

ECHPP Project
Workbook #2: GOALS, STRATEGIES, AND OBJECTIVES

(FINAL: March 15, 2011)

This workbook is to document:

- **Goals set for each intervention or public health strategy (from Workbook #1)**
- **Strategies to achieve each goal**
- **“SMART” Objectives associated with each goal**

Instructions:

1. The purpose of this Workbook is to document strategies and SMART objectives for the goals established in Workbook #1.
2. List all goals for *each* intervention described in Workbook #1.
 - a. Goals: Broad aims that define the intended results of each intervention or public health strategy included in the Enhanced Plan. Collectively, these goals should optimize the provision of HIV prevention, care and treatment in your jurisdiction.
3. List all specific funding sources that will be utilized to achieve each goal (e.g. federal agency, federal program, state resources).
 - a. Separate funding sources by strategy if appropriate.
4. List specific strategies associated with each goal.
 - a. Strategies: Step-by-step descriptions of necessary activities for achieving each goal.
5. List “SMART” objectives (Specific, Measureable, Achievable, Realistic, and Time-based) that support each goal.
 - a. SMART Objectives: Specific and quantifiable targets that measure the overall accomplishment of a goal over a specified period of time. They should describe actions that are distinct, able to be documented or quantified, feasible to execute, realistic to accomplish in the given time frame for the one-year plan and be linked to time-based milestones.
 - b. Where goals explain where you are going, objectives are the metrics showing whether or not you got there. SMART objectives will allow grantees to monitor the progress of achieving programmatic implementation goals for each intervention. Provide specific data sources that will be used to monitor progress on each objective.
 - c. If a data source does not currently exist, provide a brief description of how a specific objective will be measured.

Required Intervention #1: “Routine, opt-out screening for HIV in clinical settings”

<p>Goal 1: Implement an enhanced Test Miami initiative to encourage private health providers in Overtown and Liberty City to provide routine HIV screenings as part of primary care</p>	<p>Funding sources: MDCHD ECHPP</p>
<p>Strategy 1.1: Enhance the Test Miami Initiative to provide members a platform to interact, access information, and leverage resources to provide optimal care</p>	
<p>Develop The Test Miami Initiative incentives</p>	
<p><u>Provide a series of incentives to engage health care providers to commit to offering routine testing in their practices</u></p>	
<ul style="list-style-type: none"> • Determine and develop a list of membership benefits for the Test Miami Initiative. These benefits will include informational/educational materials and offering of educational trainings with CME and CEU credits for staff and providers. Rapid testing kits and free condoms will also be used as incentives for funded providers only. • Identify and coordinate trainings that can offer CME and/or CEU credits to practitioners with the Florida/Caribbean AIDS Education and Training Center (AETC) and/or Miami-Dade Area Health Education Center (AHEC) <ul style="list-style-type: none"> • MDCHD and AETC will coordinate a Transgender Medical Symposium to provide a training on transgender health and wellness for health providers • Identify, develop, and coordinate MDCHD workshops and informational sessions for Test Miami Initiative members/partners • Design and develop outreach educational/informational materials to be distributed to private health providers • Develop pledge/commitment/membership form to be signed by private health providers who have expressed a desire to be part of the Test Miami Initiative • Develop The Test Miami Initiative Website. The website will include: <ul style="list-style-type: none"> ▪ Information on HIV testing and linkage to care ▪ Surveys to assess health provider knowledge of pertinent information as well as assess needs around HIV testing and treatment ▪ A question and answer page to serve as a platform for members to exchange information on HIV testing, care and treatment and best practices ▪ Information on how to order free condoms (For funded providers only) ▪ Information on providers that offer HIV testing to the community (include non-traditional site like thrift stores, food banks, MDCHD testing sites) 	
<p>Recruit Test Miami initiative members/partners</p>	
<p><u>Conduct focused and targeted outreach to physicians in Overtown and Liberty City under the Test Miami Initiative</u></p>	
<ul style="list-style-type: none"> • Conduct two community scans (one for each targeted community: Liberty City and Overtown) to identify the number of private health care providers practicing in the communities 	

- Determine the number of private health care providers that will be targeted for each community
- Select and train Test Miami Liaisons for conducting outreach to private health providers in Overtown and Liberty City
- Assign Test Miami Liaisons to a certain number of the selected private health providers in order to proactively engage and develop relationships with private practitioners.
- Recruit a number of the selected private health providers from Overtown and Liberty City to the new Test Miami Coalition
- In tandem with the recruitment of selected private practitioners, reach out to private health insurance companies to educate them on the CDC 2006 Recommended HIV Testing Guidelines in order to promote routine HIV testing among their contracted physicians.

Expand Test Miami Social Marketing Strategy

Implement focused marketing strategies in the ECHPP target areas

- Secure outdoor ad placements in ECHPP target communities (South Beach, Homestead, Little Haiti, Overtown, Liberty City) that include bill boards, bus/rail and shelters ads, commercial and store-front signage
- Secure text/email service that will remind individuals to get tested and/or ask their provider for test sites
- Promote text/e-mail service through Test Miami website and ads
- Inform local print, radio and TV media outlets in order to promote the campaign through public service announcements, news programs, community newspapers and specialty magazines
- Promote Test Miami through community-based partners and health providers by providing campaign material for consumer/patient education

<p>Objective 1.1.1: By September 30, 2011 the Test Miami Liaison has provided at least 10 individual educational encounters to at least 10 private health care providers from two of the ECHPP targeted communities (Overtown, Little Haiti, Homestead, South Beach, and Liberty City) to promote routine HIV screening.</p> <p>Objective 1.1.2: By July 31, 2011 the MDCHD has identified and/or coordinated and promoted at least one CME and/or CEU credit course that will be available to the Test Miami membership.</p> <p>Objective 1.1.3: By August 30, 2011 the MDCHD has developed and conducted at least one educational workshop on routine HIV screening</p>	<p>Data sources:</p> <p>1.1.1 Trip/encounter reports from Test Miami Liaison</p> <p>1.1.2. Trainings and events materials and reports</p>
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<p>for the Test Miami Membership.</p> <p>Objective 1.1.4: By September 30, 2011, at least 75% of the Test Miami membership has participated in at least one educational workshop coordinated and provided by the MDCHD.</p> <p>Objective 1.1.5: By September 30, 2011 at least 5 private practitioners who are members of the Test Miami initiative report an increase in the number of HIV tests they are ordering per month in their practice located in at least two of the ECHPP targeted communities (Overtown, Little Haiti, Homestead, South Beach, and Liberty City).</p> <p>Objective 1.1.6: The Test Miami website has received at least 25,000 hits (visits) by September 30, 2011.</p> <p>Objective 1.1.7: By September 30, 2011, at least 10 private health care providers in at least two of the ECHPP targeted communities (Overtown Little Haiti, Homestead, South Beach, and Liberty City) are members of the Test Miami Initiative.</p> <p>Objective 1.1.8: By September 30, 2011, at least 5 private health care providers who are members of the Test Miami initiative who serve in at least one of the ECHPP targeted communities (Overtown, Little Haiti, Homestead, South Beach, and Liberty City) and did not conduct routine HIV screening in 2010 report will include HIV screening as a routine part of their practice.</p> <p>Objective 1.1.9: MDCHD has secured a minimum of 5 advertising placements in the ECHPP target communities promoting the Test Miami Campaign and website by April 30, 2011</p> <p>Objective 1.1.10: MDCHD will have developed press kits distributed to all media outlets through the MDCHD Office of Public Health Information by April 30, 2011</p> <p>Objective 1.1.11: MDCHD will have provided campaign materials and supporting information to all contracted providers in the ECHPP target communities by April 30, 2011</p> <p>Objective 1.1.12: MDCHD will mail at least four letters to local private health insurance companies encouraging the promotion of routine HIV testing among physicians by April 1, 2011</p>	<p>1.1.3 Trainings and events materials and reports</p> <p>1.1.4 Trainings and events materials and reports</p> <p>1.1.5 Trip/encounter reports from Test Miami Liaison</p> <p>1.1.6 Website hits/visits tracker and website Visitors Analysis</p> <p>1.1.7 Test Miami membership database</p> <p>1.1.8 Trip/encounter reports from Test Miami Liaison</p> <p>1.1.9 Inventory database for educational and promotional materials</p> <p>1.1.10 Inventory database for educational and promotional materials</p> <p>1.1.11 Inventory database for educational and promotional materials and</p>
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	<p>Trip/encounter reports from Test Miami Liaison</p> <p>1.1.12 Copy of letter and list of insurance companies</p>
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Required Intervention #2: “HIV testing in non-clinical settings to identify undiagnosed HIV infection”

