

Arizona

AIDS Rate per 100,000

10.8*

State Funds for HIV Early Intervention Services

STATE EXPENDITURES	
Required Base	SFY 2007 Expenditures Maintenance
n/a	n/a
N/A = Not applicable	

SAPT EXPENDITURES	
FY 2005 HIV Set-Aside	FY 2008 Planned
\$1,576,946	\$1,592,851

FY 2008 SAPT Reports

Utilizes set-aside to provide early intervention services including, rapid testing, HIV risk assessment, pre/post test counseling and testing, as well as education and engagement into treatment.

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

The HIV Early Intervention Program provided services in four key venues: sites at which people with substance abuse problems receive addiction treatment, such as residential facilities and methadone clinics; outpatient clinics for people with serious mental illness who were at high risk of HIV infection; street outreach and drop-in centers that serve homeless people, injection drug users, women on treatment waiting lists, and transgender individuals; and other community settings whose clients are at high risk for HIV infection. In some cases, a single specialized provider was contracted; in others, subcontracts were issued to local county

*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>

public health departments. In State Fiscal Year (SFY) 2007, Arizona was not a designated State for HIV; even so, the State continued to fund all early intervention services for HIV. In SFY 2008, the State was again named an HIV-designated State, and it intends to continue its early intervention program.

Full State Narrative

FY 2005 (COMPLIANCE)

OBJECTIVE: To ensure availability of early intervention services for HIV in areas of the state with the greatest need and to monitor delivery of services.

ACTIVITIES:

- (1) ADHS/DBHS will ensure appropriate fiscal and budget controls for expenditure of the 5% HIV set-aside in years when Arizona is a designated state.

Arizona was a designated state for the HIV Early Intervention set-aside in FFY 2005. Arizona's traditional practice is to obligate and expend the HIV set-aside in one state fiscal year. Thus, set-aside funds derived from the 2004 SAPT award were expended in SFY 2005 and the set-aside from the 2005 SAPT award was expended in SFY 2006. Funds were isolated in the allocation schedule during the spring 2004 budget review process. The Memorandum of Understanding with ADHS State Laboratory and ADHS Office of HIV/AIDS Services was continued in 2005. The agreements provided centralized bulk purchasing, distribution and specimen sampling for OraSure to agencies funded to conduct HIV Early Intervention Services throughout the state. In addition, the ADHS/DBHS met with the ADHS Office of HIV Services in 2005 to discuss the CDC-funded HIV program and to compare regional and target population distributions of HIV testing funds from the SAPT Block Grant and the Centers for Disease Control. This information was used to determine the rural region HIV set-aside allocations for SFY 2005.

- (2) ADHS/DBHS will identify and select the most appropriate area(s).

The HIV Early Intervention program provided services in four venues: (a) Priority 1 services were delivered at the site where individuals receive their substance abuse treatment, including residential and methadone facilities and pregnancy/addictions case management team sites; (b) Priority 2 services were delivered at outpatient clinic sites for persons with serious mental illness and co-occurring substance use disorders who exhibit high HIV risk behavior; (c) Priority 3 services were delivered through street outreach/drop-in centers serving homeless individuals, injection drug abusers and women on wait lists for treatment, including a large number of transgender persons; and (d) Priority 4 services were delivered in other community settings at high risk for substance abuse and HIV as part of pre-treatment engagement services. These sites include probation offices, domestic violence facilities and homeless shelters.

In Maricopa County, the HIV Early Intervention program was contracted to a single specialized provider serving all substance abuse and SMI clinic sites. The Terros Together program is a licensed outpatient satellite clinic and HIV drop-in center in central Phoenix. The program provides both mobile and drop-in HIV risk assessment, pre/post counseling and testing, as well as education and engagement into treatment. Case management, psychiatric appointments and coordination of housing services for HIV positive clients are offered through a Terros subcontractor (Phoenix Shanti).

In Pima County, the HIV Early Intervention program was contracted to a single, specialized provider serving all substance abuse treatment and SMI clinics in metropolitan Tucson. The COPE Insiders program is a licensed outpatient clinic and HIV drop-in center in central Tucson that is co-located with an auricular acupuncture facility. In 2005, the Pima County RBHA funded Cope Insiders to pilot an integrated (physical

and behavioral health) program to expedite access to the RBHA's services through a subcontract with El Rio Special Immunology Associates, which is Southern Arizona's largest HIV health care clinic.

