Nevada Integrated HIV Prevention and Care Plan

RYAN WHITE PARTS A, B, C, D, F AND PREVENTION

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Nevada Integrated HIV Prevention and Care Plan 2017-2021

September 30, 2016



Las Vegas TGA Ryan White Part A HIV/AIDS Program
Ryan White HIV/AIDS Part B Program
HIV Prevention Program
State Office of HIV/AIDS, Nevada Division of Public and Behavioral Health





NV Integrated Plan Overview

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NV Integrated Plan Overview

The plan is comprised of:

- Goals
- Objectives
- Strategies
- Activities and/or Interventions
- Evaluation Criteria

Objective: By 2021, 90% of PLWH will know their serostatus

Objective: By 2021, reduce by 25% the number of new HIV diagnoses

Goal 1: Reducing New HIV Infections

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

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

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

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

Objective: 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)

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

Objective: By 2021, increase number of clinics screening for HIV associated comorbidities by 20%

Goal 3: Reducing HIV related disparities and health inequities Objective: By 2021, reduce disparities in the rate of new diagnoses by at least 15% among Nevada's priority populations

Objective: 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

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What does this plan mean for the state of Nevada (and Mohave Co., AZ)?

- Getting to Zero New Infections
- Informed Planning
- A united response from all Parts in the state and encompassing both urban and rural/North and South needs, barriers and issues

Ongoing Monitoring

 $\begin{array}{c} 1 \\ \hline 1 \\ \hline \end{array} \longrightarrow \begin{array}{c} 2 \\ \hline \end{array} \longrightarrow \begin{array}{c} 3 \\ \hline \end{array}$

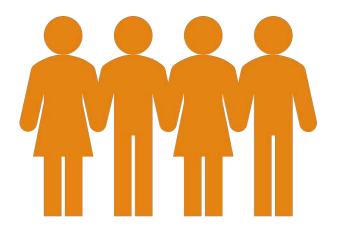
Continual review and evaluation of feasibility of goals/objectives etc.

Progress on meeting goals/objectives etc.

Workgroup

- Part A
- Part B
- •Part C: South; North
- •Part D: South; North
- Part F
- Prevention
- •Health Districts: South; North
- •UNR Center for Program Evaluation

Workgroup Members



Barbara Scott; Alisha Barrett; Cheryl Radeloff; Christine Baron; Irene Rose; Ivy Spadone; Jan Richardson; Jennifer Bennett; Jennifer Howell; Jonathan Basilio; Kelly M Morning; Lyell Collins; Marlo Tonge; Samantha Penn; Thomas Blissett; Tory Johnson; Victoria Burris; Trudy Larson; Mary Karls; Cheryl Radeloff; Marlo Tonge; Marques Fuller; Karen Gordon

Questions?

Contact Info

Alisha Barrett, MPA

Part A Director

P: 702-455-1071

E: akc@clarkcountynv.gov

Part: A, B, C, D, F and Prevention



Who are you funded by



Work done with funding



How do you incorporate the Integrated Plan strategies in your work

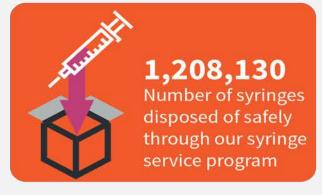


Our Community Impact

















Funding

Part C: Early Intervention Services (EIS)

Comprehensive outpatient, primary health care and support services

Part D: Services for Women, Infant, and Children

Comprehensive outpatient familycentered primary and specialty medical care and support services



Reach Out!

Irene Rose, MPH
Ryan White Program Coordinator
irose@nnhopes.org
(775) 997-75987



Part A, B, C, D, F and Prevention



Who are you funded by



Work done with funding



How do you incorporate the Integrated Plan strategies in your work Nevada Integrated HIV Prevention & Care Plan Monitoring

2018-2019





Who?





University of Nevada, Reno School of Community Health Sciences



Elizabeth Christiansen, Ph.D.



