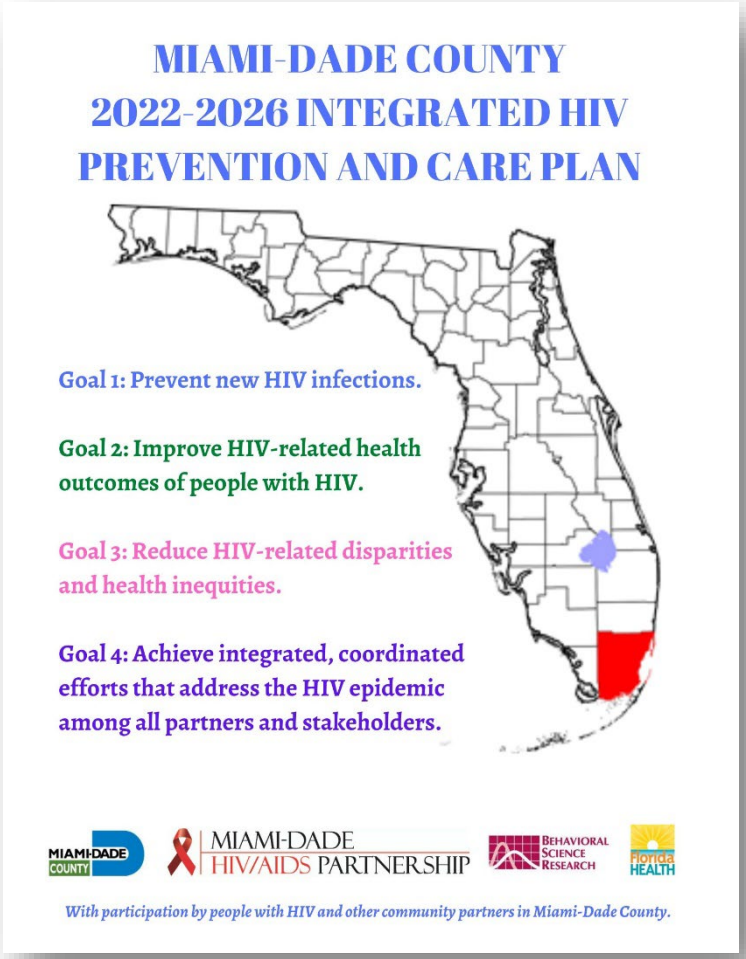
An Overview of the Miami Dade County 2022-2026 Integrated HIV Prevention and Care Plan

Presented to the Ryan White Program Subrecipient Forum

January 31, 2022

Behavioral Science Research
Miami-Dade HIV/AIDS Partnership
Miami-Dade County

The Integrated Plan (IP)



