

Nevada Integrated HIV Prevention and Care Plan 2017-2021

2021 Annual and 5-Year Final Monitoring Report

March 2022



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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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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 were asked to provide updates and data regarding the Plan strategies and activities twice a year through an online reporting system. This report is the final report of the five-year plan and includes a description of the status of plan strategies, activities and interventions through December 2021, progress made towards Nevada's Integrated Plan goals and objectives, and suggested actions for the future. It should be noted that 2020 data reported for the objectives is likely heavily impacted by reduced HIV testing and other services due to the COVID-19 pandemic; therefore, these data should be interpreted with caution.



Goal 1: Reducing New HIV Infections

Objective	Baseline	Current	Target	Status
1a. By 2021, 90% of people living with HIV will know their serostatus. ^a	81%	81%	90%	
1b. By 2021, reduce by 25% the number of new HIV diagnoses. ^b	520	506	362	

^a Baseline 2015; Current 2019

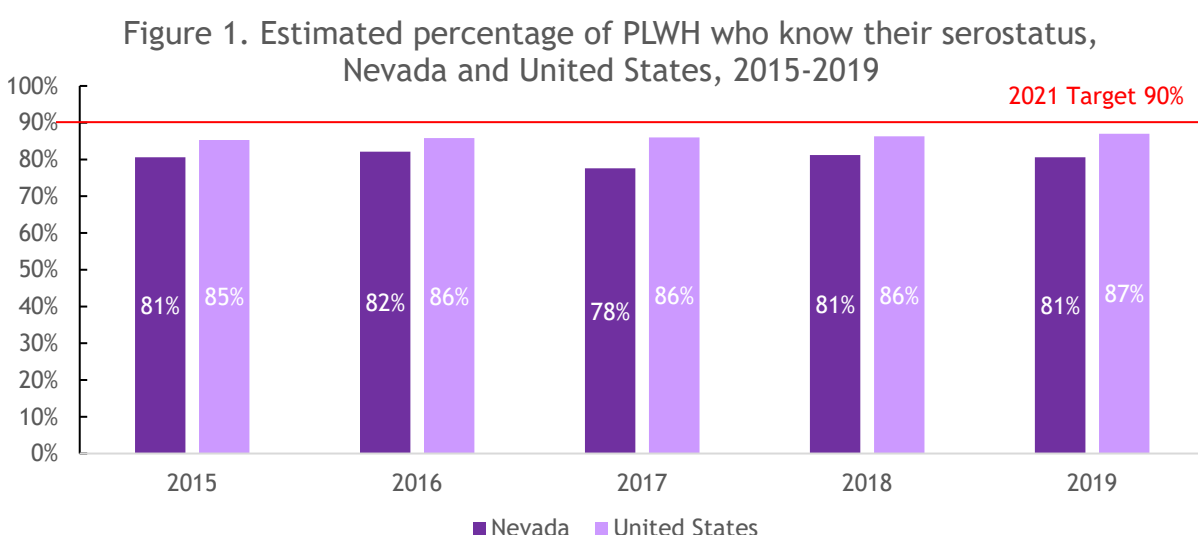
^b Baseline 2016; Current 2019 (Due to abnormally low testing numbers in 2020 due to COVID-19, 2019 data has been used as the current percentage for Objective 1b.)

The estimated percentage of Nevadans living with HIV who know their serostatus remained stable at 81% from 2015 to 2019 (Figure 1). The target of 90% was not met for this objective. With the exception of 2020 (abnormal due to COVID-19), testing numbers increased over the five years, and the proportion of tests that were rapid greatly increased (Figure 2). The number of new HIV diagnoses decreased slightly from 2016 to 2019 but did not meet the target of 362 as of 2019 (Figure 3). Due to the abnormally low testing numbers in 2020 due to the COVID-19 pandemic, 2019 data was used for this objective.

In addition to increased access to rapid testing, Nevada was successful in increasing access to PrEP through a variety of strategies. Passage of SB 211 in the 2021 Nevada

Legislative Session which requires primary care providers and emergency departments to offer HIV and STI testing to their 15- to 64-year-old patients was a key achievement of the past five years of work to increase access to PrEP. Harm reduction strategies were successful as well with the expansion of harm reduction centers and services in the north, south and rural parts of the state and the implementation of harm reduction services and exchange vending machines in Las Vegas. The State Office of HIV and AIDS launched a new comprehensive website EndHIVNevada.org in 2019 which includes many resources to support prevention efforts such as a condom locator and testing site locator.

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



Centers for Disease Control and Prevention (CDC). *HIV Surveillance Supplemental Report* 2021;26(1). <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-26-1.pdf> ; 2017-2019 Nevada data from <https://ahead.hiv.gov/locations/nevada>

01a. Strategy 1: Increase number of high-risk people tested in Nevada, based on data.

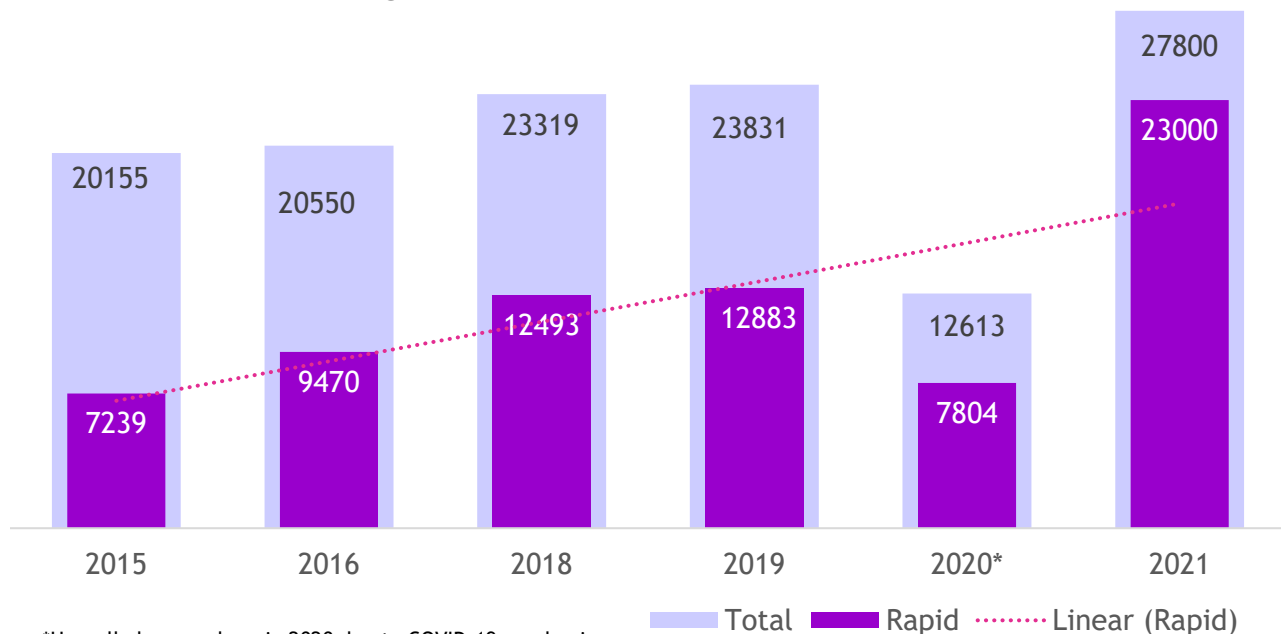
Planned Activities	Status
Incorporate review of targeted testing data into the Community Planning Groups (CPGs) and include a representative from the Northern Nevada HIV Prevention Planning Group on the Southern Nevada HIV Prevention Planning Group and vice versa.	★
Recruit substance abuse and mental health representatives to targeted testing workgroups.	★
Review available HIV testing data (where testing is conducted and where the positives are being found).	★
Establish baseline for testing among priority populations	★
Development of a targeted testing strategy based on data results	★
Targeted testing strategy implemented	★
Strategy and testing campaign evaluated for effectiveness	★

★ Activity completed. ↻ Activity in progress. — Activity not started.

Targeted Testing Strategies in Place

- Substance Abuse
- Injection Drug Users
- Mental Health
- MSM
- Homeless
- Higher risk heterosexuals
- Youth
- Transgender

Figure 2. Number of HIV Tests 2015-2021



01a. Strategy 2: Increase community awareness of the importance of HIV testing, including awareness of testing sites.

Planned Activities	Status
Collect data from the population on baseline awareness of importance and availability of HIV testing	★
Develop comprehensive statewide media and marketing campaign across multiple platforms	🔄
Media buys and placement across multiple platforms. Website/phone app with updated testing information available	🔄
Evaluate the effectiveness of the campaign to key populations	—

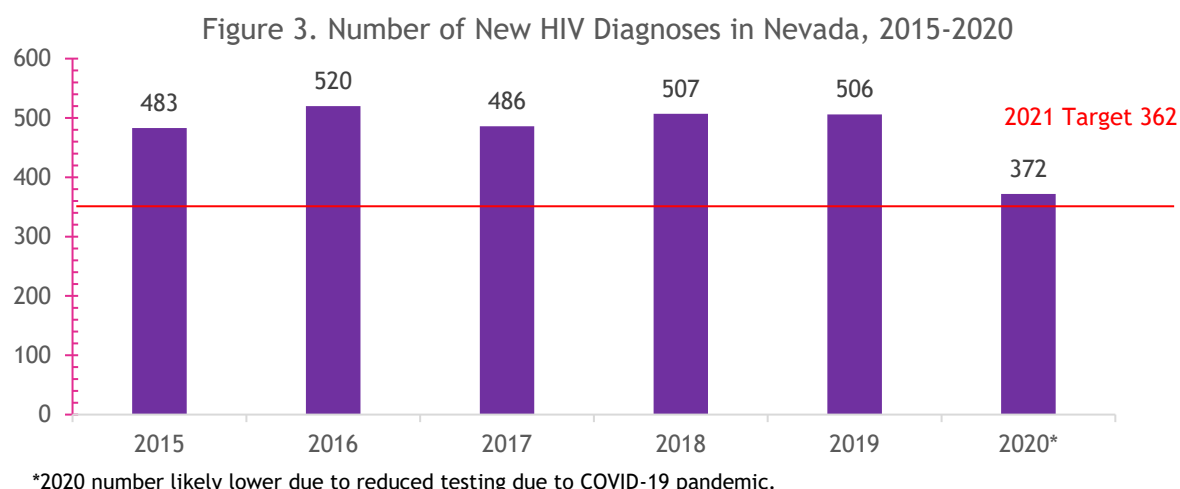
01a. Strategy 3: Increase the number of rapid HIV testing locations available in Nevada

Planned Activities	Status
Enhance, develop and evaluate state training and certification process for new testing sites	★
Develop and administer train the trainer	★
Certify and train location staff to provide rapid testing to high risk populations	★
Increase number of rapid tests conducted in Nevada by certified agencies	★
Promote rapid testing	★
Put rapid testing locations on HIV websites	★

Objective 1a. Activities and Accomplishments

- 150 people trained to train others for certification to conduct rapid tests.
- More than 40 new rapid testing locations certified and added.
- Large increase in the number of rapid tests conducted since 2015 (Figure 2).
- The State of Nevada website <https://endhivnevada.org/> provides rapid testing location information.
- Passage of the SB 211 in the 2021 Nevada Legislative Session- HIV and STI screenings must be offered in ERs, hospital and primary care clinics.
- Southern Nevada Health District (SNHD) implemented the Collect2Protect program, which offers HIV and STI at-home testing kits statewide.
- Washoe County Health District (WCHD) has a self-collection HIV/STI screening program.
- SNHD L2A (Linkage to Action) van has been doing outreach to the community for a variety of populations including PWUD/PWID, formerly incarcerated, mental and behavioral health, homeless, MSM, communities of color, sexually active individuals.
- Planned Parenthood of the Rocky Mountains partnered with SNHD to provide free at-home oral HIV test kits.
- University Medical Center in Las Vegas is in the process of implementing routine HIV screening in 9 Quick Care Clinics and 9 Primary Care Clinics. Besides testing for HIV in the ED, two nurse navigators were hired.
- First Person Care Clinic, FirstMed Health and Wellness Center, Nevada Health Centers, Inc., and Silver State Health Services are implementing routine HIV screening.
- The Henderson Equality Center started HIV Rapid Testing in 2021.
- While there has not been a comprehensive, statewide media campaign, the agencies, organizations, and providers have been actively developing social media and other methods to promote testing.

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



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

Planned Activities	Status
Obtain provider and community buy-in for education	★
Identify other partners, agencies, and organizations that can collaborate to fund and/or deliver trainings	★
Initiate provider and community education and training on PrEP& PEP	★
Training provider and staff on PrEP & PEP	★
Community education program on PrEP & PEP	★
Peer to peer education on PrEP & PEP program	★
Implement pilot project for PrEP	★
Evaluate the pilot project	★
Develop process for developing a PrEP clinic	★
Enhance and support clinics to offer PrEP	★
Develop a resource list of pharmacies where PrEP is available	★

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

Planned Activities	Status
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	★
Collaborate with State Board of Education and local school districts to implement Comprehensive SH education in schools	🔄
Explore the development of school-based clinics	🔄
Develop a standardized curriculum for HIV/STD 101	★
Make curriculum available to community partners statewide online	★
Evaluate curriculum	★

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

Planned Activities	Status
Explore condom need in community for priority populations	★
Identify places where free condoms are most needed	★
Identify where people can buy condoms	★
Explore different pathways to acquiring condoms (i.e. working with manufacturers to get cheaper condoms for people to buy)	★
Awareness campaign about ability to get condoms through Medicaid	★
Increase accessibility by creating an online application to map free and purchased condom locations in Nevada	★
Provide capacity building assistance for the implementation of syringe services programs (SSP)	★
Pilot of syringe exchange machines in Southern Nevada	★
Develop buy-in from community organizations and businesses that would be impacted by the SSP	★
Expand syringe services to centers for harm reduction, syringe exchange, wound care	★
Analyze data from SSP to evaluate best practices moving forward	★

Objective 1b. Activities and Accomplishments

PrEP and PEP

- Passage of SB 325 during the 2021 Nevada Legislature, which allows pharmacists to prescribe, dispense, and administer PrEP to patients.
- SNHD PrEP navigators: trained PA students at Touro University, participated in an education community panel with UNLV to talk about PEP/PrEP in the community for youth and young adults, HIV testing, PEP/PrEP with interested clients.
- Northern Nevada HOPES has a walk-in Sexual Health Clinic that prescribes PrEP and PEP.
- Trac B syringe exchange program- Rideshare program to help with transportation, and provide HIV testing and referrals for PrEP.

- WCHD is working on prescribing PrEP.