In northern Arizona, required services were delivered through subcontracts with local county public health departments, which deliver on-site HIV assessment, education and testing at residential and outpatient substance abuse agencies in Flagstaff, Kingman and Prescott. In southeastern Arizona, required services were delivered through a single outpatient behavioral health contractor serving all agency sites in four counties. Services include HIV risk assessment, education and referrals for testing. The RBHA developed an agreement to work with the Cochise County Health Department to plan and implement targeted interventions in high-risk neighborhoods or to specific populations such as pregnant women and teens.

The Gila River Indian Community provided HIV services to enrolled members and coordinates referrals for on-going services with the tribal 638 program. The Gila River Indian Community also hired a person to provide HIV services to tribal members returning to the reservation and meet with the Tribal Health Department to coordinate services.

For SFY 2005, the following services were delivered: Terros Together (Maricopa County) Terros served 4,196 enrolled clients at treatment sites, 1,794 pre-treatment and homeless persons at the Phoenix drop-in center and 589 persons in other community settings. Services delivered at the treatment site (units of service): 1,131 risk assessments, 19,389 educational units, 1,041 pre-test counseling services, 871 post-test counseling services, 1,028 HIV tests. The number of individuals receiving post-test counseling rose by 34% in 2005 vs. 2004 due to the implementation of Rapid Test.

COPE Insiders (Pima County) COPE Insiders served 1,892 enrolled clients at treatment sites, 807 pre-treatment and homeless persons at the Tucson drop-in center and 754 persons in other community settings. Services delivered at the treatment site (units of service): 142 risk assessments, 6,672 educational units, 291 pre-test counseling services, 245 post-test counseling services, 163 HIV tests. The number of individuals receiving post-test counseling rose by 16% in 2005 vs. 2004 due to the implementation of Rapid Test.

- (3) ADHS/DBHS will incorporate monitoring responsibilities for such services into the sub-state authority contract.

RBHA contracts were renegotiated during the spring 2004 annual amendment process to ensure inclusion of appropriate language addressing financial and programmatic requirements for HIV services. Contractual and Provider Manual language detailing requirements of the HIV program remained in place and were also incorporated into the Request for Proposals for the Greater Arizona RBHA procurement conducted in the spring 2005.

- (4) ADHS/DBHS will continue to monitor the development and provision of HIV Early Intervention through focused technical assistance, updates to the state guidelines, training on new CDC protocols for service delivery to special populations including pregnant women and IDUs, and exploring conversion to the OraQuick® Rapid HIV-1 Antibody Test.

ADHS/DBHS partnered with ADHS Office of HIV/AIDS Services to expand purchasing of OraQuick® Rapid HIV-1 Antibody test kits in Maricopa and Pima Counties. The Rapid Test implementation began in January 2004 and continued through successive rollouts to different provider sites through 2005. The increased use of Rapid Tests led to significant improvements in the number of individuals receiving post-test counseling, treatment engagement services and case management services.

In the spring of 2005 a meeting was held with the Gila River TRBHA to discuss the implementation of their HIV Program and the problems they were encountering in delivering the service on the reservation. The Gila River TRBHA subsequently contracted with a 638 program staff hired by the tribe to deliver HIV

services in the community and used this staff to provide testing and education services to TRBHA enrolled members.

The Greater Arizona RFP for the RBHAs in the balance of the State was negotiated and completed, effective July 2005 and resulted in two of the RBHAs (PGBHA and EXCEL) losing their ADHS contract. In the summer of 2005, a meeting was held with Cenpatico of Arizona, the new RBHA for these two regions, detailing the HIV Early Intervention program and process, including reporting requirements and program methodologies. The ADHS/DBHS also held meetings with Maricopa and Pima County HIV Early Intervention providers in the summer 2005 and reviewed data from their quarterly reports, including trends in treatment site coverage and delivery of specific services. Information from these meetings will be used to standardize the data definitions and to increase monitoring of the RBHAs' HIV Early Intervention programs.

FY 2007 (Progress)

OBJECTIVE: To ensure availability of early intervention services for HIV in areas of the state with the greatest need and to monitor delivery of services.

ACTIVITIES:

- (1) For SFY 2007, Arizona was not a designated state (CDC data for 2006). DBHS intends to continue the HIV Early Intervention Programs for SFY 2007 using the set-aside from the 2006 SAPT award.

Arizona continued all HIV Early Intervention services in 2007 despite no longer being a designated state.

- (2) Continue to ensure appropriate fiscal and budget controls for expenditure of the 5% HIV set-aside.