in · te · grat · ed

Various parts or aspects linked or coordinated

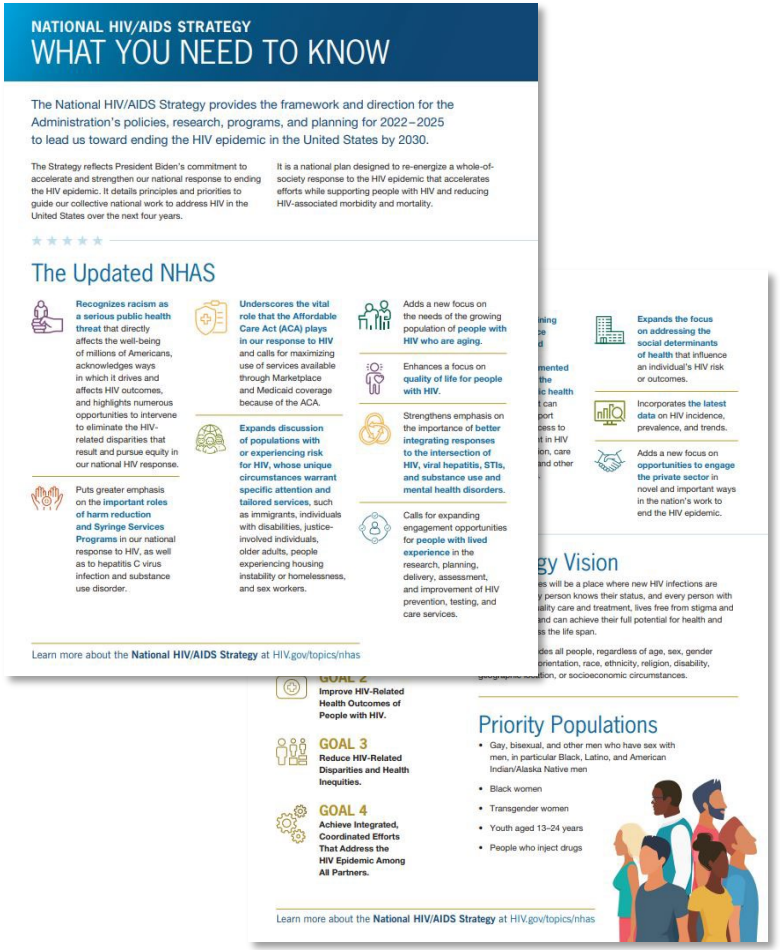
plan

A detailed proposal for doing or achieving something

National HIV/AIDS Strategy (NHAS)

The 2022-2025 NHAS is the outline for the Miami-Dade Integrated Plan, addressing these four goals:

- Goal 1: Prevent New HIV Infections.
- Goal 2: Improve HIV-Related Health Outcomes of People with HIV.
- Goal 3: Reduce HIV-Related Disparities and Health Inequities.
- Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners.



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Coordination

Miami-Dade County's 2022-2026 Integrated HIV Prevention and Care Plan incorporates these local, state, and national initiatives to achieve the national HIV goal:

"Reducing the number of new HIV infections in the US by 75% by 2025, and then by at least 90% by 2030."

2017-2021 Integrated Plan for HIV Prevention and Care

National HIV/AIDS Strategy 2022-2025

Ending the HIV Epidemic Jurisdictional Plan

Getting to Zero and other initiatives

Community Engagement

The 2022-2026 Plan considered input from:

- People with HIV, both Ryan White Program (RWP) and non-RWP clients, specifically;
  - RWP clients over 55 years of age;
  - RWP clients under 55 years of age; and
  - RWP Haitian clients.
- Providers representing RWP Parts A, B, C, and D;
- Representatives of Federally Qualified Health Centers (FQHCs);
- Representatives of housing, mental health, substance use, and social services providers;
- Florida Department of Health in Miami-Dade County (FDOH-MDC) and FDOH-MDC Prevention Workgroups;
- Representatives of transgender services providers.

Input was gathered via surveys, focus groups, key informant interviews, and at Joint Integrated Plan Review Team meetings.

Knowledge Check

How many overarching NHAS Goals are included in the 2022-2026 Integrated Plan?

A. Four

B. Three

C. Two

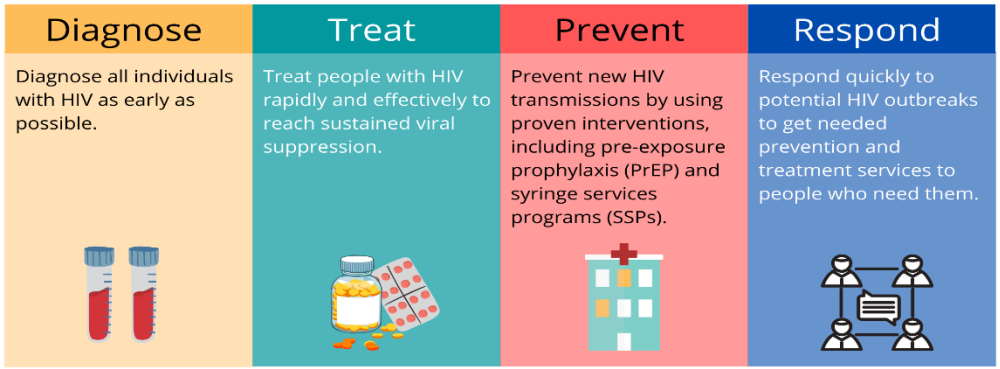
D. One

Situational Analysis

The 2022-2026 Plan includes:

- **Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis**
  An overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities

- **A snapshot of the Four Pillars of Ending the HIV Epidemic**



Achieving Goals

Everyone working to improve health outcomes for people living with HIV and at risk of contracting HIV will be called on to achieve the goals of the 2022-2026 Integrated Plan.

