

Nevada Integrated HIV Prevention and Care Plan 2017-2021

2019 Mid-Year Monitoring Report September 2019



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**Prepared for
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HIV Prevention Program
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Nevada Integrated HIV Prevention and Care Plan 2017-2021: 2019 Mid-Year Monitoring Report

Introduction

The Nevada Integrated HIV Prevention and Care Plan 2017-2021, including the Statewide Coordinated Statement of Need, was developed in response to the guidance provided by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) and submitted in September 2016. The UNR HIV Prevention and Care Plan Monitoring Team has met with the Integrated HIV Prevention and Care Plan Monitoring Workgroup regularly since 2016 to monitor and track plan activities. Representatives from the Ryan White Parts A, B, C, D, F, the Prevention Program, and their subrecipients are asked to provide updates and data regarding the Plan strategies and activities twice a year through an online reporting system. This 2019 Mid-Year 2019 report describes the status of plan activities and interventions through June 2019, progress made towards Nevada's Integrated Plan goals and objectives, and suggested actions to further progress.

Key:



Green:
Activity completed.



Yellow:
Activity in process, ongoing.

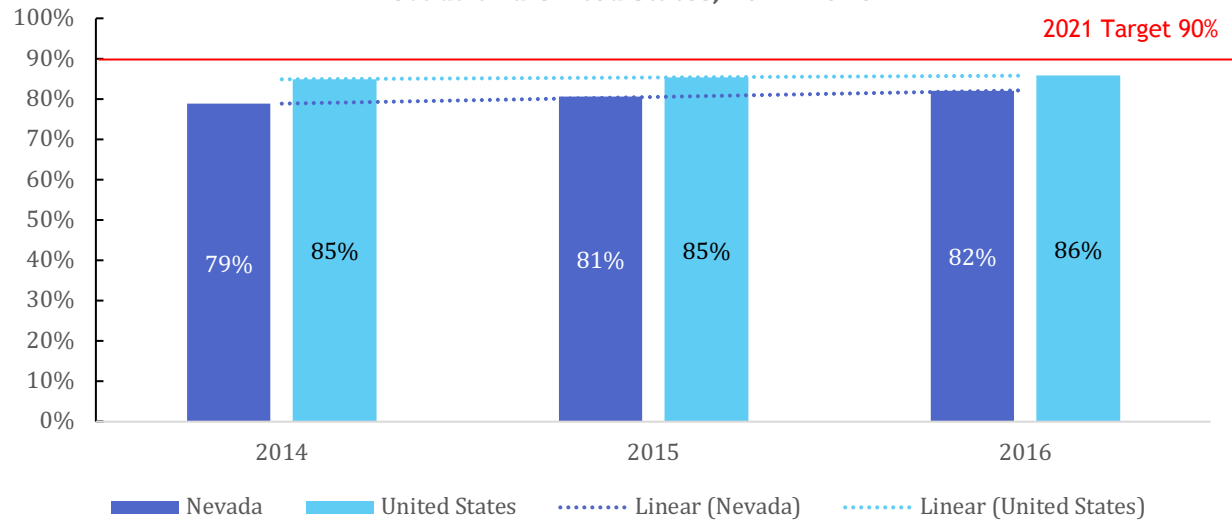


Red:
Activity not started.

Goal 1: Reducing New HIV Infections

Objective 1a. By 2021, 90% of people living with HIV will know their serostatus.



Figure 1. Estimated percentage of PLWH who know their serostatus, Nevada and United States, 2014-2016







Centers for Disease Control and Prevention. CDC HIV Prevention Progress Report, 2019. Accessed September 30, 2019. On the Web: <https://www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-preventionprogressreport.pdf>

O1a. Strategy 1: Increase number of high-risk people tested in Nevada, based on data.

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
✓	2017	Incorporate review of targeted testing data into the Community Planning Groups (CPGs) and include a representative from the Northern Nevada HIV Prevention Planning Group on the Southern Nevada HIV Prevention Planning Group and vice versa.	Workgroups formed to include members of HPPG and local health districts	Baseline To continue progress on reducing new HIV infections, the two HIV Community Planning Groups (CPGs) serve as the targeted testing workgroups in the North and South.	Not collected in this reporting period		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017	Recruit substance abuse and mental health representatives to targeted testing workgroups.	# of representatives recruited	Baseline Both CPGs have substance abuse and mental health representatives.	Not collected in this reporting period		
	2017-2021	Review available HIV testing data (where testing is conducted and where the positives are being found).	Statewide testing data compiled and analyzed	# of HIV tests conducted: AFAN: 131 tests (5 positives) HOPES: 1,864 tests (11 positives) SNHD: 17,640 tests (217 positives) Huntridge: 1,152 tests (55 positives) Trac-B: 378 tests (5 positives) WCHD: 2154 tests (5 positives)	# of HIV tests conducted: AFAN: 39; (1 positive) HOPES: 884; (3 positives) SNHD: 8362; (106/1.24% positive) Trac-B: 107; (0 positives) WCHD: 1046; (5 positives) SAPTA HIV NN HOPES SAPTA = 103 tests NN HOPES IDU = 99 tests China Spring Youth Camp = 49 tests SNHD IDU = 312 tests Community Counseling Center of Southern Nevada = 363 tests Vitality Unlimited Carson City = 51 tests Vitality Unlimited Elko = 51 tests New Frontier Treatment Center = 222 tests		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					Ridge House Treatment Center = 50 tests Westcare = 65 tests		
	2017	Establish baseline for testing among priority populations	Baseline data compiled and analyzed	This data on priority populations needs to be submitted to the plan monitoring team.	Not collected in this reporting period		
	2018	Development of a targeted testing strategy based on data results	Nevada targeted testing strategy developed and adopted	HOPES: Substance abuse, Homeless SNHD: Substance abuse, MSM, Youth and Young Adults, Sexually active heterosexual WCHD: Substance abuse, MSM, Sexually active heterosexuals, youth Huntridge: Mental health, Substance abuse Trac-B: Substance abuse, Injection drug users	Did not develop or adopt any new strategies in this reporting period: AETC SNHD Trac-B WCHD Substance abuse: HOPES Mental Health: HOPES Priority populations: HOPES (Youth, STI screening- higher risk, heterosexual, LGBTQ)		
	2019-2020	Targeted testing strategy implemented	Testing among priority populations to increase 10% over baseline each year implemented	SNHD: Substance abuse (285 tests), Priority Populations (17,357 tests) WCHD: Substance abuse (87 tests), Priority Populations (2,154)	SNHD: Substance Abuse:168 Priority Populations:7862 Trac-B Substance Abuse: 107 WCHD:		



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				Huntridge: Mental health (unknown), Substance abuse (unknown) Trac-B: Priority Populations (378 tests)	Priority Populations: 1,046		
	2021	Strategy and testing campaign evaluated for effectiveness	Summary report with numbers tested, numbers tested positive, and percentage receiving test results Distribution of report	Summary report with individuals tested: HOPES SNHD WCHD AFAN Huntridge Summary report with individuals testing positive: HOPES, SNHD, WCHD, AFAN, Huntridge Summary report with % of individuals receiving test results: HOPES, SNHD, WCHD, Huntridge Notes: Numbers are presented at SNHD's Board of Health meetings	Summary report with numbers of individuals tested: AFAN HOPES SNHD Trac-B Summary report with individuals testing positive: AFAN HOPES SNHD Trac-B WCHD Summary report with % of individuals receiving test results: AFAN SNHD WCHD		

Suggested Actions

- Share numbers of positives by specific priority populations in order to track progress. (i.e., number tests and number of positives by location for each priority population.
- Clearly identify statewide priority populations.
- Continue communication between the north and south planning groups.

- Maintain substance abuse and mental health representatives in Southern and Northern Nevada.
- Continue to evaluate testing strategies and campaigns and make adjustments as needed.

O1a. Strategy 2: Increase community awareness of the importance of HIV testing, including awareness of testing sites.


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jun-Jul)	2020 Status	2021 Status
	2017	Collect data from the population on baseline awareness of importance and availability of HIV testing	Report of the results	Baseline needed	Not collected in this reporting period		
	2018	Develop comprehensive statewide media and marketing campaign across multiple platforms	Campaign developed and approved by the CAB	<p>HOPES: Advocating for universal testing and knowing status. Utilizing awareness days.</p> <p>SNHD: Twitter, Facebook, webpage, participation in HIV awareness days/weeks, collaboration with HIV consortium.</p> <p>WCHD: Act Against AIDS</p> <p>AFAN: General information with emphasis on the fact that HIV testing is free at agency and testing location sites</p> <p>Trac-B: Facebook, Instagram, Reddit to encourage syringe exchange program and testing for HIV/Hep C regularly</p>	<p>Media campaigns: AFAN: Safe sex campaign (with information about our testing services).</p> <p>HOPES: National HIV Testing Day</p> <p>SNHD: Posts on social media regarding National HIV Testing Day as well as other HIV awareness days, information about testing as part of PrEP academic detailing packets</p> <p>Trac-B: National HIV testing day</p> <p>WCHD: Used Act Against AIDS Campaigns of "Doing It", "Let's Stop HIV Together", "Start Talking, Stop HIV"</p>		




		Activity/Intervention	Metrics	2018 Status	2019 Status (Jun-Jul)	2020 Status	2021 Status
					Platforms: Facebook x5 Twitter: x3 Instagram:x3 Dating App: none YouTube: none Radio: none Newspaper: x2 Other: Flyers, interviews		
	2019-2020	Media buys and placement across multiple platforms. Website/phone app with updated testing information available	At least 5,000,000 duplicated impressions throughout the state of Nevada	Need to Identify Question for Reporting Tool	Not collected in this reporting period		
	2021	Evaluate the effectiveness of the campaign to key populations	Report of results	Need to Identify Question Reporting Tool	Not collected in this reporting period		



Suggested Actions

- Develop and administer data collection tools to determine the baseline knowledge of importance and availability of HIV testing. Possibly use the community HIV survey again that was used for the needs assessment and revise as needed. Possibly partner with UNR, UNLV, CSN, TMCC, etc. to have students help administer the survey in their communities. Or add some questions to the condom survey.
- Review evaluation metrics and check current status of marketing campaigns to see progress.
- Review various campaigns in place through various agencies across state to understand the statewide coverage and content.
- Identify any gaps there may be in content and coverage of campaigns.
- Work on developing a coordinated comprehensive statewide media and marketing campaign in collaboration with partners around the state.