<p>Goal 1: Promote HIV testing among white, black, Hispanic MSM; black IDU; and black and Hispanic heterosexual through the provision of integrative testing at Take Control events taking place in Little Haiti, Liberty City, Homestead, South Beach and Overtown</p>	<p>Funding sources: MDCHD ECHPP</p>
<p>Strategy 1.1: Provide integrated testing (HIV, STD, Glucose, BP, etc.) in five selected community-based organizations (CBOs) located in the ECHPP targeted communities through the Take Control Initiative</p> <p><u>Lead, coordinate, and carry-out Take Control Initiatives</u></p> <ul style="list-style-type: none"> • Identify and select the five CBOs* which will carry-out the Take Control initiative <ul style="list-style-type: none"> * CBOs have not been identified. Likely characteristics of the contracted CBOs will be: <ol style="list-style-type: none"> a. CBOs that can reach ECHPP priority populations (black MSM, Hispanic MSM, black IDU, black heterosexual, Hispanic heterosexual, white MSM, as per the 2010 State of Florida Prevention Plan, Area 11A Target Populations) b. CBOs that can reach non-traditional venues like trailer parks, homeless shelters, and seasonal farm worker communities will also be considered * Funding for this activity is to be determined. • Draft and administer contracts between MDCHD and CBOs that will coordinate and conduct Take Control events • CBOs to lead and coordinate Take Control activity/event • MDCHD to support and provide technical assistance in the promotion of Take Control events MDCHD will coordinate with the Connect to Protect Program to provide HIV testing at Miami-Dade County Public Schools during special events focusing specifically on those schools located in the ECHPP target areas. • Coordinate Behavioral Science Research (BSR) outreach workers (linkage specialists) as well as the Strategic Multi-site Initiative for the Identification, Linkage, and Engagement In Care (SMILE) program linkage workers to be present at Take Control events • Implement a protocol that will be utilized by linkage specialist and Take Control event 	

<p>staff to ensure a seamless transition in connecting clients to linkage specialist (protocol should also include staff and linkage specialist responsibilities)</p> <ul style="list-style-type: none"> • Implement linkage forms to be signed by client authorizing/consenting for linkage services and follow-up • Provide support to Take Control events by ensuring that comprehensive and integrated testing is provided during the event 	
<p>Objective 1.1.1: By September 30, 2011, five contractual CBOs (cumulatively) have conducted 25 Take Control events administering at least 1,250 rapid HIV tests, yielding a 1% seropositivity rate in ECHPP target communities (Overtown, Liberty City, Little Haiti, South Beach and Homestead).</p> <p>Objective 1.1.2: At least 10 HIV tests conducted at each Take Control event from April 1 through September 30, 2011 will have screened individuals from the ECHPP priority populations (black MSM, Hispanic MSM, black IDU, black Heterosexual, Hispanic Heterosexual, or white MSM).</p> <p>Objective 1.1.3: By May 30, 2011, at least one linkage specialist is present to initiate linkage services with individuals testing preliminary positive during each Take Control event conducted in the ECHPP target communities (Overtown, Liberty City, Little Haiti, South Beach, and Homestead).</p> <p>Objective 1.1.4: At least 95% of individuals testing positive at Take Control events held April 1 through September 30, 2011 meet with a linkage specialist.</p> <p>Objective 1.1.5: At least 75% of individuals testing positive at Take Control events held April 1 through September 30, 2011 are successfully linked to care services/resources.</p> <p>Objective 1.1.6: From April 1 through September 30, 2011, at least 70 HIV tests will be conducted at Miami-Dade County public schools in the ECHPP target areas.</p>	<p>Data sources:</p> <p>1.1.1 Program reports from CBOs</p> <p>1.1.2. Program reports from CBOs</p> <p>1.1.3. Program reports from CBOs</p> <p>1.1.4. Program reports from CBOs</p> <p>1.1.5. Program reports from CBOs</p> <p>1.1.6. Program reports from CBOs</p>

Required Intervention #3: “Condom distribution prioritized to target HIV-positive persons and persons at highest risk of acquiring HIV infection”

<p>Goal 1: Enhance current MDCHD condom and educational information distribution strategies and systems in order to</p>	<p>Funding sources: MDCHD</p>
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increase the availability of free condoms and educational materials to black, Hispanic, and white MSM; black IDU; and black and Hispanic heterosexuals residing in Overtown, South Beach, Liberty City, Little Haiti and Homestead	ECHPP
<p>Strategy 1.1: Develop and implement a comprehensive distribution strategy/plan that provides for an enhanced methodology for distributing free condoms</p> <p><i>Enhance current condom program monitoring systems</i></p> <ul style="list-style-type: none"> • MDCHD will review and assess current condom monitoring systems by surveying and updating current agency profiles • MDCHD will enhance their condom monitoring systems to include collection of data pertinent to type of organization receiving condoms and demographics being served utilizing updated agency information that includes population profiles by race, ethnicity, ECHPP target population and risk exposure <p><u><i>Assess the feasibility and implementation of a web-based condom ordering and information system</i></u></p> <ul style="list-style-type: none"> • Research the cost and viability of a web-based condom distribution program (contact NYC condom distribution program) • If resources permit: • Enhance current condom ordering protocol to include but not be limited to: individuals responsible for ensuring orders are shipped, method of shipment, and overall website maintenance • Establish a website where condoms could be ordered by CBOs. Individuals interested in acquiring free condoms will be directed to a list of CBOs (categorized by zip code area) where they can acquire the free condoms • Design and distribute promotional materials informing the community, businesses, and services providers of the condom ordering website at CBOs, health care provider settings, and community business partners • The Test Miami Website goes live, providing easy ordering and information on how to acquire free condoms • Monitor website/condom ordering program utilization trends and outcomes <p><u><i>Enhance the Business Responds to AIDS program</i></u></p> <ul style="list-style-type: none"> • Identify new businesses* in the selected communities <ul style="list-style-type: none"> * Businesses have not been identified. Likely characteristics of these businesses are: <ol style="list-style-type: none"> a. Businesses that reach ECHPP target populations including bookstores, clubs, restaurants, convenience stores, hotels, thrift stores, etc. b. Businesses located in the ECHPP targeted communities * Funding for this activity is to be determined. • Conduct outreach to the identified businesses and offer a menu of incentives under the Business Responds to AIDS program (such as free condoms, information, and acknowledgment in MDCHD website) 	

- Enroll businesses into Business Responds to AIDS program
- Provide intermittent outreach to member businesses and replenish condom and educational material inventory

Develop regional condom distribution plan

- Design order and pick up protocol for regional distributors
- Identify and select CBOs that will serve as regional distributors to CBOs, hospitals, and businesses located in South Beach, Homestead, Overtown, and Liberty City
- Draft and execute contract with CBOs
- Supply CBOs with condoms and train on protocol
- Monitor condom distribution through CBOs' quarterly reports to MDCHD

Strategy 1.2: Develop a marketing brand for MDCHD free condoms

Explore the feasibility of branding a Miami and/or Florida Condom for free distribution

- Research with the FDOH the cost and benefits of branding a condom
- If costs permit, brand and market the condoms:
 - Identify and hire a designer
 - Develop branding theme and logo
 - Provide a logo to the condom manufacturer
 - Produce a branded condom
 - Design and distribute promotional cards and posters
 - Distribute condoms

