

Nevada Integrated HIV Prevention and Care Plan 2017-2021

2020 Annual Monitoring Report

March 2021



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**Prepared for
Las Vegas TGA Ryan White Part A HIV/AIDS Program
Ryan White HIV/AIDS Part B Program
HIV Prevention Program
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Thank you to the Nevada Integrated HIV Prevention and Care Plan Monitoring Workgroup members. We appreciate the time they have taken to keep the monitoring team apprised of activities related to the Integrated Plan and to guide the monitoring process.

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Nevada Integrated HIV Prevention and Care Plan 2017-2021: 2020 Annual 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 2020 annual report describes the status of plan activities and interventions from January through December 2020, 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.

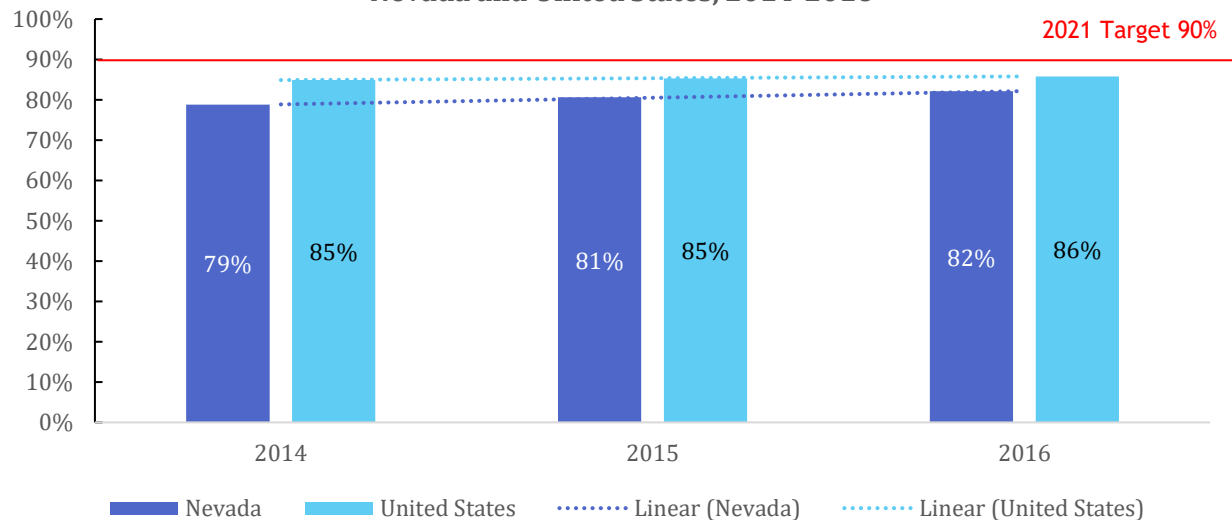


Red:
Activity not started.

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	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	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.	Completed	Completed	Completed
	2017	Recruit substance abuse and mental health representatives to targeted testing workgroups.	# of representatives recruited	Both CPGs have substance abuse and mental health representatives.	Completed	Completed	Completed
	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)	Test: AFAN: 87 (39+48) China Springs: 93 (44+49) CCC: 340 COMC: 336 New Frontier BH: 383 (222+161) Nye County HHS:0 Ridge House: 145 (50+95) Rural NV Counseling: 50 Trac-B/ NARES: 285 (107+178) VITALITY CC: 178 (51+127) Vitality Elko: 51 (51+0) WestCare:116 (65+51) HOPES: 884 (884+ 0) SNHD: 18,815 (8362+ 10453) UMC:0 WCHD: 2,068 (1046+ 1022) Positives: AFAN: 2 (1+1)	# of HIV tests conducted: SNHD: 5053 AFAN: 16 AHN: 2209 CCHHS: (267 + 432) HOPES: (1085 + 1222) WCHD: (882 + 811) New Frontier: 139 Vitality Center Elko: 59 Carson: 59 Community Counseling Center: 125 Ridge House: 58 Rural NV Counseling: 44 China Springs: 36 Trac-B/ NARES: 84 COMC: 232 Positives: SNHD: 35	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					China Springs: 0 Com Counseling: 2 COMC: 0 New Frontier BH: 0 Nye County HHS:0 Ridge House: 1 (0+1) Rural NV Counseling: 0 Trac-B/ NARES: 0 VITALITY CC: 0 Vitality Elko: 0 WestCare: 0 HOPES: 3 SNHD: 149 (106+ 43) UMC:0 WCHD: 6 (5+1)	AFAN: 0 AHN: 22 CCHHS: 0 HOPES: (12 + 4) WCHD: (3 + 3) New Frontier: 0 Vitality Unlimited:0 China Springs: 0 CCC: 0 RNC: 0 Ridge House: 0 Tests funded by CDC: SNHD: 5053 AFAN: None CCHHS: 267 (100%) HOPES: 214 WCHD: (882 + 789) New Frontier: 139 Funded by other source: AFAN: All test funded by South Nevada Health District HOPES: 540 tests funded by Ryan White, SAPTA, FQHC WCHD: 22 WCHD: Funded by RWPB New Frontier: Funded by HIV grants	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	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.	HIV Office is working on getting some data from 2016 on number of tests conducted for clients completing a risk profile.	No updates	
	2018	Development of a targeted testing strategy based on data results	Nevada targeted testing strategy developed and adopted	<p>HOPES: Substance abuse, Homeless</p> <p>SNHD: Substance abuse, MSM, Youth and Young Adults, Sexually active heterosexual</p> <p>WCHD: Substance abuse, MSM, Sexually active heterosexuals, youth</p> <p>Huntridge: Mental health, Substance abuse</p> <p>Trac-B: Substance abuse, Injection drug users</p>	<p>Substance abuse: HOPES</p> <p>Mental Health: HOPES</p> <p>Priority populations: HOPES (Youth, STI screening- higher risk, heterosexual, LGBTQ)</p>	<p>Substance abuse: HOPES New Frontier RNC</p> <p>Mental Health: HOPES New Frontier RNC</p> <p>MSM: HOPES New Frontier RNC</p> <p>Homeless: New Frontier RNC HOPES</p> <p>Sexual activity: New Frontier RNC HOPES</p> <p>Youth: HOPES RWPB</p> <p>Transgender: HOPES RNC</p>	



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	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) Huntridge: Mental health (unknown), Substance abuse (unknown) Trac-B: Priority Populations (378 tests)	SNHD: Substance Abuse:255 (168+ 87) Priority Populations: 14,135 (7862+6273) Trac-B SA: 285 WCHD: PP: 1,046 CCC: PP: 146 MH: 194 SA: 146 New Frontier: SA: 161 Ridge House: SA: 95 Rural NV Counseling: SA: 50 Vitality Carson: SA: 127 WestCare NV: MH: 40 SA: 40 PP: 11	SNHD Substance Abuse: (93) Priority population: (4923) Other (37) New Frontier Substance Abuse (139) HOPES Priority population: (1085) WCHD Priority population: (882 + 811) CCHHS Priority population: (214 + 432) Other (267) AFNA: Other (16) HOPE: Priority population: 1222 COMC Priority population: 174 Other:58	
	2021	Strategy and testing campaign evaluated for effectiveness	Summary report with numbers tested, numbers tested positive,	Summary report with individuals tested: HOPES SNHD WCHD AFAN	Summary report with numbers of individuals tested: AFAN HOPES SNHD	Summary report with numbers of individuals tested: SNHD CCHHS RWPB	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
			and percentage receiving test results Distribution of report	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	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	RNC New Frontier WCHD HOPES NRF Summary report with individuals testing positive: SNHD RWPB RNC New Frontier WCHD HOPES NRF CCHHS Summary report with % of individuals receiving test results: SNHD RWPB CCHHS RNC New Frontier WCHD HOPES NRF	


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.
- 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	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	Baseline needed	EHE Community Survey EHE Statewide Plan	
	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). Know Your Status campaign, Free HIV Testing Ad</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>SNHD OEDS has a presence on Facebook, Twitter, and Instagram, managed both by our office staff and SNHD Public Information Office. On these sites, we can provide testing venue information, safer sex education, and respond to questions from the community</p> <p>Trac-B: National HIV testing day</p>	<p>A marketing campaign will be implemented primarily in Las Vegas as part of CDC EHE work, spearheaded by UNLV.</p> <p>AFAN: Used social media outlets like Facebook, Instagram and Afanlv.org (agency website) to promote HIV testing</p> <p>AHN: International Condom Day and HIV Care-We've Got Your Back Stand Against Hate Protection (COVID& Condom Use). AHN used social media platforms like Facebook, Instagram and YouTube. Other methods used were Bus Wraps, Bus Stands, AHF MTU, Billboards.</p> <p>HOPES: Awareness campaigns on National Women and Girls HIV/AIDS Awareness Day (March 10th), National Youth HIV/AIDS Awareness</p>	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>WCHD: Used Act Against AIDS Campaigns of "Doing It", "Let's Stop HIV Together", "Start Talking, Stop HIV"</p> <p>Platforms:</p> <p>Facebook x5</p> <p>Twitter: x3</p> <p>Instagram:x3</p> <p>Dating App: x1</p> <p>YouTube: none</p> <p>Radio: none</p> <p>Newspaper: x2</p> <p>Other: Flyers, interviews</p>	<p>Day (April 10th), National Transgender HIV Testing Day (April 19th National HIV Testing Day (June 27th), World AIDS Day testing campaign; Change Point PrEP/PEP/STI clinic launch using Facebook, Twitter, Instagram and Website, HOPES website; various listservs</p> <p>WCHD: Use of CDC-produced social media campaign to promote testing, PrEP and HIV care. WCHD used Facebook and Twitter.</p> <p>CCHHS: Used Facebook, Electric Sign, newspaper (electronic or print) for creating awareness. Website such as www.gethealthycarsoncity.org was used for marketing the campaign.</p> <p>COMC: National HIV Testing Day, HIV Long Term Survivor's Day PrEP. COMC used platforms such as Facebook and Twitter.</p>	


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	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		<p>The State of Nevada utilizes this website https://endhivnevada.org/ to publicize HIV Testing and various CDC Social Marketing Campaigns. "Free HIV Testing Locations In Nevada," are on the website https://endhivnevada.org/free-hiv-testing-locations-in-nevada/</p> <p>SNHD OEDS has a presence on Facebook, Twitter, and Instagram, managed both by state HIV office staff and by SNHD Public Information Office. These are used to provide testing venue information, safer sex education, and to respond to questions from the community. SNHD Social Media report for 2019: 14 Instagram with 88 Followers; Twitter: # of followers increased from 409 on 1/1/19 to 418 on 12/31/19; there were 104 total tweets for the year with 78,150 tweet impressions.</p> <p>WCHD engaged the community about HIV prevention through social media posts, using CDC messaging of the</p>	More marketing will be coming out in 2020-21 from the End the Epidemic efforts.	