Comprehensive Sexual Education

- SNHD developed a standardized HIV/STD 101 curriculum and has trained trainers and individuals. Many other organizations use this or other standard curriculum for education and training.
- SNHD launched Empower Change, featuring online e-learning modules (e.g., fundamentals of HIV, Bloodborne Pathogens, and Linkage to Care).
- SNHD provided Public Health Detailing for providers in the community covering topics like PrEP, PEP, Rapid stART, and congenital syphilis
- Workgroups have attempted several times to include comprehensive, medically accurate sexual health education in schools through legislation but have not been successful yet.

Harm Reduction






- The state developed the Nevada Condom Distribution Plan 2021 highlighting free condoms and wide-scale distribution.
- Education has been provided on Nevada Medicaid's ability to provide condoms and spermicide through provider prescriptions
- Many agencies distribute condoms and lube, provide PrEP, and offer community education.
- Nevada's End HIV Nevada website includes a condom locator <https://endhivnevada.org/hiv-prevention/testing-treatment/>
- Capacity building assistance has been provided to 17 Community Based Organizations for the implementation of syringe services programs (SSP).
- Harm Reduction exchange vending machines were piloted in Las Vegas in 2018 and continue with Trac-B operating 8 machines currently. Participants can access syringes, sharps boxes, Naloxone kits, hygiene kits, first-aid kits, and pregnancy and safer sex kits.
- Trac-B also offers a storefront harm reduction supply exchange, a rural Nevada harm reduction shipping program, a peer recovery abuse and support program, among other education and services. Trac-B has expanded sites and services over the past five years.
- Northern Nevada HOPES operates Change Point which offers harm reduction services including mobile syringe exchange and services and a sexual health clinic.

Goal 1 Suggested Actions

- Continue to evaluate targeted testing strategies and campaigns and make adjustments as needed.
- Pursue development of a comprehensive statewide media and marketing campaign across multiple platforms in collaboration with the Ending the Epidemic Workgroup and other community partners and potential funders.
- Continue training, recruiting testing sites and promoting HIV testing throughout the state.
- Continue to keep websites up to date and linked to testing, condom and PrEP/PEP locators.
- Continue education and awareness activities related to PrEP and PEP.
- Continue to evaluate and share results of the PrEP and PEP efforts.

- Clarify legal policy with respect to PrEP for minors and existing Nevada Revised Statutes. Work to allow minors to provide their own consent to prevention, including medications.
- Explore refining SB211 with respect to opt-out HIV screening when working with people in relationships with domestic abuse modeled after the New York law. If such a person tests positive for HIV, the provider directs them to domestic abuse shelters and assistance to ensure their safety. The New York law also includes providers collecting sexual contacts from those diagnosed with HIV which are then reported to the local health departments.
- Promote standardized curriculums for community education developed by HOPES and WCHD.
- Continue exploration of school-based clinics
- 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.
- Continue to pursue legislation regarding the inclusion of comprehensive, medically accurate sexual health education in schools.
- Identify additional CBOs that might be able to take provide capacity building for harm reduction programs.
- Continue developing buy-in from community organizations to support harm reduction programs.

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

Objective	Baseline	Current	Target	Status
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. ^c	Within 30 days N/A Within 90 days 83%	Within 30 days 70% Within 90 days 87%	Within 30 days 85% Within 90 days N/A	
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 of this was determined not to be feasible.			
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).	76%	92%	80%	
2d. By 2021, reduce to 20% the incidence of STIs in HIV infected persons in care.	Rate 7 per 100,000 for PLWH in NV 2015-2021 ¹ 35% of syphilis cases in Clark County are PLWH in 2021 ²			
2e. By 2021, increase number of clinics screening for HIV associated comorbidities by 20%.	This became part of the standard of care for providers.			

^c Baseline 2016; Current 2020. Baseline data was collected for linkage to care within 90 days. Data collection and reporting was changed later to allow for calculation of linkage to care within 30 days.

Nevada did not meet the target of linking 85% of people newly diagnosed with HIV to a provider within the first 30 days; however, linkage to care in the first 90 days did improve from 2016 to 2020 (Figures 4-6). Nevada was successful in exceeding the target of 80% of people diagnosed with HIV who have had a medical visit will be virally suppressed (Figure 7). Nevada also increased the number of clinics screening for HIV-associated comorbidities. This become part of the standard of care for providers and screenings such as substance abuse, mental health, and chronic disease were built into providers' electronic health records. Two of the objectives were not measured during the five-year plan due to feasibility of obtaining data. Similar indicators related to the incidence of STIs in HIV infected persons have been incorporated into the State and Clark County EHE plans.

Review of Nevada's Continuum of Care data from 2015 to 2020 shows the need for earlier linkage to care for newly diagnosed and a large gap in retention in care for people living with HIV. The percentage virally suppressed is good for those retained in care; however, the percentage retained in care is below 50% at 47% in 2020 and had dropped down to 29% in 2019 (Figure 9). In comparison, the percentage retained in care for the United States was 57% in 2019. The lack of retention in care is reflected in the

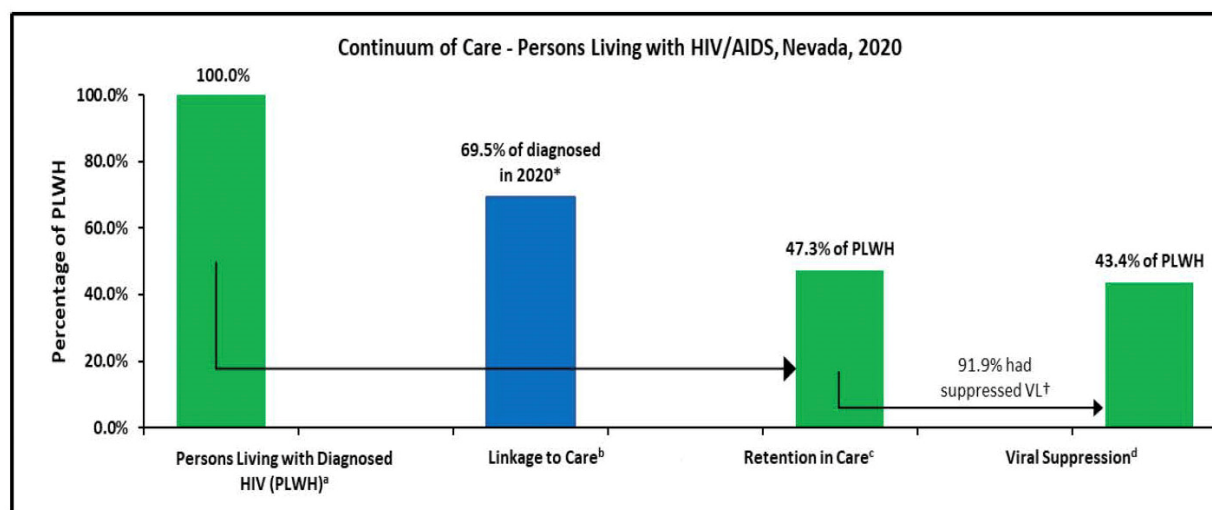
¹ State of Nevada Ending the Epidemic Plan 2021-2026, <http://endhivnevada.org/wp-content/uploads/2021/01/Nevada-EHE-Plan-Final.pdf>

² Clark County Ending the Epidemic Plan 2021-2026, <http://endhivnevada.org/wp-content/uploads/2020/09/PS19-1906-Nevada-Clark-County-EHE-FINAL-Plan.pdf>

lower percentage of all PLWH who are virally suppressed—43% in Nevada in 2020 and only 26% in Nevada in 2019 compared to 57% in the United States (Figure 8).

Ryan White Part A's (RWPA) implementation of a Rapid stART learning collaborative with 12 organizations across Clark County is a key accomplishment for Goal 2. Another success was the Nevada Advisory Task Force on HIV Modernization, Nevada HIV Modernization Coalition, Nevada State Senator David Parks, and Nevada State Senator Dallas Harris who helped to pass SB 275 during the 2021 Nevada Legislature. The bill repeals NV's primary criminalization statute (NRS 201.205), repeals statutes relating to sex workers and HIV (NRS 201.356 & 201.358), repeals a law that allowed for confinement of people living with HIV (NRS 441A.300), and a law that allows inmates to be segregated based on HIV status (NRS 209.385). Despite the many challenges due to the COVID-19 pandemic, a positive result was that many agencies, including SNHD, Huntridge family clinic, Northern Nevada HOPES, and UMC have implemented telehealth and telemedicine.

Figure 4. Continuum of Care 2020



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of April 2021.

^aPersons 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 2019, who were alive at year-end 2020.

^bCalculated as the number of persons linked to care within 1 months after HIV diagnosis during 2020, divided by the total number of persons diagnosed with HIV infection in 2020. Linkage to care is based on the number of persons diagnosed during 2020, 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 1 months apart during 2020 among those diagnosed with HIV through year-end 2019 and alive at year-end 2020.

^dCalculated as the percentage of persons who had suppressed VL (≤ 200 copies/mL) at most recent test during 2020, among those diagnosed with HIV through year-end 2019 and alive at year-end 2020.

[†]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.

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.

Figure 5. Percentage of PLWH linked to care within 90 days, 2015-2020

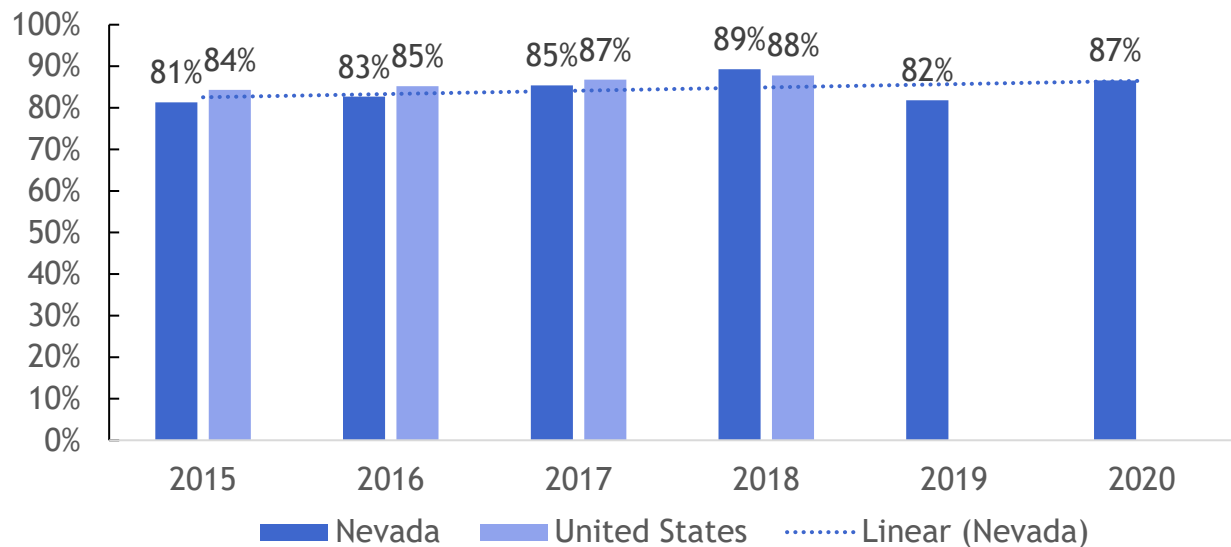
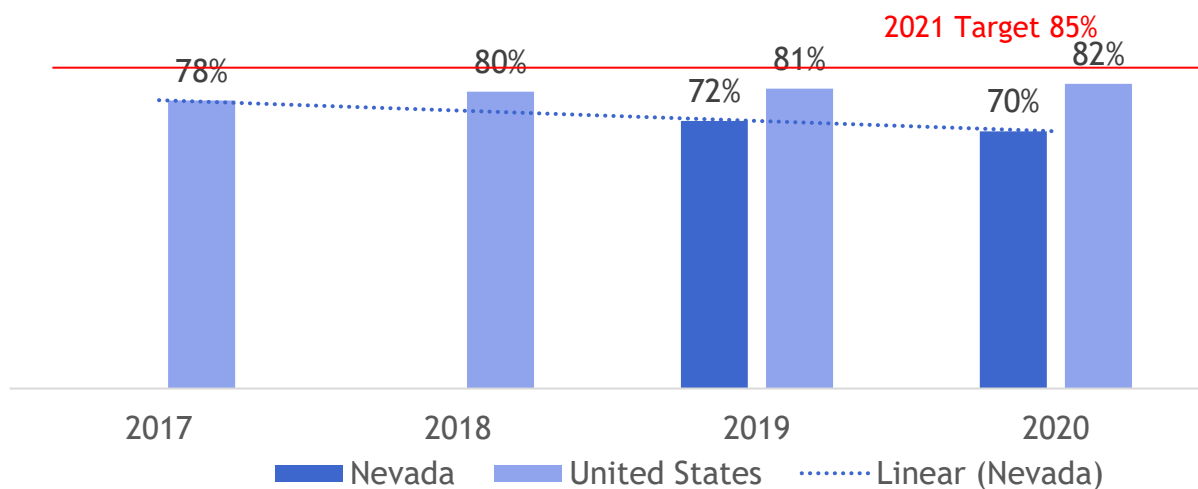


Figure 6. Percentage of PLWH linked to care within 30 days, 2019-2020



O2a. Strategy 1: Improved communication between organizations

Planned Activities	Status
Develop regional flow chart (resource map) of services/ activities for the newly-diagnosed and for providers and update it regularly.	★
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	★
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	★
Inter-agency case management team building/training. To reduce competition, understand roles	★
Annual Ryan White provider conference with training, RW updates on initiatives, basic fiscal and quality management, advanced training/certifications, strategies	★

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

Planned Activities	Status
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 and prisons would connect HIV+ patients to the case management team initially, who would manage their care, set them up for services, referrals, eligibility	★
Link HIV+ mental health & substance abuse clients with local clinics to provide continuity of care. Identify point organizations and providers.	★
Link HIV+ homeless clients with local clinics to provide continuity of care. Identify point organizations and providers.	★
Link HIV+ individuals from refugee populations with local clinics to provide continuity of care. Identify point organizations and providers	🔄

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

Planned Activities	Status
Create a set of guidelines defining peer advocates.	—
Expand Peer-to-peer advocate to Part A and Part B sites as applicable	★
Evaluate peer advocate program	★
Develop peer (HIV+) volunteer support system to meet individually with newly diagnosed, based at case management organizations.	★
Delivery of 6-week Positive management program to HIV+ clients and chronic disease management	★
Explore the requirements to have peer advocates become CHW through the certification program	★

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.