Strategy 1.3: Conduct attitude and risk behavior surveys with individuals accessing/ordering free condoms through the Test Miami website and connect them to educational information

Develop and implement survey

- Design an assessment tool to survey individuals requesting condoms about their attitudes and risk behaviors
- Provide an informational link at completion of the survey as to where the person can seek further HIV prevention information (MDCHD website)
- Create a survey via *Survey Monkey* to be offered and completed on line through the Test Miami website

Strategy 1.4: Identify and recruit new community partners for condom distribution

Expand community outreach and education for bath houses and South Beach Hotels

- Conduct outreach, education and follow-up to bathhouses located in Miami-Dade to encourage condom use among clientele
- Assess the expansion of free condom distribution for South Beach area hotels and clubs (i.e., hotels can make condoms available as toiletries in case of need). In addition, reach out to local visitors' convention bureaus and hotel associations

<p>Objective 1.1.1: From April 1 through September 30, 2011, at least 4,200 condoms have been distributed to businesses located in the ECHPP target communities (Overtown, Liberty City, Little Haiti, South Beach, and Homestead).</p> <p>Objective 1.1.2: From April 1 through September 30, 2011, at least 60,000 condoms have been distributed to community-based organizations located in the ECHPP target communities (Overtown, Liberty City, Little Haiti, South Beach, and Homestead).</p> <p>Objective 1.1.3: From April 1 through September 30, 2011, at least 4,200 condoms have been distributed to hospitals located in the ECHPP target communities (Overtown, Liberty City, Little Haiti, South Beach, and Homestead).</p> <p>Objective 1.1.4: The Test Miami website has received at least 23,000 hits (visits) by September 30, 2011.</p> <p>Objective 1.1.5: By June 30, 2011, MDCHD has secured partnerships with at least three organizations/businesses located in the ECHPP target communities (Overtown, Liberty City, Little Haiti, South Beach, and Homestead) to have them serve as regional condom distributors for businesses and CBOs.</p> <p>Objective 1.1.6: By April 30, 2011, the MDCHD has created and printed at least two educational/informational materials to help inform the community on accessing free condoms.</p> <p>Objective 1.2.1: By May 1, 2011, the MDCHD has developed a report assessing the feasibility for branding a Miami and/or Florida Condom for free distribution</p> <p>Objective 1.3.1: By September 30, 2011, at least 50 individual electronic risk behavior surveys and condom orders are completed/placed through the Test Miami website.</p> <p>Objective 1.4.1: By January 30, 2011, at least 1 hotel and 1 bathhouse/sex club that has been contacted by MDCHD agrees to offer free condoms along with essential toiletries/ amenities to guests upon</p>	<p>Data sources:</p> <p>1.1.1 Condom inventory database</p> <p>1.1.2 Condom inventory database</p> <p>1.1.3 Condom inventory database</p> <p>1.1.4 Website hits/visits tracker and website Visitors Analysis</p> <p>1.1.5 MOAs</p> <p>1.1.6 Inventory database for educational and promotional materials</p> <p>1.2.1 Feasibility report</p> <p>1.3.1 Test Miami website Survey Monkey</p> <p>1.4.1 MOA</p>
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Required Intervention #4: “Provision of Post-Exposure Prophylaxis to populations at greatest risk”

<p>Goal 1: Individuals recently exposed to HIV or at risk of infection receive appropriate information and/or referrals to PEP services and education</p>	<p>Funding sources: MDCHD NIH</p>
<p>Strategy 1.1: Enhance current internal MDCHD PEP protocol</p> <p><u>Modify and implement an MDCHD internal PEP referral protocol</u></p> <ul style="list-style-type: none"> • Review current MDCHD counseling and testing sites PEP policies • Identify PEP providers (University of Miami, AIDS HealthCare Foundation, and Jackson Health Systems) to develop a PEP referral system/protocol/plan that will provide information on who and where to refer those at highest risk (to be determined in the protocol) • Redraft PEP referral system/protocol/plan to include how and when to educate and refer individuals to PEP and PEP services providers • Train MDCHD counseling and testing sites staff to implement the PEP referral system/protocol/plan <p>Strategy 1.2: Disseminate information regarding PEP recommended guidelines</p> <p><u>Provide local health practitioners and service providers with information on PEP</u></p> <ul style="list-style-type: none"> • Research PEP information and develop an informational pamphlet to be disseminated • Distribute PEP pamphlets to Ryan White Part A providers and private practitioners • Provide update to MDCHD counseling and testing site staff on current PEP information • Provide available information in the form of pamphlets on PEP to Test Miami Initiative membership 	
<p>Objective 1.1.1: By April 30, 2011, the MDCHD has secured at least two partnerships with organizations who will receive Miami-Dade County counseling and testing sites’ referrals for PEP.</p> <p>Objective 1.1.2: By June 30, 2011, 100% of the MDCHD counseling and testing sites staff will be trained on PEP services protocol.</p> <p>Objective 1.1.3: From July 1 through December 31, 2011, the MDCHD has referred at least 4 individuals to PEP services.</p> <p>Objective 1.2.1: By April 1, 2011 one informational pamphlet on PEP has been distributed among Ryan White Part A providers and Test Miami initiative members.</p>	<p>Data sources:</p> <p>1.1.1 MOA</p> <p>1.1.2 Trainings and events materials and reports</p> <p>1.1.3 Reports from counseling and testing site counselors</p> <p>1.2.1 Inventory database for</p>

	educational and promotional materials
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Required Intervention #5: “Efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention, care, and treatment”

<p>Goal 1: Develop and promote community partnerships that maximize and leverage resources for improving access to HIV prevention and care services</p>	<p>Funding sources: Ryan White Part B MDCHD</p> <p>Ryan White Part A Miami Dade County Government</p>
<p>Strategy 1.1: Enhance collaboration among MDCHD and Miami-Dade HIV/AIDS Partnership to leverage and maximize existing resources</p> <p><u>Establish the Prevention Subcommittee of the Miami-Dade HIV/AIDS Partnership</u></p> <ul style="list-style-type: none"> • Propose and implement a Prevention subcommittee of the Miami-Dade HIV/AIDS Partnership • Develop the subcommittee purpose and strategic objectives in line with leveraging resources that help to decrease HIV incidence, eliminate HIV related disparities, and promotes a continuum of care for PLWHA • Conduct meetings of the subcommittee and provide committee reports to the partnership <p>Strategy 1.2: Streamline social services eligibility, application, and referral systems</p> <p><u>Assess the feasibility of having SDIS and CAREWARE interface for improved coordination for services and resources for part A and Part B clients</u></p> <ul style="list-style-type: none"> • Coordinate and conduct in conjunction with the Miami-Dade County Office of Grant Coordination, Ryan White Program, an assessment of the Service Delivery Information System (SDIS) to determine feasibility and cost of expanding the system to interface with CAREWARE (current SDIS system only includes Ryan White Part A programs) • If funding permits, identify and hire a vendor to conduct an expansion of the SDIS system <ul style="list-style-type: none"> • Update and program the current SDIS system • Revise operational manuals • Train providers (Part A and B) on the utilization of the new and expanded SDIS system <p><u>Assess feasibility of offering centralized intake across all program lines for HIV and other health</u></p>	

