ACCESS TO MENTAL HEALTH CARE IN RURAL AMERICA:

A CRISIS IN THE MAKING FOR SENIORS AND PEOPLE WITH DISABILITIES

A Capitol Hill Briefing Sponsored by the:

AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION (AMHCA)

July 25, 2017
Leading Our Communities Towards Health, Hope, & Recovery

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Dougherty County (Rural SW Georgia)
Albany, Georgia
Department of Behavioral Health and Developmental Disability System of Care
Service Area

- Behavioral Health, Addictive Disease, and Developmental Disability Services
- Community Support Team (CST)
- Assertive Community Treatment Team (ACT)
- Treatment Court Services
- LIGHT – Early Treatment Program
- Child & Adolescent Clubhouses
- Developmental Disability Service Centers

8,182 Square Mile Service Area

Poverty Rate: 24.6% SW GA | 16.5% GA | 14.7% Entire US | 17.2% Rural US
Substance Abuse Among the Elderly

- Substance abuse /mental health on the rise among those over 65 years old. *Increase in suicide among those over 65 years old*

- Despite increasing need for services, there are barriers to accessing to substance abuse services in many rural communities for seniors.

- Workforce shortage is evidenced by uneven geographic distribution, & recruitment challenges across the treatment field.

- Challenge of an aging Behavioral Health workforce.

- The opioid epidemic has made the behavioral health professional workforce shortage a major challenge.
Abuse of Prescription Drugs

• Increase in pain medication prescriptions to seniors for pain medications to address chronic pain from arthritis, cancer, neurological diseases and other illnesses that become more common in later life.

• Abuse of prescription drugs, particularly prescription opioids, is on the rise among older adults and is projected to become worse over the next several years.

• Regarding opioid use, 11% of patients aged 65 and older had a current ICD-9 diagnosis of opioid dependence at the time of treatment admission.
RECENT HEADLINE –
REPORT: “DANGEROUS LEVELS OF OPIOID USE COMMON AMONG MEICARE RECIPIENTS” Washington Post

• Nearly 70,000 people in Medicare’s drug plan received “extreme” amounts of narcotic painkillers in 2016.

• In all, about 500,000 people on the Rx plans took amounts of the powerful drugs considered too large under standards set by CDC.

• The report highlights potential abuse by older and disabled people who qualify for Medicare’s Part D.

• The study found that in Alabama, 46 percent of Part D beneficiaries had received at least one opioid and in Mississippi, the figure was 45 percent.
Substance Dependence Among Older Adults

• Studies estimate that by 2020, as many as 5.7 million adults aged 50 and older will have a substance abuse disorder.

• Of great concern is the increased demands on the substance abuse/mental health treatment system over the next couple of decades.

• Further complicating the treatment picture for older adults is the fact that they may be less likely than younger adults to recognize the need for treatment.
Addressing the Opioid Problem

• A recent study found that 15% of seniors were prescribed an opioid when they were discharged from the hospital; three months later, 42% were still taking the pain medicine.

• In the past 20 years, the rate of hospitalization among seniors that is related to opioid overuse has quintupled.

• Our Senior population are less likely to end up in rehabilitation due to a combination of factors:
  Seniors don’t seek help, particularly from an in-patient facility; rehabs are not equipped to deal with the complex medical problems common among older adults; and patients’ addictions have been misdiagnosed as dementia.
INCREASE NEED for PREVENTION AND TREATMENT

• The percentage of older adults with a co-occurring ICD-9 mental health disorder (in addition to substance dependence) was 48% for 50- to 64-year-olds and 61% for those aged 65 and over.

• Taken as a whole, these data suggest older patients arrive at treatment with high degree of clinical severity, particularly regarding frequency of pre-treatment substance use.

• This severity, combined with the fact that the need for intervention among older adults will increase in the future, underscores the importance of efforts aimed at both the prevention and treatment of substance abuse among these individuals.

• This is particularly true for adults over 65 years old, who are likely to face a number of physical, MH, & social issues that put them at elevated risk for developing substance-related problems.
Despite increasing need for services, there is a lack of accessibility to substance abuse services in many rural communities for seniors.

- Stigma
- Confidentiality
- Limited awareness of mental health/substance abuse symptoms and treatment
- Isolation/Transportation
- Limited access to behavioral health providers
- Fragmented system with provider silos
- Uninsured; Inability to pay
Behavioral Health Professional Workforce Shortage

• Uneven geographic distribution

• Recruitment challenges across the treatment field

• Fragmented system of provider silos that compete for limited workforce
Psychiatric Nurse Practitioners in U.S. Counties per 100,000 Population.

Data Source: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI), October 2015
Map Date: June 2018
U.S. Counties Without Behavioral Health Providers by Urban Influence Category.

Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013.