01a. Strategy 3: Increase the number of rapid HIV testing locations available in Nevada

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2021	Enhance, develop and evaluate state training and	State certification for HIV testing adopted	No organizations reported receiving state	WCHD has new 5 rapid testing sites.		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2018	certification process for new testing sites Develop and administer train the trainer	# of trainers trained	certification for HIV testing in 2018. SNHD: 75 trainers trained Huntridge: 2 trainers trained	Does not apply: Office of HIV/AIDS UNLV WCHD No: Part B AETC HOPES Yes: SNHD (3)		
	2018-2019	Certify and train location staff to provide rapid testing to high risk populations	At least 10 new rapid testing locations certified	SNHD: Certified 10-15 new locations	Does not apply: Office of HIV/AIDS UNLV WCHD No: Part B AETC HOPES SNHD Yes: None		
	2018-2021	Increase number of rapid tests conducted in Nevada by certified agencies	Increase number of rapid test performed the state by 10% above baseline each year.	# of rapid test AFAN: 131 Hopes: 1894 SNHD: 8936 Huntridge 152 Trac-B: 378 WCHD: 1002 -Total rapid test 2018: 12,493-	# of rapid test AFAN: 39 HOPES: 884 SNHD: 4,912 Trac-B: 107 WCHD: 721 -total rapid test Jan-Jun 2019: 6,663-		

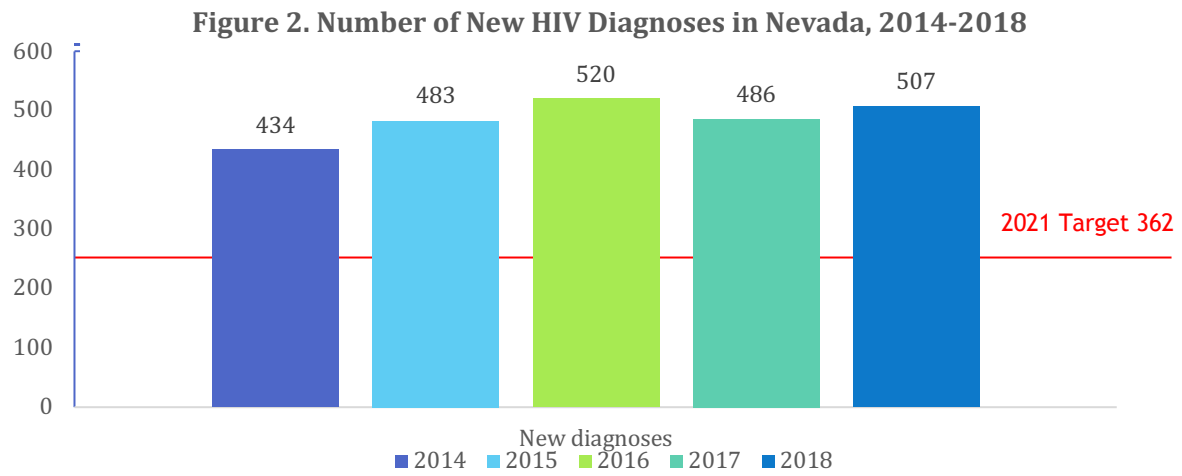
		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2021	Promote rapid testing	# of rapid testing sites	6 organizations offer rapid testing (HOPES, SNHD, WCHD, AFAN, Huntridge, Trac-B) All six organizations are promoting rapid testing with social media campaigns, word of mouth marketing. HOPES, SNHD, and WCHD have printed materials. HOPES, SNHD, and AFAN use provider referrals.	Offer Rapid Testing: AFAN HOPES SNHD Trac-B WCHD Social Media Campaign: x5 Provider Referrals: x3 Word of Mouth: x5 Printed Materials: x4 PrEP printed and video materials which discuss testing: x1		
	2017-2021	Put rapid testing locations on HIV websites	Website statistics	There is a link to the federal hiv.gov testing locator site on the state HIV prevention/RW Part B website and the RW Part A website. SNHD has an updated calendar with rapid testing dates and sites on its website. The HOPES website provides information about rapid testing it provides. The WCHD website provides testing information. State Office of HIV/AIDS has testing locations on the website, https://endhivnevada.org			

Suggested Actions



- Continue training, recruiting testing sites and promoting HIV testing throughout the state.



- Continue to update web sites.

Objective 1b. By 2021, reduce by 25% the number of new HIV diagnoses.




O1b. Strategy 1: Increase education and access to PrEP and PEP

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-July)	2020 Status	2021 Status
	2017	Obtain provider and community buy-in for education	# of providers # of partners	AETC's Transgender Health Conference on June 1, 2017 included a session on PrEP and PEP and the HIV summit at the Center in addressed PrEP and PEP. Huntridge Family Clinic has two studies on PrEP and PEP. SNHD is providing provider training on PrEP and PEP. The Association of Nurses and AIDS Care included PrEP and PEP a topic at 2018 conference.	Not collected in this reporting period		
	2017	Identify other partners, agencies, and organizations that can collaborate to fund and/or deliver trainings	# of agencies and partners	AETC's Transgender Health Conference on June 1, 2017 included a session on PrEP and PEP and the HIV summit at the Center in addressed PrEP and PEP. Huntridge Family Clinic has two studies on PrEP and PEP. SNHD is providing provider training on PrEP and PEP. The Association of Nurses and AIDS	Not collected in this reporting period		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-July)	2020 Status	2021 Status
				Care included PrEP and PEP a topic at 2018 conference.			
	2017-2018	Initiate provider and community education and training on PrEP& PEP	# of trainings		Did not receive any trainings: AFAN Trac-B WCHD Number of trainings: HOPES: 1 SNHD: 7		
	2017-2018	Training provider and staff on PrEP & PEP	# of providers and staff trained	HOPES: received 5 trainings (5 trained) SNHD: received 10 trainings (5 trained, 30 trained) WCHD: received 2 trainings (20 trained) UMC: received 1 training (15 trained) AFAN: received 1 training (5 trained) COMC: received 3 trainings (3 trained) Huntridge received 3 trainings (20 trained)	Does not apply: AFAN Trac-B WCHD Number of providers/staff trained: HOPES: 15 SNHD: 17		
	2017-2018	Community education program on PrEP & PEP	# of programs implemented	Office of HIV/AIDS: provided 3 programs Huntridge: provided 10 programs	Did not implement: AFAN HOPES Trac-B Number of programs implemented: SNHD: 5 WCHD: 4		



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-July)	2020 Status	2021 Status
					Number of community members trained: SNHD: 57 WCHD: 100		
	2017-2018	Peer to peer education on PrEP & PEP program	# of targeted community members trained	SNHD: trained 60 people Huntridge trained 7 people	Did not provide any trainings: AFAN HOPES Trac-B WCHD Number of people trained: SNHD: 3		
	2017-2019	Implement pilot project for PrEP	Pilot project implemented	SNHD implemented a pilot project for PrEP in 2018.	Did not implement pilot project: AFAN SNHD Trac-B WCHD Did implement pilot project for PrEP: HOPES		
	2018-2021	Evaluate the pilot project	Evaluation report	Follow up with SNHD	Not collect in this reporting period		
	2019-2020	Develop process for developing a PrEP clinic	Process developed	Need to discuss	Not collected in this reporting period		
	2018-2019	Enhance and support clinics to offer PrEP	# of clinics providing PrEP # of clinics supported	AETC: Supported 7 clinics HOPES: supported 1 clinic SNHD: supported 3 clinics UMC: supported 1 clinic Huntridge supported 1 clinic	Providing PrEP: HOPES SNHD Does not apply: Office of HIV/Aids UNLV None: Part B		




		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-July)	2020 Status	2021 Status
					WCHD # of Clinics Supported: AETC (6) HOPES (1) SNHD (2)		
	2017-2021	Develop a resource list of pharmacies where PrEP is available	Resource list	Resource list was updated by: HOPES UMC Huntridge	Does not apply: Office of HIV AETC UNLV No: WCHD Yes: Part B HOPES SNHD		


Suggested Actions

- Continue education and awareness activities related to PrEP and PEP.
- Share evaluation results of the SNHD pilot project.
- Keep resource lists updated.
- Plan who will be involved in creating the process for developing a PrEP clinic and begin documentation of the process.

01b Strategy 2: Increase community education of HIV/AIDS through comprehensive sexual health education

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan -Jun)	2020 Status	2021 Status
	2017-2018	Develop a workgroup for policy development and lobbying policy change for comprehensive, medically accurate sexual health education in schools. Include recommended best practices/curricula in the policy; write in Opt-out policy into bill	Legislative bill outcome	In the 2017, Nevada Legislative Session, AB348 to include comprehensive, medically accurate sexual health education in schools had some traction moving forward in the legislature; however, the bill was vetoed.	Legislation was not passed in the 2019 Legislative Session. A statewide approach does not seem feasible at this point.		
	2019-2021	Collaborate with State Board of Education and local school districts to implement Comprehensive SH education in schools	# of students receiving comprehensive SH education	WCHD is collaborating with State Board of Education.	Does not apply: Office of HIV AETC UNLV No: Part B HOPES Yes: SNHD- Attended a NACCHO training on school based clinics and have not implemented at this time WCHD- Exploration was in collaboration with WCHD and Community Health Alliance using their mobile unit. Project did not move forward. Sexual health was NOT to be the focus.		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan -Jun)	2020 Status	2021 Status
	2019-2020	Explore the development of school-based clinics	Findings of the exploration	WCHD has explored the development of school-based clinics.			
	2019-2020	Develop a standardized curriculum for HIV/STD 101	Curriculum developed	HOPES and SNHD have a standardized curriculum.	<p>Does not apply: Office of HIV/AIDS AETC UNLV</p> <p>No: Part B SNHD</p> <p>Yes: HOPES WCHD</p> <p>Using Specific curriculum: Dignity Health: The positive Self-management program</p> <p>HOPES: TPP program (Family talking together; Seventeen Days). Also working on implementation of Title X</p> <p>WCHD: WCSD approved curriculum</p>		
	2019-2020	Make curriculum available to community partners statewide online	<p># of trainers trained</p> <p># of providers trained</p>	SNHD has made the standardized curriculum available online. 75 trainers have been trained.15	<p>Does not apply: Office of HIV/AIDS AETC UNLV</p>		


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan -Jun)	2020 Status	2021 Status
			# of people educated	providers have been trained. 250 people have been educated.	No: Part B HOPES SNHD WCHD (Educated 150 people) # of people trained: Dignity Health: 8 HOPES: 2 WCHD: 100		
	2019-2020	Evaluate curriculum	Evaluation report	SNHD has completed an evaluation report.	Does not apply: Office of HIV/Aids AETC UNLV No: Part B HOPES SNHD WCHD Yes: None		



Suggested Actions




- Promote standardized curriculums for community education developed by HOPES and WCHD.
- Continue exploration of school-based clinics in the north and expand exploration to the south.
- Explore partnerships with community organizations, after school programs, etc. to help deliver comprehensive medically accurate sexual health education to youth.
- Work with school districts individually around the state to promote their adoption of comprehensive medically accurate sexual health education.


01b Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization


		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2021	Explore condom need in community for priority populations	# and locations distributed	The Center's Pharmacy Project has distributed over 50,000 condoms	Not collected in this reporting period		



		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				to HIV positive individuals through pharmacies and other community support groups. SNHD has taken over the program resulting in positive impact. To increase condom distribution, subcontracts in Las Vegas were required to attend a Social Network Recruitment training. In addition to condom distribution, organizations have continued to promote general HIV education strategies.			
	2017-2021	Identify places where free condoms are most needed	# and locations distributed	<p>UMC, AFAN, Huntridge, Nye County distribute condoms from their main facility. HOPES distributes at the clinic and during community outreach. WCHD distributes at 35 locations; SNHD distributes at 15 locations; Trac-B distributes at over 10 locations. Condoms distributed by agency:</p> <p>HOPES: 5,000 SNHD: 116,200 WCHD: 68,500 UMC: Unknown Huntridge: 12,000 Trac-B: 3,000</p>	<p>Do not distribute Condoms: HELP of Southern Nevada Dignity Health</p> <p>Only distribute at main facility: AFAN</p> <p>Various locations: HOPES: main clinic and Our Center</p> <p>SNHD: SHC, Trac-B, AFAN, LGBTQ Center, Huntridge Clinic, Community Counseling Center</p>		

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				Total condom distribution 2018: 204,700+	Trac-B: several outreach locations monthly WCHD: 40 sites Number of condoms distributed: AFAN: 1,000+ SNHD: 92,000 Trac-B: 3,000+ WCHD: 52,550 Total condom distribution 2019 (Jan-Jul): 148,550+		
	2017-2018	Identify where people can buy condoms	Resource guide posted on website	AETC and HOPES reported there is a resource guide to identify where people can buy condoms.			
	2017-2019	Explore different pathways to acquiring condoms (i.e. working with manufacturers to get cheaper condoms for people to buy)	Pathways noted	Preventions: Purchase condoms from distributors and obtaining public health rating. We also share this resource with community partners. HOPES: Have applied for free condoms through manufactures. Currently receive Teen Pregnancy Funds, which allows us to purchase these in bulk. WCHD: Developing mail order condom distribution program.	Does not apply: Office of HIV/AIDS Part B AETC UNLV No: HOPES Yes: SNHD- Discussion with pharmacists and other SoN HPPG members about using Medicaid to obtain condoms, discussions with Trojan about sales and marketing information locally		

