
Nevada Integrated HIV Prevention and Care Plan 2017-2021 2018 Annual Monitoring Report

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Prepared for
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Nevada Integrated HIV Prevention and Care Plan 2017-2021: 2018 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 met with the Integrated HIV Prevention and Care Plan Monitoring Workgroup several times during 2017 and 2018 to track plan activities.

For 2018 reporting, the Plan Monitoring Team, in collaboration with the Monitoring Workgroup, created an online reporting tool to gather plan-related activity and intervention updates directly from the Ryan White and Prevention funding subrecipients. Workgroup members representing the Ryan White and Prevention Programs also completed the reporting tool for 2018. The reporting tool will be adjusted for 2019 reporting based on feedback from the reporting participants, but, overall, it was an improved process that yielded more detailed information than in 2017. This annual 2018 report describes the status of plan activities and interventions to date, 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.

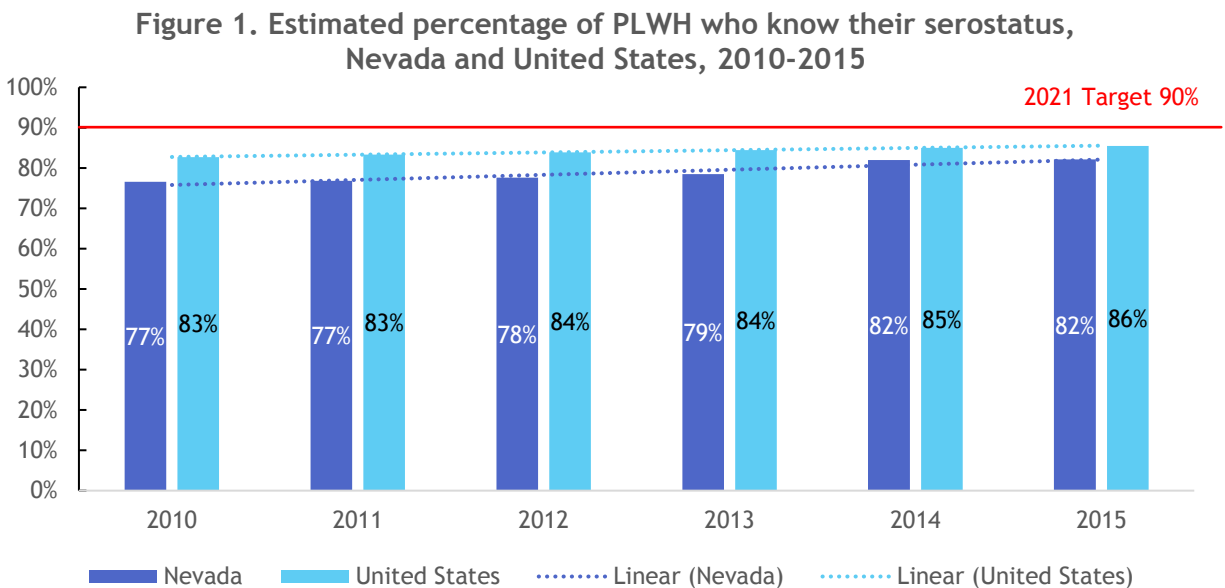
Gray rows indicate activities with a planned timeframe of 2019 or later.

Goal 1: Reducing New HIV Infections

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

Baseline 2015: 82.1%¹





Target 2021: 90%



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

	Activity/Intervention	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.	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. There is one representative that is a member of both planning groups. Additionally, the Public Health Co-Chairs from each group are meeting regularly via teleconference to discuss activities in the north and south to help ensure that the planning groups are working on activities in a coordinated effort.
✓	2017 Recruit substance abuse and mental health representatives to	Both CPGs have substance abuse and mental health representatives.

¹ Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Updated 2017. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed on 3/26/19.

		targeted testing workgroups.	
	2017-2021	Review available HIV testing data (where testing is conducted and where the positives are being found).	HIV Testing- Locations HOPES: 1864 tests (11 positives) SNHD: 17640 tests (217 positives) WCHD: 2154 tests (5 positives) AFAN: 131 tests (5 positives) Huntridge: 1152 tests (55 positives) Track B: 378 tests (5 positives)
	2017	Establish baseline for testing among priority populations	SNHD: Substance abuse (285 test), Priority Populations (17357 test) WCHD: Substance abuse (87 test), Priority Populations (2154) Huntridge: Mental health (unknown), Substance abuse (unknown) Track B: Priority Populations (378)
	2018	Development of a targeted testing strategy based on data results	HIV Testing- Strategies HOPES: Substance abuse, Homeless SNHD: Substance abuse, MSM, Youth and Young Adults, Sexually active heterosexual WCHD: Substance abuse, MSM, Sexually active heterosexuals Huntridge: Mental health, Substance abuse Track B: Substance abuse, Injection drug users
	2019-2020	Targeted testing strategy implemented	HIV Testing- Strategies SNHD: Substance abuse (285 test), Priority Populations (17357 test) WCHD: Substance abuse (87 test), Priority Populations (2154) Huntridge: Mental health (unknown), Substance abuse (unknown) Track B: Priority Populations (378)

	2021 Strategy and testing campaign evaluated for effectiveness	HIV Testing- Evaluation Summary report with individuals tested: HOPES, SNHD, WCHD, AFAN, Huntridge Summary report with individuals testing positive: HOPES, SNDH, WCHD, AFAN, Huntridge Summary report with percentage of individuals receiving test results: HOPES, SNDH, WCHD, Huntridge Notes: Numbers are presented at SNHD's Board of Health meetings
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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	Status
2017 Collect data from the population on baseline knowledge of importance and availability of HIV testing	Baseline needed
2018 Develop comprehensive statewide media and marketing campaign across multiple platforms	HIV Testing- Media HOPES: Advocating for universal testing and knowing status. Utilizing awareness days. SNHD: Twitter, Facebook, webpage, participation in HIV awareness days/weeks, collaboration with HIV consortium. WCHD: Act Against AIDS

		AFAN: General information with emphasis on the fact that HIV testing is free at agency and testing location sites
		Track B: Facebook, Instagram, Reddit to encourage syringe exchange program and testing for HIV/Hep C regularly
2019-2020	Media buys and placement across multiple platforms. Website/phone app with updated testing information available	
2021	Evaluate the effectiveness of the campaign to key populations	

Suggested Actions

- Develop and administer data collection tools to determine the baseline knowledge of importance and availability of HIV testing.
- 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.

O1a. Strategy 3: Increase the number of rapid HIV testing locations available in Nevada

	Activity/Intervention	Status
 2017-2021	Enhance, develop and evaluate state training and certification process for new testing sites	In 2017, SNHD trained 13 additional community partner/sites in HIV counseling and rapid HIV testing. SNHD has also worked with Disease Investigation Specialist (DIS) Sexual Health Clinic clinicians on rapid testing. Rapid testing is now available at Aid for AIDS of Nevada (AFAN), AHF, and Avella Specialty Pharmacy.
 2017-2018	Develop and administer train the trainer	Workgroup G101aS3 SNHD: 75 trainers trained Huntridge: 2 trainers trained

✓	2018-2019	Certify and train location staff to provide rapid testing to high risk populations	Workgroup G101aS3 SNHD: Certified 10-15 new locations
✓	2018-2021	Increase number of rapid tests conducted in Nevada by certified agencies	Through the HIV Prevention program, the number of rapid HIV tests increased from 7,239 in 2015 to 9,470 in 2016. HIV Testing- 2018 Rapid Testing Numbers HOPES: 1894 rapid tests SNDH: 8936 rapid tests WCHD: 1002 rapid test AFAN: 131 rapid tests Huntridge 152 rapid test Track B: 378 rapid tests <i>Total rapid test 2018: 12,493</i>
✓	2017-2021	Promote rapid testing	HIV Testing- Rapid Testing 6 organizations offer rapid testing (HOPES, SNHD, WCHD, AFAN, Huntridge, Track 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.
✓	2017-2021	Put rapid testing locations on HIV websites	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.
- Complete to update web sites.