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

Planned Activities	Status
(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.	★
Update resource guide regularly	★
Part A and B having the same internal referral process to easily track referrals made and completed	★
Needs assessment; consumer forum to find out what is needed from a client perspective to get them to appointments	↻
Increase communication regarding point of entry, eligibility, and services provided and requirements between managed care health plans and Ryan White and other health plans.	★
Conduct evaluation of communication including perspectives from impacted stakeholders	—

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

Planned Activities	Status
Collaborate with mental/behavioral health providers	★
Foster collaboration between the agencies to cross provide services at other locations to make services more readily available	★
Collaborate with CBOs who have added some MH providers	★

O2b. Strategy 3: Professional Development activities

Planned Activities	Status
RW funded agencies to participate in annual Institutes which focus on the continuum of care between MH, SA and HIV	★
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	★
More education for providers about the resources available in the community including outside of Ryan White	★
(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.	★

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).

Figure 7. Percentage of PLWH retained in care who are virally suppressed, 2015-2020

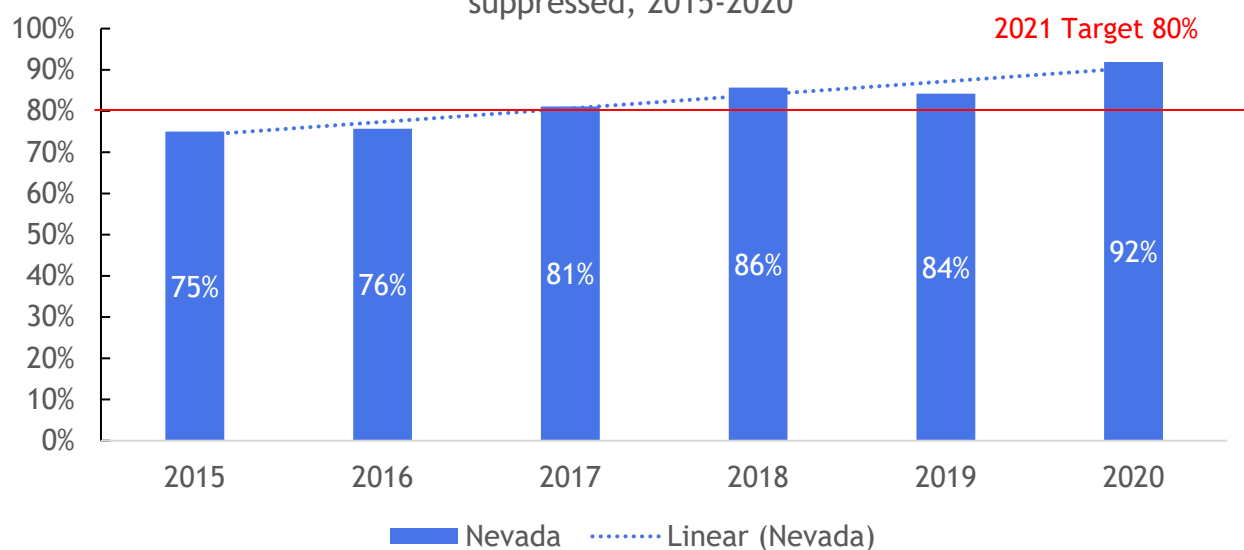


Figure 8. Percentage of PLWH who are virally suppressed, 2015-2020

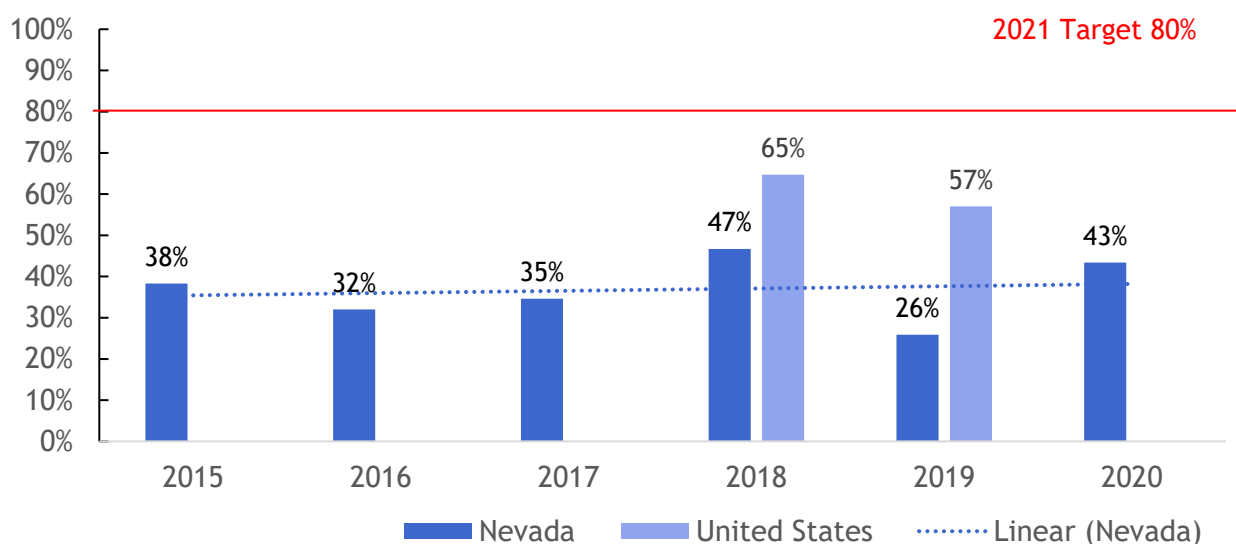
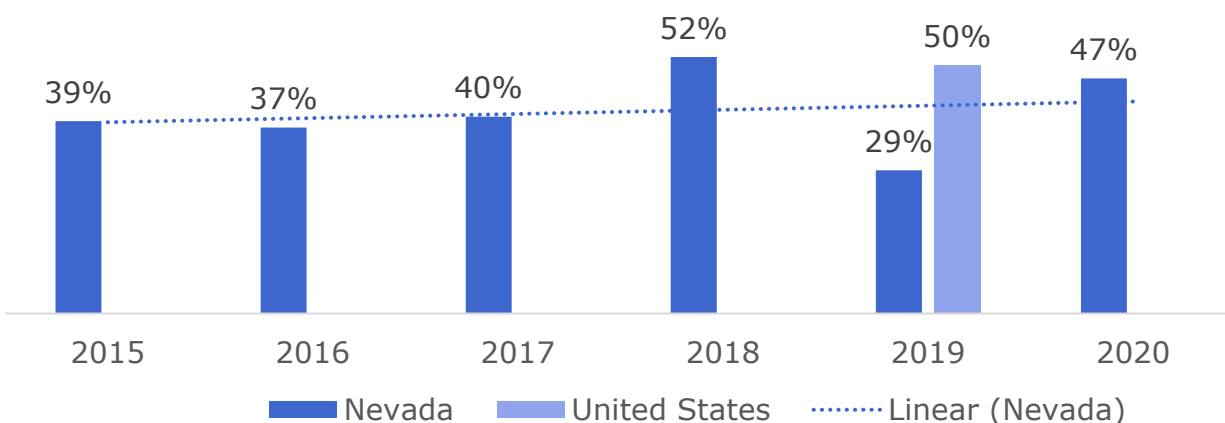


Figure 9. Percentage of PLWH retained in care 2015-2020



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

Planned Activities	Status
Create a series of support, education and training options for group of patients in care	★
Ensure that patient education programs are language and literacy ability appropriate	★
Deliver medication adherence sessions on a continual basis to provide education and support	★
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.	★

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

Planned Activities	Status
Ensure clinical programs include medication management materials, support, educational programs and counseling for all patients	★
Provide education to pharmacists on HIV medication adherence	★
Encourage pharmacists that work with HIV clinics to get certified in HIV care (AAHIVM certification)	★
Disseminate information about policies to clients regarding emergency medication access	★

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

Planned Activities	Status
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	★
Create data sharing agreements between CAREWare and labs	★
Educate clinicians to do at least 2 viral load tests per year	★
Educate the community about community viral load data	★

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

02d. Strategy 1 Conduct provider education and disseminate recommendations regarding routine screenings for STIs

Planned Activities	Status
Recommend that HIV care clinics have plans in place for routine sexual history and screening for STIs	★
Develop resource guide for providers. (Health departments, providers who specialize in STIs including email for consults and referral)	★
Develop and maintain accurate list of who is seeing patients with HIV	★
Provide outreach to all providers (including private) re routine screening and education for STIs	★

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

Planned Activities	Status
Prevention with positives programs integrated into clinical care	★
Recommend that EHR in all clinics and community-based organizations includes sexual history and STI screenings	★
Expand risk reduction and health education for clients to include STIs and importance of screenings and when to get tested	★

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

Planned Activities	Status
Develop standardized assessment forms for all providers for all the assessments	★
Use Quality management team to develop and train on use of forms	★
Establish baseline data and report on data annually	★
Disseminate the findings on a regular basis	★
Develop Quality improvement plans	★

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

02e. Strategy 1 Conduct Provider education and recommendations regarding routine screenings for comorbidities

Planned Activities	Status
Gather baseline data from HIV care clinics regarding current practices for MH, SA and chronic disease screenings	★
HIV care clinics have policies in place for routine MH and SA assessments with HIV clients	★
HIV care clinics have plans in place for routine assessments for chronic disease with HIV clients	★
Develop resource guide for providers. (providers who specialize in chronic disease, mental health, and substance abuse including email for consults and referral)	—
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	—

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

Planned Activities	Status
EHR in clinics includes routine screening and MH, SA and chronic disease assessments	★
Expand health education for clients to include different comorbidities and importance of routine screenings	★
Provide education for providers to assist them in providing good individual or group education	—

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

Planned Activities	Status
Develop standardized assessment forms for all providers for all the assessments	★
Use Quality management team to develop and train on use of forms	★
Establish baseline data and report on data annually	★
Disseminate the findings on a regular basis	★
Develop Quality improvement plans	★

Goal 2 Activities and Accomplishments

- Ryan White Part A (RWPA) implemented a Rapid stART learning collaborative with 12 organizations across Clark County. The learning collaborative project builds the capacity of RWHAP recipients and subrecipients to replicate effective models of care. The Learning Collaborative approach promotes peer-to-peer learning and facilitates implementation of evidence-informed interventions. Rapid start is a strategy to offer and initiate HIV treatment as soon as an HIV diagnosis is made preferably on the day of diagnosis. It is commonly referred to as "Rapid ART," "same-day ART," and "treatment

upon diagnosis” or “test and be treated.” Rapid stART contributes to the goals of reducing new HIV infections while also decreasing community viral load.









- RWPA: Project HHHOME- increases access to housing for people living with HIV
- RWPA training and workforce development: EHE Academy, Social Justice Training Series, HIV Leadership Academy
- Nevada Advisory Task Force on HIV Modernization, Nevada HIV Modernization Coalition, Nevada State Senator David Parks, and Nevada State Senator Dallas Harris helped to pass SB 275 during the 2021 Nevada Legislature. The bill repeals NV’s primary criminalization statute (NRS 201.205), repeals statutes relating to sex workers and HIV (NRS 201.356 & 201.358), repeals a law that allowed for confinement of people living with HIV (NRS 441A.300), and a law that allows inmates to be segregated based on HIV status (NRS 209.385). The coalition will continue to work on criminal justice reform, comprehensive sexual education and more.
- Many agencies, including SNHD, Huntridge family clinic, Northern Nevada HOPES, and UMC have implemented telehealth and telemedicine due to the COVID-19 pandemic.
- SNHD and AETC held educational events around HIV testing and treatment, Anti-HIV Stigma, Trauma informed care, medical distrust.

Goal 2 Suggested Actions

- Prioritize retention in care, employing strategies such as patient navigators, streamlining of systems and paperwork duplication, and perhaps studying the effectiveness of telehealth check-ins.
- Pursue expansion of Rapid stART and other programs that will support earlier linkage to care and promote retention in care.
- 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.
- 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.
- 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.
- Identify strategies to support increased PLWH use of mental and behavioral health services and how to measure progress related to this or similar objectives.
- 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.
- 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.
- 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 47% of PLWH were retained in care in 2020.
- 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.
- 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.
- 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.
- Expand recommendation that all EHR include sexual history and STI
- Continue quality control measures and disseminate findings on a regular basis

Goal 3: Reducing HIV Related Disparities and Health Inequities

Objective				Target	Status
3a. By 2021, reduce disparities in the rate of new diagnoses by at least 15 percent among Nevada's priority populations. ^d	Latino male	36% reduction in disparity		15%	
	Black male	6% increase in disparity		15%	
	Black female	37% reduction in disparity		15%	
		Baseline 2018	Current 2021	Target	Status
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. ^e	Latino male	88%	88%	85%	
	Black male	87%	82%	85%	
	MSM	90%	88%	85%	
	IDU	62%	77%	85%	
	MSM + IDU	83%	79%	85%	

^d Baseline 2016; Current 2019 (Due to abnormally low testing numbers in 2020 due to COVID-19, 2019 data has been used to compare to the baseline. Absolute disparity calculated using white male as the referent group for males and white females as the referent group for females.)

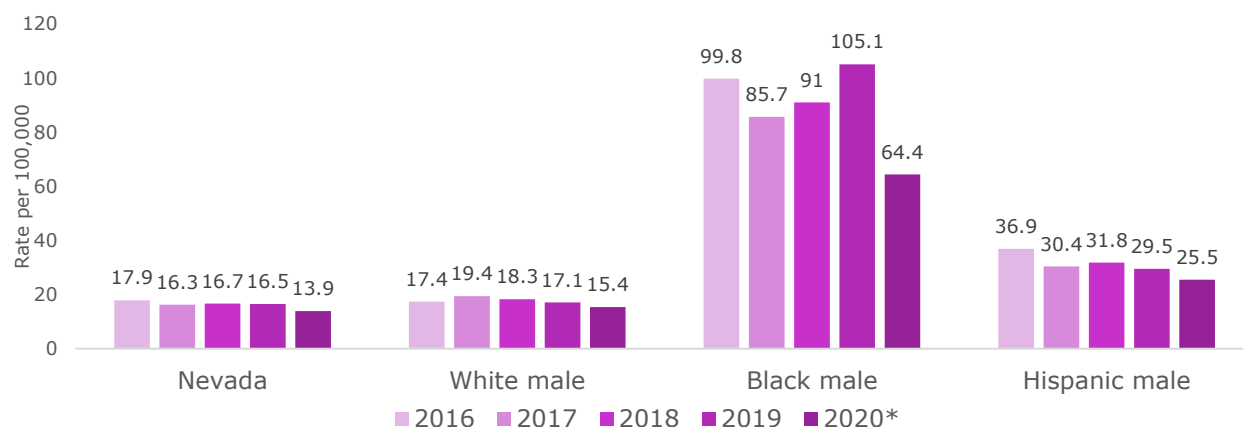
^e Data Source: U.S. Health and Human Services. (2019, August 18). America's HIV Epidemic Analysis Dashboard (AHEAD). Retrieved from <https://ahead.hiv.gov/> Note: Data may not match Nevada's OPHIE-provided Continuum of Care data because CDC de-duplicates cases at the national level, and national data have been statistically adjusted to account for missing transmission category. CDC aims to provide standardized data to make it easier to compare across jurisdictions and view data over time.