Arizona's traditional practice is to obligate and expend the HIV set-aside in one state fiscal year. Thus, set-aside funds derived from the 2006 SAPT award were expended in SFY 2007 and the set-aside from the 2007 SAPT award will be expended in SFY 2008. Funds were isolated in the allocation schedule during the spring 2006 budget review process.

The Memorandum of Understanding with ADHS State Laboratory and ADHS Office of HIV/AIDS Services was continued in 2007. The agreements provide centralized bulk purchasing, distribution and specimen sampling for OraSure to agencies funded to conduct HIV Early Intervention Services in Tucson and Phoenix.

- (3) Identify and select the most appropriate regions of the state in which to provide HIV early intervention services.

The ADHS/DBHS HIV Early Intervention Services coordinator met with the ADHS Office of HIV Services numerous times throughout 2006-2007 to discuss the CDC-funded HIV program and to compare regional and target population distributions of HIV testing funds from the SAPT Block Grant and the Centers for Disease Control. In winter, 2006, ADHS conducted an analysis of emergent rates of HIV across the rural communities of the state to determine if changes in funds allocation patterns would be warranted. There was no clear and consistent pattern of infection which was not attributable to a large prison population, so ADHS has continued to fund all rural programs with level funding.

ADHS/DBHS staff members have participated in quarterly meetings of the statewide HIV prevention planning group. ADHS staff members made two presentations to regional HIV prevention planning groups (Southern Arizona and Central Arizona) about the HIV services related to the block grant.

- (4) Monitor provision of services through quarterly reports, site visits, and quarterly HIV coordinator meetings.

The ADHS/DBHS HIV Early Intervention Services coordinator conducted site visits to each RBHA HIV prevention program in 2007.

ADHS staff conducted two site visits to each of the Terros (Phoenix) and Cope programs (Tucson). Both programs had knowledgeable, experienced teams and appeared to be providing exemplary services to treatment sites throughout the urban areas and through their drop in centers. Each program has been very active in local HIV planning groups.

Both urban agencies have struggled in the past year to retain leases on buildings where they can provide testing, outreach, and education to homeless persons with substance abuse disorders. In both cases, other businesses complained about the homeless people in the area. Both agencies had to move their programs at least once in 2007.

The Terros program served 10,710 people at over 200 sites in Maricopa County in SFY 2007. The majority of person served (66%) were enrolled in substance abuse treatment services. Approximately 1% were diagnosed with a serious mental illness. Approximately 10% were injection drug users. Terros administered 2,658 HIV tests. Approximately 8% of persons tested were found to be positive for HIV.

The Cope program served 4,965 people at approximately 9 sites in Pima County in SFY 2007. Approximately 19% were enrolled in substance abuse treatment services. Approximately 12% were injection drug users. Cope administered 776 HIV tests with a positive rate of 1.03%.

The South Eastern Arizona Behavioral Health Services (SEABHS) program in Cochise County has subcontracted with the Cochise County health department for provision of HIV testing and education at substance abuse treatment sites. This arrangement appears to be operating successfully and reports are being received satisfactorily. SEABHS served 217 people in SFY 2007. The majority (81%) were enrolled in substance abuse treatment services. Approximately 10% had a serious mental illness. Approximately 6% are IV drug users. SEABHS administered 91 HIV tests in SFY 2007, and had no positive tests.

In Pinal and Gila Counties, Cenpatico contracted with Body Positive to provide HIV testing and education. During the site visit with ADHS, Body Positive staff said they had some challenges getting treatment providers to permit access to their clients. Cenpatico has intervened with each of the treatment providers and this challenge has been resolved.

In Yuma and La Paz Counties, Cenpatico contracted with Campesinos Sin Fronteras for provision of HIV testing and education. Campesinos was unable to do testing themselves due to a lack of a Clia waiver. They attempted to partner with the Yuma County Health Department and the Planned Parenthood clinic to provide testing. Neither of these partnerships were successful, so Campesinos has now submitted their application for a Clia waiver.

Cenpatico's programs served 1,509 people in SFY 2007. Approximately 38% were enrolled in substance abuse treatment. They administered 83 tests and had no positive results.

In Northern Arizona, NARBHA had contracted with three behavioral health treatment agencies to provide HIV testing at their sites. DBHS oversight and monitoring in FY 2007 detected a lack of service delivery in the NARBHA HIV programs. At one site, no services took place and at the other two sites, inadequate levels of services were taking place. NARBHA ended their contracts with each of these agencies for HIV Early Intervention during the winter of 2007 and contracted with Northland Cares for provision of services in all three counties. Northland Cares is an agency specializing in HIV education Northland Cares has secured a Clia Waiver, has gotten staff trained, and has been meeting with behavioral health agencies to establish schedules for education and testing.

