

Arizona

While no longer HIV-designated in FY 2009, the following information is provided because this state was required to submit compliance reports since being designated in FY 2006.

AIDS Rate per 100,000

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.

State Funds for HIV Early Intervention Services

State Expenditures	
Required Base	SFY 2008 Expenditures Maintenance
N/A	N/A
SAPT EXPENDITURES	
FY 2006 HIV Set-Aside	FY 2009 Planned
\$1,576,587	\$1,576,587

FY 2010 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

Arizona is not a HIV designated State for 2009; however, the State is required to provide an update because the State was designated in 2008. The State continued to provide HIV early intervention services targeted in four key venues, including residential and methadone facilities and pregnancy/addictions case management team sites as well as outpatient clinic sites for people with co-occurring disorders who display high HIV risk behaviors. In some instances, services were contracted to a single, specialized provider, while in others they were contracted through local departments of public health. In FY 2008, the Arizona Department of Health Services analyzed emergent rates of HIV across the State's rural communities to determine whether changes in funding allocation were warranted; based on this survey, funds were reallocated from rural programs, and the pay-scale was adjusted to provide more rapid-test kits to urban areas of the State. In FY 2009, the State intended to continue its efforts to ensure the availability of early intervention services for HIV in areas with the greatest need, and to monitor the delivery of those services.

*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)

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.

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. Accomplishments:

- 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 2005 SAPT award were expended in SFY 2006 and the set-aside from the 2006 SAPT award was expended in SFY 2007. Funds were isolated in the allocation schedule during the spring 2005 budget review process.
- The Memorandum of Understanding with ADHS State Laboratory and ADHS Office of HIV/AIDS Services was continued in 2006. 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, ADHS/DBHS met with the ADHS Office of HIV Services several times in 2006 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 2006.

ADHS/DBHS will identify and select the most appropriate area(s). Accomplishments:

- 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 provided 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 were 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 collocated with an auricular acupuncture facility.
- 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 2006, the following services were delivered: Terros Together (Maricopa County) Terros served 7,279 enrolled clients at 177 different treatment sites across Maricopa County. They administered 1,910 HIV tests with approximately 0.45% of the tests having positive results. Services delivered at the treatment site include (units of service): 1,922 risk assessments, 29,276 educational units, 1,922 pre-test counseling services, 1,902 post-test counseling services.
- COPE Insiders (Pima County) served 1,213 enrolled clients at 10 treatment sites, 2,553 pre-treatment and homeless persons at the Tucson drop- in center and 589 persons in other community settings. Services delivered at the treatment site (units of service): 182 risk assessments, 3,285 educational units, 252 pre-test counseling services, 201 post-test counseling services, 108 HIV tests.
- SEABHS (Southeastern Arizona) served 408 people at 16 treatment sites in Cochis, Santa Cruz, Graham, and Greenlee Counties. Services delivered at the treatment site (units of service): 224 risk assessments and 2,376 educational units.
- Cenpatico (Central and Western Arizona) served 557 people at 29 treatment sites in Gila, Pinal, Yuma, and La Paz Counties. Services delivered at the treatment site (units of service): 12-pre test counseling sessions and 557 educational units.
- Each RBHA submitted a program description on June 15, 2006 which described their plan for outreach to populations with substance abuse problems.

ADHS/DBHS will incorporate monitoring responsibilities for such services into the sub-state authority contract. Accomplishments:

- T/RBHA contracts were renegotiated during the spring 2006 annual amendment process to ensure inclusion of appropriate language addressing financial and programmatic requirements for HIV services. For SFY 2006, the Gila River Regional Behavioral Health Authority continued to receive SAPT Block Grant funds, including HIV set-aside funds. Contractual and Provider Manual language detailing requirements of the HIV program remained in place.

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 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.
- ADHS/DBHS expanded the quarterly report, making it a requirement statewide in the fall of 2006. This resulted in new data submitted quarterly for the rural area of the state. ADHS worked with NARBHA to overcome challenges they faced in collection of the data.

FY 2008 (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.

- For SFY 2008, Arizona was a designated state (CDC data for 2007).
- ADHS/DBHS continued all HIV Early Intervention services in 2008.
- Continue to ensure appropriate fiscal and budget controls for expenditure of the 5% HIV set-aside.