Reductions in disparities in new diagnoses were found for Hispanic/Latino males (36% reduction) and Black females (37% reduction) from 2016 to 2019, meeting the objective target of a 15% reduction in disparity. However, there was a 6% increase in disparity in new diagnoses among Black males from that same time frame. Data from America's HIV Epidemic Analysis Dashboard (AHEAD) showed that the percentage of newly diagnosed Latino males and MSM who were linked to care within 30 days exceeded the target of 85%. The percentage of Black males and MSM+IDU decreased from 2018 to 2020. The percentage of IDU linked to care within 30 days was the lowest of the transmission categories, but there was an increase from 2019. Despite some reduction in disparities for some groups, racial disparities are still large in HIV diagnoses in Nevada, particularly for Black males.

The Goal 3 strategies and activities were most challenging for Nevada to implement. However, some positive accomplishments did occur. A strong strategy was training community-based organizations that work with higher-risk populations to provide on-site testing. Listening sessions were conducted to better understand the needs of priority populations. Peer navigator programs were an important strategy employed at several agencies. Educational events and trainings were conducted to help address stigma, medical distrust, and trauma-informed care, among other topics. The Nevada Office of HIV and AIDS developed a Nevada Faith-Based Intervention Plan to help reach African Americans and Hispanics/Latinos.

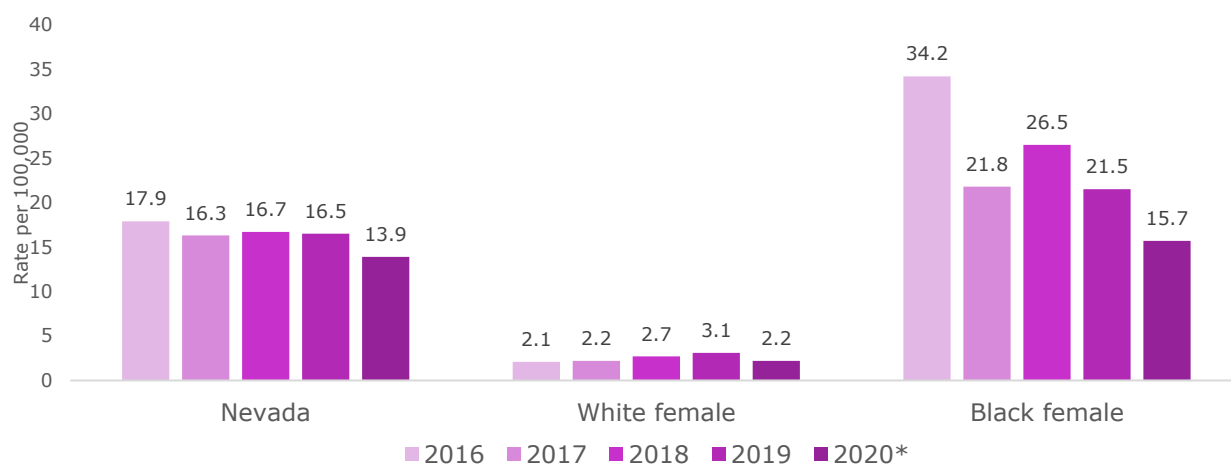
Objective 3a. By 2021, reduce disparities in the rate of new diagnoses by at least 15 percent among Nevada’s priority populations.

Figure 11. Annual Rate of New Diagnoses Among Males by Ethnicity, 2016-2020





*2020 rates likely lower due to reduced testing due to COVID-19 pandemic.

Figure 12. Annual Rate of New Diagnoses Among Females by Ethnicity, 2016-2020









*2020 rates likely lower due to reduced testing due to COVID-19 pandemic.




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

Planned Activities	Status
Conduct listening sessions with individuals from groups experiencing disparities to identify any gaps in knowledge or incorrect beliefs about HIV.	
Identify successful group-specific disease prevention strategies that can be adapted to HIV prevention.	

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

Planned Activities	Status
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	
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	
Evaluate social network strategies	
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	
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.	
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.	

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

Planned Activities	Status
Training CBOs and communities with high risk to provide on-site testing	
Identify and recruit additional providers and CBOs to have testing at their sites	
Evaluate CBO on-site testing programs	

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.

Figure 13. Percentage of Male PLWH linked to care within 30 days, 2018-2020

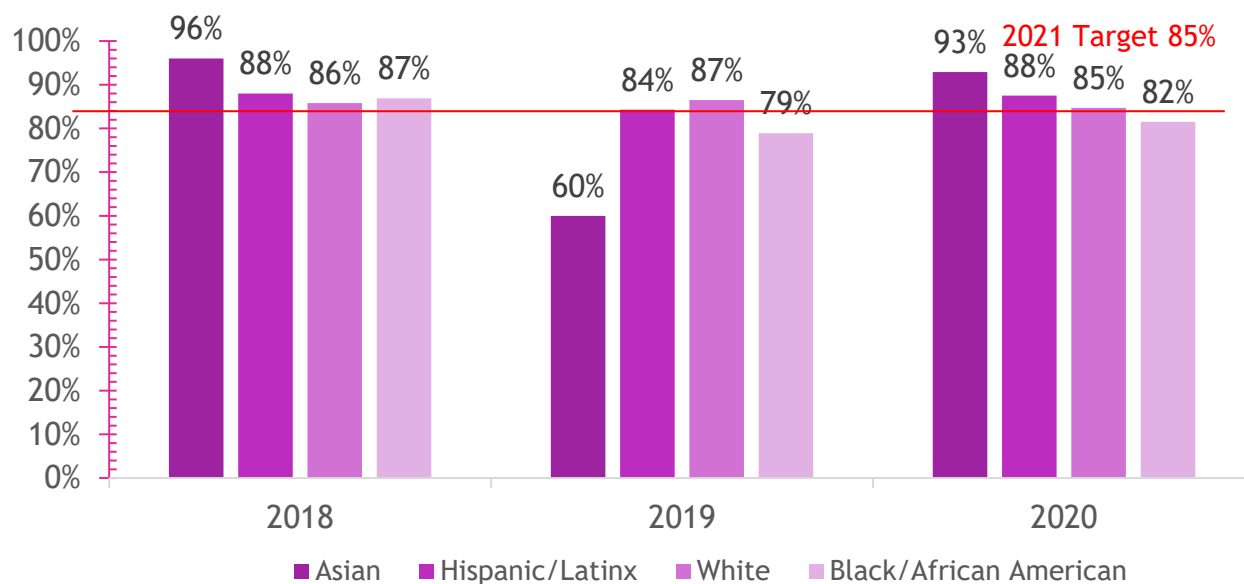
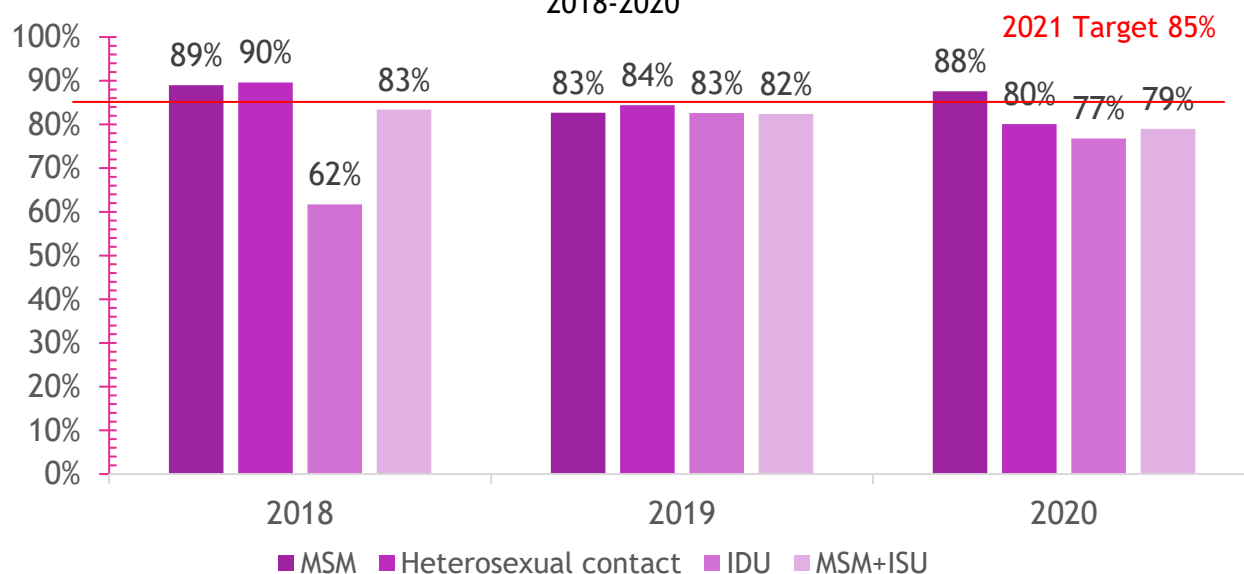









Figure 14. Percentage of PLWH linked to care within 30 days by transmission category, 2018-2020







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.)

Planned Activities	Status
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	
Review information gathered in listening sessions Develop new strategies for improving first contacts.	
Provide experiential training to employees and volunteers in HIV care and service organizations about how personal bias and stigma can prevent PLWH in underserved populations and high-risk groups from accessing and staying in care Conduct brainstorming sessions on how to improve first access and point of contact Recognize persons and agencies that PLWH deem most welcoming Follow up with trainees at 3-and 9-months post training to determine what changes or improvements were made and sustained	
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	

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

Planned Activities	Status
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.)	
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.	
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	

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

Planned Activities	Status
Review all current patient materials (enrollment, list of services, patient responsibilities, timelines, payment, etc.) for health literacy criteria. Revise materials as needed to be at 6 th grade reading level	
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.	
Determine the need for translation in other languages besides Spanish	
Implement welcoming drop-in programs in different communities at different “user friendly locations” and different times and days	

Goal 3 Activities and Accomplishments

- Training CBOs and communities with high risk to provide on-site testing and recruiting additional CBOs and providers to have testing at their sites were successful activities for this goal. Approximately 32 CBOs and providers were recruited to add testing to their sites. Approximately 338 staff members at CBOs and providers were trained to provide testing.
- The 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. Work began through the Ending the Epidemic (EHE) project to develop messaging strategies to reach the most affected populations.
- Personal bias and stigma trainings were provided to many employees and volunteers at various agencies and organization throughout the five years.
- Peer navigator programs were implemented at a variety of agencies and organizations.
- SNHD and AETC held educational events around HIV testing and treatment, Anti-HIV Stigma, Trauma informed care, medical distrust.
- The Nevada Office of HIV and AIDS developed a Nevada Faith-Based Intervention Plan in collaboration with congregations as a strategy to end health inequity for African Americans and Latinos. The plan can be access on the end HIV Nevada website.
<https://endhivnevada.org/wp-content/uploads/2019/01/Nevada-Faith-Based-Intervention-Plan.pdf>

Goal 3 Suggested Actions

- Continue to work to understand the needs of underserved and high-risk populations by partnering with organizations within those communities for outreach, listening sessions, meeting people where they are, and finding out what strategies will work best for different groups of people.
- 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.
- Continue and expand peer navigator programs.
- Continue and expand the provision of testing and services at CBOs.
- Continue bias and stigma trainings and expand to other organizations and agencies.
- Continue to pursue the partnerships and strategies outlined in the Nevada Faith-Based Intervention Plan.
- Collaborate with the Ending the Epidemic Workgroup and build upon the messaging strategies developed to expand social media and other social marketing efforts by various agencies and organizations. Use social marketing best practices and research the most fruitful platforms for different groups of people.
- 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.
- Further explore welcoming drop-in programs and other strategies to create a welcoming environment that will support retention in care.

Appendix A: Detailed Activity Progress Tables

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.



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)	# 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	# of HIV tests conducted: Corporate: 28 New Frontier:139 (82 + 57) Huntridge: 1413 (240 + 1173) Martin Luther King: 167 WCHD: 2193 (1042 + 1151) SNHD: 15762 (8141 + 7612)

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					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) 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)	Community Counseling Center: 125 Ridge House: 58 Rural NV Counseling: 44 China Springs: 36 Trac-B/ NARES: 84 COMC: 232 Positives: SNHD: 35 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	HOPES: 3420 (1792 + 1628) Trac-B/ NARES:521 (274 + 247) The Center: 1847 UMC Wellness: 5758 (5655 + 103) AHN: 2344 Positives: Huntridge: 42 (12 + 30) WCHD:9 (6 + 3) SNHD: 109 (63 + 46) HOPES: 6 Trac-B/ NARES: 13 (2 +11) The Center: 17 UMC Wellness: 21 (18 + 3) AHN: 25 Tests funded by CDC: WCHD: 2155 (1004 + 1151) SNHD: 15753 (8141 + 7612) HOPES: 193 UMC Wellness: 103 Funded by other source: WCHD: 38 HOPES:3227 (1599 + 1628) Trac-B/ NARES: 521 (274 + 247) The Center: 1861 (1847 +14) Huntridge: 1173 Funded by RWPB/ RWPC: WCHS HOPES Funded by SNHD:



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
						WCHD: Funded by RWPB New Frontier: Funded by HIV grants	The Center Provides testing kits to AFAN HIV Prevent Grant - county OD2A Grant - county: Trac-B/ NARES
	2017	Establish baseline for testing among priority populations	Baseline data compiled and analyzed				
	2018	Development of a targeted testing strategy based on data results	Nevada targeted testing strategy developed and adopted	HOPES: Substance abuse, Homeless SNHD: Substance abuse, MSM, Youth and Young Adults, Sexually active heterosexual WCHD: Substance abuse, MSM, Sexually active heterosexuals, youth Huntridge: Mental health, Substance abuse Trac-B: Substance abuse, Injection drug users	Substance abuse: HOPES Mental Health: HOPES Priority populations: HOPES (Youth, STI screening- higher risk, heterosexual, LGBTQ)	Substance abuse: HOPES New Frontier RNC Mental Health: HOPES New Frontier RNC MSM: HOPES New Frontier RNC Homeless: New Frontier RNC HOPES Sexual activity: New Frontier RNC HOPES Youth: HOPES RWPB Transgender: HOPES RNC	Have targeted testing strategy for: Substance abuse: New Frontier Behavioral Health Clinic Huntridge HOPES UMC Wellness Mental Health: New Frontier Behavioral Health Clinic Huntridge Family Clinic HOPES UMC Wellness Homeless: New Frontier Behavioral Health Clinic Huntridge HOPES UMC Wellness Youth: Huntridge HOPES UMC Wellness