NARBHA served 302 people in SFY 2007. The majority, 94% were enrolled in substance abuse treatment services. Approximately 9% were IV drug users. They administered 194 HIV tests with a positive rate of 1.03%.

The Gila River Indian Community also provided HIV services to 56 tribal members. The majority (82%) were enrolled in substance abuse treatment services. Over 10% had a serious mental illness. 13% were intravenous drug users. 17 tests were administered and none were negative. ADHS also conducted a site visit to this provider. Staff were found to be knowledgeable and the program appeared to be compliant with ADHS requirements.

ADHS held quarterly meetings with the RBHA prevention coordinators and HIV contractors to monitor provision of HIV Early Intervention Services and communicate with RBHA HIV Early Intervention Services Coordinators. Topics of discussion included:

- Establishment of new ADHS guidelines for HIV Early Intervention services
- Review of reporting requirements
- Review of the existing guidelines for HIV Early Intervention services
- Clia waivers

Each RBHA submitted a program plan at the beginning of the state fiscal year describing how they would implement their HIV early intervention program. Each RBHA submitted quarterly reports summarizing number of people educated, tested, and number of positive tests as well as demographics of persons served. The report was revised this year to simplify and standardize collected data.

- (5) ADHS/DBHS will continue to provide or facilitate technical assistance and training for HIV Early Intervention programs.

ADHS/DBHS collaborated with the Office of HIV Prevention, and the Border Health Office to provide Campesinos Sin Fronteras with technical assistance regarding the Clia Waiver. Campesinos Sin Fronteras received their Clia waiver in June, 2007. ADHS will continue to provide technical assistance to this provider to develop their capacity to conduct HIV testing. ADHS offered training in rapid testing in July, 2007.

FY 2008 (INTENDED USE)

OBJECTIVE: To ensure availability of early intervention services for HIV in areas of the state with the greatest need and to monitor delivery of services.

ACTIVITIES:

- (1) For SFY 2008, Arizona is a designated state. DBHS intends to continue the HIV Early Intervention Program.
- (2) Continue to ensure appropriate fiscal and budget controls for expenditure of the 5% HIV set-aside.
- (3) Identify and select the most appropriate regions of the state in which to provide HIV early intervention services.
- (4) Monitor provision of services through quarterly reports, site visits, and quarterly HIV coordinator meetings.
- (5) ADHS/DBHS will continue to provide or facilitate technical assistance and training for HIV Early Intervention programs.

HIV Early Intervention Services

Arizona was a designated state for the HIV Early Intervention set-aside 2003 through 2005. In 2006, Arizona's HIV rate dropped and Arizona was not a designated state for FFY 2007. However Arizona continued to support HIV Early Intervention activities. In SFY 2005, \$1,592,851 was spent from the 2004 Block Grant on HIV/AIDS services. In SFY 2006 \$1,576,587 from the FY 2005 award is being expended on HIV Early Intervention Services. \$1,576,908 is budgeted for SFY 2007 from the FY 2006 award.

The role of the Single State Authority (SSA) has focused on establishing, monitoring and expanding appropriate delivery of HIV Early Intervention Services through behavioral health agencies contracted in the RBHA system. Specific areas of SAA leadership each fiscal year includes conducting quarterly reviews of the HIV activity reports as a method of ensuring appropriate service delivery and efficient use of funds and renegotiating the Memorandum of Understanding with the Arizona State Lab and the Office of HIV Services.

ADHS/DBHS and the ADHS/Office of HIV Services also conducted joint trainings of grant-funded HIV providers on implementation of Rapid Test at least twice annually.

The role of the ADHS/Office of HIV Services, within the Public Health Division of the Department of Health Services, is to manage Ryan White and other funds for HIV service programming through the county public health agencies. To ensure more effective coordination of limited funds for substance abuse treatment and HIV service delivery, ADHS/DBHS continued its Memorandum of Understanding (MOU) with the HIV Office to support a system for providing bulk OraSure kits to HIV Early Intervention programs and to support the conversion to Rapid Test. Under this MOU, the Office of HIV purchases bulk quantities of test kits and distributes these to RBHA contracted providers offering the HIV service. The ADHS/State Laboratory conducts free processing of OraSure samples through a second MOU. The agencies have continued the purchasing arrangement in subsequent years and have begun discussions to create a more effective way to track numbers of OraSure kits provided and samples processed from behavioral health agencies. Beginning in the fall 2004, ADHS/DBHS began providing OraQuick® Rapid HIV-1 Antibody Test kits purchased through the Office of HIV Services.

