



# New Hampshire Medicaid Care Management

MEMBER SEMI-STRUCTURED INTERVIEWS,  
SUMMARY REPORT  
FALL 2021

*PREPARED FOR: State of New Hampshire, Department of Health & Human Services  
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Horn Research confirms that no one conducting this study had a conflict of interest with AmeriHealth Caritas New Hampshire, New Hampshire Healthy Families, or Well Sense Health Plan.

## EXECUTIVE SUMMARY

The New Hampshire Department of Health and Human Services (DHHS) conducted an independent qualitative study of Medicaid Care Management (MCM) Program adult beneficiaries who had an inpatient stay with a primary mental health diagnosis and were discharged from New Hampshire Hospital (NHH) or other facility between March 1, 2021, and July 9, 2021. Some members may have had more than one discharge in the time period. Between September 8, 2021, and October 4, 2021, Horn Research<sup>1</sup> interviewed 30 members, including four family members responding on behalf of a beneficiary. The study used four points of inquiry: Description of Participants, Access to Information and Services, Mental Health Self-Management Education and Support Programs, and Physical Health.

While participants reported consistent connection with a primary care provider, they were less likely to report having a mental health care provider who they see regularly. Turnover in providers appears to be an important issue to consider for this population with over a third of participants reporting they had changed their PCP and/or their mental health provider in the past year. In addition to provider turnover, participants mentioned transportation, a lack of providers and services, long wait times for appointments, issues with quality of care, and difficulty navigating the mental health system as their main challenges in getting the care and support they need for their mental health.

When asked what their goals were with respect to their mental health, participants mentioned emotional self-regulation, stability in their mental health leading to stability in housing and employment, a happy life, ensuring they have adequate mental health support, medication and care self-management, and successfully working through trauma treatment.

Participants said communication challenges, not knowing how to navigate the system, a lack of care options, and stigma were the primary barriers to getting their questions about mental health and mental health services answered. The bulk of participants had used telehealth for mental health services in the past, and most agreed that it improved their access to care. Participants were split with respect to whether telehealth care was as effective as in person care.

A small, but significant, number of participants said they did not currently have access to a medication provider. Participants mentioned their inability to speak directly to their psychiatrist, a lack of information about pre-authorization, their PCP's minimal knowledge of psychiatric medications, and transition periods between providers as key challenges in getting their medication questions answered. Nearly half of all participants said there had been some challenge in accessing their medications. Delays due to prior authorization was the most frequently noted challenge. Other challenges included the gap between leaving hospitalization and getting psychiatric care, transportation, coverage of their medication by their MCO's formulary, and forgetting to get a prescription filled. Nearly half of participants said they experienced some kind of challenge when taking their medications. The difficulties articulated by participants included not remembering to take their medications, needing to keep medications safe to prevent overdose, and side effects. About a third of participants said their provider had not described the potential side effects of their medication.

Nearly two-thirds of participants said they had difficulty accessing services after emergency room visits or hospitalization. Participants reported thinking they had been released too soon, a lack of communication with ongoing providers about hospitalization, and unhelpful discharge planning.

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<sup>1</sup> Horn Research is a contractor of Health Services Advisory Group, which is NH's External Quality Review Organization.

The most frequently mentioned barriers to staying physically healthy included injury and pain limiting exercise, a lack of funds to pay for a gym membership, poor quality medical care, and poor mental health.

Recommendations from the report include:

*Proactive and ongoing case management for people at high risk for hospitalization*

While the data is not statistically significant, participants who reported having access to a case manager also reported greater connection with mental health providers, and somewhat better after-hospitalization care. Offering proactive case management can help ensure people with mental health diagnoses can successfully navigate what can be a confusing and overwhelming mental health care system. This navigation support should help patients find providers, housing, employment, transportation, and other services which could help stabilize vulnerable individuals.

*Improve coordination between hospital providers and ongoing providers*

Participants frequently remarked on the disconnect between the diagnosis and care they received during hospitalization and the diagnosis and care they received from their ongoing mental health providers. Better, and more frequent, communication between providers may improve patient experience and outcomes.

*Improve discharge planning for post-emergency room visits and post-hospitalization*

Over half of participants said the discharge planning offered after both emergency room visits and hospitalization was ineffective and frequently resulted in re-hospitalization. Creating a more robust and proactive discharge planning system that is consistently connected with patients' regular providers and their MCO could improve patient outcomes and reduce re-hospitalizations. For patients who do not have regular providers, discharge support which definitively identifies and schedules follow-up care also could improve after-hospitalization outcomes.

*Increase access to psychiatrists and other mental health providers*

In the qualitative interviews, one of the most frequently mentioned barriers to mental health care was a lack of mental health providers accepting Medicaid, which led to long wait lists and inconsistent care. Improving incentives for providers to accept Medicaid beneficiaries could help to ameliorate these challenges.

*Continue to encourage providers to offer telehealth options*

The bulk of participants said telehealth options made it easier for them to access mental health providers. With New Hampshire permanently extending telehealth coverage, continued efforts to encourage providers to provide telehealth could provide people with mental health diagnoses greater access to providers.

*Encourage medication management strategies*

Participants frequently said they had difficulty managing their medication. Encouraging providers, pharmacies, and patients to use medication support systems could improve medication compliance, improve patient outcomes and reduce the risk of re-hospitalization. Some strategies may include in-person support for taking medication, pre-packaged medication or pill packs, auto-refill of prescriptions, and delivery.

## INTRODUCTION

In support of an external quality review of New Hampshire's Medicaid Care Management (MCM) Program, Horn Research gathered qualitative data from adults who had an inpatient stay with a primary mental health diagnosis and were discharged from New Hampshire Hospital (NHH) or other facility between March 1, 2021, and July 9, 2021. These members were at least 18 years of age at the time of their admission and were continuously enrolled in MCM, at a minimum, from the time of their admission to July 31, 2021. Some members may have had more than one discharge in the time period.

Members with a primary diagnosis of a substance use disorder were not included in the sample. The sample population included members from across New Hampshire. The qualitative interviews were conducted over the telephone between September 8, 2021, and October 4, 2021.

Four Key Points of Inquiry were developed based on material provided by DHHS to frame the information to be gathered from participants. The Key Points of Inquiry were as follows:

### **1. Description of Participants**

- Demographic details
- Resources and support

### **2. Access to Information and Services**

- Participants' access to primary care providers
- Participants' access to mental health care providers
- Participants' experience accessing information about mental health services
- Participants' access to medication
- Participants' access to services after emergency room visit

### **3. Mental Health Self-Management Education and Support Programs**

- Participants' experience with mental health self-management education
- Participants' experience receiving support and care for mental health issues
- Participants' mental health goals and priorities

### **4. Physical Health**

- Challenges participants experience in caring for their physical health
- Challenges participants experience in addressing physical health concerns

## METHODOLOGY

Horn Research engaged a standard qualitative data gathering process as detailed below.

### *Sample Size and Composition*

DHHS provided a population list of all adults aged 18 years and older who were Medicaid Care Management Program beneficiaries at the time of admission through sampling, had a primary mental health diagnosis, and had been discharged from New Hampshire Hospital (NHH) and other facilities (N=465) between March 1, 2021 and July 9, 2021. An initial random sample of 235 members was selected from the full population. Due to a low initial response rate, the remaining 230 members were added to the sample.

### *Participant Recruitment*

The initial sample of members were sent a letter (Appendix 1) on September 7, 2021, explaining the project and asking for participation. The second list of members were sent the same letter on September 20, 2021. Participants were offered a \$40 gift card to participate. The interviews were completed between September 8, 2021 and October 4, 2021.

The general rule applied to determining sample size for qualitative interviews is the point at which you reach “saturation.” Saturation refers to when no new themes emerge from interviews. A total of 30 interviews were completed. The completed number of interviews for this study adequately met the data saturation expectation.

### *Data Collection Process*

Horn Research conducted the semi-structured interviews by telephone. The telephone interviews were led by an experienced facilitator with participant responses captured in real-time through verbatim note-taking. Interviews were directed by an Interview Guide (Appendix 2) developed to address the Key Points of Inquiry. The interviews lasted approximately 25–30 minutes. All participants received a summary of the purpose of the project at the beginning of the interview, and the facilitator read a statement verifying the confidentiality of the information collected. All participants were mailed a \$40 gift card in appreciation of their participation in the project. The identities of the interviewees were confidential to the interviewer and not revealed to the New Hampshire Medicaid Program.

### *Data Analysis and Validity*

After completing the telephone interviews, Horn Research analyzed the information by identifying, coding, and categorizing primary patterns in the data. The consistent patterns found in the analysis of the data and the representative sample supports the validity of the information gathered; but should not be assumed to be *statistically* representative of the whole population. The information provided in this report should be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research. Quotes from interview participants were lightly edited for content and clarity.

## DESCRIPTION OF PARTICIPANTS

Participants were asked a series of questions about themselves and the resources available to them. Four participants replied on behalf of their family member who was unable to participate. Three of these participants were parents of the Medicaid beneficiary. Two of the beneficiaries were currently in a treatment program: one in a New Hampshire mental health facility and one in an out-of-state, wilderness treatment program. The third beneficiary was reportedly unable to effectively communicate his experiences, and his mother completed the interview. The final proxy participant was the daughter of an older participant who was in a memory care unit of an assisted living facility.

### Demographic Details

All three MCOs were represented by participants in the study at close to the same distribution as the study population as a whole (*Table 1*). Study participants' ages also aligned closely with the study population distribution, with the exception of people aged 40-49 where study participants were somewhat under-represented, and people aged 50-59, who were somewhat over-represented (*Table 2*). Females were over-represented in the study's participants as compared to the study population, and made up two-thirds of all participants (*Table 3*).

*Table 1. Number of Participants and Percent of Population by MCO*

County	Interviewed Participants		Study Population
	Number	Percent	Percent
AmeriHealth Caritas	7	23.3%	21.0%
NHHF	13	43.3%	39.6%
Well Sense	10	33.3%	39.4%

*Table 2. Number of Participants and Percent of Population by Age Group*

Age Group	Interviewed Participants		Study Population
	Number	Percent	Percent
18-29	12	40.0%	35.9%
30-39	9	30.0%	28.4%
40-49	1	3.3%	15.7%
50-59	6	20.0%	14.0%
60-69	1	3.3%	4.9%
70+	1	3.3%	1.1%

*Table 3. Number of Participants and Percent of Population by Gender Identity*

Gender Identity	Interviewed Participants		Study Population
	Number	Percent	Percent
Female	20	66.7%	55.5%
Male	10	33.3%	44.5%



### Age and Time with Mental Health Services

Over half of participants (60.0%) were under age 18 when they first received mental health services (Table 4). Nearly three-quarters of participants had been receiving treatment for more than 10 years (Table 5). Only one participant reported starting mental health services within the past two years.