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
							<p>Sexual activity: HOPES UMC Wellness Transgender: Huntridge HOPES UMC Wellness Emergency Financial Assistance: Golden Rainbow Rapid stART: RWPA SNHD: Our L2A (Linkage to Action) van has been doing outreaches to the community for a variety of populations including PWUD/PWID, formerly incarcerated, mental and behavioral health, homeless, MSM, communities of color, sexually active individuals. In addition, SNHD's Collect 2 Protect and Express Testing initiatives continued to offer testing to the community via mail and home testing kits (C2P) and rapid HIV tests to clients without symptoms at the SNHD Annex A clinic Opt-out testing in ED and Quick Cares: UMC Wellness</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	SNHD Substance Abuse: 983 (323 + 360) Priority population:13627 (6610 + 7017) Other: 235 HOPES Substance Abuse: 516 (193+323) Priority population: 2128 (1599 + 529) Mental health: (354) Other: 1266 Trac-B/ NARES Substance Abuse: 521 (274 + 247) AHN: Other: 2344 WCHD Priority population: 2230 (1042 + 1188) UMC Wellness Other: (5655) Substance abuse: 103
	2021	Strategy and testing campaign evaluated for effectiveness	Summary report with numbers tested, numbers tested positive, and percentage receiving test results	Summary report with individuals tested: HOPES SNHD WCHD AFAN Huntridge Summary report with individuals	Summary report with numbers of individuals tested: AFAN HOPES SNHD Trac-B WCHD	Summary report with numbers of individuals tested: SNHD CCHHS RWPB RNC New Frontier WCHD HOPES NRF	Summary report with numbers of individuals tested: New Frontier Huntridge WCHD SNHD HOPES UMC Wellness

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
			Distribution of report	<p>testing positive: HOPES, SNHD, WCHD, AFAN, Huntridge</p> <p>Summary report with % of individuals receiving test results: HOPES, SNHD, WCHD, Huntridge</p> <p>Notes: Numbers are presented at SNHD's Board of Health meetings</p>	<p>Summary report with individuals testing positive: AFAN HOPES SNHD Trac-B WCHD</p> <p>Summary report with % of individuals receiving test results: AFAN SNHD WCHD</p>	<p>Summary report with individuals testing positive: SNHD RWPB RNC New Frontier WCHD HOPES NRF CCHHS</p> <p>Summary report with % of individuals receiving test results: SNHD RWPB CCHHS RNC New Frontier WCHD HOPES NRF</p>	<p>Summary report with numbers of individuals testing positive: New Frontier Huntridge WCHD SNHD HOPES UMC Wellness</p> <p>Summary report of percentage of individuals receiving test results: New Frontier Huntridge WCHD SNHD HOPES UMC Wellness</p>

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,</p>	Media campaigns: AFAN: Safe sex campaign (with information about our testing services). Know Your Status campaign, Free HIV Testing Ad	A marketing campaign will be implemented primarily in Las Vegas as part of CDC EHE work.	<p>New Frontier: Newspaper and flyers</p> <p>WCHD: Utilizing STD Awareness Week CDC ads,</p>


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<p>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>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>WCHD: Used Act Against AIDS Campaigns of "Doing It", "Let's Stop HIV Together", "Start Talking, Stop HIV"</p> <p>Platforms: Facebook x5 Twitter: x3 Instagram:x3 Dating App: x1 YouTube: none Radio: none Newspaper: x2</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 Day (April 10th), National Transgender HIV Testing Day (April 19th National HIV</p>	<p>Let's Stop HIV Together ads, condom distribution and used Facebook, using CDC Let's Stop HIV Together</p> <p>SNHD: Collect 2 Protect and Express Testing, Prepping for Change, press releases and media advisories for national observances for HIV</p> <p>Platforms used by SNHD: Facebook, Twitter, Instagram, SNHD website, SNHD narrowcasting and End HIV Nevada website, Collect2Protect Express Testing U=U through posting on Prevention Access Campaign</p>

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					Other: Flyers, interviews	<p>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.getthehealthycarsoncity.org was used for marketing the campaign.</p> <p>COMC: National HIV Testing Day, HIV Long Term Survivor's Day PrEP. COMC used</p>	<p>HOPES: HIV Testing Day- June 27th</p> <p>This last fall, we did paid Facebook and Instagram ads promoting HOPES' PrEP/PEP Clinic at Change Point and HIV prevention services, including testing. We also did regular Facebook, Instagram, Twitter and LinkedIn posts promoting HIV prevention services at Change Point. In late November and on December 1, we promoted World AIDS Day, encourage testing, and prevention like PrEP, etc. Our COO and HIV provider participated in a World AIDS Day panel for providers and</p>


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
						platforms such as Facebook and Twitter.	<p>the community.</p> <p>Trac-B/ NARES: January we did a "New Year, New Start. Know Your Status" campaign and promoted HIV on social media, offered gift card incentives for those who tested. In February, we did a Know Your Status campaign again with gift card incentives. In March, we promoted HIV testing on social media. In April we promoted on social media with gift card and clothing incentives. May we promoted HIV testing on social media. Did an incentive for testing, i.e. \$5 gift card or clothing items, or hygiene</p>



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
							<p>items for getting tested.</p> <p>The Center: We use Instagram, FB and Twitter to advertise our testing program and free HIV Testing provided by the Southern Nevada Health Department.</p> <p>Huntridge Family Clinic used Instagram</p> <p>Trac-B/ NARES utilized platforms such as Instagram, FB and Twitter, and TikTok</p> <p>AHN "Hook Up with Us" campaign at Bus Stops and on Bus's</p> <p>Planned Parenthood Our campaigns are those that encourage Pep /Prep, Linkage to Care and</p>



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
							<p>Awareness Days</p> <p>UMC Wellness Our program is advertised through UMC Hospital website. We also have a hotline specific for HIV testing 702-207-TEST</p>
	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</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
					<p>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 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.</p>		
	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	


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.	<p>WCHD has new 5 rapid testing sites.</p> <p>Individual certifications: China Springs: 5 CCC: 12 Ridge House: 2 Rural NV: 3 Trac-B: 3</p>	<p>New rapid HIV testing sites added: AHN: The Garden WCHD: Catholic Charities, Tu Casa Latina SNHD: 5 CCHHS: 2 New Frontier: 3 HOPES: 1</p>	<p>New rapid HIV testing sites added: SNHD: The SNHD L2A MTU, Express Testing re-opened 2/2021 UMC Wellness: Emergency Department, Four</p>

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					Vitality Elko: 6 HOPES: 2 SNHD: 13	Under Wells Avenue Bridge near Broadhead Park, Volunteers of America shelter	Primary Cares & Quick Cares Reported receiving state certification: New Frontier: 2 Huntridge Family Clinic: 4 SNHD: 15 (10 + 5) HOPES: 28 The Center: 3 UMC Wellness: 55 (5 + 50) Trac-B/ NARES: 9 WCHD: 30 Planned Parenthood: 2
	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)	Does not apply: Golden Rainbow UNLV WCHD RWPB No: New Frontier Huntridge Family Clinic AETCRWPA UMC Wellness Yes: WCHD : 5 UMC Wellness: 5
	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	Does not apply: RWPB WCHD New Frontier No: SNHD	New location certified: SNHD: 1 (Henderson Equality Center- SNHD trained staff on Rapid Testing


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					HOPES: 2 SNHD: 13 WCHD: 5	RWPB CCHHS AETC RWPA UMC Wellness RNC	Training, in May. The CLIA waived testing and the laboratory was initiated and achieved by the organization in the second reporting period) HOPES: Did not certify any locations; but, provided HIV testing at 2021 Northern NV Pride
	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 Total rapid tests 2018: 12,493	# of rapid tests AFAN: 87 (39+48) China Springs: 44 CCC: 340 New Frontier: 161 Ridge House: 95 Rural NV: 50 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	# of rapid tests SNHD: 2692 AFAN: 16 AHN: 2209 CCHHS: (267 + 432) HOPES: (500 + 372) WCHD: (313 + 775) New Frontier: 139 COMC: 5 NARES/ Trac B: 84	# of rapid tests AFAN New Frontier:82 Huntridge: 242 WCHD: 1452 (554 + 898) SNHD:5591 HOPES: 193 Trac B/ NARES:521 (274 + 247) The Center: 1847 UMC Wellness: 5655 New Frontier: 57 AHN: 2344 HOPES: 474 SNHD: 5694 UMC Wellness: 103
	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	Offer Rapid Testing: COMC AFAN China Springs CCC New Frontier Ridge House Rural NV	Offer Rapid Testing: SNHD AFAN AHN CCHHS HOPES WCHD	Offer Rapid Testing: CCC AFAN New Frontier Huntridge WCHD SNHD




		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				mouth marketing. HOPES, SNHD, and WCHD have printed materials. HOPES, SNHD, and AFAN use provider referrals.	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	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 Clinical Services: CCHHS Website: HOPES	Trac B/ NARES The Center UMC Wellness AHN HOPES Social Media: Huntridge, SNHD, HOPES, Trac B/ NARES, The Center Provider referrals: Huntridge, WCHD, SNHD, HOPES, The Center, UMC Wellness Word of Mouth: Huntridge, WCHD, SNHD, HOPES, Trac B/ NARES, The Center, UMC Wellness Printed Marketing: WCHD, SNHD, HOPES, Trac B/ NARES Internal referral/standard of clinic care: WCHD Poster at site: Huntridge Transit Ads: AHN Staff education: UMC Wellness





		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	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


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; NAHP 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: AETC: 6 (trained 213) HOPES: 2 +1 (trained 42 + 73) WCHD: 1 (trained 36) UMC Wellness: COMC	Number of trainings provided: SNHD: 77 Trained (15 + 62) AETC: 321 Trained (125 + 196) WCHD: Trained 10 Planned Parenthood: Trained 44 HOPES: via zoom-uncounted
	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)	No of training: Huntridge: 1 (1 trained) SNHD: 3 (3 trained) UMC Wellness: 1 (8 trained) WCHD: 2 (30 trained) Planned Parenthood: 2 (2 trained) HOPES: 1 (4 trained) UMC Wellness: 1 (2 trained)



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
							Dignity Health: 1 (7 trained)
	2017 - 2018	Community education program on PrEP & PEP	# of programs implemented	Office of HIV/AIDS: provided 3 programs Huntridge: provided 10 programs	Number of programs implemented: SNHD: 65 (5+60) WCHD: 4 HOPES: 27 Number of community members trained: SNHD:184 (57+127) WCHD: 100 HOPES: 127	The State of Nevada Office of HIV Project Echo presentation 03/13/2020, which included PrEP + PEP Education. Their office has also included information about PrEP + PEP on End HIV Nevada website	Number of programs implemented: SNHD: 5 AETC: 2
	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	Number of people trained: Huntridge: 31 (1 +30) SNHD: 7 (26-Empower Change Training , 1075 referred on PrEP) Dignity Health: 50
	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	No updates	No updates



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					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-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		SNHD and WCHD have been trained to provide PrEP & PEP academic detailing SNHD has started Academic Detailing efforts for PrEP. 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	No updates	No updates


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>pharmacy also available.</p> <p>SNHD has also made a website to education providers and community about PrEP</p> <p>-</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 which houses the HIV, STD and Family Planning programs.</p> <p>Recruitment and identification of community providers that are willing to offer PrEP within CDC recommendations will occur.</p>		
	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># of Clinics Supported:</p> <p>WCHD 2</p> <p>SNHD: 11 (10 +1)</p> <p>HOPES: 2 (1 +1)</p> <p>AETC: 27 (15 + 12)</p> <p>Providing PrEP:</p> <p>Huntridge</p> <p>SNHD</p> <p>HOPES</p> <p>The Center</p> <p>AETC</p> <p>UMC Wellness</p>


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
						AETC (2) HOPES 3 (2+1) NRC (4) WCHD 1 (0+1)	
	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	Resource list updated by: HOPES

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.	No updates	No updates
	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.	Yes: CCHHS HOPES WCHD New Frontier COMC	Yes: WCHD HOPES Providing HIV Prevention education: CCC New Frontier Huntridge WCHD SNHD HOPES Trac-B/ NARES AETC The Center UMC Wellness AHN

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					Sexual health was NOT to be the focus.		UNLV Planned Parenthood Dignity Health
	2019-2020	Explore the development of school-based clinics	Findings of the exploration	WCHD has explored the development of school-based clinics.	<p>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 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>CCHHS provides adolescent and comprehensive sexual education within some of its schools, but they don’t not have any clinics.</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>	Development of school-based clinics was not reported in reporting period Jan - July, 2021.
	2019-2020	Develop a standardized curriculum for HIV/STD 101	Curriculum developed	HOPES and SNHD have a standardized curriculum.	Using Specific curriculum: Dignity Health: The positive Self-management program	Using Specific curriculum: CCHHS: Making Proud Choices HOPES: Families Talking Together;	Using Specific curriculum: HOPES: Families Talking Together, 1 person was trained



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>HOPES: TPP program (Family talking together; Seventeen Days). Also working on implementation of Title X</p> <p>WCHD: WCS D approved curriculum</p> <p>Vitality Carson: Living in Balance</p>	<p>Seventeen Days, Title X education</p> <p>WCHD: Shared curriculum approved by Washoe County School District Board of Trustees</p> <p>Dignity Health: Positive Self-Management Program</p>	<p>using 17 days- Evidence based program.</p> <p>WCHD: Washoe County School District's curriculum. Planned Parenthood: Public Health Strategy- The Social Network Strategy by CDC & ARTAS</p> <p>Dignity Health: PSMP, SCRIPT</p>
	2019-2020	Make curriculum available to community partners statewide online	<p># of trainers trained</p> <p># of providers trained</p> <p># of people educated</p>	SNHD has made the standardized curriculum available online. 75 trainers have been trained. 15 providers have been trained. 250 people have been educated.	<p># of people trained:</p> <p>Dignity Health: 8</p> <p>HOPES: 3 (2+1)</p> <p>WCHD: 115 (100+15)</p> <p># of providers:</p> <p>HOPES: 16</p> <p># of people:</p> <p>WCHD: 250 (150 + 100)</p> <p>UMC: 5</p>	<p># of trainers trained:</p> <p>CCHHS: 4</p> <p>Hopes: 3 (1 +1)</p> <p># of providers:</p> <p>CCHHS: 4</p> <p>Hopes: 11</p> <p>AETC: 27</p> <p># of people educated:</p> <p>HOPES: 567 (186 + 381)</p> <p>WCHD: 160</p> <p>CCHHS: 40</p> <p>Dignity health: 8</p> <p># of people trained using this curriculum:</p> <p>WCHD: 50</p> <p>HOPES: 194 (186 + 8)</p> <p>CCHHS: 44 (40 + 4)</p> <p>Dignity health: 8</p>	<p># of providers:</p> <p>AETC: 210</p> <p># of people educated:</p> <p>HOPES: 42</p> <p>AETC: 210</p> <p>No update on the # of people trained using this curriculum in reporting period Jan-July, 2021</p>

