

**Ryan White Part A, B, C, D, F and Prevention
Cross Part Collaborative
Clinical Quality Management Team
Quality Plan
State of Nevada and the Las Vegas TGA
Grant Year 2014-2015**



Working together to improve HIV/AIDS services in Nevada and the Las Vegas TGA

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SECTION 1: INTRODUCTION

The Ryan White Treatment Extension Act of 2009 requires Ryan White Programs to establish a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service Guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

Our purpose as individuals from Ryan White Part A, B, C, D, F and prevention programs is to; 1) link quality activities to the Statewide Coordinated Statement of Need (SCSN), Comprehensive Care Plan and Las Vegas TGA Comprehensive Care Plan using the team to accomplish and implement their respective goals and objectives, 2) actively reduce barriers to care and health disparities through quality improvement activities and tailored interventions, and 3) bring together stakeholders to discuss our common vision for quality care and enable participation across all parts and programs.

SECTION 2: QUALITY STATEMENT

Definition of Quality

The Health and Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers the Ryan White Program. HAB defines quality as “the degree to which a health or social service meets or exceeds established professional standards and user expectations.”

Shared Vision Statement

We envision a 100% accessible continuum of high quality care and support to aid in the elimination of health disparities among PLWH/A.

Shared Mission Statement

The mission of the Ryan White Part A, B, C, D, F and Prevention Cross Part Collaborative Clinical Quality Management Team is to ensure the highest quality of medical care and supportive services for people living with HIV/AIDS in Nevada and the Las Vegas TGA.

SECTION 3: QUALITY INFRASTRUCTURE

Leadership

Leadership and accountability of this Cross Part Collaborative Clinical Quality Management Team lies with the co-facilitators of the team which are; 1) Ryan White Part B Quality Manager, and 2) the Ryan White Part A Quality Manager.

Quality Committee Structure

The purpose of this team is to provide a mechanism for the objective review, evaluation, and continuing improvement of the quality management system. It is also responsible for guiding the direction of quality improvement projects across all Ryan White Parts within the State of Nevada and the Las Vegas TGA, forming quality improvement committees when necessary, documenting improvements, results, and guiding the implementation of successful practices system wide. The team is also responsible for guiding the review, revision, and implementation of the Annual Quality Plan. The co-facilitators will guide the team and manage quality management activities. The members of this team are representatives of Ryan White funded agencies in the State of Nevada and the Las Vegas TGA.

Roles and Responsibilities

- Meet at least quarterly following The Ryan White Gathering
- Develop and coordinate implementation of the annual quality plan and work plan
- Identify areas for improvement projects
- Organize quality improvement teams when necessary
- Conduct and evaluate improvement projects
- Continually monitor the status of Quality Improvement projects
- Document improvement projects and results
- Utilize the PDSA (plan, do, study, act) cycle for small tests of change (pilot tests)
- Document results of pilot tests and communicate them to key stakeholders
- Systematize changes if appropriate
- Report back to all stakeholders in the community

Resources

In addition to a dedicated quality management staff, 5% of annual Ryan White grant funding is assigned to quality management activities.

SECTION 4: ANNUAL QUALITY GOALS

Goals

The team will take on projects that address goals and objectives outlined in the SCSN, Comprehensive Care Plan, and Las Vegas TGA Comprehensive Care Plan as many of their goals and objectives align. All goals and objectives are outlined in Appendix A. These projects will be incorporated into the teams work plan throughout the year.

Established Priorities

The annual quality goals are established and agreed upon priorities by the team and will be utilized to establish quality improvement projects throughout the year.

Benchmarks

To be determined.

SECTION 5: PERFORMANCE MEASUREMENT

Indicators

Performance indicators quantitatively tell us something important about our services, and the processes that deliver them. They are a tool to help us understand, manage, and improve what our organizations do. Performance indicators let us know;

- How well we are doing,
- If we are meeting our goals,
- If our customers are satisfied,
- If and where improvements are necessary, and
- If our processes are in statistical control.

Data Collection Strategies

Qualitative and quantitative data will be gathered from consumers and providers to address the improvement of our goals. Client level data management systems currently in place such as CAREWare and Aries will also be utilized.

Review and Reporting

The co-facilitators and those with access to the data are responsible and accountable for collecting performance data results and for the articulation of findings to the team. Co-facilitators will present all relevant data to the team for analysis and review.

Performance reports will be communicated to all stakeholders on a minimum of a quarterly basis at the Gathering meetings in addition to other meetings as necessary.

Data Usage

Data will be used to identify shortfalls, create quality improvement plans, and continually monitor changes to ensure stability and sustainability.

SECTION 6: PARTICIPATION OF STAKEHOLDERS

Stakeholders, Consumer Participation, and Representation

Feedback is gathered from internal and external sources involved in the planning, implementation, and evaluation of the quality management program including;

- Consumers through an annual satisfaction survey, focus groups, and interviews. Consumers will also be asked to serve on ad-hoc committees for special projects.
- Members of the community are invited as appropriate to meetings.
- Clinicians, specialty providers, and support/clerical staff are invited to attend quality improvement planning, development, and review meetings as well as participate on relevant quality improvement teams.
- Information technology staff serves to provide support and input for maintaining data integrity, assuring confidentiality and security, and reporting capability.

