



The Effects of COVID-19 on the 2020 TTI Initiative

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COVID-19 affected the 2020 TTI cohort significantly. The most common outcome of the pandemic on participating grantees was project delays. All projects except Oklahoma reported delays to their programming as a result of the pandemic. At the time that interviews were conducted, four sites—American Samoa, Guam, Kentucky and Washington, D.C.—had not yet launched their projects.

Project delays were brought about for different reasons. To provide some examples: In Washington D.C., the project focused on serving a forensic population, and access to the clients was denied by the Department of Corrections. Kansas also experienced restrictions in being allowed to enter hospitals, and Puerto Rico experienced curfews across the island. Georgia reported a hospital hiring freeze resulting in the project not being prioritized due to limited staff. Guam reported that all financial staff were sent home due to COVID-19 and no procurements were undertaken for approximately one year.

By far the most typical adaptation to COVID-19 was to implement telehealth. Of the 16 projects that had been launched at the time of this two months of information gathering and reporting, 13 reported implementing some form of telehealth. For one site, Missouri, telehealth was not applicable because the project entailed developing mobile apps for use by clinicians rather than incentivizing clients.

Implementing telehealth was more efficacious for some grantees than for others. In most cases, grantees viewed telehealth as the less desirable alternative to face-to-face encounters. Certain sites also pointed out that telehealth could be difficult for their low-income and/or homeless populations. Puerto Rico commented that, due to its experiences with needing to use telehealth with a low-income population, it will now be seeking funding to boost IT infrastructure. Interestingly, one site, Massachusetts, reported that telehealth may actually have led to clients' participating more enthusiastically in the project. This project focused on assisting individuals with hoarding disorder, who are typically reluctant to allow people into their homes. Because of telehealth, the clients were more comfortable in meeting with peer supporters.

Another adaptation to COVID was to change the way incentives were distributed or to change what incentives were distributed. Kentucky developed a special app to distribute moneys. Nevada had planned to distribute incentives during a client's court date, but is now either distributing incentives after medical appointments or mailing gift cards to clients. Kansas reported that clients specifically requested board games as an incentive.

Unique responses to the COVID challenge that bear mentioning include New Jersey, which developed three special webinars on how to cope with the COVID pandemic, and Oklahoma, which purchased iPads and hired case managers to conduct street outreach in homeless communities in order to connect clients with therapists. Interestingly, Vermont, which also conducted tent visits to homeless people with SMIs, reported the incentives may have helped people to overcome their fear of COVID and to attend medical appointments in person.