		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					campaigns “Let’s Stop HIV Together” and “Doing It.” Social media posts (115 posts) led to 24,940 exposures. The SAPTA HIV Testing Facilities conducts marketing of its testing hours (locally – Especially the rural locations). They are not required to publicize or track how their publicity efforts.		
	2021	Evaluate the effectiveness of the campaign to key populations	Report of results	Need to Identify Question Reporting Tool	Not applicable yet	Not applicable yet	


Suggested Actions


- Coordinate with the EHE UNLV Team as they gather data through focus groups related to marketing campaigns.
- 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. UNLV is starting this with focus on LV because of funds directed there. Increase campaign to statewide efforts if another CDC EHE funding is received.
- Use additional Ending the Epidemic funding to conduct more work in this area.

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

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	2017-2021	Enhance, develop and evaluate state training and certification process for new testing sites	State certification for HIV testing adopted	No organizations reported receiving state certification for HIV testing in 2018.	WCHD has new 5 rapid testing sites. Individual certifications: China Springs: 5 CCC: 12 Ridge House: 2 Rural NV: 3 Trac-B: 3 Vitality Elko: 6 HOPES: 2 SNHD: 13	New rapid HIV testing sites added: AHN: The Garden WCHD: Catholic Charities, Tu Casa Latina SNHD: 5 CCHHS: 2 New Frontier: 3 HOPES: 1 Under Wells Avenue Bridge near Broadhead Park,	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
						Volunteers of America shelter	
	2017-2018	Develop and administer train the trainer	# of trainers trained	SNHD: 75 trainers trained Huntridge: 2 trainers trained	Does not apply: Office of HIV/AIDS UNLV WCHD No: Part B AETC HOPES UMC Yes: SNHD: 7 (3+4) HOPES: 1	Does not apply: WCHD New Frontier RWPA UMC Wellness No: RNC AETC HOPES RWPB CCHHS UMC Yes: SNHD: (16+14) WCHD: (0+25)	
	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	Yes: China Springs: 5 CCC: 12 Ridge House: 2 Rural NV: 3 Trac-B: 3 Vitality Elko: 6 HOPES: 2 SNHD: 13 WCHD: 5	Does not apply: RWPB WCHD New Frontier No: SNHD RWPB CCHHS AETC RWPA UMC Wellness RNC	
	2018-2021	Increase number of rapid tests conducted in Nevada by certified agencies	Increase number of rapid tests performed the state by 10% above baseline each year.	# of rapid tests AFAN: 131 Hopes: 1894 SNHD: 8936 Huntridge 152 Trac-B: 378 WCHD: 1002	# of rapid tests AFAN: 87 (39+48) China Springs: 44 CCC: 340 New Frontier: 161 Ridge House: 95 Rural NV: 50	# of rapid tests SNHD: 2692 AFAN: 16 AHN: 2209 CCHHS: (267 + 432) HOPES: (500 + 372) WCHD: (313 + 775)	

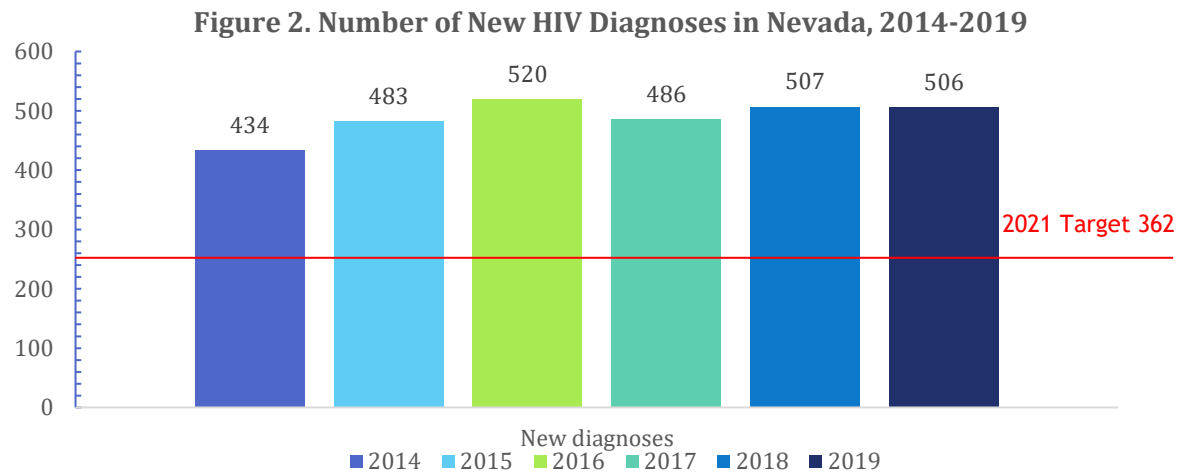
		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				Total rapid tests 2018: 12,493	Trac-B: 285 (107+178) Vitality CC: 127 Vitality Elko:0 WestCare: 51 HOPES: 884 SNHD:9,423 (4912+4511) WCHD: 1,336 (721+615) Total rapid tests 2019: 12,883	New Frontier: 139 COMC: 5 NARES/ Trac B: 84	
	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: COMC AFAN China Springs CCC New Frontier Ridge House Rural NV Trac-B Vitality CC Vitality Elko WestCare HOPES SNHD WCHD Social Media Campaign Provider Referrals Word of Mouth Printed Materials PrEP printed and video materials which discuss testing Printed signs	Offer Rapid Testing: SNHD AFAN AHN CCHHS HOPES WCHD COMC CCC New Frontier NARES/ Trac B Promote rapid testing site: Provider Referrals: SNHD AHN, CCHHS, HOPES, WCHD, COMC Social Media: AFAN, AHN, CCHHS, HOPES, WCHD, NARES/ Trac B Word of Mouth Marketing: WCHD, SNHD, AFAN, AHN, CCHHS, HOPES, NARES/ Trac B Printed Marketing: AHN, CCHHS, HOPES, WCHD, NARES/ Trac B	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
						Clinical Services: CCHHS Website: HOPES	
	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	Completed	Completed	Completed

Suggested Actions





- Continue training, recruiting testing sites and promoting HIV testing throughout the state.
- Continue to update web sites.
- AETC is developing a project to work with UMC Quick Care sites in LV to have them implement routine HIV screening, this will start June 1 2020 if funded.



