

Transformation Transfer Initiative Final Report: South Carolina



Questions reported on July 16, 2021

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1. *When did you launch your 2020 TTI, and how long has it been operational?*

The first incentives were disbursed on July 23, 2020. The project remains ongoing with a June 30, 2022 deadline to expend all funds.

2. *How has COVID-19 impacted your project? What adaptive practices or efforts have aided you in overcoming these challenges?*

COVID-19 impacted the project in several ways. Fewer patients were able to be seen face to face in some centers, while other centers saw an impact in the number of referrals. For example, children who would have normally been seen by a therapist in the school setting were no longer willing to participate in face-to-face appointments. While in-person appointments were available, some patients remained unwilling to come in due to COVID-19. Adaptations (e.g., telehealth) were made to allow for more access to clinicians, but even then some patients were still unwilling to go to the clinic to pick up a gift card. In some cases, the target audience was changed from patients who were receiving services online to patients who had to be physically present to receive the service.

3. *How many individuals have participated in your TTI at time of this interview?*

631 patients have received gift cards.

4. *How much has been paid in incentives at time of this interview?*

\$7,919 has been paid.

5. *Have there been changes to your key partners and/or target population?*

Yes, there have been changes. Some target audiences were expanded. In other centers, the target audience changed because the patients were unwilling to come in to the clinic for services even when an incentive was offered. The incentives were then offered to patients who had to be physically present to receive the service (e.g., for nurse visits).

6. *Do you plan to make incentives a part of your behavioral health system moving forward? If so, how will you achieve sustainability?*

Centers have indicated that they plan to make incentives an ongoing part of their service delivery. In some cases, the cost will likely be added to annual budgets. One center noted that “cost is minimal in comparison to the additional care/stability we can provide to patients and our community.” Other centers will seek out and partner with local nonprofit organizations who would be willing to contribute funds to sustain the program.

7. *Do you have any meaningful anecdotes regarding your programs that you can relay to us? (I.e., testimonials from participants, creative solutions)*

Patient 1 was admitted to services on April 17, 2019, and enrolled in TTI on November 13, 2020. Prior to enrollment in TTI, the patient had 20 family therapy sessions scheduled, did not show up to five of those, and cancelled three. After enrollment into TTI, five family therapy sessions were scheduled and four of those were attended. (One was cancelled by the client). After completing the TTI program, two more family sessions were scheduled, and both were attended. The patient has made progress in using coping skills when receiving family feedback to avoid and/or prevent escalating and in taking more responsibility for actions. The patient is able to communicate effectively, express thoughts and feelings openly to his/her mother, has been more helpful and compliant with chores and task, and has been in a euthymic mood.

Patient 2 was admitted to services on February 10, 2020 and enrolled in TTI on July 21, 2020. Prior to enrollment in TTI, nine family therapy sessions were scheduled, the patient did not show to two and cancelled three. After enrollment in TTI, 5 family therapy sessions were scheduled, three of those were attended, and two were no shows. The patient completed the TTI program on February 5, 2021, and successfully discharged from services on April 23, 2021. Trauma symptoms decreased significantly (CATS score went from 31 to 6), the patient experienced a decrease in frequency of suicidal ideation (SI), and s/he reported an ability to manage SI thoughts using skills learned in therapy rather than acting on them.

8. *Do you see the incentives working to help individuals make follow-up appointments?*

Given the delays in starting the program and changes in services brought on by COVID-19, it has been difficult to measure improvements in cancellation and no-show rates thus far. Anecdotally, centers are reporting they believe improvements have been made. Those who could make a comparison did report seeing a decrease in cancellation rates and they believe the incentives have been a positive factor in helping patients make their follow-up appointments.

9. *What has this federal investment given your state system that would not have happened without it?*

The federal investment provided the funds for the South Carolina Department of Mental Health to partner with a statewide nonprofit who purchased the incentives. State law prohibits the use of state funds to purchase gift cards, so an external funding source and partner was crucial. We are grateful for

this opportunity to incentivize and reward patients for their hard work and participation in therapy and in the recovery process. Centers have received positive feedback regarding the resources provided through TTI and many patients have demonstrated more successful attendance due to the program. Being able to offer patients gift cards for small successes not only offers them financial benefit but also gives them a sense of ownership for meeting a goal. Additionally, staff are able to build on the small successes and are pleased to have “one more tool in their toolbox” to engage patients.

For centers using transportation incentives (e.g., bus passes), the additional assistance has opened doors for those experiencing transportation barriers and provided confidence in scheduling future appointments.

One center decided to apply the funding towards refurbishment of an RV for outreach to a small primarily rural county—with plans to eventually reach all of the counties the center serves. The county has seen a significant rise in suicide completion throughout the pandemic and with little-to-no public transportation, it has been difficult to reach potential patients and increase service delivery. Once the RV is fully operational, the center will partner with various other community agencies at least twice a week to go out into the community to provide physical and mental health screenings. These are services that would not normally be available due to limitations on transportation.

COVID-19 impacted this particular project in a unique way, in that the company originally slated to refurbish the vehicle decided they could only work on vehicles that had been purchased directly through them. This turned out to be a common practice among RV refurbishment companies, but the center did find one business willing to take on the project. After some unexpected developments related to the refurbishment, the vehicle was returned to the center in mid-July 2021.

The visibility of the project has already affected the center’s relationship with the local community. The county has renewed its interest and investment in the center’s services. Individuals and agencies are starting to show an increased interest in the services provided at the center and seem more willing to collaborate and move forward with partnership to expand all services in the county. The center notes that all of this is happening when they “haven’t even started our outreach events!”

The center is excited for the opportunities that the RV will provide in expanding services in the mostly rural county. It is also certain that the renewed county-wide excitement, interest, and collaboration would not exist without this funding for this project.

10. What will you do with any residual funding?

We do not anticipate having any residual funding. \$85,060.76 has been spent on purchasing gift cards; if gift cards are left over at the end, the centers will continue to use them as incentives. \$64,850 has been allocated to other outreach programs. All of these funds are anticipated to be spent on outreach activities. \$89.24 (the amount remaining after applying gift card discounts to the fees) will be spent on costs incurred to administer the grant.