This is a community-wide Plan.

Let's look at some examples of Integrated Plan Goals and Activities . . .

Goals

Each Goal in the Plan details:

Objectives

Strategies

Activities

Responsible Entities

Measurements

*The Partnership's **Integrated Plan Evaluation Workgroup** is creating the template to track progress toward achieving goals.*

NHAS Goal 1
Prevent New HIV Infections
Prevention (P)

Objective P1. Increase the percentage of people living in MDC who are aware of their HIV status from the national baseline of 87% in 2019 to 90% by December 31, 2026.

- ***Strategy P1.1.** Implement HIV, HCV, and STI testing as part of routine medical care in all health care settings, including urgent care centers, FQHCs, small clinics, public hospitals, and emergency departments.*

Activities	Responsible Entities	Measurements
P1.1.a. Partner/ collaborate with healthcare facilities to increase routine HIV testing.	FDOH-MDC and partners (i.e., FOCUS, hospital settings, FQHCs, urgent care centers, medical practices, free clinics, hospitals)	1. # of healthcare facilities identified[1] for routine opt-out HIV testing in MDC 2. # of healthcare facilities interested[2] in routinizing HIV testing in MDC 3. # of healthcare facilities committed[3] to conduct routine opt-out HIV testing in MDC 4. # of healthcare facilities implementing[4] routine opt-out HIV testing in MDC 5. # of persons served[5] at a healthcare facility 6. # of persons tested[6] at a healthcare facility 7. # of HIV positive persons identified[7] through routine testing 8. # of previously diagnosed HIV positive persons 9. # of newly diagnosed HIV positive persons 10. # of HIV tests integrated with viral hepatitis tests (HCV) 11. # of HIV tests integrated with STI tests
P1.1.b. Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STIs).	FDOH-MDC and partners RWHAP	1. # of providers/practitioners identified to be educated on routine testing (i.e., HIV, HCV, STI) 2. # of private providers educated on routine testing (i.e., HIV, HCV, STI) 3. # of MOUs/agreements established with partners to serve as routine healthcare testing sites

Goal 1: Prevent New HIV Infections

Objective P1. Increase the percentage of people living in MDC who are aware of their HIV status from the national baseline of 87% in 2019 to 90% by December 31, 2026.

- ***Strategy P1.1.*** *Implement HIV, HCV, and STI testing as part of routine medical care in all health care settings, including urgent care centers, FQHCs, small clinics, public hospitals, and emergency departments.*

- ***Strategy P1.2.*** *Expand HIV/STI testing in traditional and non-traditional settings.*

- ***Strategy P1.3.*** *Incorporate a status neutral approach to HIV testing, offering linkage to prevention services for people who test negative, and immediate linkage to HIV care and treatment for those who test positive.*

- ***Strategy P1.4.*** *Provide partner services to people diagnosed with HIV and STIs, and their sexual or needle-sharing partners.*

An example …

- ***Strategy P1.4.*** *Provide partner services to people diagnosed with HIV and STIs, and their sexual or needle-sharing partners.*

Activities	Responsible Entities	Measurements
P1.4.a. Educate CBOs, FQHCs, and private providers on available partner services.	FDOH-MDC and partners	1. # of CBO's educated on partner services 2. # of FQHCs educated on partner services 3. # of private providers educated on partner services 4. % of all named, notifiable partners identified through HIV partner services
P1.4.b. Partner with RWHAP and CBOs to educate patients about the importance of partner services.	FDOH-MDC and partners	1. # and % of notifiable partners identified through HIV partner services 2. # and % of notifiable partners that were tested for HIV 3. # of educational sessions conducted to providers regarding partner services 4. # partnership with FDOH-MDC to offer partnered services 5. # of providers educated on partner services 6. # patients receiving partner services
P1.4.c. Establish private/public partnerships to offer partner services.	FDOH-MDC and partners	1. # of public/private partnership established

Goal 1: Prevent New HIV Infections

Objective P2. Maintain the number of infants born with HIV in Miami-Dade County each year at zero (0).