<p><u>and social services</u></p> <ul style="list-style-type: none"> • Research and review the Broward County centralized eligibility program in addition to other national centralized eligibility program models. • Identify and list all available local HIV/AIDS service providers to convene a discussion of a centralized eligibility system • Coordinate a meeting with these social service provider agencies to assess the feasibility of centralized program intake through the HIV/AIDS partnership • If feasible develop a written model and implementation plan • Identify potential resources for implementation of the plan 	
<p>Objective 1.1.1: From April 1 through September 30, 2011, the prevention subcommittee of the Miami-Dade HIV/AIDS Partnership has met at least three times to address structural and policy barriers.</p> <p>Objective 1.1.2: By December 31, 2011, the prevention subcommittee has developed committee policies, procedures, and a work-plan to address structural and policy barriers.</p> <p>Objective 1.2.1: By December 31, 2011, both feasibility reports (one report on feasibility of expanding the SDIS system to interface with CAREWARE and another report on feasibility of offering centralized intake across all program lines for HIV and other health and social services) have been developed, disseminated and presented to the membership of the Miami-Dade HIV/AIDS Partnership for consideration</p>	<p>Data sources:</p> <p>1.1.1 Subcommittee meeting minutes</p> <p>1.1.2 Subcommittee meeting minutes and Subcommittee written policies, procedures and work plan</p> <p>1.2.1 Feasibility reports Inventory database for educational and promotional materials</p>

<p>Goal 2: Accurately inform processes that address the elimination of barriers for accessing HIV prevention, treatment, and care services for HIV positive and at-risk individuals</p>	<p>Funding sources: MDCHD Connect to Protect</p>
<p>Strategy 2.1: Support initiatives that improve access to care and information for HIV-positive and at-risk youth (13-24 years of age)</p> <p><u>Participate in Connect to Protect workgroup</u></p> <ul style="list-style-type: none"> • Be present at the Connect to Protect workgroup meetings • Provide information available to MDCHD (including surveillance data, educational informational materials) to Connect To Protect to assist in advocacy efforts to: <ul style="list-style-type: none"> Encourage Miami-Dade County Department of Children and Families to : <ul style="list-style-type: none"> ○ Implement new policies in which all youth entering the foster care system will have the opportunity to receive HIV and Sexually Transmitted Disease (STD) counseling and testing 	

- Implement new policies in which all youth in the foster care system will receive HIV/STD prevention education
 - Implement new policies in which all youth in the foster care system testing positive for HIV/STD will be linked to care
 - Implement a new practice of educating and training all foster care home parents on the topic of HIV/AIDS, the law, and communicating with teens on the subject
- Encourage the Miami-Dade County to:
- Recommend the Miami Dade County Office of Grants Coordination to amend the Ryan White program service delivery guidelines to exempt minors (12-17) with HIV/AIDS from providing income eligibility documentation

Promote comprehensive health education in public schools

- MDCHD will coordinate a meeting with the Dade County Public Schools HIV/AIDS Program Manager to analyze current sexual education programs and how are they being administered
- Based on findings the MDCHD will provide recommendations for the expansion of sex education through the implementation of best practice curricula within the most appropriate settings.
- MDCHD will continue to provide technical assistance to Dade County Public Schools HIV/AIDS Program in the form of data, articles, educational materials, and any pertinent health information that supports the implementation of comprehensive sexual education

Strategy 2.2: Promote initiatives that advance the implementation of optimal prevention strategies targeting high-risk populations

Establish a syringe exchange work-group

- Identify community stakeholders that are interested in addressing policy barriers around syringe exchange programs
- Coordinate an introductory meeting
- Develop the workgroup structure and purpose
- Conduct meetings to develop reports and recommendations around syringe exchange programs implementation in Florida and around the nation
- Educate and promote recommendations that will influence policy and regulations concerning syringe exchange programs

<p>Objective 2.1.1: From April 1 through September 30, 2011, the MDCHD has participated in 100% of the Connect to Protect workgroup meetings.</p> <p>Objective 2.1.2: By September 30, 2011, the MDCHD has developed and provided surveillance data and educational/informational materials to assist with advocacy efforts.</p>	<p>Data sources:</p> <p>2.1.1 Workgroup meeting minutes</p> <p>2.1.2 Workgroup meeting minutes and inventory database for</p>
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<p>Objective 2.1.3: By June 30, 2011, as a result of at least one meeting with the Miami-Dade County Public Schools (DCPS) HIV/AIDS Program Manager, the MDCHD has developed and provided at least one data and/or educational/informational material that support DCPS in leveraging policy efforts.</p> <p>Objective 2.2.1: From April 1 through September 30, 2011, the syringe exchange workgroup has met at least three times to address structural and policy barriers around syringe exchange programs.</p> <p>Objective 2.2.2: By December 31, 2011, the syringe exchange workgroup has developed at least one educational/informational material highlighting the work group’s research findings and recommendations.</p>	<p>educational and promotional materials</p> <p>2.1.3 Meeting report Inventory database for educational and promotional materials</p> <p>2.2.1 Workgroup meeting minutes</p> <p>2.2.2 Inventory database for educational and promotional materials</p>
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<p>Goal 3: Enhance internal contracting policies and regulations to ensure provision of optimal care for individuals living with HIV</p>	<p>Funding sources: FDOH MDCHD</p>
<p>Strategy 3.1: Review and make appropriate changes to MDCHD contract templates</p> <p><u>Revise MDCHD contract/MOA templates</u></p> <ul style="list-style-type: none"> • Review the current contract/memorandum of agreement (MOA) templates • Revise contract template to those contracts/MOA that include linkage services as a required contractual service • Revised contract/MOA template should include detailed definition of what it is expected under the provision of “linking clients to care” for the provider • Modify provider/grantee reporting tools to reflect and collect information specific to the required linkage to care parameters delineated by the MDCHD contract/MOA 	
<p>Objective 3.1.1: By September 30, 2011, 100% of MDCHD linkage contracts/ memorandum of agreement (MOAs) executed for 2011-2012 contain detailed definitions and guidelines for linking clients to care.</p>	<p>Data sources:</p> <p>3.1.1 Revised contract/MOA</p>

Required Intervention #6: “Implement linkage to HIV care, treatment, and prevention services for those testing HIV positive and not currently in care”

<p>Goal 1: Newly diagnosed individuals residing in Overtown,</p>	<p>Funding sources: Ryan White Part A</p>
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<p>Liberty City, Homestead, South Beach, and Little Haiti are linked to care immediately after initial diagnosis through Take Control events</p>	<p>Miami Dade County Government Ryan White Part B MDCHD</p>
<p>Strategy 1.1: Provide linkage services to the newly diagnosed at Take Control events which will offer integrated testing in five selected community-based organizations (CBOs) located in the targeted communities</p> <p><u><i>Train linkage specialists on their responsibilities and tools for providing linkage services</i></u></p> <ul style="list-style-type: none"> • Draft and administer contracts/MOA for Linkage Program • Meet with Ryan White Part A Administrator (BSR) and Project SMILE to identify and select linkage specialists • Coordinate with BSR to develop tools and materials that will be utilized by linkage specialist to provide optimal services • Coordinate with BSR to develop training content and (utilize ARTAS curriculum) • Ensure linkage specialists participate in training <p><u><i>Take Control provider coordinate linkage specialist to be present at Take Control events</i></u></p> <ul style="list-style-type: none"> • Develop a written Linkage protocol with BSR that will be utilized by BSR and the TAKE Control CBO provider to coordinate the availability of linkage specialist at Take Control events • Linkage specialist and Take Control event staff to coordinate for event participation and ensure a seamless transition in connecting clients to linkage specialist (protocol should also include staff and linkage specialist responsibilities and how clients will be connected to linkage specialist) • Take Control CBO providers to coordinate with BSR and Project SMILE to select and match linkage specialists to upcoming Take Control events • CBO and BSR to provide linkage specialists with necessary tools and/materials to conduct client readiness assessment, referrals, and provide counseling • Take Control CBO providers to coordinate/schedule linkage specialists to participate in Take Control events • Linkage specialist and event staff to provide services by following linkage protocol • Monitor and evaluate linkage specialist performance and overall project effectiveness 	
<p>Objective 1.1.1: By April 1, 2011, 100% of the contracted linkage specialists are trained on linkage protocol and have received at least two MDCHD developed educational materials and/or tools to be utilized during Take Control events.</p>	<p>Data sources: 1.1.1 Trainings and events materials and reports Inventory database for educational and promotional</p>

