



ACCESS TO MENTAL HEALTH CARE IN RURAL AMERICA:

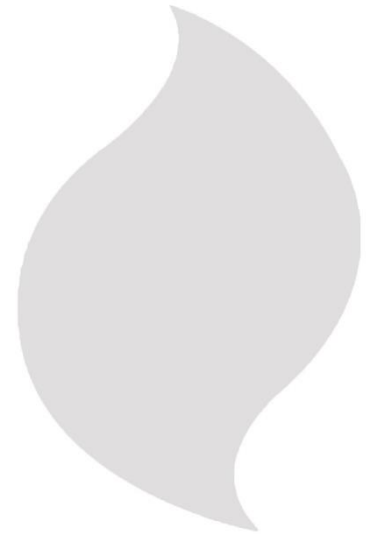
A CRISIS IN THE MAKING FOR SENIORS AND PEOPLE WITH DISABILITIES

A Capitol Hill Briefing Sponsored by the:
AMERICAN MENTAL HEALTH COUNSELORS
ASSOCIATION (AMHCA)

July 25, 2017

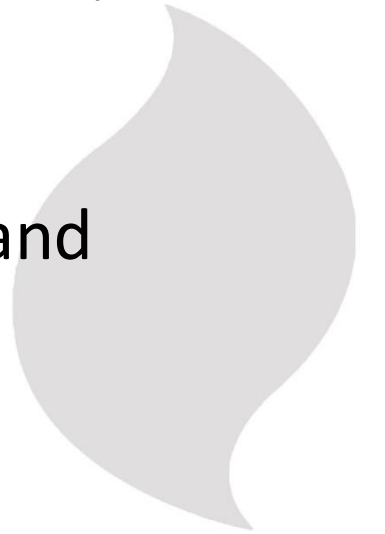
The only organization working exclusively for the clinical mental health counseling profession.

Joshua E. Maldonado
AMHCA Board Member Representing the
North Atlantic Region,
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RURAL AMERICA FACES A NUMBER OF HEALTH-RELATED CHALLENGES

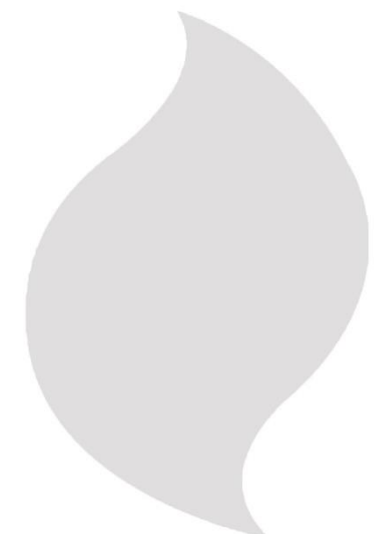
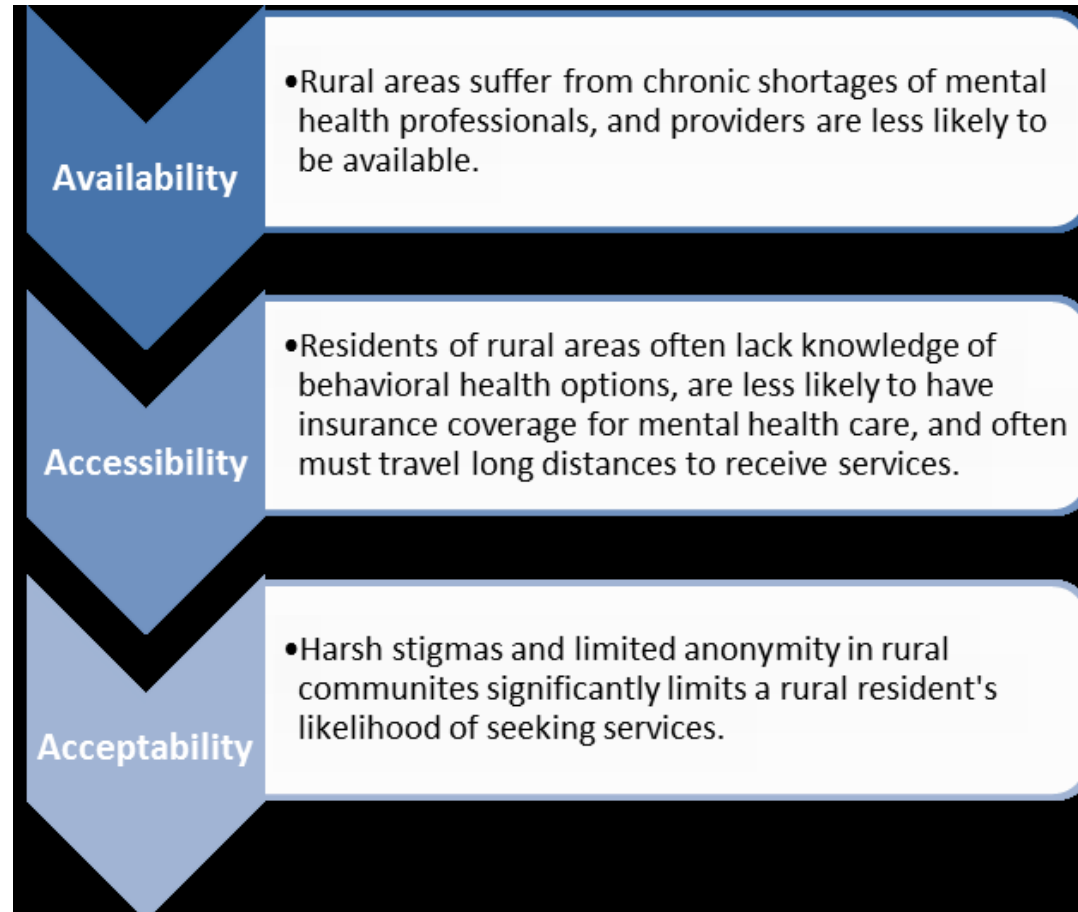
- Over 59 million people – roughly 19 percent of the United States population – live in rural areas (Census 2010).
- Adults living in non-metropolitan areas report poorer health status, higher rates of current tobacco use and major chronic conditions, poorer indicators of mental health.
- In addition, there has recently been an increase in morbidity and mortality due to increased opioid and alcohol use that has disproportionately impacted Americans in rural areas.