Continuous quality improvement depends upon the participation of stakeholders to test changes aimed at improving performance and processes. Changes are based on the needs and desires of the clients/patients and health professionals involved in the entire work process. Teams are convened to develop plans and study results to continuously improve. Individuals most closely impacted by the changes and associated with the process should be members of the quality improvement team as the key to improvement is identifying causes affecting performance and changing systems to effect improvements.

Education

Quality Management Staff will attend trainings related to Quality Management sponsored by the National Quality Center (NQC) and similar organizations in addition to participating in monthly web-based trainings and online tutorials. Techniques and knowledge acquired will be brought back to the

Team to further quality improvement efforts and strategies. Training and technical assistance will be implemented as needed from HRSA approved technical assistance resources.

Feedback

The team will communicate findings and solicit feedback from both internal and external key stakeholders on an ongoing basis. Presentations and updates of findings will be communicated to the provider community at quarterly provider meetings as well as the Planning Council at each of their meetings and other internal and external meetings as necessary including prevention and state and local administration. The team is always willing to listen to suggestions and allow guests at all of their meetings for input and feedback. The co-facilitators will also ensure that any related feedback from outside parties in the form of email or other means of communication will be provided to the team in a timely manner.

SECTION 7: EVALUATION

Evaluation, QI Activities, and Performance Measures

The Annual Quality Plan will be evaluated annually at or prior to the March meeting by the team. This will be done to assess quality infrastructure and activities to ensure that the quality program is in line with its annual purpose and goals and to determine its strengths and weaknesses to make any needed adjustments. Evaluation will take place using the Quality Plan Review Checklist established by the NQC. Based on evaluative results, the team will refine strategies for improvement and implementation for the following grant year.

SECTION 8: CAPACTY BUILDING

Training and Technical Assistance

The co-facilitators responsible for providing or coordinating technical assistance training(s) for Ryan White Part sub grantees and the team and/or providing related materials. Additional training needs will be assessed through monitoring programs, sub grantee requests, and training evaluations and/or needs assessments/consumer satisfaction projects.

Feedback

Frequent updates regarding QM activities and outcomes will be given to all program staff during department meetings, all providers during quarterly provider meetings and to the Planning Council on a quarterly basis at their meetings by QM Staff. The purpose of this communication loop is to encourage quality efforts to reflect in Planning Council priority setting and resource allocation processes and additionally in sub-grantee quality improvement projects.

SECTION 9: PROCESS TO UPDATE THE QUALITY MANAGEMENT PLAN

Updates

The team is responsible for guiding the review, revision, and implementation of the Annual Quality Plan on an annual basis. The review, revision, and update process will begin in March. Updates will be communicated to the sub grantees, all stakeholders, and the planning council to discuss the new goals and benchmarks, and an outline of processes for that year.

Accountability

The process for updating the plan will be initiated by the co-facilitators at the March meeting. New goals and objectives should be finalized during that meeting for immediate implementation.

Sign-off Process

The Annual Quality Plan will be agreed upon by the consensus of the team.

SECTION 10: COMMUNICATION

Sharing Information, Format, and Intervals

The team will meet at least once quarterly; dates are established in the work plan. Electronic communication will be ongoing and conference calls are held on a monthly basis, the third Wednesday of each month from 9am-10am.

To ensure accuracy and timeliness meeting notes will be generated and distributed within a week of each meeting by one of the co-facilitators. This will reinforce the issues discussed; decisions made and inform any team members who were absent. The notes can also serve as a forum to communicate progress to senior leadership and/or sub grantee staff members.

Frequent updates regarding QM activities and outcomes will be given to all program staff during department meetings, all providers during quarterly provider meetings and to the Planning Council on a quarterly basis during their meetings. Annual quality reports will be developed and disseminated to all stakeholders at the closing of each grant year.

SECTION 11: QUALITY MANAGEMENT PLAN IMPLEMENTATION

Timelines and Accountability

The following work plan outlines the goals and supporting activities for the grant year that will ensure implementation of the program and progress toward quality goals.

SECTION 12: WORKPLAN

March 2014-February 2015

Quarter 1 (March 1-May 31)		
MARCH 2014	APRIL 2014	MAY 2014
<ul style="list-style-type: none">Monthly meeting canceled.	<ul style="list-style-type: none">Establish goals and priorities for the year.Finalize the QM plan for the year.Quarterly face to face meeting.	<ul style="list-style-type: none">Monthly teleconference, 3rd Wednesday of the month from 9am-10am.
Quarter 2 (June 1-August 31)		
JUNE 2014	JULY 2014	AUGUST 2014
<ul style="list-style-type: none">Monthly teleconference, 3rd Wednesday of the month from 9am-10am.	<ul style="list-style-type: none">Quarterly face to face meeting following the gathering.	<ul style="list-style-type: none">Monthly teleconference, 3rd Wednesday of the month from 9am-10am.