<p>Objective 1.1.2: At least 75% of individuals testing positive at Take Control events held April 1 through September 30, 2011 are successfully linked to care (as indicated by CD4/viral load tests).</p> <p>Objective 1.1.3: By May 30, 2011, at least one linkage specialist is present at each Take Control event conducted in the ECHPP target communities (Overtown, Liberty City, Little Haiti, South Beach, and Homestead).</p> <p>Objective 1.1.4: At least 95% of individuals testing positive at Take Control events held April 1 through September 30, 2011 meet with a linkage specialist.</p>	<p>materials</p> <p>1.1.2. Program reports from CBOs and BSR linkage reports</p> <p>1.1.3 Program reports from CBOs and BSR linkage reports</p> <p>1.1.4 Program reports from CBOs and BSR linkage reports</p>
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Required Intervention #7: “Implement interventions or strategies promoting retention in or re-engagement in care for HIV-positive persons”

<p>Goal 1: Identify and re-engage to care HIV-positive individuals lost to care living in Overtown, Liberty City, Homestead, South Beach, and Little Haiti through Take Control events</p>	<p>Funding sources: Ryan White Part A Miami Dade County Government Ryan White Part B MDCHD</p>
<p>Strategy 1.1: <i>Provide linkage services to HIV-positive individuals reporting being out of care at Take Control events</i></p> <p><u>Take Control linkage specialist to provide services to individuals not in care</u></p> <ul style="list-style-type: none"> • Take Control CBO outreach workers identify HIV individuals not in care while conducting outreach to promote the Take Control event (with a special focus on outreach to the homeless population during the day of the event) • Take Control CBOs outreach worker connects identified individual with linkage worker at the Take Control events • Linkage worker to provide support and referrals to identified individual 	

<p>Objective 1.1.1: At least five HIV-positive individuals currently not in care are identified during outreach (without testing) for Take Control events held April 1 through September 30, 2011.</p> <p>Objective 1.1.2: At least 2 HIV-positive individuals identified during outreach (without testing) for Take Control events held April 1 through September 30, 2011 are linked to care by a linkage specialist.</p>	<p>Data sources:</p> <p>1.1.1 Program reports from CBOs and BSR linkage reports</p> <p>1.1.2 Program reports from CBOs and BSR linkage reports</p>
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Required Intervention #8: “Implement policies and procedures that will lead to the provision of antiretroviral treatment in accordance with current treatment guidelines for HIV-positive persons”

<p>Goal 1: Develop new processes that assess, utilize, and inform on existing resources that improve access to antiretroviral treatment and information</p>	<p>Funding sources: MDCHD ECHPP</p>
<p>Strategy 1.1: Create, train, and apply protocol for accessing pharmaceutical patient assistance program</p> <p><u>Facilitate access to pharmaceutical patient assistance programs</u></p> <ul style="list-style-type: none"> • Identify a centralized database of pharmaceutical PAPs (PPARX.org/888-477-2669) • Identify specific programs offering free or reduced cost antiretrovirals (ARTs) • Develop an informational pamphlet for accessing a centralized application via the Internet and a toll free telephone • Distribute pamphlets to Ryan White Part A case managers, ADAP pharmacy providers, and other relevant HIV services providers • Support, if financially feasible, the continuation of the ADAP in house patient navigators who currently assist clients who are ineligible to enroll or are on the ADAP waiting list, to access ART through PAPs <p>Strategy 1.2: Make ADAP updates more accessible to the community via web/phone based formats</p> <p><u>Provide ADAP community updates</u></p> <ul style="list-style-type: none"> • ADAP to continue regular updates via provider/community meetings and at stakeholder meetings such as the HIV/AIDS partnership • ADAP Program to identify and implement an information system for providers and clients to receive ADAP weekly updates via Internet and telephone access • Implement an information system using multiple web-based platforms including, but not limited to ADAP, Miamiadehealth.org, healthcouncil.org, aidsnet.org, FDOH ADAP website http://www.doh.state.fl.us/Disease_ctrl/aids/care/waiting_list.html • Implement a phone-based message to provide weekly recorded updates via the ADAP telephone number with the option to speak to a representative if more information and/or resources are needed <p>Strategy 1.3: Develop and distribute a local clinical trial resource inventory</p> <p><u>Coordinate the development of a Clinical Trials Resource Inventory</u></p> <ul style="list-style-type: none"> • MDCHD to coordinate with the University of Miami and BSR to identify local clinical trials available for clients to access treatments University of Miami and BSR to identify clinical trials that are being conducted locally by pharmaceutical companies • University of Miami and BSR to develop a resource inventory of local clinical trials available to access treatments that can be published electronically and in print 	

<ul style="list-style-type: none"> • University of Miami and BSR to develop mechanism to inform case managers of available trials for client referral and application • Develop a survey to determine if the resource inventory guide is being utilized effectively <p>Strategy 1.4: Complete periodic reviews of ADAP enrollees to determine potential changes in eligibility for Medicare part D catastrophic coverage</p> <p><u>ADAP Case Reviews</u></p> <ul style="list-style-type: none"> • ADAP to develop a review process at the time of ADAP recertification to determine potential client eligibility for other programs that cover treatments • ADAP to develop a referral protocol for clients that are potentially eligible for other coverage/benefits 	
<p>Objective 1.1.1: By April 15, 2011, the MDCHD has developed and distributed to HIV-positive individuals in at least five venues (ADAP pharmacies, CBOs, etc.) located in the ECHPP target communities (Little Haiti, Overtown, Liberty City, Homestead, and South Beach) one informational pamphlet which provides information on how to access programs that offer free or reduced cost antiretroviral medication</p> <p>Objective 1.2.1: By April 1, 2011, ADAP updates are disseminated through at least three web-based platforms (such as aidsnet.org, miamidadematters.com, etc.).</p> <p>Objective 1.2.2: By June 1, 2011, the Miami-Dade ADAP helpline will be operational.</p> <p>Objective 1.3.1: By June 30, 2011, the clinical trial resource inventory has been disseminated</p> <p>Objective 1.3.2: At least 20 surveys assessing if the clinical trial resource inventory is being utilized to refer and inform clients by September 30, 2011</p> <p>Objective 1.4.1: By May 1, 2011, at least 40 individuals are transitioned from ADAP to Medicare Part D in order to access medications through their private pharmacy plans.</p>	<p>Data sources:</p> <p>1.1.1 Inventory database for educational and promotional materials</p> <p>1.2.1 Program report/update</p> <p>1.2.2 Helpline</p> <p>1.3.1 Inventory database for educational and promotional materials and survey results</p> <p>1.3.2 Survey monkey</p> <p>1.4.1 Report from ADAP</p>
<p>Required Intervention #9: “Implement interventions or strategies promoting adherence to antiretroviral medications for HIV-positive persons”</p>	
<p>Goal 1: Implement enhanced procedures and activities that promote adherence to antiretroviral medications at the Miami –</p>	<p>Funding sources:</p> <p>MDCHD ECHPP</p>

