

## Rhode Island

### AIDS Rate per 100,000

6.2\*

### State Funds for HIV Early Intervention Services

STATE EXPENDITURES	
Required Base	SFY 2007 Expenditures Maintenance
\$104,386	\$251,310

  

SAPT EXPENDITURES	
FY 2005 HIV Set-Aside	FY 2008 Planned
N/A	N/A
N/A = Not applicable	

### FY 2008 SAPT Reports

Set-aside funds are made available through a contract to provide early intervention services in treatment facilities, primarily methadone treatment centers. Early intervention services included: pre/post-test counseling, HIV testing, referral services, and future plans for implementing HIV rapid testing.

HIV EARLY INTERVENTION SERVICES PROVIDED							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A: CSAT has instructed this State to stop allocating SAPT funds for HIV early intervention activities.

### State Narrative Summary

The state will continue to use Block Grant funds to provide AIDS-specific training to substance abuse providers and other professionals in human service; continue to require basic HIV training for licensure as a chemical dependency professional; and continue to consider re-allocation of funding for methadone treatment across

\*The most recent data published prior to October 1, 2007 by the CDC is Table 14, Reported AIDS cases and annual rates (per 100,000 population), by area of residence and age category, cumulative through 2005-United States, HIV/AIDS Surveillance Report 2005 Vol. 17, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS, Prevention, Surveillance, and Epidemiology. Single copies of the report are available through the CDC National Prevention Information Network, 1-800-458-5231 or 301-562-1098 or <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/table14.htm>

Rhode Island, based on recommendations contained within a CSAT technical assistance-funded report, "Rhode Island's Methadone Treatment System".

## Full State Narrative

### FY 2005 (COMPLIANCE)

---

In FFY2005, the state:

- had a provision in the contract with treatment agencies that specified the preference on admission policy (see contract specifications below);
- monitored sub-contractors' adherence to the required policy during site visits;
- funded specialized AIDS-related services for substance abusers, including pre-and post-test counseling and coordination with health care providers;
- met the HIV set-aside requirement by using funds to provide methadone maintenance and related services at CODAC II, CODAC III, CODAC IV, and CODAC V (Providence, Newport, East Bay and Wakefield);
- had a provision in treatment agency contracts to ensure that all clients receiving methadone maintenance services were offered on-site early intervention services for HIV, including pre and post-test counseling, testing, referral to primary care physicians for treatment, extensive coordination with health care, and supportive services related to HIV.

Other HIV set-aside activities supported by block grant dollars included support of RI's outpatient and residential drug and alcohol treatment network which serves IVDUs (see Attachment C). Block Grant funds were utilized to provide AIDS-specific training to substance abuse providers and other professionals in human service. Basic training in HIV, offered through DBH's contractor for training (DATA), remained a requirement for licensure as a chemical dependency professional in the State of Rhode Island. MAP, a block grant recipient for both residential and outpatient treatment services, established collaborations with CDC, CSAT and the Rhode Island Department of Health to coordinate three HIV early intervention activities. The following is a description of those activities:

- In April 2005, MAP provided a "Safety Counts" intervention. This consisted of seven sessions based on the stages of change. Participants received two group sessions, two individual sessions, two social events, and one follow-up contact. A total of 139 individuals were enrolled and 68 individuals completed all seven sessions. Many of those who did not complete had been successfully referred to treatment prior to the seventh session.
- MAP also coordinated prevention and case management for high risk individuals and their partners. Through this program, individuals set specific goals to reduce their risk of infection. MAP provided partner notification and encouraged follow through with testing, treatment, and substance abuse treatment.
- MAP also coordinated rapid HIV testing. Initially, MAP received funding for only 100 tests yearly, but was able to secure additional testing kits from the Department of Health and Miriam Hospital. Between April 2005 and July 2006, 557 individuals were tested and the program was able to identify three new HIV positive individuals who are all now receiving medical care.

DBH maintained contracts for management of outpatient substance abuse treatment services. These contracts placed specific emphasis on the need to provide extensive case management services to those receiving substance abuse treatment. Providers were expected to secure linkages with health care services and coordinate care throughout treatment. Many programs established relationships with health care providers who conduct physicals for a reduced fee. Through these increased linkages, more at-risk patients were

screened and received health care information and necessary treatment. (Contract Specifications): Admission into state funded treatment will be prioritized in the following order:

- Pregnant injecting drug users;
- Pregnant women;
- Injecting drug users;
- Persons who are HIV antibody positive or have HIV disease;
- Parents who are involved with the Department for Children, Youth & Families and are working toward reunification with their children, and whose participation in substance abuse treatment is a prerequisite for reunification;
- Persons who while incarcerated began substance abuse treatment and continue to require additional treatment after release from prison;
- Treatment Accountability for Safer Communities ("TASC") referred clients;
- Adult drug court referrals.

Also, the Provider will publicize that pregnant women will receive preference in admission for treatment.