Isolation and Depression in Rural Elders

- About 7.5 million Americans age 65 and over have a mental illness (such as depression, dementia, anxiety disorder, bipolar disorder, or schizophrenia). As the baby boomer generation ages, this number is expected to double to 15 million by 2030.
- In the absence of expanded community-based elder care options, many rural elders will choose to remain in their homes rather than seek care in facility-based (e.g. nursing home) services.
- Untreated mental illnesses among older adults are associated with poor health outcomes, higher health care utilization, increased morbidity/mortality, and increased caregiver stress.
- As a result, patterns such as the increased social isolation and depression of rural elders, due in part to the greater distances in rural housing patterns, will continue.
- This pattern is particularly harmful given the fewer behavioral and mental health resources that are available to assist rural elders dealing with depression and other mental illnesses.

BARRIERS TO MENTAL HEALTH CARE IN RURAL AREAS

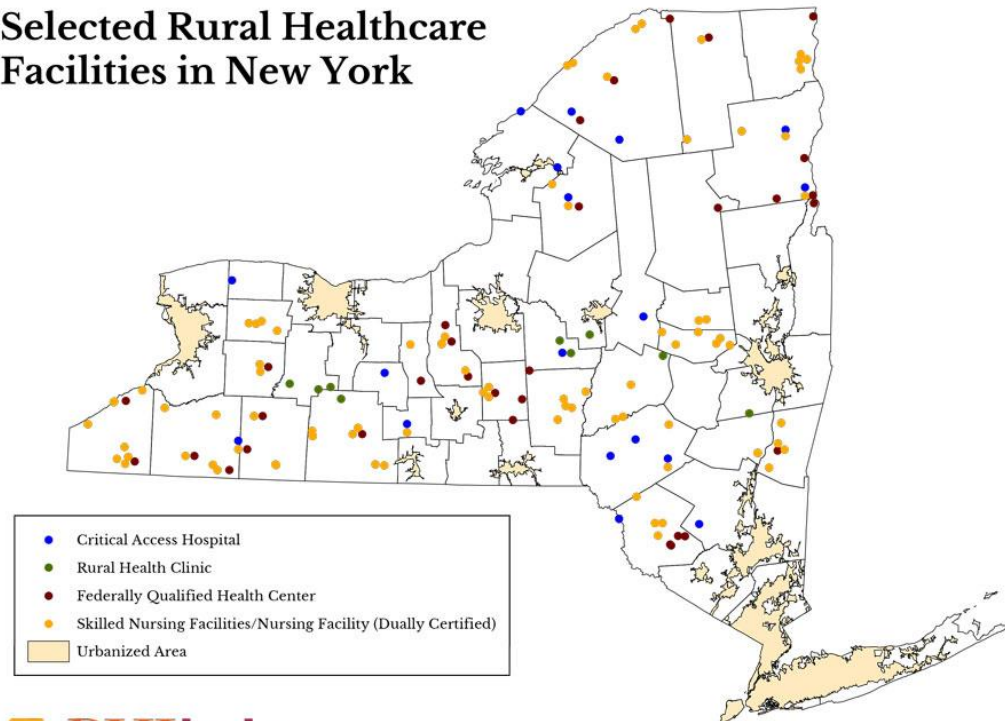


ACCESS TO MENTAL HEALTH PROVIDERS AND SERVICES IS A CHALLENGE IN RURAL AREAS

- As a result, primary care doctors often provide mental health services while facing barriers such as lack of time with patients and adequate financial reimbursement.
- As of May 2017, 52.76% of Mental Health Professional Shortage Areas were located in nonmetropolitan areas.
- Due to the lack of mental health providers in rural communities, telehealth is increasingly being used to provide services. Mental health services delivered via telehealth has been shown to be effective.
- By using telehealth delivery systems, mental health services can be provided in a variety of local community settings including rural clinics.
- MHC's are ready and trained to provide tele-mental health services and AMHCA has partnered with training groups to augment this initiative.

ACCESS TO MENTAL HEALTH PROVIDERS AND SERVICES IS A CHALLENGE IN RURAL AREAS (cont.)

Selected Rural Healthcare Facilities in New York



Source(s): HRSA Data Warehouse, U.S. Department of Health and Human Services, December 2016

- New York State is not just New York City.
- 3.1 million people in NYS live in designated federal and/or state mental health shortage areas.
- Shortage areas are most acute in Central NY region (near Syracuse), with 77% of its population living in areas with mental health professional shortages.
- Followed by Western NY (areas surrounding Rochester/Buffalo), with 39% of its population living in areas of mental health professional shortages.