Dade County Health Department ADAP pharmacy	
<p>Strategy 1.1: Explore the feasibility of implementing the ADAP pharmacy being open one day of the week during non-traditional business hours</p> <p><u>ADAP Pharmacy Hours of Operation</u></p> <ul style="list-style-type: none"> • Determine feasibility of hours of operation change for the ADAP pharmacy • ADAP Program to establish one-day-a-week after hours at the main pharmacy location • ADAP Program to inform clients of extended pharmacy hours via Internet/mail contact • Develop a survey tool to obtain feedback from clients within six months of changing the ADAP hours of operation to determine client utilization trends and customer satisfaction outcomes. <p>Strategy 1.2: Offer incentives to promote timely pick up (mail orders and/or home delivery)</p> <p><u>ADAP Client Incentives</u></p> <ul style="list-style-type: none"> • Determine feasibility of offering new or extending current treatment adherence incentives at the main ADAP pharmacy (through focus groups, review of financial reports, informational articles, etc.) • ADAP to assess potential for mail order/ home delivery dispensing system for clients who have limited access to monthly pharmacy pick-up (eligibility screening required) <p>If funding permits:</p> <ul style="list-style-type: none"> • ADAP to develop eligibility tool and application for mail order program • ADAP to monitor adherence of clients enrolled in the mail order program for continued participation • Extend pick up consent form <p>Strategy 1.3: Improve client adherence to ART by providing clients with easy-to-read-and-use medication information and packaging</p> <p><u>Enhance Medication Dispensing</u></p> <ul style="list-style-type: none"> • Determine the feasibility of enhancing current medication dispensing protocols at the main ADAP pharmacy (through focus groups, review of financial reports, informational articles, etc.) <p>If funding permits:</p> <ul style="list-style-type: none"> • ADAP to adopt improved dispensing technology by offering medication in daily blister packs • If feasible, identify a vendor to purchase equipment for dispensing medication in blister packs • Distribute ARTs to clients in new blister packs • Implement the distribution of multi-lingual utilization medication information 	

sheets for clients	
<p>Objective 1.1.1: By June 1, 2011, the MDCHD has conducted at least one focus group with ADAP clients to assess their interests regarding ADAP pharmacy extended hours of operations, treatment adherence incentives and enhanced medication dispensing.</p> <p>Objective 1.1.2: By June 30, 2011, the MDCHD has developed a report summarizing the feasibility and plan of implementation for the extended ADAP pharmacy hours of operation.</p> <p>Objective 1.2.1: By June 1, 2011, the MDCHD has developed a report summarizing the feasibility and implementation of a treatment adherence incentive program.</p> <p>Objective 1.3.1: By June 30, 2011, the MDCHD has developed a report summarizing the feasibility and plan of implementation of an enhanced medication dispensing system.</p>	<p>Data sources:</p> <p>1.1.1 Focus group transcripts</p> <p>1.1.2 Feasibility report</p> <p>1.2.1 Feasibility report</p> <p>1.3.1 Feasibility report</p>

Required Intervention #10: “Implement STD screening according to current guidelines for HIV-positive persons”

<p>Goal 1: HIV-positive white, black, and Hispanic men who have sex with men are routinely informed and screened for rectal gonorrhea and Chlamydia and pharyngeal gonorrhea by health care providers serving South Beach, Overtown, Liberty City, Homestead, and Little Haiti</p>	<p>Funding sources:</p> <p>MDCHD</p> <p>ECHPP</p>
<p>Strategy 1.1: Provide educational/informational support to HIV clinical providers in the provision of routine rectal gonorrhea and Chlamydia and pharyngeal gonorrhea as recommended by the CDC STD screening guidelines in selected ECHPP intervention areas</p> <p><u><i>Develop and distribute directory</i></u></p> <ul style="list-style-type: none"> • Develop a directory of laboratories certified to process testing for rectal gonorrhea and Chlamydia and pharyngeal gonorrhea • Research coverage for this type of screening • Develop an informational/educational pamphlet/materials that includes information about the importance of this type of screening according to CDC STD screening guidelines, provides a directory of certified labs and other resources • Distribute this information widely to clinical providers via various methodologies including the Internet (Test Miami website, Ryan White A providers, Test Miami 	

<p>members)</p> <ul style="list-style-type: none"> Once information is disseminated, conduct a small survey (electronic and/or by phone) to assess the feasibility and barriers to providing this screening, as well as identify if any clinical providers have begun providing the screening in their practice 	
<p>Objective 1.1.1: By May 1, 2011, the MDCHD has developed and distributed one informational pamphlet that includes information about the importance of routine rectal gonorrhea and Chlamydia, pharyngeal gonorrhea, and pertinent resources to at least 10 Ryan White Part A health services providers.</p> <p>Objective 1.1.2: By September 30, 2011, at least 5 Ryan White Part A health service providers provide routine rectal gonorrhea and Chlamydia and pharyngeal gonorrhea screenings at their practices.</p>	<p>Data sources:</p> <p>1.1.1. Inventory database for educational and promotional materials</p> <p>1.1.2. Survey</p>

Required Intervention #11: “Implement prevention of perinatal transmission for HIV-positive persons”

<p>Goal 1: HIV-positive pregnant women living in Overtown, Liberty City, Little Haiti, South Beach, and Homestead receive culturally sensitive support, referrals, linkages, and information on pre and post-partum care</p>	<p>Funding sources:</p> <p>Ryan White Part A Miami Dade County Government</p> <p>MDCHD</p>
<p>Strategy 1.1: Provide support, resources, and information to OB/GYNs and/or providers treating pregnant women in Overtown, Little Haiti, and Liberty City that helps them provide better care</p> <p><u>Services provided by MDCHD Perinatal Nurse</u></p> <ul style="list-style-type: none"> The MDCHD perinatal nurse will: <ul style="list-style-type: none"> Identify, select, and visit a number OB/GYNs and/or providers treating pregnant women in Overtown, Little Haiti, and Liberty City and provide them with information regarding the CDC revised recommendations for HIV testing, information and support as to where to access information and trainings for the treatment of HIV-positive pregnant women (special emphasis on 3rd trimester testing) Partner with the MDCHD surveillance department and identify, contact, and provide follow-up to HIV-positive women who have recently given birth to ensure newborn has received post-natal care and has HIV screening Visit labor and delivery hospitals and link women who test positive during birth to HIV care to ensure that the baby receives post-natal care and HIV testing (at: birth, 2 weeks, 6 weeks, 4 months) Partner with the MDCHD surveillance department and identify, contact, and provide 	

<p>follow-up to newly diagnosed HIV-positive women who are pregnant to assess if they are in HIV care and treatment and provide referrals if necessary</p> <p>Strategy 1.2: Gather information on barriers limiting HIV-positive pregnant women is engagement in care</p> <p><u><i>Pregnant Teens/Minority Women Focus/Study Group conducted by MDCHD in collaboration with University of Miami</i></u></p> <ul style="list-style-type: none"> • Identify a select group of pregnant teens and minority women to participate in focus groups to determine barriers/issues to accessing pre/post natal care • Develop study questions for the focus group • Conduct two focus groups (one minority women, one pregnant teen) with pregnant women who reside in the ECHPP target communities. • Analyze findings and submit recommendations to OB/GYNs/providers of prenatal care, Miami-Dade Healthy Start Coalition, Florida Department of Health (FDOH) Infant, Maternal & Reproductive Health Unit • If findings support the intervention, conduct grassroots peer education to the two groups that are disenfranchised 	
<p>Objective 1.1.1: By September 30, 2011, the MDCHD perinatal nurse has visited at least 5 OB/GYN and/or health providers treating pregnant women in three ECHPP focused communities (Overtown, Liberty City, and Little Haiti).</p> <p>Objective 1.1.2: By September 30, 2011, the MDCHD perinatal nurse has contacted 65% of HIV-positive women who have given birth between April 1, 2011 and September 1, 2011 in Miami-Dade County and who reside in one of three ECHPP focus communities (Overtown, Liberty City, and Little Haiti).</p> <p>Objective 1.1.3: By September 30, 2011, the MDCHD perinatal nurse has established partnerships with at least 2 labor and delivery hospitals servicing at least three ECHPP focus communities, to link women who test positive during birth to HIV care and infant post-natal care.</p> <p>Objective 1.2.1: By June 1, 2011, the MDCHD has conducted at least one focus group with pregnant minority women and/or pregnant teens for the purposes of identifying barriers to accessing pre/post natal care.</p> <p>Objective 1.2.2: By September 30, 2011, the MDCHD has produced and disseminated one report with information and recommendations on how to engage and retain in care pregnant HIV-positive minority and teen women.</p>	<p>Data sources:</p> <p>1.1.1 Reports from perinatal nurse</p> <p>1.1.2 Surveillance data and reports from perinatal nurse</p> <p>1.1.3 MOA and reports from perinatal nurse</p> <p>1.2.1 Focus group transcripts</p> <p>1.2.2 Inventory database for educational and promotional materials</p>

