

Puerto Rico

AIDS Rate per 100,000

21.6*

State Funds for HIV Early Intervention Services

State Expenditures	
Required Base	SFY 2008 Expenditures Maintenance
\$1,499,566	\$4,502,896
SAPT EXPENDITURES	
FY 2006 HIV Set-Aside	FY 2009 Planned
\$1,089,931	\$1,103,058

FY 2010 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
√	√	√	√	√	√	√	√

State Narrative Summary

Early intervention services were offered primarily in methadone treatment centers, as well as in residential treatment centers. More than 3,000 clients participated in psycho-educational services on HIV and other sexually transmitted diseases. Various community outreach programs reached several hundred people in the general community. Under contract with the SEIT Program (Services for Early Intervention and Treatment) of the Office for AIDS and Other Sexually Transmitted Diseases, 2,036 HIV tests were conducted in FY 2008; pre- and post-test counseling services and referrals were offered to these individuals. Puerto Rico also offered coordinated counseling to family members and sexual partners. In FY 2008, training around HIV early intervention was provided to all staff working in treatment programs for children and adolescents. Puerto Rico anticipated continuing these activities in FY 2009.

*THE MOST RECENT DATA PUBLISHED PRIOR TO OCTOBER 1, 2008 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, 800-458-5231 OR 301-562-1098 OR [HTTP://WWW.CDC.GOV/HIV/TOPICS/SURVEILLANCE/RESOURCES/REPORTS/2006REPORT/TABLE14.HTM](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table14.htm).

Full State Narrative

FY 2006 (COMPLIANCE)

GOAL 6.1 Provide HIV/AIDS early intervention services for substance abusers in the MHAASA treatment system and sub-recipient entities.

Objective 6.1.1 To provide HIV/AIDS early intervention activities in all adult treatment modalities of MHAASA and the sub recipient entities during FY2006.

The proposal from the SEIT Program of the Department of Health was received, reviewed and approved to provide on-site HIV early intervention services in MHAASA treatment programs, including clients of the Methadone Centers and those of Residential Treatment Centers.

SEIT carried out 137 psycho-educational services on HIV and other sexually transmitted diseases, impacting 3,307 clients in SA treatment, of whom 2,570 were in treatment in the MHAASA Methadone Treatment Centers and 737 in community-based organizations. A total of 2,345 HIV pre-counseling, and 1,291 post-counseling sessions were carried out with persons testing for HIV.

A total of 2,963 VDRL tests were done, of which 2,558 were carried out with clients in Methadone Treatment Centers of the MHAASA And 605 in community based treatment centers, with 38 persons having positive results (30 in the Methadone Centers and 8 in the CBO's), all referred to the Department of Health for treatment.

A total of 2,337 HIV tests were done, of which 1,718 were carried out in the Methadone Treatment Centers and 619 in CBO's, with 26 patients resulting positive and referred to the Immunology Clinics of the Department of Health for treatment.

A total of 33 community outreach activities were coordinated and carried out, impacting 564 persons, of whom 36 persons from the general community tested for HIV. The SEIT Program carried out 20 community outreach activities with clinics for HIV, impacting 751 persons from the general community.

Treatment was coordinated with OCASET of the PR Health Department and/or Ryan White funded community programs, and follow-up of treatment compliance was done with the nursing staff of the AOD treatment centers of the MHAASA.

In addition, staff members with direct responsibility for providing orientation, education and referral services for HIV/AIDS were identified in the MHAASA treatment centers and private treatment centers. Referral for voluntary testing and pre and post testing through the PRDH's AIDS Program and local Ryan White CARE Act and CDC funded programs was routinely carried out in all treatment settings. Monitoring of provision of services to HIV infected populations was carried out by medical staff of treatment centers.

The Advisor for HIV Early Intervention Services continued to be contracted at central agency level to coordinate all aspects related to HIV prevention, education and early intervention services. Dr. Neicy Muñoz, a doctorate level Psychologist, carried out coordination with OCASET, on-site visits to monitor services in treatment centers and provide technical assistance to staff. Protocols and procedures for HIV services were prepared and disseminated to the treatment centers to serve as a guide for services provided and promote uniform and optimum compliance with applicable federal regulations in all treatment programs.