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					at the National Sexual Health Conference WCHD- Implementing a web-based, mail order program		
	2017-2021	Awareness campaign about ability to get condoms through Medicaid	Distribution information regarding reach of campaign	HOPES and Huntridge provide information about getting condoms through Medicaid.	Did not provide information: Office of HIV/AIDS AFAN AETC Dignity Health HELP of Southern Nevada Trac-B WCHD Provided information: HOPES		
	2017-2018	Increase accessibility by creating an online application to map free and purchased condom locations in Nevada	App created # of app users	HOPES uses a mobile app to increase awareness/accessibility of locations to purchase condoms	Does not apply: Office of HIV/AIDS Part B AETC UNLV Not using: AFAN SNHD Trac-B WCHD Using App: HOPES		
	2017-2018	Provide capacity building assistance for the implementation of syringe services programs (SSP)	# of CBOs trained; SSP launched in Southern Nevada	SNHD: 2 CBOs trained Huntridge: 2 CBOs trained	Does not apply: Office of HIV/AIDS UNLV No:		

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					Part B AETC WCHD Yes: HOPES (1) SNHD (Presentation to Nye County Commissioners and Mineral County Coalition)		
	2018-2019	Pilot of syringe exchange machines in Southern Nevada	# of machines placed # of syringes exchanged	Funded for pilot of syringe exchange machines: Prevention: unknown number of machines SNHD: 4 machines HOPES: 1,200,109 were collected; 1,800,754 provided out	Machines Placed: Does not apply: UNLV No: Part B AETC HOPES WCHD Yes: Office of HIV/AIDS- 3-2 more adding soon in rural area (SNHD will reply) SNHD- 2 Trac-B Center for Behavioral Health and TIM Cares Exchanges: Does not apply: Office of HIV/AIDS Part B AETC UNLV WCHD AFAN		

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					HELP of Southern Nevada Number of Exchanges: HOPES: 462,555 syringes in; 372,887 out SNHD: Trac-B dispensed 310,185 and collected 201,737 used syringes for disposal		
	2018-2019	Develop buy-in from community organizations and businesses that would be impacted by the SSP	# of community organizations and businesses reached	Number of businesses/CBOs reached: <ul style="list-style-type: none"> • Prevention: Unknown • HOPES: approximately 8 • SNHD: 10 	Does not apply: Office of HIV/AIDS AETC UNLV WCHD No: Part B Names of businesses/CBO reached: HOPES: (13) City of Reno; The Row (Casinos); Reno Police Department; Sparks Police Department; University of Nevada, Reno; Our Center; SAPTA Sites (Family Counseling Services, Bristlecone, Step One, Step Two,		

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					<p>Quest Counseling, Empowerment Center, Center for Behavioral Health, Ridge House)</p> <p>SNHD: Center for Behavioral Health and TIM Cares has a SVM, but rural counties in NV have been approached about hosting a syringe vending machine in their jurisdiction.</p>		
	2020-2021	Expand syringe services to centers for harm reduction, syringe exchange, wound care,	<p># of centers established</p> <p># of IDU served</p>	<p>Established Centers HOPES: 1 (1,200,109 were collected; 1,800,754 provided out)</p> <p>SNHD: 3 (573 clients served)</p> <p>Dignity Health: 1 (Does not apply)</p> <p>Huntridge: 1 (Does not apply)</p> <p>Trac-B: 4 (11,175 clients served)</p>	<p>Does not apply/Do not have SSP:</p> <p>Office of HIV/AIDS</p> <p>AFAN</p> <p>HELP of Southern Nevada</p> <p>WCHD</p> <p>Did not expand:</p> <p>HOPES</p> <p>Expanded SSP:</p> <p>SNHD/Trac-B: added two sites- Center for Behavioral Health and TIM Cares</p> <p># of clients served:</p> <p>SNHD: 6543</p> <p>Trac-B: 1000+</p>		
	2021	Analyze data from SSP to evaluate best practices moving forward	Evaluation report	HOPES has analyzed data on SSP. SNHD and Trac-B are in progress of data analysis but had not completed a report.	No data has been analyzed: Office of HIV/AIDS AFAN		

	Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				HELP of Southern Nevada Analysis in progress: HOPES SNHD Trac-B Completed evaluation: none		

Suggested Actions

- Identify CBOs that might be able to take provide capacity building for SSPs and develop an action plan. Determine what would that look like and who will provide capacity building (such as agencies that have experience with SSPs—SNHD and Northern Nevada HOPES).
- Increase awareness of resource guides and apps that identify locations for free and purchased condoms across the state
- Continue developing buy-in from community organizations to support SSP

Goal 2: Increasing Access to Care and Improving Health Outcomes for PLWH

Objective 2a. By 2021, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a provider within the first 30 days.

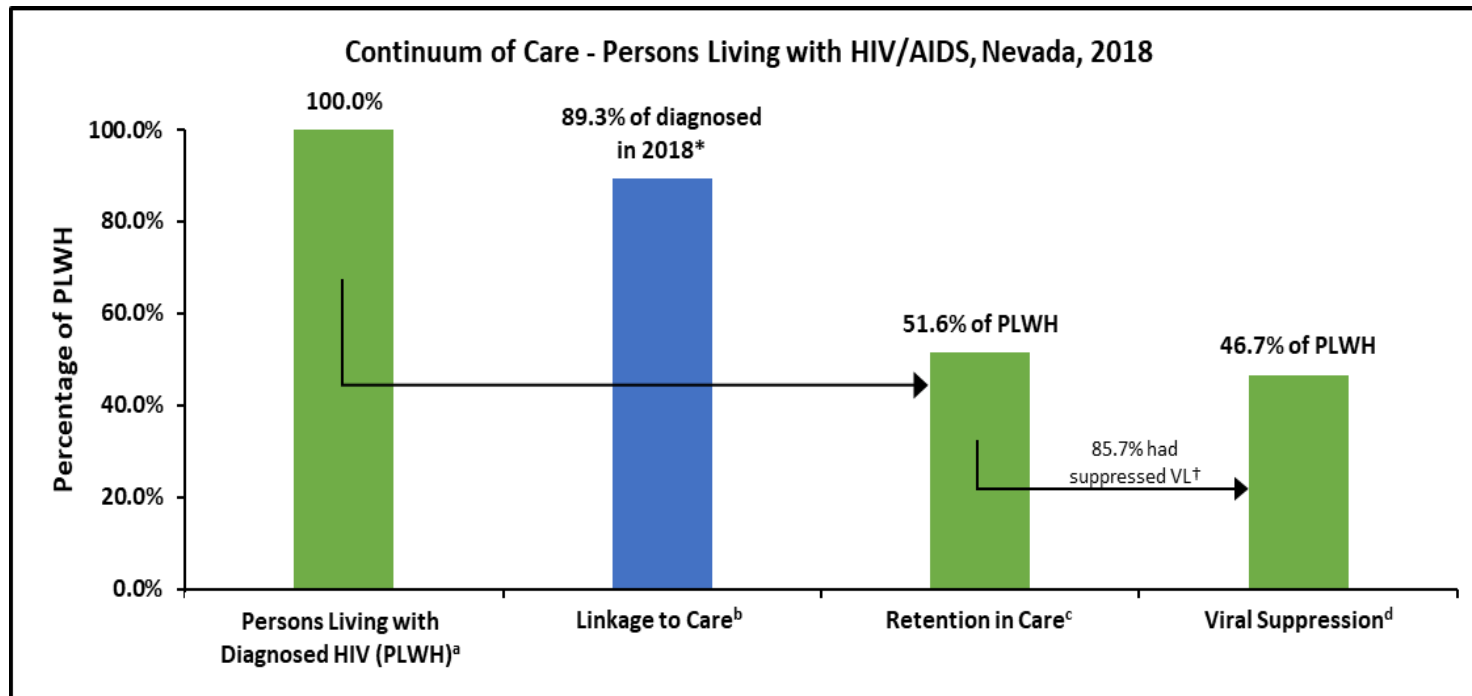
2015 baseline¹: 81% (calculated including those linked to provider within 90 days of diagnosis)

2018 update: 89.3% (within first 90 days of diagnosis)

2021 target: 85% (within first 30 days)

Baseline data needs to be recalculated to fit the objective, which specifies linking within the first 30 days.

¹ Office of HIV/AIDS, Nevada Division of Public and Behavioral Health. Nevada Integrated HIV Prevention and Care Plan 2017-2021, Carson City, Nevada. September 2016.



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of March 2019.

#Persons Living with HIV indicate any person regardless of HIV staging, including HIV stage 3 (AIDS).

^aDefined as persons diagnosed with HIV infection (regardless of stage of disease) through year-end 2017, who were alive at year-end 2018.

^bCalculated as the number of persons linked to care within 3 months after HIV diagnosis during 2018, divided by the total number of persons diagnosed with HIV infection in 2018. Linkage to care is based on the number of persons diagnosed during 2018, and is therefore shown in a different color than the other bars with a different denominator.


^cCalculated as the percentage of persons who had ≥ 2 CD4 or viral load test results at least 3 months apart during 2018 among those diagnosed with HIV through year-end 2017 and alive at year-end 2018.




^dCalculated as the percentage of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2018, among those diagnosed with HIV through year-end 2017 and alive at year-end 2018.

[†]Calculated as number of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2018, among those who were retained in care during 2018.

02a. Strategy 1: Improved communication between organizations

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
✓	2017-2021	Develop regional flow chart (resource map) of services/activities for the newly-	Staff time Web application	A regional flow chart, that includes services and actives for HIV+	Not collected in this reporting period		

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		diagnosed and for providers and update it regularly.	Materials for distribution	patients, is available online and in print.			
	2017-2021	Utilize CAREWare referral system to coordinate new patient intakes between organizations. Utilize to schedule out different organizational staff at other clinics/facilities, such as case managers where there are none	# of referrals being scheduled via this system. Is it manageable? Does it work? # of referrals lost to follow-up	Part A: By agency HOPES: Scheduled to us or send out? (3 lost to follow-up) SNHD: Unknown (unknown lost) WCHD: 2 (None lost to follow-up) UMC: 300 (75 lost to follow-up) UNLV: 150 (15 lost to follow-up) AFAN: 825 (101 lost to follow-up) COMC: 100 (None lost to follow-up) HELP of SN: NA (None lost to follow-up) Nevada Legal Services: 0- only receive referrals (NA) Nye County: 25 (None lost to follow-up) Tract B: 100+ (None lost to follow-up)	Does not apply: UNLV WCHD None lost: AHN HELP of SN Nye County HHS Trac-B # lost: Accept: We have no way up pulling up this information in CAREWare as of now. If this could be added by Vanessa that would be helpful. Also, when we run reports on referrals other agencies show up on reports. If there could be a way to filter this, that would be helpful as well. :) AFAN: 31 Dignity Health: 1 Nevada Legal Services: 1 HOPES: unknown SNHD: check with RW Part A		


		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2021	Regional service delivery meetings monthly: interactions between organizations to provide clarity regarding point people for each service. Maintain updated records re: service providers in the area	Meeting minutes	Organizations that attend monthly regional service deliver meetings (APG/SPEC) <ul style="list-style-type: none"> • Part A • Part B • HOPES • SNHD • WCHD • UMC • AFAN • COMC • Dignity Health • HELP of SN • Nevada Legal Services • Nye • Trac-B 	Agencies attending: ACCEPT AHN AFAN Dignity Health HELP of SN Nevada Legal Services HOPES Nye County HHS Trac-B WCHD		
	2017-2021	Inter-agency case management team building/training. To reduce competition, understand roles	Training occurrence, communications between case managers # of patients seen/transferred	Organizations that have inter-agency medical case management teams building Part A (thru UMC) HOPES (Monthly calls with AHN/ACCEPT trainings) SNHD (12 trainings) UNLV (10 trainings) AFAN (12 trainings) COMC (2 trainings) Nye County (12 trainings)	Did not have training: ACCEPT HELP of SN SNHD Trac-B UNLV WCHD # of trainings AFAN: 15 Dignity Health: 5 HOPES: monthly calls with NMCM (6 calls)		
	2017-2021	Annual Ryan White provider conference with training. RW updates on	# of attendees	Part A: 8 attendees Part B: 20 attendees HOPES: 13 attendees	# of attendees: ACCEPT: 6 AHN: 34		


		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		initiatives, basic fiscal and quality management, advanced training/certifications, strategies	Conference evaluation report	SNHD: 20 attendees UMC: 4 attendees UNLV: 2 attendees AFAN: 14 attendees COMC: 5 attendees NV Legal: 1 attendee Nye County: 1 attendee Trac-B: 2 attendees	AFAN: 15 Dignity Health: 2 HELP of SN: 6 Nevada Legal Services: 1 HOPES: 12 NYE County HHS: 2 SNHD: 10 Trac-B: 3 UNLV: 1 WCHD: 3		



Suggested Actions

- Continue to develop and routinely update resource guide of services and mapping of systems that will enhance the use and efficiency of the CAREWare system to coordinate new patient intakes and referrals among organizations.
- Continue to plan and develop the Annual Ryan White provider conference to include RW initiatives: fiscal and quality management and prevention.
- Identify pathway to reduce number of clients lost during follow-up with CAREWare.