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	2019-2020	Evaluate curriculum	Evaluation report	SNHD has completed an evaluation report.	No: Part B HOPES SNHD WCHD Yes: None		


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.	Only distribute at main facility: AFAN CCC COMC Golden Rainbow New Frontier	Nevada Condom Distribution Plan 2020 Only distribute at main facility: AFAN	Nevada Condom Distribution Plan 2020 Only distribute at main facility: CCC Golden Rainbow

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				<p>WCHD distributes at 35 locations; SNHD distributes at 15 locations; Trac-B distributes at over 10 locations.</p> <p>Condoms distributed by agency: HOPES: 5,000 SNHD: 116,200 WCHD: 68,500 UMC: Unknown Huntridge: 12,000 Trac-B: 3,000</p> <p>Total condom distribution 2018: 204,700+</p>	<p>Ridge House UMC</p> <p>Various locations: HOPES: main clinic, Change point, Our Center, events</p> <p>SNHD: SHC, Trac-B, AFAN, LGBTQ Center, Huntridge Clinic, CCC</p> <p>Trac-B: several outreach locations monthly</p> <p>WCHD: 40 sites; clinics, health fairs,</p> <p>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</p>	<p>AHN CCHHS ACCEPT New Frontier NN HOPES COMC</p> <p>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</p> <p>Condoms distributed by agency SHND: 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</p>	<p>AFAN Nye County The Center Huntridge New Frontier UMC Wellness</p> <p>Various locations: Huntridge: Centers of behavioral health, community events</p> <p>Trac-B/ NARES: Our main facility and our vending machines through the city</p> <p>WCHD: Bars, community organizations, detention center, community events, clinic, offsite testing, unhoused outreach, community healthcare providers</p> <p>Planned Parenthood: Areas of Displacement and street housed, Bars, Parades, Festivals, Bus Stops, Parks, Convenient Stores, Work Spaces, Gas Stations , etc.</p> <p>SNHD: The LGBTQ Community Center, Trac-B Exchange, and Huntridge Family Clinic, LGBTQ bars, and community partners, and C2P, The Center LV, SNHD-Express Testing, COMC C, Hawks Gym, UMC Wellness, CCDC, Horizon Ridge, Embracing Project, Planned Parenthood, S.</p>

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
					Total condom distribution 2019: 248,790+		<p>Nevada Consortium Members, West Care</p> <p>HOPES: During our mobile SSP and outreach, we provide safer sex kits, change point, HOPES main campus, Hopes Springs</p> <p>Trac-B/NARES: Our main facility and our vending machines through the city</p> <p>Number of condoms distributed: CCC: 100 +1500 Golden Rainbow: 20 AFAN: 0, office currently closed to public Huntridge: 2000 WCHD: 19000 + 21000 SNHD: 62700 + 20905 HOPES: 10000 +9000 Trac-B/NARES: 12556 +18,213 The Center: 20806 New Frontier: 300 Planned Parenthood: 25,000 UMC Wellness: 1200</p>
	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	
	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	SNHD- Discussion with pharmacists and other SoN HPPG members about using Medicaid to obtain condoms, discussions with Trojan about	Nevada Condom Distribution Plan 2020 Medicaid will cover condoms with a prescription.	

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				through manufactures. Currently receive Teen Pregnancy Funds, which allows us to purchase these in bulk. WCHD: Developing mail order condom distribution program.	sales and marketing information locally at the National Sexual Health Conference WCHD- Implementing a web-based, mail order program		
✓	2017-2021	Awareness campaign about ability to get condoms through Medicaid	Distribution information regarding reach of campaign	HOPES and Huntridge provide information about getting condoms through Medicaid.	Provided information: HOPES China Springs Vitality Carson WestCare UMC	Provided information: CCHHS	Provided information: CCC Huntridge HOPES SNHD
✓	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			Condom Locator https://endhivnevada.org/hiv-prevention/testing-treatment/
✓	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	No capacity building assistance provided in reporting period Jan-July, 2021. Yes: SNHD: 5
✓	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 SNHD- 2 Trac-B Center for Behavioral	No additional syringe exchange machines placed. Number of syringes exchanged:	No additional syringe exchange machines placed. Number of syringes exchanged: SNHD: 209, 506 out and 312, 831 in

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				HOPES: 1,200,109 were collected; 1,800,754 provided out	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	HOPES: (187,870 + 162657out) and 201,750 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	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	Names of businesses/CBO reached: HOPES: Worked with several agencies, including WCHD, Volunteers of America, Cares Campus, The Reno Ambassadors, Keep Truckee Meadows Beautiful, Join Together Northern Nevada, CASAT, and Eddy House SNHD: SNHD, City of Caliente and Lincoln County



		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
					for Behavioral Health, Ridge House). City of Reno, Eddy House. 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 Country 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	Yes: Trac-B/ NARES expanded syringe services to Wellness Clinic and Elko Exchange # of IDU served Trac-B/ NARES: 6420 +6081
	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:	Analysis in progress: HOPES	Yes: Trac-B/ NARES, HOPES Analysis in progress: SNHD


		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
					none		



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.



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)	# 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:	# of referrals scheduled: ACCEPT: 20 AFAN: 1819(1036 +462) CCC: 329 (160 +169) Dignity: 210 (60 +150) Golden Rainbow: 148 Huntridge: 60 (30 + 30) Trac-B: 375 (200 +175) UNLV Part D: 20 (15 +5) UMC: 323 (213 + 110) AHN: 904 Planned Parenthood: 16 HOPES: 449 SNHD: 10 Nye County: 17 Golden Rainbow: 163 Access Health Network: 3050 None lost: NV Legal Services

		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
					COMC: 10 Golden Rainbow: 67 Dignity Health: 1 NV Legal Services: 6 (1+5) HOPES: 13 SNHD: check with RW Part A: unknown UMC: unknown	SNHD: 10 (7+3) Golden Rainbow: 1 AFAN: 185 (168+175) AHN: 24 HOPES: 3 (2+1) Dignity Health: 35 (10+25) ACCEPT: 1	The Center UMC UNLV Part D Huntridge Nye County Access to Healthcare Network # lost: AFAN: 52 (35+ 17) AHN: 899 (28 +61) UNLV Part D: 1 CCC: 153 (71 + 82) Dignity: 40 (10 +30) HOPES: 3 (1 + 2) SNHD: 10 Huntridge: 10 Golden Rainbow: 75 Trac-B: 40 UMC Wellness: 16 Golden Rainbow: 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 deliver meetings (APG/SPEC) <ul style="list-style-type: none"> • Part A • Part B • HOPES • SNHD • WCHD • UMC • AFAN • COMC • Dignity Health • HELP of SN • Nevada Legal Services • Nye 	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	Agencies attending: ACCEPT AFAN AHN CCC Dignity Golden Rainbow Huntridge HOPES NCHHS NV Legal Services SNHD The Center Trac-B UNLV Dental UNLV Part D UMC Wellness WCHD Planned Parenthood Golden Rainbow







		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
				<ul style="list-style-type: none"> Trac-B AETC 			RWPB
	2017-2021	Inter-agency case management team building/training. To reduce competition, understand roles	<p>Training occurrence, communications between case managers</p> <p># of patients seen/transferred</p>	<p>Organizations that have inter-agency medical case management teams building</p> <p>Part A (thru UMC) HOPES (Monthly calls with AHN/ACCEPT trainings) SNHD (12 trainings) UNLV (10 trainings) AFAN (12 trainings) COMC (2 trainings) Nye County (12 trainings)</p>	<p># of trainings</p> <p>AFAN: 15 Dignity Health: 5 HOPES: 9 (6 +3) AHN: 3 AFAN: 2 COMC: 17 SNHD: 9 UMC: 1</p>	<p># of trainings</p> <p>SNHD:9 (4+5) AHN: 40 CCHHS: 25 (1+24) WCHD: 1 ACCEPT: 11 HOPES: 1 Trac-B: 2 COMC: 12 CCC: 3 AFAN: 2</p>	<p># of trainings:</p> <p>ACCEPT: 6 Access Health Network: 3 CCC: 4 (2 + 2) NV Legal Services: 1 HOPES: 4 (2 + 2) The Center: 1 Huntridge: 2 AFAN: 2 AHN: 5 UNLV Part D: 2 Planned Parenthood: 2</p>
	2017-2021	Annual Ryan White provider conference with training, RW updates on initiatives, basic fiscal and quality management, advanced training/certifications, strategies	<p># of attendees</p> <p>Conference evaluation report</p>	<p>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</p>	<p># of attendees:</p> <p>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</p>	<p># of attendees:</p> <p>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</p>	<p># of attendees:</p> <p>Dignity: 4 NV Legal Service: 1 Huntridge: 8 (4 + 4) Trac-B: 1 UNLV RWPB: 4 HOPES: 20 SNHD: 26 (17 + 9) RWPA: 6 Planned Parenthood: 1 CCC: 2 UMC Wellness: 8</p>

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 and prisons would connect HIV+ patients to the case management team initially, who would manage their care, set them up for services, referrals, eligibility	# 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?) SNHD (unknown/24) WCHD (unknown) UMC (15) AFAN (don't have access to information) Dignity (10)	# 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	# of first visits: NV Legal Services: 4 SNHD: 65 (35 + 30) Huntridge: 5 HOPEs: 275 UMC Wellness: 1
	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)	# 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	# of first visits: AFAN: unknown number CCC: 108 Dignity: 35 (30 + 5) SNHD: see Ryan White Trac-B: 30 WCHD: data unavailable Huntridge: 20 HOPEs: 19 SNHD: 34 CCC: 4 UMC Wellness: 2 AFAN: unknown AHN





		Activity/Intervention	Metric	2018 Status	2019 Status	2020 Status	2021 Status
	2018-2021	Link HIV+ homeless clients with local clinics to provide continuity of care. Identify point organizations and providers.	# of homeless clients linked # of first visits	Trac-B (1) Organizations who link (# of first visits) Part A (by agency) HOPES (These are new clients to us) SNHD (unknown) WCHD (unknown) Dignity (30) HELP SN (unknown) NV Legal (send people to eligibility and enrollment and housing assistance but I don't know how many actually went for their first visit)	# of first visits: AHN: unable to report AFAN: 89 COMC: 5+ Dignity Health: 2 HELP SN: 6 HOPES: 3 SNHD: will follow up Trac-B: unknown WestCare:3 WCHD: 2	# of first visits: SNHD: 32 AHN: 8 CCHHS:28 (27+1) HOPES: 43 (40+3) WCHD: 2 Dignity Health: 30 (10+20) UMC Wellness: 12 (2+10) ACCEPT: 1 CCC: 3	# of first visits: AFAN: data unavailable CCC: 3 Dignity: 20 HOPES: 37 (4 +33) NV Legal Services: 1 WCHD: data unavailable Huntridge: 15 AFAN: unknown AHN: 11 Planned Parenthood: 2 RWPB: 5 SNHD: 5 CCC: 1 UMC Wellness: 1 Dignity Health: 18
	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	# of first visits: HOPES: 1 AFAN: unknown AHN: 11 Planned Parenthood: 2 SNHD: 4 UMC Wellness: 1



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	# of PLWH assisted by peers: CCC: 900
	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	Evaluation completed by CCC
	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)	# of clients participated: Dignity: 90 (30+60) The Center: 67
	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	# of clients participating: AHN: 13 Dignity: 13 Nye Co: 6 Planned Parenthood: 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	


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.


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	No updates made to the resource guide in reporting period Jan-July, 2021. HOPES: 4455 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 assessment helped inform the Planning Council's FY 2017 Priority Setting	No updates		

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				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	


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	<p>HOPES and HELP of SN added mental health provide(s) in 2018.</p> <p>HOPES: Referral systems set in place for other providers if cannot provide here: Well Care & NNHAMS</p> <p># of MH/BH Providers Collaborated with:</p> <ul style="list-style-type: none"> WCHD: 3 HELP: 2 <p># of referrals made to MH/BH Service Orgs:</p> <ul style="list-style-type: none"> WCHD: Unknown 	<p>Collaborations set up:</p> <p>ACCEPT AFAN CCC COMC Golden Rainbow Help of SN Dignity Health NV Legal Services HOPES Nye County HHS SNHD Trac-B WCHD Ridge House WestCare Part A UMC</p>	<p>Collaborations set up:</p> <p>SNHD AFAN AHN RWPB CCHHS HOPES WCHD Dignity Health RWPA</p> <p>UMC Wellness ACCEPT Trac-B COMC CCC Added new provider: No update</p>	<p>Collaborations set-up:</p> <p>ACCEPT AFAN CCC Dignity Golden Rainbow HOPES Huntridge NCHHS NV Legal Services SNHD Trac-B WCHD UMC Wellness AHN UNLV RWPB Planned Parenthood RWPB</p>


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<ul style="list-style-type: none"> HELP: 38 Trac-B: 100+ 	<p>Added new provider: Hopes Ridge house WestCare</p> <p># of providers collaborated with: ACCEPT: 1 AFAN: 5 NV Legal Services: 1 HOPES: 3 Ridge House: 2 WestCare: 2 UMC: 1</p> <p># of referrals made: ACCEPT: 4 AFAN: 8 Nevada Legal Services: unknown Ridge House: 30 UMC: 214</p>	<p># of providers collaborated with: CCHHS: 10 HOPES: 19 SNHD: 1 Trac-B: 8 CCC: 3</p> <p># of service organizations collaborated with: WCHD: 2 Trac-B: 8 COMC: 1 CCHHS: 6 CCC: 3</p> <p># of mental health providers recruited: AFAN: 9 CCHHS: 10 WCHD: 1 ACCESS: 1</p> <p># of referrals made: AFAN: 2 CCHHS: 7 (2+5) WCHD: 7 ACCEPT: 3 Trac-B: 40 COMC: 40</p>	<p># of providers collaborated with: Dignity: 3 Golden Rainbow: 1 Trac-B: 5 (3 +2) HOPES: 3</p> <p># of service organizations collaborated with: AHN: 4 AFAN: 3 CCC: 6 Dignity: 4 (3 + 1) Golden Rainbow: 1 SNHD: 5 Trac-B: 5 (3 +2) WCHD: 2</p> <p># of mental health providers recruited: CCC Dignity</p> <p># of referrals made: Dignity: 35 (30 + 5) Trac-B: 55 (30 + 25)</p>
	2018-2021	Foster collaboration between the agencies to cross provide services at other locations to make services more readily available	<p># of collaborations</p> <p># of clients served</p>	<p># of MH/BH Service Orgs Collaborated with:</p> <ul style="list-style-type: none"> WCHD: 2 COMC: 2 HELP: 2 NV Legal: 9 Trac-B: 10+ <p># of clients served</p>	<p># of orgs collaborated: ACCEPT: 2 AFAN: 8 (3+5) NV Legal Services: 12 (3+9) HOPES: 3 WCHD: 3 Ridge House: 7 WestCare: 2 UMC: 2</p>	<p># of clients served: AFAN: 15 CCHHS: 144 (2+142) WCHD: 7 ACCEPT: 3 HOPES: 97 SNHD: 24 Trac-B: 40 COMC: 40</p>	<p># of clients served: Dignity: 45 (40 + 5) Trac-B: 55 (30 + 25) SNHD: 115</p>