FY 2008 (PROGRESS)

GOAL #6.1: Provide HIV/AIDS early intervention services for substance abusers in the MHAASA treatment system and sub-recipients, including both adults and minors.

Objective 6.1.1: To provide HIV/AIDS early intervention activities in all adult treatment modalities of MHAASA and the sub recipient entities during FY2007. In September of 2007, a contract with the "SEIT" (Services for Early Intervention and Treatment) Program of the Office for AIDS and Other Sexually Transmitted Diseases (OCASET) was renewed between MHAASA and the Puerto Rico Department of Health to coordinate and provide HIV test and early intervention services according with federal guidelines and PR law.

In MHAASA, the Methadone Treatment Program Coordinator has the responsibility to monitor the services provided by the contract through monthly reports, direct supervision of the center's supervisors, meetings and invoice evaluations. In addition, the Quality Assurance Office carries out record audits to assess the degree to which quality standards are maintained and protocols followed in clinical services. The Planning Office of the MHAASA selected a representative sample of Treatment and Prevention Centers (April to May of 2008) for on-site visits by an evaluation team comprised of representatives of the managerial program staff and of the Planning Office staff. A questionnaire was used to guide interviews and observations to determine the degree of compliance with SAPT Block Grant requirements. Among the aspects monitored were the early intervention activities carried out in the centers for HIV/AIDS as per proposed objectives of the Plan for the SAPT Block Grant in 2008. In all sites where SEIT provided services, these were found to be provided and to include required testing, preventive education, referral for treatment of clients resulting positive and follow up services.

Through the contract with SEIT Program a total of 2,036 HIV tests were carried out on a voluntary basis among MHAASA clients in treatment in FFY 2008 with pre and post counseling, verification tests conducted to confirm positive results of HIV, and referral and follow up give for treatment through the PRDOH Immunology Clinics of those clients resulting positive. A total of 3,183 Pre-Counseling and Post-Counseling sessions were held with MHAASA clients, and 2,225 VDRL tests to detect other sexually transmissible diseases were done. A total of 44 positive results were identified, 100% of whom were referred, and are receiving, treatment for VIH, together with 109 active cases in treatment in FFY 2008, being given follow-up by SEIT.

MHAASA staff participated in psycho-educational training about HIV coordinated by the Training Institute by MHAASA. A total of 7 training activities were conducted during the FFY 2008 reporting period. As a result, a total of 231 direct service Treatment Center staff members were trained about this topic.

Provided, through the contracted agency of SEIT, were testing and pre and post counseling services for HIV, using traditional Western Blot Tests and Elisa tests for verification of positive results of HIV.

HIV Rapid Testing kits and related supplies were purchased, and a contract for Medical Technician Services, as per Puerto Rico law, was signed, to permit rapid HIV testing, for persons in treatment of the MHAASA who voluntarily accept to do the rapid testing. There have been several meetings held with the Department of Health, and a meeting with Dr. Westley Clark, head of SAMHSA on a visit to Puerto Rico, to discuss and assess intentions to make HIV rapid testing available to MHAASA treatment participants and populations at risk.

Through an agreement with the community based organization "Amor Que Sana Inc.", MHAASA has expanded HIV early intervention services through the Ponce OTP Mobile Units. As part of the established protocols by the different MHAASA AOD treatment facilities, follow up of HIV treatment compliance for all patients who voluntarily inform positive HIV status is carried out.

MHAASA continued, in FFY 2008, to coordinate counseling to family members and sexual partners to prevent and diminish the risk of contracting HIV through the Immunology Clinics where the participants receive their primary medical care for HIV condition. If any participant ask for assistance to inform her/his HIV status to their sexual partners that is provided for our counselors. Also, the SEIT Program staff provided this service as another alternative to inform the status to other significant persons. The Puerto Rico Department of Health offers free HIV testing to include pre and post counseling on a yearly basis to AOD treatment staff of MHAASA. There are additional providers that offer HIV testing with appropriate services as required.

MHAASA continued, in FFY 2008, to carry out outreach activities are regularly provided as coordinated with the Community Outreach program. These routinely include PPD and VDRL, and HIV testing, counseling and education activities with corresponding referral for treatment of those persons resulting positive.