Quarter 3 (September 1-November 30)		
SEPTEMBER 2014	OCTOBER 2014	NOVEMBER 2014
<ul style="list-style-type: none"> Monthly teleconference, 3rd Wednesday of the month from 9am-10am. 	<ul style="list-style-type: none"> Quarterly face to face meeting following the gathering. 	<ul style="list-style-type: none"> Monthly teleconference, 3rd Wednesday of the month from 9am-10am.
Quarter 4 (December 1-February 28)		
DECEMBER 2014	JANUARY 2015	FEBRUARY 2015
<ul style="list-style-type: none"> Monthly teleconference, 3rd Wednesday of the month from 9am-10am. 	<ul style="list-style-type: none"> Quarterly face to face meeting following the gathering. 	<ul style="list-style-type: none"> Evaluate current QM Plan via email communication for updates and discussion of new goals and projects for the March 2015 meeting. Monthly teleconference, 3rd Wednesday of the month from 9am-10am.

Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #1: Reduce the number of people who become infected with HIV (NHAS).		
Objective 1.1-Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated.		
<u>Action 1.1.1</u> -Support the allocation of public funding to geographic areas consistent with the epidemic.	All Stakeholders	2012-Ongoing
<u>Action 1.1.2</u> -Support targeting high risk populations.	All Stakeholders	2012-Ongoing
<u>Action 1.1.2.1</u> -Support HIV prevention efforts among gay and bisexual men and transgender individuals.	All Stakeholders	2012-Ongoing
<u>Action 1.1.2.2</u> -Support prevention of HIV among Black Americans.	All Stakeholders	2012-Ongoing
<u>Action 1.1.2.3</u> - Support prevention of HIV among Latino Americans.	All Stakeholders	2012-Ongoing
<u>Action 1.1.2.4</u> -Support prevention of HIV among substance users.	All Stakeholders	2012-Ongoing
<u>Action 1.1.3</u> -Support HIV prevention efforts in Asian American and Pacific Islander and American Indian and Alaska Native populations.	All Stakeholders	2012-Ongoing
<u>Action 1.1.4</u> -Support and engage in program accountability.	All Stakeholders	2012-Ongoing
Objective 1.2-Expand targeted efforts to prevent HIV infection using a combination of effective, evidence based approaches.		
<u>Action 1.2.1</u> -Support and assist the design and evaluation of innovative prevention strategies and combination approaches for preventing HIV in high-risk communities.	All Stakeholders	2012-Ongoing
<u>Action 1.2.2</u> -Support and strengthen HIV screening and surveillance activities.	All Stakeholders	2012-Ongoing
<u>Action 1.2.3</u> -Support expanding access to effective prevention services.	All Stakeholders	2012-Ongoing
<u>Action 1.2.4</u> -Support expanding prevention with HIV-positive individuals.	All Stakeholders	2012-Ongoing
Objective 1.3-Educate all Americans, especially those living in the Las Vegas TGA, about the threat of HIV and how to prevent it.		
<u>Action 1.3.1</u> -Support the utilization of evidence-based social marketing and education campaigns.	All Stakeholders	2012-Ongoing
<u>Action 1.3.2</u> -Support promoting age-appropriate HIV and STI prevention education for all Americans, especially those living within the Las Vegas TGA.	All Stakeholders	2012-Ongoing
Goals, Objectives and Action Items	Responsible Party	Target Date

Goal #2: Increase access to care and optimize health outcomes for people living with HIV (NHAS).		
Objective 2.1 -Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.		
<u>Action 2.1.1</u> -Facilitate linkages to care.	Grantee, RW Service Providers, Community Service Providers	2012-Ongoing
<u>Action 2.1.2</u> -Promote collaboration among providers.	Grantee, RW Service Providers, Community Service Providers	2012-Ongoing
<u>Action 2.1.3</u> -Maintain people living with HIV in care.	Grantee, Service Providers, SNHD	2012-Ongoing
Objective 2.2 -Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.		
<u>Action 2.2.1</u> -Increase the number of available providers of HIV care.	Grantee, Planning Council	2013-2014 RFP Process/ Ongoing
<u>Action 2.2.2</u> -Strengthen the current provider workforce to improve quality of HIV care and health outcomes for people living with HIV.	Quality Management Team	Ongoing
Objective 2.3 -Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.		
<u>Action 2.3.1</u> -Enhance client assessment tools and measurement of health outcomes.	Quality Management Team	Annually
<u>Action 2.3.2</u> -Address policies to promote access to housing and supportive services for people living with HIV.	Grantee, Planning Council	Annually
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #3: Reduce HIV-related health disparities (NHAS).		
Objective 3.1 -Reduce HIV-related mortality in communities at high risk for HIV infection.		
<u>Action 3.1.1</u> -Ensure that high-risk groups have access to regular viral load and CD4 tests.	Grantee, Planning Council	2012-Ongoing
Objective 3.2 -Adopt community-level approaches to reduce HIV infection in high-risk communities.		
<u>Action 3.2.1</u> -Establish pilot programs that utilize community	SNHD	2013