O2a Strategy 2: Link hard-to reach populations to providers to provide continuity of care for PLWH

		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2019	Linking justice-involved individuals with local clinics to provide continuity of care for those patients. Identify a point organization for parolee case management in each	# HIV+ parolees # making connections with point organizations # of first visits	Organizations who link (# of first visits) Part A (SNHD) HOPES (would be for new patients (i.e., new dx or relocates in 2018?))	Does not link: ACCEPT AFAN HELP of SN Nevada Legal Services Trac-B Nye County HHS		




		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		North and South. Jails and prisons would connect HIV+ patients to the case management team initially, who would manage their care, set them up for services, referrals, eligibility		SNHD (unknown/24) WCHD (unknown) UMC (15) AFAN (don't have access to information) Dignity (10)	UNLV # of first visits AHN: unable to report Dignity Health: 1 HOPES: unknown SNHD: will follow up with jail team WCHD: unknown		
	2017-2019	Link HIV+ mental health & substance abuse clients with local clinics to provide continuity of care. Identify point organizations and providers.	# of MH & SA clients linked # of first visits	Organizations who link (# of first visits) Part A (by agency) HOPES (need to pull report) SNHD (unknown) WCHD (not tracked separately at this time) UMC (80) AFAN (don't have access to information) COMC (4) Dignity (30) HELP of SN (38) NV Legal (send people to eligibility and enrollment and housing assistance but I don't know how many actually went for their first visit) Nye County (3) Trac-B (1)	Does not link: Nevada Legal Services Nye County HHS UNLV WCHD # of first visits: ACCEPT: 3 AHN: unable to report AFAN: unable to report Dignity Health: 20 HELP of SN: 0 HOPES: will need to pull data SNHD: will find out from RW data Trac-B: 10+		



		Activity/Intervention	Metric	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2018-2021	Link HIV+ homeless clients with local clinics to provide continuity of care. Identify point organizations and providers.	# of homeless clients linked # of first visits	Organizations who link (# of first visits) Part A (by agency) HOPES (These are new clients to us) SNHD (unknown) WCHD (unknown) AFAN (unknown) Dignity (30) HELP SN (unknown) NV Legal (send people to eligibility and enrollment and housing assistance but I don't know how many actually went for their first visit)	Does not link: ACCEPT HELP of SN Nevada Legal Services Nye County HHS UNLV WCHD # of first visits: AHN: unable to report AFAN: unable to report Dignity Health: 2 HOPES: unknown SNHD: will follow up Trac-B: unknown		
	2019-2021	Link HIV+ individuals from refugee populations with local clinics to provide continuity of care. Identify point organizations and providers	# of refugee clients linked # of first visits	Part A (by agency) HOPES (pulling report) SNHD (unknown) WCHD (none identified but service is available) AFAN (do not have access to information) NV Legal (send people to eligibility and enrollment and housing assistance but I don't know how many actually went for their first visit)	Does not link: ACCEPT Dignity Health HELP of SN Nevada Legal services HOPES Nye County HHS Trac-B UNLV WCHD # of first visits: AHN: unable to report AFAN: unable to report SNHD: will follow up		

Suggested Actions

- Continue to work with jails and revise activity to reflect this work, while strengthening partnership with Nevada Department of Corrections (NDOC) and support efforts to link parolees and re-entry populations to services.
- Continue to work on linking HIV+ mental health and substance abuse clients to care and enhance connections with SAPTA, point organizations and providers.
- Work on expanding linkages to care with homeless and refugee populations including finding partner organizations that are experienced in working with those populations.

O2a Strategy 3: Facilitate patient readiness to participate in their care and management of HIV

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2019-2020	Create a set of guidelines defining peer advocates.					
	2017-2018	Expand Peer-to-peer advocate to Part A and Part B sites as applicable	# of sites with peer advocates	Have peer advocate program: Part A (by CCC) SNHD- 40 PLWH were assisted by peer navigator	Does not have peer navigation ACCEPT AHN AFAN Dignity Health Nevada Legal Services Nye County HHS Trac-B UNLV WCHD # of PLWH assisted by peers: SNHD: see RW providers		
	2019-2020	Evaluate peer advocate program	Evaluation report	SNHD has completed an evaluation report on peer navigation program.	No evaluation reports were completed in this reporting period		
	2018-2019	Develop peer (HIV+) volunteer support system to meet individually with newly diagnosed, based at	# of clients participating	Offers peer (HIV+) volunteer support program: Part A (by agency)	Does not have support program: ACCEPT AHN AFAN		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		case management organizations.		Dignity Health (3 clients in 2018)	Nevada Legal Services Nye County HHS Trac-B SNHD UNLV WCHD # of clients participated: Dignity Health: 6		
	2017-2021	Delivery of 6-week Positive management program to HIV+ clients and chronic disease management	# of clients participating	Offer 6-week program: Part A (by dignity health) SNHD (6 clients) Dignity Health (30 clients)	Did not offer any programs: ACCEPT AHN AFAN Nevada Legal Services HOPES Nye County HHS Trac-B UNLV WCHD Number of clients participating: Dignity Health: 49		
	2018-2019	Explore the requirements to have peer advocates become CHW through the certification program	# of peer advocates certified	Have explored requirements for peer advocates to become a CHW, but have not certified any CHWs <ul style="list-style-type: none"> • Part A • HOPES • SNHD 	Does not apply: Office of HIV AETC UNLV WCHD No: Part B Have explored, but have not certified any CHWs: HOPES		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					SNHD		


Suggested Actions




- Develop guidelines for peer advocates so there is a common definition in use.
- Continue to expand peer-to-peer advocacy at Part A and Part B sites and grow the number of agencies with site-based peer advocates.
- Explore continuous or additional funding, possible internship or volunteer projects to support CHWs at more sites and community organizations.
- Identify what steps need to be taken to certify CHWs.

Objective 2b. By 2021, increase by 20% the percentage of clients in care needing mental and/or behavioral health services who went to their first appointment.

Measurement feasibility needs to be determined for this objective.

02b. Strategy 1: Improve communication among organizations and between clients and organizations


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2021	(See 2a) Develop regional flow chart (resource map) of services/activities for all HIV+ patients, including mental/behavioral/substance use resources and update it regularly.	Completion of flow chart (resource map) Maintenance/updates # of hits to website # of flyers handed to clients at testing sites	Office of HIV/AIDS and RW Part A both have resource directories available on their websites.	Not collected in this reporting period		
		Update resource guide regularly	# of website hits of resource guide # of updates		Does not apply: Office of HIV/AIDS UNLV WCHD		



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					No: AETC SNHD Yes: Part B HOPES		
	2017-2018	Part A and B having the same internal referral process to easily track referrals made and completed	Documentation of referral process	Need to discuss	Need to discuss		
	2018-2019	Needs assessment ; consumer forum to find out what is needed from a client perspective to get them to appointments	Needs assessment report	Las Vegas TGA completed a targeted needs assessment focused on PLWH who accessed Ryan White Part A Mental Health and Substance Use services. Results from the targeted needs assessment helped inform the Planning Council's FY 2017 Priority Setting and Resource Allocation process. Part A completed a comprehensive needs assessment in 2018.	Not collected in this reporting period		
	2018-2020	Increase communication regarding point of entry, eligibility, and services provided and requirements between managed care health plans and Ryan White and other health plans.	Communication plan		Internal workgroup determined this activity no longer applies as it was related to ACA and has worked itself out.		
	2019-2021	Conduct evaluation of communication including perspectives from impacted stakeholders	Evaluation plan Evaluation report	Need to discuss	Need to discuss		

Suggested Actions

- Continue to update resource map and guide of services while also continuing to maintain open and transparent communication between Part A and B to sustain an efficient tracking process for referrals between agencies and organizations.
- Possibly identify additional activities that may help support this strategy.

02b. Strategy 2: Recruit more mental/behavioral health providers



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jul)	2020 Status	2021 Status
	2017-2019	Collaborate with mental/behavioral health providers	<ul style="list-style-type: none"> # of providers # of appts referred # of visits 	<p>HOPES and HELP of SN added mental health provide(s) in 2018.</p> <p>HOPES: Referral systems set in place for other providers if cannot provide here: Well Care & NNHAMS</p> <p># of MH/BH Providers Collaborated with:</p> <ul style="list-style-type: none"> • WCHD: 3 • HELP: 2 <p># of referrals made to MH/BH Service Orgs:</p> <ul style="list-style-type: none"> • WCHD: Unknown • HELP: 38 • Trac-B: 100+ 	<p>Have not collaborated: AHN Nye County HHS UNLV</p> <p>Have collaborations set up: ACCEPT AFAN Dignity Health Nevada Legal Services HOPES Nye County HHS SNHD Trac-B WCHD</p> <p>HOPES added new provider</p> <p># of providers collaborated with: ACCEPT: 1 Nevada Legal Services: 1 HOPES: 3</p> <p># of referrals made: ACCEPT: 4</p>		



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jul)	2020 Status	2021 Status
					AFAN: 8 Nevada Legal Services: 0		
	2018-2021	Foster collaboration between the agencies to cross provide services at other locations to make services more readily available	# of collaborations # of clients served	# of MH/BH Service Orgs Collaborated with: <ul style="list-style-type: none"> • WCHD: 2 • COMC: 2 • HELP: 2 • NV Legal: 9 • Trac-B: 10+ # of clients served <ul style="list-style-type: none"> • WCHD: Unknown • HELP: 38 • Trac-B: 100+ 	# of orgs collaborated with: ACCEPT: 2 AFAN: 3 Nevada Legal Services: 3 HOPES: 3 WCHD: 3 # of clients served: ACCEPT: 3 AFAN: 40 Nevada Legal Services: unknown HOPES: 41		
	2018-2021	Collaborate with CBOs who have added some MH providers	# of collaborations with CBOs # of clients receiving MH services	Have collaborations: Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity Health HELP of SN NV Legal Services Nye County Tract B			

Suggested Actions

- Both northern and southern Nevada should continue efforts to collaborate with mental/behavioral health providers and consider ways to integrate mental/behavioral health services to best meet the needs of the clients.
- Continue collaboration efforts between CBOs and MH providers.
- Consider other strategies and activities that may support this Objective.

02b. Strategy 3: Professional Development activities

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2021	RW funded agencies to participate in annual Institutes which focus on the continuum of care between MH, SA and HIV	# of attendees Program outcomes	# of attendees that participated in conference <ul style="list-style-type: none"> • Office of HIV: 2 • Part B: 10 • Prevention: we all did • AETC: 2 • HOPES: 16 • SNHD: 12 • WCHD: 3 • UMC: 7 • Huntridge: 10 <p>Did not participate/Does not apply:</p> <ul style="list-style-type: none"> • UNLV (Did not participate) <p>Part A (Does not apply)</p>	Does not apply: Office of HIV/AIDS No: Part B Number trained from agency: AETC (2) HOPES (10) SNHD (10) UNLV (1) WCHD (3)		
	2017-2018	Explore methods to educate MH and SA providers about HIV integration within their existing roles (CEU's) tie this to HIV 101 mentioned previously	# of providers trained	SNHD has delivered statewide HIV 101 and 201 and Hepatitis C professional development to mental health	Need to discuss		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		Deliver HIV/STD 101 MH & SA providers		<p>providers and SAPTA. A webinar is in development.</p> <p>The WCHD HIV staff participated in HIV stigma training.</p> <p>Dignity Health has been successful at running webinars and trainings on a wide variety of HIV topics</p>			
	2017-2021	More education for providers about the resources available in the community including outside of Ryan White	# of providers educated	<p># of providers educated:</p> <ul style="list-style-type: none"> • Office of HIV: 10 • Part A: 10 • Prevention: unsure • AETC: 140 • HOPES: 30 • SNHD: 15 • WCHD: unsure • UMC: 10 • Huntridge: >100 <p>Did not provide education in 2018</p> <ul style="list-style-type: none"> • Part B • UNLV 	<p>Does not apply: Office of HIV/AIDS UNLV</p> <p>No: AETC</p> <p># of providers educated: Part B (50) HOPES (7) SNHD (115) WCHD (unknown)</p>		
	2017-2018	(See 2a) Develop regional flow chart (resource map) of services/activities for all HIV+ patients, including mental/behavioral/substance use resources and update it regularly.	# of flow charts distributed or accessed through the website	Office of HIV/AIDS has a website with the state resource directory			

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				Part A also has a directory on its website.			