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<table>
<thead>
<tr>
<th>Category</th>
<th>Counties without Psychiatrists</th>
<th>Counties without Psychologists</th>
<th>Counties without Social Workers</th>
<th>Counties without Psychiatric Nurse Practitioners</th>
<th>Counties without Counselors</th>
<th>Total Counties without Behavioral Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. (3135 counties)</td>
<td>1,606 (51%)</td>
<td>1,153 (37%)</td>
<td>641 (20%)</td>
<td>2,092 (67%)</td>
<td>430 (14%)</td>
<td>284 (9%)</td>
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<tr>
<td>Metropolitan (1164 counties)</td>
<td>315 (27%)</td>
<td>218 (19%)</td>
<td>102 (9%)</td>
<td>491 (42%)</td>
<td>67 (6%)</td>
<td>32 (3%)</td>
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<tr>
<td>Non-Metro (1971 counties)</td>
<td>1,291 (65%)</td>
<td>935 (47%)</td>
<td>539 (27%)</td>
<td>1,601 (81%)</td>
<td>363 (18%)</td>
<td>252 (13%)</td>
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<tr>
<td>Micropolitan (640 counties)</td>
<td>222 (35%)</td>
<td>124 (19%)</td>
<td>68 (11%)</td>
<td>387 (60%)</td>
<td>38 (6%)</td>
<td>31 (5%)</td>
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<tr>
<td>Non-core (1331 counties)</td>
<td>1,069 (80%)</td>
<td>811 (61%)</td>
<td>471 (25%)</td>
<td>1,214 (91%)</td>
<td>325 (24%)</td>
<td>221 (17%)</td>
</tr>
</tbody>
</table>

Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013.
### Behavioral Health Providers per 100,000 Population in U.S. Counties by Urban Influence Category.

#### Bar Graph

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Metropolitan</th>
<th>Micropolitan</th>
<th>Non-Core</th>
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<tbody>
<tr>
<td>Counselors</td>
<td>118.1</td>
<td>100.2</td>
<td>67.1</td>
</tr>
<tr>
<td>Social Workers</td>
<td>66.4</td>
<td>45.0</td>
<td>29.9</td>
</tr>
<tr>
<td>Psychologists</td>
<td>33.2</td>
<td>16.8</td>
<td>9.1</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>17.5</td>
<td>7.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>2.2</td>
<td>2.1</td>
<td>0.9</td>
</tr>
</tbody>
</table>

#### Table

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Psychiatrists Provider/100,000 Pop (Count)</th>
<th>Psychologists Provider/100,000 Pop (Count)</th>
<th>Social Workers Provider/100,000 Pop (Count)</th>
<th>Psychiatric Nurse Practitioners Provider/100,000 Pop (Count)</th>
<th>Counselors Provider/100,000 Pop (Count)</th>
</tr>
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<tbody>
<tr>
<td>U.S.</td>
<td>15.6 (50,232)</td>
<td>30.0 (96,307)</td>
<td>61.5 (197,813)</td>
<td>2.1 (6,772)</td>
<td>112.1 (360,217)</td>
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<tr>
<td>Metropolitan</td>
<td>17.5 (47,530)</td>
<td>39.2 (89,985)</td>
<td>66.4 (179,831)</td>
<td>2.2 (6,014)</td>
<td>118.1 (320,116)</td>
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<tr>
<td>Non-Metro</td>
<td>5.8 (2,702)</td>
<td>13.7 (6,322)</td>
<td>38.9 (17,982)</td>
<td>1.6 (758)</td>
<td>86.7 (40,101)</td>
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<tr>
<td>Micropolitan</td>
<td>7.5 (2,064)</td>
<td>16.8 (4,604)</td>
<td>45.0 (12,336)</td>
<td>2.1 (580)</td>
<td>100.2 (27,457)</td>
</tr>
<tr>
<td>Non-core</td>
<td>3.4 (638)</td>
<td>9.1 (1,718)</td>
<td>29.9 (5,645)</td>
<td>0.9 (178)</td>
<td>67.1 (12,644)</td>
</tr>
</tbody>
</table>

Challenge of an Aging Behavioral Health Workforce

• 46% of psychiatrists are older than 65 years old (national)
• In Georgia:
  • 2015 survey, 58.7% of the physician workforce is age 50 and above and of that percentage, 20.1% reported they will retire in the next 5 years.
  • 21.2% of the physician workforce retiring in the age group of 50 and above are practicing in rural counties.
An integrated health and substance use disorder treatment system requires a diverse workforce...

• That includes, mental health counselors, physicians, nurses, mental health treatment providers, care managers, and recovery specialists.

• However, Medicare, restricts “billable” health care professionals to physicians (including psychiatrists), nurse practitioners and clinical nurse specialists, physician’s assistants, clinical psychologists, clinical social workers, and certain other specified practitioners.

• Medicare does not include as billable mental health counselors who are trained to provide services for substance use disorders.

• A 2015 American Journal of Alcohol and Drug Abuse article reports that rural substance abuse treatment centers, compared to urban centers, had a lower proportion of mental health clinicians.
Mental Health Counselors are Ready to Address Substance Abuse

• Mental health counselors are well qualified to provide covered Medicare SU benefits for the elderly with substance use conditions and help address the opioid epidemic – including rural areas.

• With the aging of the population and the expected increase in demand of SU services by people over the age of 65, the mental health counseling profession is armed and ready to address the access needs of older adults with mental health/substance use disorders in underserved areas – including many rural areas.
Thank You and Questions

www.amhca.org