



Consumer Quality Initiatives, Inc.

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Eligibility/Access Focus Group Report

INTRODUCTION

The Massachusetts Department of Mental Health (DMH) contracted with CQI to conduct a series of focus groups with adult and youth mental health consumers and family members across the state to help inform their Unified Behavioral Health planning process.

One area of interest for DMH is the process of qualifying for DMH services. A related concern is access to mental health services. This report presents common themes that arose from a focus group with adult consumers and family members on their experiences with becoming eligible for mental health services and accessing these services.

EXECUTIVE SUMMARY

- Many consumers who had been denied eligibility at least once eventually became DMH-eligible as a result of an admission to a state hospital or significant assistance from a provider, such as a Clubhouse or a MassHealth funded clinic.
- Consumers very much valued having a DMH case manager to assist them identify useful services, to discuss problems with, and to help with rides.
- Some consumers felt it would be OK for them to no longer have a DMH case manager, only if they no longer needed that assistance or a private program (e.g., supported housing) could take on those responsibilities.

FOCUS GROUP PARTICIPANTS

CQI conducted a focus group on March 14, 2006 with 18 participants, but because of their varying arrival and departure times, the group size averaged around 12 at any given time. Most participants were consumers, but three parents of adults or adolescents with mental illness also attended. There was some multicultural representation, though most attendees were white/Caucasian. We could not cover every topic related to eligibility/access, as no one had an experience related to every topic¹.

¹ As for eligibility, we would have preferred to cover all of the following topics in depth: 1) Application process, 2) *Informal* appeal process, 3) *Formal* appeal process, 4) Waiting for approval, and 5) What

THEMES

Becoming DMH eligible

One becomes eligible for DMH services when a DMH area office determines that the person meets the criteria for illness severity and financial hardship. Many consumers who had been denied eligibility at least once eventually became DMH-eligible because they were deemed in need of services after an admission to a state hospital or via significant assistance from a provider, such as a Clubhouse or a MassHealth funded clinic.

A number of consumers and parents said the applicant had initially been denied eligibility because s/he was not considered sick enough (e.g., non-psychotic, non-suicidal) or had a non-qualifying diagnosis (e.g., traumatic brain injury (TBI), a personality disorder). The person then followed one of two general paths to eligibility. In some cases, the person's situation got much worse, including homelessness, bad accidents and/or jail or prison, and they then ended up in a state hospital. Once in the state hospital, it appears that a patient is then fast-tracked for DMH eligibility².

In other cases, the person got significant assistance from a provider, even though their situation had not necessarily worsened. Clubhouses played a significant role in helping people gain eligibility, with both staff and Clubhouse members providing assistance to consumers. Also, some people had MassHealth, and then obtained services at a clinic or day program; that program would make efforts to help them gain DMH eligibility. These consumers were able to benefit from the skill and experience of Clubhouses and outpatient providers; in some cases, it was as straightforward as helping them obtain an Axis I diagnosis, not just an Axis II or TBI diagnosis.

One consumer's story:

Joseph³ explained that when he initially did not qualify as DMH eligible he was very discouraged. He said, *"I felt very lost, very confused. I thought it was a way out of being homeless. When I was denied access to a stepping stone, I was very discouraged."* He then spent several years at a variety of shelters and programs before he was diagnosed with bipolar disorder. When the program helped him apply again, he was approved. He's now doing very well in a supported housing program and is looking forward to taking on more hours in his job.

Access to DMH Services once DMH-Eligible

happens once approved as DMH eligible. We covered nos. 1 & 5 in some depth, but not nos. 2-4, since none of the participants had gone through, or could recall in a meaningful way, any kind of appeals process. They took another approach instead, as noted in the text.

² When a person goes into a state hospital, information needs to go to the parents/family members on DMH services. Parents whose children were admitted to the state hospital were very unclear about the process and eligibility for DMH services.

³ Not his real name.

Consumers felt that care coordination and rides/transportation were critical for them to access services and activities. Transportation to activities, such as art classes and employment, was difficult or impossible outside of normal business hours. They received this kind of help from a variety of people/organizations, including case managers and supported housing staff, and to a lesser degree Clubhouse staff.

Participants very much valued having a DMH case manager to assist them identify and access useful services, as well as to discuss problems and to help with rides. Often when people were hospitalized they did not hear from their case manager. The hospital social worker seemed to take over. Some saw this as a problem, and wanted to know that their case manager was still there for them. Others understood that the case manager's involvement might be duplicative of the social worker's efforts.

Several people noted that they had difficulty getting a new case manager if theirs had left. One person said, *"They don't stay too long. It takes a long time to get a new one."* One person said the case managers work best when you first get released from the hospital and when you need housing. Another said, *"It seems like she's helping me. I'm not even sure what she's doing. If I need help with MassHealth I called her. It just seems like she's working."*

Many consumers felt it would be OK for them to no longer have a DMH case manager, but only if they no longer needed that assistance or a private program (e.g., supported housing) could pick up the case manager's role. Some recognized that it was often the role of supported housing staff to take over the case manager's role, at least to a degree. We heard a variety of experiences with supported housing here. One person (Joseph above) attributed his improvement to his supported housing program helping him stabilize and find a job. Others were less confident that their supported housing program could help them get places or access services.

A few participants found Clubhouses to be a valuable resource in helping to organize their care, but noted that services are generally based at the Clubhouse, and that outreach consisted of phone calls. Thus, the Clubhouse did not replace the role of a DMH case manager.

Access to needed non-DMH services

Some participants felt that they could gain admittance to a private psychiatric hospital when needed, but that the length of stay was not sufficient for them to stabilize on new medications. When hospitalizations are too short, they see hospitals as revolving doors.

Several participants were concerned that MassHealth has not been providing appropriate dental coverage and that people are not getting the dental care they need.

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