Table 4. Number and Percent of Participants by Age First Received Mental Health Services

Age when first received mental health services	Number	Percent
Under 18	18	60.0%
20–29	6	20.0%
30–39	3	10.0%
40–49	2	6.7%
50–59	1	3.3%
Do not remember	0	0.0%

Table 5. Number and Percent of Participants by Time since First Receiving Mental Health Services

Length of time since first receiving mental health services	Number	Percent
Less than 2 years	1	3.3%
3–5 years	4	13.3%
6–10 years	3	10.0%
More than 10 years	22	73.3%

### Employment Status

Only six participants (20.0%) said they were employed (Table 6). Two-thirds of participants said they were not employed at all. Two additional participants reported being disabled, and two participants currently were in treatment at a facility or hospital.

Table 6. Number and Percent of Participants by Employment Status

Employment status	Number	Percent
Employed full-time	0	0.0%
Employed part-time	4	13.3%
Self-employed	1	3.3%
Temporary employment	1	3.3%
Not employed	20	66.7%
Disabled	2	6.7%
In hospital/treatment	2	6.7%

## Resources and Support

Participants lived in a variety of housing situations (*Table 7*). Seven participants lived with their parents, and five lived alone. Another five participants lived with their partner or spouse, four lived in a residential community, three lived with other relatives, two were currently in a treatment program, two had a roommate, and two were currently homeless.

*Table 7. Number and Percent of Participants by Housing Status*

Housing status	Number	Percent
Alone	5	16.7%
Homeless	2	6.7%
Hospital/treatment	2	6.7%
Other relatives	3	10.0%
Parent	7	23.3%
Partner/Spouse	5	16.7%
Residential community/assisted living	4	13.3%
Roommate	2	6.7%

Half of participants reported they had access to reliable transportation (*Table 8*). About a third (N=9) of participants said they have their own car to drive. Three of these participants said their vehicle was not reliable due to needed repairs and a lack of money to buy gasoline. Eleven participants reported using a patchwork of transportation options including taking the bus, walking, biking, Medicaid transportation, and hired ride services such as Lyft or Uber. Six of those using a patchwork of options said they felt their transportation was not reliable. Four participants said they rely on someone else to drive them, two of whom said this set-up was not reliable. Four participants said they either walk or use a bicycle. Three of these participants noted that during the winter these options were not safe or easy ways to get places.

*Table 8. Number and Percent of Participants by Transportation Reliability*

Reliability of transportation	Number	Percent
Reliable	15	50.0%
Not reliable	14	46.7%
Not relevant	1	3.3%

*Table 9. Number of Participants by Primary Type of Transportation and Reliability of Transportation*

Primary type of transportation	Reliable	Not Reliable	Total Number	Total Percent
Drives self	6	3	9	30.0%
Another person drives	2	2	4	13.3%
Walk	0	2	2	6.7%
Bike	1	1	2	6.7%
Borrows car	1	0	1	3.3%
Patchwork of sources	5	6	11	36.7%
Not relevant	-	-	1	3.3%

Nearly all participants (N=28) reported having regular access to a telephone (*Table 10*). One person said she was without a telephone for two months, and only recently was able to obtain one. She reported having difficulty speaking with a doctor and getting her medications. One other participant said she had a SafeLink phone, but said it has a limited number of minutes available. This limitation had made it difficult for her to arrange Medicaid transportation.

*Table 10. Number and Percent of Participants by Access to Telephone*

Regular access to a telephone	Number	Percent
Yes	28	93.3%
No	2	6.7%

Twenty-four participants said they had regular access to the internet (*Table 11*). Four participants said they did not have access, and two participants said it was not something they would use even if they had it.

*Table 11. Number and Percent of Participants by Access to Internet*

Regular access to the internet	Number	Percent
Yes	24	80.0%
No	4	13.3%
Not applicable	2	6.7%

## ACCESS TO INFORMATION AND SERVICES

Study participants were asked to describe their access to primary care providers (PCP) and mental health providers. Nearly all participants reported having a PCP, and most had seen that provider in the past year. In comparison, nearly a quarter of participants reported currently not having a mental health provider, most of whom had not seen a mental health provider in the past year. Turnover in providers appears to be an important issue to consider for this population. Over a third of participants said they had changed their PCP and/or their mental health provider in the past year. For the most part, participants said they would access professional advice if they had a question about their mental health or mental health services. A small, but significant, number of participants said they would reach out to less formal resources such as family, friends, and social media. Interview participants reported a range of preferences for how they would like their questions answered, including online, one-on-one, and paper documentation. Participants said communication challenges, not knowing how to navigate the system, a lack of care options, and stigma were the primary barriers to getting their questions answered.

The bulk of participants had used telehealth for mental health services in the past, and most agreed that it improved their access to care. Participants were split with respect to whether or not telehealth care was as effective as in-person care. The bulk of participants said they confer with a health care provider when they have questions about medication. A small, but significant, minority of participants said they currently did not have access to a medication provider. Participants mentioned their inability to speak directly to their psychiatrist, a lack of information about pre-authorization, their PCP's minimal knowledge of psychiatric medications, and transition periods between providers as key challenges in getting their questions answered. Nearly half of all participants said there had been some challenge in accessing their medications. Delays due to prior authorization requirements was the most frequently noted challenge. Other challenges included the length of time between leaving hospitalization and getting psychiatric care, transportation, coverage of their medication by their MCO's formulary, and forgetting to get a prescription filled. Nearly half of participants said they experienced some kind of challenge when taking their medications. The difficulties articulated by participants included not remembering to take their medications, needing to keep medications safe to prevent overdose, and experiencing side effects which made it difficult to take medications. About a third of participants said their provider had not described the potential side effects of their medication. Nearly two-thirds of participants said they had difficulty accessing services after emergency room visits or hospitalization. Participants reported thinking they had been released too soon, a lack of communication with ongoing providers about hospitalization, and unhelpful discharge planning.

### Access to a Primary Care Provider

All but two participants said they have a PCP. These two participants said they were in the process of finding a new provider. One participant explained that she had changed her MCO, and thus had to change her provider. The other participant said his doctor had left the practice, and he was in the process of trying to find a new provider. He said hoped to find one that prescribes medical marijuana and that it was taking time to find one.

Twenty-four participants said they had seen a PCP within the past 12 months. Each of the six participants who said they had not seen a PCP in the past year had a unique reason for not going. One participant said she has had several obstacles to overcome. She said she had recently been released

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*I didn't have rides. But I am going to be seeing someone this month.*

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from the hospital, did not have access to a telephone, and the pandemic had limited her ability to leave her home. One participant said he does not like going to the doctor; and another said she was due for a physical soon. One participant said she did not have transportation to get to the doctor. Another participant said she has access to providers at her group home.

### *Reasons for Changing PCP*

Eleven participants said they had changed their PCP in the past 12 months. Of these eleven participants, two said their provider had left the practice, and they needed to choose a different doctor. Two participants said they changed because they were dissatisfied with the quality of care they were receiving. One participant shared, *"I didn't like the services I was given. I was dissatisfied with my provider. They kept putting me on blood pressure medications, and my blood pressure was still way too high. I kept ending up in the hospital."* The other participant said, *"I was telling my doctor about all the issues I'm having physically, and he was blaming it on psychosomatic stuff. I have pain and bruising all over my body and he wouldn't listen to anything I have to say. One time, he shamed me for coming in to see him."*

One participant said she switched providers because she wanted someone who was skilled with diabetes care. A parent responding for her son said he had aged out of seeing his pediatrician and needed to go to a family practice. One participant said she switched because she wanted a provider closer to where she lived. Another participant said he changed providers because he had moved to a different city. One participant said her MCO changed her PCP every couple of years. A participant responding on behalf of her mother said that the facility her mother is in has their own providers.

### *Access to Mental Health Providers*

Seven of the 30 participants said they did not currently have any mental health providers. Participants reported that several barriers have prevented them from accessing mental health care including a lack of transportation, a lack of available providers, provider turnover, and long wait lists. One participant said she needed to get a referral from her PCP in order to access a mental health provider. She mentioned that additional barriers included having insufficient transportation and not having adequate access to a telephone. Another participant said the clinic she was trying to get services from required individuals to call in the morning to schedule an in-person, same-day appointment. She said a same-day appointment was impossible for her to manage because Medicaid transportation requires three-days advance scheduling.

A participant said she had recently left her therapist because she wanted to find a provider who specialized in sexual post-traumatic stress disorder (PTSD). She noted that this process required making a lot of telephone calls to find a provider who had openings. Another participant said her mental health provider had removed her from the practice due to missing an appointment. She said it was difficult to find a new provider and had been leaving voice mails and sending emails to find an available provider. One participant said he had gotten on a waitlist for therapy in Manchester, but that it was a three month wait for an appointment, and he had moved to Nashua during that time. He mentioned that he planned to try to find a provider in Nashua.

A mother participating on behalf of her son said the one provider he had liked had left the practice and was no longer covered by his insurance. She explained, *"I think the biggest issue was of him not connecting with them and not feeling like they were useful. At one point, he had connected with a provider at Dartmouth he liked, and she left. The practice she went to didn't accept his insurance. We paid out of pocket for a while, but she dropped him. That was a significant problem for him. He did*

*connect solidly with Alcoholics Anonymous (AA). It seems to be a better fit for him than private mental health care. Through the years, we've paid a lot out of pocket. It's not been very long that he's had insurance at all. He had it for a while, and then didn't. And then last year, he had insurance, but the provider didn't accept his insurance. I guess from May until October or November, that was all private pay. It was quite expensive and all telehealth, but still pretty expensive. He talked about wanting to connect with the counselor at college, but I don't know if he has. I'm worried it's the second or third week of school, and it's a make or break time. From my perspective, it seems like everything is going fine, but I know the stress of college and I didn't have the challenges that he has. As far as support through any mental medical health community, we get zero."*

A daughter participating on behalf of her mother noted that her mother was unable to communicate due to a stroke and that she was unable to effectively receive mental health support.

