

Transformation Transfer Initiative Final Report: Georgia



Interview conducted on: June 18, 2021

Interviewees:

Ellen Dean, Project Coordinator for Coordinated Specialty Care for First Episode Psychosis Programs, Georgia Department of Behavioral Health and Developmental Disabilities

Jill Mays, Director, Office of Behavioral Health Prevention, Georgia Department of Behavioral Health and Developmental Disabilities

Alicia Oseikwasi-Glasford, High Utilizer Management (HUM) Statewide Coordinator, Georgia Department of Behavioral Health and Developmental Disabilities

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

This project partnered with Grady Health System and the CSB of Middle Georgia (CSB-MG) to reduce non-show rates and improve early engagement in treatment through Nice Incentives for Care Engagement (NICE!).

CSB-MG launched its program in September 2020, while Grady began enrolling participants in July of 2020. Both programs are currently operational.

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

During the COVID-19 pandemic CSB-MG experienced a decreased attendance rate for in-office initial outpatient appointments as well as for follow-up appointments when individuals were successfully connected by the High Utilizer Management (HUM) Program. CSB-MG was able to offer telehealth appointments due to the COVID pandemic to overcome this challenge.

With Grady, implementation of the project was delayed for approximately two months due to COVID, and there were other challenges as well. The program initially planned to engage a part-time peer support specialist to approach patients about participating in the program; however, the hospital experienced a hiring freeze as a result of the COVID emergency and needed to involve existing case managers. The staff member designated to be responsible for approaching eligible individuals on the inpatient unit needed to take an extended leave of absence in September 2020, and the program was required to identify another staff member who could assume this role. At the same time, staffing shortages throughout the hospital system due to the pandemic meant that staff were frequently re-assigned to the hospital areas most in need of personnel. The lack of an identified staff member consistently approaching individuals about the incentives program resulted in some eligible individuals being discharged from the unit prior to learning about the incentives program.

In addition, delays in the purchase of gift cards, again due to staffing issues, led to some individuals keeping their scheduled appointments but not receiving the incentives as promised. The program eventually resolved this issue and was able to provide all outstanding incentives. While the hospital was

able to pivot to telehealth appointments relatively quickly and offered telehealth appointments to individuals whenever possible, this affected the incentives program in that individuals could not receive the incentives in person as originally planned. The hospital was unable to implement a system where participants keeping telehealth appointments could receive the incentives electronically immediately following the sessions; instead, the incentives had to be mailed to participants, which may have lessened the impact of the incentives somewhat.

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

For CSB-MG, from September 2020 to February 2021, 18 individuals were eligible; 8 agreed to participate. From March 2021 to May 2021, 30 individuals were eligible; 9 agreed to participate. A total of 48 individuals have been eligible, and 17 have agreed to participate.

For Grady, 160 individuals have been eligible for the program; 142 individuals have enrolled and participated in the program through May 2021.

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

CSB-MG: A total of \$420.00 has been paid in \$15.00 incentives (28 incentives).

Grady: A total of \$4,785.00 has been paid in \$15 incentives (319 incentives).

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

There have been no changes with either CSB-MG or Grady.

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

CSB-MG: We hope to be able to include incentives as part of the HUM program, as offering incentives has improved enrollment rates in this program.

Grady: It is unclear at this time, as our initial data does not support continuing to provide incentives. However, we will be extending the program, as we have unspent funds. We will make a determination regarding incorporating incentives when we have been able to operate the program as intended, with incentives provided in-person at the time of in-person appointments, and when we consequently have additional data to review.

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

CSB-MG: Individuals who received the incentives acknowledged that the gift cards were a motivating factor for them to keep their appointments, because it allowed them to use the gift card to buy items they needed.

Grady: One participant had maintained during his stay on the inpatient unit that he was uninterested in following up with outpatient treatment after discharge and had no intention of doing so. When a staff member, Richard, approached him about the incentives program, he agreed to participate and did keep his initial outpatient appointment. At this appointment, he asked about Richard and wanted to speak with him. He said that it was Richard's way of talking with him, as much as the incentive itself, that led him to keep the appointment.

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

CSB-MG has seen incentives working to help individuals make follow-up appointments. We anticipated that rates of enrollment in the HUM program would increase from 6% of eligible individuals to 20% of eligible individuals. The rate of enrollment in the HUM program has increased to 35% of eligible individuals, a significant improvement in enrollment rate.

For Grady, the answer to this question is unfortunately no. Grady's baseline attendance rate for initial appointments kept was 53% show / 47% no-show. We had anticipated that the no-show rate at initial outpatient mental healthcare appointments at Grady would decrease from 47% to 35% as a result of the incentives program. As of December 2021, the attendance rate for initial appointments had decreased from 53% to 39%, a 14% reduction, meaning the no-show rate had increased from 47% to 61%. This trend has improved in recent months. As of June 1, 2021, the attendance rate for initial appointments has increased from December rates to 48% show / 52% no-show.

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

For CSB-MG, this investment has allowed for continuity of care. Individuals in rural areas are more motivated to go to their follow-up appointments and can stay connected to services to receive the treatment they need.

For Grady, this funding has allowed us to pilot a novel program to determine whether a relatively inexpensive intervention will improve early engagement in treatment for persons with Serious Mental Illness.

10. *What will you do with any residual funding?*

We will do a no-cost extension for the CSB-MG partnership. We will also extend our contract with Grady to determine whether the decrease in COVID-19 cases, availability of vaccinations, and return of in-person appointments changes the outcomes of the incentives initiative.