



Street Outreach and Rapid Response  
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May 28,

2021



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

We launched this innovative project in July of 2020 in both Tulsa and Oklahoma City. In the midst of the COVID-19 pandemic, as the community was being asked to isolate themselves, we were looking for ways to help those dealing with mental illness to stay connected. The Transformation Transfer Initiative (TTI) allowed us to incentivize individuals to initially engage and follow through with lifesaving appointments for treatment.

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

In 2020, most mental health services shifted to a virtual platform, and this proved challenging for the population we serve. Unhoused individuals often lack access to even a basic phone, let alone a smartphone or computer that would enable connection to a virtual appointment. TTI allowed us to purchase iPads for our clients to facilitate engagement with their mental health providers. We even had a Community Mental Health Center provide us with an iPad that connected directly to a therapist. The day of a client's appointment, the Case Manager would take the iPad out to where the client was staying, that may be in an encampment, under a bridge, or on the street. This allowed the client to stay connected with mental health services regardless of the client's current living situation.

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

To date, we have helped 94 clients connect to mental health services through this program. With this population, lack of trust can be our biggest challenge. Our main focus as we meet with clients is to build trust and a connection with them. We found that some potential participants as well as community partners thought this incentive program was too good to be true. Our teams have worked to build those relationships with both clients and the Community Mental Health Centers, and we are now seeing progress with those relationships. The Community Mental Health Centers now reach out to our teams when they have a client who is struggling to show up for appointments. After the intervention of this incentive program, clients are attending appointments more regularly, resulting in more positive treatment outcomes.

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

To date, we have spent \$2,139.04 in incentives. The incentives provided have been in the form of gift cards to restaurants, grocery stores, and for gas. We look forward to increased distribution of incentives to clients that will keep them stay connected to necessary mental health services.

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

We currently work with all of our Community Mental Health Centers and Crisis Units in both Tulsa and Oklahoma City to identify clients needing additional support and encouragement to engage and stay connected with their mental health treatment. Our target population are those who are unhoused. We work with some clients who may be housed but are at risk of slipping into homelessness.

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

We have seen the positive results and the hope TTI has instilled in our clients. We strongly believe that incentives should be a part of the behavioral health system moving forward. To reach sustainability with this program it would be helpful when writing grants to add this component to the grant application; this would guarantee funds to be used solely for incentives.

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

Oklahoma City: The outreach team began working with a young man who was a frequent utilizer of the crisis center. He was not following up with his outpatient appointments and used the crisis center for his mental health care. With incentives, the team was able to get this young man connected with his outpatient provider. The outreach team also helped him move into a sober living house. Once housed, attending his groups, therapy sessions, and meetings with his case manager this young man began to believe in himself again. He was ready to start working. With the incentives, we were able to buy him clothes for his job interviews, and provide gas cards to facilitate transportation to his interviews. He attained sustainable employment, and is now fully responsible for his rent and living expenses. He still attends support groups and therapy sessions, and, because of Helping Connections, this young man has a better outlook on life and is a productive member of our community.

Tulsa: Evan Dougoud began working with a single mother and her son who were living in an abandoned warehouse that was not meant for human habitation. While building trust during outreach engagement, Evan learned that they both had extensive trauma histories. Evan was able to connect the mother to mental health services. The mother started attending regular therapy sessions. With the incentives provided to the client and additional assistance, she was able to provide her son with new clothing, something that she had not been able to do for her son in some time. She is now currently approved for an apartment and is working with Legal Aide to regain full custody of her son. All of this was possible because of this program.

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

Incentives absolutely work for follow-up appointments. Many of our clients frequent the crisis centers, attend one outpatient appointment, and then disappear until they need the crisis center again for mental health care. Continued outpatient treatment is a critical component in decreasing

the need for crisis center visits. With outreach services, trust building, and the use of incentives, we are helping clients stay connected to treatment.

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

TTI has allowed us to build relationships with our Community Mental Health Centers, which creates a better continuity of care for our clients. This would not have been possible without this program. When all systems are working together we are able to better meet the needs of our clients, thereby instilling hope and helping our clients reach sustainability in all aspects of their lives.

10. What will you do with any residual funding?

With residual funding, we will extend the project. We are also looking for another funding stream to keep the project going permanently.