



Transformation Transfer Initiative Final Report: Massachusetts

Interview conducted on: June 8, 2021

Interviewee: Robert Walker, Consumer Engagement Liaison, Massachusetts Department of Mental Health

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

We launched our project in January of 2020 and it remains operational.

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

COVID-19 completely upended our project. Our original project was going to work with bridging older adults who are in inpatient psychiatric care to community services. The inpatient psychiatric unit, however, would not allow anybody who was not employed by them on the unit. At the same time, the outpatient therapists and sites were not receiving new patients.

We responded by quickly moving to remote contact. One of the biggest needs was engaging individuals who were struggling with hoarding disorder. We incentivized these individuals to meet with an older adult peer specialist who was also in recovery from hoarding disorder.

We believe that for this population, we actually reached more people than we would have otherwise. Often, individuals who are older adults, and who have trouble with hoarding, do not let people pass their front door. Accordingly, holding the meetings remotely was easier than by face-to-face contact.

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

In total, 15 clients have participated in the program, of whom seven are currently open in the program as active participants. There are five pending referrals.

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

Clients in the program so far have earned a total of 27 incentive gift cards.

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

There have been no changes.

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

Most likely, we will not for mental health appointments. We tried them, but they are not the best motivator. We will, however, continue working with the peer specialists; they seem to be the secret sauce.

On the other hand, for health and wellness appointments, we found that providing grocery store cards have been a motivator. Thus, we may continue with incentives for health and wellness appointments, but not for mental health appointments, moving forward.

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

Client #1:

This client is an 83-year-old woman living alone in Cambridge. She lives with major depression, anxiety, and physical health challenges. The client was referred to HIP by Council on Aging staff. The client came into the program feeling overwhelmed by the process of finding a medical provider / psychiatrist. Since the client has been engaged in the program, she has been able to work on the following goals:

1. Discussing the possibility of bridging medication w/PCP until psych intake
2. Calling three psych providers from a list provided by PCP
3. Exploring the possibility of finding a primary care specializing in geriatric medicine

The client has reported that she likes the structure of the program and the accountability she feels with receiving regular calls from her social worker. She calls the goals her “homework assignments.” She has so far completed goals 1 and 2, and number 3 is in progress. The client reports she feels she tends to over-rely on her adult children for assistance and that this program helps to foster a sense of independence.

Client #2:

This client is a 63-year-old woman living in Somerville. She lives with depression, anxiety, history of substance misuse and chronic pain. Her goals are to:

1. Schedule routine medical appointments
2. Follow up with specialists for upcoming surgery
3. Locate smoking cessation resources in the community
4. Follow through with phone calls for financial hardship resources

Goals 1 and 2 are ongoing and the client has earned gift cards for both so far. Goals 3 and 4 are in progress. The client cites chronic pain as a major barrier. Her social worker and the client have regular conversations to help identify barriers that get in the way of goal completion and the client reports that this engagement is helpful. As a result, she feels that she has greater autonomy over her own health.

Client #3:

The client is a 70-year-old man living in Somerville. He lives with major depression, a hoarding condition, and a cancer diagnosis. He was referred to the program by his SCES mental health social worker for goals related to decluttering and medical appointment follow-up. His goals are to:

1. Schedule appointments for cancer treatment
2. Work on decluttering and acceptance of heavy chore services to prepare for bed bug extermination.

Goal 1 is ongoing, and his social worker reports that the client is making some slow but steady progress toward acceptance of services to address his infestation.

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

As noted, we did not find that the incentives helped significantly for mental health appointments. They did seem to help for health and wellness appointments.

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

This grant has given us a better understanding of the needs of older adults with SMIs, and it has also given us the ability to try some new approaches.

10. What will you do with any residual funding?

This project does not have an endpoint in terms of time; rather, the endpoint is when the money runs out. We intend to spend down all the funding.