HIV Early Intervention Activities

ADHS/DBHS collects quarterly reports from each RBHA. These quarterly reports capture units, performance measures and unduplicated consumers served for HIV services.

ADHS/DBHS began meeting with RBHA HIV Early Intervention coordinators on a quarterly basis in the spring of 2006. These meetings provided ADHS/DBHS with an opportunity to provide technical assistance to improve HIV and TB service delivery associated with the 'interim services' process.

Since ADHS/DBHS and the ADHS/Office of HIV Services have conducted joint trainings of Grant-funded HIV providers at least twice annually on implementation of the Rapid Test. ADHS/DBHS has also provided direct technical assistance regarding submission of performance data from HIV delivery sites (2005, 2006).

Sites and Linkages

ValueOptions

In Maricopa County, the HIV Early Intervention program was contracted to a single specialized provider serving all substance abuse and SMI clinic sites.

Terros Together

The Terros Together program is a licensed outpatient satellite clinic and HIV drop-in center in central Phoenix. The program provides both mobile and drop-in HIV risk assessment, pre/post counseling and testing, as well

as education and engagement into treatment. Case management, psychiatric appointments and coordination of housing services for HIV positive clients are offered through a Terros subcontractor (Phoenix Shanti).

Community Partnership of Southern Arizona (CPSA)

In Pima County, the HIV Early Intervention program was also contracted to a single, specialized provider serving all substance abuse treatment and SMI clinics in metropolitan Tucson. The COPE Insiders program is a licensed outpatient clinic and HIV drop-in center in central Tucson that is co- located with an auricular acupuncture facility.

In Cochise, Santa Cruz, Graham, and Greenlee Counties, HIV Early Intervention services are provided through South Eastern Arizona Behavioral Health Services in collaboration with the Cochise County Department of Public Health at substance abuse clinic sites.

Northern Arizona Regional Behavioral Health Authority (NARBHA)

In northern Arizona, NARBHA substance abuse treatment providers in Yavapai, Coconino, and Mohave Counties contracted with their respective county health departments to provide HIV Early Intervention services. Reporting challenges and site visits during the fall of 2006 confirmed that services were not being delivered at a desirable level. NARBHA recontracted all HIV services to Northland Cares in Spring 2006, an agency specializing in HIV issues. Northland Cares HIV testing and education services will be offered in sites where substance abuse treatment services are provided.

Cenpatico Behavioral Health of Arizona

In Yuma and La Paz Counties, Campesinos Sin Fronteras provides HIV Early Intervention services at substance abuse treatment sites. In Pinal and Gila Counties, Body Positive provided HIV early intervention services through substance abuse treatment sites.

Gila River Regional Behavioral Health Authority (GRRBHA)

In the Gila River Indian Community, HIV Early Intervention Services are provided by GRBHHA to persons receiving substance abuse treatment services.

HIV Early Intervention Programs Receiving Funds

HIV EARLY INTERVENTION FUNDS REPORTED BY STATE PROVIDER				
Program	Status	Address	Phone	Funds
ARIZONA STATE LABORATORY	n/a	250 N 17th Ave. Phoenix, AZ 85007	(602) 542-1188	\$25,000
CENPATICO	n/a	1501 W Fountainhead Pkwy #295 Tempe, AZ 85282	(866) 495-6738	\$112,195
CPSA	n/a	4575 E Broadway Tucson, AZ 85711	(520) 325-2468	\$398,318
GILA RIVER TRIBAL BEHAVIORAL HEALTH AUTHORITY	n/a	P.O. Box 38 Sacaton, AZ 85247	n/a	\$11,186
NORTHERN ARIZONA REGIONAL BEHAVIORAL HEALTH AUTHORITY	I	611 North Leroux Street Flagstaff, AZ 86001	n/a	\$83,047
OFFICE OF HIV STD SERVICES	n/a	150 N 18th Ave, Suite 110 Phoenix, AZ 85007	(602) 364-3610	\$1,000
VALUEOPTIONS	n/a	444 N 44th St., #400 Phoenix, AZ 85008	(602) 914-5800	\$953,105
ARIZONA STATE LABORATORY	n/a	250 N 17th Ave.	(602) 542-1188	\$25,000

		Phoenix, AZ 85007		
CENPATICO	n/a	1501 W Fountainhead Pkwy #295 Tempe, AZ 85282	(866) 495-6738	\$112,195

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.