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<ul style="list-style-type: none"> WCHD: Unknown HELP: 38 Trac-B: 100+ 	# of clients served: ACCEPT: 3 AFAN: 148 (40+108) NV Legal Services: 146 HOPES: 41 Ridge House: 350 UMC 397		
	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	

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	

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	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	SNHD has delivered statewide HIV 101 and 201 and Hepatitis C professional development to mental health providers and SAPTA. A webinar is in development. The WCHD HIV staff participated in HIV stigma training. Dignity Health has been successful at running webinars and trainings on a wide variety of HIV topics	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		
	2017-2021	More education for providers about the resources available in the community including outside of Ryan White	# of providers educated	# of providers educated: <ul style="list-style-type: none"> Office of HIV: 10 Part A: 10 Prevention: unsure AETC: 140 HOPES: 30 SNHD: 15 WCHD: unsure UMC: 10 Huntridge: >100 Did not provide education in 2018 <ul style="list-style-type: none"> Part B UNLV 	# of providers educated: Part B 61 (50+11) HOPES: 23 (7+16) SNHD: 234 (115+ 119) WCHD: 20 Part A: 30 UMC: 5 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	# of providers educated: SNHD (15) RWPB (11 + 11) AETC (289 + 50) HOPES (28 + 9) WCHD (5 + 10) RWPA (15 + 16) CCHHS (112)	# of providers educated: UNLV: 1 WCHD: 10 SNHD: 30 (15+15) HOPES: 35 (15+20) RWPA: 36 (20 + 16) AETC: 120

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					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



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).


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 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	# of options available: Accept: Health Education Risk Reduction and non-medical case management AHN: Case management AFAN: Support, Education, Training; Medical Case Management as well as provider, pharmaceutical, nutrition presentations. China Springs: nurse CCC: "Living Room", MENTality group, Nothingness,	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 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.	AFAN: Nutrition, Peer Support Group CCC: SA, MH,Self- care, Nutrition, Sexual Health, COVID Health, CHW, Medication Adherence, CSN CHW training, CPLC Work Force Dignity: PSMP, MNT classes, Pharmacist led classes for adherence, PSMP, SCRIPT, HBTC, Nutrition classes, Fitness Classes Golden Rainbow: Online Yoga Workshops, COVID- 19 Vaccine Shots, FLU Shots NV Legal Services: We offer a number of classes on legal

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					Think Tank, Empowerment	education provided by 2 HIV providers.	issues that will help clients in care.
					COMC: Health education risk reduction and psychosocial supports	AFAN: The agency offers educational lunch and learns to clients provided by pharmaceutical companies on a monthly basis.	SNHD: case managers and provider education
					Golden Rainbow: Yoga Workshops, Art Therapy, Aromatherapy Workshops, Chakra Balancing	AHN: Video & phone language translation services	The Center: HIV 101, Living Well support group, MED-TIME medication adherence program
					Help of SN: intensive and medical case management	CCHHS: Support, education, Ryan White Program, Dental, Insurance, housing, and intervention into programs; Crisis Intervention/Patient Adherence/Medical Compliance/Psychosocial	Planned Parenthood: Nutrition, Yoga, Meditations, Respite Space,
					Dignity Health: Positive Self-Management Program	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	UNLV Part D: We offered Physical, Nutritional and Mental Health Groups monthly, Non medical case management
					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		WCHD: ARTAS intervention, risk reduction planning, education and support on navigating HIV care system
					HOPES: bi-weekly RW orientations,		UMC: Case Management support, Psychiatric & other mental health support services, We had a "Lunch and Learn; Advances in HIV Care" in Dec 2021


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>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 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>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, 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>HOPES: Psychosocial support groups, integrative counseling (Ryan White nurse, medical case management)</p>


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					WCHD: one-on-one sessions with clients	Golden Rainbow: Support and education COMC: adherence counseling with Medical case managers as well as clinical providers at each encounter CCC: Nutrition, Housing, Medication Adherence, Job Support	
	2017-2018	Ensure that patient education programs are language and literacy ability appropriate	Assessment of language and literacy appropriate materials and program are	Have completed assessment: <ul style="list-style-type: none"> • Part A • HOPES • UMC • UNLV • AFAN 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 	Conducted assessment: Dignity Health CCC WestCare UMC WCHD	Have completed assessment: SNHD AFAN AHN CCHHS WCHD Dignity Health UMC Wellness Trac-B COMC	Have completed assessment: AFAN AHN CCC Dignity HOPES Planned Parenthood UMC WCHD
	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	# 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	# of sessions offered ACCEPT: 3 AHN: 2383 CCC: 330 (160+170) Dignity: 28 (8+20) Golden Rainbow: 5 Planned Parenthood: 44 HOPES: 1836 (1051+785) The Center: 6



		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					COMC: 100+ WestCare: 2 UMC: every visit		SNHD: 78 UMC: (3658) 1204+2454
	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 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 	Regularly use CoC to... Understand HIV status: AFAN HELP of Southern Nevada HOPES SNHD Trac-B WCHD UMC Establish baseline: AFAN 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	Regularly use CoC to... Understand HIV status: SNHD RWPB AFAN AHN CCHHS HOPES WCHD New Frontier UMC Wellness Dignity Health AETC Trac-B 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	Regularly use CoC to... Understand HIV status: CCC AFAN UNLV Huntridge Family Clinic WCHD SNHD HOPES Nye County Trac-B/ NARES The Center RWPA UMC Wellness New Frontier Planned Parenthood Golden Rainbow Establish baseline: CCC AFAN Huntridge Family Clinic WCHD SNHD HOPES Nye County RWPA UMC Wellness Planned Parenthood Golden Rainbow Identify patterns: CCC AFAN

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>UMC</p> <p># of PLWH in care: AFAN: 657 HELP of SN: 36 HOPES: 772 WCHD: 5 (new WCHD positives)</p> <p># of PLWH Linked within 30 days AFAN: 549 HELP of SN: 0 HOPES: 3 SNHD: 81.5% WCHD: 5 (new WCHD positives)</p> <p># of PLWH retained AFAN: some labs missing from CAREWare HELP of SN: 36 HOPES: 706 WCHD: 5</p> <p># of PLWH on ARV's AFAN: not tracked in CAREWare HOPES: 718 WCHD: NA</p> <p># of virally suppressed: AFAN: some labs missing HOPES: 611 WCHD: NA</p>	<p>Trac-B</p> <p>Match labs: SNHD RWPB AFAN AHN WCHD CCHHS HOPES New Frontier UMC Wellness</p> <p>Provide support to PLWH: SNHD RWPB AFAN AHN Golden Rainbow WCHD CCHHS COMC HOPES Dignity Health NCHHS RWPA UMC Wellness ACCEPT</p>	<p>Huntridge Family Clinic WCHD SNHD HOPES Nye County RWPA UMC Wellness Planned Parenthood Golden Rainbow</p> <p>Match labs: CCC Huntridge Family Clinic WCHD SNHD HOPES Nye County RWPA UMC Wellness AETC Planned Parenthood</p>


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	<p>Medication Management Materials:</p> <ul style="list-style-type: none"> Part A HOPES SNHD UMC AFAN COMC Dignity Health Nye <p>Support:</p> <ul style="list-style-type: none"> Part A HOPES SNHD AFAN COMC Dignity Health HELP of SN NV Legal Trac-B <p>Educational Programs:</p> <ul style="list-style-type: none"> Part A HOPES Dignity Health <p>Counseling:</p> <ul style="list-style-type: none"> Part A HOPES UMC AFAN Dignity 	<p>AHN: case management</p> <p>AFAN: Medication management, support, education program, counseling</p> <p>Dignity Health: Medication management, support, education program, counseling</p> <p>HOPES: Medication management, support, counseling, education program</p> <p>Nye County HHS: support</p> <p>WCHD: support, counseling</p> <p>China Springs: support, education program, counseling</p> <p>COMC:</p>	<p>Medication Management Materials:</p> <ul style="list-style-type: none"> HOPES CCHHS SNHD Trac-B COMC UMC Wellness CCC <p>Support:</p> <ul style="list-style-type: none"> HOPES CCHHS SNHD Trac-B COMC UMC Wellness CCC <p>Education:</p> <ul style="list-style-type: none"> SNHD Trac-B UMC Wellness Dignity Health CCC <p>Counseling:</p> <ul style="list-style-type: none"> HOPES CCHHS SNHD CCC <p>SNHD: Support, Counseling,</p>	<p>Medication Management materials:</p> <ul style="list-style-type: none"> AHN Planned Parenthood Dignity HOPES NCHHS The Center UMC <p>Support:</p> <ul style="list-style-type: none"> AHN CCC Dignity Planned Parenthood NCHHS SNHD The Center UNLV Part D WCHD UMC <p>Education:</p> <ul style="list-style-type: none"> ACCEPT CCC Dignity Golden Rainbow Planned Parenthood HOPES NCHHS The Center UMC

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
					<p>Medication management, support, education program, counseling</p> <p>WestCare: support, counseling, nutrition education</p> <p>Part A: Medication, support, educational program, counseling</p> <p>UMC: Medication, support, individual counseling</p>	<p>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, Educational Program, 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>	<p>Counseling:</p> <ul style="list-style-type: none"> • AHN • CCC • NCHHS • HOPES • The Center • Planned Parenthood • WCHD • SNHD • UMC • UNLV <p>Golden Rainbow: yoga classes</p> <p>The Center: Referrals to Community Counseling Center's Affirmations program</p> <p>UMC: RNs educate clients at each office visit encounter regarding their medications.</p>
	2017-2021	Provide education to pharmacists on HIV medication adherence	# of pharmacists receiving education	# of Pharmacists who receive education in 2018	# of pharmacists who have	# of pharmacists who have received education:	# of pharmacists who have received education:

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				Part A: unknown HOPES: 2 FTE pharm, 6 part time pharmacists SNHD: 1	received education: HOPES: all are AAHIVM certified/2 SNHD: 1	SNHD: 1	Dignity: 1 SNHD: 1 HOPES: 2
	2017-2021	Encourage pharmacists that work with HIV clinics to get certified in HIV care (AAHIVM certification)	# of pharmacists with HIV specialty	# of pharmacists with specialty Part A: SNHD HOPES: 8 SNHD: 1	Pharmacists are not certified: Dignity Health WCHD # of pharmacists who have certification: HOPES: all/2	Pharmacists are not certified: AHN Dignity Health pharmacists are certificated: SNHD: 1 HOPES (all pharmacists)	None to report in this period
	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	# of clients who received: AFAN: Not available CCC: 192 HOPES: 25 Planned Parenthood: 9 NCHHS: Not available SNHD: 150 WCHD: Not available UMC: 1309 (1204+1105)

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	# of clients educated ACCEPT: 12 AHN: all AFAN: 1,289 (657+632) Dignity Health: 49	# of clients educated SNHD: 330 AFAN: 360 (50+310) AHN: 659 Golden Rainbow: 18 (12+6) CCHHS: 102	# of clients educated AHN: 2383+ ACCEPT: 20 AFAN: all clients CCC: 1169 (900+169) Dignity: 100 Golden Rainbow: 25 (20+5) Planned Parenthood: 44




		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				Dignity Health: 30 HELP: 38 Nye: 39 Trac-B: 5	HOPES: 1,142 (392+750) Nye County HHS: 10 WCHD: 42 CCC: all COMC: 120 Golden Rainbow: 20 Help SN: 37 Ridge House: 95 WestCare: 3 UMC: 2,192	HOPES: 1522 (745+777) WCHD: 27 UMC Wellness: 4064 (1699+2365) ACCEPT: 287 Trac-B: 150 Dignity Health: 100 CCC: 60	HOPES: 1836 (1051+785) NVHHS: 35 UNLV:39 SNHD: 86 The Center: 67 Trac-B: 145 UNLV Part D: 19 WCHD data not available UMC: 1309 (1204+1105)
	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	# of clinicians educated: AHN: 2 HOPES: 6 The Center: 2 SNHD: 5 UMC: 9 (4+5) UNLV: 1
	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	HOPES: We have a CQI Board and Committee that meets monthly to review clinic metrics on viral load data. Continuous quality	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	AHN: HRSA REPORTS GATHERED AND SHARED WITH COUNTY RWPA Dignity: Flyers, educational classes led by Community Pharmacist, 1:1 peer navigation, health education


		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
				<p>informal presentations</p> <p>WCHD: Education on U=U using federal resources, Prevention Access resources and the US/Nevada care continuum</p> <p>COMC: handouts brochures educational materials</p> <p>Dignity Health: One of the lessons in the Positive Self-Management Program is about viral load suppression and we use a chart.</p>	<p>Nye County HHS: I always let my clients know how important it is to be undetectable.</p> <p>SNHD: Included in the Link to Care educational materials</p> <p>WCHD: use national and state continuum of care data in educational presentations</p> <p>Part A: consumer dev. committee</p> <p>UMC: doctors routinely educate in the community</p>	<p>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. 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>	<p>Golden Rainbow: Program materials and U=U campaign</p> <p>Planned Parenthood: Viral Suppression Awareness , HIV Stigma reductions conversations</p> <p>HOPES: In our annual report which is distributed each April/May and available to the community throughout the year.</p> <p>SNHD: Discuss viral loads in Empower Change training</p> <p>NCHHS: Brochures</p> <p>WCHD: Educational Presentation, provider education</p> <p>UMC: "Lunch and Learn; Advances in HIV Care" was held in December 1, 2021 which was attended by PLWH from Clark County, Nye and Mohave and various community-based organizations/providers. For Early Intervention Services (EIS), our dedicated Nurse Navigators and RN Case Managers provides counseling sessions.</p>

		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status



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 WCHD UMC AFAN COMC Trac-B	Routinely screen for sexual history and STI: HOPES SNHD WCHD China Spring AFAN CCC COMC Ridge House Vitality Carson WestCare UMC	Routinely screen for sexual history and STI: SNHD AHN CCHHS WCHD HOPES UMC Wellness COMC	
	2018	Develop resource guide for providers. (Health departments, providers who specialize in STIs 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	Has a provider list: ACCEPT AFAN AHN CCC Planned Parenthood Golden Rainbow HOPES NCHHS SNHD The Center Trac-B/NARES UNLV Part D WCHD UMC