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

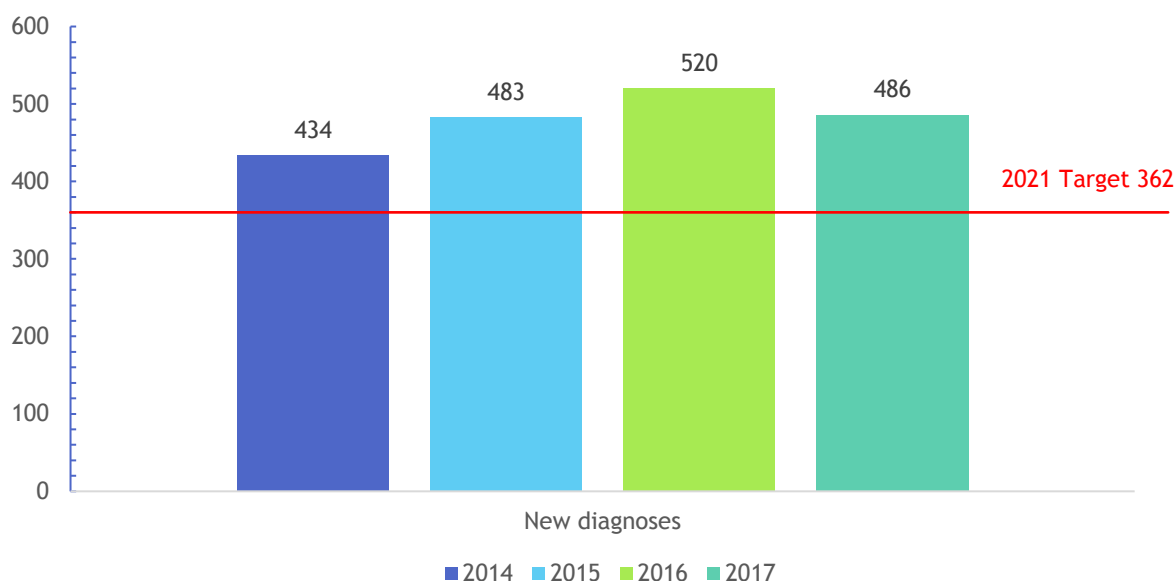
2015 baseline²: 483

2016 update³: 520

2017 update⁴: 486

2021 target: 362

Figure 2. Number of New HIV Diagnoses in Nevada, 2014-2017










01b. Strategy 1: Increase education and access to PrEP and PEP

	Activity/Intervention	Status
✓	2017 Obtain provider and community buy-in for education	Presentations/education about PrEP and PEP: AETC’s Transgender Health Conference on June 1, 2017 HIV summit at the Center Huntridge Family Clinic has two studies on PrEP and PEP. SNHD is providing provider training The 2018 Association of Nurses and AIDS Care included PrEP and PEP 2019 HIV Summit in Las Vegas
✓	2017 Identify other partners, agencies, and organizations that can	AETC SNHD WCHD Huntridge Family Clinic

² Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. 2015 HIV Epidemiological Profile: 2015 Update. Carson City, Nevada. e1.0. October 2017.

³ Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. 2016 HIV Fast Facts. Carson City, Nevada. e1.0. July 2017.

⁴ Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. 2017 HIV Fast Facts. Carson City, Nevada. e1.0. July 2018.


	collaborate to fund and/or deliver trainings	HOPE UMC AFAN COMC
	2017-2018 Training provider and staff on PrEP & PEP	PrEP/PEP Provider Training 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)
	2017-2018 Community education program on PrEP & PEP	PrEP/PEP Community Training Office of HIV/AIDS: provided 3 programs Huntridge: provided 10 programs
	2017-2018 Peer to peer education on PrEP & PEP program	PrEP/PEP Peer Training SNHD: trained 60 people Huntridge trained 7 people
	2017-2019 Implement pilot project for PrEP	PrEP/PEP Pilot Programs SNHD implemented a pilot project for PrEP in 2018.
	2018-2021 Evaluate of the pilot project	SNHD pilot ongoing.
	2018-2019 Enhance and support clinics to offer PrEP	Workgroup G101bS1 AETC: Supported 7 clinics HOPEs: supported 1 clinic SNDH: supported 3 clinics UMC: supported 1 clinic Huntridge supported 1 clinic
	2017-2021 Develop a resource list of pharmacies where PrEP is available	Workgroup G101bS1 Resource list was updated by: HOPEs UMC Huntridge State Office of HIV/AIDS has PrEP resources on the website, https://endhivnevada.org/resource-directory/

2019-2020 Develop process for developing a PrEP clinic

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.

O1b Strategy 2: Increase community education of HIV/AIDS through comprehensive sexual health education

	Activity/Intervention	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	<p>AB295 Revising provisions governing sexuality education in public schools. (BDR 34-811) was introduced in the Assembly on March 18, 2019 and referred to the Committee on Education. The proposed bill:</p> <ul style="list-style-type: none"> • Requires the board of trustees of a school district to establish a course or unit of a course of evidence-based, factual instruction in sexuality education. • adds two pupils who attend schools in the district to the membership of the advisory committee; • requires each member of the advisory committee to have one vote on each matter requiring a vote. • requires the advisory committee to make recommendations on the persons who will provide instruction in a course or unit of a course of sexuality education. • requires the standards adopted by the Council to Establish Academic Standards for Public Schools for instruction in health to include standards for sexuality education. • authorizes the Council to include topics related to sexuality education in the standards for other courses where appropriate. • requires the school district to provide a form for the parent or guardian of a pupil to refuse to authorize a pupil's participation in specific lessons in the course or the entire

course. Section 2 authorizes a school district to make this form available on a secure Internet website and requires the form to include an option for a parent or guardian of a pupil to refuse permission for the pupil to participate in a course of sexuality education: (1) for that school year only; or (2) for as long as the pupil is enrolled in the school district.





- requires the board of trustees of each school district to submit an annual report on the status of the establishment of such a course or unit of such a course of instruction in the district to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Education.








	2019-2021	Collaborate with State Board of Education and local school districts to implement Comprehensive SH education in schools	Workgroup G101bS1 WCHD is collaborating with State Board of Education.
	2019-2020	Explore the development of school-based clinics	Workgroup G101bS1 WCHD has explored the development of school-based clinics.
	2019-2020	Develop a standardized curriculum for HIV/STD 101	Workgroup G101bS1 HOPES and SNHD have a standardized curriculum.
	2019-2020	Make curriculum available to community partners statewide online	Workgroup G101bS1 SNHD has made the standardized curriculum available online. 75 trainers have been trained, 15 providers have been trained, 250 people have been educated.
	2019-2020	Evaluate curriculum	Workgroup G101bS1 SNHD has completed an evaluation report

Suggested Actions

- Follow the status of AB275 and provide support as needed.
- Promote standardized curriculums developed by HOPES and WCHD.
- Continue exploration of school-based clinics in the north and expand exploration to the south.

