

## Rhode Island

### AIDS Rate per 100,000

10.4\*

### State Funds for HIV Early Intervention Services

State Expenditures	
Required Base	SFY 2008 Expenditures Maintenance
\$104,386	\$188,163
SAPT EXPENDITURES	
FY 2006 HIV Set-Aside	FY 2009 Planned
N/R	\$333,486

### FY 2010 SAPT Reports

Set-aside funds support HIV testing, counseling, education and referral services provided throughout the state. Services are targeted for pregnant injecting drug users, pregnant women, HIV positive persons, parents involved in the Department of Children, Youth and Families, and adult drug court referrals.

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

In FY 2006, Rhode Island funded specialized AIDS-related services for people with substance abuse problems, offering pre/post- test counseling and coordination with healthcare providers. Set-aside funds were also used to support early intervention services in the State's outpatient and residential drug and alcohol treatment network, which serves injecting drug users. Programs focused on the need to provide extensive case management services to people receiving substance abuse treatment services. In FY 2006, Rhode Island focused on particular vulnerable populations, including pregnant women and pregnant injecting drug users, injecting drug users, parents involved with child services agencies who are working to be reunited with their children, formerly incarcerated people who have received substance abuse services, and adult drug court referrals. As of FY 2008, Rhode Island is no longer a designated State.

\*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)

---

In FFY2006, 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, continued established collaborations with CDC, CSAT and the Rhode Island Department of Health to coordinate three HIV early intervention activities

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.

The Treatment Team monitored compliance with licensing regulations and contract provisions (see below), which incorporate SAPT requirements, during its annual provider site visits. All visits include a review of client records, which are randomly selected.

(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 2008** (PROGRESS)

---

In FFY2008, 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.

The SSA assures compliance through annual site visits, which include review of randomly chosen client files in addition to assessing compliance with our licensing regulations.

During FFY 2008, the state-funded medical detoxification program, Star of Rhode Island, continued its partnership 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.

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. The department continued to work with this program that 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 2009** (INTENDED USE)

---

In FFY2009, 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 Star 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 Woods Johnson Foundation grant to support aggressive outreach and aftercare. The SSA is part of the planning/implementation team and has encouraged other providers to adopt principles from this program.

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 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, through site visits, the state will continue to monitor sub-contractors' adherence to the above policy, along with their adherence to the provision of case management services. Staff will continue to use the Monitoring Tool that was developed to facilitate the work of site visit teams.

### **HIV Early Intervention Services**

---

For the years from FFY 2005 to FFY 2007 Rhode Island was not a HIV designated state. The following narrative describes the state's early intervention services for HIV:

CODAC and other statewide licensed treatment programs collaborated with the Health Department's ENCORE program, which provides HIV outreach, harm reduction and referral for medical and substance abuse treatment services. Technical assistance was provided through ad hoc trainings for individual treatment programs. Additionally, many providers and DBH staff were active in the Department of Health's HIV Community Planning Group (CPG), which annually publishes a Comprehensive Plan for HIV Prevention, which addresses HIV issues related to high risk populations, such as substance abusers, racial and ethnic minorities, youth and other special populations. This group is instrumental in identifying barriers and finding solutions to treatment access, outreach strategies, harm reduction, information dissemination, etc., and serves as a valuable technical assistance mechanism.

Also FFY 2006, additional trainings on HIV, TB, Hepatitis and STDs were provided through a number of mechanisms, including training offered at the New England School of Addiction Studies summer school and school for Opiate Treatment. DBH collaborated with the Department of Health on emerging issues related to HIV, TB and other infectious diseases affecting the substance abusing population, and regularly shared information with providers. DBH also hosted an ongoing group of providers and staff from the Department of Health (with representation from the Division of Integrated Mental Health) to keep abreast of new treatments, risks and issues related to substance abuse and infectious diseases, including TB. Information was regularly shared with the treatment network.

DBH staff was active on the Department of Health's Viral Hepatitis Advisory Group (VHAG), which met monthly. This advisory group identified needs and gaps of viral hepatitis prevention and treatment services in our state. This group also developed a strategic plan addressing a comprehensive approach to patient care with subcommittees on prevention, service delivery, policy/payer affairs and epidemiology.