

Transformation Transfer Initiative Final Report: Kentucky



Interview conducted on: July 22, 2021

Interviewees: Koleen Slusher; Director; Behavioral Health Division; Cabinet for Health and Family Services; Department of Behavioral Health, Developmental and Intellectual Disabilities

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

We have not started implementing our project yet.

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

The primary reason in the beginning for not implementing our project was COVID-19. Our project is centered around four state psychiatric hospitals. One, Western State Hospital, was deeply impacted by COVID and experienced several client deaths at the facility. Accordingly, there were no discharges or admissions to that facility for a long time, and anyone who needed hospitalization was diverted either to community-based services or to an alternate psychiatric hospital in the state.

While this was happening, we continued the process of education concerning contingency management with the mental health centers we had designated for implementation. In the meantime, we also changed our project design, which took extra time. We are now in the IRB process.

We did make changes to the project based on the actual giving out of the contingency management. For distributing the money, our evaluator at University of Kansas had ties with someone who had an app that could be used, and that is an adaptive feature of the project we are going to continue with.

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

No individuals have participated yet.

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

No money has been paid out yet.

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

There have been no changes to our partnering organizations, but two organizations that originally were going to receive treatment as usual as part of a control group are now receiving the intervention.

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

We very much desire to have this kind of intervention expanded into the behavioral health system of care. That said, doing so would require funding. We need to get this project off the ground so that we can look at the outcomes. Our current data show only a 40%—and sometimes lower—adherence rate with the first follow-up appointment for people who have serious mental illness who are leaving state psychiatric hospitalization. Based on the research we have undertaken, we do believe contingency management will be efficacious. If that is the case, then, yes, we would want to expand these efforts. We would need to look for alternative sources of funding, and we do not know yet what those would be.

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

When we provided the first contingency management training to our mental health centers, we went into the training expecting some resistance from personnel because we didn't believe our communities had a solid understanding of the benefits of this approach. Instead, people jumped on board quickly and very much want to implement this in their centers.

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

Although the research points to “yes,” it is too early for us to say since we have not implemented our project yet.

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

We would not have the opportunity to do this project otherwise, because we do not have a funding source that allows us to give cash payments to clients. To this end, this project opens the door to exploring the effects of contingency management since we know it is something that has positively affected attendance and adherence to treatment.

While we have not gotten this project off the ground yet, we do feel it is vital to moving forward behavioral health; it is an integral part of how we view mental health services in the future.

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

We do not foresee having any residual funding. If our system of care stays open and returns to our normal levels of discharge from our hospital into our four community centers, our numbers show we will use all the funding.