O1b Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization

	Activity/Intervention	Status
	2017-2021 Explore condom need in community for priority populations	The Center's Pharmacy Project has distributed over 50,000 condoms 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	<p>Harm Reduction- Condoms</p> <p>UMC, AFAN, Huntridge, Nye County distribute condoms from their main facility.</p> <p>HOPES distributes at the clinic and during community outreach. WCHD distributes at 35 locations; SNHD distributes at 15 locations; Track B distribute at over 10 locations.</p> <p>Condoms distributed by agency:</p> <p>HOPES: 5,000 SNHD: 116,200 WCHD: 68,500 UMC: Unknown Huntridge: 12,000 Track-B: 3,000</p> <p>Total condom distribution 2018: 204,700+</p>
	2017-2018 Identify where people can buy condoms	<p>Workgroup G101bS3</p> <p>AETC and HOPES reported there is a resource guide to identify where people can buy condoms.</p>
	2017-2019 Explore different pathways to acquiring condoms (i.e. working with manufacturers to get cheaper condoms for people to buy)	<p>Workgroup G101bS3</p> <p>Preventions: Purchase condoms from distributors and obtaining public health rating. We also share this resource with community partners.</p> <p>HOPES: Have applied for free condoms through manufactures. Currently receive Teen Pregnancy Funds which allows us to purchase these in bulk.</p>

			WCHD: Developing mail order condom distribution program.
	2017-2021	Awareness campaign about ability to get condoms through Medicaid	Harm Reduction- Condoms HOPES and Huntridge provide information about getting condoms through Medicaid
	2017-2018	Increase accessibility by creating an online application to map free and purchased condom locations in Nevada	Harm Reduction- Condoms HOPES uses a mobile app to increase awareness/accessibility of locations to purchase condoms
	2017-2018	Provide capacity building assistance for the implementation of syringe services programs (SSP)	Workgroup G101bS3 SNHD: 2 CBO's trained Huntridge: 2 CBO's trained
	2018-2019	Pilot of syringe exchange machines in Southern Nevada	Workgroup G101bS3 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
	2018-2019	Develop buy-in from community organizations and businesses that would be impacted by the SSP	Workgroup G101bS3 Number of businesses/CBO's reached: <ul style="list-style-type: none"> • Prevention: Unknown • HOPES: approximately 8 • SNHD: 10
	2020-2021	Expand syringe services to centers for harm reduction, syringe exchange, wound care,	Harm Reduction- SSP Established Centers HOPES: 1 (1,200,109 were collected; 1,800,754 provided out) SNHD: 3 (573 clients served) Dignity Health: 1 (Does not apply) Huntridge: 1 (Does not apply) Trac-B: 4 (11,175 clients served)
	2021	Analyze data from SSP to evaluate best practices moving forward	Harm Reduction- SSP HOPES has analyzed data on SSP. SNHD and Trac-B are in progress of data analysis but had not completed a report

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

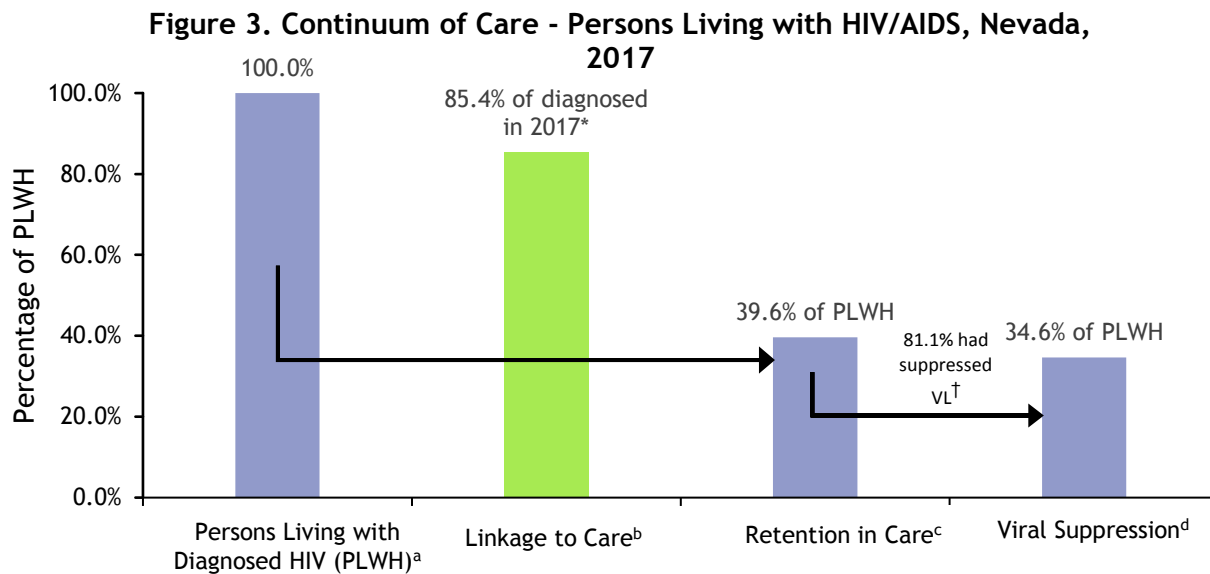
Objective 2a. By 2021, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a provider within the first 30 days.

2015 baseline⁵: 81% (calculated including those linked to provider within 90 days of diagnosis)

2017 update: 84.5% (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.



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of March 2018.

^aDefined as persons diagnosed with HIV infection (regardless of stage of disease) through year-end 2016, who were alive at year-end 2017.

^bCalculated as the number of persons linked to care within 3 months after HIV diagnosis during 2017, divided by the total number of persons diagnosed with HIV infection in 2017. Linkage to care is based on the number of persons diagnosed during 2017, 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 2017 among those diagnosed with HIV through year-end 2016 and alive at year-end 2017.

^dCalculated as the percentage of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2017, among those diagnosed with HIV through year-end 2016 and alive at year-end 2017.

[†]Calculated as number of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2017, among those who were retained in care during 2017.

⁵ 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.

O2a. Strategy 1: Improved communication between organizations

	Activity/Intervention	Status
	2017-2021 Develop regional flow chart (resource map) of services/ activities for the newly-diagnosed and for providers and update it regularly.	As of November 2017, a regional flow chart, that includes services and actives for HIV+ 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	<p>Treatment & Care: CAREWare</p> <p>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)</p>
	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	<p>Treatment & Care: Improved Communications</p> <p>Organizations that attend monthly regional service deliver meetings (APG/SPEC)</p> <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 • Track B



✓	2017-2021	Inter-agency case management team building/training. To reduce competition, understand roles	Treatment & Care: Improved Communications Organizations that have inter-agency medical case management teams building Part A (thru UMC) HOPES (Monthly calls with AHN/ACCEPT trainings) SNHD (12 trainings) UNVL (10 trainings) AFAN (12 trainings) COMC (2 trainings) Nye County (12 trainings)
✓	2017-2021	Annual Ryan White provider conference with training, RW updates on initiatives, basic fiscal and quality management, advanced training/certifications, strategies	Treatment & Care: Improved Communications Part A: 8 attendees Part B: 20 attendees HOPES: 13 attendees SNHD: 20 attendees UMC: 4 attendees UNLV: 2 attendees AFAN: 14 attendees COMC: 5 attendees NV Legal: 1 attendee Nye County: 1 attendee Track B: 2 attendees

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

→	2017-2019	Activity/Intervention	Status
		Linking justice-involved individuals with local clinics to provide continuity of	Treatment & Care: Justice Organizations who link (# of first visits) Part A (SNDH)

	care for those patients. Identify a point organization for parolee case management in each 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	HOPES (would be for new patients (ie new dx or relocates in 2018?) SNHD (unknown/24) WCHD (unknown) UMC (15) AFAN (don't have access to information) Dignity (10)
	2017-2019 Link HIV+ mental health & substance abuse clients with local clinics to provide continuity of care. Identify point organizations and providers.	Treatment & Care: Mental Health/Sub 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) Track-B (1)
	2018-2021 Link HIV+ homeless clients with local clinics to provide continuity of care. Identify point organizations and providers.	Treatment & Care: Homeless Organizations who link (# of first visits) Part A (by agency) HOPES (These are new clients to us) SNDH (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)


