



LAS VEGAS TGA
PART A HIV/AIDS PROGRAM
 CLARK | MOHAVE | NYE COUNTIES



Las Vegas TGA
Quarterly Provider Report
Grant Year 2023 – 2024

Quarter (Select One): Q1 Q2 Q3 Q4

Agency Name: _____

Prepared By: _____ Email: _____

I. CONTINUUM OF CARE

a. How many clients **Diagnosed with HIV** were provided services this quarter.

Newly Diagnosed	Returning to Care	Moved to TGA	Total Clients

b. Linked to Care

Summarize your agencies accomplishments leading to the increase of client’s being linked to medical clinic visit(s) after HIV diagnosis this quarter.

c. Engaged/Retained in Care

Describe your agency’s efforts/activities to retain client(s) in care, please add the number of clients who had CD4 or Viral Load tests this quarter.

d. Prescribed Antiretroviral Therapy

Summarize your agencies accomplishments in promoting client’s adherence to Antiretroviral Therapy.

e. Achieving Viral Suppression

Describe efforts aimed at improving viral suppression within your agency and efforts made to coordinate with other service providers to facilitate adherence based on the number of clients with a viral load above 200 copies/mL.

f. If your agency conducts HIV testing, report on the HIV screenings conducted in your facility.

# of HIV tests conducted	# of positive HIV results	# of positive HIV results linked to care	# of positive HIV results enrolled in RW services

II. PROGRAM ACTIVITIES

a. What **challenges** have been encountered that have impacted your agency’s ability to meet its program objectives? What strategies have been implemented, or are planned, to overcome those challenges?

- b.** Do you have any Ryan White Part A clients that have presented issues this quarter and could possibly be in jeopardy of losing services due to their behavior?

III. PROGRAM ADMINISTRATION

- a.** List any changes that occurred during this quarter with your agency's service delivery structure.

- b.** List all vacant Ryan White program funded positions (Please submit an updated organizational chart if any changes in positions have been made.):

IV. TECHNICAL ASSISTANCE/TRAINING

Please identify any questions or technical assistance/training needs your agency currently has.

Primary Contact Person

Signature