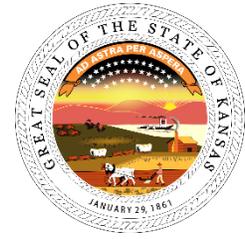


# Transformation Transfer Initiative Final Report: Kansas



Interview conducted on: June 28, 2021

Interviewees:

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

In March of 2020 we were notified of the award, and we began putting our teams together. That was the same time that COVID-19 hit, so our on-the-ground launch did not begin until approximately August. The project is still operational.

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

One of the major pieces to understand is that Douglas County, which is where Burton Nash Community Mental Health Center is located, was one of the counties that spiked early, and it also experienced the highest number of COVID cases. It was also among the last counties to release COVID restrictions, and when it did those restrictions were the most stringent in the state. The City of Lawrence and Kansas University are in Douglas County, and there was a lot of concern about the university and about the number of people consequently traveling back and forth between other states and coming back to the university.

We were able to distribute incentives to our clients during the pandemic, but distribution did not actually begin until September or October.

We were very excited about this project, but so much of our project was designed as if the system was working the way it had prior to COVID. We had foreseen connecting with people at homeless outreach centers and with people exiting state hospitals, for example. The hospitals had such high restrictions, however, concerning what staff could be in the hospital that that really impacted our ability to move forward.

We responded by implementing telehealth. We also got permission from the National Association to use Basecamp with our staff, and having that team platform was helpful.

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

We have had 60 participants in the TTI project thus far.

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

We have given out \$3,225 in incentives.

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?*

This has not been tested yet, because we do not have the data we could have collected before COVID. Much of the work we were going to do around incentives was going to include face-to-face interventions with peers. Here in Douglas County, we just got travel restrictions lifted two weeks ago.

One thing to note is that part of our grant was focused not just on incentives for consumers, but also incentives for staff. We wanted to provide things that gave them more of a sense of community inside the community mental health center system such as t-shirts and sweatshirts with the TTI logo. We wanted to offer specific programs such as someone coming in and leading a yoga training or teaching what it is like to work with a wellness plan for oneself while also being the one to provide care.

These ideas did not come to fruition because it involved connecting people to other systems such as the Department of Corrections or Adult Protective Services. These team-building services that were built into the grant were lost due to COVID, because other agencies were too busy to be involved.

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

After COVID struck, the peer team met with the consumers and asked them what sort of incentives they wanted. The consumers' suggestions were completely different from what we had thought they would be. Groceries were brought up as an incentive. Another incentive was board games, which surprised us. If you had asked us pre-COVID if board games would have been an incentive, we would have probably said no.

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

It is too early to know for sure, but from the preliminary data that is coming out, they appear to be helpful.

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

This investment has given us the opportunity to develop programs that fit our state. So often, when we write grants, we are asked about how we can incorporate an evidence-based practice. Here in Kansas,

we have such a significant rural and frontier population that some programs can be hard to implement. This grant gave us the opportunity to freely design a program. For the first time, we were able to look at, “If we promote wellness within an employed peer group, is that group more apt to have a better rapport with the consumers?”

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

We would hope to keep gathering data and information specific to the original grant. It would be useful if we could reflect as a team on what happened to our project due to COVID and consider, now that we are back open, if we can still accomplish what the grant intended to accomplish. It would be interesting to see what happened during the lockdown versus where the numbers are now: Have the numbers improved now that we are able to meet face-to-face with our population?