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	2020 Status	2021 Status
✓	2017	Obtain provider and community buy-in for education	# of providers # of partners	AETC's Transgender Health Conference on session HIV summit at the Center Huntridge Family Clinic has two studies SNHD provider training Association of Nurses and AIDS Care 2018 conference.	AETC: HIV Provider Summit January 2019 included breakout and topic plenary- 221 providers; partnered with Nevada Health Centers February 2019 two-part series on PrEP/PEP 46 providers total; ANAC conference 3/28/2019 PrEP/PEP agenda topic, 78 providers; NAAP conference 8/3/2019 PrEP/PEP breakout session 28 providers; Autumn Update 11/2/2019 PrEP/PEP agenda topic 98 providers	(To discuss with internal workgroup)	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	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 session HIV summit at the Center Huntridge Family Clinic has two studies SNHD provider training Association of Nurses and AIDS Care 2018 conference.	Nevada Health Centers, Nevada Primary Care Association	(To discuss with internal workgroup)	
	2017 - 2018	Initiate provider and community education and training on PrEP& PEP	# of trainings		Number of trainings: HOPES: 2 (1+1) SNHD: 10 (7+3) China Springs: 5 CCC: 1 COMC: 2 Ridge House: 1 Vitality Elko: 1 WestCare: 1 WCHD: 2 UMC	Number of trainings provided: AECT: 6 (trained 213) HOPES: 2 +1 (trained 42 + 73) WCHD: 1 (trained 36) UMC Wellness: COMC	
	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)	# trained: HOPES: 31 (15+16) SNHD: 39 (17+22) China Spring: 5 CCC: 40 COMC: 20 Ridge House: 1 Vitality Elko: 3 WestCare: 5 UMC: 25 WCHD: 12	No of training received: SNHD: 1 (5 trained) CCHHS: 2 + 10 (3 trained) HOPES: (1 + 1) (15 trained) WCHD: 1 (15 trained) UMC Wellness: (2 +1) (12 trained) COMC: 2 (18 trained)	
	2017 - 2018	Community education program on PrEP & PEP	# of programs implemented	Office of HIV/AIDS: provided 3 programs	Number of programs implemented: SNHD: 65 (5+60)	The State of Nevada Office of HIV Project Echo presentation	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				Huntridge: provided 10 programs	WCHD: 4 HOPES: 27 Number of community members trained: SNHD:184 (57+127) WCHD: 100 HOPES: 127	03/13/2020, which included PrEP + PEP Education. Their office has also included information about PrEP + PEP on End HIV Nevada website	
	2017 - 2018	Peer to peer education on PrEP & PEP program	# of targeted community members trained	SNHD: trained 60 people Huntridge trained 7 people	Number of people trained: SNHD:30 (3+27) HOPES: 16	SNHD provided 7 trainings	
	2017 - 2019	Implement pilot project for PrEP.	Pilot project implemented	SNHD implemented a pilot project for PrEP in 2018.	HOPES has implemented PrEP and PEP services through their harm reduction center Change Point. The first weekly clinics (3 hours) were started in Feb. 2019. The demand was high, so clinics were expanded to twice a week in Nov. 2019. Since inception, the clinic has served 202 patients and provided 277 visits.	No updates	
	2018 - 2021	Evaluate the pilot project	Evaluation report	SNHD implemented a pilot project for PrEP in 2018.	SNHD OEDS collaborated with SNHD's Sexual Health Clinic and SNHD's Pharmacy to offer PrEP to our community. Since January 1, 2019, 2 additional PrEP Navigators have been hired bringing the staff to 4. One of these Navigators to address PrEP needs in the Transgender community. From January 1, 2019-	No updates	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					December 31, 2019 1339 people have been referred for PrEP. Of those, 410 people (31%) have initiated/started PrEP medication.		
	2019 - 2020	Develop process for developing a PrEP clinic	Process developed		<p>SNHD and WCHD have been trained to provide PrEP & PEP academic detailing</p> <p>SNHD has started Academic Detailing efforts for PrEP.</p> <p>SNHD is in the process of developing a RAPID ART or RAPID START clinics in the community. The first one will be at the LGBT Center of Southern Nevada, hopefully completed in 2020. This location will also include education on PrEP + PEP education and increase access to PrEP + PEP with having a pharmacy also available.</p> <p>SNHD has also made a website to education providers and community about PrEP -</p> <p>"Nevada is PrEPing for Change" youtube video was to educate providers statewide about PrEP -</p> <p>WCHD - PEP and PrEP referral services will be expanded to service delivery through WCHD's Sexual Health Clinic</p>	(To discuss with internal workgroup)	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					which houses the HIV, STD and Family Planning programs. Recruitment and identification of community providers that are willing to offer PrEP within CDC recommendations will occur.		
	2018 - 2019	Enhance and support clinics to offer PrEP	<p># of clinics providing PrEP</p> <p># of clinics supported</p>	<p>AETC: Supported 7 clinics</p> <p>HOPES: supported 1 clinic</p> <p>SNHD: supported 3 clinics</p> <p>UMC: supported 1 clinic</p> <p>Huntridge supported 1 clinic</p>	<p>Providing PrEP:</p> <p>HOPES</p> <p>SNHD</p> <p>COMC</p> <p>UMC</p> <p># of Clinics Supported:</p> <p>AETC (6)</p> <p>HOPES (2)</p> <p>SNHD 29 (2+ 27)</p> <p>WCHD (1)</p> <p>UMC (1)</p>	<p>NVHC will be starting a PrEP clinic at MLK site in 2020-pharmacist Samantha Strong.</p> <p>Providing PrEP:</p> <p>SNHD</p> <p>AHN</p> <p>HOPES</p> <p>UMC Wellness</p> <p># of Clinics Supported:</p> <p>SNHD 5 (3+2)</p> <p>RWBP (2)</p> <p>AETC (2)</p> <p>HOPES 3 (2+1)</p> <p>NRC (4)</p> <p>WCHD 1 (0+1)</p>	
	2017 - 2021	Develop a resource list of pharmacies where PrEP is available	Resource list	Resource list was updated by: HOPES UMC Huntridge	Updated in 2019: Part B HOPES SNHD	Resource list was updated by: CCHHS	



Suggested Actions

- Continue education and awareness activities related to PrEP and PEP.
- Continue to evaluate and share results of the PrEP and PEP efforts.
- Keep resource lists updated.

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

		Activity/Intervention	Metrics	2018 Status	2019 Status	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.	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.	Yes: CCHHS HOPES WCHD New Frontier COMC	
	2019-2020	Explore the development of school-based clinics	Findings of the exploration	WCHD has explored the development of school-based clinics.	The Southern Nevada HIV Prevention Planning Group is working to develop a "Youth HIV Prevention Planning Group." The hope is that these youth/ young adults will	CCHHS provides adolescent and comprehensive sexual education within some of its schools, but they don't not have any clinics.	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>serve as peer health educators on campus.</p> <p>SNHD: Currently there is no work being done with school-based clinics. Although the SNHD Teen Pregnancy Prevention Program is working with the youth and young adult population along with entities such as Planned Parenthood.</p>	<p>WCHD provides technical assistance to the Washoe County School District's sexual health education program and HIV/STD presentations are also offered to the community.</p> <p>Efforts restricted due to the World Wide Pandemic usually CCHHS providers 4-6 Annual ED presentations (comprehensive and abstinence) to juveniles through school and detention centers.</p>	
	2019-2020	Develop a standardized curriculum for HIV/STD 101	Curriculum developed	HOPES and SNHD have a standardized curriculum.	<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>	<p>Using Specific curriculum: CCHHS: Making Proud Choices HOPES: Families Talking Together; Seventeen Days, Title X education WCHD: Shared curriculum approved by Washoe County School District Board of Trustees</p> <p>Dignity Health: Positive Self-Management Program</p>	



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					Vitality Carson: Living in Balance		
	2019-2020	Make curriculum available to community partners statewide online	# of trainers trained # of providers trained # of people educated	SNHD has made the standardized curriculum available online. 75 trainers have been trained. 15 providers have been trained. 250 people have been educated.	# of people trained: Dignity Health: 8 HOPES: 3 (2+1) WCHD: 115 (100+15) # of providers: HOPES: 16 # of people: WCHD: 250 (150 + 100) UMC: 5	# of trainers trained: CCHHS: 4 Hopes: 3 (1 +1) # of providers: CCHHS: 4 Hopes: 11 AETC: 27 # of people educated: HOPES: 567 (186 + 381) WCHD: 160 CCHHS: 40 Dignity health: 8 # of people trained using this curriculum: WCHD: 50 HOPES: 194 (186 + 8) CCHHS: 44 (40 + 4) Dignity health: 8	
	2019-2020	Evaluate curriculum	Evaluation report	SNHD has completed an evaluation report.	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.


- Continue to 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.
- Continue to explore recruiting youth as peer educators.



O1b 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	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 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.	No updates	Nevada Condom Distribution Plan 2021 needs assessment and gaps analysis done and plan developed August 2020.	
	2017-2021	Identify places where free condoms are most needed	# and locations distributed	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	Only distribute at main facility: AFAN CCC COMC Golden Rainbow New Frontier Ridge House UMC Various locations:	Nevada Condom Distribution Plan 2021 Only distribute at main facility: AFAN AHN CCHHS ACCEPT New Frontier	

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				distributes at over 10 locations. Condoms distributed by agency: HOPES: 5,000 SNHD: 116,200 WCHD: 68,500 UMC: Unknown Huntridge: 12,000 Trac-B: 3,000 Total condom distribution 2018: 204,700+	HOPES: main clinic, Change point, Our Center, events SNHD: SHC, Trac-B, AFAN, LGBTQ Center, Huntridge Clinic, CCC Trac-B: several outreach locations monthly WCHD: 40 sites; clinics, health fairs, Number of condoms distributed: AFAN: 1,000+ SNHD: 102,000 (92,000+10,000) Trac-B: 13,000 (3,000+10,000) WCHD: 90,000 (52,550+38000) COMC 1000 CCC:1000+ Golden Rainbow: 250 Ridge House: 40 HOPES: 40,000+ UMC: 500 Total condom distribution 2019: 248,790+	NN HOPES COMC Various locations: SNHD: SNHD clinics, LGBTQ Center, Huntridge, AFAN, Trac B: Trac-B Exchange Store Front and All Impact Exchange Vending Machine Locations, WCHD: 10 locations Condoms distributed by agency SHNC: 31850 AHN: 4700 CCHHS: 11876 (1100 + 10776) = HOPES: 19000 (5000+14000) WCHD: 39000 (11000+28000) New Frontier: 500 CCC: 600 COMC: 3,000 Trac-B: 13058	
	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.	Resource guide posted on website	Resource guide posted on website	

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
	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.	SNHD- Discussion with pharmacists and other SoN HPPG members about using Medicaid to obtain condoms, discussions with Trojan about sales and marketing information locally at the National Sexual Health Conference WCHD- Implementing a web-based, mail order program	Nevada Condom Distribution Plan 2021 Medicaid will cover condoms with a prescription.	
	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.	Provided information: HOPES China Springs Vitality Carson WestCare UMC	Provided information: CCHHS	
	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	Using an app: None	Using an app: None	
	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	Yes: HOPES: 1 SNHD: 4	Yes: AETC: 3	
	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	Machines Placed: Office of HIV/AIDS- 3-2 more adding soon in rural area	No additional syringe exchange machines placed. Number of syringes exchanged:	

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				HOPES: 1,200,109 were collected; 1,800,754 provided out	SNHD- 2 Trac-B Center for Behavioral Health and TIM Cares Number of syringes exchanged: HOPES: 462,555 +429,173 = 891,728 in; 372,887+ 411,015= 783,902 out SNHD/Trac-B 310,185 + 370237= 680,422 in 201,737 + 268,663= 470,400 out	SNHD: 380,978 out and 202,563 in HOPES: 327,627 + 199,282 out 335, 958 + 230,765 in	
	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 	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, Quest Counseling, Empowerment Center, Center for Behavioral Health, Ridge House). City of Reno, Eddy House.	Names of businesses/CBO reached: SNHD: March 2020 Mineral County Commissioners approved location for outdoor placement of the vending machine. New Frontier: Reached HOPES HOPES: Volunteers of America (every Tuesday & Thursday 12-2pm) started in October 2020	

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
					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. Mineral County and Ely City		
	2020-2021	Expand syringe services to centers for harm reduction, syringe exchange, wound care	# of centers established # of IDU served	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)	Expanded SSP: SNHD/Trac-B: added two sites- Center for Behavioral Health and TIM Cares # of clients served: SNHD: 7,543 (6543+1000) Trac-B: 7,417 (1000+ 6417)	Yes: NN HOPES: Wells Bridge VOA Trac-B: Lincoln County, Elko, and Hawthorne # of clients served: SNHD: 6502 HOPES: 3944 (2258+1686) Trac-B: 7021	
	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.	Analysis in progress: HOPES SNHD Trac-B Completed evaluation: none	Analysis in progress: HOPES	