Three participants, who reported not currently having a mental health provider, also said they had not seen a mental health provider at all within the past year.

One participant who said mental health providers were available at her residential facility also reported she had not seen one in the past year. She said, *"I'm in the process of changing to a new guardian. Because I'm fine now. I don't need that support any more."* She said she had no need to see a mental health provider.

### *Changing Mental Health Providers*

Of the 23 participants who said they currently had mental health providers, twelve reported having changed their provider in the past year. Half of those who had switched providers said the switch was due to turnover in staffing at the mental health clinic.

One participant shared, *"One of my therapists just came up to me a couple weeks ago and said she's no longer going to be working with me. I will be working with somebody else within the same company. It's a*

*challenge for me. I'm happy for her because she gets to explore new opportunities, but we have developed a relationship and it sucks that I'm not going to be able to see her as much. That bothers me."*

A mother responding for her son said, *"Staffing issues caused changes in doctors and providers. I haven't changed them. It's not so much a problem for my son, he has no idea. It has been for me. You get to know someone, start medications, and then someone else has a different idea of what route to go. You have to try to remember what you did before and why it didn't work."*

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*They've been changing me around the past eight months. I had my therapist and case manager change. The case manager was a conflict of interest, my old therapist left, my med provider left.*

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Two participants said they had personal conflicts with their providers which was the reason for the change. One participant said, *"I stopped seeing my psychiatrist because we got in a fight. She told me something, and then denied saying it. I don't like that. I changed my therapist because she was working with my psychiatrist, and she also kept denying what the psychiatrist said. She wouldn't believe me. I got fed up with both of them."* Another participant said she had frequently changed mental health providers. She said, *"I've dropped some. Sometimes for gaslighting me. They were accusing me of things that weren't true. They tried to have me involuntarily admitted. I was taking my Zyprexa at the time. The police had to put handcuffs on me. It was traumatizing. They brought me in and I sat there for nine hours, and then they let me go. Because of that involuntary admit attempt, I dropped my outreach worker to focus on what I needed to focus on - getting my apartment sorted out. I needed some time for*

*myself. Then she gaslighted me and accused me of things that weren't true. I have a newer therapist that I like. She's closer to my age. The menopause brought me into schizoaffective psychosis. At least I have somebody who understands hot flashes."*

Two participants said they had switched mental health providers because they felt they were not getting the support they needed. One said, *"It was not meeting my needs or taking care at all of what I needed."* The other participant said she had several concerns. She said, *"Telehealth was a problem and the seeming lack of care when I was being brought someplace for intensified needs. I was not getting the support I needed as a patient, or outreach. There was a lack of communication when I was involuntarily admitted. I'm looking for a whole new legion of people with different attitudes and impressions. I've also changed as a person."*

One participant said she needed a different level of support. She said, *"They have two different places: one is community supports and the other is counseling. They switched me where you don't need so much support. The other one was like babysitting. They came to your house and I didn't think I needed that. Every time I got in an argument with them, they sent me to the crazy hospital. It took me a while, but I got switched."*

One other participant said she switched providers because she moved.

The daughter responding on behalf of her mother shared that prior to her stroke, her mother had fired innumerable therapists. She said, *"My mother was totally independent prior to the stroke. My mom had been diagnosed with borderline personality disorder. She also had a master's degree in psychology and whenever a therapist said anything that had to do her behavior, she would drop them. She always knew better than anybody. When I was cleaning out her apartment, I saw some things where she had been seeking some mental services, but she was also writing a book. Some of that may have been for research. If you had asked her prior to her stroke, she would have said she was perfectly fine, and any therapy sought was an effort to correct us as children."*

### Source of Information

Participants were asked where they get their information about their own mental health and other mental health services. They were also asked whether or not they had received any information on mental health from their health insurance company, and if so, whether it was helpful.

### Information about Mental Health

Twenty-two participants said they would contact one of their mental health care providers if they had a question about their own mental health. Participants mentioned asking case managers, therapists, social workers, and psychiatrists. One participant noted the importance of being able to contact her mental health providers. She said, *"I usually call my case manager and she gets in touch with the doctor for me. She's a go-to for me. My nurse practitioner is also well-versed in mental issues. I didn't know what I was doing before, I was too far gone into psychosis and not making good choices."* Another participant reported, *"I usually talk to my counselor. They put their opinion in there and ask if I'd like them to reach out to the doctor, so I can maximize the time I'm allotted with the doctor."*

Three other participants said they typically would ask their PCP about mental health issues.

Five participants said they would discuss their mental health questions with a family member or a friend.

Two participants said they would reach out to connections on social media. One of these participants said, *"I'm big on Instagram. I reach out to my community and they give me feedback. I'll find posts, and it will help me realize what I'm going through and help me get through it."*

Two participants said they typically refer back to literature or research it on the internet. One participant said, *"Sometimes, I'll do research online. Sometimes, I'll write a list and do the whole 'feelings aren't facts' things and check in with myself. I'll go to Google or YouTube and put in my symptomology. It normalizes it. It can give you some kind of sense of space and peace."*

One participant participating on behalf of her son said they rely heavily on the emergency room. She said, *"In the past, we took him to the emergency room at Dartmouth. We don't know what else to do. He had a spell maybe a month ago when he was not feeling well and drove himself to the emergency room and called me. For the last year and a half, I have logged so many hours sitting in the vehicle with this child waiting for appointments. Nobody is great about sharing anything now because he's over 18. It's really been horrible. I wanted to go up and sit with him and let him know I was there, but he said, 'they already saw me and said I'm fine, and its anxiety and I could go home'. I never heard of that being done within 30 or 40 minutes. I'm guessing he turned around and walked out. We are not well-connected and don't know how to [get connected]. There is zero support and the programs that are available, don't adequately address what he needs."*

Three participants said they would not, and have not, consulted with anyone. One of these participants said, *"My depression is pretty well managed. My anxiety is high, but it's managed by a combination of medicine, meditation, and deep breathing exercises. I've taken it upon myself, but at the same time, I would definitely love to have somebody I can see. My 100% focus has been on getting a job."*

### *Information on Mental Health Services*

Participants were asked who they would contact if they had a question about their current, or new, mental health services. Most participants (N=19) said they would contact their mental health provider. Two participants said they would speak with their PCP. One participant shared, *"I would talk to either my counselor or my primary care physician. They have a lot of resources they could help me get connected with. They usually have good recommendations for me."*

Three participants said they would check with their MCO. One of these participants said she uses the website. Two others said they would contact their case manager from their MCO. One participant reported, *"I would contact my case manager. I haven't contacted her in a while, but that's on me. It's a struggle sometimes to do phone calls. I also have an additional case manager through NHHF. She checks in with me too. She's helped me in the past. I think she was the one who helped me get back into [mental health services] in the first place."*

Three participants said they would speak with a family member.

Two participants said they would not, or have not, spoken with someone about mental health services. One participant said she has had difficulty in the past getting answers to her questions about mental health services. She said, *"They've tried when I'm leaving behavioral health hospitalization. They try to hook me up with people, and they're never successful. That's where I'm having a hard time with this. I thought when I was in a mental health institute, they would help me. When I'm discharged, they say, 'we tried, but you're on your own'. When I go in there, I have to wait in the drunk tank - where they put the*



*unruly people. That's where they put mental health people until they find a bed. It took a long time the last time."*

One participant said he would contact 211.

One other participant said she would do research about services online. She said, *"It used to be my therapist who, once upon a time, I really respected. But now, I'd look online and read reviews. I would talk to people, even though my social sphere is pretty small, and try to get a read on it for who they respected."*

Two participants said they did not know who to contact. One of these participants remarked, *"I don't know who to contact, and that's the problem."*

### *Preference for Mode of Information*

When asked how they preferred to receive information about mental health services, most participants (N=13) said they favor one-on-one interactions. One participant said, *"I'd rather talk to a person, because those papers are never clear."*

Eight participants said they like to get information online, and five said they prefer email. One participant noted that while she prefers to look information up online, the process does not ensure that the services are covered by their MCO or are accepting new patients. She said, *"I went online and I looked it up. But the ones I tried to get to see me said they didn't accept Well Sense. My doctor wrote a referral, and about three weeks later, I got a letter informing that I've been denied. She called yesterday and said I should stay at Community Partners. I was disappointed. It looks like I'm stuck with them."*

Seven participants said they prefer to have information provided on paper. One participant noted that having it on paper worked best for him because he does not always understand. He said, *"I'd rather get it written down. Or if they'd call my mom. I'm not good at that stuff. I don't really understand everything."*

Two participants preferred a phone call and one participant liked all options available.

### *Challenges Getting Answers*

Eight participants said they had not experienced challenges getting answers to their questions about mental health services. One participant shared, *"It hasn't been difficult finding answers. But it is hard when I'm in a manic state."*

Ten other participants said the main challenges they experienced in getting answers were due to communication difficulties. Three of these participants said they received mixed information on the services available, and whether they are eligible to receive them. One participant said, *"I feel that there are a lot of services. Some people have a tendency to suggest one avenue, and another person suggests another one. I want a solid answer, so I can do it. It's nice to have options, but it makes me question which one I want."* Another participant said, *"There was a bit of back and forth over catchment area and whether I was in it. It's not that I can't get them answered, but not always reliably. I had some people say my location was fine, and others were*

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*There is a lot of phone tag, back and forth. After about the fifth phone call we're on the same page.*

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*saying it was out of catchment.” Two participants remarked on the “phone tag” required in order to get their questions answered. One person said her provider would not answer her questions. She shared, “They are not answering my questions specifically. I had to hang up on my provider because I was getting so mad.” Two participants said the communication challenges were from their end. One participant shared, “Some people don't know how to talk to me, I guess. I have to be talked to in a different way.” The other participant said, “It's not really like the services that are the problem. I think it's more interpersonal type issues I've had [creating] difficulties with providers. I don't have a problem with the services. It makes me feel good that we have that many options.”*

Four participants said their main difficulty was in navigating the system. One participant, who said she currently did not have any mental health providers, remarked, *“I just don't really know who to go to. The most that people say is that I have to do my own research on Psychology Today. It's hard enough finding somebody who is available. I guess I just don't know who to talk to, and there's nobody available to speak to.”* One other participant shared, *“The only problem I've ever run into was I was looking at an eating disorder clinic in Concord. They were listed as being in-network for AmeriHealth, but when I called, [the clinic] said they didn't take it. So, I just stopped there. I haven't had a chance to follow-up with AmeriHealth. They also offer the dental thing, but I haven't figured that out.”*