Objective #6.1.2. Prevent the transmission of HIV/AIDS in children and adolescents who receive treatment in the Service Units of the Children and Adolescents Treatment of MHAASA.

Training was provided to all staff in treatment modalities for children and adolescents regarding the protocol for services development for HIV prevention in this population. The staff participated in psycho-educational training about HIV coordinated by the Training Institute by MHAASA. A total of 7 training were conducted during the present reporting period. As a result a total of 231 personnel were impacted about this topic. Training was planned for clinical staff on testing (including rapid HIV testing), pre and post counseling and other early intervention services related to HIV/AIDS for children and adolescents receiving treatment services in the children and adolescents treatment clinics, but was not completed in the reporting period.

In the children and adolescents treatment clinics there are currently no young intravenous drug users as a part of their consumers. All active sexual adolescent in high risk behavior are induced to voluntary test for HIV.

Patients resulting positive to HIV tests through voluntary testing are referred for treatment to ensure that they receive the appropriate treatment services for their condition. Treatment services are offered through the eight (8) Immunology Clinics of the PRDOH throughout the Island. No HIV positive results were found in young populations in treatment during the present year.

Orientation was provided to parents, relatives and caregivers of children and adolescents on services required and the importance of their integration into the treatment process. The Treatment staff working with minors continued to provide orientation and education to parents, relatives or guardians about the integration of HIV prevention services in the treatment process.

Through the regularly scheduled supervision held by the Child and Adolescent coordinator, the following have been monitored: HIV/AIDS early intervention and treatment of positive results.

FY 2009 (INTENDED USE)

GOAL #6.1: Provide HIV/AIDS early intervention services for substance abusers in the MHAASA treatment system and sub-recipients, including both adults and children and adolescents .

Objective 6.1.1: To provide HIV/AIDS early intervention activities to 70% of adult patients served in the treatment modalities of MHAASA.

Activities:

6.1.1a. Contract with the SEIT Program of the PRDOH, HIV early intervention services on-site in MHAASA treatment facilities, including contractual agreements for rapid testing as per federal guidelines and recommendations.

6.1.1b. Monitor the services provided.

6.1.1c. Provide psycho-educational talks to staff related to HIV services.

6.1.1d. Provide no less than 3,000 testing and pre and post counseling services for HIV, using traditional Western Blot Tests and Elisa tests for verification of positive results of HIV for adults and children/adolescents population served by MHAASA.

6.1.1e. Provide HIV Rapid Testing for patients in outreach activities, as well as persons seeking admission to treatment and who voluntarily accept to have the test done, including children's and adolescents with or without parents consents.

6.1.1f. Expand HIV early intervention services in the Mobile Units for Methadone Treatment, including the option of rapid testing as per CSAT directive and CDC Guidance of July 17, 2006.

6.1.1g. Provide follow up of HIV treatment compliance for all patients in AOD treatment who voluntarily inform positive HIV status.

6.1.1h. Provide counseling to family members and sexual partners to prevent and diminish the risk of contracting HIV.

6.1.1i. Continue to carry out outreach to populations in use of substances at high risk of HIV infection, providing preventive HIV education integrated with outreach activities.

Objective #6.1.2. Prevent the transmission of HIV/AIDS in children and adolescents who receive treatment in the Service Units of MHAASA.

Activities:

6.1.2a. Provide training to all staff in treatment modalities for children and adolescents regarding the protocol for services development for HIV prevention in this population.

6.1.2b. Provide training to clinical staff on testing (including rapid HIV testing), pre and post counseling and other early intervention services related to HIV/AIDS for children and adolescents receiving treatment services in the Division of Ambulatory Services.

6.1.2c. Referral to 100% of young intravenous drug users to voluntarily test for HIV to detect infection, including the option of rapid testing.

6.1.2d. Identify 100% of patients resulting positive to HIV tests through voluntary reporting and refer for treatment to ensure that they receive the appropriate treatment services for their condition.

6.1.2e. Provide orientation to 100% of parents, relatives and caregivers of children and adolescents on services required and the importance of their integration into the treatment process.