Suggested Actions

- Identify additional 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

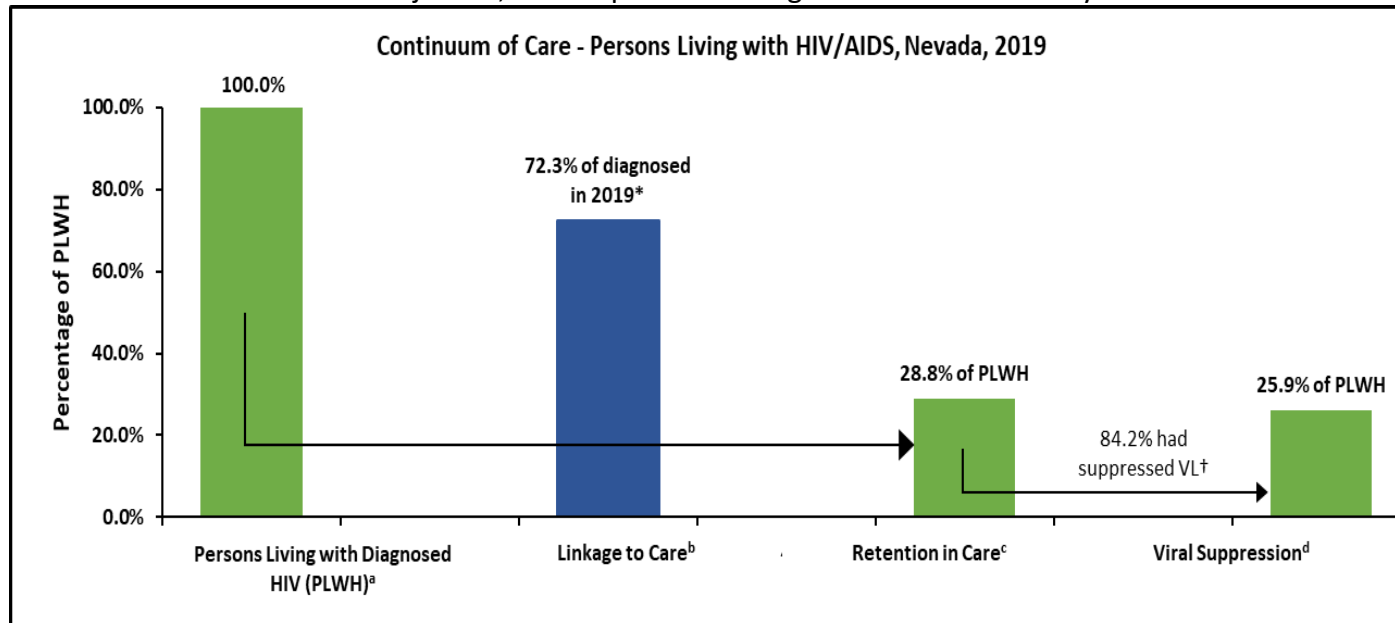
Objective 2a. By 2021, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a provider within the first 30 days.

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

2019 update: 72.3% (within first **30 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 2020.

*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 2018, who were alive at year-end 2019.

^bCalculated as the number of persons linked to care within 3 months after HIV diagnosis during 2019, divided by the total number of persons diagnosed with HIV infection in 2019. Linkage to care is based on the number of persons diagnosed during 2019, 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 2019 among those diagnosed with HIV through year-end 2018 and alive at year-end 2019.



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.


*d*Calculated as the percentage of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2019, among those diagnosed with HIV through year-end 2018 and alive at year-end 2019.

*†*Calculated as number of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2019, among those who were retained in care during 2019.

O2a. Strategy 1: Improved communication between organizations

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
	2017-2021	Develop regional flow chart (resource map) of services/activities for the newly-diagnosed and for providers and update it regularly.	Staff time Web application Materials for distribution	A regional flow chart, that includes services and actives for HIV+ patients, is available online and in print.	Completed	Completed	Completed
	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)	Scheduled: AFAN: 1083 COMC: 300+ Golden Rainbow: 585 Nye County: 39 HOPES: 300 Part A: 1,200 SNHD: unknown UMC: unknown None lost: AHN HELP of SN Nye County HHS Trac-B # lost: Accept: Has no way up pulling up this information in CAREWare as of now. If this could be added that would be helpful. AFAN: 97 (31+66) COMC: 10	# of referrals scheduled: SNHD: 66 (47+19) AFAN: 2363(2242+121) AHN:4893 (2209+2774) Golden Rainbow: 901(322+579) CCHHS: 106 (102+4) HOPES: Incoming: 61; Outgoing 838 Dignity Health: 460 (180+280) NCHHS: 40 UMC Wellness: 714 (10+704) ACCEPT: 62 Trac-B: 200 COMC: 36 None lost: Golden Rainbow CCHHS NCHHS UMC Wellness # lost: SNHD: 10 (7+3)	


		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
					Golden Rainbow: 67 Dignity Health: 1 NV Legal Services: 6 (1+5) HOPES: 13 SNHD: check with RW Part A: unknown UMC: unknown	Golden Rainbow: 1 AFAN: 185 (168+175) AHN: 24 HOPES: 3 (2+1) Dignity Health: 35 (10+25) ACCEPT: 1	
	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 delivery 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 • AETC 	Agencies attending: ACCEPT AETC AHN AFAN CCC Dignity Health Golden Rainbow HELP of SN NV Legal Services HOPES Nye County HHS Trac-B WCHD Part A SNHD UMC	Agencies attending: SNHD AFAN AHN RWPB Golden Rainbow HOPES CCHHS WCHD Dignity Health RWPA UMC Wellness ACCEPT Trac-B COMC Part B Part A	
	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)	# of trainings AFAN: 15 Dignity Health: 5 HOPES: 9 (6 +3) AHN: 3 AFAN: 2 COMC: 17 SNHD: 9 UMC: 1	# of trainings SNHD: 9 (4+5) AHN: 40 CCHHS: 25 (1+24) WCHD: 1 ACCEPT: 11 HOPES: 1 Trac-B: 2 COMC: 12 CCC: 3	



		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				UNLV (10 trainings) AFAN (12 trainings) COMC (2 trainings) Nye County (12 trainings)		AFAN: 2	
	2017-2021	Annual Ryan White provider conference with training, RW updates on initiatives, basic fiscal and quality management, advanced training/certifications, strategies	# of attendees Conference evaluation report	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 Trac-B: 2 attendees	# of attendees: ACCEPT: 6) AHN: (34+5) AFAN: (15+5) CCC: 5 COMC: 9 Golden Rainbow: 3 Dignity Health: 2 HELP of SN: 6 NV Legal Services: 1 HOPES: 15 (12 +3) NYE County HHS: 4 (2+2) SNHD: 25 (10+15) Trac-B: 3 UNLV: 1 WCHD: 3 UMC 8	# of attendees: AFAN: 1 AHN: 2 RWPB: 6 CCHHS: 2 ACCEPT: 4 Golden Rainbow: 2 HOPES: 26 SNHD: 10 Trac-B: 1 COMC: 3 Dignity Health: 3 Part B: 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 a biennial 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	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 North and South. Jails	# 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?))	# of first visits AHN: unable to report Dignity Health: 1 HOPES: 2 SNHD: 15-30? WCHD: 4	# of first visits SNHD: 21 (5+16) AHN: 6 HOPES: 8 (5+3) WCHD: 3	







		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
		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)			
	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)	# of first visits: ACCEPT: 3 AHN: unable to report AFAN: 37 COMC: 5+ Dignity Health: 20 HELP of SN: 0 HOPES: 10 SNHD: unknown Trac-B: 10+ Ridge House: 1 WestCare: 2 UMC: unknown WCHD: unknown	# of first visits: SNHD: 66 (35+31) AHN: 63 CCHHS: 10 (5+5) HOPES: 25 (22+3) WCHD: 8 Dignity Health: 100 (30+70) UMC Wellness: 259 (2+257) ACCEPT: 3 Trac-B: 1 CCC: 150	
	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)	# of first visits: AHN: unable to report AFAN: 89 COMC: 5+ Dignity Health: 2 HELP SN: 6 HOPES: 3	# of first visits: SNHD: 32 AHN: 8 CCHHS: 28 (27+1) HOPES: 43 (40+3) WCHD: 2 Dignity Health: 30 (10+20)	

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				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)	SNHD: will follow up Trac-B: unknown WestCare:3 WCHD: 2	UMC Wellness: 12 (2+10) ACCEPT: 1 CCC: 3	
	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)	# of first visits: AHN: unable to report AFAN: unable to report SNHD: will follow up HOPES: unknown	# of first visits: SHND: 11 HOPES: 1	

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.
- Develop better ways to track linkage to care for these hard-to-reach populations.

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

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	2019-2020	Create a set of guidelines defining peer advocates.	Guidelines			Discuss in workgroup	
	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	# of PLWH assisted by peers: SNHD: all CCC: all Horizon Ridge: unknown	# of PLWH assisted by peers: SNHD : 50 Dignity Health: 3	
	2019-2020	Evaluate peer advocate program	Evaluation report	SNHD has completed an evaluation report on peer navigation program.	Community Counseling Center completed an evaluation	Evaluation report was not completed by SNHD and Dignity Health	
	2018-2019	Develop peer (HIV+) volunteer support system to meet individually with newly diagnosed, based at case management organizations.	# of clients participating	Offers peer (HIV+) volunteer support program: Part A (by agency) Dignity Health (3 clients in 2018)	# of clients participated: Dignity Health: 6 CCC: 25 UMC: 4	# of clients participated: Dignity Health: 7 (3+4)	
	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)	# of clients participating: Dignity Health: 49 Nye HHS: 11	# of clients participating: HOPES: 18 Dignity Health: 50+ NCHHS: 5 AHN: 3 CCHHS: 1	
	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 	Have explored, but have not certified any CHWs: HOPES SNHD	No updates	





Suggested Actions



- Identify who will develop guidelines for peer advocates so there is a common definition in use and publish the guidelines.
- 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.

