Ending the HIV Epidemic Jurisdictional Plan

Pillar One: Diagnose

1. ROUTINIZED OPT-OUT TESTING

    a) Identify the barriers for routinized opt-out testing in specific health systems and design ways to reduce the systemic cost of testing.
        i. Support legislation that addresses barriers identified for opt-out testing.

    b) Educate medical providers, Federally Qualified Health Centers (FQHCs), emergency rooms (ERs), and other clinical organizations throughout the county (i.e. not just those funded by Florida Department of Health (FDOH) and/or the Ryan White HIV/AIDS Program (RWP)) on the importance of cost-efficient HIV testing and the benefits that come with opt-out testing.
        i. Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).
        ii. Partner with Dade County Medical Association and other professional groups to educate and promote HIV testing in the health care settings.
        iii. Highlight changes in HIV Florida law as it applies to healthcare settings.

    c) Recruit hospitals/urgent care centers to routinize HIV testing in the ER.
        i. Facilitate meetings between hospitals/urgent cares and community partners for partnership development.
        ii. Promote public/private partnerships to support testing and linkage in the ER.

    d) Expand routinized testing for HCV and STIs together with HIV.
        i. Provide capacity building and technical assistance to providers.
        ii. Identify funding opportunities to support STI testing.

2. COMMUNITY ENGAGEMENT

    a) Use social marketing strategies to encourage people to get tested and into care with a focus on populations most at risk for HIV.
        i. Build a media campaign that highlights the importance of knowing your status while addressing stigma.
        ii. Include community leaders, community members and social media influencers from diverse backgrounds in messages to promote diversity and inclusion.
            i. Disseminate messages through partnerships/collaboration with community partners, faith-based organizations, community mobilization groups, grassroots agencies, substance abuse and mental health agencies, domestic violence shelters, jails, etc.
        iii. Increase efforts on social media, while maintaining a consistent presence in other venues (i.e. billboards, TV/radio, etc.) and incorporate innovative strategies such as geofencing.

b) Promote the use of home testing kits (HIV) as an alternative option specially for hard to reach populations including youth, transgender persons, sex workers, and men who have sex with men (MSM)
    i. Use social media platforms as potential ways of connecting individuals with an HIV counselor.
    ii. Collaborate with community partners to expand access points and mail-order options, inclusive of dental providers.

c) Partner with Miami-Dade County Public Schools to increase access to HIV/STI testing and education among youth.
    i. Educate Parent Teacher Association (PTA) and members of the school board on the scope of the HIV epidemic among youth in Miami-Dade, inclusive of charter schools.
    ii. Active participation in the School Health Advisory Committee (SHAC).

d) Increase the number of HIV/STIs testing sites in the community.
    i. Partner with faith-based organizations, domestic violence/human trafficking agencies and other non-traditional partners to offer HIV/STI testing outside traditional settings.
        i. Provide capacity building and technical assistance on an ongoing basis.
        ii. Identify funding to support additional HIV/STI testing sites.

e) Increase the number of mobile units offering HIV/STI testing in the community.
    i. Avoid related stigma, by ensuring activities and include other services needed in the community (i.e. mental health counseling).

f) Increase capacity building and education among HIV counselors and/or case managers.
    i. Update HIV counselor training to include information on social determinants of health (i.e. human trafficking, trauma-informed care, domestic violence, mental health, stigma, and LGBTQ cultural competency, etc.).
    ii. Support the development of ongoing HIV learning for case managers, providers, peers, and outreach workers (retention in care).

g) Determine the needs of Disease Intervention Specialist (DIS) workforce.
    i. Build capacity, workforce and tailor activities to align with Ending the HIV Epidemic (EHE) efforts.