HIV Early Intervention Services

As in the previous year, the MHAASA contracted for Early Intervention Services and Treatment (SEIT) through the Office for AIDS and Other Sexually Transmissible Diseases (OCASET) of the Puerto Rico Health Department (PRDOH) to carry out all testing and early intervention services for TB and HIV in our Treatment Centers in FY 2006. Routine TB testing was carried out in FFY 2006 in the MHAASA Treatment Programs on site, including the Methadone Treatment Centers and Residential Treatment Centers. TB results are required as part of their admission process to receive substance abuse treatment. Therefore, 100% of 2,435 clients admitted to treatment in the six (6) MHAASA Methadone treatment centers in FY 2006 brought labs, including TB tests with them prior to admission (most carried out through private labs under the Health Reform or had the test done by clinical staff of the Methadone Centers). A total of 10,996 patients received treatment in Methadone Centers, including new admissions, in 2006. Of the tests done on-site by clinical staff, 4 male adults and 1 female resulted positive to TB, with results verified through chest X-rays.

The SEIT program also offered on-site HIV testing, with pre and post counseling, education services and referral and follow-up for treatment of those clients resulting positive. A total of 1,718 adult clients of the MHAASA were tested for HIV in FY 2006, and 2,170 for TB. In community based organizations, 619 HIV tests, 100 TB tests and 605 VDRL tests were carried out. In addition 2,358 VDRL tests were done by the SEIT staff

on-site among clients in treatment. A total of 39 clients in alcohol or drug treatment in 2006 were detected positive to VDRL through tests carried out in 2006, and 2 in the community based organizations. In addition 15 patients reported being positive to HIV when they entered treatment. An additional 208 youth under 18 years of age were tested for HIV in 2006, with none resulting positive to HIV or TB, but 1 resulting positive to STD.

The treatment center staff provided individual and family orientations for high-risk populations and TB positive clients and their families. The SEIT Program staff provided interactive workshops on TB detection and management, to the staff members of the Methadone Maintenance Center of the MHAASA, in FFY 2006.

No youth were detected to be positive to TB in FY 2006 in the treatment units for children and adolescents. Peer Review results of September of 2006 identified a problem of testing for TB among youth in one Outpatient Treatment Center for Adolescents. Youth without Health Reform coverage had not done a TB test due to the cost of the laboratory test. Alternative means to test these youth were coordinated with the clinical staff of the Center, and all were tested, none resulting positive.

Directives regarding TB testing of patients and family members were issued and disseminated to MHAASA and private sector treatment centers, and educational materials related to precautionary measures to take to prevent the spread of TB and services available were distributed as part of the training activities.

The MHAASA Training Institute continues to coordinate and provide training seminars related to TB and HIV in MHAASA facilities in FFY 2005 for clinical staff, in addition to the orientation provided by the PRDoH's SEIT staff.

For the services provided by SEIT in FFY 2006, a contract for this purpose was financed with SAPT Block Grant funds in the amount of \$ 457,517.

In FFY 2006, a total of \$8,389 in state funds of the MHAASA and \$161,886 from the PR Department of Health OCASET were spent on TB services to substance abusers, of which \$104,931 (70%) was spent on substance users. This surpasses the required MOE. Thus the total MOE expenditures in FFY 2006 for TB services to substance abusers in Puerto Rico were \$113,320.

As a designated state, Puerto Rico spent in FFY 2006, a total of \$1,568,116 was spent on HIV services. This includes state and Block Grant funds (\$457,517) of the MHAASA and funds of OCASET spent on HIV services for substance abusers, including preventive education of clients, sexual partners and family members; testing with pre and post counseling; the costs of supplies and other related costs.

In addition to the testing carried out by SEIT, the MHAASA Treatment Program staff identified through TB testing and tests brought by clients at admissions, 13 clients infected with TB in FFY 2006, 11 of whom were male adults and 2 women. Treatment through the Department of Health was coordinated with the Department of Health's TB Program for these clients.

Client Profiles submitted by the MHAASA Treatment Centers reflected a total of 748 clients identified with HIV, of whom 591 were male adults and 157 were women.

HIV Early Intervention Programs Receiving Funds				
Program	Status	Address	Phone	Funds
Mental Health and Anti-Addiction Services Administration	N/A	414 Barbosa Avenue, San Juan, PR 928	787-764-2888	\$457,515

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.