models.		
<u>Action 3.2.2</u> -Measure and utilize community viral load.	SNHD, Grantee, Planning Council	2013-Ongoing
<u>Action 3.2.3</u> -Promote a more holistic approach to health.	Ryan White Part A Medical Providers	2013-Ongoing
Objective 3.3 -Reduce stigma and discrimination against people living with HIV.		
<u>Action 3.3.1</u> -Engage communities to affirm support for people living with HIV.	All Stakeholders	Annually 2012-Ongoing
<u>Action 3.3.2</u> -Promote public leadership of people living with HIV.	All Stakeholders	2012-Ongoing
<u>Action 3.3.3</u> -Promote public health approaches to HIV prevention and care.	SNHD, Grantee, Planning Council, Ryan White Part A Medical Providers	2012-Ongoing
<u>Action 3.3.4</u> -Strengthen enforcement of civil rights law.	Grantee, Local Political Leaders	2013-Ongoing
Goals, Objectives and Action Items		Responsible Party
Goal #4: Promote a more coordinated national response to the HIV epidemic (NHAS).		
Objective 4.1 -Increase the coordination of HIV programs across the Federal Government and between federal agencies and State, territorial, tribal and local governments.		
<u>Action 4.1.1</u> -Ensure coordination of program administration.	Grantee	2012-Ongoing
<u>Action 4.1.2</u> -Promote equitable resource allocation.	Grantee, Planning Council	Annual PSRA Process
<u>Action 4.1.3</u> -Streamline and standardize data collection.	All Ryan White Parts in Nevada, Quality Management Team	Annually/ Ongoing
Objective 4.2 -Develop improved mechanisms to monitor and report on progress toward achieving national goals.		
<u>Action 4.2.1</u> -Provide rigorous evaluation of current programs and redirect resources to the most effective programs.	Grantee, Quality Management Team	Annually/ Ongoing
<u>Action 4.2.2</u> -Provide regular public reporting.	Grantee,	Bi-Annually

	Quality Management Team	
<u>Action 4.2.3</u> -Encourage States and other Ryan White Programs to provide regular progress reports.	Grantee, Planning Council	2012-Ongoing
Goals, Objectives and Action Items		
Responsible Party		
Target Date		
Goal #5: Eliminate barriers to care and treatment to ensure all PLWH/A are in care and have positive health outcomes (Healthy People 2020).		
Objective 5.1-Improve collaboration among HIV/AIDS providers across the continuum of care.		
<u>Action 5.1.1</u> -Identify gaps and needs for collaboration in the HIV/AIDS provider community through a study.	Quality Management Team	Annually
<u>Action 5.1.2</u> -Create and implement strategies for sustained provider collaboration.	Grantee, Service Providers	Annually
Objective 5.2-Improve linkages between key points of entry and the continuum of care.		
<u>Action 5.2.1</u> -Complete a key points of entry study to identify gaps in linkages, especially between the key points of entry, medical case management, and the HIV/AIDS service system.	Quality Management Team	2014
<u>Action 5.2.2</u> -Support the design of improved linkages, including the development of protocols, as needed, for areas identified in the key points of entry analysis.	Grantee, Service Providers	2014
Goals, Objectives and Action Items		
Responsible Party		
Target Date		
Goal #6: Raise and standardize the quality of care and service delivery to improve health outcomes (Healthy People 2020).		
Objective 6.1-Improve the quality of service in the HIV/AIDS system of care.		
<u>Action 6.1.1</u> -Review the client satisfaction survey results and survey tool.	Quality Management Team	2013
<u>Action 6.1.2</u> -Identify needs for service improvement through the annual client satisfaction project.	Quality Management Team	2013
<u>Action 6.1.3</u> -Develop and promote trainings with a focus on areas identified as needing improvement.	Quality Management Team, Grantee	2013
Objective 6.2-Promote retention in primary medical care for HIV+ individuals.		
<u>Action 6.2.1</u> -Actively engage in the National Quality Center's In+Care Campaign to increase patient retention in primary medical care.	Quality Management Team	2012-2014
<u>Action 6.2.2</u> -Automate the population of Labs from currently used systems straight to CAREWare minimizing work for staff	Grantee	By 2015