Suggested Actions

- RW funded agencies continue to participate in professional development opportunities both in-state and out-of-state as funding permits.
- Continue to explore and implement strategies to educate MH and SA providers about HIV integration.
- All professional development opportunities should continue to maintain an educational focus on the integration of MH and SA with HIV.

Objective 2c. By 2021, 80% of people diagnosed with HIV, who have had a medical visit each year for the past two years, will be virally suppressed (VL <200).

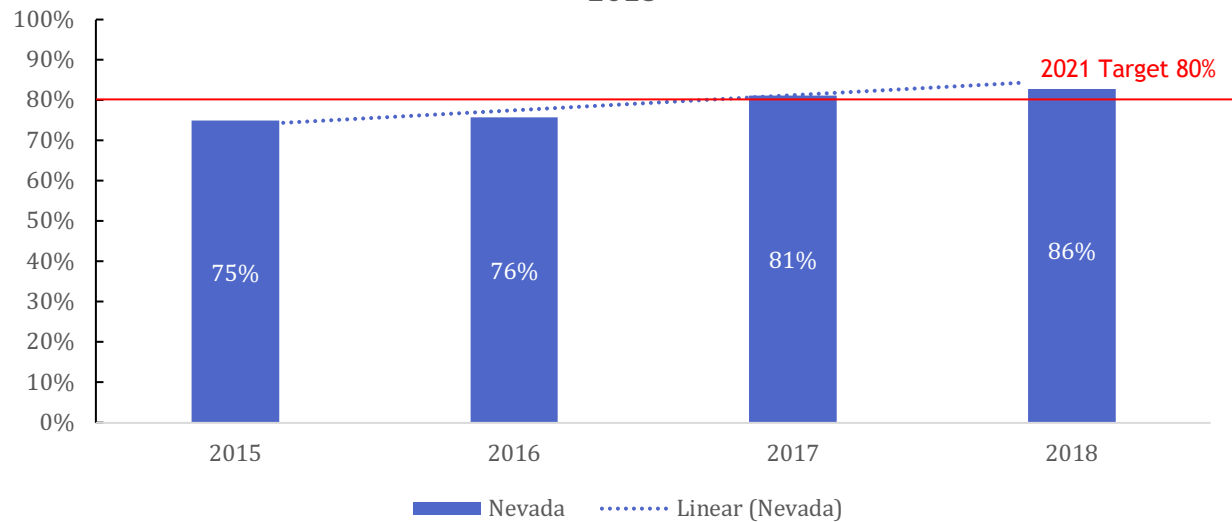
2015 baseline²: 75% (calculated of those who were retained in care within past one year)

2018 86% Target Exceeded (calculated of those who were retained in care within past one year)


2021 target: 80% (retained in care with a medical visit each year for past two years)

² Office of HIV/AIDS, Nevada Division of Public and Behavioral Health. Nevada Integrated HIV Prevention and Care Plan 2017-2021, Carson City, Nevada. September 2016.




Percentage of PLWH retained in care who are virally suppressed, 2015-2018



O2c. Strategy 1 Address treatment adherence of PLWH through educational strategies and evaluation.

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2018	Create a series of support, education and training options for group of patients in care	# of options available	# of options available Part A: by agency HOPES: 20 options... flyers pamphlets, books) SNHD: 1 option UMC: 2 options AFAN: 3 options NV Legal: 1 Monthly Ask-A-Lawyer; 1 Weekly Office Hours at Clinic; 3-5 weekly legal education classes (for all people, not just PLWH); 1 self-help clinic every few	Did not offer any options: UNLV WCHD # of options available: Accept: Health Education Risk Reduction and non-medical case management AHN: Case management		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				<p>months; 1 HIV specific legal education class to consumers per month; Trac-B: 1 option</p>	<p>AFAN: Support, Education, Training</p> <p>Dignity Health: Positive Self-Management Program</p> <p>Nevada Legal Services: 2 gender/name change clinics; 1 social security benefits presentation; 1 rights of people with HIV/AIDS presentation, 1 criminal recording sealing presentation</p> <p>HOPES: bi-weekly RW orientations, weekly support groups, weekly behavioral health groups, referrals to HERR groups.</p> <p>Nye County HHS: monthly calendar of education classes</p> <p>SNHD: information from DIIS, clinical staff, and NCSm</p> <p>Trac-B: safe injection and syringe use</p>		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2018	Ensure that patient education programs are language and literacy ability appropriate	Assessment of language and literacy appropriate materials and program are	<p>Have completed assessment:</p> <ul style="list-style-type: none"> • Part A • HOPES • UMC • UNLV • AFAN <p>Have not completed assessment:</p> <ul style="list-style-type: none"> • SNHD • NV Legal • Trac-B <p>Does not apply:</p> <ul style="list-style-type: none"> • WCHD • COMC • Dignity Health • HELP of SN • Nye County 	Dignity Health conducted an assessment		
	2017-2021	Deliver medication adherence sessions on a continual basis to provide education and support	# of sessions provided	<p>Part A: COMC HOPES: 388 this quarter SNHD: unknown Dignity Health: 1</p> <p>**question had quarter/ answer asked for 2018</p>	<p>Did not deliver any sessions: AHN Nevada Legal Services Nye County HHS SNHD Trac-B UNLV</p> <p># of sessions offered Accept: 4 AFAN: 2 Dignity Health: 4 HOPES: 312 WCHD: 6</p>		
	2017-2021	Evaluate the continuum of care on a regular basis to understand status; establish baseline and semi-annual update on	<p>Continuum of care</p> <p># of PLWH in care</p>	<p>Regularly use CoC to...</p> <p>Understand HIV status:</p> <ul style="list-style-type: none"> • HOPES 	Use CoC to understand HIV status: AFAN		



	Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	continuum of care looking at viral suppression; identify patterns of viral load suppression and match to exams attended, services accessed, etc.	# of virally suppressed PLWH in care	<ul style="list-style-type: none"> • WCHS • UMC • AFAN • Dignity Health • Nye County Establish baseline update for viral suppression: <ul style="list-style-type: none"> • HOPES • WCHD • UMC • Dignity Health • Nye Establish baseline update for viral suppression: <ul style="list-style-type: none"> • HOPES • UMC • AFAN • Dignity Health • Nye Match to labs/medical appointments <ul style="list-style-type: none"> • HOPES • WCHD • UMC • Nye 	HELP of Southern Nevada HOPES SNHD Trac-B WCHD Use CoC to establish baseline: AFAN HOPES SNHD Trac-B WCHD USE CoC to identify patterns AFAN HOPES SNHD Trac-B WCHD Use CoC of match labs. HOPES SNHD Trac-B WCHD # of PLWH in care: AFAN: 657 HELP of SN: 36 HOPES: 772 WCHD: 5 (new WCHD positives) # of PLWH Linked within 30 days AFAN: 549 HELP of SN: 0		



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					HOPES: 3 SNHD: 81.5% WCHD: 5 (new WCHD positives) # of PLWH retained AFAN: some labs missing from CAREWare HELP of SN: 36 HOPES: 706 WCHD: 5 # of PLWH on ARV's AFAN: not tracked in CAREWare HOPES: 718 WCHD: NA # of virally suppressed: AFAN: some labs missing HOPES: 611 WCHD: NA		

Suggested Actions

- Continue to ensure that patient education programs are language and literacy appropriate as they are developed and delivered.
- Maintain evaluations around the continuum of care regularly in order to identify patterns of viral load suppression, status, and various services accessed.
- Consider refocusing to add a strategy on retention in care since this objective has been met but only 52% of PLWH were retained in care in 2018.

O2c. Strategy 2 Provide education and information regarding uninterrupted access to and proper use of medication

	Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2018 Ensure clinical programs include medication management materials, support, educational programs and counseling for all patients	# of programs providing medication adherence materials and education to clients	<p>Medication Management Materials:</p> <ul style="list-style-type: none"> • Part A • HOPES • SNHD • UMC • AFAN • COMC • Dignity Health • Nye <p>Support:</p> <ul style="list-style-type: none"> • Part A • HOPES • SNHD • AFAN • COMC • Dignity Health • HELP of SN • NV Legal • Trac-B <p>Educational Programs:</p> <ul style="list-style-type: none"> • Part A • HOPES • Dignity Health <p>Counseling:</p> <ul style="list-style-type: none"> • Part A • HOPES • UMC • AFAN • Dignity 	<p>AHN: case management</p> <p>AFAN: Medication management, support, education program, counseling</p> <p>Dignity Health: Medication management, support, education program, counseling</p> <p>HOPES: Medication management, support, counseling</p> <p>Nye County HHS: support</p> <p>WCHD: support, counseling</p>		
	2017-2021 Provide education to pharmacists on HIV medication adherence	# of pharmacists receiving education	# of Pharmacists who receive education in 2018 Part A: unknown HOPES: 2 FTE pharm, 6 part time pharmacists SNHD: 1	Does not have pharmacist: ACCEPT AHN AFAN Nevada Legal Services Nye County HHS		


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
					UNLV Pharmacists have not received education: Dignity Health WCHD # of pharmacists who have received education: HOPES: all are AAHIVM certified SNHD: 1		
	2017-2021	Encourage pharmacists that work with HIV clinics to get certified in HIV care (AAHIVM certification)	# of pharmacists with HIV specialty	# of pharmacists with specialty Part A: SNHD HOPES: 8 SNHD: 1	Does not have pharmacist: ACCEPT AHN AFAN Nevada Legal Services Nye County HHS UNLV Pharmacists are not certified: Dignity Health WCHD # of pharmacists who have certification: HOPES: all		
	2017-2021	Disseminate information about policies to clients regarding emergency medication access	# of clients receiving materials	Disseminate information about policies: Part A HOPES	Did not distribute: AHN AFAN Dignity Health Nevada Legal Services		




		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				SNHD AFAN Dignity Health	Nye County HHS SNHD UNLV WCHD # of clients who received: ACCEPT: 27 AFAN: not tracked HOPES: 26		

Suggested Actions

- Continue to work with pharmacists and encourage AAHIVM certification.
- Explore developing a partnership with Roseman Pharmacy program to include HIV education in their curriculum and provide training opportunities in HIV that will encourage pharmacists to participate and pursue AAHIVM certification.
- Develop tailored education to work with pharmacists on HIV medication adherence who do not predominantly work in HIV.
- Analyze data to find pharmacies with incomplete fills to identify on which pharmacists to focus education efforts.
- Consider having an AAHIVM certified pharmacist train pharmacists who do not regularly work with HIV.
- Maintain updated emergency policy and disseminate it to clients on an annual basis.

