SECTION IV: Unified Getting to Zero by 2030

The overall goal of Florida’s EHE Plan is to decrease the number of HIV transmissions diagnosed annually. The key strategies and activities provided represent unified approaches for the state health department and seven counties listed in phase one of the EHE initiative. These strategies and activities will be refined after additional community engagement with key stakeholders.

PILLAR ONE: Diagnose

GOAL: Identify PLWH as soon as possible after transmission

KEY STRATEGIES AND ACTIVITIES:

1. 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
   a. Collaborate with FQHCs to improve the delivery of HIV, HCV, and STI screening
   b. Increase provider detailing and knowledge on HIV, HCV, and STI screening
   c. Ensure health care providers have access to adequate protocols for integrating routine testing into practice
2. Strengthen field workforce conducting partner services, linkage, and re-engagement activities to identify at-risk persons in need of intervention
   a. Improve and increase comprehensive training for a strong and competent DIS workforce
   b. Incorporate the use of dating apps to increase awareness and/or for partner notification
   c. Support a linkage-first model of care at time of intervention
   d. Explore ways to increase the field workforce
3. Expand use of peers to offer and/or provide in-home test kits to those in their social network
   a. Identify best practices for integrating peer navigators into the HIV model of care
   b. Develop a peer training program and establish protocols and procedures
   c. Increase training around peer recruitment
4. Reduce stigma in communities and among providers around HIV testing by helping them recognize stigmatizing situations
   a. Train medical providers to create environments that are welcoming and culturally aware in collaboration with members of key populations
   b. Encourage medical providers to collaborate with leaders in key populations (e.g., transgender, minority) to develop resources on accessing care and HIV prevention
   c. Partner with academic institutions to assess current stigma and associated factors in Florida to help identify possible solutions and interventions

KEY PARTNERS: Academic institutions (University of Miami, University of South Florida, University of Florida, Nova Southeastern University, Florida State University, Florida A & M University), Agency for Health Care Administration (AHCA), community colleges, CHDs, CBOs, FDOC, emergency room physician groups, FQHCs, Florida Hospital Association, Florida Association of Health Plans, Florida Insurance Commission, hospital systems, private providers, social media platforms, corporate entities, local planning bodies, local coalitions, other southern states addressing stigma

POTENTIAL FUNDING RESOURCES: Federal, state, and local funding, private funding, pharmaceutical grants

ESTIMATED FUNDING ALLOCATION: TBD

OUTCOMES: Increased number of individuals who know their status, increased number of health care settings implementing a routine screening protocol, number of DIS workforce trained to perform comprehensive functions, increased number of persons receiving care, number of peer programs, minimize stigma as a barrier to obtaining care for PLWH
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**Monitoring Data Source:** State surveillance data, local testing data, peer program data

**Pillar Two: Treat**

**Goal:** Ensure PLWH receive ongoing care and treatment

**Key Strategies and Activities:**

1. Enhance the patient care system to better respond to the HIV/AIDS epidemic
   a. Evaluate the current capacity to address Florida’s large out of care population (approximately 30,000 as of December 31, 2018)
   b. Develop a more streamlined, coordinated, high-standard level of HIV prevention and care services
   c. Educate private medical providers on the availability of Ryan White services
   d. Train providers and staff on trauma-informed care and intersectionality with HIV
   e. Collaborate with partners to address the limited availability of mental health and substance abuse treatment services
2. Expand the rapid access to treatment model
   a. Educate and mobilize hospitals and primary care providers to begin treatment at initial diagnosis
   b. Use telehealth to establish initial visits, re-engage patients, and monitor medication adherence
   c. Expand access points to care and hours services are available
   d. Use mobile units to provide access to care to address transportation issues for clients
   e. Provide cultural humility and responsiveness training for medical providers and staff
3. Expand available housing services throughout the state
   a. Educate PLWH on available housing services
   b. Identify eligible PLWH in need of stable housing
   c. Examine public-private partnerships to secure affordable housing for PLWH
4. Evaluate the unmet ancillary needs such as dental and transportation services of PLWH in Florida
   a. Identify barriers and solutions to provision of these services
   b. Conduct community and provider focus groups
   c. Conduct an analysis of available dentists who will serve Ryan White clients

**Key Partners:** AHCA, CBOs, CHDs, DDCF, FQHCs, Florida Association of Health Plans, Florida Hospital Association, Florida Medical Association, pharmaceutical partners, private providers, hospital systems, Ryan White partners, state and city Housing Opportunities for Persons with AIDS (HOPWA) programs

**Potential Funding Resources:** Ryan White HIV/AIDS Program funding, HOPWA funding, federal, state and local funding, private funding sources

**Estimated Funding Allocation:** TBD

**Outcomes:** Improved access to the system of care for PLWH, increased number of PLWH retained in care, decreased number of persons out of care, increased number of persons linked to care in 30 days, increased number of PLWH virally suppressed and adherent to medication regimen, increased number of PLWH in stable housing

**Monitoring Data Source:** State surveillance data, local testing data

**Pillar Three: Prevent**

**Goal:** Lower the rate of HIV transmissions diagnosed annually in Florida

**Key Strategies and Activities:**

1. Engage key partners to increase available services
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a. Provide education and academic detailing sessions to health care providers (sexual history taking, PrEP provision, risk assessment)
b. Strengthen work with academic institutions to include in future curricula for upcoming health care professionals
c. Use peer educators or community health workers to provide education on PrEP and HIV prevention