Data: New York State Office Mental Health | 2016-2020 OMH Statewide Comprehensive Plan

CONGRESS SHOULD PASS LEGISLATION RECOGNIZING MENTAL HEALTH COUNSELORS AS COVERED MEDICARE PROVIDERS

- Both chambers of Congress have supported Medicare recognition of Mental Health Counselors.
- The U.S. Senate passed legislation in 2003 (S. 1) and 2005 (S. 1932), and the House passed legislation in 2007 (HR. 3162) and 2009 (H.R. 3962). Eight bills from the 111th Congress included language to accomplish this goal.
- **Medicare beneficiaries need more mental health services, particularly in rural and underserved areas.**
- **Mental health counselors are trained to serve these populations and are geographically accessible. The time has come to give all Medicare beneficiaries access to a qualified professional by recognizing counselors in the Medicare program.**

Need for MHC Medicare Recognition

- **Lack of Access** – Approximately 77 million people live in 3,000 mental health professional shortage areas. **Fully 50 % of rural counties in America have no practicing psychiatrists, psychologists, or social workers.**
- Research shows that MHCs and MFTs are located in many **rural and underserved areas** that do not have any of the current Medicare providers.
- **Medicare Inefficiency** – Inpatient psychiatric hospital utilization by elderly Medicare recipients is extraordinarily high when compared to psychiatric hospitalization rates for patients covered by Medicaid, VA, TRICARE, and private health insurers.
- One third of these expensive inpatient placements are caused by clinical depression and addiction disorders which can be treated for much lower costs when detected early through the outpatient mental health services of MHCs and MFTs.

Value Proposition

- **Medicare beneficiaries should have access to mental health counselors to improve access to timely, quality care for seniors and will save money for the Federal budget.**
- The House and Senate have twice passed legislation recognizing mental health counselors as Medicare providers since 2003, but never consecutively.
- Mental health counselors are licensed in all 50 states to provide independent mental health services the under-65 population and should not be unavailable to the elderly once they turn 65 years old.
- **Mental health counselors are prevalent in rural areas and can expand access to many Medicare beneficiaries who don't currently have a mental health professional available to them.**

Thank You and Questions

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