

# IMPROVEMENT & ACTION PLAN 2025

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Arizona 2022-2026  
HIV/STI/Hep C Integrated Plan

# INTRODUCTION TO THE 2025 IMPROVEMENT & ACTION PLAN

Each year, the partners and stakeholders of the Arizona 2022-2026 HIV/STI/Hep C Integrated Plan have the opportunity to review up to three plan objectives.

The objectives are selected based on a statewide evaluation survey, monitoring of the pillar outcomes and objective metrics, and discussions with planning body members and programmatic staff.

During the review, the objectives are discussed by a wide variety of partners, staff members, and clients.

Each year, two types of updates can be identified for the selected objectives:

- *Improvements* - changes to the original objective or strategy included in the Integrated Plan
- *Actions* - suggestions for changes, focus areas, activities, and partnerships to move an objective closer to its goal

In 2024, only *Actions* were identified.

The Integrated Plan team monitors the Actions throughout the year, and will share progress during the next improvement cycle!

## Objectives selected for Fall 2024 Review:

Prevent Goal 1, Objective 1

Improve and expand PrEP coverage

Prevent Goal 1, Objective 2

Expand access to syringe services programs (SSPs) and harm reduction services

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# 2024 HIGHLIGHTS

## What did we accomplish in Arizona based on the 2024 Improvement and Action Plan?



**DIAGNOSE** OBJ 4: Increase awareness of HIV, STIs, and hep C through social media, marketing, and other mechanisms

- Storytelling learning sessions at Symposium 2024
- Mpox vaccination awareness campaign
- A new Positively You cohort!
- New educational materials for the DISH-AZ team
- Improved and integrated ADHS Media & Marketing Materials Review



**PREVENT** OBJ 6: Reduce disparities in new HIV, STI, and hep C transmissions among priority populations

- Symposium and Lunch & Learn sessions focused on priority populations
- Updated data request processes, dashboards, and reports
- Improved training on the acuity scale for RW case managers
- Development of guidance and materials Overdose & Disease Prevention Programs (ODPPs)



**RESPOND** OBJ 5: Increase development opportunities for the existing HIV/STI/hep C prevention and care workforce

- New training mechanisms, including Lunch & Learn series, DISH-AZ cohort model, and integrated OHHS Specialist
- Training module added to Relias for AHCCCS agencies
- Clinical webinars on doxyPEP, mpox, and more!
- Continuation of Leadership Academy for staff & community
- Newly created minimum training checklist for new staff at agencies funded by ADHS HIV & hepatitis C programs

## Improve and expand PrEP coverage



### A. Increase equitable access and reduce disparities to PrEP services by making it easier to access

- “Educate outside of our bubble” → work more with agencies that are not currently funded by HIV/STI/Hep C programs, are not involved in our planning bodies, do not receive our newsletters, or do not otherwise engage with us
- Improve service deliveries to priority populations by partnering with staff and agencies at locations already serving these communities
  - Examples: shelter service providers, recovery centers/detox centers
- Identify and connect with other systems/programs that use peer navigators, and train them on the “quick hits” of HIV prevention and care services resources so they are empowered to do linkage activities

### B. Build system capacity to offer PrEP services

- Start with building system capacity to talk about sex
- Build broader community knowledge of “what to do” when you get a test result
  - Build confidence to prescribe PrEP at agencies instead of relying on referrals
  - If agencies DO need to refer out, make sure they know where to send clients to have successful linkages
- At ADHS, develop a PrEP navigation standard of care and job description
  - Create consistency and standards, and define “what is PrEP navigation?”
  - Include tasks such as data, insurance, testing, outreach, case management
- Support agencies/providers who are in the process of building PrEP programs
  - Ex: train providers at FQHCs; connect newer programs to existing networks
- Train and support Ryan White case managers to connect clients’ partners to PrEP
- Better utilize people with HIV to do PrEP referrals for their own partners

### C. Assist clients to overcome barriers to staying on PrEP to improve retention and support clients to maintain coverage

- Address issues caused by a lack of funding for retention services for PrEP clients
  - Options for billing for case management, navigation, and adherence services
  - Options to help with paying for/getting coverage for labs
- Identify options for sustaining PrEP when a client changes their insurance or loses their coverage
  - Identify or build systems to link people BACK to navigation services when they have insurance changes or issues
- Recognize the value of peers as navigators

## Improve and expand PrEP coverage



D. Improve and broaden equitable awareness of PrEP services among persons experiencing risk for HIV

- Consider media campaigns, billboards, etc
- Try to do better at aiming our messages to younger people
- Focus on triggering interest in our messages, not trying to give ALL of the information
- Try to reach new communities instead of our existing networks

E. Consider data projects to better understand PrEP use, impact, and equity

- Talk to people who aren't in PrEP care, or who fall out of care

F: Increase and promote alternative forms of PrEP

- Tackle issues of cost, and the ongoing questions about alternative forms:
  - How can we justify alternative forms when there are cheaper options?
  - What is the role of pharma to reduce costs of alternative forms?