- ***Strategy P2.1.*** *Increase awareness of healthcare providers of the opt-out HIV and STI screening for pregnant women per Florida Statute 64D-3.04.*

- ***Strategy P2.2.*** *Increase awareness among women of childbearing age about HIV testing, prevention, prenatal care, and postpartum/family planning services.*

Objective P3. Increase the percentage of persons screened for pre-exposure prophylaxis (PrEP) who are prescribed PrEP from 53% in 2021 to 75% by December 31, 2026.

- ***Strategy P3.1.*** *Ensure access to and availability of PrEP.*

Goal 1: Prevent New HIV Infections

Objective P4. Increase the number of agencies offering nPEP (Non-occupational Post-Exposure Prophylaxis) in the community from 7 in 2021 to 10 by December 31, 2026.

- ***Strategy P4.1.*** *Ensure access to and availability of nPEP.*

Objective P5. Increase the number of free condoms distributed from 1,929,715 in 2021 to 2,026,200 by December 31, 2026.

- ***Strategy P5.1.*** *Continue free condom distribution.*

Objective P6. Support the local Syringe Service Program (SSP) – locally, the Infectious Disease Elimination Act (IDEA Exchange) – and ensure access to harm reduction services.

- ***Strategy P6.1.*** *Inform HIV service providers and the community about IDEA Exchange services.*

Goal 2: Improve HIV-Related Health Outcomes Of People With HIV

- Linkage to Care (L) -

Objective L1. Increase the percentage of newly diagnosed persons with HIV who are linked to care through initial Test and Treat/Rapid Access (TTRA) protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

- ***Strategy L1.1.*** *Expand capacity and access to local TTRA.*

Objective L2. Increase the percentage of newly diagnosed persons with HIV who are linked to care outside TTRA within thirty (30) days of preliminary positive diagnosis, from 54% in 2021 to 90% by December 31, 2026.

- ***Strategy L2.1.*** *Improve linkage to HIV health care within 30 days for all persons who test positive for HIV.*
- ***Strategy L2.2.*** *Provide same-day or rapid start of antiretroviral therapy. (Within 30 days for clients who decline TTRA access.)*

Goal 2: Improve HIV-Related Health Outcomes Of People With HIV

- Retention in Care (R) -

Objective R1. Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 81% in August 2022 to 90% by December 31, 2026.

- ***Strategy R1.1.*** *Identify and reengage clients in danger of being lost to RWHAP care.*
- ***Strategy R1.2.*** *Increase Peer (PESN) involvement in client care to improve retention and viral load suppression.*
- ***Strategy R1.3.*** *Ensure a "whole person," holistic treatment approach that recognizes that care for RWHAP clients must go beyond viral load suppression and retention in care.*

An example …

Activities	Responsible Entities	Measurements
R1.2.a. Review RWHAP Client Satisfaction Survey results for reasons clients fall out of care.	RWHAP Part A and partners	1. # client satisfaction surveys conducted annually, with reasons clients fall out of care, with particular emphasis on areas of peer involvement in client support for retention and VL suppression
R1.2.b. Review local RWHAP-Part A Service Delivery Manual of Peer Education and Support Network position.	RWHAP Part A and partners	1. # annual review conducted
R1.2.c. Increase clinical involvement threshold for Peers from 50% to 75%.	RWHAP Part A and partners	1. # of subrecipients employing Peers 2. % of time each subrecipient directs Peers toward client support activities 3. % of clients with documented peer contact retained in care, and with suppressed VLs
R1.2.d. Implement Peer client care certification training, including gender-affirming care and cultural competency training, twice annually.	RWHAP Part A and partners	1. # of trainings

Goal 2: Improve HIV-Related Health Outcomes Of People With HIV

- Health Outcomes For Special Populations (SP) -

Objective SP1. Improve health outcomes for women with HIV.

- ***Strategy SP1.1.*** *Expand existing programs and collaborations for women with HIV.*

Objective SP2. Improve health outcomes for adults over age 50 with HIV.

- ***Strategy SP2.1.*** *Improve health outcomes for adults over age 50 with HIV.*

Objective SP3. Improve health outcomes for transgender people with HIV.