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	Metrics	2018 Status	2019 Status	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.	Completed	Completed	Completed
		Update resource guide regularly	# of website hits of resource guide # of updates		Yes: Part B: 500 Website hits	Yes: CCHHS: 750 Website statistics	
	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	No updates	(To discuss at internal workgroup)	


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				assessment helped inform the Planning Council's FY 2017 Priority Setting and Resource Allocation process. Part A completed a comprehensive needs assessment in 2018.			
	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.	Completed	Completed
	2019-2021	Conduct evaluation of communication including perspectives from impacted stakeholders	Evaluation plan Evaluation report		Not applicable	Not applicable	


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.

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

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	2017-2019	Collaborate with mental/behavioral health providers	# of providers # of appts referred # of visits	HOPES and HELP of SN added mental health provide(s) in 2018. HOPES: Referral systems set in place for other providers if cannot provide here: Well Care & NNHAMS # of MH/BH Providers Collaborated with: <ul style="list-style-type: none"> WCHD: 3 	Collaborations set up: ACCEPT AFAN CCC COMC Golden Rainbow Help of SN Dignity Health NV Legal Services HOPES Nye County HHS SNHD	Collaborations set up: SNHD AFAN AHN RWPB CCHHS HOPES WCHD Dignity Health RWPA UMC Wellness ACCEPT Trac-B	




		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<ul style="list-style-type: none"> HELP: 2 # of referrals made to MH/BH Service Orgs: <ul style="list-style-type: none"> WCHD: Unknown HELP: 38 Trac-B: 100+ 	Trac-B WCHD Ridge House WestCare Part A UMC Added new provider: Hopes Ridge house WestCare # of providers collaborated with: ACCEPT: 1 AFAN: 5 NV Legal Services: 1 HOPES: 3 Ridge House: 2 WestCare: 2 UMC: 1 # of referrals made: ACCEPT: 4 AFAN: 8 Nevada Legal Services: unknown Ridge House: 30 UMC: 214	COMC CCC Added new provider: No update # of providers collaborated with: CCHHS: 10 HOPES: 19 SNHD: 1 Trac-B: 8 CCC: 3 # of service organizations collaborated with: WCHD: 2 Trac-B: 8 COMC: 1 CCHHS: 6 CCC: 3 # of mental health providers recruited: AFAN: 9 CCHS: 10 WCHD: 1 ACCESS: 1 # of referrals made: AFAN: 2 CCHHS: 7 (2+5) WCHD: 7 ACCEPT: 3 Trac-B: 40 COMC: 40	
	2018-2021	Foster collaboration between the agencies to cross provide services at	# of collaborations # of clients served	# of MH/BH Service Orgs Collaborated with: <ul style="list-style-type: none"> WCHD: 2 	# of orgs collaborated: ACCEPT: 2	# of clients served: AFAN: 15 CCHHS: 144 (2+142)	


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
		other locations to make services more readily available		<ul style="list-style-type: none"> 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+ 	AFAN: 8 (3+5) NV Legal Services: 12 (3+9) HOPES: 3 WCHD: 3 Ridge House: 7 WestCare: 2 UMC: 2 # of clients served: ACCEPT: 3 AFAN: 148 (40+108) NV Legal Services: 146 HOPES: 41 Ridge House: 350 UMC 397	WCHD: 7 ACCEPT: 3 HOPES: 97 SNHD: 24 Trac-B: 40 COMC: 40	
	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	No updates	No updates	

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.

O2b. Strategy 3: Professional Development activities

		Activity/Intervention	Metrics	2018 Status	2019 Status	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	<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 	Number trained from agency: AETC (2) HOPES (10) SNHD (16) UNLV (1) WCHD (3) Part A (3) UMC (4)	Number trained from agency: RWPB (6) CCHHS 2 (1 +1) AETC 5 (2 + 3) UMC wellness: 25 RWPA: 4	
	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	# of providers trained	<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>	AETC delivered two trainings 11/20 on Substance Use Disorder and Mental Health, SNHD and Huntridge Family Clinic, 35 providers total, Autumn Update 11/2 agenda topic Mental Health issues and HIV 98 providers	(To discuss at internal workgroup)	
	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 	<p># of providers educated:</p> <p>Part B 61 (50+11) HOPES: 23 (7+16) SNHD: 234 (115+ 119) WCHD: 20 Part A: 30 UMC: 5</p>	<p># of providers educated:</p> <p>SNHD (15) RWPB (11 + 11) AETC (289 + 50) HOPES (28 + 9) WCHD (5 + 10) RWPA (15 + 16) CCHHS (112)</p>	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<ul style="list-style-type: none"> • WCHD: unsure • UMC: 10 • Huntridge: >100 <p>Did not provide education in 2018</p> <ul style="list-style-type: none"> • Part B • UNLV 	SNHD: Autumn update: 1 OEDS, 5-6 clinical services; UCSA- 2, Getting to Zero (The Center) 10, Biomedical conference- 2; CCC-30; Academic detailing- 40; RCC-30; FOPP-15 AETC-549		
	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 Part A also has a directory on its website.	Completed	Completed	Completed

Suggested Actions

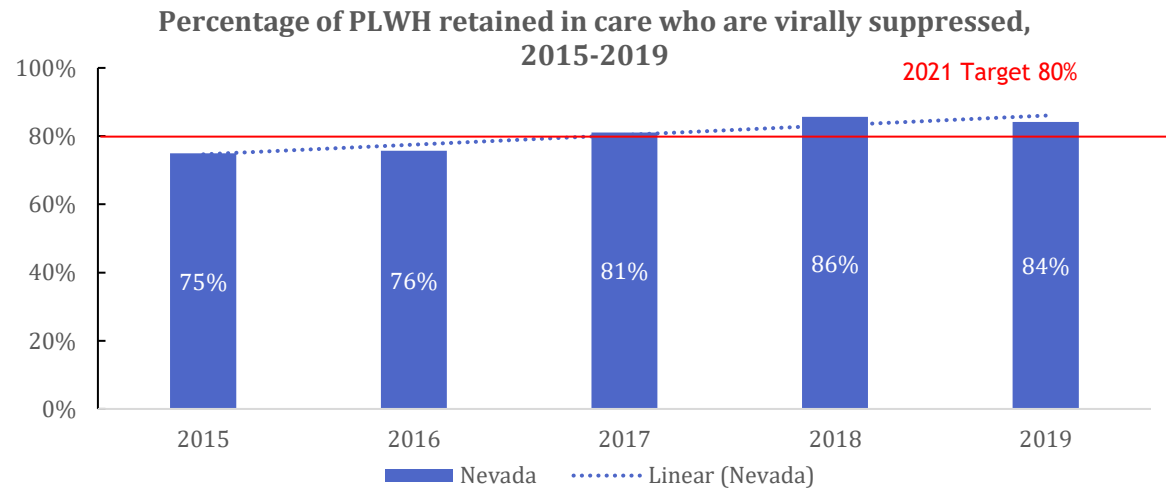
- RW funded agencies continue to participate in professional development opportunities both in-state and out-of-state as funding permits.
- Continue to explore and implement strategies to educate MH and SA providers about HIV integration.
- All professional development opportunities should continue to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

2019: 84% **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)




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



		Activity/Intervention	Metrics	2018 Status	2019 Status	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	# of options available: Accept: Health Education Risk Reduction and non-medical case management AHN: Case management	SNHD: Nurse case managers provide ongoing education during the 6-month period of intensive case management. The education includes, HIV disease and management, medication side effect, comorbidities, mental	

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.

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				Clinic; 3-5 weekly legal education classes (for all people, not just PLWH); 1 self-help clinic every few months; 1 HIV specific legal education class to consumers per month; Trac-B: 1 option	<p>AFAN: Support, Education, Training; Medical Case Management as well as provider, pharmaceutical, nutrition presentations.</p> <p>China Springs: nurse</p> <p>CCC: "Living Room", MENTality group, Nothingness, Think Tank, Empowerment</p> <p>COMC: Health education risk reduction and psychosocial supports</p> <p>Golden Rainbow: Yoga Workshops, Art Therapy, Aromatherapy Workshops, Chakra Balancing</p> <p>Help of SN: intensive and medical case management</p> <p>Dignity Health: Positive Self-</p>	<p>health, substance abuse, self care, linkage to medical and supportive services, interventions for crisis situations and advocacy; Medical case management services - provided by nurse case managers and a social worker; CHW program (3) for engagement, support and retention to care; Medication adherence counseling provided by the pharmacist and pharmacy assistants. education provided by 2 HIV providers.</p> <p>AFAN: The agency offers educational lunch and learns to clients provided by pharmaceutical companies on a monthly basis.</p> <p>AHN: Video & phone language translation services</p> <p>CCHHS: Support, education, Ryan White Program, Dental, Insurance, housing, and intervention into programs; Crisis Intervention/Patient Adherence/Medical Compliance/Psychosocial</p>	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>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>Ridge house: Workforce and Community Service Linkage</p> <p>Westcare: All clients receiving Rapid HIV Testing were given Pre, and Post, Test Counseling regarding Risk/Harm Reduction, and information for</p>	<p>HOPES: Printed materials/flyers; Appts. with staff (CM, provider, RNs); Care-Pos (interactive, self-led program); Education in all medical provider appointments; Case management support and referrals; PSS and HERR group referrals; Nurse visits and education sessions; Pharmacy education sessions during medication pick-ups and/or when someone has not picked up their medications; Education in all medical provider appointments; Case management support and referrals; PSS and HERR group referrals; Nurse visits and education sessions; Pharmacy education sessions during medication pick-ups and/or when someone has not picked up their medications</p> <p>Dignity Health: PSMP, CDSMP, MNT</p> <p>NCHHS: Anxiety workshop, CDSMP, COVID Awareness,</p>	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>community resources related to HIV/AIDS</p> <p>UMC: Women's support group</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> <p>WCHD: one-on-one sessions with clients</p>	<p>Nutrition classes, Caregiver Training</p> <p>RWPA: Session on COVID and HIV - supported through Part A Planning Council</p> <p>UMC Wellness: Case Management, Nurse Navigators</p> <p>ACCEPT: Health Education/Risk Reduction group meetings, individual counseling</p> <p>WCHD: support, referral, education</p> <p>Golden Rainbow: Support and education</p> <p>COMC: adherence counseling with Medical case managers as well as clinical providers at each encounter</p> <p>CCC: Nutrition, Housing, Medication Adherence, Job Support</p>	
	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>Conducted assessment:</p> <p>Dignity Health</p> <p>CCC</p> <p>WestCare</p> <p>UMC</p> <p>WCHD</p>	<p>Have completed assessment:</p> <p>SNHD</p> <p>AFAN</p> <p>AHN</p> <p>CCHHS</p> <p>WCHD</p>	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				Have not completed assessment: <ul style="list-style-type: none"> • SNHD • NV Legal • Trac-B Does not apply: <ul style="list-style-type: none"> • WCHD • COMC • Dignity Health • HELP of SN • Nye County 		Dignity Health UMC Wellness Trac-B COMC	
	2017-2021	Deliver medication adherence sessions on a continual basis to provide education and support	# of sessions provided	Part A: COMC HOPES: 388 this quarter SNHD: unknown Dignity Health: 1 **question had quarter/ answer asked for 2018	# of sessions offered Accept: 4 AFAN: 5 (2+3) Dignity Health: 4 HOPES: 1,262 (312+950) WCHD: 6 CCC: to all applicable clients COMC: 100+ WestCare: 2 UMC: every visit	# of sessions offered SNHD: unable to record AFAN: (1+1) AHN: 659 CCHHS: (102+142) HOPES: (745+410) Dignity Health: (10+5) ACCEPT: 2 CCC: 12	
	2017-2021	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.	Continuum of care # of PLWH in care # of virally suppressed PLWH in care	Regularly use CoC to... Understand HIV status: <ul style="list-style-type: none"> • HOPES • WCHS • UMC • AFAN • Dignity Health • Nye County Establish baseline update for viral suppression: <ul style="list-style-type: none"> • HOPES • WCHD • UMC • Dignity Health 	Regularly use CoC to... Understand HIV status: AFAN HELP of Southern Nevada HOPES SNHD Trac-B WCHD UMC Establish baseline: AFAN	Regularly use CoC to... Understand HIV status: SNDH RWPB AFAN AHN CCHHS HOPES WCHD New Frontier UMC Wellness Dignity Health AETC Trab-B	