Three participants said a lack of care options were the biggest challenge related to getting their questions answered. One parent responding on behalf of her son said, *“I'm not sure it's been hard getting things answered, it's just that the services don't exist. He would have benefited from an inpatient, intensive live-in situation. But there isn't anything like that around. He's been hospitalized eight times in the past two years for suicide attempts. They wanted to hospitalize him again, but we felt we had to do something different. We spent \$45,000 to send him to this place in Utah to keep him alive.”*

One participant said the stigma around mental illness had created barriers to getting information. She said, *“Another challenge I've had with having mental illness is there's a stigma attached to it. I've had doctors say they didn't want to treat me. I was shocked out of my mind. They're not supposed to make you feel like you're not part of the world. They help keep the stigma going.”*

One participant said that his son's condition was not well understood and created significant barriers in getting him the correct services. He explained that his son had been relatively stable on medication, but had started showing a low white blood cell count. His providers took him off his medication and, as a result, his son ended up being hospitalized again. His father said, *“It doesn't seem like anyone did anything wrong. They were clueless because it's so rare.”*

One participant believed that the pandemic had created a barrier to getting her questions answered. She said, *“I think it's COVID and everything is new. Nobody knows what's going on.”*

### Information Provided by MCO

Participants were asked whether they had received any information about mental health or mental health services from their MCO. Seventeen participants said they had, and eleven participants said they had not.

One of the participants who said she did not get any information from her MCO said, *“I haven't received anything. I've approached them about very specific needs, but they don't seem to know what I'm talking about. I get fed back into the 1-800 system that doesn't get you anywhere. I want a case worker who is right there, active, ready to go. Somebody who will push back, but won't blame the victim.”*

Two participants responding on behalf of a family member said they had not personally received any information from their family members' MCO, and were unaware of whether the information had gone directly to their family member. One of these participants shared that there were significant challenges in navigating her son's MCO and coverage because she was not always in the loop of information. She said, *“There was some kind of issue about him turning 18 and them not covering his medications. We were paying out of pocket, and I thought it was resolved, but last time, I had to pay again. I'm not sure when he went for his COVID vaccine, but I got a phone a call from the pharmacy saying that AmeriHealth hadn't paid for it. I don't know what the deal is with that.”*

### Quality of Information

Of the 17 participants who said they had received information from their MCO, about half (N=9) said the information was helpful. Participants enrolled with NHHF were much more likely to indicate that the information they received was helpful.

Eight participants said they had received the support from a case manager at their MCO. Of these, six said the information and assistance provided by the case manager was helpful to them. One participant said, *“They always call me after I've been hospitalized to see if I've needed anything else. They've been very helpful. The brochures seem informational and show that they care. I like how they call and check in on how you're doing.”* Another participant said, *“I get a phone call at least once every two weeks from them checking on me and seeing how I'm doing. It's very, very helpful.”* The two participants who said their case manager was not helpful said it was because services they recommended and offered information about actually were not available. One participant explained, *“The woman from Well Sense would call me and give me names of psychiatrists in the area, but when I called, they said didn't have space or didn't take Well Sense.”*

Nine participants said they received printed materials from their MCO, six of whom said it was not particularly helpful.

Two participants said they received email or text reminders from their MCO about taking their medication or attending appointments. Both participants agreed that it was helpful to them.

## Telehealth

Participants were asked whether they had any experience with telehealth visits for any of their mental health needs. Twenty-six of the 30 participants said they had used telehealth in the past. Of the 26 participants who had used telehealth, 20 agreed that it had made it easier for them to access their mental health care. Participants mentioned not having to arrange for transportation, reducing their anxiety about leaving their homes, and reducing their risk of contracting the COVID virus as benefits to telehealth. One participant said, “It was a lot easier. It helped the therapist squeeze me in, [eliminated] extra drive time, gave more flexibility for both of us in making appointments, and it eased the anxiety of going. It just made it easier to attend an appointment.”

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*Telehealth is easier in the sense that I don't have to worry about getting a ride. It's harder in the sense of I prefer to be in person. If I'm going to be telling you something, I'd rather be in person.*

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Some of participants noted they had experienced challenges with connectivity, but agreed that they still preferred the telehealth option. One participant shared, “I've used telehealth for both my psychiatrist and therapist. It made it easier. Sometimes my mom doesn't like driving, so it makes it more convenient that I stay home and do my appointments. I remember, at the beginning, my therapist didn't have a good computer and it would freeze up. It's working better now. It's not the same as in person, but overall, I think the convenience is better for me than the personal contact.”

Eleven of the participants who said it was easier to access care through telehealth indicated that the care they received was either the same or better. One participant said, “I think it's just as good unless you have physical issues that need to be addressed in person. I think seeing someone through the camera and speaking to them would be enough for mental health evaluation.”

Nine participant said telehealth care was not as good as in person services. Participants identified missing body language cues, being able to look their provider in the eye, difficulty understanding what their provider was saying, and not being able to access different therapy techniques as key issues related to telehealth. One participant said, “I like to look at the person in the eye when I talk to them. You never know on the phone what their body language is.” Another participant said, “Definitely in person is better because being around somebody and that interaction is helpful. But I feel it's a good thing to offer telehealth because people have more access.” One other participant remarked, “I'm not sure if I'd say it was lower quality support. When I had my other therapist, we just did a lot of talking so it feels like the norm. But I know there are other therapists who use other techniques. I don't know if they aren't using those techniques because of telehealth.”

Four participants said telehealth had made it harder for them to access care. All four of these participants also said the quality of care was not as good. One parent responding on behalf of his son said, “His attention span made it hard for me to get him into it and for him as a patient to use it. He might not have the skills, knowledge, or attention to do it.”

## Medications

All but one participant indicated they take medication for their mental health. This participant said she is trying to get connected with a psychiatrist in order to get access to medications.

The bulk of participants (N=22) said they speak to a health care provider when they have questions about their medications. Nine participants said they get answers to their questions about medication from their psychiatrist. Eight participants reported they speak to their PCP about their medications. Three participants said they talk to their therapist or counselor, and two others said they speak to the nurse at their psychiatrist's office.

Two additional participants said they speak to their pharmacist, and one participant said she talks with the staff at her group home.

One participant said she looks information up on the internet.

Three participants reported that they are currently experiencing a gap in having a provider prescribing their medication and thus, did not have someone to answer their questions. All three participants said they had been prescribed medications while in the hospital, but that they had not been able to get an appointment with a psychiatrist to continue receiving their medication.

### *Challenges Getting Medication Questions Answered*

Fourteen participants said they had not had any difficulty getting their questions about medications answered.

Five participants said they had some kind of communication difficulty when trying to get their medication questions answered. Four of these participants indicated the primary difficulty was getting to speak with their medication provider. One participant described, *"It's difficult getting questions answered because I can't directly contact them. Recently, I went to the hospital because I was trying to get my medicine changed through my nurse. What happens is you have to call your nurse, and then they relay the message to your psychiatrist, and then the nurse calls you back and tells you what your change is. It wasn't going as quickly as I wanted it to be. We tried all kinds of different doses of Trazodone, it just wasn't working. I wasn't sleeping for 6 days, so I went to the hospital."* One participant said some doctors are good at describing and listening, while others are not.

Two participants said they had not been adequately informed about delays due to pre-authorization requirements.

Two participants said that their reliance on their PCP for medication had presented challenges with getting their questions answered. They noted that their PCPs are not specialized in mental health and not always able to answer questions. One participant said, *"She only knows the basics, and doesn't know about other medications. I'm still looking for a telehealth option for a psychiatrist. That works best for me."*

One participant said that, overall, he had not had any challenges getting his questions answered, but suggested that his opinion was not respected by his medication provider. He said, *"I feel like I am on too high of a dose. It's hard to get meds changed. My doctor thinks I'm on the right medication."*

One participant noted that when he left his group home, the psychiatrist there had said he would help cover his medications, but had not been heard from again. He noted that that transition period was very stressful.

One participant responding on behalf of her son reiterated the challenges she faced in getting information about her son's care.

### *Accessing Medications*

Fourteen participants said they had experienced challenges in accessing their medications. Seven participants noted there had been delays in getting their medication due to prior authorization requirements. One participant remarked, *"Sometimes pre-authorization will require several attempts. It's been declined a couple of times. That's a little iffy."* Another participant agreed saying, *"My insurance needs prior authorizations all the time. It's a confusing thing between the pharmacist and provider and it may take a few days for everything to get figured out and get the right one that's covered. That's a hassle. It has resulted in delays in getting my medications."*

Three participants reiterated the challenges they experienced with the gap in providers between discharge from the hospital and when their medications ran out. One participant said, *"I've just been told they can't give me anything else until I see a psychiatrist. I'm not sure if I'll end up in the hospital as a result of not having access."*

Two participants said they had difficulty with transportation, which affected their access to medications.

Two participants said their medication had not been covered by their MCO's formulary. A parent responding on behalf of her son said, *"His medication wasn't covered when he turned 18. We had to pay out of pocket. He has to have a thyroid medication and Lexapro. I think they're paying for one and not the other."*

One participant said dosing had been a problem. She said, *"It was frustrating. They wanted to give me a baby dose because of the side effects, but I needed more. After I lost my [cool] in front of the doctor, she started paying attention."*

Another participant said that the limit on the amount of medication she is allowed at one time had been problematic while traveling. She explained, *"My father lives in California, when I go to visit him, I can't get the medications out there because they're out of network. I have to have someone send them to me, or I have to cut my vacation shorter. They'll give me three weeks at a time. It was weird timing with the vacation. I think I was missing one day [of medication]. I had enough of my PRNs to take. I got through it, but it wasn't the greatest."*

One participant said he forgets to refill his medication, and as a result may not have consistent access. He said, *"The fault is my own. I'm the type to procrastinate and not calling in the prescription to get them filled."*

The three participants who said they had not had any difficulty accessing their medications noted that their medications were delivered to them.