- ***Strategy SP3.1.*** *Expand existing programs and collaborations to address specific needs of transgender people with HIV.*

An Example …

Activities	Responsible Entities	Measurements
SP2.1.a. Systematic "Aging HIV Community" needs assessments to determine special social, mental health, and pharmacy issues of older people with HIV.	RWHAP Community Coalition Roundtable	**1.** # targeted over-50 interviews conducted during special-emphasis client satisfaction needs assessment survey in FY 2023 **2.** # interviews conducted by members of the Partnership's Community Coalition Roundtable with persons in the affected community over 50 years of age
SP2.1.b. Based on SP2.1.a., develop special mental health and social services guidelines and protocols for older persons with HIV – dealing with isolation, loneliness, depression, problems with adult children, more expenses and less money, and polypharmacy issues.	RWHAP	**1.** # of guidelines generated by Care and Treatment Committee and Partnership, with input from stakeholders and RWHAP clients over 50. **2.** # of subrecipient MCM and OAHS providers with RiMC and/or VL suppression rates for clients over 50 that are lower than the agency averages
SP2.1.c. Help older persons with HIV in the process of transitioning from RWHAP to Medicare.	RWHAP	**1.** # RWHAP MCMs trained in assisting clients over 60 with transitioning to Medicare **2.** # of RWHAP clients over 65 who have successfully transitioned to Medicare

Notes

1. An analysis of RWHAP clients in care revealed 4,209 clients over 50 years of age in the Miami-Dade EMA in FY 2021, of whom 292 were also long-term survivors of HIV (diagnosed before 1995), only 7% of the persons with HIV over 50. This Plan therefore will concentrate on the aging population with HIV as a special target population.

Goal 2: Improve HIV-Related Health Outcomes Of People With HIV

- Health Outcomes For Special Populations (SP) -

Objective SP4. Improve health outcomes for homeless or unstably housed people with HIV.

- ***Strategy SP4.1.*** *Expand existing programs and collaborations to address specific needs of people with HIV experiencing homelessness or housing instability.*

Objective SP5. Improve health outcomes for MSM with HIV.

- ***Strategy SP5.1.*** *Expand existing programs and collaborations to address specific needs of MSM with HIV and co-occurring health conditions.*

Objective SP6. Improve health outcomes for youth (ages 13-24) who are at risk of or living with HIV.

- ***Strategy SP6.1.*** *Expand existing programs and collaborations to address specific needs of youth (ages 13-24) who are living with HIV.*

Knowledge Check

Which of these groups is a Special Population for coordinated attention in the 2022-2026 Integrated Plan?

A. Women

B. Transgender persons

C. Persons experiencing homelessness

D. All of the above

Goal 3: Reduce HIV-Related Disparities and Health Inequities
- Stigma (S) -

Objective S1. Reduce HIV-related stigma and discrimination.

- ***Strategy S1.1.*** *Increase awareness of stigmatizing behaviors throughout the system of care. (FDOH-EHE Goal: Partner with Capacity Building Assistance providers (CBA), and the private sector to train STD/HIV staff on HIV stigma, and discrimination).*

Goal 3: Reduce HIV-Related Disparities and Health Inequities

- Disparities in Retention in Care (DR) -

Objective DR1. Increase RWHAP Retention in Medical Care (RiMC) rates among priority populations.

- ***Strategy DR1.1.*** *Increase RiMC rates from 81% in 2021 to 90% by December 31, 2026, for Black/African American Males.*
- ***Strategy DR1.2.*** *Increase RiMC rates from 88% in 2021 to 90% by December 31, 2026, for Black/African American Females.*
- ***Strategy DR1.3.*** *Increase RiMC rates from 85% in 2021 to 90% by December 31, 2026, for Hispanic MSM clients.*

An Example …

- ***Strategy DR1.1.*** *Increase RiMC rates from 81% in 2021 to 90% by December 31, 2026 for Black/African American (B/AA) Males.*

