Transformation Transfer Initiative Final Report: Utah

Interview conducted on: June 18, 2021
Interviewees:
Ming Wang, Program Administrator, Department of Human Services, Division of Substance Abuse and Mental Health, State of Utah.
Jessica Makin, Project Director for Youth Empowered Solutions to Succeed (YESS)

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

We launched shortly before the onset of COVID-19, but we have only recently been operational.

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

To provide a bit of background, it took us quite a while to develop the disbursement model. The incentives were not something the community mental health centers were used to doing; it was quite new. We have been careful in determining what are eligible activities that warrant incentives, and what forms of incentives to give. We have a rural site, for example, and they have limited forms to offer incentives—such as a Walmart card or something similar. We tried to explore the cash card, because that would usually be the most effective incentive, but when we discussed this option with SAMHSA, they did not want that. Consequently, it took us quite a while—about three to six months—to develop a disbursement schedule.

When the pandemic started, everything shifted to telework and telehealth. People had so much going on, they simply put a stop to the incentives. They had more pressing things to worry about than adding their clients to a new program, and their focus was on struggling with how to how to keep clients engaged through telehealth.

We also wanted to work with the Navajo tribes on this project. However, because they have serious COVID-19 problems, it is not anything they can entertain at this time.

Currently, we have two centers that are offering the incentives. This is not on a large scale, but their operations are gradually moving back to normal.

Our most important adaptive processes are that we have tried to be flexible and give providers the time to work this out. Providers and participants are overwhelmed—they are going through their own trauma—so this program does not have to be their priority. We are welcoming people at their own readiness level.

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

Thirteen people have participated.

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

$395 has been disbursed.

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

We had one rural center that dropped out because they could not pay the attention necessary to make this project work for them. On the other hand, we have also expanded the project to also include youth in transition and not only youth experiencing early psychosis.

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

It is too soon for us to answer this question. According to the two centers that have implemented incentives on a limited basis, they have clients with family members who feel that the incentives are akin to bribery. These individuals have expressed that they do not need the incentives to participate. We are paying close attention to these opinions.

With the TTI, what we are trying to see is if this new concept works or not. We will therefore need to wait and see whether incentives truly make a difference; that will ultimately inform our decision. We have been reading the literature on incentives. Sometimes people do something for an intrinsic reason, and offering incentives can change that dynamic. Sometimes incentives may even reduce the motivation. Thus, we want to pay close attention to whether incentives make a difference, or whether they even make a negative difference. If people are perceiving the incentives as bribery, it could be a question of the programming itself or merely of the messaging. We will make a decision after we have more data.

Regarding achieving sustainability, we know that one center set aside funding, even before the TTI, to allow incentives to be offered. Thus, if there is a need to sustain this project—and even on a wider scale—that particular center will probably be able to do so.

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

I would just reiterate that there have been a couple of incidents where participants have not welcomed the incentives. People have said, “We are here because we want to be here, and you don’t need to provide us anything for that.”

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

One center reported a 100% show rate for the incentivized meetings/sessions.

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

The most important part of this grant, for us, has been the dialogue it has nurtured rather than the actual money itself. The TTI grant has allowed us and our sites to think. The sites can consider what is the missing link in their programming. We have three sites now, and they all have different disbursement models. Some sites are offering therapeutic activities. Some of them are involved in evaluation activities. Allowing the sites to develop their own disbursement schedules, or their own disbursement models, has been very educational for us.

10. What will you do with any residual funding?

We want to make it available to the tribes. The tribes have been severely affected by COVID-19, and now their project coordinator is out on maternity leave for several months. The current person who is in charge is not paying attention to this program because she is only taking care of the essential activities. We are waiting for the regular project coordinator to return from maternity leave. Because of the poverty level on the reservation, we would like to see if incentives will make a difference for them.