	2019-2021	Link HIV+ individuals from refugee populations with local clinics to provide continuity of care. Identify point organizations and providers	Treatment & Care: Refugee 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)
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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	Status
	2017-2018	Expand Peer-to-peer advocate to every Part A and Part B site	Treatment & Care: Peer Advocate Have peer advocate program: Part A (by CCC) SNHD- 40 PLWH were assisted by peer navigator
	2019-2020	Evaluate peer advocate program	Treatment & Care: Peer Advocate SNHD has completed an evaluation report on peer navigation program.
	2018-2019	Develop peer (HIV+) volunteer support system to meet individually with newly diagnosed, based at case management organizations.	Treatment & Care: Peer Advocate Offers peer (HIV+) volunteer support program: Part A (by agency) Dignity Health (3 clients in 2018)
	2017-2021	Delivery of 6-week Positive management	Treatment & Care: Disease Management Offer 6-week program: Part A (by dignity health)

	program to HIV+ clients and chronic disease management	SNHD (6 clients) Dignity Health (30 clients)
	2018-2019 Explore the requirements to have peer advocates become CHW through the certification program	Workgroup G2O2aS3 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



Suggested Actions

- Continue to expand peer-to-peer advocacy at every Part A and Part B site 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 CHW's.

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.

O2b. Strategy 1: Improve communication among organizations and between clients and organizations

	Activity/Intervention	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.	Office of HIV/AIDS has a website with the state resource directory https://endhivnevada.org/resource-directory/
	2017-2018 Part A and B having the same internal referral process to easily track referrals made and completed	Parts A and B have the same internal referral process.

→	2018-2019	Needs assessment ; consumer forum to find out what is needed from a client perspective to get them to appointments	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.				
→	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.	<p>AFAN: Adjustments were made to internal agency forms such as those included in AFAN’s client confidential information (CCI) packet. A checklist citing all of the services available at AFAN and / or community partners was added to this packet.</p> <p>HOPES: HOPES has experienced success in the integration of many of the Ryan White programs to ensure fluidity and to uphold the organizational concept of their patient-centered medical care model.</p>				
<table border="1"> <tr> <td data-bbox="298 936 380 999">2019-2021</td> <td data-bbox="443 936 764 1104">Conduct evaluation of communication including perspectives from impacted stakeholders</td> <td colspan="2"></td> </tr> </table>				2019-2021	Conduct evaluation of communication including perspectives from impacted stakeholders		
2019-2021	Conduct evaluation of communication including perspectives from impacted stakeholders						

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.
- Continue to increase communication regarding point of entry, eligibility, and services provided and requirements between managed care health plans and Ryan White and other health plans.
- Evaluate how well communication is working at agencies and organizations around the state from the stakeholder perspective.

O2b. Strategy 2: Recruit more mental/behavioral health providers

→	2017-2019	Activity/Intervention	Status
		Collaborate with mental/behavioral health providers	<p>Treatment & Care: Disease Mental Health Collab</p> <p>HOPES and HELP of SN added mental health provider(s) in 2018.</p>

HOPES: Referral systems set in place for other providers if cannot provide here: Well Care & NNHAMS

of MH/BH Providers Collaborated with:

- WCHD: 3
- HELP: 2

of referrals made to MH/BH Service Orgs:

- WCHD: Unknown
- HELP: 38
- Track B: 100+



2018-2021

Foster collaboration between the agencies to cross provide services at other locations to make services more readily available

Treatment & Care: Disease Mental Health Collab

of MH/BH Service Orgs Collaborated with:

- WCHD: 2
- COMC: 2
- HELP: 2
- NV Legal: 9
- Track B: 10+

of clients served

- WCHD: Unknown
- HELP: 38
- Track B: 100+



2018-2021

Collaborate with CBOs who have added some MH providers

Treatment & Care: Disease Mental Health Collab




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.

O2b. Strategy 3: Professional Development activities

	Activity/Intervention	Status
	2017-2021 RW funded agencies to participate in annual Institutes which focus on the continuum of care between MH, SA and HIV	<p>Workgroup G2O2bS3</p> <p># of attendees that participated in conference</p> <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) • Part A (Does not apply)
	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 Deliver HIV/STD 101 MH & SA providers	<p>SNHD has delivered statewide HIV 101 and 201 and Hepatitis C professional development to mental health 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	<p>Workgroup G2O2bS3</p> <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

Did not provide education in 2018

- Part B
 - UNLV
-



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.

Office of HIV/AIDS has a website with the state resource directory

<https://endhivnevada.org/resource-directory/>

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.

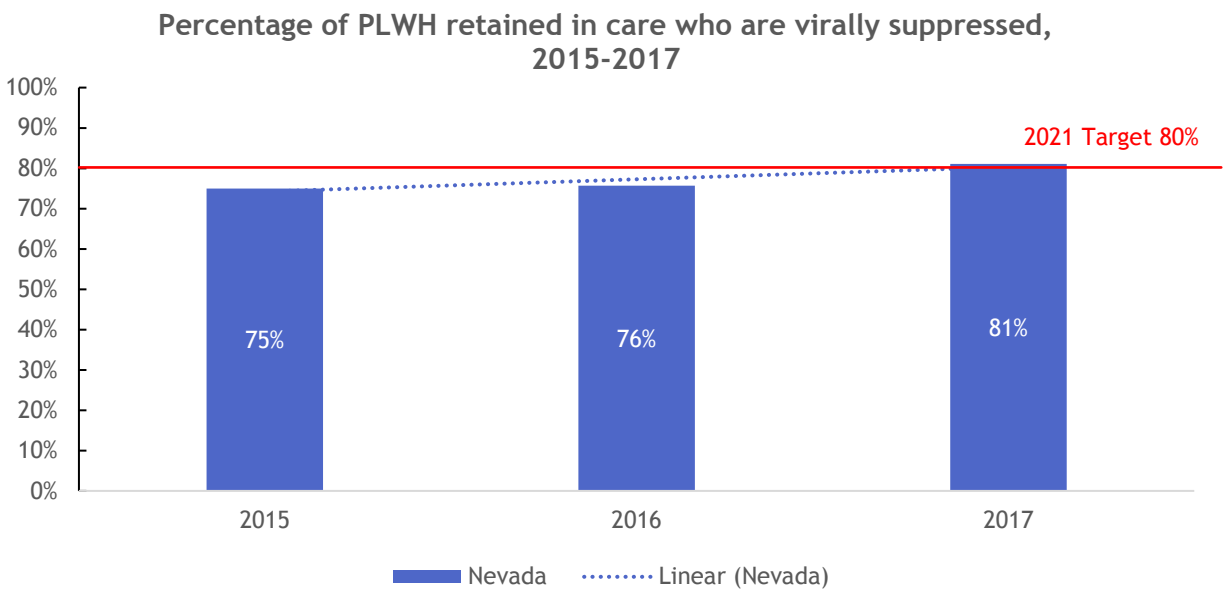
Objective 2c. By 2021, 80% of people diagnosed with HIV, who have had a medical visit each year for the past two years, will be virally suppressed (VL <200).

2015 baseline⁶: 75% (calculated of those who were retained in care within past one year)

2016 75.7%

2017 81.1%




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



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

	Activity/Intervention	Status
✔	2017-2018 Create a series of support, education and training options for group of patients in care	Treatment & Care: Patient Education # of options available Part A: by agency HOPES: 20 options... flyers pamphlets, books) SNDH: 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 months; 1

⁶ 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.