Trudy Larson, M.D.



Kelly Morning, M.P.H.



University of Nevada, Reno School of Medicine



Jennifer Bennett, Ph.D., M.P.H.



Mary Karls, M.P.H.



Barb Scott, R.D., M.P.H.

What?



Examine progress towards plan goals and objectives







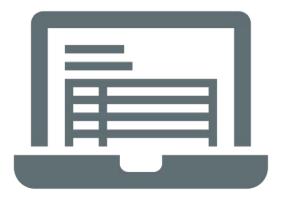
Why?





How?





Quarterly reporting from Ryan White Parts, Prevention, and all subrecipients



Quarterly meetings with Internal Workgroup



Annual stakeholder meetings



Semi annual monitoring reports



Contact us:

Kelly Morning, MPH

kmorning@unr.edu

Mary Karls, MPH mkarls@med.unr.edu

Elizabeth Christiansen, Ph.D.

elizabethc@unr.edu

HIV Data Collection Form 2018

HIV

Thank you for submitting information on what your agency is doing regarding HIV in Nevada. Your feedback is important.

This form will take between 20-60 minutes to complete, depending on your agency's level of involvement. While we recommend completing the form in one sitting, you can close the link and return to it at a later point if you're using the same computer.

This form will be collecting data from all of 2018. Starting in 2019, you will be asked to submit data reports quarterly.

If you have any questions, please contact Kelly Morning, kmorning@unr.edu.

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HIV Data Collection Form 2018 Contact Information