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<ul style="list-style-type: none"> 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 	HOPES SNHD Trac-B WCHD Part A UMC Identify patterns: AFAN HOPES SNHD Trac-B WCHD Part A UMC Match labs: HOPES SNHD Trac-B WCHD Part A UMC # 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 HOPES: 3 SNHD: 81.5% WCHD: 5 (new WCHD positives)	Establish baseline: SNHD AFAN AHN CCC Dignity Health RWPB CCHHS HOPES New Frontier UMC Wellness AETC Trac-B Identify patterns: SNHD AFAN AHN WCHD RWPB RWPA CCHHS HOPES New Frontier UMC Wellness Trab-B Match labs: SNHD RWPB AFAN AHN WCHD CCHHS HOPES New Frontier UMC Wellness Provide support to PLWH: SNHD	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					# 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	RWPB AFAN AHN Golden Rainbow WCHD CCHHS COMC HOPES Dignity Health NCHHS RWPA UMC Wellness ACCEPT	



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 29% of PLWH were retained in care in 2019.

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

		Activity/Intervention	Metrics	2018 Status	2019 Status	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	Medication Management Materials: <ul style="list-style-type: none"> • Part A • HOPES • SNHD • UMC • AFAN • COMC • Dignity Health • Nye Support:	AHN: case management AFAN: Medication management, support, education program, counseling Dignity Health: Medication management,	Medication Management Materials: <ul style="list-style-type: none"> • HOPES • CCHHS • SNHD • Trac-B • COMC • UMC Wellness • CCC 	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<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>support, education program, counseling</p> <p>HOPES: Medication management, support, counseling, education program</p> <p>Nye County HHS: support</p> <p>WCHD: support, counseling</p> <p>China Springs: support, education program, counseling</p> <p>COMC: Medication management, support, education program, counseling</p> <p>WestCare: support, counseling, nutrition education</p> <p>Part A: Medication, support, educational program, counseling</p>	<p>Support:</p> <ul style="list-style-type: none"> • HOPES • CCHHS • SNHD • Trac-B • COMC • UMC <p>Wellness</p> <ul style="list-style-type: none"> • CCC <p>Education:</p> <ul style="list-style-type: none"> • SNHD • Trac-B • UMC <p>Wellness</p> <ul style="list-style-type: none"> • Dignity Health • CCC <p>Counseling:</p> <ul style="list-style-type: none"> • HOPES • CCHHS • SNHD • CCC <p>SNHD: Support, Counseling, Case management services - continuous education during the 6 month case management period</p> <p>AFAN: Medication Management Materials</p> <p>AHN: Medication Management Materials, Support,</p>	


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>UMC: Medication, support, individual counseling</p> <p>CCHHS: Medication Management Materials, Support, Educational Program, Counseling, Nevada Rural and Frontiers-Retention In Care: Psychosocial support, harm reduction, crisis intervention.</p> <p>Dignity Health: Support, Educational Program</p> <p>UMC Wellness: Medication Management Materials, Support, Counseling</p> <p>ACCEPT: Educational Program</p>		
	2017-2021	Provide education to pharmacists on HIV medication adherence	# of pharmacists receiving education	<p># of Pharmacists who receive education in 2018</p> <p>Part A: unknown</p> <p>HOPES: 2 FTE pharm, 6 part time pharmacists</p> <p>SNHD: 1</p>	<p># of pharmacists who have received education:</p> <p>HOPES: all are AAHIVM certified/2</p> <p>SNHD: 1</p>	<p># of pharmacists who have received education:</p> <p>SNHD: 1</p>	
	2017-2021	Encourage pharmacists that work with HIV clinics to get certified in HIV care (AAHIVM certification)	# of pharmacists with HIV specialty	<p># of pharmacists with specialty</p> <p>Part A: SNHD</p> <p>HOPES: 8</p> <p>SNHD: 1</p>	<p>Pharmacists are not certified:</p> <p>Dignity Health</p> <p>WCHD</p> <p># of pharmacists who have certification:</p>	<p>Pharmacists are not certified:</p> <p>AHN</p> <p>Dignity Health</p> <p>pharmacists are certificated:</p> <p>SNHD: 1</p>	




		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					HOPES: all/2	HOPES (all pharmacists)	
	2017-2021	Disseminate information about policies to clients regarding emergency medication access	# of clients receiving materials	Disseminate information about policies: Part A HOPES SNHD AFAN Dignity Health	# of clients who received: ACCEPT: 27 AFAN: 24 HOPES: 26 CCC: all qualified clients COMC: 60+ Ridge House: 95 HOPES: 75	# of clients who received: SNHD: 244 (54+290) AHN: Unknown CCHHS: 20+ (10+>10) HOPES: 79 (46+33) Trac-B: 30 CCC: 7	

Suggested Actions

- Continue to work with pharmacists and encourage 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	Metrics	2018 Status	2019 Status	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 Trac-B: 5	# of clients educated ACCEPT: 12 AHN: all AFAN: 1,289 (657+632) Dignity Health: 49 HOPES: 1,142 (392+750) Nye County HHS: 10 WCHD: 42 CCC: all COMC: 120	# of clients educated SNHD: 330 AFAN: 360 (50+310) AHN: 659 Golden Rainbow: 18 (12+6) CCHHS: 102 HOPES: 1522 (745+777) WCHD: 27 UMC Wellness: 4064 (1699+2365) ACCEPT: 287	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					Golden Rainbow: 20 Help SN: 37 Ridge House: 95 WestCare: 3 UMC: 2,192	Trac-B: 150 Dignity Health: 100 CCC: 60	
	2017-2021	Create data sharing agreements between CAREWare and labs	# of agreements	# of agreements Part A: 1 Part B: 1 SNHD: 1 UMC: 2	Number of Agreements: Part B: 1 SNHD: 1	Completed	
	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	# of clinicians educated HOPES: 8 (4+4) SNHD: 3 COMC: 5 HOPES: 5 UMC: 5 Part A: 16 agencies	# of clinicians educated SNHD: 2 AHN: 2 HOPES: 5 COMC: 7 UMC Wellness: 4	
	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 training for Planning Council. HOPES: During UNR class tours or informal presentations WCHD: Education on U=U using federal resources, Prevention Access resources and the US/Nevada care continuum	HOPES: We have a CQI Board and Committee that meets monthly to review clinic metrics on viral load data. Continuous quality Nye County HHS: I always let my clients know how important it is to be undetectable. SNHD: Included in the Link to Care	AHN: Living Well Booklet (Guide for Newly Dx Clients - Provider and CM 1:1 Visits - Pharmacy Consults) HOPES: Various staff presented at internal staff meetings, additionally we present for other local CBOs and UNR classes. Materials used during these presentations include informational sheets, infographics, Power Point slides. We also have CQI metrics that are displayed in our clinic for patients and community members to see.	