		HIV specific legal education class to consumers per month; Track B: 1 option
	2017-2018	<p>Ensure that patient education programs are language and literacy ability appropriate</p> <p>Treatment & Care: Patient Education</p> <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 • Track B <p>Does not apply:</p> <ul style="list-style-type: none"> • WCHD • COMC • Dignity Health • HELP of SN • Nye County
	2017-2021	<p>Deliver medication adherence sessions on a continual basis to provide education and support</p> <p>Treatment & Care: Patient Education</p> <p># of sessions offered: Part A: COMC HOPES: 388 this quarter SNHD: unknown Dignity Health: 1</p> <p>**question had quarter/ answer asked for 2018</p>
	2017-2021	<p>Evaluate the continuum of care on a regular basis to understand status; establish baseline and semi-annual update on continuum of care looking at viral suppression; identify patterns of viral load suppression and match to exams attended, services accessed, etc.</p> <p>Continuum of Care</p> <p>Regularly use Continuum of Care to...</p> <p>Understand HIV status:</p> <ul style="list-style-type: none"> • HOPES • WCHS • UMC • AFAN • Dignity Health • Nye County <p>Establish baseline update for viral suppression:</p> <ul style="list-style-type: none"> • HOPES • WCHD • UMC • Dignity Health




-
- Nye
- Establish baseline update for viral suppression:
- HOPES
 - UMC
 - AFAN
 - Dignity Health
 - Nye
- Match to labs/medical appointments
- HOPES
 - WCHD
 - UMC
 - Nye
-

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 changing this objective since it has been met with including those who had at least one visit who have been retained in care.

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




	Activity/Intervention	Status
	2017-2018 Ensure clinical programs include medication management materials, support, educational programs and counseling for all patients	Treatment & Care: Patient Education Medication Management Materials: <ul style="list-style-type: none"> • Part A • HOPES • SNHD • UMC • AFAN • COMC • Dignity Health • Nye Support: <ul style="list-style-type: none"> • Part A • HOPES • SNHD • AFAN • COMC • Dignity Health • HELP of SN • NV Legal • Track B Educational Programs:


			<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
	2017-2021	Provide education to pharmacists on HIV medication adherence	<p>Treatment & Care: Pharmacy Education</p> <p># of Pharmacist who receive education in 2018 Part A: unknown HOPES: 2 FTE pharm, 6 part time pharmacist SNHD: 1</p>
	2017-2021	Encourage pharmacists that work with HIV clinics to get certified in HIV care (AAHIVM certification)	<p>Treatment & Care: Pharmacy Education</p> <p># of pharmacist with specialty</p> <p>Part A: SNHD HOPES: 8 SNHD: 1</p>
	2017-2021	Disseminate information about policies to clients regarding emergency medication access	<p>Treatment & Care: Patient Education</p> <p>Disseminate information about policies:</p> <p>Part A HOPES SNHD AFAN Dignity Health</p>

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.

O2c. Strategy 3 Educate both client and provider stakeholders regarding the importance of routine viral load testing and tracking of viral load data

	Activity/Intervention	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	Treatment & Care: Viral Load # 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 Track B: 5
 2017-2021	Create data sharing agreements between CAREWare and labs	Workgroup G2O2cS3 # of agreements Part A: 1 Part B: 1 SNDH: 1 UMC: 2 Does not apply: Office of HIV Prevention AETC HOPES WCHD UNLV Huntridge
 2017-2021	Educate clinicians to do at least 2 viral load tests per year	Treatment & Care: Viral Load # 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
	2017-2021 Educate the community about community viral load data	<p>Treatment & Care: Viral Load</p> <p>Part A: Planning Council training on U=U. Consumer forum and roles and responsibilities 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>

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	Status
	2017 Recommend that HIV care clinics have plans in place for routine sexual history and screening for STIs	<p>Treatment & Care: STI</p> <p>Routinely screen for sexual history and STI:</p> <p>Part A HOPES SNHD WCHD UMC AFAN COMC</p>

Track C		
2018	Develop resource guide for providers. (Health departments, providers who specialize in STI's including email for consults and referral)	Workgroup G2O2sSa Has a resource guide: Part A HOPES SNHD UMC
2017-2021	Develop and maintain accurate list of who is seeing patients with HIV	Treatment & Care: STI Maintain an accurate list of who is seeing clients Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity Health NV Legal Track B
2018-2020	Provide outreach to all providers (including private) re routine screening and education for STI's	Workgroup G2O2sSa # 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

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.




O2d. Strategy 2 Conduct public and individual education for PLWH and newly diagnosed regarding STIs

	Activity/Intervention	Status
 2017-2018	Prevention with positives programs integrated into clinical care	Treatment & Care: STI # of programs offered HOPES: We provide education and treatment for all + dx of STI WCHD: 2 programs, 10 clients Dignity: 30, 30 clients
 2017-2018	Recommend that EHR in all clinics includes sexual history and STI screenings	Treatment & Care: STI 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 Track B: No
 2017-2021	Expand risk reduction and health education for clients to include STIs and importance of screenings and when to get tested	Treatment & Care: STI # 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 Dignity: 30 Track B: 5

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.

O2d. Strategy 3 Develop quality control measures to improve clinical care and outcomes

	Activity/Intervention	Status
 2018-2019	Develop standardized assessment forms for all providers for all the assessments	Treatment & Care: Quality Control 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 • Track B • Part A
 2019	Use Quality management team to develop and train on use of forms	Treatment & Care: Quality Control 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 • Track B
 2019-2021	Establish baseline data and report on data annually	Treatment & Care: Quality Control Establish baseline data and report on data annually <ul style="list-style-type: none"> • AFAN • COMC • Dignity Health • Help of SN • Track B

→	2019-2021	Disseminate the findings on a regular basis	Treatment & Care: Quality Control Disseminate findings/annual report <ul style="list-style-type: none"> • AFAN • Dignity Health • Help of SN • Track B
→	2020-2021	Develop Quality improvement plans	Treatment & Care: Quality Control Have quality Improvement plans <ul style="list-style-type: none"> • UNLV • Dignity • Help of SN




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 clinics screening for HIV associated comorbidities by 20%.

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

	Activity/Intervention	Status
→	Gather baseline data from HIV care clinics regarding current practices for MH, SA and chronic disease screenings	Have a plan in place: Part A HOPES SNHD UMC AFAN Dignity Health HELP Nye Working on a plan: UNLV COMC Does not have a plan: WCHD Nevada Legal



		Track B
	2018	<p>Recommend that HIV care clinics have plans in place for routine MH and SA assessments with HIV clients</p> <p>Treatment & Care: Provider Education Have a plan in place: Part A HOPES SNHD UMC AFAN Dignity Health HELP Nye</p> <p>Working on a plan: UNLV COMC</p> <p>Does not have a plan: WCHD Nevada Legal Track B</p>
	2018	<p>Recommend that HIV care clinics have plans in place for routine assessments for chronic disease with HIV clients</p>
	2018-2019	<p>Develop resource guide for providers. (providers who specialize in chronic disease, mental health, and substance abuse including email for consults and referral)</p>
	2019-2020	<p>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</p>

Suggested Actions

- Continue to recommend that HIV care clinics have plans in place for routine assessments for chronic disease in HIV patients.

