

PROGRESS IS MADE ON MENTAL HEALTH IN NH – BUT THERE’S STILL MUCH TO DO

By Jay Couture

It’s hard to believe that only a few weeks ago New Hampshire residents were making their way to the voting booth for the First in the Nation Presidential Primary. In the two years leading up to the vote, it was notable that every major candidate spoke of the need to improve access to mental health and substance use disorder (SUD) services. Candidates who may have differed on national security, environmental and health care coverage issues all seemed to agree that we need to do more to make adequate mental health and SUD services available and accessible to those in need.

Acknowledging the need to expand and improve mental health and SUD services is not new. In New Hampshire, there have been tremendous bipartisan efforts over the past several years to make positive improvements to our mental health system.

As part of the Community Mental Health Agreement and the 2018 Ten Year Mental Health Plan, services such as Mobile Crisis and Assertive Community Treatment have been expanded. A focus on services for children has brought stakeholders together to better braid together services previously offered through separate silos of care. Regional Integrated Delivery Networks have led to the development of relationships that bring providers together to offer integrated care for those living with mental illness and SUD. Voluntary and involuntary inpatient psychiatric beds have been added.

NH’s ten Community Mental Health Centers (CMHCs) have been improving access to care by introducing open access intake systems; expanding use of evidence based practices; and adding crisis staff, including prescribers, to hospital emergency departments, with the goal of reducing the number of individuals waiting for an inpatient bed.

While these efforts are laudable, there is still much to do. We continue to struggle with a health care workforce challenge that makes it difficult to attract and retain adequate staffing to meet the demand for service. Despite added inpatient beds, the number of individuals on the New Hampshire Hospital wait list hovers around 40 each day. That number does not include additional individuals waiting for a voluntary inpatient psychiatric bed. Further, there are not adequate funding sources to cover the cost of services to those with limited ability to pay. NH state insurance regulations, that would seemingly require coverage of care, do not apply to self-funded plans that are protected by ERISA which allows for plans to more easily escape the obligation to cover the services their members require.

Individuals who are covered by the NH Medicaid “In and Out” or Spenddown program must incur health care costs equal to every dollar of income over \$591 each month before they are eligible to be covered by Medicaid for that month. Imagine living with such a restriction! That income limit has not been adjusted for over thirty years - since the 1980’s. In FY2019 the ten CMHCs wrote off more than \$7.4 million in spenddowns. Updating the income limit for the Medicaid Spenddown program – the subject of HB 1639, now being considered by the House Health, Human Services and Elderly Affairs Committee - would make a very meaningful difference in the ability of providers to meet the needs of this vulnerable population.

While we were lucky to have the spotlight of the NH Presidential Primary on mental health and SUD services and the need to make services available to all who need them, it's time to acknowledge that our state's inability to ensure adequate and sustained funding is what continues to block the path to success. As a state, we must focus our efforts and work collaboratively to achieve what we say is our shared goal: access to care and erasing stigma. We must meet the needs of our families, friends and neighbors who are living with mental health and SUD issues. These issues should not come into focus only at election time, when the eyes of the national press and campaigns are on us. New Hampshire can do better than that. We must do better than that if we truly want meaningful change that will improve our mental health system of care.

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