

RWPA Goal 1

National Goal 1: Reducing new HIV infections

National Objective 1: Increase the percentage of people living with HIV who know their serostatus to at least 90%.

Local Objective: Increase the percentage of people living with HIV who know their status.

Strategy 1: Prevention, testing and linkage to care

Activity 1: By 2021, increase HIV testing by adding additional testing sites per year for target populations focusing on communities of color and transgender community.

Activity 2: By 2021, increase community provider education in PrEP by 10% per year for 5 years.

Activity 3: By 2021, increase health care professionals trained in knowledge of 4th generation algorithms for HIV testing by 10% per year for 5 years.

Activity 4: By 2021, increase communication between HIV agencies on linkage to care improvement by offering 1 collaborative training per year on linkage to care.

Strategy 2: Education

Activity 1: By 2018, expand the number of HIV providers trained on diagnosis and management of HIV by 6 per year statewide.

Activity 2: Beginning in 2017, provide training in Phoenix for Oral Health professionals on common oral manifestations as seen in patients with HIV.

Activity 3: By 2018, provide regional collaborative training annually with California HIV/STD Training Center.

Activity 4: By 2018, provide annual training for community health workers/promotoras on HIV testing.

Strategy 3: Community Engagement

Activity 1: By 2018, develop a community based strategy to promote HIV awareness, testing and linkage to care that is culturally and linguistically appropriate care.

Activity 2: By 2018, collaboratively develop tools and processes with ICE and Border Health programs to coordinate HIV care during deportation process.

National Objective 2: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.

Local Objective: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis.

Strategy 1: Streamlined processes

Activity 1: By 2017, complete joint application for RW care and medication services with implementation by mid-year 2017.

Activity 2: By 2017, implement processes that support same day medical appt. at time of new diagnosis.

Activity 3: by 2017, increase the # of HIV specialists available to provide HIV services by the end of 2017.

Strategy 2: Community engagement

Activity 1: By 2018, establish a communication strategy to engage traditional and non- traditional community partners in ending the HIV epidemic.

Activity 2: By 2018, implement technology resources to expand partner services to improve health and prevention outcomes.

Strategy 3: Culturally and linguistically appropriate patient-centered care

Activity 1: By 2018, establish ongoing community quality initiative that drives improvements to decrease entry to care timeframes.

Activity 2: By 2017, provide annual cultural competency training that addresses gaps identified in annual needs assessment.

RWPA Goal 2

National Goal 2: Increasing access to care and improving health outcomes for people living with HIV

National Objective 1: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.

Local Objective: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis.

Strategy 1: Streamlining the process

Activity 1: By 2017, formalize processes between EIS/ADOC to improve linkage of recently released inmates to community HIV care and services.

Activity 2: By 2018, establish Spanish language version of HIVAZ.org.

Activity 3: By 2018, diversify accessibility to health care services for homeless clients.

Strategy 2: Education

Activity 1: By 2017, continue to develop health literacy resources for HIV positive and high risk HIV negative clients.

Activity 2: By 2018, expand the number of HIV providers trained on diagnosis and management of HIV by 6 per year statewide.

Strategy 3: Culturally and linguistically appropriate patient Centered Care

Activity 1: By 2018, implement patient portal in Part C clinic and educate clients on the use of patient portal technology.

Activity 2: By 2017, The RWPA Clinical Quality Management Committee will receive information quarterly on RWPA sub-recipient PDSAs that address linkage to care timeframes.

National Objective 2: Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.

Local Objective: Increase the percentage of persons with diagnosed HIV infection who are virally suppressed.

Strategy 1: Culturally and linguistically appropriate Patient Centered Care

Activity 1: By 2017, the RWPA Clinical Quality Management Committee will receive information quarterly on RWPA sub-recipient PDSAs to address viral load suppression rates.

Activity 2: By 2017, expand treatment adherence services to improve viral load suppression.

Strategy 2: Community engagement

Activity 1: By 2018, conduct media initiative that promotes retention in care and viral suppression.

Activity 2: By 2020, expand Continuum of Care data models into medical practices outside of Ryan White providers.

Strategy 3: Streamlining the process

Activity 1: By 2018, develop baseline data that identifies the number of newly diagnosed clients that are virally suppressed by 180 days.