and maximizing accuracy.		
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #7: Respond in a timely and effective manner to changes in the health care system (ACA).		
Objective 7.1-Continue to monitor legislation regarding changes in the healthcare system.		
<u>Action 7.1.1</u> - Monitor and disseminate information regarding changes in the health care system that may affected the Ryan White system of care in the TGA.	Quality Management Team, Grantee	As Needed/ Ongoing
<u>Action 7.1.2</u> -Respond to changes with allocations and re-allocations of funding to ensure gaps in care are filled.	Planning Council	As Needed/ Ongoing
<u>Action 7.1.3</u> -Urge Ryan White providers to become Medicaid eligible if applicable.	Grantee	2013
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #8: Identify those clients that were receiving medical care and support services in the continuum of care but have, for one reason or another, fallen out of the care system (Unmet Need).		
Objective 8.1-Strive for 100% access and 0% disparity among PLWH/A in the TGA.		
<u>Action 8.1.1</u> -Support the Southern Nevada Health District (SNHD) in their Out of Care Project that pinpoints the out of care population and works to bring them back into the care system.	SNHD, Grantee, Planning Council	Ongoing
<u>Action 8.1.2</u> -Create and disseminate out of care updates on a bi-annual basis to all stakeholders in the community and the Planning Council.	SNHD, Grantee	Bi-annually beginning 2012
<u>Action 8.1.3</u> -Continue to support the ARTAS program to ensure adherence to medical care for newly diagnosed clients.	SNHD, Grantee	Ongoing
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #9: Identify individuals that are HIV infected and do not know their status, and enroll them into the TGA's continuum of care as soon as possible (EIIHA).		
Objective 9.1-Deliver testing services in an appropriate and effective manner.		
<u>Action 9.1.1</u> -Inform individuals of their test results either negative or positive.	SNHD	Ongoing
<u>Action 9.1.2</u> -Provide appropriate post test counseling to each of these individuals.	SNHD	Ongoing
<u>Action 9.1.3</u> -When a positive test result is recognized, conduct a confirmatory test to ensure the accuracy of the first test and provide appropriate post test counseling related to risk behaviors and link with appropriate community resources.	SNHD	Ongoing
Objective 9.2-Promote routine HIV testing.		
<u>Action 9.2.1</u> -reach as many people at high risk of infection	SNHD	Ongoing

through use of community testing events, data driven sentinel site testing and the constant provision of HIV education messages to high risk populations and the general public.		
<u>Action 9.2.2</u> -Engage new clients in the ARTAS program to ensure they transition into and maintain adherence to medical care.	SNHD	Ongoing
<u>Action 9.2.3</u> -Actively engage in the Partner Notification program to ensure at-risk people are tested.	SNHD	Ongoing
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #10: Respond in a timely and effective manner to changes in the Las Vegas TGA's epidemic (EIIHA).		
Objective 10.1-Continue to monitor trends and publish an Annual Report on the epidemic.		
<u>Action 10.1.1</u> -Develop a simple, easy to understand report to communicate trends in incidence and changes in utilization patterns.	Grantee, SNHD	Bi-annually
Objective 10.2-Allocate and reallocate resources to populations and services with emerging needs.		
<u>Action 10.2.1</u> -Support efforts to tie funding to subgroups and geographic areas that have the most severe need.	Planning Council, Quality Management Team	Annual PSRA Process
<u>Action 10.2.2</u> -Support and promote improved access to resources and capacity building within the TGA.	Grantee, HRSA TA	2012-Ongoing
Objective 10.3-Use education and communication to prepare providers for changes in the epidemic.		
<u>Action 10.3.1</u> -Update current information on an ongoing basis related to epidemiology, updates in treatment regulation, legal challenges, entitlement programs, insurance issues and demographic shifts within the TGA.	Grantee, Quality Management Team	Bi-annually
Objective 10.4-Expand Physician Capacity.		
<u>Action 10.4.1</u> -Support the establishment of the Community Walking Well Viral Load Suppression Clinic.	Grantee, All Stakeholders	2012
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #11: Close Gaps in Care.		
Objective 11.1-Measure and close current gaps in care.		
<u>Action 11.1.1</u> -Perform a gap analysis.	Grantee	Annually
<u>Action 11.1.2</u> -Close data driven gaps in care through appropriate coordination and priority setting and resource allocation.	Grantee, Planning Council	Annually
<u>Action 11.1.3</u> -Create strong relationships with community providers to establish referral methods and coordinated	Grantee, Planning Council	Ongoing

funding patterns to close gaps in care.		
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #12: Address Overlaps in Care.		
Objective 12.1-Utilize Ryan White Part A resources as effectively and efficiently as possible.		
<u>Action 12.1.1</u> -Update the community resource directory and provide copies to community service providers.	Grantee	Annually/ As Needed
<u>Action 12.1.2</u> -Ensure Ryan White is the “payer of last resort” by conducting chart reviews to make certain case management staff is tracking client utilization of all other community resources prior to using Ryan White services.	Grantee	Annually
<u>Action 12.1.3</u> -Conduct an analysis regarding overlaps in care to include resources available and funding levels.	Grantee	2013
Goals, Objectives and Action Items	Responsible Party	Target Date
Goal #13: Establish Coordinate Efforts with other Local, State and Federal Programs to Ensure Optimal Access to Care.		
Objective 13.1-Coordinate with Part B services, including the AIDS Drug Assistance Program (ADAP).		
<u>Action 13.1.1</u> -Create and implement a single eligibility process across all Ryan White Parts in the state of Nevada through discussion and negotiations with Parts A, B, and C.	All Ryan White Parts	By 2014
<u>Activity 13.1.2</u> -Facilitate the implementation of CAREWare across all Parts in the state of Nevada.	All Ryan White Parts	By 2014
<u>Activity 13.1.3</u> -Schedule and hold regular quarterly meetings between all Parts in the state of Nevada to discuss programmatic, state and local needs and coordination efforts.	All Ryan White Parts	Quarterly
Objective 13.2-Coordinate with Part C services.		
<u>Activity 13.2.1</u> -Create and implement a single eligibility process across all Ryan White Parts in the state of Nevada through discussion and negotiations with Parts A, B, and C.	All Ryan White Parts	By 2014
<u>Activity 13.2.2</u> -Schedule and hold regular quarterly meetings between all Parts in the state of Nevada to discuss programmatic, state and local needs and coordination efforts.	All Ryan White Parts	Quarterly
Objective 13.3-Coordinate with Part D services.		
<u>Action 13.3.1</u> -Currently there is no Part D funding in place in the Las Vegas region however, coordination and collaboration would be proposed if Part D funding is received in the future.	na	na
Objective 13.4-Coordinate with Part F services.		
<u>Action 13.4.1</u> -Continue to receive and distribute MAI funding as well as support the local AETC and through partnerships and education.	na	na
Objective 13.5-Coordinate with Provider (Non-Ryan White funded, including private providers).		