- For those 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


O2e. Strategy 2 Conduct Public and individual education for PLWH and newly diagnosed regarding common HIV comorbidities





	Activity/Intervention	Status
2019 	Recommend that EHR in all clinics includes routine screening and MH, SA and chronic disease assessments	Treatment & Care: MH and Substances Implementing: HOPES SNHD UMC HELP
2019-2021 	Expand health education for clients to include different comorbidities and importance of routine screenings	Treatment & Care: Patient Education # of clients educated Part A: By agency HOPES: all (779) SNHD: 500 UMC: 1900 AFAN: unsure Dignity: 30 Track B: 5
2019-2021	Provide education for providers to assist them in providing good individual or group education	

Suggested Actions

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

O2e. Strategy 3 Develop quality control measures to improve clinical care and outcomes

	Activity/Intervention	Status
2018-2019 	Develop standardized assessment forms for all providers for all the assessments	Treatment & Care: Quality Control Use standardized assessment forms: HOPES

		SNHD WCHD UMC UNLV COMC Nye
2019	 Use Quality management team to develop and train on use of forms	Treatment & Care: Quality Control Use quality management on forms: HOPES WCHD UMC UNLV HELP Nye Part A
2019-2021	 Establish baseline data and report on data annually	Treatment & Care: Quality Control Established Baseline: HOPES SNHD WCHD UMC UNLV NV Legal Nye Part A
2019-2021	 Disseminate the findings on a regular basis	Treatment & Care: Quality Control Disseminate findings HOPES SNHD WCHD UMC UMC UNLV COMC NV Legal Nye
2020-2021	 Develop Quality improvement plans	Treatment & Care: Quality Control Have QI plan: HOPES SNHD WCHD UMC

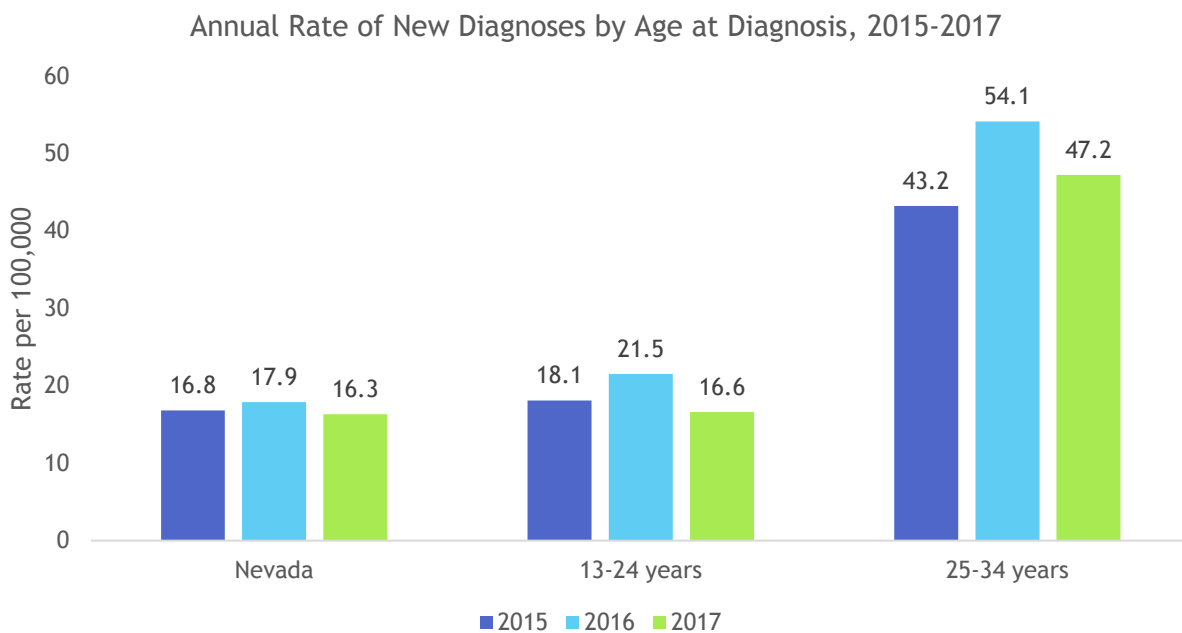
Suggested Actions

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

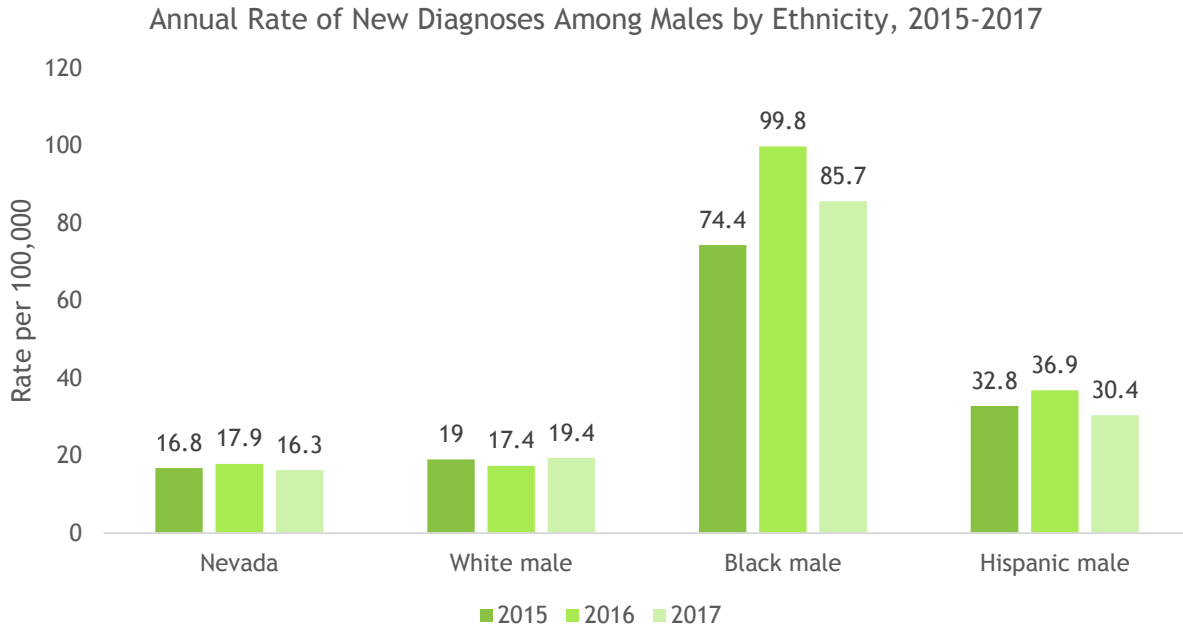
Goal 3: Reducing HIV Related Disparities and Health Inequities

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

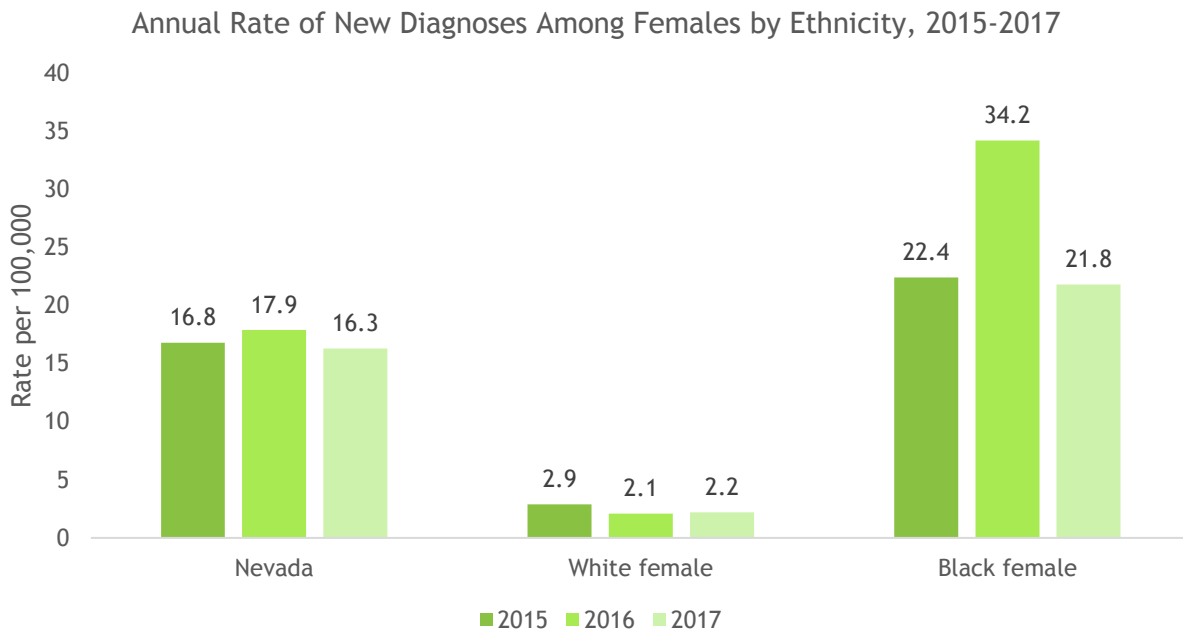
Youth/Young adults. Individuals aged 25-34 continue to have higher diagnosis rates than other age groups. While the diagnosis rate of 13-24 years has decreased to a rate close to that of Nevada in general. Rates have decreased from 2016 to 2017 for both age groups.