### *Taking Medications*

Over half (N=16) of participants said they did not have any challenges when it came to taking their medications. Three of these participants remarked on the help they receive in managing their prescriptions. One participant said, *“Once I get them, my daughter will put them in the little pill things for each day. She helps me a lot and reminds me. When I have them, I take them every day.”* Another participant shared, *“I have no problems taking the medication. The cool thing about the mental health clinic is their pharmacy. They make all your medications and vitamins in packs for the right times and days. It's written down. When I used to get it from Rite-Aid in bottles, I'd forget whether I'd taken it or not.”*

Other participants reported that they have created systems for themselves to ensure they take their medication on time. One participant said, *“I got myself on a good routine. I know, with one of my medications, I have to take it four times a day. I set alarms on my phone. I'm pretty good at it, because it's set now.”* One other participant said, *“Sometimes I would forget, but now I set alarms on my phone. I had problems swiping it thinking I'd do it in a minute. But now, I've trained myself to not swipe unless I've taken it.”*

Two participants noted that they are not currently taking any medications; one because she has not been able to find a psychiatrist, and one because he chooses not to take medication.

Of the thirteen participants who said they did have some difficulty taking their medication as prescribed, five indicated that they sometimes forget to take them. One participant said, *“My memory is the problem. I have one medication I have to take three times a day. I'm good about the morning and night medication. It's always the mid-day dose. I just don't remember.”*

One participant responding on behalf of her son said, *“I have to set it out for him every day. He doesn't always remember to do that. He did try to overdose before on it, so I had to put them in a lock box. That's been a challenge, getting him to remember and keeping them safe.”*

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*I do forget to take my medication and it causes issues. I go to bed all day if I miss one dose. I've had people give me the pill things, I've set my alarm, I've done everything you can possibly do to remind me to take them. None of that works. I really don't realize half the time until I start feeling poorly.*

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Four participants said they experienced side effects that hampered their ability to take their medication on time as prescribed. One participant said, *“I'm a bariatric patient and my medication requires I eat a certain amount of calories, so sometimes that's difficult.”* One other participant said, *“I just feel nauseous in the morning.”*

One participant said he sometimes run out of his prescription because he forgets to order his refill.

One participant responding on behalf of her hospitalized mother said prior to her stroke her mother refused to take medication at all.

A participant responding on behalf of his hospitalized son said when his son is not in the hospital, he smokes cigarettes which seems to interfere with his medication.

### Side Effects

When asked whether they had been informed of the potential side effects of their medications, thirteen participants said they had. One participant shared, *“I had an unbearable side effect to some initial medication. CLM was absolutely on top of looking into the medication and getting me the help I needed. An anxiety medication had kicked me into depression. I had suicidal ideation, and they got me hospitalized immediately.”*

Another participant noted that providers varied in whether they talked about side effects. A mother participating on behalf of her son said she did not believe he experienced any side effects. A father participating on behalf of his hospitalized son said the providers had explained the side effects, but his son had not really understood.

Nine participants said their provider had not explained potential side effects. One participant said, *“I don't think the doctor explained the physical side effects. They kind of glossed over it. There are a lot of them. It's up to me to figure out how it affects me and report back.”* Another participant shared, *“Of all my psych meds, I have no idea what the side effects are, I gave up.”*

Two participants noted that they had proactively spoken with their provider about problematic side effects and had their medications adjusted. One participant shared, *“With the ones I'm taking right now, it's so far, so good. The one I was having trouble with; I would be having the shakes. And even though I was taking it for a headache, it made it worse, and made me angry. I wasn't sleeping, so I had to stop taking it. I kept talking to the nurse practitioner and he said it could take two to three weeks to get used to. I stopped taking it and I called the clinic. I ended up seeing another doctor and she's the one who said, 'if you're experiencing all this stuff, you don't need it'. She took me off all of [my medication] and re-worked it all. I haven't had any side effects at all. It's working perfectly.”*

One participant said he felt his doctors have not been listening to him about his side effects. He said, *“I've been trying to get my meds changed. I'm on 13 different pills. I get really sick in the morning from that. It makes me feel [terrible], and they won't change them. I think I'm being heard, but nothing is being done about it.”*

### Post-Emergency Room Care

Twenty-seven participants said they had sought mental health support at an emergency room, all of whom had been admitted. Nineteen of these participants indicated that the care and support they received after release was poor.

Four participants said they felt they had been released too early. One participant said, *“I was admitted, but it wasn't for the amount of time I needed, and it was not the right service. They sent me to a crisis center. I felt overlooked in that situation, which led me to not seek help afterwards. I definitely felt like when you're in that situation and reach out, and you don't get the proper help, it puts a damper on you wanting to reach out for help again. I was pretty much on my own. There was no discharge planning.”* Another participant said, *“There have just been times where I've been released from the emergency room and it probably wasn't the right time to be released. I should have been either admitted or not released so early after admittance. When it's happened to me, I was homeless at the time, and I was having very bad episodes where I'd black out and not really know what was going on. There have been times when I have had one of those episodes and was brought to the hospital and then when I was released, I was still in the middle of that episode. There have been other incidents where I was very suicidal and I'd go to the hospital, and they wouldn't do anything and release me, still in the same*



*mindset and I would end up back at the hospital the same day. I think either they don't understand or they just don't care.*

Three participants said the hospital had not communicated with their ongoing providers about their hospitalization. One participant said, *"If I go to the ER and they do what they're supposed to be doing, I'm supposed to have an emergency appointment [with my therapist] either the next day, or at least that week. There are times they'll release me early and my therapist doesn't know anything about it. As soon as I'm released, it's supposed to go right to my therapist. There have been times they don't send anything."* Another participant shared, *"When I was at Portsmouth for a suicide attempt, they sent me home with different meds. My psychiatrist hadn't had any information on that at all and was only informed through me and my parents."*

Seven participants said they had not received a discharge plan when released from the hospital. One participant said, *"The discharge process was a horrible mess. I think because it was a 4th of July weekend when I left. That messed up the entire after-care plan. No one followed up with me, or contacted my doctors. I ended up having to contact [the hospital] about my migraine medication. They wanted my migraine provider to do my mental meds, but he wouldn't. I started panicking. It was a giant mess. Luckily, the psychiatrist swooped in and figured out what they were trying to do. She's been doing all the work. They did not do a good job. When I went in there, they had a great plan set up. Fill out this wellness packet, we'll do all these things. I feel like if I hadn't called them because they messed up my medications, I don't think they would have called me. It was my first my mental health stay on a psych ward."*

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*Discharge planning has been a major problem. He's been there and lived in the emergency room for days, and then goes to an inpatient setting. There was no conversation, no discharge plan, no anything. Absolutely no family support at all.*

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Four participants noted that their discharge plan included providers with long waiting lists or unavailable services. One mother participating on behalf of her son said, *"Sometimes, they would send him home actively suicidal. The ER system in New Hampshire is not good. The first time he was hospitalized, they sent him home with a discharge list. But there were long waiting lists, or they didn't actually offer those services. The state hospital should know that. The discharge planning stinks."*

Four participants said there was a delay between release and getting needed services and supports. One participant described, *"There's normally a delay. I've been in psychiatric facilities before. I've stayed for five days at the longest. That care is also not good. It's basically, we're going to try to drug you and not talk to you about your issues, and get you out and eventually get you to a therapist, but it could be a couple of months from being released. That's the most vulnerable time for a psychiatric patient. I'm still alone and have to keep waiting. They tried putting me on a medication while I was in there, but it's not personalized. I don't necessarily trust the doctors in there. They put you on drugs, and observe you for a couple of days and let you out. Psychiatric drugs can take months to work. I have had pretty bad experiences with psychiatric medications in the past. Bad side effects that can be weirder than mental health issues."* One participant said, *"They check on me, it's streamlined, but I almost wish they'd do it sooner. It's usually within a day or two, but if they'd do it sooner than that, they probably wouldn't have as many re-entries. I would prefer the same day. I feel it might help somebody who still goes back into their world of anxieties. It might help that person have a plan for the future."*

## MENTAL HEALTH SELF-MANAGEMENT EDUCATION AND SUPPORT

Less than a third of participants said they had participated in a mental health self-management class. Of those who had, most said they appreciated the connection with other people in the group and the information provided in the class. Challenges with the class included difficulty with other class members, not getting the information they hoped to find, the timing of the class, and a need for a plan moving forward after the class. With respect to challenges in getting care and support for their mental health needs, participants mentioned transportation, a lack of providers and access to appointments, turnover of providers, a lack of services, issues with quality of care, and difficulty navigating the mental health system. When asked what their goals were with respect to their mental health, participants mentioned emotional self-regulation, stability in their mental health leading to stability in housing and employment, a happy life, ensuring they have adequate mental health support, medication and care self-management, and successfully working through trauma treatment.

### Mental Health Self-Management Classes

Participants were asked to share their experience with mental health self-management education classes. Only eight participants of the 30 participants said they, or the person they were answering on behalf of, had taken mental health classes in the past.

#### *Location of Class*

Three participants said the classes they took were held at the mental health clinic where they received services. One said he took the class as part of an addiction treatment program. One participant said it was part of a partial hospitalization program. One completed the class with a case manager with National Alliance on Mental Illness (NAMI)-NH. One said it was part of their job program, and one participant said it was part of an independent peer support program.

#### *Quality of Class*

All eight participants reported that they liked aspects of the class they took. Two participants said they appreciated the opportunity to hear about other people's experiences. One participant shared, *"I like that other people are sharing their struggles, so you feel less alone. Especially when you're dealing with everything internally. It's nice to know you're not alone."* A second participant agreed stating simply, *"It helped me know that I wasn't alone."*

Four participants said they liked the information that was provided in the class. One participant shared, *"It was a lot of information on different things like well-being. It was really good."* Another participant who had participated in a class as part of addiction treatment noted, *"The mental health aspect was just as important as the addiction part. It really helped me go to the root of my addiction issues. It was the best program I've been to. They focused on why [my addiction] happened."* A participant who participated in a class with a case manager said, *"To be honest, I liked the one-on-one. We could talk, she gave homework. She would tell me to pay attention [to my thoughts and feelings] even while I was cooking. I learned to pay attention."*

One participant said she appreciated that transportation was provided and that the people were nice and relaxed. One other participant said he felt like he was getting good experience through the class.