<u>Activity 13.5.1</u> -Disseminate the comprehensive care plan throughout the TGA's community-based organizations, health care providers and policy makers through mail and community forums.	Grantee	2013
<u>Activity 13.5.2</u> -In conjunction with the HIV prevention program, hold an annual (or biannual forum) open to all community organizations and the public on HIV education and to provide an opportunity for more collaboration amongst community service providers.	Grantee, SNHD	Annually
<u>Activity 13.5.3</u> -Develop a quarterly newsletter or Google Group accessible by all community providers that solicits and provides updates on available resources, training and technical assistance and other issues or concern regarding services.	Grantee	Quarterly by 2013
<u>Activity 13.5.4</u> -Continue to participate in the Mainstream Program Basic Training (MPBT) by providing referrals to programs and clients regarding these information sessions and as a frequent speaker regarding HIV/AIDS services.	Grantee	Annually/ Ongoing
Objective 13.6-Coordinate with Prevention Programs including; Partner Notification Initiatives and Prevention with Positives Initiatives.		
<u>Activity 13.6.1</u> -Choose a member of the Ryan White Part A Planning Council or Grantee's office sit on the Community Planning Group of Southern Nevada (CPG SoN). This is the key planning group for HIV prevention in Nevada and increase collaboration would allow for a larger bridge between prevention and care.	Grantee, Planning Council	By 2013
<u>Activity 13.6.2</u> -Work side by side with HIV prevention on the National HIV/AIDS Strategy and support in any way we can the NHAS goals particularly the ARTAS program.	Grantee, Planning Council	Ongoing
Objective 13.7-Coordinate with Substance Abuse Treatment Programs/Facilities.		
<u>Activity 13.7.1</u> -In conjunction with the local HIV prevention program, cultivate relationships with local substance abuse treatment programs/facilities to increase their knowledge base of substance abuse as an enormous HIV risk factor and to include them in the quest to ensure optimal access to care.	Grantee, SNHD	Ongoing
<u>Activity 13.7.2</u> -Educate substance abuse providers on the need for integrating HIV prevention and care protocols in clinical and non-clinical settings, and establish provider training, technical assistance, and quality management procedures for such protocols.	Quality Management Team	Ongoing
Objective 13.8-Coordinate with STD Programs.		
<u>Activity 13.8.1</u> -Increase accountability for Part A medical providers on ensuring STD screenings are completed annually.	Grantee, Quality Management Team	Annually

<u>Activity 13.8.2</u> -Request quarterly STD surveillance reports from the Southern Nevada Health District on a quarterly basis and ensure each Part A medical facility receives the data and trends update.	Quality Management Team	Quarterly
Objective 13.9-Coordinate with Medicare.		
<u>Activity 13.9.1</u> -Increase access to care while optimizing health outcomes for PLWH/A and reducing health disparities through collaboration and education to ensure referrals are provided for newly diagnosed PLWH/A entering the system of care or those needing wrap-around services to fill the gaps of other programs. Additionally establish a point of contact within Medicare to ensure Ryan White is the payer of last resort and services not covered under Medicare for PWLH/A are covered through Ryan White or other resources.	Grantee, Planning Council	Ongoing
Objective 13.10-Coordinate with Medicaid.		
<u>Activity 13.10.1</u> -Increase access to care while optimizing health outcomes for PLWH/A and reducing health disparities through collaboration and education to ensure referrals are provided for newly diagnosed PLWH/A entering the system of care or those needing wrap-around services to fill the gaps of other programs. Additionally establish a point of contact within Medicaid to ensure Ryan White is the payer of last resort and services not covered under Medicaid for PWLH/A are covered through Ryan White or other resources.	Grantee, Planning Council	Ongoing
Objective 13.11-Coordinate with Children’s Health Insurance Program.		
<u>Activity 13.11.1</u> -Increase access to care while optimizing health outcomes for PLWH/A and reducing health disparities through collaboration and education to ensure referrals are provided for newly diagnosed PLWH/A entering the system of care or those needing wrap-around services to fill the gaps of other programs.	Grantee, Planning Council	Ongoing
<u>Activity 13.11.2</u> -In conjunction with the HIV prevention program, hold an annual (or biannual forum) open to all community organizations and the public on HIV education and to provide an opportunity for more collaboration amongst community service providers.	Grantee, SNHD	Annually
Objective 13.12-Coordinate with Community Health Centers.		
<u>Activity 13.12.1</u> -Increase access to care while optimizing health outcomes for PLWH/A and reducing health disparities through collaboration and education to ensure referrals are provided for newly diagnosed PLWH/A entering the system of care or those needing wrap-around services to fill the gaps of other programs.	Grantee, Planning Council	Ongoing