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Required Intervention #12: “Implement ongoing partner services for HIV-positive persons”

<p>Goal 1: Empower and mobilize faith based leaders among the Haitian population to serve as HIV stigma reduction advocates in their communities</p>	<p>Funding sources: MDCHD ECHPP FDOH</p>
<p>Strategy 1.1: Enhance MDCHD faith-based initiatives to target church and faith-based leaders in the Haitian community to engage them as gatekeepers and influencers</p> <p><u>Enhance Faith-Based Initiative</u></p> <ul style="list-style-type: none"> • Identify faith-based leaders in the Haitian community • Identify ethnic and population-based associations and groups that are gatekeepers of the Haitian community • Meet with and engage identified leaders in reducing the stigma associated with HIV/AIDS screening, testing and care • Create community snap-shot for leaders on why it is important for them to engage and educate their congregations/constituencies • Conduct community listen and learn sessions directed by faith leaders and ethnic/civic group leaders • Identify, design and/or develop language/population-specific education and resource materials for the Haitian community • As needed, conduct train-the-trainer sessions for the gatekeepers to maintain an active community engagement and education process 	
<p>Objective 1.1.1: By September 30, 2011, the MDCHD has identified and partnered with at least three faith-based organizations and/or churches located in Liberty City, Overtown, and Little Haiti.</p> <p>Objective 1.1.2: By September 30, 2011, the MDCHD has conducted at least two educational/sensitization activities for faith-based stakeholders in Liberty City, Overtown, and Little Haiti.</p> <p>Objective 1.1.3: By September 30, 2011, at least three faith-based organizations and/or churches located in Liberty City, Overtown, and Little Haiti distribute the MDCHD developed HIV stigma and discrimination educational pamphlet among its congregation and/or membership.</p>	<p>Data sources:</p> <p>1.1.1 Reports from outreach worker</p> <p>1.1.2 Trainings and events materials and reports</p> <p>1.1.3 Inventory database for educational and promotional materials and reports form outreach worker</p>
<p>Goal 2: Increase access to HIV services for partners of white,</p>	<p>Funding sources:</p>

<p>black and Hispanic MSM living in Overtown, Liberty City, Little Haiti, Homestead, and South Beach</p>	<p>MDCHD</p>
<p>Strategy 2.1: Offer free testing to men who have sex with men (MSM) and transgender individuals and their partners at non-traditional locations</p> <p><u>MDCHD will execute a contract with a CBO to conduct HIV testing at clients' homes upon request</u></p> <ul style="list-style-type: none"> • Contract with a CBO* for home-based testing in the South Beach area <ul style="list-style-type: none"> *The CBO has not been identified. Likely characteristics of the CBO to be contracted are: <ol style="list-style-type: none"> a. CBOs that can reach ECHPP priority populations (black MSM, Hispanic MSM, black IDU, black heterosexual, Hispanic heterosexual, white MSM, as per the 2010 State of Florida Prevention Plan, Area 11A Target Populations) b. CBOs that can conduct testing in the home * Funding for this activity is to be determined. • The CBO will offer and provide testing to individuals making HIV testing appointments as well as partners residing with the individual making the appointment • The CBO will schedule appointments for home visits and conduct testing, as well as provide linkage and referral support, as necessary • The CBO will provide a report to MDCHD 	
<p>Objective 2.1.1: By September 30, 2011, at least 80 % of all the HIV tests conducted by the CBO will have screened individuals from the ECHPP priority populations (black MSM, Hispanic MSM, black IDU, black heterosexual, Hispanic heterosexual or white MSM).</p> <p>Objective 2.1.2: By September 30, 2011, 50% of all home visits conducted result in the screening of two individuals per household.</p>	<p>Data sources:</p> <p>2.2.1 Program reports from CBO</p> <p>2.2.2 Program reports from CBO</p>

Required Intervention #13: “Behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV”

<p>Goal 1: HIV-positive ECHPP priority populations (white, black, Hispanic MSM; black and Hispanic heterosexuals; black IDU) are routinely screened and connected to appropriate interventions</p>	<p>Funding sources:</p> <p>CDC MDCHD</p>
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<p>Strategy 1.1: Develop and distribute a local resource guide of available risk reduction programs and interventions</p> <p><u>Create and disseminate resource guide</u></p> <ul style="list-style-type: none"> • MDCHD to identify all current risk reduction programs and interventions taking place in Miami-Dade county • MDCHD to develop a resource guide of local risk reduction initiatives • MDCHD to distribute resource guide among Ryan White part A providers and case managers <p>Strategy 1.2: The MDCHD STD program develops and implements a referral protocol</p> <p><u>Develop and implement referral protocol</u></p> <ul style="list-style-type: none"> • Review resource guide of local risk reduction initiatives • Draft referral protocol which will provide guidelines as to who (high-risk sexual and needle sharing behaviors; both HIV negative and positive) will be referred, how the referral will take place, to where, and what follow up, if any , will be conducted • Train counseling and testing site Counselors on how to implement protocol 	
<p>Objective 1.1.1: By September 15, 2011, the resource guide has been distributed to at least 25 Ryan White part A providers and case managers.</p> <p>Objective 1.2.1: By July 15, 2011 100% of the MDCHD counseling and testing sites counselors will be trained on the risk reduction protocol</p>	<p>Data sources:</p> <p>1.1.1 Inventory database for educational and promotional materials</p> <p>1.2.1 Trainings and events materials and reports data</p>

Required Intervention #14: “Implement linkage to other medical and social services for HIV-positive persons”

<p>Goal 1: Assess, collect, and inform on available specialty care, transportation, and social services for HIV-positive persons living in Miami-Dade County to increase access to health care and human services</p>	<p>Funding sources: ECHPP Ryan White Part A</p>
<p>Strategy 1.1: Expand availability of specialty medical services in the south area of Miami-Dade for HIV-positive individuals</p> <p><u>Support and assist in the coordination of efforts to have University of Miami doctors provide in house specialty services in the South area</u></p>	

- Connect University of Miami providers (e.g., Dr. Kolber) with community-based organizations (CBOs) in the south for the implementation of a pilot program for day long specialty clinics co-located at CBOs and non-traditional health providers
- University of Miami to coordinate with identified CBO for the establishment of day-long specialty clinics that will out-station physicians (services can also be provided by telemedicine/video conferencing) at the co-located clinics for specialty services (Dr. Kolber)

Strategy 1.2: Develop and distribute community-wide provider, social service, pro bono resource directory

Revise Resource Directory

- Collaborate with Switchboard of Miami/211 to update their resource directory (a county-wide resource inventory of health and social service providers, civic assistance programs (i.e., housing, legal, dental, volunteer medical programs, DCF services, etc.) to include pro bono services and new and relevant information
- Disseminate resource directory electronically to all providers, outreach workers, clinical settings, and the general population via numerous web-based platforms and by phone

Strategy 1.3: Assess current transportation barriers for people living with HIV/AIDS and provide recommendations for leveraging existing resources

Provide recommendations to improve distribution/utilization of available transportation incentives

- Meet with the Miami-Dade Ryan White Part A Program to assess the current transportation voucher distribution process and evaluate the feasibility of an enhanced distribution protocol
- Conduct community listening session to identify strategies on how to address transportation barriers
- Coordinate meetings with the Miami-Dade County Transit Department to discuss barriers identified during the community listening session. Existing transportation benefit programs for special populations will be reviewed to determine the feasibility of including persons living with HIV/AIDS.

