Florida’s Ending the HIV Epidemic Plan

HIV/AIDS Section Invites Community Input for a Unified Approach

July 8-9, 2020
Meeting Objectives

- Understand the ‘Ending the HIV Epidemic: A Plan for America’ Initiative and recognize Florida’s progress to-date;
- Review the Florida Ending the HIV Epidemic (EHE) Plan;
- Collectively discuss and outline implementation strategies for a ‘Unified Approach’ in accordance with the EHE Initiative pillars.
Florida’s Ending the HIV Epidemic (EHE) Plan

MEETING AGENDA

<table>
<thead>
<tr>
<th>Day 1 — Wednesday, July 8, 2020</th>
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<tbody>
<tr>
<td><strong>AGENDA TOPICS</strong></td>
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<tr>
<td><strong>TIME</strong></td>
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<tr>
<td>1. Welcome</td>
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<tr>
<td>2. Ending the HIV Epidemic: A Plan for America’ Initiative &amp; Florida’s Draft Plan to Eliminate HIV Transmission (Overview)</td>
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<tr>
<td>Session 1. Discussion &amp; Work Plan Development—Pillar 1, Diagnose</td>
</tr>
<tr>
<td><strong>BREAK</strong></td>
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<tr>
<td>Session 2. Discussion &amp; Work Plan Development—Pillar 2, Treat</td>
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</table>
Ending the Epidemic
FY 19-20 Key Milestones

- Statewide EHE Committee Kick-off Meeting
- Expected NOA for PS20-2010 Implementation Grant (8/1)
- 7 Phase 1 counties submit final local plan to Section (10/15)
- Obtain concurrence from Statewide EHE Committee (by 12/15)
- Community Engagement Sessions in Phase 1 counties
- Obtain internal agency approval (by 11/30)
- Final Unified EHE Plan submitted to CDC (by 12/30)

NOFO – Notice of Funding Opportunity
CDC NOFO – Only HIV/AIDS Section eligible to apply
HRSA NOFO – Only Part A recipients eligible apply
*April 2020 – Technical Review of the draft EHE Unified Plan received from CDC

DRAFT as of 6/9/2020
Revised 7/06/2020
What Does It Mean To “End” The Epidemic?

Tell us what you think...
What Does It Mean To “End” The Epidemic?
Ending the HIV Epidemic, A Plan for America

GOAL

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

ACHIEVING THE GOALS

- **Diagnose**: All people with HIV as early as possible after infection
- **Treat**: People with HIV rapidly and effectively to reach sustained viral suppression
- **Prevent**: New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs
- **Respond**: Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them
Key EHE Advantages

- CBO AND COMMUNITY DRIVEN/LED
- STATEWIDE/COUNTYWIDE
- CAN WORK SYNERGISTICALLY WITH EXISTING PLANS
- FOCUS ON INDIVIDUALS IN PRIORITY POPULATION TO MAINTAIN NEGATIVE STATUS
Florida’s Plan to Eliminate HIV Transmission

**Four Key Components**

**DIAGNOSE**
Implement routine HIV and sexually transmitted infection screening in health care settings and priority testing in non-health care settings.

**TREAT**
Provide rapid access to treatment and ensure retention in care.

**PREVENT**
Improve and promote access to evidence-based prevention strategies, such as antiretroviral pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis (nPEP) and syringe services.

**RESPOND**
Increase HIV awareness and community response to outbreaks through outreach, engagement, and messaging.
## Pillar 1: Diagnose

**Projected Outcome (5-Year):** Increase the percentage of persons with HIV who know their serostatus from 87.1% (2018) to at least 95% (2025).

### Year 1 SMART Objective:
- By July 31, 2021, implement routine screening in select emergency departments, urgent care centers, and other institutional settings located in each Phase 1 jurisdiction.

### Outcome Measure:
- Percentage of health care facilities identified as priority for routine opt-out HIV screening.
- Percentage of persons tested in health care facilities identified as priority for routine opt-out screening.