02c. Strategy 3 Educate both client and provider stakeholders regarding the importance of routine viral load testing and tracking of viral load data

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2021	Educate clients about the importance of obtaining and maintaining an undetectable viral load and the importance of individual viral load in regards to community viral load	# of clients educated	# of clients educated Part A: by agency HOPES: 779 SNHD: 900 WCHD: unknown UMC: 1900 AFAN: 1102 COMC: 60 Dignity Health: 30 HELP: 38 Nye: 39	Do not have viral load education: UNLV # of clients educated ACCEPT: 12 AHN: all AFAN: 657 Dignity Health: 49 HOPES: 392 (all medical visits)		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				Trac-B: 5	Nye County HHS: 10 WCHD: unknown		
	2017-2021	Create data sharing agreements between CAREWare and labs	# of agreements	# of agreements Part A: 1 Part B: 1 SNHD: 1 UMC: 2 Does not apply: Office of HIV Prevention AETC HOPES WCHD UNLV Huntridge	Does not apply: Office of HIV/AIDS AETC HOPES UNLV WCHD Number of Agreements: Part B: 1 SNHD: 1		
	2017-2021	Educate clinicians to do at least 2 viral load tests per year	# of clinicians educated	# of clinicians educated: Part A: 4 agencies HOPES: 4 specialists SNHD: 5 UMC: 5 UNLV: 2 COMC: 3 Do not receive this education: Dignity Health	Does not have clinicians: AHN AFAN UNLV WCHD Clinicians have not received education: Dignity Health # of clinicians educated HOPES: 4 SNHD: 3		
	2017-2021	Educate the community about community viral load data	# of materials, campaigns, events	Part A: Planning Council training on U=U. Consumer forum and roles and responsibilities	Did not offer any VL education: ACCEPT AHN AFAN Dignity Heath		




		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				<p>training for Planning Council.</p> <p>HOPES: During UNR class tours or informal presentations</p> <p>WCHD: Education on U=U using federal resources, Prevention Access resources and the US/Nevada care continuum</p> <p>COMC: handouts brochures educational materials</p> <p>Dignity Health: One of the lessons in the Positive Self-Management Program is about viral load suppression and we use a chart.</p>	<p>Nevada Legal Services UNLV</p> <p>HOPES: We have a CQI Board and Committee that meets monthly to review clinic metrics on viral load data.</p> <p>Nye County HHS: I always let my clients know how important it is to be undetectable.</p> <p>SNHD: Included in the Link to Care educational materials</p> <p>WCHD: use national and state continuum of care data in educational presentations</p>		


Suggested Actions

- Continue to meet the standards of care for RW Part A and B and conduct at least one viral load test per year.
- Continue working on streamlining CAREWare and lab data so that agreements can be shared while still meeting standards of care.
- Consult with OPHIE on how to measure community viral load.
- Continue to expand community education on community viral load.

Objective 2d. By 2021, reduce to 20% the incidence of STIs in HIV infected persons in care.

O2d. Strategy 1 Conduct provider education and disseminate recommendations regarding routine screenings for STIs


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017	Recommend that HIV care clinics have plans in place for routine sexual history and screening for STIs	# clinics implementing	Routinely screen for sexual history and STI: Part A HOPES SNHD WCHD UMC AFAN COMC Trac-B	Routinely screen for sexual history and STI: HOPES SNHD WCHD		
	2018	Develop resource guide for providers. (Health departments, providers who specialize in STI's including email for consults and referral)	# of resource guides accessed	Has a resource guide: Part A HOPES SNHD UMC	Does not apply: Office of HIV/AIDS Part B AIDS UNLV WCHD # of Resource Guides HOPES: 3 SNHD: 150		
	2017-2021	Develop and maintain accurate list of who is seeing patients with HIV	Provider list	Maintain an accurate list of who is seeing clients Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity Health NV Legal Trac-B	Does not have a list: AFAN Dignity Health Nye County HHS UNLV Has a provider list: ACCEPT AHN Nevada Legal Services HOPES SNHD WCHD		



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2018-2020	Provide outreach to all providers (including private) re routine screening and education for STI's	# of providers reached	# of providers who reached outreach HOPES: We have internal provider meetings and trainings; All of our provider are taught to provide recommendations for STIs. Currently, we have 8 RNs and 18 providers SNHD: 100 WCHD: unknown UMC: 3 Huntridge: >100	Does not apply: Office of HIV/AIDS Part B UNLV # of providers who received outreach: AETC: 78 HOPES: 3 orgs were provided with STD 101 education SNHD: 27 WCHD: unknown		

Suggested Actions

- AETC will continue to provide provider education around screenings and STIs on an annual basis in Nevada that includes recommendations for routine screenings for STIs.
- Continue to develop and maintain accurate list of who is seeing patients with HIV.

02d. Strategy 2 Conduct public and individual education for PLWH and newly diagnosed regarding STIs

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2018	Prevention with positives programs integrated into clinical care	# of programs implemented # of clients educated	# of programs offered HOPES: We provide education and treatment for all + dx of STI WCHD: 2 programs, 10 clients Dignity: 30, 30 clients	Did not have prevention with positives: ACCEPT AHN AFAN Dignity Health Nevada Legal Services Nye County HHS		


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				Standard practice	HOPES UNLV Had prevention with positives: WCHD: 1 program, 6 clients		
	2017-2018	Recommend that EHR in all clinics and community based organizations includes sexual history and STI screenings	# of clinics implementing	Part A: STI HOPES: History and STI SNHD History and STI WCHD: History and STI UNLV: No and History COMC: History and STI Dignity: No HELP: No NV Legal: No Nye: No Trac-B: No	EHR does not include screening: ACCEPT AHN Dignity Health Nevada Legal Services Nye County HHS UNLV Includes sexual history: AFAN HOPES SNHD WCHD Includes STI: HOPES SNHD WCHD		
	2017-2021	Expand risk reduction and health education for clients to include STIs and importance of screenings and when to get tested	# of clients educated	# of clients educated on risk reduction Part A: by agency HOPES: 779 SNHD: 900 WCHD: 5405 UMC: 1000 UNLV: 2-3 AFAN: do not have exact numbers COMC: 30	Did not have any education: AHN Nevada Legal Services UNLV Nye County HHS # of clients educated: ACCEPT: 12		





		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				Dignity: 30 Trac-B: 5	AFAN: All clients participating in HIV testing receive risk reduction and health education. HIV positive clients receiving supportive services are counseled on case by case basis. Dignity Health: 20 HOPES: 392 SNHD: all who receive SCH and RW services WCHD: 6 new positives		

Suggested Actions

- Maintain HERR as part of the standard of care for Part A and sustain funding for Part B to expand their ability for clinical care.
- Develop a list of recommendations to send to HIV providers regarding educating clients about the importance of STI testing.
- Explore what data is available on co-occurring HIV and STIs in order to set baseline for Objective 2c.
- Expand recommendation that all EHR include sexual history and STI

02d. Strategy 3 Develop quality control measures to improve clinical care and outcomes

		Activity/Intervention	Metrics	2018 Status	2019 Status Jan-Jun	2020 Status	2021 Status
	2018-2019	Develop standardized assessment forms for all providers for all the assessments	Assessment forms	Have standardized assessment forms for all medical providers for all assessments <ul style="list-style-type: none"> • AFAN • Dignity Health • HELP of SN • NV Legal • Trac-B 			

		Activity/Intervention	Metrics	2018 Status	2019 Status Jan-Jun	2020 Status	2021 Status
				<ul style="list-style-type: none"> Part A 			
	2019	Use Quality management team to develop and train on use of forms	# of providers trained	Uses quality management team to develop and train on use of forms <ul style="list-style-type: none"> SNHD UNLV AFAN COMC Dignity Health NV Legal Services Trac-B 			
	2019-2021	Establish baseline data and report on data annually	Annual report	Establish baseline data and report on data annually <ul style="list-style-type: none"> AFAN COMC Dignity Health HELP of SN Trac-B 			
	2019-2021	Disseminate the findings on a regular basis	# of providers receiving findings	Disseminate findings/annual report <ul style="list-style-type: none"> AFAN Dignity Health HELP of SN Trac-B 			
	2020-2021	Develop Quality improvement plans	QI Plans	Have quality Improvement plans <ul style="list-style-type: none"> UNLV Dignity HELP of SN 			



		Activity/Intervention	Metrics	2018 Status	2019 Status Jan-Jun	2020 Status	2021 Status
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Suggested Actions

- Continue development of standardized forms
- Increase number developing quality improvement plans
- Review implementation of quality improvement plans
- Expand process for disseminating findings

Objective 2e. By 2021, increase number of providers screening for HIV associated comorbidities by 20%.

O2e. Strategy 1 Conduct Provider education and recommendations regarding routine screenings for comorbidities

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2018	Gather baseline data from HIV care clinics regarding current practices for MH, SA and chronic disease screenings	# of clinics with screening practices	Have a plan in place: Part A HOPES SNHD UMC AFAN Dignity Health HELP Nye Working on a plan: UNLV COMC			
	2018	HIV care clinics have policies in place for routine MH and SA assessments with HIV clients	# of clinics implementing	Have a plan in place: Part A HOPES SNHD UMC AFAN	Do not have a plan: ACCEPT Nevada Legal Services		


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				Dignity Health HELP Nye Working on a plan: UNLV COMC Does not have a plan: WCHD Nevada Legal Trac-B	UNLV Not at this time, but working on plan: Dignity Health Have a plan: AHN AFAN HOPES Nye County WCHD		
	2018	HIV care clinics have plans in place for routine assessments for chronic disease with HIV clients	# of clinics implementing	Have a plan in place: Part A HOPES SNHD UMC AFAN Dignity Health Nye Working on a plan: COMC Does not have plan: WCHD UNLV HELP NV Legal Trac-B	Do not have a plan: ACCEPT Nevada Legal Services Nye County HHS UNLV WCHD Not at this time, but working on plan: SNHD Have plan: AHN Dignity Health HOPES		
	2018-2019	Develop resource guide for providers. (providers who specialize in chronic disease, mental health, and substance abuse including email for consults and referral)	# of resource guides accessed	Access to Health	Need to discuss		


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2019-2020	Provide outreach to all providers (including private) re routine screening and education for chronic disease, mental health, and substance abuse and specific concerns as co-morbidities with HIV	# of providers reached	Need to discuss	Need to discuss		

Suggested Actions

- For providers who do not have plans in place, identify what actions need to be taken to develop them
- Identify if any resources guides exist for providers and identify who will develop one if it does not exist.
- Provide outreach to all providers.

02e. Strategy 2 Conduct Public and individual education for PLWH and newly diagnosed regarding common HIV comorbidities


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2019	EHR in clinics includes routine screening and MH, SA and chronic disease assessments	# of clinics implementing	Implementing: HOPES SNHD UMC HELP	EHR does not include: ACCEPT Dignity Health Nevada Legal Services Nye County HHS Trac-B EHR does include: AHN AFAN HELP of SN HOPES SNHD UNLV WCHD		


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2019-2021	Expand health education for clients to include different comorbidities and importance of routine screenings	# of clients educated	# of clients educated Part A: By agency HOPES: all (779) SNHD: 500 UMC: 1900 AFAN: unsure Dignity: 30 Trac-B: 5	Did not have any education: ACCEPT AHN Nevada Legal Services Nye County HHS Trac-B UNLV # of clients educated: AFAN: not tracked Dignity Health: 49 HOPES: unknown SNHD: all clients in SHC and RW receive education WCHD: 6 new positives		
	2019-2021	Provide education for providers to assist them in providing good individual or group education	# of providers educated	Need to discuss	Need to discuss		



Suggested Actions


- Increase provider awareness of recommendations
- Expand patient health education across the state

02e. Strategy 3 Develop quality control measures to improve clinical care and outcomes