Activities	Responsible Entities	Measurements
DR1.1.a. Annually track RiMC rates among RWHAP Part A and MAI subrecipient providers of OAHS and MCM services to B/AA males.	RWHAP	**1.** Annual measurement of RiMC rates for B/AA males, by subrecipient service site providing OAHS and/or MCM services to this target population **2.** Annual # and % of OAHS and MCM service sites that have attained 90% RiMC for this target population
DR1.1.b. Annually document and disseminate best practices for RiMC for B/AA males among OAHS and MCM providers with top-quintile RiMC rates for this target population.	RWHAP MCM and OAHS subrecipients	**1.** # of top-quintile (top 20%) of subrecipients reporting best practices to CQM Committee, Subrecipient Forum(s) or Partnership
DR1.1.c. Annually conduct and disseminate root cause analyses (determination of co-occurring conditions or service delivery shortfalls) for low RiMC for B/AA males among OAHS and MCM providers with bottom-quintile RiMC rates for this target population.	RWHAP MCM and OAHS subrecipients	**1.** # of bottom-quintile (bottom 20%) of subrecipients reporting root cause analyses to CQM Committee, Subrecipient Forum(s) or Partnership

Goal 3: Reduce HIV-Related Disparities and Health Inequities

- Disparities in Viral Load Suppression Rates and Undetectable Viral Load (DV) -

Objective DV1. Increase the annual viral load (VL) suppression rates among priority populations.

- ***Strategy DV1.1.*** *Increase the annual VL suppression rates from 81% in 2021 to 90% by December 31, 2026 for Black/African American Males.*
- ***Strategy DV1.2.*** *Increase the annual VL suppression rates from 84% in 2021 to 90% by December 31, 2026 for Black/African American Females.*
- ***Strategy DV1.3.*** *Increase the annual VL suppression rates from 86% in 2021 to 90% by December 31, 2026 for Haitian Males and Females.*

NHAS Goal 4

Achieve Integrated, Coordinated Efforts That Address The HIV Epidemic Among All Partners

Integrated Plan Coordination (IPC)

Objective IPC1. Develop strong community partnerships to leverage available services and funding for ongoing HIV care and treatment and to be able to respond quickly to HIV outbreaks.

- *Strategy IPC1.1. Maintain and develop community partnerships.*

Activities	Responsible Entities	Measurements
IPC1.1.a. Identify community stakeholders to broaden the base of Integrated Plan implementation and referrals for client needs.	FDOH-MDC RWHAP	1. By close of Year 1, establish working Integrated Plan Evaluation Workgroup to engage community stakeholders in planning and evaluating IP services
IPC1.1.b. Develop schedule for regular communication with stakeholders.	FDOH-MDC RWHAP	1. Progress report on scheduling
IPC1.1.c. Develop plan among stakeholders for addressing HIV outbreaks.	RWHAP	1. Progress report on plan
IPC1.1.d. Coordinate data sharing between RWHAP Parts A, B, D, F; General Revenue (GR); and ADAP; and between the RWHAP and Medicaid.	RWHAP Parts A, B, D, F; GR; ADAP; Medicaid.	1. Progress report on data sharing agreements

All Part A/MAI subrecipients are accountable participants in the Integrated Plan.

This means YOU.

Next Steps

1. Review the 2022-2026 Integrated Plan on the Partnership web site: http://aidsnet.org/wp-content/uploads/2022/11/2022-2026MDC-IP-Web.pdf
2. See where your organization will be involved in data production and activities related to Integrated Plan strategies and activities.
   - Be prepared to provide data, as required by the Plan
   - Review your internal policies and procedures to see if you are already addressing some of the Plan goals
3. Participate in ongoing Plan evaluation and data-sharing activities through the Miami-Dade HIV/AIDS Partnership Integrated Plan structure.
   - Strategic Planning Committee
   - Prevention Committee
   - Joint Integrated Plan Review Team
   - Integrated Plan Evaluation Workgroup

Knowledge Check

Which members of the Partnership lend input to the 2022-2026 Integrated Plan?

A. Prevention Committee members

B. Strategic Planning Committee members

C. Integrated Plan Evaluation Workgroup members

D. All of the above

Thank You!

To download a copy of the 2022-2026 Integrated Plan, visit www.aidsnet.org and click on the picture of the Plan cover.

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