#### **FY 2007 (PROGRESS)**

---

In FFY2007, the state:

- had a provision in the contract with treatment agencies that specified the preference on admission policy; and continued to maintain the following priorities for admission:
- Pregnant injecting drug users;
- Pregnant women;
- Injecting drug users;
- Persons who are HIV antibody positive or have HIV disease;
- Parents who are involved with the Department for Children, Youth & Families and are working toward reunification with their children, and whose participation in substance abuse treatment is a prerequisite for reunification;
- Persons who while incarcerated began substance abuse treatment and continue to require additional treatment after release from prison;
- Treatment Accountability for Safer Communities ("TASC") referred clients;
- Adult drug court referrals

DBH continues to mandate use of a HIV/HEP C Supportive Referral Service Form (started in 2006) which provides clients with information and contact information for confidential and anonymous testing sites statewide. Licensing regulations require that all licensed substance abuse agencies review this form with clients. Along with referral for testing, use of this form creates dialogue within the substance abuse program and initiates discussions about HIV infection risk and prevention. Compliance with this licensing requirement is monitored by the treatment unit during site visits and licensing reviews. DBH continued to supply forms to providers as requested and created a PDF version which is available online. Forms are available in English, Spanish and Portuguese. Monitors also assess compliance with provision of case management services as specified in the outpatient contracts. Failure of treatment agencies to refer to or collaborate with health care providers continues to result in citations, which then necessitates a plan of correction.

During FFY 2007, the state-funded medical detoxification program, Sstar of Rhode Island, partnered with Project Vista through Miriam Hospital. Project Vista assists individuals, primarily IVDUs, in accessing longer-term, outpatient methadone withdrawal or maintenance. Project Vista continues to run the Afia Center, a drop-in center that provides case management and other services to HIV positive or at-risk individuals. Services provided at the Afia Center include: treatment referrals, support groups, HIV treatment and

prevention information, meals, food and clothing pantries, and referrals for testing and health care. Additionally, in FFY 2007, DBH and DOH offered a 3-day training on the OraQuick Advance Rapid HIV-1/2 Antibody Test through MayaTech. See Attachment C for details.

In response to concerns regarding minority access to treatment, specifically methadone maintenance treatment, a survey was developed by the Injection Drug User Task Force in collaboration with Project Vista. The survey targets minorities and their beliefs around methadone treatment. The survey is currently being administered. Finally, in 2007, one of our regional community mental health centers, Northern Rhode Island Mental Health (NRI), was awarded a Robert Wood Johnson Foundation grant that supports aggressive outreach and aftercare. This program expedites re-entry to the treatment system for those at risk of relapse and provides assistance in securing connections to health care and other needed services.

### **FY 2008 (INTENDED USE)**

---

In FFY2008, the state will:

- Continue to require and monitor use of supportive services referral forms which will continue to be available to programs on-line.
- continue to fund HIV Early Intervention Services;
- continue to fund specialized AIDS-related services for substance abusers;
- continue to meet HIV set-aside requirement by continuing to fund methadone maintenance services at CODAC II, CODAC III, CODAC IV, and CODAC V (Providence, Newport, East Providence, and Wakefield);

All clients receiving methadone maintenance services will continue to be offered on site early intervention services for HIV, including pre and post-test counseling, testing, referral to primary care physicians for treatment, extensive coordination with health care, and supportive services related to HIV.

Also, the state will continue to meet other set-aside activities by using Block Grant funds to support RI's outpatient and residential drug and alcohol treatment network, along with the state contracted medical detoxification provider, which serves IVDU's; and continue to support collaborative partnerships such as Sstar with Project Vista, and other treatment providers who conduct Rapid HIV Testing. The Department would also be very interested in repeating the HIV Rapid Test Training Initiative if MayaTech receives additional funding for this program.

DBH will continue to collaborate with NRI to utilize the Robert Wood Johnson Foundation grant to support aggressive outreach and aftercare. The state will continue to use Block Grant funds to provide AIDS-specific training to substance abuse providers and other professionals in human service; continue to require basic HIV training for licensure as a chemical dependency professional; and continue to consider re-allocation of funding for methadone treatment across Rhode Island, based on recommendations contained within a CSAT technical assistance-funded report, "Rhode Island's Methadone Treatment System".

The Department plans to continue to work with the Injection Drug User Task Force and Project Vista on the administration of a survey regarding minorities' beliefs about methadone treatment. The goal is for 100 surveys to be conducted by Education, Needle Exchange, Counseling, Outreach and Referral (ENCORE) street outreach workers by December 31, 2007. Once the goal is reached the data will be analyzed and published with recommendations for treatment providers.

The state will continue to maintain the following priorities for admission:

- Pregnant injecting drug users;
- Pregnant women;
- Injecting drug users;

- Persons who are HIV antibody positive or have HIV disease;
- Parents who are involved with the Department for Children, Youth & Families and are working toward reunification with their children, and whose participation in substance abuse treatment is a prerequisite for reunification;
- Persons who while incarcerated began substance abuse treatment and continue to require additional treatment after release from prison;
- Treatment Accountability for Safer Communities ("TASC") referred clients;
- Adult drug court referrals

Finally, the state will continue to monitor sub-contractors' adherence to the above policy, along with their adherence to the provision of case management services during site visits.

### **HIV Early Intervention Services**

---

Since the AIDS rate in this State has dropped below 10 cases per 100,000 population, it is not currently a designated State. CSAT has instructed this State to stop allocating SAPT funds for HIV early intervention activities.

### **HIV Early Intervention Programs Receiving Funds**

<b>HIV EARLY INTERVENTION FUNDS REPORTED BY STATE PROVIDER</b>				
<b>Program</b>	<b>Status</b>	<b>Address</b>	<b>Phone</b>	<b>Funds</b>
No funds were allocated to any providers.				

**Status Key:** [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.