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<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>educational materials</p> <p>WCHD: use national and state continuum of care data in educational presentations</p> <p>Part A: consumer dev. committee</p> <p>UMC: doctors routinely educate in the community</p>	<p>Viral load suppression is one of our CQI metrics; Continuous Quarterly Reports that track viral load data</p> <p>WCHD: Presentations, social media posts; during prevention education sessions</p> <p>ACCEPT: Partnership meetings with community organizations using Power Point presentations, U=U</p> <p>Golden Rainbow: U=U, prevention access, hiv.gov (material/content)</p> <p>CCHHS: World AIDS Day-2020 Newspaper Article</p> <p>UMC Wellness: CDC Approved educational materials</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	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	Routinely screen for sexual history and STI: HOPES SNHD	Routinely screen for sexual history and STI: SNHD AHN CCHHS	



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				WCHD UMC AFAN COMC Trac-B	WCHD China Spring AFAN CCC COMC Ridge House Vitality Carson WestCare UMC	WCHD HOPES UMC Wellness COMC	
	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	# of Resource Guides HOPES: 3 SNHD: 150	# Resource Guides accessed:	
	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	Has a provider list: ACCEPT AHN AFAN NV Legal Services HOPES SNHD WCHD CCC COMC Help of SN Golden Rainbow Part A UMC	Has a provider list: SNHD AFAN AHN CCHHS HOPES WCHD NCHHS ACCEPT CCHHS Trac-B COMC UMC Wellness Dignity Health CCC	
	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	# of providers who received outreach: AETC: 78 HOPES: 3 orgs were provided with STD 101 education; 16 providers SNHD: 146 (27+119) WCHD: 35	# of providers who received outreach: AETC: (109 + 27) HOPES: (42 + 10) WCHD: 15 CCHHS: 18 New Frontier: 2 UMC Wellbeing: (1 + 10)	


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				STIs. Currently, we have 8 RNs and 18 providers SNHD: 100 WCHD: unknown UMC: 3 Huntridge: >100	COMC: 3		

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	Metrics	2018 Status	2019 Status	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	Has prevention with positives: WCHD: 1 program, 48 (6 +42) clients Ridge house: 1 program. 95 clients	Has prevention with positives: AHN: 1 (2088 clients) CCHHS: 2 (485 clients) WCHD: 1 (30 clients) SNHD: 1 (343 clients) CCC: 3 60 clients)	
	2017-2018	Recommend that EHR in all clinics and community-based organizations includes sexual history and STI screenings	# of clinics implementing	Standard practice 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	Includes sexual history: AFAN HOPES SNHD WCHD China Spring COMC Golden Rainbow Vitality Carson UMC Includes STI:	Includes sexual history: SNHD AHN CCHHS HOPES WCHD UMC Wellness COMC Includes STI: SNHD AHN CCHHS	



	Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				AFAN HOPES SNHD WCHD China Spring COMC Golden Rainbow Vitality Carson UMC	HOPES WCHD UMC Wellness COMC	
	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: ACCEPT: 12 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/30 Dignity Health: 20 HOPES: 1,142 (392+750) SNHD: all who receive SCH and RW services WCHD:56 (6+50) China Spring: 65 CCC: 340 COMC: 100+ Ridge House: 95 WestCare 51 Vitality: 75+	# of clients educated: SNHD: 807 (380+427) AHN: 2088 CCHHS: 1221 (736+485) HOPES:1522 (745+777) WCHD: 30 UMC Wellness: 4062 (1699+2363) ACCEPT: 10 COMC: 350 Dignity Health: 150 CCC: 60	


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	Metrics	2018 Status	2019 Status	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 • Part A 	Completed	Completed	Completed
	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 	Completed	Completed	Completed
	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 	Completed	Completed	Completed
	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 	Completed	Completed	Completed



	2020-2021	Develop Quality improvement plans	QI Plans	<ul style="list-style-type: none"> Trac-B Have quality Improvement plans <ul style="list-style-type: none"> UNLV Dignity HELP of SN 	Completed	Completed	Completed
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Suggested Actions

- None needed at this time.

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	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	No updates		
	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 Dignity Health HELP Nye Working on a plan: UNLV COMC Does not have a plan:	Not at this time, but working on plan: Dignity Health Have a plan: AHN AFAN HOPES Nye County WCHD China Springs CCC COMC Ridge House Vitality Carson	Have a plan in place: SNHD AFAN AHN HOPES CCHHS UMC Wellness NCHHS COMC Dignity Health CCC	

				WCHD Nevada Legal Trac-B	UMC		
	2018	HIV care clinics have plans in place for routine assessments for chronic disease with HIV clients	# of clinics implementing	<p>Have a plan in place:</p> <p>Part A HOPES SNHD UMC AFAN Dignity Health Nye</p> <p>Working on a plan: COMC</p> <p>Does not have plan: WCHD UNLV HELP NV Legal Trac-B</p>	<p>Not at this time, but working on plan: SNHD</p> <p>Have plan: AHN Dignity Health HOPES AFAN China Springs CCC COMC WestCare UMC</p>	<p>Have plan: SNHD AFAN HOPES Dignity Health CCHHS NCHHS UMC Wellness CCC</p>	
	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	No updates	No updates	
	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		No updates	No updates	


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.

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

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

		Activity/Intervention	Metrics	2018 Status	2019 Status	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 UNLV COMC Nye	Have standardized assessment forms for all medical providers: HOPES SNHD 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	Complete	Complete
	2019	Use Quality management team to develop and train on use of forms	# of providers trained	Use quality management on forms:	Use quality management teams to develop and	Completed	Completed

				HOPES WCHD UMC UNLV HELP Nye Part A All Ryan White funded have this	train on use of forms: ACCEPT 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	Completed	Completed
	2019-2021	Disseminate the findings on a regular basis	# disseminating findings # receiving findings	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	Completed	Completed

	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 China Springs CCC COMC Golden Rainbow HELP of NV Ridge House WestCare HOPES Part A SNHD UMC	Completed	Completed
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Suggested Actions

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

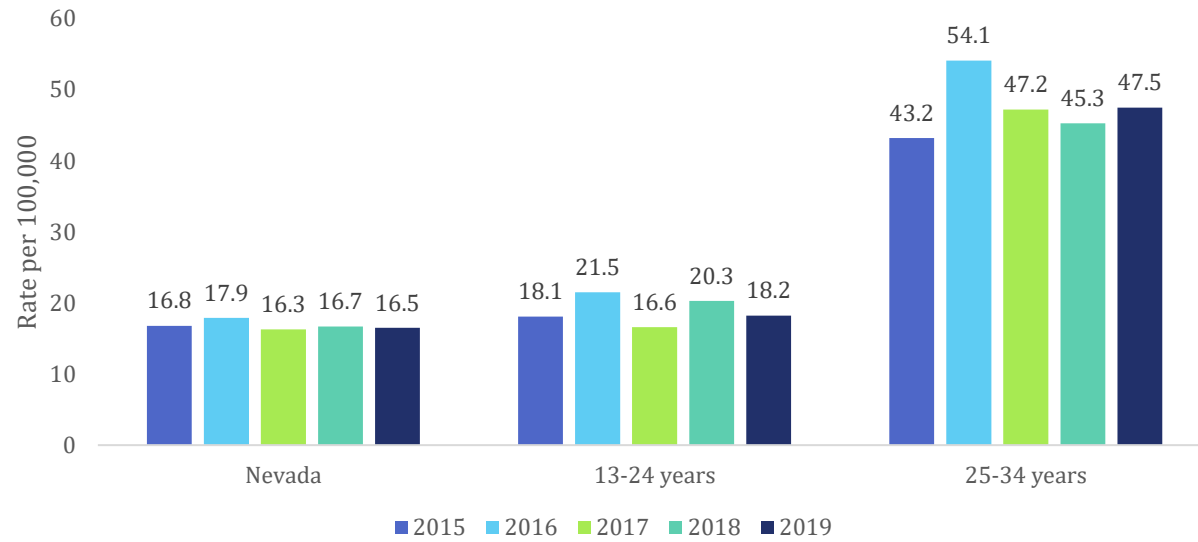
Goal 3: Reducing HIV Related Disparities and Health Inequities

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

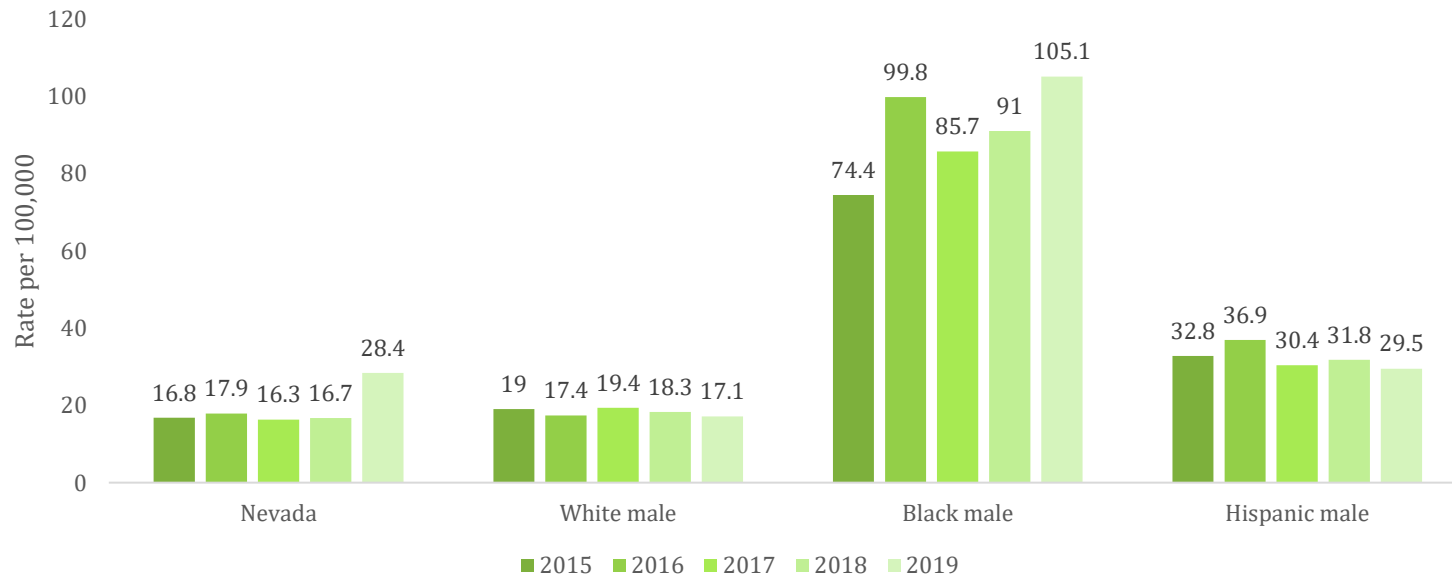
Will work with OPHIE to calculate baseline disparity ratios for MSM, youth/young adult, black males, black females, and Hispanic males according to the National HIV/AIDS Strategy Indicator guidelines³.

