

Why is TRICARE Dropping Mental Health Counselors?

Twenty Two Veterans Commit Suicide Each Day

Licensed Clinical Professional Counselors of Maryland, New Jersey Counseling Coalition, and the Massachusetts Mental Health Counselors Association

War takes a heavy toll on a soldier's mental health. Seeing bloodshed and atrocity is not easy to erase from the human psyche. Former soldiers can suffer for many years, or up to a lifetime, from intrusive memories and other psychological symptoms as a result of their war time experience.

A February, 2013 study by the Department of Veterans Affairs found that the suicide rate among veterans of the Vietnam, Iraq, and Afghanistan wars is unimaginably high. Twenty-two veterans take their own lives each day—translating to one every 65 minutes. CNN reported in November, 2013 that this number may underestimate the true count, as it was a projection based only on 21 states.

While this grim statistic would argue for an expansion of access to mental health counselors for veterans, TRICARE did not follow this logic. Citing a 2010 Institute of Medicine report for support, TRICARE decided that it would permit access to only mental health counselors who graduated from a university accredited by CACREP (Council for the Accreditation of Counseling and Related Educational Programs).

TRICARE did not take into account that they would be excluding graduates of some of the strongest professional programs in mental health counseling, such as Johns Hopkins University, Columbia University, Seton Hall University, University of Maryland, George Mason University, among others, from working with service members and veterans, since they are not CACREP accredited. This measure would also reduce the number of mental health counselors on the TRICARE provider panel by 50-70 percent depending upon the state. It should be noted that those who are excluded are state licensed professionals who have been providing services on the panels of both public and private insurers, such as Medicaid, Blue Cross & Blue Shield, Aetna, among others, for many years.

The CACREP standard was uncommon many years ago when the most experienced mental health counselors went to graduate school. As a consequence, a large segment of mental health counselors over the age of 45 were unwittingly judged ineligible to be TRICARE providers, irrespective of the extensive counseling and life experience they could offer.

TRICARE offered a complex grandfathering provision for mental health counselors who did not attend CACREP accredited schools, which most will find burdensome, or cannot qualify for, due to TRICARE's mismatch of the grandfathering provisions with state licensure laws. Ironically, TRICARE excluded even mental health counselors in states whose licensure laws exceed CACREP's standards.

TRICARE's endorsement of CACREP Programs implies a superiority that is unsupported by the evidence. The Institute of Medicine Report that they cite could not find a difference between mental health providers (such as social workers, psychologists, and mental health counselors) in treatment outcomes,

even between those prepared at the doctoral and master's level. Nor did the report recommend that TRICARE drop mental health counselors who did not graduate from CACREP programs. Instead, it recommended that they be kept with additional supervision to insure continuity of care for the TRICARE beneficiaries now seeing them. TRICARE went beyond the report's recommendation; and it is dropping them in January, 2015.

Mental health counselors have been respected mental health professionals for decades. There was no implication in the Institute of Medicine Report that they incur more malpractice or negligence claims by clients than other mental health professionals. So why were the majority of mental health counselors, who did not graduate from CACREP schools, excluded?

The reason could simply be politics. CACREP representatives contributed testimony to the Institute of Medicine Report. Schools that were unaffiliated with CACREP, especially those in Counseling Psychology, were not given this opportunity. And, sadly, the politics of universities and their competition for students may have been lurking in the background.

The competition for graduate students among counselor training programs has been fierce in the last decade. Traditional universities find themselves competing with online universities and franchise, or satellite campus programs, which easily open up in convenient urban office complexes. Touting national accreditation by CACREP, whether truly superior or not, is an effective way to attract students.

CACREP has been seeking to offer market advantage to its approved programs. In an age where a faculty position can be based on student enrollment, one can see why universities and their faculty would highlight every marketing advantage they believe they have. If national accrediting agencies, such as CACREP, can make their accreditation mandatory for insurance reimbursement, it is a boon to their brand and their university affiliates, who can link federal insurance reimbursement eligibility to earning their degree.

At the same time, TRICARE is trying to manage the healthcare costs of its aging veteran population. While not cited as a reason for dropping mental health counselors who did not attend CACREP schools, one wonders whether cost was one strand of the decision. Reducing the pool of providers is a common way to manage costs for insurers, as fewer services can be billed for among a smaller panel of providers.

Robert Gates, former Secretary of Defense, quipped in May, 2010 that rising military healthcare costs are "eating the defense department alive." The public policy think tank, Third Way, described the seriousness of Gate's statement in February, 2013, arguing that TRICARE's rising costs were unsustainable and would crowd out dollars that should support operational readiness. Although TRICARE insists that its decision to drop mental health counselors was motivated solely by quality control, it is hard pressed to deny that urgent cost control offered the framework within which the decision was made.

While the IOM Report was a political victory for CACREP and its affiliated universities, it was a loss for our nation's active duty military and veterans. With the Affordable Care Act creating many newly insured persons who will seek mental health services to compound the already long waiting lists,

reducing access by service members and veterans to mental health counselors was an imprudent decision. Adding mental health counselors to TRICARE provider panels would have saved lives. But other considerations may have won out.

Our active duty military and veterans deserve the freedom to easily choose and access a mental health counselor in humble appreciation of the freedom they fought so hard to give us. If you would be interested in helping them gain wider access to mental health counselors, please contact the Licensed Clinical Professional Counselors of Maryland, at LeaveNoCounselorBehind-Subscribe@ConcernedCounselors.org.

This article was co-written by the Officers of The Licensed Clinical Professional Counselors of Maryland, the New Jersey Counseling Coalition, and the Massachusetts Mental Health Counselors Association.

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