<u>Activity 13.12.2</u> -In conjunction with the HIV prevention program, hold an annual (or biannual forum) open to all community organizations and the public on HIV education and to provide an opportunity for more collaboration amongst community service providers.	Grantee, SNHD	Annually
Goals, Objectives and Action Items		
	Responsible Party	Target Date
Goal #14: Address the Needs of Special Populations.		
Objective 14.1-Address the Needs of HIV+ Adolescents.		
<u>Action 14.1.1</u> -Utilize already established programs for HIV+ individuals and tailor them to the adolescent population to address mental health issues, substance abuse issues, prevention and risky behaviors, resistance to gang membership, violent behavior and criminal behavior-especially drug related.	Providers	2014
<u>Action 14.1.2</u> -Support the training of youth as peer health educators and support HIV training for youth providers.	Grantee	Ongoing
<u>Action 14.1.3</u> -Create a forum for this age group to connect with other HIV+ adolescents facing the same challenges providing a connection and safe environment to prevent future risky behaviors, gang violence, drug use and sexual abuse.	Providers	2014
<u>Action 14.1.4</u> -Conduct a needs assessment with adolescents as a target group.	Grantee	2014
Objective 14.2-Address the Needs of HIV+ Injection Drug Users.		
<u>Action 14.2.1</u> -Establish more coordinated efforts between drug treatment facilities and case management for HIV+ individuals.	Providers	2014
<u>Action 14.2.2</u> -Incorporate an extensive range of harm reduction services into substance abuse treatment.	Providers	2013
<u>Action 14.2.3</u> -Bring peer outreach workers and peer counselors to the treatment component to establish relationships with clients and provide ongoing support through treatment.	Providers	2013
Objective 14.3-Address the Needs of the HIV+ Homeless population.		
<u>Action 14.3.1</u> -Establish a strong referral system for all homeless clients to work directly with the intensive medical case management team in order to provide crisis intervention and linkages to address immediate needs and health issues.	Providers, Grantee	Ongoing
<u>Action 14.3.2</u> -Establish a larger web of stable housing contacts within the community including maintaining representation from the Grantee's office on the Southern Nevada Regional Planning Coalition's Committee on Homelessness – Continuum of Care Evaluation Working Group to continue working toward permanently housing the homeless.	Providers, Planning Council, Grantee	Ongoing
Objective 14.4-Address the Needs of the HIV+ Transgender population.		

<u>Action 14.4.1</u> -Incorporate transgender support groups into already structured therapy programs at mental health and substance abuse providing agencies aimed at sharing experiences, providing guidance regarding the avoidance of risky behaviors and building a positive self-image.	Providers	2014
<u>Action 14.4.2</u> -Support the transgender population in combating stigma and prejudice attitudes toward the LGBT community.	All Stakeholders	Ongoing

Goal 1: Successfully change health care policy in Nevada to provide a more complete profile of HIV/AIDS care and service needs and outcomes and to deliver comprehensive care and services.			
Objective	Activity	Responsible Party	Timeline
1.1 Update NAC.441A to require reporting of all CD4 and VL values	Petition Nevada legislature for statute revision Prepare bill draft request and support through process	State HIV/AIDS Programs, SATF	2013 legislative session; June 2013
1.2 Nevada legislature will take actions to make needle exchange legal in Nevada	Develop background material, present request, petition legislative action, guide legislation through	State HIV/AIDS Programs, work with the Public Health Alliance for Syringe Access (PHASA)	2013 legislative session; June 2013
1.3 Revise current protocol in corrections/jails to assure linkages to HIV care and medicines upon release	NSHD HIV Program and clinics/social services providers meet with corrections medical director to present case and collaborate in protocol development	State HIV/AIDS Programs, clinic/social services providers, corrections and jail medical directors	Initiate summer 2012
1.4 SAPTA will revise its policy regarding testing to include an HIV test as part of routine procedure for all clients who receive lab tests	Meetings with State HIV Prevention Program to develop process for requiring HIV testing in conjunction with all other testing conducted as part of the SAPTA program	State, HIV CARE and HIV Prevention Programs, SAPTA administrator, clinical advisor	Begin meeting October 2012
1.5 Assure that ADAP formulary is adequate for quality patient care, including patients who are experiencing health issues related to aging	Review ADAP formulary to assure that medications related to aging population with HIV are available	State HIV/AIDS Programs and ADAP administrator; MAC	January 2013
Goal 2: Continuously improve clinical and social services for HIV/AIDS			
Objective	Activity	Responsible Party	Timeline
2.1 Develop a more extensive system of oral health care services	Programs and services will be negotiated with dentists, hygienists	NSHD, clinics, local dental representative	2014