Activity 2: By 2018, increase # of newly diagnosed clients that are virally suppressed within 180 days by 5%/year.

RWPA Goal 3

National Goal 3: Reducing HIV-related disparities and health inequalities

National Objective 1: Reduce disparities in the rate of new diagnosis by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men and Black females

Local Objective: Reduce disparities in the rate of new diagnosis in the following groups living in Arizona: gay and bisexual men, young Black gay and bisexual men and Black females.

Strategy 1: Funding

Activity 1: By 2017, support capacity building of community based agencies seeking diverse funding opportunities.

Activity 2: By 2018, create a continuum of care that is specific for each disparity group to justify the need for funding.

Strategy 2: Culturally and linguistically appropriate patient-centered care

Activity 1: By 2018, enhance non-RW integrated medical providers' knowledge of and ability to link clients to Ryan White services at no less than 3 a year.

Activity 2: By 2018, provide ongoing training for culturally appropriate HIV care.

Strategy 3: Stigma

Activity 1: By 2017, implement at least 1 stigma reduction initiative each year utilizing new and traditional media.

National Objective 2: Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.

Local Objective: Reduce the percentage of persons in HIV medical care who are homeless.

Strategy 1: Community Engagement

Activity 1: By 2018, establish a referral mechanism with the centralized homeless housing hubs (CASS Welcome Center; UMOM Family Housing Hub; and Mesa Family Housing Hub) for referrals to Ryan White and HOPWA services.

Activity 2: By 2018, establish MOUs with centralized housing hub leadership to document referrals between agencies.

Strategy 2: Funding

Activity 1: By 2018, explore partnership with HOPWA to seek additional funding opportunities.

Activity 2: By 2018, explore opportunities to use rebate funds for housing services.

Strategy 3: Culturally and linguistically appropriate patient-centered care

Activity 1: By 2018, develop and implement strategies to provide housing opportunities for HIV clients with a history of past felonies and/or substance abuse.

Activity 2: By 2018, explore emergency housing options for homeless individuals.

Activity 3: By 2018, confer with SAAF Harm Reduction program and HIV housing and evaluate opportunities to adopt best practices in other areas of the state.

RWPA Goal 4

National Goal 4: Achieving a more coordinated response to the HIV epidemic

National Objective 1: Reduce disparities in the rate of new diagnosis by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, and Black females.

Local Objective: Reduce disparities in the rate of new diagnosis in the following groups living in Arizona: gay and bisexual men, young Black gay and bisexual men, and Black females.

Strategy 1: Funding

Activity 1: By 2018, identify, collect and analyze data related to each partner's health populations and health disparities.

Activity 2: by 2018, share data among grantees and providers to increase collaboration among providers and maximize available funding better address health disparities.

Activity 3: By 2018, use data to identify capacity building opportunities among new and traditional partners to address disparities in target population.

Strategy 2: Culturally and linguistically appropriate patient patient-centered care

Activity 1: By 2017, analyze 2015 Needs Assessment to identify strategies that promote patient centered care. One strategy per year.

Activity 2: By 2017, utilize consumer focus groups/surveys to drive/inform/strengthen quality improvement projects at recipient and sub-recipient levels.

Strategy 3: Stigma

Activity 1: By 2018, develop partnerships among community based organizations to determine strategies to address stigma: individual, family, friends, providers, culture, etc.

Activity 2: By 2018, implement a stigma initiative. Assess success and adjust strategy based on data.

National Objective 2: Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.

Local Objective: Reduce the percentage of persons in HIV medical care who are homeless.

Strategy 1: Community engagement

Activity 1: By 2018, establish a referral mechanism with the centralized homeless housing hubs (CASS Welcome Center; UMOM Family Housing Hub; and Mesa Family Housing Hub) for referrals to Ryan White and HOPWA services.

Activity 2: By 2018, establish MOUs with centralized housing hub leadership to document referrals between agencies.

Strategy 2: Funding

Activity 1: By 2018, explore opportunities to use rebate funds for housing services.

Strategy 3: Culturally and linguistically appropriate patient patient-centered care

Activity 1:By 2017, confer with SAAF Harm Reduction program and HIV housing and evaluate opportunities to adopt best practices in other areas of the state.