### Strategy:
- Expand routine HIV, HCV, and STI screening to all health care settings, particularly in emergency departments, primary health care providers, rural health centers, and urgent care centers and jails as a standard protocol.
Year 1 SMART Objective:
- By July 31, 2021, increase local availability of and accessibility to HIV testing services in non-traditional settings by 10%.

Outcome Measure:
- Of all tests conducted in the county, the percentage conducted in other venues identified as a priority for the EHE HIV testing services (e.g., pharmacies, retail venues, alternative settings).
- Percentage of all persons tested linked to appropriate HIV medical care and prevention services.

Strategy:
- Develop locally-tailored HIV testing programs to reach persons in non-health care settings.

Projected Outcome (5-Year): Increase the percentage of persons with HIV who know their serostatus from 87.1% (2018) to at least 95% (2025).
Pillar 1: Diagnose

Projected Goal (5-Year): Increase the percentage of persons with HIV who know their serostatus from 87.1% (2018) to at least 95% (2025).

Year 1 SMART Objective:

• By July 31, 2021, at least one emergency department in each Phase 1 County will have enhanced EMR automation for HIV screening and re-screening.

Outcome Measure:

• Number of emergency departments with enhanced EMR.
• Number of individuals screened and re-screened at the emergency department.

Strategy:

• Increase at least yearly re-screening of persons at elevated risk for HIV per CDC testing guidelines, in health care and non-health care settings.
**Pillar 1: Diagnose, Crosswalk**

**Projected Outcome (5-Year):** Increase the percentage of persons with HIV who know their serostatus from 87.1% (2018) to at least 95% (2025).

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<td>STRATEGY: Strengthen field workforce conducting partner services, linkage, and re-engagement activities to identify at-risk persons in need of intervention</td>
<td>STRATEGY: Ensure health care providers are complying with the opt-out HIV and STI screening law for pregnant women</td>
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<td>STRATEGY: Expand use of peers to offer and/or provide in-home test kits to those in their social network</td>
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<td>STRATEGY: Reduce stigma in communities and among providers around HIV testing by helping them recognize stigmatizing situations</td>
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Who Do We Need at the Table as Partners?

Suggestions?

LETTERS OF SUPPORT RECEIVED BY:
- CHAG
- University of Central Florida
- University of Florida
- University of Miami
- Florida Association of Community Health Centers
- Florida Academy of Family Physicians
- Florida Medical Association
- Florida Nurses Association
- Florida Osteopathic Medical Association
- Broward, Jacksonville and Miami-Dade, Ryan White HIV/AIDS Program Part-A's
Pillar 1: Diagnose, **Workforce**

**Projected Outcome (5-Year):** Increase the percentage of persons with HIV who know their serostatus from 87.1% (2018) to at least 95% (2025).

- What are some potential changes needed to our current workforce?
- How should we use our workforce to continuously engage the community in discussions related to this pillar?
- What skills do the labor force serving underrepresented communities need?
- What type of training do you think is necessary for the workforce?
Florida’s EHE Plan Meeting

SESSION BREAK
SESSION WILL RECONVENE AT 1:30 PM

THANK YOU FOR YOUR PARTICIPATION!
Pillar 2: Treat

Projected Outcome (5-Year): Increase the percentage of persons with HIV who are in care from 75% (2018) to at least 85% (2025); and increase the percentage of persons with HIV with a suppressed viral load from 64% (2018) to at least 75% (2025).

Year 1 SMART Objective:

- By July 31, 2021, increase the number of individuals linked to care in 30 days from 81% (2018) to 85%. (allowing 3-month lag)

Outcome Measure:

- Percentage linked to care in 30 days
- Percentage of Test & Treat clients virally suppressed within 6-9 months.