2.2 Develop a more extensive system of vision care services	Programs and services will be negotiated with ophthalmologists and optometry offices	NSHD, clinics, local vision care providers	2014
2.3 Increase the number and type of mental health care offerings for PLWHA which range from inpatient treatment to individual and group counseling/guidance	Programs and services will be negotiated with psychiatrists, psychologists, facilities and other mental health services to assure more in-depth offerings for mental health	State, clinics, mental health and substance abuse program providers	2014

Goal 3: Keep people living with HIV/AIDS in Nevada informed of services; address their needs in all efforts to provide quality care and services and initiate efforts to eliminate disparities in care.			
Objective	Activity	Responsible Party	Timeline
3.1 Develop outreach materials that provide comprehensive information about programs and services for PLWHA	Produce outreach programs, materials, media, and websites for distribution and use by clients	State HIV/AIDS Programs, all Ryan White funded programs	ongoing
3.2 Be aware of transportation and other access issues and create methods to overcome barriers	Conduct client surveys and forums to discuss barriers to care and solicit ideas, solutions, and input	State HIV/AIDS Programs, all Ryan White funded programs	At least one survey/forum annually
3.3 Create special populations programs to assure that groups that may not seek services are engaged and brought into care	RWPB to support projects that provide outreach to women, IVDU, ethnic groups (Hispanic and Blacks in particular), gay men, homeless, transgender, and LGBT communities	NSHD RWPB Program; organizations throughout Nevada that create support programs for specific groups	RWPB to fund at least 3 specially focused projects per year
3.4 Review program requirements (e.g. eligibility) and create efficient approaches to accomplishing these (e.g., one standard eligibility form for all RW Parts)	Convene an ad hoc group on eligibility to discuss and resolve issues; group charged to create and implement a more efficient system among the RW parts	NSHD, RW part directors, AHN	New eligibility system in place July 2013
Goal 4: Develop systems to identify HIV+ persons who are aware of their status but not in care and to			

identify the reasons why they are not in care.			
Objective	Activity	Responsible Party	Timeline
4.1 Adapt Las Vegas OOC formula statewide	Ad-hoc committee to develop/adopt method to identify OOC using Las Vegas model	NSHD, RW programs, county health district's HIV programs	Implemented statewide 2013
4.2 Follow-up on all OOC identified and make a concerted effort to bring them into care and HIV Prevention Programs	Conduct statewide meetings to plan outreach to OOC	NSHD, UMC Wellness Center and HOPES, COMC, VAMC and FQHCs as they initiate routine testing and provide care	2013 and 2014

Goal 5: Successfully increase HIV testing in Nevada and assure a supportive transition into care.			
Objective	Activity	Responsible Party	Timeline
5.1 HIV testing will be expanded to FQHCs, urgent care centers, IHS sites, emergency departments of all Nevada hospitals	Capacity building activities to encourage testing in various settings requires education of clinical staff, temporary testing opportunities (e.g. mobile van), facilitation and staff support from initial discussions to implementation	NSHD, all Ryan White parts, NSHD HIV Prevention Program, MAI resources	Implemented on an ongoing basis
5.2 Review all protocols for getting clients into care and create supportive, efficient, access to services and clinics that will provide people with feasible alternatives for receiving treatment	After testing has become more routine, assist clinics and testing sites in developing protocols to guide PLWHA into care	NSHD to support UMC Wellness Center, HOPES, COMC, VAMC, WCHD, SNHD, and FQHCs as they initiate and conduct routine testing and assure the availability of care	ongoing

Goal 6. Create effective collaboration and communication among all care and service providers in Nevada.			
Objective	Activity	Responsible Party	Timeline
6.1 Care providers will	Conduct annual	NSHD, NAETC, RW	ongoing

meet on a regular basis to monitor progress on 2012-2015 SCSN and CCP	structured meeting which reviews all CCP goals/objectives (annual report card), makes adjustments as necessary, and has group agree to changes in pursuit of goals	parts, care providers, health districts	
6.2 RW recipients will identify issues and work in ad-hoc groups to generate solutions to problems that arise in care and services	Establish ad-hoc group process to work on issues regarding special groups in the population, eligibility, testing protocols and collaboration between care and prevention efforts	NSHD, RW parts	ongoing

Goal 7. Support infrastructure changes in the delivery of HIV/AIDS clinical and support services to respond to the changing healthcare environment in Nevada.			
Objective	Activity	Responsible Party	Timeline
7.1 Nevada will incorporate ACA as required	Create bimonthly e-mail process to keep all programs posted on changes, decisions, actions	NSHD	Initiate October 2012, ongoing
7.2 Support and educate primary providers in developing HIV care clinical skills	Create and conduct clinical education programs and outreach	State RWPB and HIV Prevention Programs, NAETC	ongoing
7.3 NSHD will work with RW programs to assure that transition plans are in place	As infrastructure changes are implemented, the state must assure that all RW parts, and existing programs can continue to assure continuity of care for PLWHA	State RWPB and HIV Prevention Programs	ongoing