



STATE SUMMARY RHODE ISLAND

Continuing HIV/ODU Collaboration:
Sustainability Workshop



PARTNERS

- Rhode Island Executive Office of Health and Human Services (EOHHS)
 - Rhode Island Department of Health (RIDOH)
 - Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)
- Other Partners
 - Rhode Island College
 - 360 MedLink (app: TAVIE-Red)
 - Dr. [Peggy Swarbrick](#), Rutgers University; Collaborative Support Programs of New Jersey



GOALS AND ACTIVITIES

Goal 1: Improve the internal infrastructure to support coordinated HIV and OUD care across the Executive Office of Health and Human Services (EOHHS), the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), and the Rhode Island Department of Health (RIDOH).

- Improved state-level internal communications by including a key role, Opioid Grants Administrator, on the RI SSC State Partners team. This role oversaw all of the opioid grant funding for the state and was an EOHHS employee. The Opioid Grants Administrator's role as part of the RI State Partner team was to communicate relevant intersections for HIV and opioid funding and work.
- Engaged the State Opioid Treatment Authority (SOTA) from BHDDH in the SSC State Partner team with the assistance of the Opioid Grants Administrator.
- RI SSC State Government Partners provided updates on the SSC project to the RI Governor's Opioid Overdose Prevention & Intervention Task Force meeting on a monthly basis.
- Established the SSC RI Core Stakeholder Team and included all the RWHAP funded entities as well as a select substance use providers including CODAC and Project Weber/RENEW.
- Developed a Rhode Island specific version of the SSC project factsheet with local data and activities.
- Presented during the following meetings on an adhoc basis: HIV Care and Prevention Planning Group (CPPG) and the Quality Management Committee (QMC) of the EOHHS HIV provision of Care & Special Populations Unit.
- Engaged Dr. Peggy Swarbrick to provide strategic consulting on implementing the 8 Dimensions of Wellness in the faith-based Imani Project and to train HIV and SUD case managers on the model.

Goal 2: Improve care coordination mechanisms between HIV and OUD systems to improve the health outcomes of people with HIV and OUD

- Initiated an equity centered design process with the Core Stakeholder Group, including completing 8 interviews with HIV and SUD service provider organizations.
- Engaging Dr. Peggy Swarbrick to advise on the integration of the 8 Dimensions of Wellness into RWHAP case management, including the TAVIE-Red app used by staff and clients to coordinate care.
- Participating in the Quality Management Committee (QMC) of the EOHHS HIV provision of Care & Special Populations Unit to support inclusion of 8 Dimensions of Wellness into client assessments and performance measures.

Goal 3: Increase provider and community member knowledge about best practices regarding HIV and OUD treatment and care

- Developed shared vision for client outcomes between RWHAP and behavioral health services along the 8 Dimensions of Wellness
- Co-hosted an event on 8 Dimensions of Wellness and the Imani Project with EOHHS, BHDDH and RI College in August 2021; 81 people attended the event titled: *RI Learning Communities: The Imani Breakthrough Recovery Project*. The event engaged the HIV, SUD/OUD, behavioral health and faith communities, in particular a number of churches who are now part of the BHDDH “Imani Breakthrough Recovery Project”.
 - The Imani Project is a new intervention strategy focused on reaching communities of color and other historically underserved groups in RI to provide recovery help through local houses of worship, where those who are struggling might feel more comfortable opening up and taking steps towards recovery. It is funded by a SAMHSA block grant.
- Organized 8 Dimensions of Wellness trainings with HIV and OUD service providers, including integration into workforce certificate training programs at RI College.



BARRIERS

- There were existing initiatives and programs in the state and it was challenging to fully integrate SSC project activities within those existing activities and groups.
- Shifting state partner priorities and availability due to COVID response, staffing changes and other demands made routine communication and continuity of strategies challenging.



LESSONS LEARNED

Stakeholders:

- Establish or leverage a role that serves as a bridge between RWHAP and behavioral health/substance use state level programs to develop relationships and identify areas of common goals and strategies.
- The role of a grants administrator participating in the Core Team enabled additional points of connection between the stakeholders.

- Engaging multiple stakeholders at the State Agencies on the core team would increase the ability to move project activities forward.

System-level coordination:

- There are aspects of coordination that are not desired or optimal for all partner states (i.e., having a designated point of contact versus having wider awareness and coordination across multiple people to achieve coordination of HIV and OUD program staff; coordination of funding opportunities across state agencies).

Care coordination and referrals:

- Collaborating on a common interest or approach to supporting and coordinating care can serve as a catalyst for collaboration across state agencies and service settings, such as the integration of the 8 Dimensions of Wellness into case management in HIV and SUD/ODU service settings in RI.
- Leveraging existing infrastructure to operationalize integration efforts (i.e., the inclusion of the 8 Dimensions of Wellness into the case management and client features of the TAVIE-Red app) can accelerate adoption of new ideas.
- Members of faith communities are able to play a key role in being able to identify people who need care and refer to services. A specific program, the Imani Project, offers an opportunity to provide training and resources to support the role of faith communities to coordinate care.
- At the service level, establishing a role that coordinates referrals between HIV and OUD service providers for clients.