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2018-2019	Develop standardized assessment forms for all providers for all the assessments	Assessment forms	Use standardized assessment forms: HOPES SNHD WCHD UMC	Have standardized assessment forms for all medical providers: HOPES SNHD		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				UNLV COMC Nye	WCHD AHN: Case Managers use: Medical Case Management Screening Tool Ryan White Part A Client Acuity Form Ryan White Part A Individual Service Plan Nevada Legal Services: We do not have medical providers but we do use a standardized intake form for all clients, RWPB or non-RWPB. SNHD: Clinicians were trained on E clinical works as well as iCircle WCHD: agency developed form based off CDC testing variables and STD, disease investigation needs		
	2019	Use Quality management team to develop and train on use of forms	# of providers trained	Use quality management on forms: HOPES WCHD	Use quality management teams to develop and train on use of forms: ACCEPT		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
				UMC UNLV HELP Nye Part A All Ryan White funded have this	AHN HOPES WCHD # of providers trained: ACCEPT: 1 HOPES: 1 new provider SNHD: 3 WCHD: 25		
	2019-2021	Establish baseline data and report on data annually	Annual Report	HOPES SNHD WCHD UMC UNLV NV Legal Nye Part A	Establish baseline data and report on data annually: ACCEPT AHN Nevada Legal Services HOPES SNHD WCHD		
	2019-2021	Disseminate the findings on a regular basis	# of providers receiving findings who is reported and disseminating. May not be correct metric.	HOPES SNHD WCHD UMC UMC UNLV COMC NV Legal Nye	Disseminate findings on a regular basis: ACCEPT AHN Nevada Legal Services HOPES SNHD WCHD # who received findings ACCEPT: 1 HOPES: all providers SNHD: unsure WCHD: 25		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2020-2021	Develop Quality improvement plans	QI Plans	Have QI plan: HOPES SNHD WCHD UMC UNLV AFAN COMC Nye Trac-B Part A	Have QI plan: AFAN Nye County HHS AHN Nevada Legal Services SNHD WCHD		

Suggested Actions

- Continue to disseminate findings on a regular basis
- Expand quality management teams

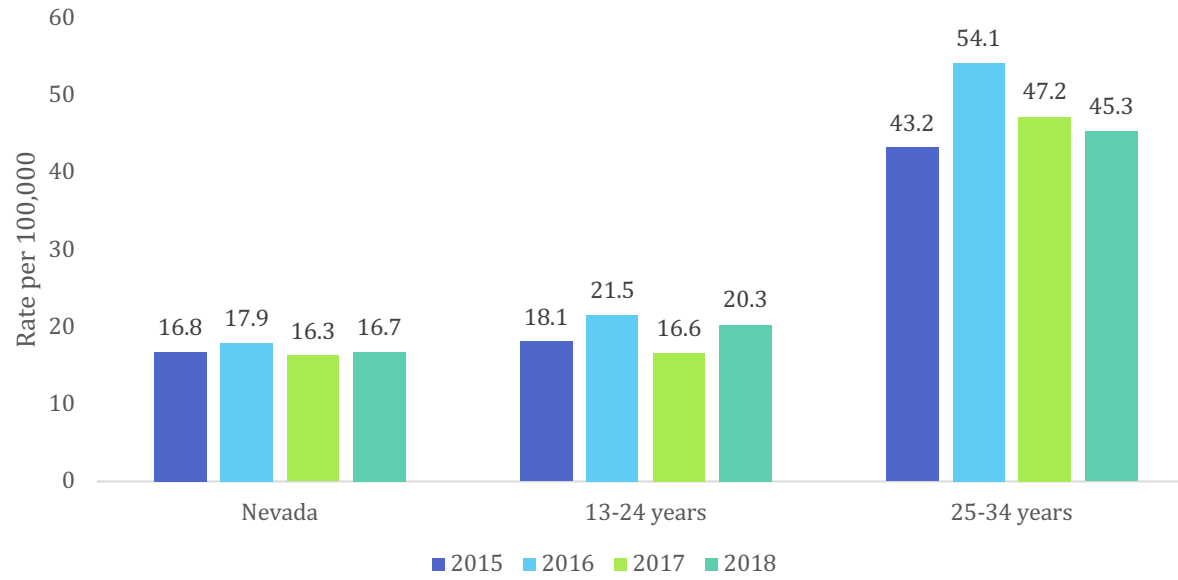
Goal 3: Reducing HIV Related Disparities and Health Inequities

Objective 3a. By 2021, reduce disparities in the rate of new diagnoses by at least 15 percent among Nevada’s priority populations.

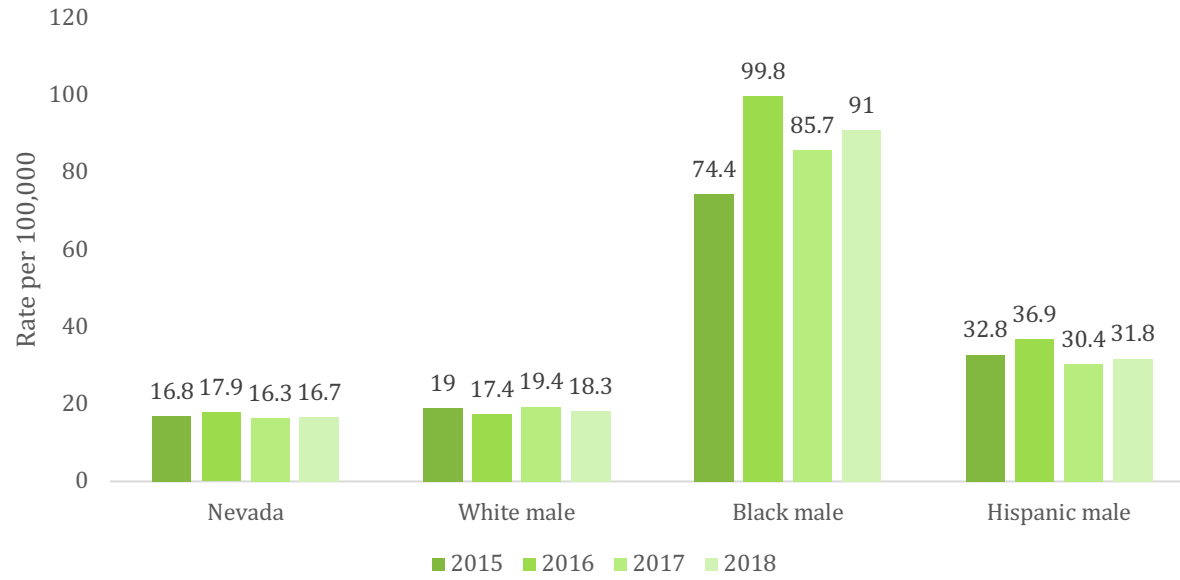
Will work with OPHIE to calculate baseline disparity ratios for MSM, youth/young adult, black males, black females, and Hispanic males according to the National HIV/AIDS Strategy Indicator guidelines³.

³ Office of National AIDS Policy. (2016). *National HIV/AIDS strategy for the United States: Updated to 2020: Indicator Supplement*. Available: <https://files.hiv.gov/s3fs-public/nhas-indicators-supplement-dec-2016.pdf>

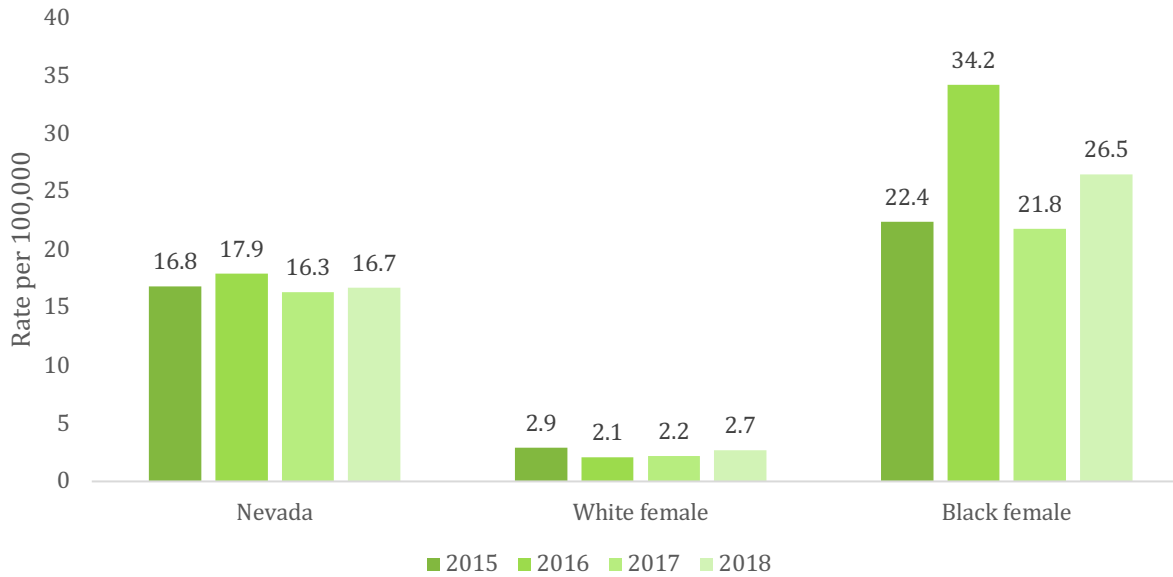
Annual Rate of New Diagnoses by Age at Diagnosis, 2015-2018



Annual Rate of New Diagnoses Among Males by Ethnicity, 2015-2018




Annual Rate of New Diagnoses Among Females by Ethnicity, 2015-2018



O3a. Strategy 1: Engage the community in order to find out how to best reach priority populations

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
→	2017	Conduct listening sessions with individuals from groups experiencing disparities to identify any gaps in knowledge or incorrect beliefs about HIV.	Number of individuals "heard" Number of persons from each target group that participated	Need update	Need update		
→	2017	Identify successful group-specific disease prevention strategies that can be adapted to HIV prevention.	Identification of proven strategies	Need update	Need update		

03a. Strategy 2: Implement HIV prevention public education through media campaigns and social network strategies to target populations.




		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2018-2021	Using information from listening sessions and components from other successful programs, identify the best locations, events, social media and other media strategies, etc. to reach target groups	# locations and platforms identified for each target group in each community	Need update	Need update		
	2019-2021	Using information from listening sessions and components from other successful programs, develop and implement group specific HIV 101 media and social media campaigns that 1) provide education about how to prevent HIV; 2) motivate people to get tested; and 3) empower HIV+ people to get into care	# of educational efforts completed for each target group in each community	Need update	Need update		
	2019-2021	Evaluate social network strategies	Evaluation report	Need update	Need update		
	2020-2021	Evaluate effectiveness and reach of education provided: Compare baseline data (prior to 2017) on new infections per 100,000 population to levels in each target group	# of new infections per 100,000 population, target groups vs white % change in number of new infections in target groups from year to year	Need update	Need update		
	2019-2021	Conduct listening sessions with individuals from target groups experiencing	Number of individuals "heard"	Need update	Need update		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		disparities to find out if they are familiar with any of the educational efforts, and to find out what they know/believe about HIV.	Number of persons from each target group that participate				
2020-2021		Using information from listening sessions, identify the methods, messages, locations, radio or TV stations, bus routes, events, etc. that were most likely to reach target groups Using information from listening sessions, identify any new methods, messages, locations, radio or TV stations, bus routes, events, etc. that will be likely to reach target groups Discontinue unsuccessful methods, continue successful one, and implement new methods, messages, locations.	# of locations and platforms identified for each target group in each community Change from baseline in percent of PLWH linked to care	Need update	Need update		

Suggested Actions

- Analyze and disseminate findings from the listening sessions.
- Use listening session results to Identify successful group-specific disease prevention campaigns and strategies that can be adapted to HIV prevention.
- Include recent immigrants and refugees in information-gathering efforts to gauge linguistic needs and culturally appropriate services.
- Ensure that efforts are trans-inclusive. Gather data and determine target number for transgender.
- Explore educating providers on transgender, LGBTQ, refugees, and immigrants.
- Gather additional data on what languages are most needed for program materials.

03a. Strategy 3: Increase provider and organization capacity to test at sites in their communities

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017-2019	Training CBOs and communities with high risk to provide on-site testing	# of providers/CBO staff trained	# of providers/staff trained HOPES: 3 SNHD: 30 AFAN: 5 Huntridge: 2 Trac-B: 5			
	2017-2020	Identify and recruit additional providers and CBOs to have testing at their sites	# of providers and CBOs recruited # of test	Number of Providers: Prevention: 0 Number of CBOs: Prevention: 1 Did not recruit: HOPES SNHD WCHD UMC	Does not apply: Part B UNLV WCHD No, we did not identify any providers: AETC HOPES SNHD # of CBOs Office of HIV/AIDS: 25		
	2020-2021	Evaluate CBO on-site testing programs	Evaluation Report	Did an evaluation: SNHD Has not done an evaluation: HOPES WCHD Huntridge Does not apply: Office of HIV Part A Part B Prevention AETC UMC UNLV	Does not apply: Part B AETC UNLV WCHD No: Office of HIV/AIDS HOPES SNHD Yes: none		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
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Suggested Actions



- Develop recruitment plan to increase number of CBOs with testing on their sites
- Expand number of providers trained

Objective 3b. By 2021, increase to 85% the percentage of newly diagnosed with HIV among Nevada’s priority populations who have been linked to a provider within the first 30 days.