2. Expand PrEP access points
   a. Increase the number of non-traditional settings providing PrEP services (e.g., Minute Clinics, retail, mobile units)
   b. Increase the use of telehealth to provide PrEP services
   c. Explore the use of HIV self-test kits for follow up PrEP screening
   d. Develop corporate partnerships to provide PrEP services in their settings
   e. Work with AHCA to address Medicaid preauthorization process for PrEP
   f. Work with state’s insurance commissioner to explore ways to mask information contained in insurance benefit statements
   g. Work with academic institutions to determine ways to increase PrEP and HIV/STI testing in student health centers

3. Implement media and social marketing of PrEP to Black and Hispanic MSM, heterosexual women, and transgender persons
   a. Market availability and benefit of PrEP to priority populations (e.g., transgender, Black and Hispanic MSM, Black heterosexual women)
   b. Market availability of telehealth services for PrEP

4. Support implementation of SEPs in the state
   a. Educate communities on the purpose and intent of SEPs and importance of harm reduction
   b. Provide counseling/referrals for drug abuse treatment
   c. Offer and refer for HIV and viral hepatitis testing
   d. Coordinate with FDCF to ensure distribution of Naloxone
   e. Support SEP wrap-around services such as condoms, test kits, and family planning services

5. Establish nPEP delivery system
   a. Build collaborations with private pharmacies, sexual assault teams, nurses, and rape crisis centers

6. Address stigma and discrimination
   a. Develop public health approaches and solutions that address stigma, homophobia, transphobia, and other social determinants of health
   b. Implement stigma reduction curricula for all personnel in health care settings providing prevention and care services to PLWH
   c. Enhance and implement comprehensive sexual health education
   d. Develop marketing campaigns to combat stigma directly and change attitudes towards PLWH

KEY PARTNERS: AHCA, academic institutions (University of Miami, University of South Florida), community colleges, CBOs, corporate entities, CHDs, FDOC, FDCF, FQHCs, HIV/AIDS service organizations, insurance commission, private providers, social media platforms, hospital systems, medical schools, public health and schools of allied health, health care clinics, licensed addictions receiving facilities, FDOH Office of Minority Health and Health Equity, FDOH Office of Rural Health, FDOH Bureau of Chronic Disease, FDOH Division of Children’s Medical Services
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POTENTIAL FUNDING RESOURCES: Minority AIDS funding; federal, state and local funding; private funding; pharmaceutical grants; CDC HIV Prevention and Surveillance funding

ESTIMATED FUNDING ALLOCATION: TBD

OUTCOMES: Number of providers trained/educated, increase in PrEP uptake among priority populations, number of PrEP prescriptions provided, number of non-traditional settings offering PrEP services, number of PrEP telehealth services, increased adherence to PrEP regimen, increased PrEP availability and HIV/STI testing in student health centers, number of marketing views, website analytics

MONITORING DATA SOURCE: State and local databases, medical records, pharmacy records

PILLAR FOUR: RESPOND

GOAL: Enhance the state’s infrastructure to rapidly detect and respond to regions and networks of rapidly growing HIV transmission

KEY STRATEGIES AND ACTIVITIES:

1. Educate the community at-large on the recent advancements in biomedical interventions
   a. Increase community engagement around biomedical interventions for HIV medical care and prevention

2. Enhance physician capacity to order genotype testing for those newly diagnosed or those not on antiretroviral therapy returning to care
   a. Increase linkage to HIV care for those newly diagnosed or returning to HIV care
   b. Engage and educate providers on current HRSA recommendations to order baseline genotypes for newly diagnosed
   c. Educate providers and laboratories on reporting requirements for HIV
   d. Engage laboratories to improve the timeliness of electronic reporting of genotype consensus sequences used in transmission network analysis
   e. Investigate other funding mechanisms to pay for genotype tests
   f. Create a health care provider letter demonstrating the importance of genotype testing

3. Engage community in developing community-level response framework
   a. Identify community partners to engage in development of response framework
   b. Hold community engagement events to develop and refine a HIV transmission response plan that addresses stigma, fear, and security of personal identifiable information

4. Improve community awareness of rapidly growing transmission network response
   a. Create a campaign to educate community and improve community awareness surrounding rapidly growing transmission networks and data security and confidentiality
   b. Partner with academic institutions and entities to improve communication around transmission network response
   c. Create education materials to improve awareness and reduce anxiety surrounding HIV transmission network response

5. Improve use of aggregated routinely collected HIV laboratory data to improve precision prevention
   a. Implement social networking strategies at the community level using routinely collected laboratory data to identify regions of increasing HIV transmission and initiate response
   b. Use CBOs and other providers to implement a community-level response to transmission networks in areas of high burden

KEY PARTNERS: Academic institutions (University of Miami, University of Florida, Florida State University, University of South Florida, Florida International University), community colleges, CHDs, FQHCs, Florida AIDS Institute, private providers, CBOs, social media platforms
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**Potential Funding Resources:** Federal, state, and local funding, private funding, CDC HIV Prevention and Surveillance funding

**Estimated Funding Allocation:** TBD

**Outcomes:** Number of community-level response actions using developed protocol, number of people tested from community-level response, number of persons diagnosed with HIV linked to care through use of response protocol, number of people offered PrEP as part of community-level response, number of community engagement sessions conducted around development of response protocol, number of awareness campaigns and messaging materials produced around HIV transmission network response, number of community engagement sessions number of genotypes received

**Monitoring Data Sources:** Florida enhanced HIV/AIDS reporting system (eHARS), Health Management System (HMS), Florida Partner Services Database: Surveillance Tools and Reporting System (STARS), community partner databases

While this is a unified plan for the state of Florida, seven counties are specifically named as Phase 1 areas in the national EHE: A Plan for America initiative. The following sections are dedicated to those counties and highlight focused strategies and activities based on their local epidemic.