Pillar Two: Treat

1. CAPACITY AND ACCESS TO LOCAL TEST AND TREAT/RAPID ACCESS (TTRA)

    a) Review current TTRA partners and identify strategies to engage potential and non-traditional partners.
        i. Focus explicitly on vulnerable populations with limited access to testing and treatment (i.e. Black and Latinx communities).

    b) Promote and educate private sectors including insurance companies, hospitals, and health care providers on the benefits of TTRA.

    c) Work with hospitals and healthcare organizations that routinely screen for HIV/HCV to ensure a streamlined path to TTRA for patients in ER settings.
        i. Foster collaboration between ER settings, healthcare organizations, and TTRA providers in the community.

    d) Maintain a comprehensive database of resources or information for TTRA partners to facilitate linking clients to appropriate care programs and services based on income and eligibility for insurance and other benefits programs.

    e) Expand the use of technology to agencies and clients to reduce barriers to care for eligible patients.
        i. Evaluate barriers for implementation and expansion of TTRA through qualitative methods (i.e. surveys, focus groups, etc.).

2. CAPACITY BUILDING FOR HEALTHCARE PROFESSIONALS

    a) Encourage primary care providers and clinical staff to seek HIV certification.
        i. Special focus on South Dade/Homestead, Hialeah, and other places where HIV specialists are scarce.
        ii. Support policies that require HIV education as part of standard curriculum and required continuing education credits.

    b) Promote events and trainings where health care providers and clinical staff can learn about cultural sensitivity and competency as it relates to providing care for people with HIV.
        i. Collaborate with RWP Part A to encourage providers to complete AIDS Education and Training Center (AETC) cultural diversity training.

    c) Educate physicians and nurse practitioners on RWP services.
        i. Engage health care community through medical associations and provider grand rounds.

    d) Expand service-hour availability for oral health care providers under RWP Part A.
        i. Identify and share dental care resources to individuals not eligible for RWP.

3. SOCIAL NEEDS OF PEOPLE WITH HIV AND SOCIAL DETERMINANTS OF HEALTH

a) Housing resources and access.
    i. Increase collaboration and coordination with Housing Opportunities for Persons with AIDS (HOPWA) to further develop housing support programs.
        i. Determine feasibility and potential of having public-private partnerships to secure subsidized and affordable housing for people with HIV.
        ii. Include partnerships with the County and the City as well as the private sector, and support programs that promote economic stability for people with HIV.

b) Improving transportation access.
    i. Provide transportation for people with HIV to services including case management, AIDS Drug Assistance Program (ADAP), etc.
    ii. Determine feasibility with private transportation systems such as Uber Health and Lyft to increase access to services, as well as expand Special Transportation Services (STS) options.

c) Improve access to and retention in care.
    i. Support changes in ADAP policy to allow for more than one ADAP pharmacy, extended hours, or for medications to be made accessible at other pharmacies.
    ii. Increase the number of HIV service providers that offer extended hours for case management and clinical services.
        i. After-hours during the week and/or weekends.
    iii. Increase the number of agencies that offer telehealth services for medical care, medical case management, and mental health services.
        i. Video Direct Observation Therapy (VDOT) protocol to assist clients who struggle with treatment adherence issues.
        ii. Enhanced peer educator services.
    iv. Support cost-sharing mechanisms that can help reduce the cost burden on people with HIV who are insured or underinsured.
    v. Utilize findings from the needs-assessment (conducted by the county and the state) to address barriers to retention in care by collaborating with AIDS organizations, community-based organizations (CBOs), FQHCs, RWP, etc.

d) Support marginalized communities.
    i. Partner with agencies that serve individuals who have recently arrived at the jurisdiction, immigrants, uninsured, and underinsured populations and provide information on available resources (i.e. faith-based organizations/legal aid organizations, etc.).
    ii. Improve linkage-to-care systems for those who have been recently released from jails.

4. MARKETING STRATEGIES THAT DESTIGMATIZE HIV CARE AND ENCOURAGE PEOPLE WITH HIV TO STAY IN CARE

a) Promote messages on various social media platforms and increase messaging in high prevalence areas.
    i. Develop and support culturally tailored prevention messages to destigmatize HIV (i.e. Undetectable=Untransmittable (U=U)).
    ii. Deliver messages to people with HIV through peer educators and representatives of the HIV-affected community.
    iii. Have peer educators highlight personal success and struggles by empowering people with HIV to thrive despite their status.