Progress:

- 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 2007 SAPT award were expended in SFY 2008 and the set-aside from the 2008 SAPT award will be expended in SFY 2009. Funds were isolated in the allocation schedule during the spring 2007 budget review process.
- The Memorandum of Understanding with ADHS State Laboratory and ADHS Office of HIV/AIDS Services was continued in 2008. 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.

Identify and select the most appropriate regions of the state in which to provide HIV early intervention services. Progress:

- The ADHS/DBHS HIV Early Intervention Services coordinator met with the ADHS Office of HIV Services numerous times throughout 2007-2008 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 spring, 2008, 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 reallocated funds from rural programs and has adjusted the pay scale to provide more rapid test kits to urban areas of the state.
- ADHS/DBHS staff members have participated in quarterly meetings of the statewide HIV prevention planning group.

Monitor provision of services through quarterly reports, site visits, and quarterly HIV coordinator meetings. Progress:

- The ADHS/DBHS HIV Early Intervention Services coordinator conducted site visits to each RBHA HIV prevention program in 2008.
- ADHS staff conducted a site visits to Terros (Phoenix) program. Terros had knowledgeable, experienced teams and appeared to be providing exemplary services to treatment sites throughout the urban areas and through their drop in centers. TERROS has been very active in local HIV planning groups.
- The Terros program served 11,258 people at 562 sites in Maricopa County in SFY 2008. The majority of persons served (58%) were enrolled in substance abuse treatment services. Approximately 3% were diagnosed with a serious mental illness. Approximately 20% were injection drug users. Terros administered 2,462 HIV tests. Twenty one of those tested were found to be positive for HIV.
- The Cope program served 7,097 people at approximately 625 sites in Pima County in SFY 2008. Approximately 23% were enrolled in substance abuse treatment services. Approximately 29% were injection drug users. Cope administered 848 HIV tests with two positive.
- 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. However, due to staff changes and inability to provide continuous services, SEABHS is exploring the possibility of contracting with Chiricahua Community Health. SEABHS served 61 people in SFY 2008. The majority, approximately 89% were enrolled in substance

abuse treatment services. Approximately 8% had a serious mental illness. Approximately 21% are IV drug users. SEABHS administered 48 HIV tests in SFY 2008, 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 is providing technical assistance and has clarified their expectations regarding access to treatment clients.
- In Yuma and La Paz Counties, Cenpatico contracted with Campesinos Sin Fronteras for provision of HIV testing and education. Campesino received their CLIA waiver, but was unable to meet further requirements for testing. Cenpatico has reviewed their performance and has terminated their contract in their failure to provide adequate testing. Cenpatico is now contracting with Body Positive to provide HIV testing and education for these counties.
- Cenpatico's programs served 638 people in SFY 2008. Approximately 97% were enrolled in substance abuse treatment. They administered 171 tests and had no positive results.
- In Northern Arizona, NARBHA is contracted with Northland Cares for provision of services in three counties. Northland Cares is an agency specializing in HIV education. NARBHA served 465 people in SFY 2008. Ninety two percent were enrolled in substance abuse treatment services. Approximately 30% were IV drug users. They administered 473 HIV tests with one testing positive.
- The Gila River Indian Community also provided HIV services to 73 tribal members. Forty one percent were enrolled in substance abuse treatment services. Five percent had a serious mental illness and approximately 7% were intravenous drug users. Thirty one tests were administered and all 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 meetings with the RBHA prevention coordinators 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.

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

Progress: ADHS offered training in rapid testing in June, 2008.

FY 2009 (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.

- For SFY 2009, Arizona is a designated state (CDC data). ADHS/DBHS intends to continue the HIV Early Intervention Programs for SFY 2009 using the set-aside from the 2008 SAPT award.
- Continue to ensure appropriate fiscal and budget controls for expenditure of the 5% HIV set-aside.

- Identify and select the most appropriate regions of the state in which to provide HIV early intervention services.
- Monitor provision of services through quarterly reports, site visits, and quarterly HIV coordinator meetings.
- ADHS/DBHS will continue to provide or facilitate technical assistance and training for HIV Early Intervention programs.