* Please provide the following Contact Information

Name Kelly Morning

Organization University of Nevada, Reno

Zip Code 89557

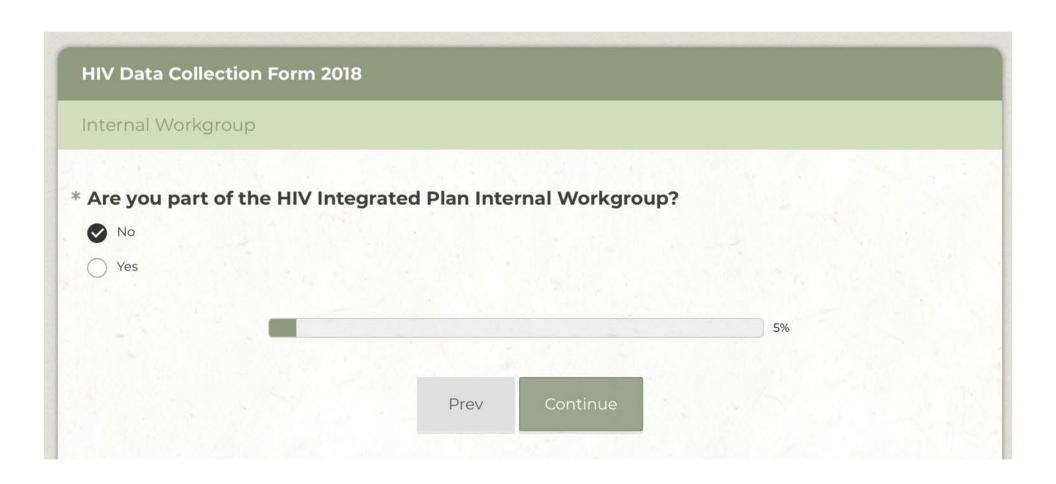
Email Address kmorning@unr.edu

Phone Number 7759978494

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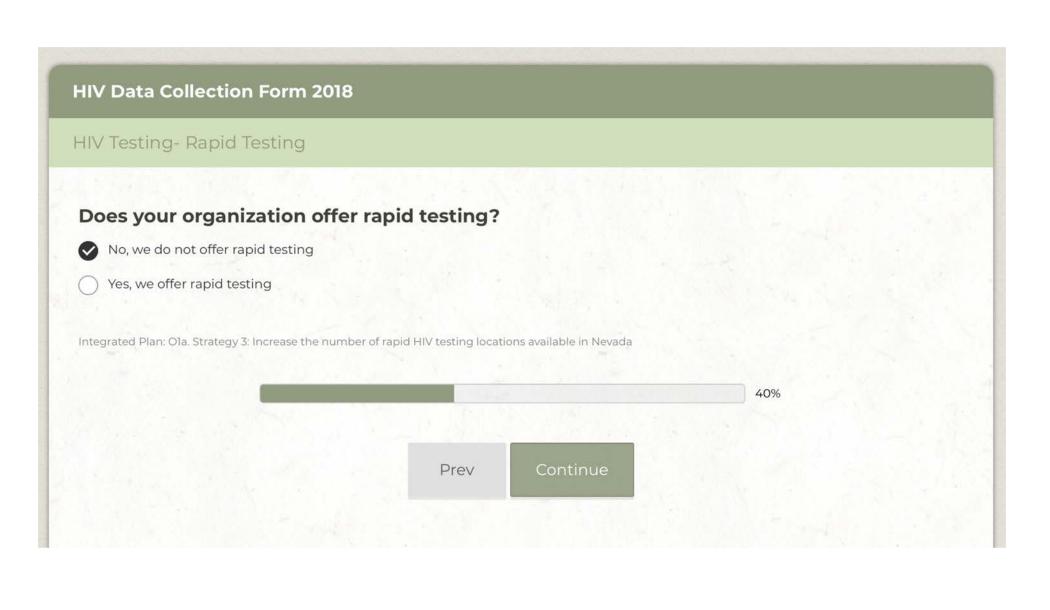
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HIV Data Collection Form 2018 Harm Reduction Does your organization participate in any harm reduction programs? (i.e. condom distribution, syringe service programs, etc.) No Integrated Plan: O1b Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization Continue Prev

HIV Data Collection Form 2018

Harm Reduction- Condoms

utilization

How many locations does your organization distribute condoms from?
We do not distribute condoms
Only our main facility
Various locations throughout the community. Please identify how many locations.
Integrated Plan; O1b Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization
How many total condoms did your organization distribute in 2018?
2000

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

HIV Data Collection Form 2018 Harm Reduction ← PAGE NAME Does your organization participate in any harm reduction programs? (i.e. condom distribution, syringe service programs, etc.) No Integrated Plan: O1b Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization ← PROGRESS BAR ← NAVIGATION/SAVE Continue Prev

HIV Data Collection Form 2018 Harm Reduction Does your organization participate in any harm reduction programs? (i.e. condom distribution, syringe service programs, etc.) No Integrated Plan: O1b Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization ← CONNECTION TO PLAN Continue Prev

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

Timeframe	Responsible Parties	Activity/Intervention	Target Population	Resources needed to implement activity	Metrics
2017-2021	NDPBH Local Health Districts	Explore condom need in community for priority populations	Priority populations	Condoms Community partners for distribution	# and locations distributed
2017-2021	NDPBH Local Health Districts CBOs	Identify places where free condoms are most needed	Priority populations	Staff time Community partners, businesses	# and locations distributed
2017-2018	NDPBH Local Health Districts CBOs	Identify where people can buy condoms	Priority populations	Staff time Website	Resource guide posted on website
2017-2019	NDPBH Local Health Districts CBOs	Explore different pathways to acquiring condoms (i.e. working with manufacturers to get cheaper condoms for people to buy)	Condom manufacturers Priority populations	Staff time Collaborators	
2017-2021	NDPBH Local Health Districts CBOs	Awareness campaign about ability to get condoms through Medicaid	Medicaid clients	Materials Staff time	Distribution information regarding reach of campaign
2017-2018	NDPBH Local Health Districts	Increase accessibility by creating an online application to map free and purchased condom locations in Nevada	Priority populations	App developer	App created # of app users
2017-2018	NDPBH Local Health Districts	Provide capacity building assistance for the implementation of syringe services programs (SSP)	IDU	Staff time	# of CBOs trained; SSP launched in Southern Nevada

HIV Data Collection Form 2018 Harm Reduction-SSP Please enter a comment. Did your organization expand syringe services to centers for harm reduction, syringe exchange, or wound care? No, we have not expanded syringe service centers Yes, please identify how many centers are established Integrated Plan: O1b Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization If yes, how many IDU clients were served in 2018?