Strategy:

- Expand the rapid access to treatment model (Test & Treat)
**Pillar 2 : Treat**

**Projected Goal (5-Year):** Increase the percentage of persons with HIV who are in care from 75% (2018) to at least 85% (2025); and increase the percentage of persons with HIV with a suppressed viral load from 64% (2018) to at least 75% (2025).

**Year 1 SMART Objective:**

- By July 31, 2021, increase the number of PWH retained care from 69% (2018) to 73%. (allowing 6-month lag)

**Outcome Measure:**

- Percentage of PWH linked to HIV medical care during a specified 6-month evaluation time period, who achieved VL suppression within six months after being linked.

**Strategy:**

- Support retention in HIV medical care and treatment adherence.
Pillar 2: Treat

Projected Goal (5-Year): Increase the percentage of persons with HIV who are in care from 75% (2018) to at least 85% (2025); and increase the percentage of persons with HIV with a suppressed viral load from 64% (2018) to at least 75% (2025).

Year 1 SMART Objective:

• By July 31, 2021, increase the number of PWH re-engaged in care through D2C from 33% in December 2018 to 37%. (allowing 6-month lag)

Outcome Measure:

• Percentage of PWH confirmed during a specified 6-month evaluation time period not to be in care, who were linked to HIV medical care within 30 days after being confirmed not to be in care.

Strategy:

• Scale up Data-to-Care program to identify patients not in care and develop re-engagement strategies
# Pillar 2: Treat

**Projected Outcome (5-Year):** Increase the percentage of persons with HIV who are in care from 75% (2018) to at least 85% (2025); and increase the percentage of persons with HIV with a suppressed viral load from 64% (2018) to at least 75% (2025).

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<td>STRATEGY: Expand PrEP access points</td>
<td>STRATEGY: Ensure access to the Baby RxPress program for women in need</td>
<td>STRATEGY: Expand the rapid access to treatment model (Test &amp; Treat)</td>
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<tr>
<td>STRATEGY: Implement media and social marketing of PrEP to Black and Hispanic MSM, heterosexual women, and transgender persons</td>
<td>STRATEGY: Reduce barriers for linkage to and retention in care</td>
<td>STRATEGY: Support retention in HIV medical care and treatment adherence</td>
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<tr>
<td>STRATEGY: Support implementation of SEPs in the state</td>
<td>STRATEGY: Increase the number of PWH on ART</td>
<td>STRATEGY: Scale up Data-to-Care program to identify patients not in care and develop re-engagement strategies</td>
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<tr>
<td>STRATEGY: Establish nPEP delivery system</td>
<td>STRATEGY: Implement Data-2-Care Strategies</td>
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<td>STRATEGY: Address stigma and discrimination</td>
<td>STRATEGY: Ensure that care systems include access to support and behavioral health services</td>
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<td>STRATEGY: Increase the number of diagnosed PWHs on ART and implement effective adherence strategies</td>
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<td>STRATEGY: Develop and implement effective adherence strategies for ADAP clients</td>
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<td>STRATEGY: Strengthen the Department’s Clinical Quality Management initiative</td>
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Revised 7/06/2020
Who Do We Need at the Table as Partners?

Suggestions?

LETTERS OF SUPPORT RECEIVED BY:
CHAG | University of Central Florida | Data Intelligence Research Lab at UF | Phylodynamic Lab of the University of Florida | University of Miami Division of Infectious Diseases’ Mobile PrEP Program | Florida Association of Community Health Centers | Broward, Jacksonville and Miami-Dade, Ryan White HIV/AIDS Program Part-A’s | Florida Medical Association | Florida Nurses Association | Florida Osteopathic Medical Association
Pillar 2: Treat, Workforce

Projected Outcome (5-Year): Increase the percentage of persons with HIV who are in care from 75% (2018) to at least 85% (2025); and increase the percentage of persons with HIV with a suppressed viral load from 64% (2018) to at least 75% (2025).

What are some potential changes needed to our current workforce?