Males by Ethnicity. Diagnosis rates continue to be much higher among black males and Hispanic males, and slightly higher for white males compared to overall Nevada rates. Rates have decreased from 2016 to 2017 for black and Hispanic males and increased slightly for white males.



Females by Ethnicity. The diagnosis rate continues to be higher among black females compared to overall Nevada rates. However, the rate has decreased from 2016 to 2017 for black females. The rate of diagnosis for white females continues to be much lower than for black females and for Nevada overall.





Sources for New Diagnoses Data 2015-2017:

Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. *2017 HIV Fast Facts*. Carson City, Nevada. e1.0. July 2018.


Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. *2016 HIV Fast Facts*. Carson City, Nevada. e1.0. July 2017.

Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. *2015 HIV Epidemiological Profile: 2015 Update*. Carson City, Nevada. e1.0. October 2017.

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

	Activity/Intervention	Status
 2017	Conduct listening sessions with individuals from groups experiencing disparities to identify any gaps in knowledge or incorrect beliefs about HIV.	Listening sessions are in progress in North and South
 2017	Identify successful group-specific disease prevention campaigns and strategies that can be adapted to HIV prevention.	Listening sessions are in progress in North and South

O3a. Strategy 2: Implement HIV prevention public education through media campaigns and social network strategies to target populations.

	Activity/Intervention	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	
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
2019-2021	Evaluate social network strategies
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
2019-2021	Conduct listening sessions with individuals from target groups experiencing disparities to find out if they are familiar with any of the educational efforts, and to find out what they know/believe about HIV.
2020-2021	<p>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</p> <p>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</p> <p>Discontinue unsuccessful methods, continue successful one, and implement new methods, messages, locations.</p>

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.

O3a. Strategy 3: Increase provider and organization capacity to test at sites in their communities

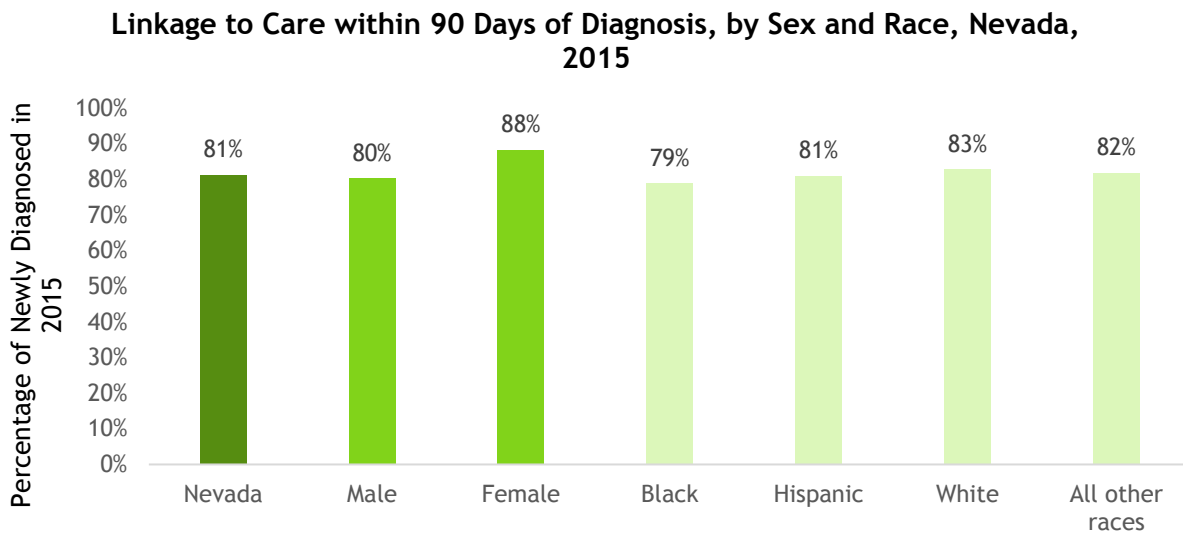
	Activity/Intervention	Status
	2017-2019 Training CBOs and communities with high risk to provide on-site testing	HIV Testing- Training # of providers/staff trained HOPES: 3 SNHD: 30 AFAN: 5 Huntridge: 2 Track B: 5
	2017-2020 Identify and recruit additional providers and CBOs to have testing at their sites	Workgroup O3aS3 Number of Providers: Prevention: 0 Number of CBOs: Prevention: 1 Did not recruit: HOPES SNHD WCHD UMC
	2020-2021 Evaluate CBO on-site testing programs	Workgroup O3aS3 Did an evaluation: SNHD Has not done an evaluation: HOPES WCHD Huntridge Does not apply: Office of HIV Part A

Suggested Actions

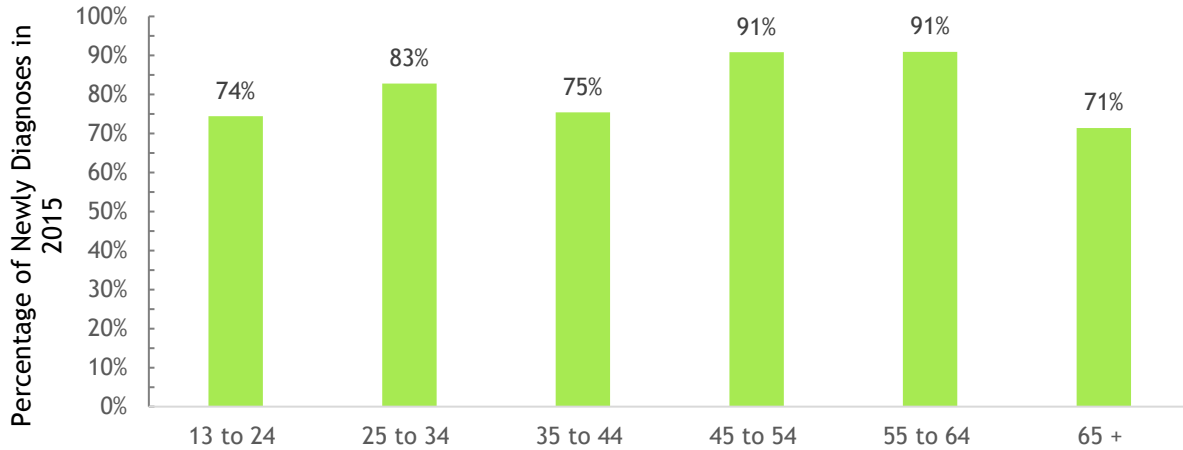
- Develop recruitment plan to increase number of CBOs with testing on their sites.
- Expand number of providers trained.