G: Improve PrEP referral processes following a negative HIV test

- Address the underlying status neutral issue that there isn't enough HIV testing
  - Issues with integrating HIV testing into care models, primary care, outreach services, etc.
  - Agency/provider discomfort in having basic sexual health discussions
- Develop solutions to get PrEP immediately when a negative test occurs, to reduce issues with the "timeliness" of PrEP referrals
  - Try to move away from waiting for an appointment and later follow up
- Address challenges caused when test results are given over the phone after a client has already left the testing sites, since this removes the ability to do immediate linkage to PrEP

H: Provide more comprehensive education to clients and agencies about PrEP to address misinformation, misconceptions, and stigma

- Get out to clinics and locations that aren't as educated on PrEP → the folks who aren't used to doing HIV services or who aren't our typical partners
- Improve our messages in ads and media

## Expand access to SSPs and harm reduction services



A. Increase access by increasing the number and geographic coverage of SSPs and harm reduction services

*No action or improvement requested.*

B. Provide capacity building for new and existing SSPs to adopt and implement best practices and emerging standards of care

- Continue to support existing programs that are doing great work
- Encourage peer support programs
- Reduce educational experience requirements in hiring to ensure we hire for skills and experiences, instead of focusing exclusively on educational backgrounds
  - Ensure all staff receive ongoing professional development and skills training
  - Prepare for a future where we have same-day hepatitis C treatment initiation!

C: Increase awareness, resources, and education to assure drug user health, promote SSPs, and reduce stigma

- Develop a resource for HIV partners and programs that can be shared for “where to go” for SSP and harm reduction services
  - Build our internal capacity among programs/staff about how to connect folks to these services and implement harm reduction approaches
- Address issues with a lot of lack of understanding among providers
  - Ex: confusion about legality of certain activities and changing legislation
  - Utilize DISH-AZ team to train providers
  - Coordinate with the ADHS Office of Injury and Violence Prevention to see if they can provide education or educational resources
- Make sure education is included when we distribute supplies
- Make sure people conducting HIV/hep C testing at SSPs are trained in stigma reduction

## Expand access to SSPs and harm reduction services



### D. Build more wrap around services and referrals into SSPs and harm reduction entry points

- Build up partnerships with partners where folks who use drugs already congregate and/or use services
- Consider how telehealth can support SSP wraparound services
- Partner with clinical service providers to do linkages on-site
  - Partnerships where clinical providers can do phlebotomy and medication linkage supports SSP staff to focus on building rapport and using motivational interviewing
  - Find TRUSTED providers to improve warm handoffs for clinical services

### E. Ensure better access to SSPs for priority populations, especially in underserved areas

- Consider harm reduction vending machines
- Connect with programs who serve people leaving incarceration to ensure they have resources to share about HIV/hep C
- Ensure SSPs are available for folks who are homeless or unsheltered

### F. Enhance HIV, STI, and hep C testing and prevention services among people who use drugs

- Consider the trade-offs of providing testing kits (expensive!) with doing venipuncture testing (more training!)
- Testing needs to be utilized as an entry point for other services
  - Ex: if you are doing testing, then you need to link the patient to treatment
    - When this requires referrals and wait times, patients are often lost so we need to improve warm hand offs and linkage pathways
  - Handle hepatitis C diagnoses with the urgency of an HIV diagnosis to improve linkages
- Identify examples of agencies who are successfully blending funding to provide syndemic services
- Consider options for “train the trainer” models for HIV testing and hep C testing

### G: Review and update programs and policies within statewide HIV/STI/ hep C prevention and care systems to ensure they align with harm reduction approaches

*No action or improvement requested.*

# PLAN AT-A-GLANCE



## DIAGNOSE

**GOAL #1:** Improve and expand testing for HIV, STIs, and hep C

**GOAL #2:** Decrease stigma for people living with or experiencing risk for HIV, STIs, and hep C



## PREVENT

**GOAL #1:** Reduce new transmissions of HIV, STIs, and hep C

**GOAL #2:** Improve prevention efforts among priority populations



## TREAT

**GOAL #1:** Rapidly and effectively link all persons diagnosed with HIV, STIs, or hep C to care/cure

**GOAL #2:** Keep all people with HIV in care, and cure all people diagnosed with STIs and hep C



## RESPOND

**GOAL #1:** Build capacity for CDR (cluster detection and response) and surveillance

**GOAL #2:** Strengthen statewide HIV, STI, and hep C prevention and care systems