		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	2018-2020	Provide outreach to all providers (including private) re routine screening and education for STIs	# of providers reached	<p># of providers who reached outreach</p> <p>HOPES: We have internal provider meetings and trainings; All of our provider are taught to provide recommendations for STIs. Currently, we have 8 RNs and 18 providers</p> <p>SNHD: 100 WCHD: unknown UMC: 3 Huntridge: >100</p>	<p># of providers who received outreach:</p> <p>AETC: 78 HOPES: 3 orgs were provided with STD 101 education; 16 providers SNHD: 146 (27+119) WCHD: 35 COMC: 3</p>	<p># of providers who received outreach:</p> <p>AETC: (109 + 27) HOPES: (42 + 10) WCHD: 15 CCHHS: 18 New Frontier: 2 UMC Wellbeing: (1 + 10)</p>	<p># of providers who received outreach:</p> <p>WCHD: No unknown SNHD: 41 (10 + 31) AETC: 100</p>


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	<p># of programs implemented</p> <p># of clients educated</p>	<p># of programs offered</p> <p>HOPES: We provide education and treatment for all + dx of STI</p> <p>WCHD: 2 programs, 10 clients Dignity: 30, 30 clients</p> <p>Standard practice</p>	<p>Has prevention with positives:</p> <p>WCHD: 1 program, 48 (6 +42) clients Ridge house: 1 program. 95 clients</p>	<p>Has prevention with positives:</p> <p>AHN: 1 (2088 clients) CCHHS: 2 (485 clients) WCHD: 1 (30 clients) SNHD: 1 (343 clients) CCC: 3 60 clients)</p>	<p>Has prevention with positives:</p> <p>AHN (2383 clients) CCC: 5 (130 clients) Dignity: 3 SNHD: not a formal program Planned Parenthood: 1 UMC: 1 (103 clients)</p>
	2017-2018	Recommend that EHR in all clinics and community-based organizations includes sexual history and STI screenings	# of clinics implementing	<p>Part A: STI</p> <p>HOPES: History and STI SNHD History and STI WCHD: History and STI</p>	<p>Includes sexual history:</p> <p>AFAN HOPES SNHD WCHD China Spring</p>	<p>Includes sexual history:</p> <p>SNHD AHN CCHHS HOPES WCHD</p>	<p>Includes sexual history:</p> <p>HOPES SNHD Dignity UNLV Part D WCHD</p>

				UNLV: No and History COMC: History and STI Dignity: No HELP: No NV Legal: No Nye: No Trac-B: No	COMC Golden Rainbow Vitality Carson UMC Includes STI: AFAN HOPES SNHD WCHD China Spring COMC Golden Rainbow Vitality Carson UMC	UMC Wellness COMC Includes STI: SNHD AHN CCHHS HOPES WCHD UMC Wellness COMC	UMC Includes STI: HOPES AHN Dignity The Center SNHD WCHD UMC UNLV Part D
	2017-2021	Expand risk reduction and health education for clients to include STIs and importance of screenings and when to get tested	# of clients educated	# of clients educated on risk reduction Part A: by agency HOPES: 779 SNHD: 900 WCHD: 5405 UMC: 1000 UNLV: 2-3 AFAN: do not have exact numbers COMC: 30 Dignity: 30 Trac-B: 5	# 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	# of clients educated: AHN: 2383+ AFAN: Data not available CCC: 289 (192+97) Dignity: 60 HOPES: 1570 (815+755) NCHHS: 35 Planned Parenthood: 44 SNHD: All who tested positive The Center: 67 Trac-B/NARES:145 WCHD: Data not available UMC: 1307 (1204+103) UNLV: 16



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 	Completed	Completed	Completed

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


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	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	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	Have a plan in place: SNHD AFAN AHN HOPES CCHHS UMC Wellness NCHHS COMC Dignity Health CCC	Have a plan in place: ACCEPT AHN AFAN CCC Dignity Golden Rainbow HOPES Planned Parenthood SNHD WCHD UMC UNLV


	2018	HIV care clinics have plans in place for routine assessments for chronic disease with HIV clients	# of clinics implementing	Have a plan in place: Part A HOPES SNHD UMC AFAN Dignity Health Nye Working on a plan: COMC	Vitality Carson UMC Not at this time, but working on plan: SNHD Have plan: AHN Dignity Health HOPES AFAN China Springs CCC COMC WestCare UMC	Have plan: SNHD AFAN HOPES Dignity Health CCHHS NCHHS UMC Wellness CCC	Have a plan in place: ACCEPT AHN CCC Dignity HOPES SNHD UMC UNLV
	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	


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




		Activity/Intervention	Metrics	2018 Status	2019 Status	2020 Status	2021 Status
	2019	EHR in clinics includes routine screening and MH, SA and chronic disease assessments	# of clinics implementing	Implementing: HOPES SNHD UMC HELP	EHR does include: AHN AFAN CCC COMC HELP of SN HOPES	No updates	

					SNHD UNLV WCHD Ridge House Vitality Carson WestCare		
	2019-2021	Expand health education for clients to include different comorbidities and importance of routine screenings	# of clients educated	# of clients educated Part A: By agency HOPES: all (779) SNHD: 500 UMC: 1900 AFAN: unsure Dignity: 30 Trac-B: 5	# of clients educated: AFAN: 30 Dignity Health: 49 HOPES: 544 SNHD: all clients in SHC and RW receive education WCHD: unknown Community counseling: meetings, trainings, and luncheons provided by outside agencies COMC: 50+ Ridge House: 95 WestCare: 51 UMC: 2,100+	# of clients educated: SNHD: Nurse case managers provided intensive medical case management services which involves education on comorbidities and importance of routine screening. AFAN: 62 (50+12) AHN: 659 Golden Rainbow: 12 CCHHS: 112 (102+10) HOPES: 745 WCHD: 27 Dignity Health: 250 (50+200) RWPA: 5 ACCESS: 4 SNHD: 124 Trac-B: 281 COMC: 100 CCC: 60 UMC Wellness: 2365	# of clients educated: AHN: 2383 CCC: 217 (192+25) Dignity: 120 (60+60) HOPES: 1836 (1051+785) UNLV: 34 SNHD: 86 WCHD: Not available UMC: 1309 (1204+1105)
	2019-2021	Provide education for providers to assist them in providing good individual or group education	# of providers educated		No updates	No updates	

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 the assessments	Assessment forms	Use standardized assessment forms: HOPES SNHD WCHD	Have standardized assessment forms for all medical providers:	Complete	Complete

				UMC UNLV COMC Nye	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		
	2019	Use Quality management team to develop and train on use of forms	# of providers trained	Use quality management on forms: HOPES WCHD UMC UNLV HELP Nye Part A	Use quality management teams to develop and train on use of forms: ACCEPT AHN HOPES WCHD # of providers trained:	Completed	Completed



				All Ryan White funded have this	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	Completed	Completed

					HELP of NV Ridge House WestCare HOPES Part A SNHD UMC		
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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.


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.	Number of individuals “heard” Number of persons from each target group that participated		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)		
	2017	Identify successful group-specific disease prevention strategies that can be adapted to HIV prevention.	Identification of proven strategies				




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
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	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	More listening sessions will be conducted through UNLV for their work on the EHE project re messaging.	

					<p>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.</p>		
	2020-2021	<p>Using information from listening sessions, identify the methods, messages, locations, radio or TV stations, bus routes, events, etc. that were most likely to reach target groups</p> <p>Using information from listening sessions, identify any new methods, messages, locations, radio or TV stations, bus routes, events, etc. that will be likely to reach target groups</p> <p>Discontinue unsuccessful methods, continue successful one, and implement new methods, messages, locations.</p>	<p># of locations and platforms identified for each target group in each community</p> <p>Change from baseline in percent of PLWH linked to care</p>		<p>Southern Nevada: Approximately 20 listen sessions have been conducted and information compiled. Analysis of this information has not been completed.</p>	<p>More listening sessions will be conducted through UNLV for their work on the EHE project re messaging.</p>	




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	# of providers/staff trained New Frontier:2 Huntridge Family Clinic: 4 SNHD: 15 (10 +5) The Center: 3 Trac-B/ NARES:9 WCHD: 30 Planned Parenthood: 2 HOPES: 28 UMC Wellness: 50
	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	No, we did not identify any providers: HOPES AETC # of CBO's. SNHD: 1 RWPA: 1 # of providers: WCHD:1 UMC Wellness: 1
	2020-2021	Evaluate CBO on-site testing programs	Evaluation Report	Did an evaluation: SNHD	No updates	Did an evaluation: HOPES WCHD RNC	Did an evaluation: HOPES

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.



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
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	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.		
	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.		
	2017-2021	Provide experiential training to employees and volunteers in HIV care and service organizations about how personal bias and stigma can prevent PLWH in underserved populations and high-risk groups from accessing and staying in care Conduct brainstorming sessions on how to improve first access and point of contact Recognize persons and agencies that PLWH deem most welcoming	# of employees and volunteers trained # of trainees who report making and sustaining improvement	# of employees/volunteers trained on bias/stigma Part A: 5 Prevention: ??? HOPES: 35+ SNHD: 153 WCHD: 20 UMC: 7 UNLV: 600+ Huntridge: 16	No: Part B HOPES Yes (number trained) AETC: 134 SNHD: 181 (74+ 107) UNLV: 364 WCHD 347 (25+ 322) UMC: 100+	Yes (number trained) CCHHS: 73 (1 + 72) AETC: 84 HOPES: 25 WCHD: 51 (45 + 6) RNC: 10 UMC Wellness: 25	Yes (number trained) UNLV: 4 AETC: 150 +235 RWPA: 100 WCHD: Ongoing HOPES: 20 SNHD: 35 UMC Wellness: 22


		Follow up with trainees at 3-and 9-months post training to determine what changes or improvements were made and sustained					
	2020-2021	Repeat listening sessions with individuals from PLWH in underserved populations and high-risk groups to see if there have been improvements in their first contact experiences with HIV agencies and get additional ideas and suggestions for ways to make improvements	<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	

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.)	<p>Accuracy and timeliness of information</p> <p># of “hits” on the website</p>				
	2018	Hold a yearly provider showcase for all parts, where all services provided will be discussed and case	# of providers participating	# of providers participating Office of HIV: 1 Part B: 16	# of providers participated: HOPES: 31 (25+6)	# of providers participated: RWPB: 39 (24 + 15) CCHHS: 2 (1 +1)	# of providers participated: Golden Rainbow:2 UNLV:1



		studies will be reviewed in an effort to enhance service delivery between agencies to PLWH.		HOPES: each SPEC meeting we sent 1-5 staff UMC: 8 UNLV: 1 Huntridge: 1	SNHD: 22 (7+15) Part A: 16 Part B: 29 (19+10) UMC: 1	HOPES: 13 (12+ 1) UMC Wellness: 20 RWPA: 20+	SNHD: 17 HOPES: 5 + 5 RWPA: 15 RWPB: 30 UMC Wellness: 3
	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: SNHD :99 (50+49) Dignity Health: 3 CCHHS: 8 CCC: 67 Evaluation report of peer navigation program completed: CCHHS	# of PLWH assisted by peers: Dignity: 50 Planned Parenthood : 4 SNHD: 20

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		Review all current patient materials (enrollment, list of services, patient responsibilities, timelines, payment, etc.) for health literacy criteria Revise materials as needed to be at 6 th grade reading level	% of written materials meeting health literacy standards # of staff trained in health literacy # of staff reporting making changes in how they communicate with clients	Need translation services: Part A HOPES SNHD WCHD UMC UNLV AFAN COMC Dignity HELP NV Legal Need English/Spanish printed materials: Part A HOPES SNHD WCHD	Have translation services: ACCEPT AFAN China Springs COMC Golden Rainbow Dignity Health NV Legal Services HOPES SNHD UNLV WCHD WestCare UMC English/Spanish printed materials: ACCEPT AHN	Have translation services: ACCEPT AFAN AHN CCHHS Dignity Health HOPES RWPB SNHD WCHD UMC Wellness Trac-B COMC CCC English/Spanish printed materials: ACCEPT AFAN	Have translation services: AHN AFAN CCC Dignity Health Golden Rainbow Planned Parenthood HOPES NCHHS NV Legal Services SNHD The Center UMC UNLV Dental UNLV Part D WCHD

				<p> UMC UNLV AFAN COMC Dignity HELP NV Legal Nye </p> <p> Need Materials to meet literacy needs: Part A HOPES SNHD WCHD UNLV AFAN COMC </p> <p> 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 </p>	<p> 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> 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 </p>	<p> 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 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> English/Spanish printed materials: AFAN AHN CCC Dignity Health Golden Rainbow HOPES NCHHS NV Legal Services Planned Parenthood SNHD The Center Trac-B/NARES UMC UNLV Part D WCHD </p> <p> Materials adjusted to meet literacy needs: AHN CCC Dignity Health Golden Rainbow Planned Parenthood HOPES NV Legal Services UMC WCHD </p> <p> # of staff trained in health literacy AHN: 31 CCC: 6 The Center: 5 </p>
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					UNLV: 2 Dignity: 2 # of bi-lingual staff: Part A: 1 HOPES: 74 SNHD: 5 WCHD: 10 UMC: 4 AFAN: 5 COMC: 7 Dignity: 1 HELP: 10 NV Legal: 11	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 UMC: 4	# 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 COMC: 9 CCC: 6	Planned Parenthood: 2 HOPES: 20 WCHD: 3 UMC: 58 (25+33) UNLV: 2 # of bi-lingual staff: ACCEPT: 2 AFAN: 4 AHN: 29 (24+5) CCC: 16 (8+8) Dignity: 2 Golden Rainbow: 2 (1+1) HOPES: 211 (125+86) NCHHS: 1 NV Legal Services: 14 WCHD: 9 SNHD: 29 (10+19) The Center: 3 UMC: 10 (4+6) UNLV Part D: 4
		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%	% 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%	% who report easy access: ACCEPT: 100% AFAN: 100% AHN: 100% CCC: 80% Dignity: 100% Golden Rainbow: 80% Planned Parenthood: 55% HOPES: 94% NCHHS: 100% NV Legal Services: 100% NCHHS: 100% WCHD: 0%

						Golden Rainbow: 90% Help of SN: 100% WestCare: 85% UMC: 100%		The Center: 100% SNHD: 95% UMC: 100% UNLV Dental: 100% UNLV Part D: 100%
		2017	Determine the need for translation in other languages besides Spanish	% of clients who speak other languages report easy access to translators				
		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 PLWH coming to program -# of PLWH who accessed... not reported		

Appendix B: 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