#### *Suggested Improvements*

One participant with autism noted the most significant challenge for him was not feeling well matched to other participants in the group. He said, *"It feels like I'm the only high functioning autistic person*

*there. It feels like everyone else is severe or borderline severe. There's nothing wrong with them, but I feel like the odd one out. And they've told me this too, that I'm the one of the smartest, easiest person there. That's kind of reassuring. I'm much different, but similar enough to be there, still different enough. I'm a little uncomfortable, but I can manage to get what I need out of the program."*

One participant remarked that she wished the class had covered a specific topic of importance to her. She said, *"We should have talked about work and whether to disclose [our mental health diagnoses] and when. I didn't get that information and I let them know that."*

One participant said, *"In a group, with people talking, a lot of times we would go off topic. And that was frustrating."*

One participant said the timing of the classes was difficult for her. She said, *"It was hard for me to get there with transportation and work. They began at 8am and lasted to 2pm."*

One other participant noted that the group she attended with is too large, which made it difficult to make progress. She said, *"I think I always leave those meetings feeling unsatisfied and left on an open note. Not much is said because each person says such a small amount. There are 15 people in the group, and we only have an hour. I don't really know what would work better. It's very strange, there's a lot of different ways a group can go depending on the people who are in it."*

One participant said it would be helpful if they focused on support after the class was over. He recommended offering assistance on, *"what you're going to do after. You graduate and you're on your own almost."*

One other participant said he had trouble with the negativity of other people in the class. He said, *"I became a little skeptical about going. The people who go there have so many problems and it didn't seem like they have anything positive about their lives. The negativity was difficult for me. They should try to tell the patients that it's OK, and it's going to be all right. When I was sick mentally, I never thought it was going to be all right. If they can give you that positive affirmation when you go there, and help you learn to practice it, that would be good. I think they do a good job. It's mostly about the people who go there."*

### Challenges to Getting Mental Health Care

When asked what challenges they faced in getting care and support for their mental health needs, the most frequently reported difficulty was transportation. Ten participants said having reliable transportation was a significant barrier to getting to and from appointments.

Participants also said getting access to providers was very difficult. Five participants said there were not enough providers available, and four participants said that the wait times for getting an appointment are too long. One participant said, *"I know COVID isn't going away, but it has changed a lot of things in terms of providers being available and accessible. A lot more people are looking for help now, and to try and find somebody when everybody else in the country is looking for somebody is difficult. I've tried private psychiatrists and therapists, and none of them are taking patients. They're all overloaded already. That's why I have to go to a place like Seacoast."* A participant remarked on the turnover of providers and how that impacted her care. She said, *"I've had to transition with four therapists in the past two years. I started with a post-doc therapist at one place. I had her for a year, but she left because she couldn't do the commute. It was disappointing for me because we worked well together. I then got*

into Riverbend and found out they didn't have community support therapists available. So, I had to go through the Riverbend Counseling Association to get a therapist from there. By the time we connected, the community support therapists were available so I had to switch. I was disappointed with that, as well." Another participant said, "My psychiatrist has recently only been working one day a week here, so there are not readily available appointments. They want me to see him a minimum of every three months, but he doesn't have appointments available."

Six participants said there was a lack of needed services. One father participating on behalf of his son said, "I think that if he could find a reliable source that could help him with medication management, he could live independently. Something to make sure he took it twice a day. Manchester Medical gave him all of it, and he took too much. I would like some kind of vehicle to manage his medicine, to stay out of the hospital, and stay independent. They're talking about putting him in a residential situation and he definitely doesn't want that. I've been reluctant to do that. It's hard to get out of a group home once you're in." Another participant said, "EMDR is not really available around here. Or art therapy groups, or anything that would help people with their mental health, so they don't have to lean on drugs. Or something to help people so they don't have to get to the point of going to hospital to be seen."

Six participants remarked on a quality issue related to their care. One participant said it was difficult to get care for both his addiction and his mental health. He said, "I'm bipolar and an alcoholic, and there's a challenge around every corner. I try to go to AA, but to find a sponsor I genuinely trust is difficult. It's also difficult because I'm not being treated holistically. My issues are treated as one is a symptom of the other, which is very frustrating." One mother participating on behalf of her son said, "I have used what they called the mobile crisis unit. They're supposed to come out and help you, but I've never had that be successful. They either don't have the staffing, or don't think it's necessary. I've had a lot of issues about making those after hours, urgent calls and never gotten any help. I have had to utilize the police a lot. I've never heard of anyone getting help from them." One participant simply said, "Some of the providers aren't good."

Three participants said they needed support navigating the system. One participant said, "At first, when I was looking for help, it was very hard to actually to get help. It's a long process of trying to find help. As soon as you get help, you're good. But finding the help, and getting the help, is the hard part. For one, knowing about services is hard. I was in Manchester for two years and had no idea where to go to get help. I overheard someone talking about where I am now, and then I looked up information myself." Another participant concurred saying, "For me, it's hard to navigate trying to find somebody who can help me by myself. Doing all the phone calls, research, and emails is hard. I don't even know what I should be looking for."

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Transportation, obviously with pandemic things have been more complicated, housing is a problem. Some of it is definitely my mental health getting in the way. I'm used to being a dependent and having other people do that kind of thing for me.

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One participant said housing was a particular issue for her.

## Mental Health Goals

Participants were asked to describe the most important goal they would like to achieve regarding their mental health.

Seven participants mentioned they would like to be able to self-regulate their emotional states. One participant shared, *“I just want to live a normal life, whatever normal means. I want to learn finally how to regulate my emotions. I’m always good for about four months, but another four months, and it falls apart and my anxiety is through the roof, and I don’t get along with anyone. I end up either in the crazy hospital or in jail. I need to turn the page and I need to listen or take these classes seriously. I don’t want to end up in court again.”* Another participant said, *“The number one thing I want to achieve is trying to manage my anxiety. Anxiety is a nasty, nasty thing, and it gives me physical symptoms as well. I know I have to take care of the mental part of why I am so anxious all the time. If I figure that out, everything else will relax a little bit. I worry about every stupid, little thing. I just want to be able to say, ‘I don’t care what you say about me.’ Once I can get a handle on the anxiety, I think the depression will follow behind it. This is the first time doing this, I was an alcoholic for 30 years, I didn’t care. I just quit two years ago, and I tell you, it’s really hard to be sober.”* Another participant said, *“I would like to start putting things into place where I feel like I’m better managing my mental health with skills. I want to recognize feelings and things that are happening as they’re happening instead of rolling my eyes or slamming doors, and then feeling sorry after. I recently got diagnosed with adult ADHD and all these ADHD symptoms are flaring. I’m needing to learn those skills to manage it. I need skills to handle life, so it doesn’t feel like a roller coaster.”*

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*I would like to not be suicidal. That would be great. Self-worth and advocacy are both very difficult, but very important.*

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Five participants said they want to have stability in their mental health to ensure they are able to be housed and have jobs. One participant said she wanted to, *“keep on doing what I’m doing. They’ve got me on a waiting list to get into an apartment. It’s just a waiting game now. I’m looking forward to being on my own. I’m doing good.”* Another participant said he wanted, *“just stability - being able to get a job and the stability to keep one. I keep going from job to job. It’s very frustrating. I’ll have a manic episode and I won’t show up to work. I really want to get my mental health stabilized, that would be ideal.”*

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*I think my most important goal is stability in terms of being good for a long time, not going to the hospital every year. I spent seven years out of the hospital and I was good, and then I had a relapse again, and went back to the hospital.*

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Four participants said they want to live a simple, happy, and fulfilling life. One participant said, *“My goal is to see a doctor every two months. I don’t really want to talk about all the childhood, PTSD things. I just kind of want to go on with my life. I want to be happy, and see a doctor once in a while on video. I’m tired of talk therapy. If I could just have my medications stable, and check in every now and again, I’d be happy.”* A daughter answering on behalf of her mother said, *“I guess, realistically, my goals for her would be to have as full and fulfilling life as she can, and to maximize each day.”*

Four participants said they want to ensure they have sufficient and quality support from mental health providers. One participant said, *“I would like to have someone I could talk to on a consistent basis, the same person. I hate the fact that they ship you around, and everybody puts you on hold and puts you off.”*

*I never feel like I have one person I could talk to. I have to sit back and wait for them to tell me what to do. It's hard to be proactive because they won't let me talk to people. I guess there should be a liaison between the patient and the doctors. The doctors are never there to talk to. I'm always going through nurse." Another participant shared, "I think just having my medications adjusted so everything is working. I want to be heard. I'm tired of going over people's heads to get what I need. It's either the diagnosis is wrong, or they're not listening, or not paying attention to the symptoms. It's a million different things. I want a sooner appointment and being heard that [my experience] is real."*

Four participants said they want to have greater well-being, mentally, emotionally, and physically. One participant said, *"I think the most important goal would be my physical well-being. I used to be very athletic. I used to work out every day and was very fit. I've been a bit unhealthy lately."* One participant said, *"I'd like to improve my self-esteem and confidence."* Two other participants mentioned their mental well-being, but felt skeptical of being able to achieve their goals. One said, *"I want to be able to think straight, but I doubt that is going happen."* The other participant shared, *"I just want the hallucinations to stop, but I know they probably won't."*

Two participants said they would like to be able to self-manage their medications and care, or access support to provide that assistance. One mother responding on behalf of her son said, *"I'd like him to be able to self-manage. He's 21. Even if it's not self-management, it's somebody to take over that role. It ruins our relationship. That's not the role I want with him. I want to support him, of course, but I don't want to be that every day. I want to make sure he's getting the support he needs."* Another participant said, *"[I want] to remember to take my medications as prescribed, and get a therapist or a psychologist. I want someone to help me support myself."*

Two participants said they wanted to successfully make it through their treatment for trauma. One participant said he wants, *"to work through my childhood trauma and to remain sober while doing so. And to just be able to move forward with my life."*

One parent said he hopes his son can return to the stability he had before. He said he wants to, *"get him back to baseline. He was out of the house, feeding himself, in his own apartment, doing his own laundry. I'd like him to just to get back to baseline."*

One participant said he hoped for greater acceptance from the world. He said he wants, *"to be accepted by normal people. As soon as someone figures out I'm different, they cast me out, they treat me [poorly]. This is a very big struggle for me. They always put me with the challenged people, and I feel like I should be over there with the normal people."*

One participant said she wanted to feel safe, physically, emotionally, and mentally.