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>

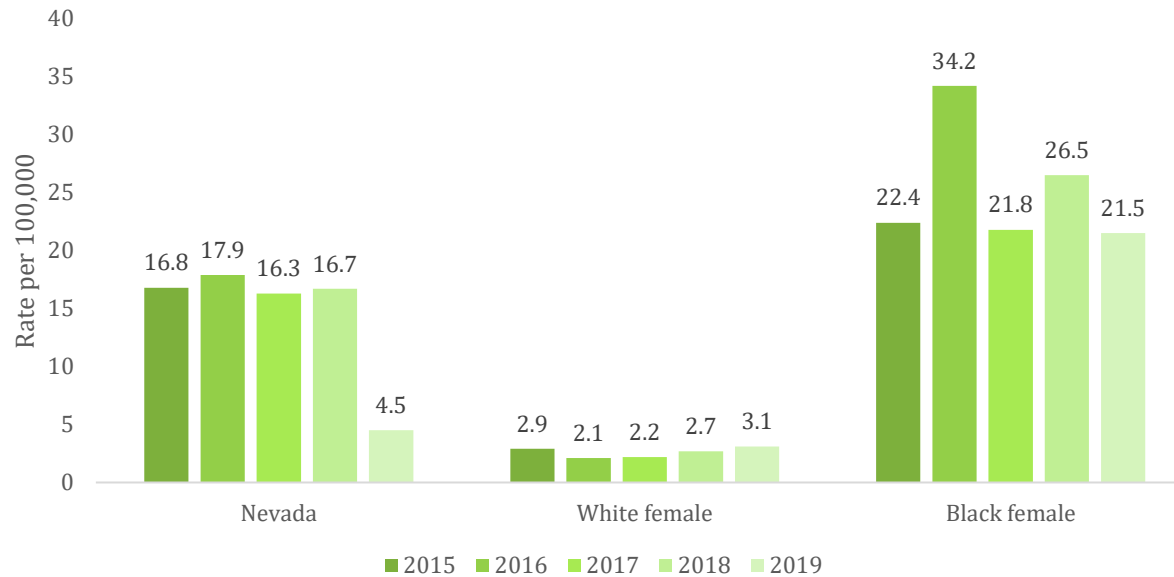
Annual Rate of New Diagnoses by Age at Diagnosis, 2015-2019





Annual Rate of New Diagnoses Among Males by Ethnicity, 2015-2019



Annual Rate of New Diagnoses Among Females by Ethnicity, 2015-2019









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

		Activity/Intervention	Metrics	2018 Status	2019 Status	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.	<p>Number of individuals “heard”</p> <p>Number of persons from each target group that participated</p>		SNHD has conducted listening sessions with 15 individuals at two sites (Community Counseling Center and Trac-B Harm Reduction center) representing different viewpoints (Youth n=2; HIV+ n=1; MSM n=9; Spanish speaker n=2; WSW n=; Male HS n=1; Female HS n=1)	(To discuss at internal workgroup)	
	2017	Identify successful group-specific disease prevention	Identification of proven strategies			(To discuss at internal workgroup)	

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

		Activity/Intervention	Metrics	2018 Status	2019 Status	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		AETC working with UNLV to develop messaging strategies to reach most affected populations. Starting in LV, work continues.	AETC working with UNLV to develop messaging strategies to reach most affected populations. Starting in LV, work continues.	
	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		AETC working with UNLV to develop messaging strategies to reach most affected populations.	AETC working with UNLV to develop messaging strategies to reach most affected populations.	
	2019-2021	Evaluate social network strategies	Evaluation report				
	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				




	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.	Number of individuals "heard" Number of persons from each target group that participate		Southern Nevada: HPG Public Health Co-Chair collaborated with community partners to recruit participants to conduct listening sessions with priority populations (PLWHA, MSM, Youth and Young Adults, and PWUS). Approximately 20 listen sessions have been conducted and information compiled. Analysis of this information has not been completed.	More listening sessions will be conducted through UNLV for their work on the EHE project re messaging.	
	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		Southern Nevada: Approximately 20 listen sessions have been conducted and information compiled. Analysis of this information has not been completed.	More listening sessions will be conducted through UNLV for their work on the EHE project re messaging.	

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	Metrics	2018 Status	2019 Status	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	No updates	# of providers/staff trained SNHD: 5 AFAN: 3 CCHHS: (9 + 1) HOPES: (32 +58) WCHD: (10 + 25) New Frontier: 3 CCC: 4	
	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	No, we did not identify any providers: AETC HOPES SNHD Part B UMC WCHD # of CBOs Office of HIV/AIDS: 25	No, we did not identify any providers: SNHD CCHHS HOPES NRC New Frontier RWPA # of providers and CBO's. WCHD: 2	
	2020-2021	Evaluate CBO on-site testing programs	Evaluation Report	Did an evaluation: SNHD	No updates	Did an evaluation: HOPES WCHD RNC	




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	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	In Southern Nevada, approximately 20 listen sessions have been conducted and information compiled. Analysis of this information has not been completed.	(To discuss at internal workgroup)	
	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		AETC working with UNLV to develop messaging strategies to reach most affected populations. Starting in LV, work continues.	(To discuss at internal workgroup)	
	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	# 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	No: Part B HOPES Yes (number trained) AETC: 134 SNHD:181 (74+ 107) UNLV: 364	Yes (number trained) CCHHS: 73 (1 + 72) AETC: 84 HOPES: 25 WCHD: 51 (45 + 6) RNC: 10 UMC Wellness: 25	

		<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>UMC: 7</p> <p>UNLV: 600+</p> <p>Huntridge: 16</p>	<p>WCHD 347</p> <p>(25+ 322)</p> <p>UMC: 100+</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>	<p>Total number of individuals “heard”</p> <p># of persons from each underserved or high-risk group that participate</p> <p>Change from baseline in percent of PLWH who are retained in care and who are virally suppressed</p>	Pending first round of listening sessions	Pending first round of listening sessions	Pending first round of listening sessions	

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	Metrics	2018 Status	2019 Status	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. (Focus has changed from original plan; shift to adding onto existing websites, or other community partner websites, etc.)	Accuracy and timeliness of information # of “hits” on the website				
	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.	# of providers participating	# 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	# of providers participated: HOPES: 31 (25+6) SNHD: 22 (7+15) Part A: 16 Part B: 29 (19+10) UMC: 1	# of providers participated: RWPB: 39 (24 + 15) CCHHS: 2 (1 +1) HOPES: 13 (12+ 1) UMC Wellness: 20 RWPA: 20+	
	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	3 of PLWH assisted by peers: SNHD: see RW providers	# of PLWH assisted by peers: SNDH :99 (50+49) Dignity Health: 3 CCHHS: 8 CCC: 67 Evaluation report of peer navigation program completed: CCHHS	




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	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	2018	<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:</p> <p>Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity HELP NV Legal</p> <p>Need English/Spanish printed materials:</p> <p>Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity HELP NV Legal Nye</p> <p>Need Materials to meet literacy needs:</p> <p>Part A HOPES SNHD WCHD UNLV AFAN COMC</p>	<p>Have translation services:</p> <p>ACCEPT AFAN China Springs COMC Golden Rainbow Dignity Health NV Legal Services HOPES SNHD UNLV WCHD WestCare UMC</p> <p>English/Spanish printed materials:</p> <p>ACCEPT AHN AFAN Dignity Health NV Legal Services HOPES Nye County HHS SNHD WCHD China Springs CCC COMC Golden Rainbow HELP of SN Ridge House Vitality Carson WestCare UMC</p>	<p>Have translation services:</p> <p>ACCEPT AFAN AHN CCHHS Dignity Health HOPES RWPB SNHD WCHD UMC Wellness Trac-B COMC CCC</p> <p>English/Spanish printed materials:</p> <p>ACCEPT AFAN AHN CCHHS Dignity Health NV Legal Services HOPES NCHHS RWPB SNHD WCHD UMC China Springs CCC COMC Golden Rainbow HELP of SN Ridge House Vitality Carson WestCare</p>	

				<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>	<p>Materials adjusted to meet literacy needs: Dignity Health HOPES SNHD WCHD AFAN COMC Golden Rainbow WestCare</p> <p># of staff trained in health literacy: HOPES: 2 providers /16 agencies WCHD: 2 COMC: 20 Golden Rainbow: 1 WestCare: 9 UMC: 25</p> <p># of bi-lingual staff: ACCEPT: 1 AHN: 18 AFAN: 5 Dignity Health: 1 NV Legal Services: 15 HOPES: all MAs, most CMs, all referral processing team members/75 SNHD: 8 UNLV: 20 WCHD: 8 China Springs: 6 CCC: 10 COMC: 7 Help of SN: 12 WestCare: 3 Part A: 1</p>	<p>UMC</p> <p>Materials adjusted to meet literacy needs: Dignity Health HOPES SNHD WCHD AFAN AHN COMC Golden Rainbow WestCare UMC Wellness CCC</p> <p># of staff trained in health literacy: AFAN: 27(15+12) ANH: 67 (27+40) CCHHS: 76 (4+72) WCHD: 3 (2+1) UMC: 25 ACCEPT: 4 Dignity Health: 4</p> <p># of bi-lingual staff: SNHD: 12 AFAN: 5 AHN: 23 RWPB: 2 CCHHS: 21 HOPES: 80 WCHD: 10 Dignity Health: 2 RWPA: 1 RWPB: 2 UMC: 4 ACCEPT: 1 AHN: 24</p>	
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					UMC: 4	COMC: 9 CCC: 6	
	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% NV Legal Service: 100% HOPES: 89% Nye County: 100% UNLV: 94% WCHD: 0% China Springs: 65% CCC: 100% Golden Rainbow: 90% Help of SN: 100% WestCare: 85% UMC: 100%	% who report easy access: SNHD: 94% AFAN: 98% AHN: 100% CCHHS: 100% Dignity: 100% NCHHS: 75% UMC: 95% ACCEPT: 100% AHN: 100% Golden Rainbow: 90% HOPES: 95% COMC: 100% CCC: 41%	
	2017	Determine the need for translation in other languages besides Spanish	% of clients who speak other languages report easy access to translators		No updates	No updates	
	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 PLHW 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
- Improve tracking of #s of PLWH accessing programs

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
NRF	Nevada Rural Frontier
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
RNC	Rural Nevada Counseling
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