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.



Linkage to Care within 90 days of Diagnosis, by Age, Nevada, 2015



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	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	Listening sessions are in progress in the South and the North
 2018	Review information gathered in listening sessions Develop new strategies for improving first contacts.	Listening sessions are in progress in the South and the North
 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	Workgroup O3bS1 # of employees/volunteers trained on bias/stigma Part A: 5 Prevention: ??? HOPES: 35+ SNHD: 153 WCHD: 20 UMC: 7

	<p>Conduct brainstorming sessions on how to improve first access and point of contact</p> <p>Recognize persons and agencies that PLWH deem most welcoming</p> <p>Follow up with trainees at 3 and 9 months post training to determine what changes or improvements were made and sustained</p>	<p>UNLV: 600+ Huntridge: 16</p>
2020-2021	<p>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 suggestions for ways to make improvements</p>	

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.


O3b. Strategy 2: Improve the ability of PLWH in underserved or high risk groups to navigate the HIV system of care.

	Activity/Intervention	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.	While there is now a resource website by the state Office of HIV/AIDS, it has not been customized for different communities.
 2018	Hold a yearly provider showcase for all parts, where all services provided will be discussed and case studies will be reviewed in an effort to enhance service delivery between agencies to PLWH.	Workgroup O3bS2 # of providers participating Office of HIV: 1 Part B: 16 HOPES: each SPEC meeting we sent 1-5 staff UMC: 8 UNLV: 1 Huntridge: 1
 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	Treatment & Care: Peer Advocate # of PLWH assisted by peer advocate Part A: By CCC SNHD: 40

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.

O3b. Strategy 3: Improve the accessibility of information for PLWH in underserved or high risk groups.

	Activity/Intervention	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	<p>Treatment & Care: Language Needs</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>

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

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

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



2017-18 Determine the need for translation in other languages besides Spanish

Part B has identified the primary language for most Ryan White clients in 2017. 72% are English speakers; 15% Spanish speakers; 12% primary language is unknown; and the remaining 1% spoke other languages.



2018 Review all current patient materials (enrollment, list of services, patient responsibilities, timelines, payment, etc.) for health literacy criteria. Revise materials as needed to be at 6th grade reading level

Treatment & Care: Language Needs

% of your Spanish speaking clients reporting 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%

2019 Implement welcoming drop-in programs in different communities, at different “user friendly locations”, different times and days.

(These programs offer a welcoming, relaxed, friendly place where newly diagnosed people and their family and friends can drop in to learn about what to expect from different agencies, how to access services, how to stay healthy, etc.)

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.
- Assess literacy levels of materials in addition to having materials available in Spanish.

Conclusion

The new online reporting process proved to be valuable asset to the monitoring process, improving the quantity and quality of the information provided. We will continue to improve the monitoring process in 2019 with stakeholder feedback. 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.

Goal 1 Successes:

- Rapid testing has increased with the state training and certification process for new testing sites, train the trainer, promotion of rapid testing at various organizations, and increase of information available on organization and agency websites.
- A standardized curriculum for HIV/STD 101 has been developed, made available to community partners across the state online, and has been evaluated.

- Syringe Services Programs have expanded with the pilot of syringe exchange machines in southern Nevada, in addition to growing SSP at SNHD and HOPES, and capacity building training for several CBOs to prepare for implementation of SSP.
- Many activities have contributed to the increase in education and access to PrEP and PEP.

Goal 1 Gaps and Suggested Actions:

- Clarify priority populations for the state.
- Collect baseline knowledge of importance and availability of HIV test from community.
- Develop coordinated and comprehensive media and marketing strategies statewide.
- More work is needed statewide in order to increase community education of HIV/AIDS through comprehensive sexual health education in the schools. An assembly bill was introduced to the legislature in March 2019 that would help accomplish this. However, more work is needed with respect to collaborating with the state board of education to implement comprehensive sexual health education in schools, and exploring the development of school based clinics.

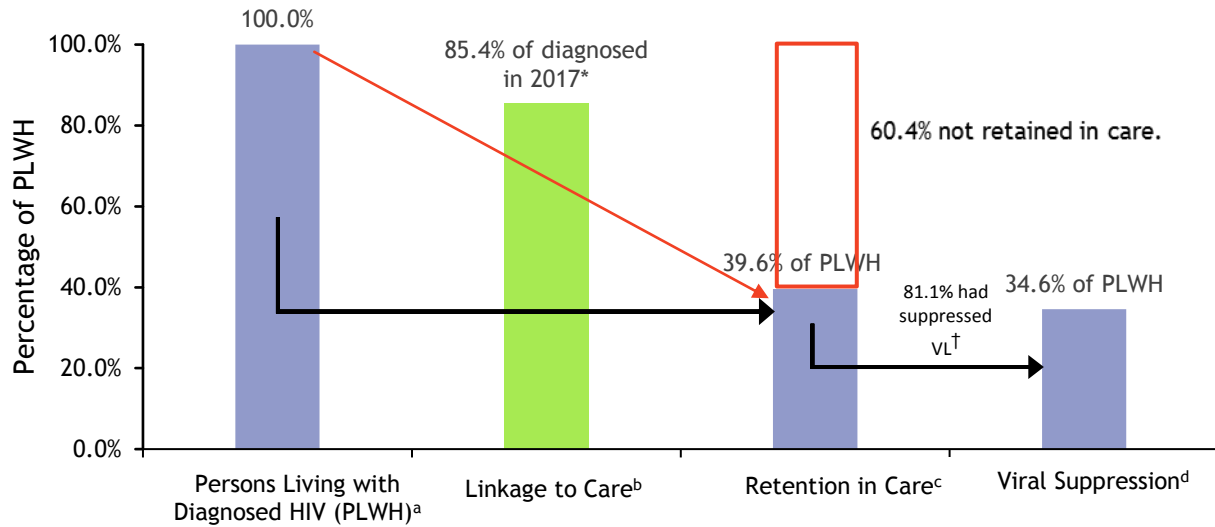
Goal 2 Successes:

- Communication among organizations has improved with use of the CAREWare referral system, regional service delivery meetings, case management team building, and the Annual Ryan White provider conference.
- Nevada has met 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), with 81.1% virally suppressed (calculated for those retained in care and had a visit within the past year).*
- A variety of provider professional development opportunities and patient education strategies have been conducted.
- Education about community viral load has increased.

Goal 2 Gaps and Suggested Actions:

- With Objective 2c met (see above), it may be an appropriate time to shift focus to the large gap in the continuum of care—retention in care. Of those people living with diagnosed HIV, just 39.6% were retained in care in 2017.

Continuum of Care - Persons Living with HIV/AIDS, Nevada, 2017



- Additional work is needed to link hard-to-reach populations, such as justice-involved individuals, homeless individuals, individuals with mental health and substance abuse challenges, and refugees to care.
- Recruitment of additional mental and behavioral health providers continues to be a challenge statewide.

Goal 3 Successes:

- Listening sessions are in progress in the north and south to begin the process of reducing disparities.
- Provider and organization capacity to test at sites in their communities has increased.

Goal 3 Gaps and Suggested Actions:

- Listening session results should be used to develop media campaigns, web sites, events, and social network strategies to reach priority populations, and new strategies to improve first contact and point of access for priority populations.
- Efforts to identify and recruit additional providers and CBOs to test at their sites should continue.

In May or June 2018, stakeholder meetings will be held in Las Vegas and Reno to involve them in reviewing progress on the plan and updating objectives, strategies, and planned activities, as needed. Overall, Nevada has made progress implementing a variety of activities and strategies designed to accomplish the plan goals and objectives.

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
EIHA	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