Will work with OPHIE to obtain baseline data for the priority populations to fit the objective, which specifies linking within the first 30 days.

O3b. Strategy 1: Improve first contact and point of access to care for PLWH who experience multiple “layers” of stigma (e.g., HIV infected, gay, minority, female, transgender, IV drug user, etc.)

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017	Conduct listening sessions with individuals from PLWH in underserved populations and high risk groups to 1) learn about their first contact experiences with HIV agencies; 2) find out if negative experiences in first or early contact prevented them from continuing or pursuing HIV care and/or accessing services; and 3) get ideas and suggestions for ways to make improvements	Total number of individuals “heard” # of persons from each underserved or high risk group that participate	Need update	Need update		



		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2018	Review information gathered in listening sessions Develop new strategies for improving first contacts.	# of HIV care and service organization and employees and volunteers who receive information on how to improve first contact experience	Need update	Need update		
	2017-2021	Provide experiential training to employees and volunteers in HIV care and service organizations about how personal bias and stigma can prevent PLWH in underserved populations and high-risk groups from accessing and staying in care Conduct brainstorming sessions on how to improve first access and point of contact Recognize persons and agencies that PLWH deem most welcoming Follow up with trainees at 3 and 9 months post training to determine what changes or improvements were made and sustained	# of employees and volunteers trained # of trainees who report making and sustaining improvement	# of employees/volunteers trained on bias/stigma Part A: 5 Prevention: ??? HOPES: 35+ SNHD: 153 WCHD: 20 UMC: 7 UNLV: 600+ Huntridge: 16	Does not apply: Office of HIV/AIDS No: Part B HOPES Yes (number trained) AETC (134) SNHD (74) UNLV (364) WCHD (25)		
	2020-2021	Repeat listening sessions with individuals from PLWH in underserved populations and high risk groups to see if there have been improvements in their first contact experiences with HIV agencies and get additional ideas and	Total number of individuals "heard" # of persons from each underserved or high-risk group that participate	Need update	Need update		


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		suggestions for ways to make improvements	Change from baseline in percent of PLWH who are retained in care and who are virally suppressed				

Suggested Actions

- Review information gathered in listening sessions and use to develop new strategies for improving first contacts.
- Identify and understand knowledge gaps, language barriers, cultural practices, inaccurate beliefs, etc. that are contributing to the disparately high rates of HIV infection in certain groups as a first step in reducing disparities.
- Develop new strategies for improving first contacts.
- Clarify which groups are experiencing disparities in rates of new infections and low levels of linkages to care and specify which groups are included in “Nevada’s priority populations” in order to measure progress on this goal. Additional data may need to be collected for new priority groups (such as homeless, transgender, recent immigrants, rural, etc.) to establish baselines and track changes over time.
- Continue to provide experiential training to employees and volunteers.

03b. Strategy 2: Improve the ability of PLWH in underserved or high risk groups to navigate the HIV system of care.


		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017	Develop HIV community-specific websites that are updated monthly to list available services, who is eligible to access the services, cost for services, who to call, how to access, locations, hours, etc.	Accuracy and timeliness of information # of “hits” on the website	Need update	Need update		
	2018	Hold a yearly provider showcase for all parts, where all services provided will be discussed and case studies will be reviewed in	# of providers participating	# of providers participating Office of HIV: 1 Part B: 16	Does not apply: Office of HIV/AIDS AETC UNLV WCHD		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
		an effort to enhance service delivery between agencies to PLWH.		HOPES: each SPEC meeting we sent 1-5 staff UMC: 8 UNLV: 1 Huntridge: 1	X of providers participated: Part b: 19 HOPES: 25 SNHD: 7		
	2018	Implement “peer navigator” program. Role of peer navigators is to mentor newly diagnosed people, “hold their hand” early in the process of accessing services (help them fill out forms, go to agencies, get labs done, etc.), know when to reapply, and help them become self-sufficient over time	# of PLWH assisted by peer navigators	# of PLWH assisted by peer advocate Part A: By CCC SNHD: 40	Does not have peer navigation ACCEPT AHN AFAN Dignity Health Nevada Legal Services Nye County HHS Trac-B UNLV WCHD 3 of PLWH assisted by peers: SNHD: see RW providers		



Suggested Actions

- Test the new website with people from a variety of communities to see how easy it is for them to navigate.
- Explore feasibility and desirability of customized websites for different communities.
- Expand support for providers to attend yearly showcase.

03b. Strategy 3: Improve the accessibility of information for PLWH in underserved or high risk groups.

	Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	<p>2018</p> <p>Review all current patient materials (enrollment, list of services, patient responsibilities, timelines, payment, etc.) for health literacy criteria</p> <p>Revise materials as needed to be at 6th grade reading level</p>	<p>% of written materials meeting health literacy standards</p> <p># of staff trained in health literacy</p> <p># of staff reporting making changes in how they communicate with clients</p>	<p>Need translation services: Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity HELP NV Legal</p> <p>Need English/Spanish printed materials: Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity HELP NV Legal Nye</p> <p>Need Materials to meet literacy needs: Part A HOPES SNHD WCHD UNLV AFAN COMC</p>	<p>Have translation services: ACCEPT AFAN Dignity Health Nevada Legal Services HOPES SNHD UNLV WCHD</p> <p>English/Spanish printed materials: ACCEPT AHN AFAN Dignity Health Nevada Legal Services HOPES Nye County HHS SNHD WCHD</p> <p>Materials adjusted to meet literacy needs: Dignity Health HOPES SNHD WCHD</p> <p># of staff trained in health literacy: HOPES: 2 WCHD: 2</p> <p># of bi-lingual staff:</p>		

	Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
			<p>Other: HOPES: We have translation services for all languages, as required by our FQHC status. UNLV: Providers and staff are multilingual and use of the telephonic language line</p> <p># of staff trained in health literacy: Part A: 3 HOPES: 8 MAs were medically certified this year for Spanish translation SNHD: 20 WCHD: 3 UNLV: 2 Dignity: 2</p> <p># of bi-lingual staff: Part A: 1 HOPES: 74 SNHD: 5 WCHD: 10 UMC: 4 AFAN: 5 COMC: 7 Dignity: 1 HELP: 10 NV Legal: 11</p>	ACCEPT: 1 AHN: 18 AFAN: 5 Dignity Health: 1 Nevada Legal Services: 15 HOPES: all MAs, most CMs, all referral processing team members SNHD: 8 UNLV: 20 WCHD: 8		

		Activity/Intervention	Metrics	2018 Status	2019 Status (Jan-Jun)	2020 Status	2021 Status
	2017	Assess staffing to identify strengths and weaknesses in meeting language needs (oral and written) for Spanish speaking clients. Hire bi-lingual staff who are fluent in differences in Spanish across varied Hispanic cultures	% of Spanish speaking clients who report easy access to translators	% of Spanish speaking clients report easy access to translators at your organization HOPES: 95% SNHD: 90% UMC: 95% UNLV: 100% AFAN: 100% COMC: 50% Dignity: 30% HELP: 100% Nye: 100%	% who report easy access: ACCEPT: 100% AHN: 100% AFAN: 100% Dignity Health: 87% Nevada Legal Services: 100% HOPES: 89% Nye County HHS: 90% UNLV: 94% WCHD: 0%		
	2017	Determine the need for translation in other languages besides Spanish	% of clients who speak other languages report easy access to translators	Need to discuss	Need to discuss		
	2019	Implement welcoming drop-in programs in different communities at different “user friendly locations” and different times and days	# of drop in programs conducted # of persons coming to the drop-in programs # of PLWH who report accessing services as a result of attending drop-in program		AFAN conducted living room session -Conducted 2 sessions -Does not have # of person coming to program -# of PLHW who accessed... not reported		

Suggested Actions

- Conduct an evaluation to identify where these Spanish-Speaking staff are accessed (on the phone or front office at first contact, in social services or medical care, etc.), and to assess if current bi-lingual staffing is adequate to meet the need.
- Literacy levels of materials should be assessed as well as having materials available in Spanish.
- Expand welcoming drop-in programs

Conclusion

The review of Integrated Plan activity progress through July 2019 revealed many activities in progress with some activities already completed and some not yet started. 2018 Continuum of Care demonstrated improvement in the percentage of PLWH retained in care, as well as the percentage of those retained in care with suppressed viral loads. However, the percentage of PLWH retained in care is only 52%. Reviewing strategies and activities to focus on retention in care may be warranted. The online data reporting tool has improved the amount and quality of data we are able to collect, particularly from the subrecipients. It has still been challenging to get participation from all the subrecipients and all the internal workgroup representatives. There are still gaps in the data due to missing reporters. The Integrated Plan Monitoring Workgroup will continue to meet to review the Plan objectives, strategies and activities to determine if any changes should be made to fit current priorities and resources available in the state. Additionally, the group is working closely with Nevada's recently formed Getting to Zero campaign planning group to coordinate the plans. The internal workgroup may want to consider increasing the diversity of representatives on the group and consider inviting others to the table to represent underserved populations such as transgender or Native American. A final 2019 progress report will be completed in March 2020.

Appendix A: List of Acronyms

AAHIVM	American Academy of HIV Medicine
ACA	Affordable Care Act
ACCEPT	Access for Community & Cultural Education Programs & Training
ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Center
AHF	AIDS Healthcare Foundation
AFAN	Aid for AIDS of Nevada
AIDS	Acquired Immunodeficiency Syndrome, also referred to as HIV stage 3 (AIDS).
AI/AN	American Indian/Alaskan Native
API	Asian/Hawaiian/Pacific Islander
ART	Antiretroviral Therapy
ARTAS	Anti-Retroviral Treatment and Access to Services program
CBO	Community Based Organization
CCC	Community Counseling Center
CCHHS	Carson City Health and Human Services
CDC	Centers for Disease Control and Prevention
COMC	Community Outreach Medical Center
CPG	Community Planning Group
CRCS	Comprehensive Risk Counseling Services
DIS	Disease Investigation Specialist
DPBH	Division of Public and Behavioral Health
eHARS	enhanced HIV/AIDS Reporting System
HER	Electronic Health Record
EIIHA	Early Identification of Individuals with HIV/AIDS
EPI	Epidemiology
GY	Grant Year
HELP	HELP of Southern Nevada
HERR	HIV Health Education Risk Reduction
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HOPES	Northern Nevada HOPES
HOPWA	Housing Opportunities for Persons with AIDS
IDU	Injection drug use or injection drug user
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex

MH	Mental Health
MSM	Male-to-male sexual contact or men who have sex with men
MSM+IDU	Male-to-male sexual contact and injection drug use or men who have sex with men and use injection drugs
MTF	Male to female
FTM	Female to male
NARES	Nevada AIDS Research and Education Society
NDOC	Nevada Department of Corrections
NHAS	National HIV/AIDS Strategy
NIR	No identified risk
NRR	No reported risk
OOC	Out of Care
OPHIE	Office of Public Health Informatics and Epidemiology
PEP	Post Exposure Prophylaxis
PLWH	Persons Living with HIV
PrEP	Pre-Exposure Prophylaxis
RWPA	Ryan White HIV/AIDS Part A Program
RWPB	Ryan White HIV/AIDS Part B Program
SA	Substance Abuse
SAPTA	Substance Abuse Prevention and Treatment Agency
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCHS	School of Community Health Sciences, University of Nevada, Reno
SNHD	Southern Nevada Health District
STD/I	Sexually Transmitted Disease/Infection
SSP	Syringe Services Program
TGA	Transitional Grant Area
UMC	University Medical Center
UNLV	University of Nevada, Las Vegas
UNR	University of Nevada, Reno
UNR Med	University of Nevada, Reno School of Medicine
WCHD	Washoe County Health District