How should we use our workforce to continuously engage the community in discussions related this pillar?

What skills do the labor force serving underrepresented communities need?

What type of training do you think is necessary for the workforce?
Florida’s EHE Plan Meeting

END OF DAY 1

Session will reconvene tomorrow, July 9, 2020 at 10:00 AM

THANK YOU FOR YOUR PARTICIPATION!
Florida’s Ending the HIV Epidemic Plan
HIV/AIDS Section Invites Community Input for a Unified Approach
July 8-9, 2020
Florida’s Plan to Eliminate HIV Transmission

**DIAGNOSE**
Implement routine HIV and sexually transmitted infection screening in health care settings and priority testing in non-health care settings.

**TREAT**
Provide rapid access to treatment and ensure retention in care.

**PREVENT**
Improve and promote access to evidence-based prevention strategies, such as antiretroviral pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis (nPEP) and syringe services.

**RESPOND**
Increase HIV awareness and community response to outbreaks through outreach, engagement, and messaging.

Four Key Components
Pillar 3: Prevent

Projected Outcome (5-Year): Prevent new HIV transmission by using proven interventions, including PrEP and syringe services programs.

Year 1 SMART Objective:

• By July 31, 2021, increase screening for PrEP indications among HIV negative persons by 5-7%.

Outcome Measure:

• Number of HIV-negative clients who are screened for PrEP
• Number and percentage of HIV-negative clients who are linked to PrEP
• Number of persons prescribed PrEP among those with indications for PrEP
• Percent of persons using PrEP (defined as filling prescriptions) among those with indications for PrEP

Strategy:

• Accelerate efforts to increase PrEP use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP.
Pillar 3: Prevent

Projected Outcome (5-Year): Prevent new HIV transmission by using proven interventions, including PrEP and syringe services programs.

Year 1 SMART Objective:

- By July 31, 2021, increase the number of active syringe services programs in the state by two.

Outcome Measure:

- Number of SSP delivery sites
- Number of encounters served by SSPs

Strategy:

- Increase availability, use, and access to and qualify of comprehensive syringe services programs (SSPs)
### Pillar 3: Prevent

**Projected Outcome (5-Year):** Prevent new HIV transmission by using proven interventions, including PrEP and syringe services programs.

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<td>STRATEGY: Engage key partners to increase available services</td>
<td>STRATEGY: Reduce stigma in communities and among healthcare setting staff around HIV testing to increase test acceptance, and alleviate health care seeking behavior among high-risk populations</td>
<td>STRATEGY: Accelerate efforts to increase PrEP use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP</td>
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<td>STRATEGY: Expand PrEP access points</td>
<td>STRATEGY: Ensure universal access to and availability of pre-exposure prophylaxis (PrEP) and increase awareness of non-occupational post-exposure prophylaxis (nPEP)</td>
<td>STRATEGY: Increase availability, use, and access to and qualify of comprehensive syringe services programs (SSPs)</td>
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<td>STRATEGY: Implement media and social marketing of PrEP to Black and Hispanic MSM, heterosexual women, and transgender persons</td>
<td>STRATEGY: Increase awareness among women of childbearing age about HIV testing and perinatal prevention strategies</td>
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<td>STRATEGY: Support implementation of SEPs in the state</td>
<td>STRATEGY: Reduce barriers to linkage (for example, stigma, structural issues, processes)</td>
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<td>STRATEGY: Establish nPEP delivery system</td>
<td>STRATEGY: Ensure universal access to and availability of PrEP and increase awareness of nPEP</td>
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<td>STRATEGY: Address stigma and discrimination</td>
<td>STRATEGY: Promote culturally appropriate HIV prevention activities among the general public, at-risk communities, community leaders, and policy makers</td>
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<td>STRATEGY: Reduce barriers to service access and address social determinants that increase risk</td>
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Suggestions?

