee benefit fund: up from \$302,602 to \$320,502.

Monthly Activity (July): Tech. Center Internet users: 5,587; adult & youth materials circulated: 52,237; meeting room use: 41.

Library Director's report: Summer reading program enrollment: 2,060 (596 achieved their goals) • Two new databases, Reference USA and Legal Forms, were purchased • \$15,000 worth of high-definition video conferencing equipment is to be available this fall for each Kansas library.

Library Board, Sept. 19

Salina Community Foundation has granted \$1000 for CLASS scholarships.

In a discussion of intellectual freedom and banned books, staff discussed balancing the availability of internet pornography and the control of information. With internet learning becoming dominant, no recent requests to ban books have come in.

Monthly Activity (Aug.): Tech. Center Internet users: 6,393; adult & youth materials circulated: 45,472; meeting room usage: 50; computer class enrollment: 94.

Library Director: • The CLASS fall registration: 672 persons • The web site will be revised with full-color book jackets, book reviews, excerpts, and author information in the catalog • Two Youth Services area computers are reserved for online tutoring • 579 patrons have enrolled to receive pre-due and overdue notices by email • Pre-

school story time has begun—staff members visit two childcare centers and Heartland • For security, panic buttons will be installed on all public service desks—when a button is pressed, buzzers will sound at all of the other desks.

Library Board, Oct. 17



Friends of the Library may buy art for the Tech. Center, have obtained a wheelchair at no cost for library use, and will sponsor a bookmark contest in November.

About 300 library surveys out of 1000 mailed were completed, some online. Preliminary results: • 43% use the Library 1 to 2 times per month • 58% might use an online library with increased remote access to databases • 58% would attend adult learning classes • 4% would use computer gaming collections and tournaments • 34% would like extended hours with limited services • 77% were over 44 • 66% have lived here 21 years or longer • 73% have no children under 18 at home • 83% have been to college or graduated.

Monthly Activity (Sept.): Interlibrary loans: 472; Tech. Center Internet users: 5683; adult borrowers: 5336; meeting room usage: 58.

Library Director's report: • 37 staff members attended a seminar on the "Seven Habits of Highly Effective People" • Roof replacement will begin in a few weeks • Information concerning the new high-definition video-conference equipment from the state has not arrived • The scary stories concert at Jerry Ivey Park is being planned; 250 - 400 usually attend.

USD 305 School Board, Aug. 3

The meeting was entirely devoted to the budget. A few numbers are included here. Observer Mike Wilson has prepared a summary of the 161 page budget accessible online at www.tri.net/~mikew/USD_305_budget.htm. He notes that much of per-student spending is due to the federal No Child Left Behind mandate, which the federal government does not

fund completely. Additionally, K - 12 schools provide many social services that in the past were parents' responsibility.

A FEW BUDGET FIGURES:

Total students (estim. FTE)	7075
Students eligible for free lunches	2530
Weighted FTE	9630
State aid per weighted FTE	\$4,316
Gen. Fund budget (FTE x state aid)	\$41,562,217
Federal Funds	\$ 7,432,100
Net USD305 expenditures	\$97,261,294
Per-student expenditure	\$13,747
Total USD305 taxes levied	\$21,727,506
Mill levy	55.561 mills
Owed on 1999 bond	\$75,335,000

—Mike Wilson, Observer

October's Lunch & Learn focused on domestic violence. Janice Norlin began

OCTOBER: Domestic Violence Awareness Month

the session describing the governor's Domestic Violence Fatalities Review Board (DVFRB), established in 2004. The Board is charged with reviewing all adult domestic violence-related fatalities, describing trends, recommending improvements to prevent future fatalities, and determining if Kansas provides adequate resources for responding to those crimes. From 1999 to 2004, 121 Kansans died from domestic violence – 82 women and 39 men.

Heather Whitton, director of the Domestic Violence Association of Central Kansas (DVACK), described local work to prevent and deal with domestic violence. DVACK's mission is to reduce the incidence of domestic violence and sexual assault offenses and to provide comfort and support to victims through crisis intervention and support services in this region. Last year DVACK served 398 new and 142 returning clients and provided 2199 nights of stay to 147 men, women and children in the agency shelter. DVACK brings outreach programs to Salina area high schools in the hope of preventing domestic violence in that high-risk age group.

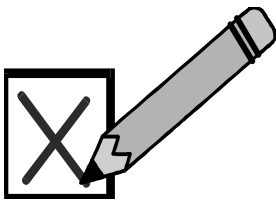
League of Women Voters of Salina

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JOIN US



JOIN IN THE ACTION: Become a member of the League of Women Voters of Salina or renew your League Membership. Today is the right time for you to join the League. Please take a moment now to become a member.

_____ Yes, I want to add my voice to yours by joining the League at the following level:

- _____ Single Membership (circle one)
- | | |
|---------------------------|---------|
| <i>Contributing Level</i> | \$50.00 |
| <i>Sustaining Level</i> | \$40.00 |
- _____ Family Membership (circle one)
- | | |
|---------------------------|---------|
| <i>Contributing Level</i> | \$75.00 |
| <i>Sustaining Level</i> | \$60.00 |
- _____ Student/supported or other \$20.00

_____ I am unable to join the League at this time, but enclosed is my contribution of \$_____.

For more information, please contact:

Mary Anne Powell, Membership Chairperson

1022 Funston, Salina, Kansas 67401

Telephone: 823-8041 Email: wbpowell@ksu.edu

*Make checks payable to: **The League of Women Voters of Salina**, and mail to **PO Box 502, Salina, KS 67402-0502**.*