## CARE FOR PHYSICAL HEALTH CONDITIONS

Participants were asked to explain what types of things they do to address any physical health issues they have, any challenges and barriers they face, and how often they discuss physical health issues with their medical and mental health providers. Participants mentioned regular exercise, eating a healthy diet, meditation and art therapy, regular PCP visits, and rest as their physical health self-management tools. The most frequently mentioned barriers to staying healthy included injury and pain limiting exercise, a lack of funds to pay for a gym membership, poor quality medical care, and poor mental health. The majority of participants said they talk about their physical health with a provider regularly or often.

### *Physical Health Self-Management*

Thirteen participants said they try to exercise regularly to attend to their physical health. One participant said, *"I go to the gym. They have a good program that I do through the mental health clinic called 'In Shape'. They have trainers. They're really good. Every three months, they have this cookout and you see your progress. It's nice. I play soccer every once in a while, but I ended up hurting my knee."* Two participants said that they have health issues that make exercising hard, but they walk anyway. One participant said, *"I am challenged because of a failed laminectomy. I was hospitalized because the laminectomy got infected. I have a hard time walking for long distances, or sitting for a long time. I have a lot of physical limitations, but I take three short walks a day. I like to be outside and take care of myself. Being outside helps with my mental health."*

Eight participants said they try to eat a healthy diet. One participant shared, *"I eat really healthy. And I'm walking all the time."*

Two participants said they meditate. One participant said, *"I do meditation and deep breathing, and I'm trying to eat better. I've had stomach problems my whole life, but I could lose a little bit of weight. I definitely need to exercise more. I do walk a lot. I should definitely get back in the gym, but that's another thing that would be on the back burner."*

Three participants say they engage with art or other hobbies. One participant said, *"I do a lot of crafts stuff. They have painting classes here. I get into all of that. It relaxes me."*

Six participants said they keep up with their PCP visits. One participant shared, *"I do go to the doctor if there's a need. I don't let things go. I exercise. I try to eat healthy. I take vitamins. I've never smoked in my life. I'm pretty good about it. I think I try to address my needs on the physical side more than on the mental side."*

Two participants make sure they sleep well and incorporate rest. One participant said, *"It's a lot of learning to slow down and allowing my body rest and trying to pace myself. I recently got into art, but I feel like I need to do more to manage my physical pain. It's hard to distract myself from physical pain and mental health."*

One participant noted she tries to access outside time with her family even though she is in a wheelchair. Three participants said they are generally healthy and do not focus much on any healthy activities. One participant said he has COPD and is not doing much for his health.

### *Challenges to Physical Health Care*

Eight participants said they did not have any difficulty addressing physical health concerns.

Six participants said that injury or pain were the main challenges they faced in trying to be healthier. One participant said, *“I have a hard time with working out like I used to. I have a knee injury. I've learned to manage it with lesser weight and switching up things instead of constantly being on my hands or putting pressure on my knee.”*

Two participants said not having enough money limited their ability to take care of their physical health. One participant said, *“I'm not really sure if this would be a want or a need situation, but I know that I've been wanting to work out a little more and lift weights again. The problem with that is that I don't have enough equipment at home to do what I'm looking to do. I don't have money for a gym membership.”*

Three participants reported they believed they received poor quality care because of their mental health issues. One participant said, *“I'm still trying to find out what's going on with my leg. Nothing has been addressed. Nobody knows what the problem is. I feel like I'm going through multiple loops and no one knows.”* Another participant said, *“Once they find out I have mental health problems, they think I'm there just to get drugs. The last time I had a really bad migraine, I went in [to the ER] throwing up and ended up at a mental health facility where I didn't even know where I was. They never addressed the headache at all. Finally, somebody listened to me and they found some kind of calcium growth in my brain. They said that it may be something to worry about, especially since I bumped my head. But trying to find a neurologist is like trying to find a psychiatrist right now. Nobody listens to me about the headaches except my PCP. She has prescribed me medications that work. Any time I go to a hospital, they give me the run around.”*

Two participants said their own mental health had made it difficult to care for their physical health. One of these participants said, *“I'm staying on top of it now. It's more a lack of taking care of myself because of my mental health, but I'm pretty much doing OK right now and staying on top of it.”*

One person commented on his inability to quit smoking. One participant said that his environment was filled with unhealthy food options which were difficult to resist. One participant said COVID and the stress around the pandemic had prevented her from accessing care.

One participant said her lack of a PCP was a challenge, and another noted a lack of support from family or friends.

### *Frequency of Physical Health Conversations with Provider*

Eleven participants said they often discuss their physical health with either a medical professional or a mental health provider. One participant shared, *“Usually at the end of my doctor's appointment, which is once every three weeks, she asks if there's any physical issues to talk about.”* Another participant said, *“I'm an open book. I tell them everything. It's better to keep everyone on the same page.”*

Seven participants said they talk about their physical health with a provider regularly.

Nine participants said they address physical health concerns with a provider either not at all or infrequently. One participant replied, *“Not very often. I complain about my weight, but that's about it.”*



None of the participants interviewed reported that they wished they could discuss their physical ailments more frequently with a provider.

## OTHER COMMENTS & CONCERNS

Participants were given the opportunity to provide additional comments about their mental health care and services. One participant remarked on how good he thought the New Hampshire mental health care system was in comparison to other states. He said, *"I just think that New Hampshire has by far, in my opinion, one of the best mental health systems with the money to back the systems. In Virginia, they wanted to institutionalize him. This state is so much better. I think they have a great system. The only thing that would make it better to have manpower to support the medication management piece."*

### *Better Care & Diagnoses*

One participant said she believed the hospitals needed to provide better care and diagnoses. She said, *"I'm still in the same state as when I went in. They would rather drug us than deal with us. Getting the proper diagnosis is hard. Some doctors say they agree, and others say they don't."*

A participant from Manchester said he did not think the mobile crisis response team was as effective as it should be. He said, *"I've had some incidents with them where I probably wouldn't have gone as far as I did if they actually followed what they said they were going to do. There's been times when I've been told they were going to call and check on me, and if they had followed up, there probably would have been times I wouldn't have cut myself and ended up in the hospital. It's been 50/50 with them. I've had some good incidents with some of the people who work with the mobile crisis team that helped a lot. They just need to work on that other 50% and they would be fine."*

Another participant remarked on the impact of turnover within providers. He said, *"I think they are doing great at the Nashua mental health center. But you keep having to get new case manager frequently. If it could be that you can have the same person for as long as you're going to be there, you can build a relationship. When you switch it up, you have to go through it all again. Other than that, they're doing a wonderful job."*

### *Medication*

A participant mentioned she thought mental health providers need to be more proactive with respect to medication. She said, *"They need to be more assertive analyzing somebody who needs medication. They'll let you walk around like a fruitcake and not focus on medication."*

Another participant was concerned about over-medication. She said, *"There are friends of mine that have six to eight medications. It concerns me that people are being prescribed a whole lot more than they need. I'm Bipolar II, and a friend is too. She's on eight different medications and she's miserable."*

### *Navigating Systems & Information Resources*

A participant said she needs support navigating systems to ensure she is housed, employed, and getting services. She said, *"I just want somebody to help me fill out the application for social security and help me find a safe place to live. I used to be able to do this for other people, but for whatever reason, I can't do it for myself. I'm very bright and articulate and intense, that can be misunderstood as competent. I'm facing a few charges in terms of the legal system and I don't think they're going to send me to jail, but they're probably going to make me make restitution, but I'm not working. I tried working for a couple of weeks, but it didn't work. I want to be doing something I like. I don't like being unemployed."*

A daughter who participated on behalf of her mother said that a key improvement would be offering greater access to information on services that are available. She said, *“When I was trying to find an assisted living for my mother, there’s no warehouse of information. I called different state agencies and thought they would have it. I spent days calling and Googling. The real frustration with our experience is what that Medicaid would only pay for a nursing home and at that point, she did not need to be institutionalized. She just needed somebody in the house to keep her safe, but there was no place for her to go. She went into that nursing home and they took all but \$74 of her social security and the goal was for her to discharge and return to the community. So, that means I have \$74 to keep up the rent on apartment and utilities. It’s a very unrealistic set-up. There needs to be something in place for all those people who fall into that gap. I just don’t think somebody who works their whole life should be thrown into an institution just because they don’t have the money to live in a way that’s appropriate for their condition.”*

One participant said recertification for Medicaid was a challenge.

### *Dual Diagnoses Care*

A parent noted the shift from children’s services to adult services had left her son lacking support, particularly due to his dual diagnosis. She said, *“The services for children are far better than for adults. There was so much more support when he was in school than now. I make sure consents get signed now, but we are lacking adult services for people with autism. Now that he needs different life skills, there’s been a huge drop off of services since he’s been an adult. I’ve been trying to get him involved with community bridges, which would be the developmental piece, but they require testing that doesn’t exist. They want a neuropsychiatric evaluation, but nobody in town that does those. You spend ten minutes with him and you know where he’s at. The hoops that you jump through for the mental health piece is a lot. We had to get the disability rights people involved to get him services.”*

Another parent agreed with the challenges with respect to dual diagnoses. Her son has addiction issues and has found the best support for him through the Alcoholics Anonymous (AA) program rather than through mental health services.

A participant with a dual addiction and mental health diagnosis noted the need for continued support in sober living. He said, *“You spend the money for a treatment program, but won’t spend the money to keep me in sober living. You can’t fix 30 years of alcoholism and drug abuse in 30 days. If somebody gets granted a 30-day treatment, should be granted five more months of housing and have more chances to stay sober. And mental health is a huge thing. The stigma of mental health is still big. For years, I struggled with having to admit I had mental illness. But I do.”*

## RECOMMENDATIONS

Based on the experiences and feedback reported by interview participants, six recommendations have been developed to address the challenges faced by people with mental health diagnoses.

### *Proactive and ongoing case management for people at high risk for hospitalization*

While the data are not statistically significant, participants who reported having access to a case manager also reported greater connection with mental health providers, and somewhat better after-hospitalization care. Offering proactive case management can help ensure people with mental health diagnoses successfully navigate a confusing and overwhelming mental health care system. This navigation support should help patients find providers, housing, employment, transportation, and other services, which could help stabilize vulnerable individuals.

### *Improve coordination between hospital providers and ongoing providers*

Participants frequently remarked on the disconnect between the diagnosis and care they received during hospitalization and the diagnosis and care they received from their ongoing mental health providers. Better, and more frequent, communication between providers may improve patient experience and outcomes.