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CHAG | University of Central Florida | University of Florida | University of Miami’s IDEA Syringe Services Program | University of Miami Division of Infectious Diseases’ Mobile PrEP Program | Florida Association of Community Health Centers | Broward, Jacksonville and Miami-Dade, Ryan White HIV/AIDS Program Part-A | Florida Academy of Family Physicians
Pillar 3: Prevent, **Workforce**

*Projected Outcome (5-Year):* Prevent new HIV transmission by using proven interventions, including PrEP and syringe services programs.

- What are some potential changes needed to our current workforce?
- How should we use our workforce to continuously engage the community in discussions related this pillar?
- What skills do the labor force serving underrepresented communities need?
- What type of training do you think is necessary for the workforce?
Florida’s EHE Plan Meeting

SESSION BREAK
Session will reconvene at 1:30 PM

THANK YOU FOR YOUR PARTICIPATION!
Pillar 4: Respond

Projected Outcome (5-Year): Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Year 1 SMART Objective:

• By July 31, 2021, enhance state infrastructure to rapidly detect and respond to regions and networks of rapidly growing HIV transmission.

Outcome Measure:

• Percentage increase of health department and community engagement for cluster detection and response.

Strategy:

• Develop partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response.
Pillar 4: Respond

Projected Outcome (5-Year): Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Year 1 SMART Objective:

- By July 31, 2021, improve policies and procedures to allow for timely response to HIV transmission networks.

Outcome Measure:

- Percentage improvement of surveillance data for real-time cluster detection and response.

Strategy:

- Investigate and intervene in networks with active transmission.
Pillar 4 : Respond

Projected Outcome (5-Year): Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Year 1 SMART Objective:

• By July 31, 2021, increase the percentage of partner services provided to individuals identified in a cluster.

Outcome Measure:

• Percentage entered into the local surveillance system.
• Percentage of duplicates identified in the Soundex application prior to data entry into the surveillance system.
• Greater than 85% of all labs with specimen collection date in the reporting year are loaded in the surveillance system within two weeks of the specimen collection date.

Strategy:

• Identify and address gaps in programs and services revealed by cluster detection and response.
Pillar 4: Respond

Projected Outcome (5-Year): Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

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</tr>
<tr>
<td>STRATEGY: Enhance physician capacity to order genotype testing for those newly diagnosed or those not on antiretroviral therapy returning to care</td>
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<td>STRATEGY: Investigate and intervene in networks with active transmission.</td>
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<td>STRATEGY: Engage community in developing community-level response framework</td>
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<td>STRATEGY: Improve community awareness of rapidly growing transmission network response</td>
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<tr>
<td>STRATEGY: Improve use of aggregated routinely collected HIV laboratory data to improve precision prevention</td>
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- Data Intelligence Research Lab at University of Florida
- Palm Beach County Department of Community Services
- University of Miami
- Florida Association of Community Health Centers
- Broward, Jacksonville and Miami-Dade, Ryan White HIV/AIDS Program Part-A's
Pillar 4: Respond, **Workforce**

**Projected Outcome (5-Year):** Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

- **What are some potential changes needed to our current workforce?**
- **How should we use our workforce to continuously engage the community in discussions related to this pillar?**
- **What skills do the labor force serving underrepresented communities need?**
- **What type of training do you think is necessary for the workforce?**
Next Steps:

- **Final Florida EHE Plan** (by 09/30/20)
- **Internal FDOH Review** (by 11/30/20)
- **Obtain concurrence from Statewide EHE Committee** (by 12/15/20)

**Timeline:**
- September 2020
- November 2020
- December 2020

Other notes:
- **Final Unified EHE Plan submitted to CDC** (by 12/30/20)

**Revised:** 7/06/2020
Florida’s Ending the HIV Epidemic Plan
END OF DAY 2

THANK YOU FOR YOUR INPUT!
Contact Information

HIV/AIDS Section
Bureau of Communicable Diseases
Florida Department of Health
HIVSectionEHE@flhealth.gov