

## Transformation Transfer Initiative Final Report: Vermont



Interview conducted on: July 23, 2021

Interviewees: Brian Smith, Housing Program Administrator, State of Vermont Department of Mental Health

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

We have been operational approximately since September of 2020 and are still operational. We have two providers that we are working with for this project: the Upper Valley Haven and the Community Health Center of Burlington. They each have different capacities. The CMHC is a federally qualified mental health center, quite large and robust. It is more urban while the Upper Valley Haven is more rural.

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

Our project was delayed partly due to COVID-19 and partly due to internal contracting.

One of our providers commented that it was difficult to sort out exactly how this project was impacted by the pandemic. They pointed out that they did not have this incentivizing service before COVID, yet, at the same time, the pandemic made it more difficult for people to meet with counselors in person. On top of that, people were reluctant to meet with counselors. In that regard, the stipend incentive may have helped some people to overcome those concerns.

Both of the providers informed us that it was difficult to connect with the community. One provider was doing motel and tent outreach whenever they could—reaching out to homeless populations. They also relied on telehealth to some extent, but clients who did not have access to a phone or to Wi Fi had to meet in person whenever they could.

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

Approximately 55 people have participated thus far. That is a significant number, because Vermont only has about 640,000 people in the entire state, and the number of people who are homeless and mentally ill and in the PATH program is about 650. We are at the tipping point of getting 10% of this population into these two projects. We are doing a good job, whether in a rural or an urban setting, of incentivizing people who do not normally want to come in for appointments.

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

Just under \$2,000 has been paid out at this time.



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?*

We think the providers are finding that incentivizing works and are now thinking, “Let’s see how we can manage to do this.” They have more than just the Department of Mental Health funding; in fact, one provider, the rural one, has no funding from the department. They are a very well known provider in the continuum of care process, and they are highly regarded. They think that incentives have enough of a benefit that they would like to continue with them, but in a limited way.

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

There were a couple of clients that were referred for counseling multiple times last year and only started going to counseling once they knew they could get the gift card. The gift card the provider opted to share was for a grocery store down the street, and it was quite convenient. The program operator then spoke with one beneficiary, and the beneficiary said that had he known counseling would be so helpful he would have gone in the first place. He stated, moreover, that while he was grateful to receive the cards, he planned to continue counseling for its own sake.

It is also wonderful to learn that a number of individuals have used the cards for going to neuro psych testing where the provider then writes a report for Social Security so that they can get their SSI. To this point, three individuals have used the gift cards for neuro psych testing and have subsequently received SSI. That is a huge accomplishment.

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

The rural provider informed us that they found the incentives were a great tool for getting people to meet – initially. However, there were issues with people not following through after the incentives were fully paid out. This was not the case in the urban setting, where, after receiving all their incentives, clients continued to show up nonetheless.

Incentives, being what they are, generally may not have a lot of currency for only \$15, but for someone who is homeless and mentally ill, \$15 can make a difference in terms of getting the basics they do not have: i.e., a meal independently or even a shower curtain.

When individuals are not ready for professional help, there is reluctance, but this incentive lowers that resistance a bit because it is a remuneration. By and large, the people who have been given this opportunity have had good outcomes from it.

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

When other people in the department first heard about this project, there were a few quizzical individuals who felt that paying for a specific performance seemed a little out of the ordinary. Now having tried incentivizing, and seeing what it has done, and hearing what the providers have said, gives people the opportunity to rethink and consider that sometimes this works.

10. *What do you plan to do with any residual funding?*

We are going to continue spending with the existing providers and let them run with the incentivizing for as long as they can.