### *Improve discharge planning for post-emergency room visits and post-hospitalization*

Over half of participants said the discharge planning offered after both emergency room visits and hospitalization was ineffective and frequently resulted in re-hospitalization. Creating a more robust and proactive discharge planning system that is consistently connected with patients' regular providers and their MCO could improve patient outcomes and reduce re-hospitalizations. For patients who do not have regular providers, discharge support that definitively identifies and schedules follow-up care also could improve after-hospitalization outcomes.

### *Increase access to psychiatrists and other mental health providers*

One of the most frequently mentioned barriers to mental health care found in the qualitative interviews was a lack of mental health providers accepting Medicaid, which leads to long wait lists and inconsistent care. Improving incentives for providers to accept Medicaid beneficiaries could help to ameliorate these challenges.

### *Continue to encourage providers to offer telehealth options*

The bulk of participants said telehealth options made it easier for them to access mental health providers. With New Hampshire permanently extending telehealth coverage, continued efforts to encourage providers to provide telehealth could provide people with mental health diagnoses greater access to providers.

### *Encourage medication management strategies*

Participants frequently said they had difficulty managing their medication. Encouraging providers, pharmacies, and patients to use medication support systems could support medication compliance, improve patient outcomes, and reduce the risk of re-hospitalization. Some strategies may include in-person support for taking medication, pre-packaged medication or pill packs, auto-refill of prescriptions, and delivery.

## APPENDIX 1. RECRUITMENT LETTER

September 7, 2021

Dear [Name],

The New Hampshire Department of Health and Human Services is asking for your help with a project about New Hampshire Medicaid Care Management. The Department hired Horn Research to gather opinions from people like you to better understand your experience with your health plan and health care.

We would like to invite you to participate in a **telephone interview** where you can share your experiences with mental health services and the support you receive.

We are only asking a small number of people to take part so **your participation is very important**. You will receive a **\$40 VISA gift card** as a thank you for your time if you participate in a telephone interview.

We will be conducting the telephone interviews between **XXX, 2021 – XXX, 2021**. The interview will take about 20-30 minutes and we can schedule it at your convenience. We have a limited number of interview slots and they will be filled on a first come, first serve basis. All information you share will be kept completely private and will not affect your benefits or health care in any way. No one from Medicaid will see your individual answers and your name and personal information will never be made public.

If you would like to schedule an interview, please call Horn Research toll-free at **(888) 316-1851** or email at [Lisa@HornResearch.com](mailto:Lisa@HornResearch.com).

Thank you for sharing your experience and thoughts about New Hampshire Medicaid Care Management.

Sincerely,



Susan Drown, MBA, LICSW  
Director, Bureau of Program Quality

## APPENDIX 2. INTERVIEW GUIDE

### Introduction

*The goal of this interview is to try to understand your experience with mental health services and the support you receive.*

*Your feedback is very important and will help the State of New Hampshire evaluate the Medicaid Care Management program. We want to know about your experiences. Your participation will not affect the benefits and services you receive through the Medicaid Care Management Program and all the information you provide will be kept completely confidential. At no point will your name or any other identifying information be released. There are no right or wrong answers. Your experience is very important to us, and we are grateful to you for taking this time with me. This interview will take about 20-30 minutes.*

*First, we would like to get a little information about you.*

#### I. Demographics / Context

1. How old were you when you first received mental health services? (*age in Years*)
2. Are you currently employed? If yes, is it FT, PT, temporary, etc.?
3. What is your living situation - Do you live alone, with a partner/spouse/roommate, with dependent children/relatives, in a residential community/assisted living, etc.?
  - a. If with another person(s), what is their role in helping you manage your mental health needs?
4. How do you get around the community? Do you have reliable access to transportation?
5. Do you have access to a phone so you can be in touch with people?
6. Do you have regular access to the internet on a phone, tablet or computer?

*Now we would like to hear about services you may receive and how you get information about services you may need.*

#### II. Access to information & services

7. Do you have a primary care provider?  
If no, why not?  
If yes,
  - a. Have you changed your Primary Care Provider (PCP) in the past 12 months?  
If so, why?
  - b. Have you seen your PCP in the past 12 months?  
If no, why not?

8. Do you have mental health care providers that you work with while living in the community, like a psychiatrist, counselor, a therapist, a case manager?  
If no, why not?  
If yes,
- a. Have you changed any mental health care provider in the past 12 months?  
If so, Why?
  - b. Have you seen any mental health care provider in the past 12 months? (Don't include providers in an inpatient setting)  
If no, why not?
9. When you have a question or concern about your own mental health, who do you contact for information?  
*Wait for answer – if needed Probe: counselor, case manager, doctor, nurse, pharmacist, peer support agency, 211, local community health center/worker, health plan, other*
10. If you have a question about your current mental health services or new services you feel you need who do you contact?  
*Wait for answer – if needed Probe: counselor, case manager, doctor, nurse, pharmacist, peer support agency, 211, local community health center/worker, health plan, other*
11. How do you prefer to receive information about mental health services?  
*Wait for response. Then Probe: website/online, magazine, group education class, one-on-one from someone I know*
12. What challenges have you had in getting your questions about your current or new mental health services answered?
13. Have you received information about mental health or mental health services from your health insurance company? (Probe: flyers, phone calls about services, emails, text blasts)  
If yes, have you found it to be useful/helpful or not so useful/helpful?  
In what ways did you receive this information? Such as through a Care manager, printed information, etc.
14. Have you used telehealth services for any of your mental health needs?  
If yes,
- a. Has it made it easier for you to access mental health services?
    - i. Probe: easier, faster, fewer barriers like transportation, childcare, etc. – or hard stuff e.g., poor connectivity, etc.
  - b. How does the quality of the telehealth services compare with in-person services?

15. Medications are available for helping with stress or mental health. How do you get answers to questions about medications? What has been difficult about getting answers to your questions about medications?

*Probe: Who assists with getting you answers? (pharmacist, nurse, doctor, diabetes educator, care manager, health plan)*

16. If you have had mental health medications prescribed to you, did you have difficulty getting them? If yes, what things got in the way of getting your prescribed medication?

*Probe: affordability, transportation*

17. Sometimes, people can have trouble taking their medications. What kinds of things get in the way of you taking your medications as prescribed?

*Probe: difficult/complicated regimen, side effects*

18. Some medications have physical side effects like weight gain. If you take medications, have you received support to understand any physical side effects?

19. Have you ever had to seek mental health support at an emergency room?

If yes, were you able to access ongoing supports after you left the emergency room?

*Now I'd like to hear about how you manage your mental health using other strategies.*

### III. Mental health Self-Management Education and Support Programs

20. Have you ever taken an education class in the community on how to manage your mental health such as *Positive thinking, management of emotional states, addressing trauma, reduction of negative or intrusive thoughts?* (IF NO SKIP TO QUESTION 24)

*Probe: this could be in group format, or one-on-one with a support worker, community health worker, care manager/health plan, or other healthcare professional, peer support agency.*

21. Where were the classes?

*Probe: hospital, clinic, in-home, peer support agency, community mental health center, other community location*

22. What do/did you like about the mental health education?

23. What didn't you like (or could be improved)?

24. What challenges do you face in getting care and support for your mental health needs?

*Probe: financial, transportation, time, appointment availability, access to services*

## V. Physical Health

25. Take a moment and think about your physical health. What types of things do you do to address any physical health issues you may have? (such as eating healthy, being physically active, attending doctors' appointments)
26. What challenges/difficulties do you face in addressing your physical health issues
27. How often do you address physical health concerns with a medical professional or mental health provider?
28. Lastly, what is your most important goal you would like to achieve regarding your mental health?
29. Do you have any other comments you would like to share?



## APPENDIX 3. MCO-SPECIFIC RECOMMENDATIONS FOR QAPI REPORT

### ACNH

Table 12 lists opportunities for improvement from the Member Qualitative Interview Report to include in the quality assessment and performance improvement report for ACNH.

Table 12. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the QAPI Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	ACNH-2021Fa-QAPI-SSI-01	Provide proactive and ongoing case management for people at high risk for hospitalization
2	ACNH-2021Fa-QAPI-SSI-02	Promote improved coordination between hospital providers and ongoing providers
3	ACNH-2021Fa-QAPI-SSI-03	Improve discharge planning for post-emergency room visits and post-hospitalization
4	ACNH-2021Fa-QAPI-SSI-04	Increase access to psychiatrists and other mental health providers
5	ACNH-2021Fa-QAPI-SSI-05	Continue to encourage providers to offer telehealth options
6	ACNH-2021Fa-QAPI-SSI-06	Encourage medication management strategies

### NHHF

Table 13 lists opportunities for improvement to include in the quality assessment and performance improvement report for NHHF.

Table 13. EQRO Findings and Recommendations from the Member Qualitative Interview Report for Improvement to Include in the QAPI Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be Included in the QAPI		
Member Qualitative Interview Report		
1	NHHF-2021Fa-QAPI-SSI-01	Provide proactive and ongoing case management for people at high risk for hospitalization
2	NHHF-2021Fa-QAPI-SSI-02	Promote improved coordination between hospital providers and ongoing providers
3	NHHF-2021Fa-QAPI-SSI-03	Improve discharge planning for post-emergency room visits and post-hospitalization
4	NHHF-2021Fa-QAPI-SSI-04	Increase access to psychiatrists and other mental health providers
5	NHHF-2021Fa-QAPI-SSI-05	Continue to encourage providers to offer telehealth options
6	NHHF-2021Fa-QAPI-SSI-06	Encourage medication management strategies

## Well Sense

Table 14 lists opportunities for improvement to include in the quality assessment and performance improvement report for Well Sense.

Table 14. EQRO Findings and Recommendations for Improvement from the Member Qualitative Interview Report to Include in the QAPI Report for Well Sense

Well Sense EQRO Findings/Recommendations for Improvement to be Included in the QAPI Member Qualitative Interview Report		
1	WS-2021Fa-QAPI-SSI-01	Provide proactive and ongoing case management for people at high risk for hospitalization
2	WS-2021Fa-QAPI-SSI-02	Promote improved coordination between hospital providers and ongoing providers
3	WS-2021Fa-QAPI-SSI-03	Improve discharge planning for post-emergency room visits and post-hospitalization
4	WS-2021Fa-QAPI-SSI-04	Increase access to psychiatrists and other mental health providers
5	WS-2021Fa-QAPI-SSI-05	Continue to encourage providers to offer telehealth options
6	WS-2021Fa-QAPI-SSI-06	Encourage medication management strategies