

Transformation Transfer Initiative Final Report: Puerto Rico



Interview conducted on: June 25, 2021

Interviewees:

Wilfredo Colón, Mental Health Block Grant Coordinator, Mental Health and Addiction Services Administration (MHAASA)

Armando Reyes, Coordinator of Recovery Programs, Mental Health and Addiction Services Administration (MHAASA)

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

We signed a contract in February 2020. When we received notification that we were approved to begin implementation of the project, that coincided with the COVID pandemic. Of course, coping with COVID represented some difficulties in the implementation of the project because of the lockdowns and the limited access by project participants to project services. Since February 2021, we actually began to provide funds from the vouchers project. We remain operational.

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

It has been difficult to achieve participant access to services. Puerto Rico was on lockdown and had curfews until last month. The main adjustment we had to make was to rely on remote services. Given that all of our participants experience some economic difficulties, they may not necessarily have proper Internet connection. Also, we have some professionals who were not able to get to the projects, because they were not allowed to be in the same space together.

We are now working with supplementary funds that are coming to Puerto Rico specifically to strengthen the block grant. These include emergency public funding and also American Rescue Plan Act (ARPA) funds. We are working with treatment, prevention, and all other programs of the agency, including the information system office, because we recognize that telehealth is something that has to stay. We will need to replicate all the models we have been creating during the past year as a result of the pandemic, and we are moving forward to expand telehealth services and to keep them as part of our daily services.

At the same time, we recognize that direct, face-to-face service is still better than telehealth where possible.

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

1,132 individuals have participated.

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

Approximately \$67,000 have been distributed. It has been a quick distribution; we began on February 4.

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 believe the implementation of the project has been very successful. We are looking to sources such as the American Rescue Plan Act, the mental health block grant, and the substance abuse block grant in order to move forward. We are hoping we can achieve some goals and strengthen services. We have been discussing, in particular, the adaptations we need to make to provide telehealth by strengthening our infrastructure. We also wish to provide electronic health records.

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

We found that the vouchers served a dual purpose, incentivizing not only the participants, but also the service providers who had been frustrated with everything that was going on due to COVID. The participants have been grateful and have expressed that the vouchers have been most useful for food, transportation, and other expenses associated with receiving services.

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

Our participants have told us the vouchers definitely facilitate in making follow-up appointments and in adhering to treatments.

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

Some other programs have used vouchers for foodstuffs, but those were mostly for offender reentry programs into the community. In recovery programming, food vouchers have not been used previously, and we believe reaching out to this community would not have otherwise been possible.

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

We have submitted a request for an extension. We intend to keep distributing the incentives.