Pillar Three: Prevent

1. SOCIAL MARKETING & MEDIA

    a) Customize messaging on pre-exposure prophylaxis (PrEP)/ nonoccupational post-exposure prophylaxis (nPEP) to at risk populations, with an inclusive message that promotes diversity (inclusive of multi-lingual messages).
        i. Identify strategies to track and evaluate the effectiveness of marketing campaigns (i.e. surveys, focus groups).

    b) Increase social media efforts to engage and connect the population on PrEP/nPEP and educate the online community about the benefits and accessibility of PrEP/nPEP.
        i. Use social media influencers to disseminate messages.
        ii. Develop campaigns to engage health care professionals within the health care settings and identify PrEP ambassadors.

    c) Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages to further destigmatize HIV.

2. COMMUNITY ENGAGEMENT

    a) Utilize mobile units to increase PrEP/nPEP uptake.
        i. Include a referral system for continued PrEP services.
        ii. Support coordination of efforts among providers to avoid duplication of services.
        iii. Utilize surveillance data to identify high risk communities.

    b) Outreach and education:
        i. Utilize peer educators/community health workers to better reach communities where they are and provide education on PrEP/nPEP and HIV prevention.
            i. Promote Ready, Set, PrEP initiative.
        ii. Host interactive community events with diverse partners on PrEP/nPEP and resources on sexual health.
        iii. Continue distribution of free condoms at outreach events and non-traditional settings.
        iv. Utilize academic detailing to educate health care providers on PrEP/nPEP, to increase accessibility.

    c) Inform the community about post-exposure prophylaxis (PEP) and where to obtain it.
        i. Increase access points and extend afterhours and weekend hours.
        ii. Create a comprehensive list of PrEP/nPEP providers.
        iii. Assess the feasibility of a PEP referral system.

d) Support local Syringe Service Programs (SSPs) and partner in EHE efforts when possible.

3. ACCESS TO PREP

a) Pharmacy access:
   i. Support pharmacy-driven PrEP protocols.
   ii. Identify best practices in other jurisdictions and develop a local protocol in collaboration with pharmacies and partners.
   iii. Evaluate potential barriers to initiating PrEP in a pharmacy setting compared to a medical provider.

b) Educate community members and providers on the Ready, Set, PrEP initiative.

c) Identify and address barriers that providers may have on prescribing same-day PrEP.

d) Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services.

e) Support the utilization and accessibility of TelePrEP services for underserved and at-risk communities, through education.

f) Use academic detailing to engage and educate medical providers to further increase potential access points for PrEP.
   i. Review PrEP provider database to target areas in need.

g) Support state policy change to allow 13-17-year-olds to access PrEP without parental consent.

Pillar Four: Respond

1. MOBILE RESPONSE TEAM

    a) Improve linkage to care in response to HIV clusters, including mobile response unit or team to engage clients and link them to appropriate resources (medical home, HIV medical care, and antiretroviral therapy (ART)) in the community.

    b) Identify HIV/STI testing partners/agencies to support the mobile response team.
        i. Include RWP partners in the mobile response team efforts to facilitate immediate linkage to care.

    c) Incorporate information on resources for delivery to at-risk communities.
        i. Have PEP and PrEP available in mobile units.

2. COMMUNITY ENGAGEMENT

    a) Identify key community partners that can educate the community and assist in disseminating information on cluster-related activities.
        i. Collaborate with community mobilization groups to support the delivery of messaging.
        ii. Provide additional resources to support CBOs' ability to provide HIV prevention and care services.

    b) Encourage medical providers to participate more heavily in outbreak situations.

3. STRATEGY AND PLANNING

    a) Develop a communication plan to be shared with partners.

    b) Develop a protocol for cluster investigations.

    c) Increase HIV genotyping testing to better determine clusters or "pockets" of HIV cases.