Does not apply

300

Yes, number (x) of IDU clients served in 2018

HIV Data Collection Form 2018

Harm Reduction-SSP

Did your organization expand syringe services to centers for harm reduction, syringe exchange, or wound care?

No we have no	t expanded syringe service centers
Yes, please ider	how many centers are established
	TEXT BOX WAS LEFT BLANK

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

If yes, how many IDU clients were served in 2018?

O Does not apply

Yes, number (x) of IDU clients served in 2018

300

	Refugee	
Does your organi	ation link HIV+ individuals from	refugee populations with local clinics to
provide a continu		
No, we do not link HI	individuals ← LOTS OF NO? THAT'S OKAY	
Yes, how many went	their first visit in 2018.	
Integrated Plan: O2a Strategy	Link hard-to reach populations to providers to provide cont	cinuity of care for PLWH
		750
		75%

Have the clinicians at your organiz per year?	ation received education to do at least 2 viral load test
No, our clinicians have not received this education	on
Yes, (x) of clinicians who educated	
← NUMBER BOX	
Integrated Plan: O2c. Strategy 3 Educate both client and provide	der stakeholders regarding the importance of routine viral load testing and tracking of viral load data
Does your organization provide co	mmunity education about viral load data?
No, we do not offer viral load education	
Yes (please describe the materials used, campai	gns, events, etc in 2018).
	← DETAILS BOX

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

HIV Data Collection Form 2018

HIV

Thank you for submitting information on what your agency is doing regarding HIV in Nevada. Your feedback is important.

This form will take between 20-60 minutes to complete, depending on your agency's level of involvement. While we recommend completing the form in one sitting, you can close the link and return to it at a later point if you're using the same computer.

This form will be collecting data from all 2018. Starting in 2019, you will be asked to submit data reports quarterly.

If you have any questions, please contact Kelly Morning, kmorning@unr.edu.

← QUESTIONS!

2%

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One Page Handout!



PREPARING MATERIALS

Before starting the data collection form, gather the information you will submit. Below are some examples of items you might need.



· Subrecipient reports

Testing locations

• Website statistics

• # of people trained

• # of Syringe services

· Conference attendance

· # of outreach activities

Collaborations

• # of trainings





- # of referrals
- Harm reduction efforts

PREVENTION

- Rapid testing
- Testing strategies

• # of HIV test

- Media campaigns
- Trainings received
- Trainings provided
- # of staff trained
- · Community trainings
- · # of PLWH linked
- MH/SA/ Chronic disease

TREATMENT

AND CARE

- Training numbers
- · Literacy/Language data
- · Patient education
- · Provider education
- EHR data
- · Quality improvement

REPORTING TIMELINE



2018

Report all of 2018 by March 1, 2019.

2019

Report 2019 data quarterly

- January 1- March 31
- April 1- June 30
- July 1- September 30
- October 1-December 31



- Nevada Integrated Plan 2017-2021: https://tinyurl.com/NVHIVPLAN
- Practice Data Submission 2018: https://www.surveymonkey.com/r/HIV18practice
- Official data submission link for 2018 will be emailed directly to reporting contacts



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Mary Karls, MPH mkarls@med.unr.edu 775-784-1373

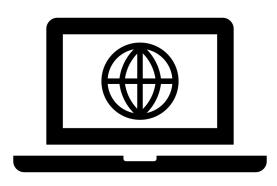
Flizabeth Christiansen, Ph.D. elizabethc@unr.edu 775-682-6853

Practice Form

QR Code



Web Link:



www.surveymonkey.com/r/HIV18practice

DATA FROM PRACTICE FORM WILL NOT BE SAVED