

Ending the HIV Epidemic's Action Plan***Pillar One: Diagnose**

1. EXPAND ROUTINIZED TESTING IN HEALTHCARE SETTINGS
 - a. Identify and engage healthcare facilities to conduct routine testing
 - b. Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs)
 - i. Highlight changes in HIV Florida law as it applies to healthcare settings
 - c. Increase the number of healthcare settings that offer STI testing

2. EXPAND HIV/STI TESTING IN TRADITIONAL AND NON-TRADITIONAL SETTINGS
 - a. Increase the use of home HIV self-testing kits as an alternative option specially for hard to reach populations including youth, transgender persons, sex workers, and men who have sex with men (MSM)
 - b. Collaborate with traditional and non-traditional partners to conduct HIV/STI testing in non- traditional settings (i.e. faith-based organizations, domestic violence/human trafficking agencies)
 - c. Increase the number of mobile units offering HIV/STI testing in the community

3. EXPAND COMMUNITY ENGAGEMENT EFFORTS FOR POPULATIONS MOST AT RISK IN MIAMI-DADE COUNTY
 - a. Build innovative media campaigns inclusive of social media, to highlight the importance of knowing your status, getting into care while addressing stigma, HIV prevention and care (i.e. billboards, TV/radio, etc.)
 - b. Conduct outreach events to reach out to priority population in the community

4. SUPPORT THE DEVELOPMENT OF HIV FIELD WORKFORCE, STAKEHOLDERS, AND COMMUNITY PARTNERS
 - a. Increase capacity building and education among HIV counselors and/or case managers (RWP)
 - b. Determine the needs of Disease Intervention Specialist (DIS) workforce
 - c. Provide capacity building and technical assistance to providers

Pillar Two: Treat

1. EXPAND CAPACITY AND ACCESS TO LOCAL TEST AND TREAT/RAPID ACCESS (TTRA)
 - a. Increase TTRA access points for vulnerable populations (i.e. Black and Latinx communities) (RWP)
 - b. Educate private providers on the benefits of TTRA
 - c. Work with hospitals and urgent care centers that routinely screen for HIV/HCV to ensure a streamlined path to TTRA for patients in ER and urgent care settings (RWP)
 - d. Expand the use of Telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients (RWP)
 - e. Implement the use of EHE Quick Connect services in hospitals, clinics, and emergency rooms (RWP)

2. IMPROVE ACCESS TO AND RETENTION IN CARE
 - a. Increase the number of HIV service providers that offer Telehealth (HealthTec) services (RWP)
 - b. Support cost-sharing mechanisms that can help reduce the cost burden on people with HIV who are insured, underinsured, and/or non-RWP eligible through the use of the safety net (RWP)
 - c. Develop guidelines and procedures related to EHE HealthTec to facilitate access to a medical practitioner; mental health provider; substance abuse treatment provider; daily treatment adherence confirmation; client enrollment and re-enrollment in Part A Program; and daily treatment adherence confirmation for program clients (RWP)
 - d. Develop a new protocol specific to the needs of the Miami-Dade EHE Project, using FDOH's Video Directly Observed Therapy (VDOT) protocols as examples (RWP)

3. MARKETING STRATEGIES THAT DESTIGMATIZE HIV CARE AND ENCOURAGE PERSONS WITH HIV (PWH) TO STAY IN CARE
 - a. Develop and support culturally tailored prevention messages to destigmatize HIV (i.e. Undetectable=Untransmittable (U=U))
 - b. Utilize peer educators and representatives of the HIV community to deliver messages to PWH, highlighting personal success and struggles, and empowering PWH to thrive despite their status

Pillar Three: Prevent

1. INCREASE SOCIAL MEDIA EFFORTS TO ENGAGE AND CONNECT THE POPULATION ON THE BENEFITS AND ACCESSIBILITY OF PrEP/nPEP
 - a. Customize messaging on pre-exposure prophylaxis (PrEP)/ nonoccupational post-exposure prophylaxis (nPEP), and the Ready, Set, PrEP initiative to at risk populations, with an inclusive message that promotes diversity (inclusive of multi-lingual messages)
 - b. Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV

2. EXPAND COMMUNITY ENGAGEMENT EFFORTS RELATED TO PrEP AND nPEP
 - a. Utilize facilities and mobile units to increase PrEP/nPEP uptake
 - b. Promote Ready, Set, PrEP initiative using peer educators/community health workers to better reach communities where they are and provide education on PrEP/nPEP and HIV prevention
 - c. Utilize academic detailing to engage and educate health care providers on PrEP/nPEP, to increase accessibility and create potential access points for PrEP
 - d. Continue distribution of free condoms at outreach events, and at traditional and non-traditional settings
 - e. Disseminate a comprehensive list of PrEP/nPEP providers to share with community partners
 - f. Support local Syringe Service Programs (SSPs) and partner in EHE efforts when possible

3. INCREASE ACCESS TO PrEP/nPEP AND TELEPrEP SERVICES
 - a. Increase PrEP/nPEP access
 - b. Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP services

Pillar Four: Respond

1. UTILIZE DOH SURVEILLANCE AND LOCAL DATA TO IDENTIFY AND TO IMPROVE RESPONSE TO HIV TRANSMISSION NETWORKS
 - a. Increase HIV genotyping testing to better determine clusters or “pockets” of HIV cases