

Transformation Transfer Initiative Final Report: American Samoa



Interview conducted on: June 15, 2021

Interviewees:

Alesana Tuala, Branch Manager, Community Mental Health Services Branch, American Samoa Behavioral Health Services Division.

Lupe Fiso, Assistant Director, American Samoa Behavioral Health Services Division.

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

We have not officially launched or implemented the American Samoa TTI program although several tasks were completed in 2020 to initiate the program. In June 2020, the TTI program manager conducted an orientation for all selected TTI participants with the expectation to implement the TTI by August. A request to recruit the TTI caseworkers was initiated in June as well. Program forms such as the attendance log, medical appointment log, and the nutrition education log were developed during the month of August. Due to COVID-19, we experienced numerous delays in getting the TTI caseworker position established so that the position could be advertised for individuals to apply for. Also, the TTI partners identified could not provide direct services for TTI participants due to COVID restrictions and it resulted in major setbacks with getting invoices for contracts and MOUs approved. With COVID restrictions now loosened, the TTI start date has been rescheduled to August 1, 2021.

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

The COVID-19 restrictions impacted our project significantly—especially causing delays in implementation. TTI participants were not able to access the program site for several months and selected project partners were not able to provide direct services due to the enforcement of social distancing and a limit and reduction of workforce due to COVID-19 public health restrictions. The project began to plan toward the use of telehealth to make contact with TTI participants who could not come into the project site. However, there were major delays with available stock of telehealth equipment and shipment delays because of COVID-19 restrictions. There was excessive backlog of items to be purchased and shipped to the territory from mainland USA including telehealth equipment. The TTI project staff resolved this issue by using the telephone to conduct weekly check-ins with participants and to provide them status updates with the TTI launch date.

As of earlier this year, around March 2021, the state government began to ease COVID-19 restrictions. This development has opened the opportunity for the TTI project manager to begin to plan for the delivery of TTI activities as proposed, and therefore we have set August 2021 as the TTI start date.

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

While we have not started our project, we selected 10 individuals in June 2020. Each individual is diagnosed with a Severe Mental Illness (SMI).

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

Nothing has been paid in incentives to date.

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

There have not been any changes to the key partners initially identified for this project.

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

We would like to include incentives as a part of our behavioral system moving forward especially with the anticipation that the TTI incentives will result in positive behavior change and motivation for our clients with an SMI. Depending on the costs of incentives for the 10 TTI participants, we will have to explore if this is an allowed cost with our CMHBG or we will have to identify another funding stream that will allow for incentives for clients.

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

We have nothing to report at this time as program has not started yet.

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

As noted, the project has not started yet, but we agree completely that incentives are a great way to build client motivation and consistency to treatment attendance.

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

We are not able to answer this completely at this time since we have not implemented or officially launched the American Samoa TTI project yet. However, with what we have started to put in place and with our planned activities for TTI, we anticipate and believe that this investment will allow our state system to provide incentives to selected individuals with a Severe Mental Illness that were not possible before to help improve their mental health symptoms. This investment is also allowing the state system to provide transportation assistance to these individuals to and from home and their mental health treatment and medical appointments, including follow-up appointments with the psychiatrist, in order to improve their consistency with attendance and, in turn, to improve their wellness and mental health.

10. What will you do with any residual funds?

Residual funds will be used to continue the incentives.