<p>Objective 1.1.1: By September 30, 2011, the University of Miami has executed one contract with one community-based organization located in the south for specialty services.</p>	<p>Data sources: 1.1.1 Contracts/MOA</p>
<p>Objective 1.2.1: The Test Miami website link to access the enhanced resource inventory will receive at least 1,500 hits by September 30, 2011.</p>	<p>1.2.1 Website hits/visits tracker and website Visitors Analysis</p>
<p>Objective 1.3.1: By September 1, 2011, the MDCHD has conducted at</p>	<p>1.3.1</p>

<p>least one listening session to gather information concerning current transportation barriers affecting PLWHAs in Miami-Dade.</p> <p>Objective 1.3.2: By October 15, 2011, the MDCHD has conducted at least one meeting with the Miami-Dade County Ryan White Part A Program to evaluate the feasibility of enhancing the transportation voucher distribution protocol.</p> <p>Objective 1.3.3: By December 30, 2011, the MDCHD has conducted at least one meeting with the Miami-Dade County Transit Department to discuss strategies for eliminating transportation barriers for PLWHAs in Miami-Dade County.</p>	<p>Transcripts/reports from listening session</p> <p>1.3.2 Report from meeting</p> <p>1.3.3 Report from meeting</p>
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Recommended Intervention #24: “Community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among their family, friends, and neighbors”

<p>Goal 1: To increase awareness of the magnitude of HIV/AIDS in Liberty City, Overtown, Little Haiti, South Beach, and Homestead through Man Up, Sistas Organizing to Survive (SOS), and the Faith-Based Initiative.</p>	<p>Funding sources: FDOH, MDCHD, In-Kind resources from Community Partners</p>
<p>Strategy 1.1: Promote the Florida Department of Health’s Community Mobilization Initiatives for men, regardless of sexual orientation, black women, and faith-based organizations by developing and implementing action plans to prevent the further spread of HIV/AIDS.</p> <p><u>Conduct community meetings to plan community-driven events that combine resources in addressing the crisis of HIV/AIDS among men.</u></p> <p>Man Up</p> <ul style="list-style-type: none"> • Present Man Up during a M.I.A.M.I. (Men Initiating Action and Impactful Change) meeting. • Meet with key leaders to present the findings from the Florida Department of Health’s Report on Man Up: The Crisis of HIV/AIDS Among Florida’s Men. <p><u>Conduct community meetings to plan community-driven events that combine resources in addressing the crisis of HIV/AIDS among black women.</u></p> <p>Sistas Organizing to Survive (SOS)</p> <ul style="list-style-type: none"> • Continue meeting with the SOS Planning Group in implementing the Group’s “Call to Action” for HIV/AIDS education and testing black women for STD/HIV. • Present SOS to key leaders to present the findings from the Florida Department of Health’s Report on Organizing to Survive: The HIV/AIDS Crisis Among Florida’s Women. <p><u>Conduct community meetings to educate faith-based organizations on the crisis of HIV/AIDS in their communities.</u></p> <p>Faith-Based Initiative</p> <ul style="list-style-type: none"> • Meet with pastors and faith leaders from Churches United for HIV/AIDS Prevention to support community events and HIV testing during National Week of Prayer for the Healing of AIDS. • Meet with pastors from AME Churches to promote the partnership agreement between the AME Church and the Florida Department of Health for an AME church in each Florida County to be an HIV testing site or testing location. • Meet with faith leaders from Baptist Health – Congregational Health to plan a 	

community health fair.	
<p>Objective 1.1.1: By October 31, 2011, a minimum of 100 (all) men will be educated on their risks of acquiring HIV/AIDS.</p> <p>Objective 1.1.2: By January 1, 2012, schedule one community forum for men to discuss sexual health issues, HIV/AIDS, and the need for STD/HIV testing.</p> <p>Objective 1.1.3: By January 1, 2012, a minimum of 200 black women will “take the pledge” to get tested for HIV and educating others about HIV where they live, work, play, and worship.</p> <p>Objective 1.1.4: By January 1, 2012 schedule an SOS “<i>Call to Action</i>” community forum for an HIV education and outreach training for black women.</p> <p>Objective 1.1.5: By May 31, 2011, schedule one community event at a faith-based organization to present HIV, stigma, and the role of faith-based organizations in reducing HIV.</p> <p>Objective 1.1.6: By January 1, 2012, meet with two AME churches to assess their capability of becoming an HIV testing site or testing location.</p> <p>Objective 1.1.7: By January 1, 2012, schedule a community health fair at a faith-based organization to include STD/HIV information and HIV testing.</p>	<p>Data sources:</p> <p>1.1.1 Sign in sheets from educational meetings</p> <p>1.1.2 Forum materials and reports</p> <p>1.1.3 The number of pledge cards obtained during community presentations, outreach, and the SOS “Call to Action.”</p> <p>1.1.4 Forum materials and reports</p> <p>1.1.5 Event materials and reports</p> <p>1.1.6 Meeting materials and reports including an assessment report of two AME churches on their capacity to become an HIV testing site or testing location</p> <p>1.1.7 Health Fair materials and reports</p>

National Strategic Goals Tool

This tool is designed to document how the elements of the Enhanced Plan work together to achieve goals set forth in the National HIV/AIDS Strategy (NHAS). It is acknowledged that each jurisdiction is in a different position regarding their capacity to reach these goals. Nevertheless, a critical step toward ensuring that maximum effort is given to achieving these national goals is to make them a key component in the planning process.

Specific 2015 targets* have been set to help reach the three broad NHAS goals. In the space provided below, please describe how the Enhanced Plan is designed to make the most progress toward achieving each target (grouped by higher level NHAS/DHAP goals). Describe the key activities from the Enhanced Plan that will serve as the principle means for reaching the 2015 target and address how other activities included in the plan work in combination to achieve this target. Specifically, descriptions for each 2015 target should address how the combination of interventions and public health strategies used in the Enhanced Plan achieve the following:

1. Utilizes an optimal combination of cost-effective and efficacious public health approaches at the right scale
2. Work together to maximize their intended impact
3. Addresses the need within your jurisdiction based on all available information (i.e., local epidemiology, situational and gap analyses, etc.)
4. Takes advantage of opportunities for optimal resource leveraging and coordination across funding streams

*These targets are based on the National HIV AIDS Strategy and the proposed DHAP strategic plan for 2015, which will be finalized soon.

Reducing New HIV Infections

1. Reduce the annual number of new HIV infections by 25% and reduce the HIV transmission rate by 30%

Comprehensive strategies have been developed that will work together to ensure a reduction of new HIV infections and transmission through the implementation of clinical, community and population-based interventions that promote the identification of the disease, ensure persons are adequately linked to care and have access to the array of services necessary. The strategies complement and leverage existing resources in order to maximize current systems and improve access and quality of the interventions.

For optimal impact and to leverage existing resources, the situation analysis and strategic planning sessions revealed the need to comprehensively integrate and expand access to prevention activities that will improve access to testing and screening, care and treatment, medications, linkage to care and other social services, and a host of risk reduction activities for target populations that are disproportionately affected by the disease or in high-incidence areas as identified in the Miami Dade County HIV/AIDS epidemiologic data.

Key strategies and activities identified that are salient to the National HIV/AIDS Strategy that

are models for local communities, state, and national expansion and implementation as the principle means for reaching the NHAS goals include:

Prevention

A comprehensive set of activities that integrally work together has been identified that will optimally reduce the number of new HIV infections by enhancing and leveraging existing resources. Essential components involve establishing long-term relationships through community liaisons that serve as ambassadors and the development of provider networks, such as the Test Miami Coalition, with on-line resources for provider-based education, outreach, and incentives that encourage and make screening and testing a standard protocol.

Inclusive of the strategy is the expansion of non-traditional, culturally-appropriate activities under the Take Control Initiative to provide integrated prevention services with high-risk populations and in high-incidence target areas that will ensure optimal education, testing, assessments and referrals at time of disease detection. This strategy also focuses on working with private health insurance companies to educate them on the CDC Testing Guidelines so that they can be incorporated as a standard part of care to the privately insured population. Integral to the prevention strategy is the implementation of a comprehensive condom distribution plan that is inclusive of branding, marketing and social media efforts for education and distribution.

Also identified are key marketing opportunities through focused marketing and public awareness strategies that include targeted messaging to high-risk persons and community mobilization through community-driven events, faith-based activities, and national observances. A key component of the strategy relies on the use of new technology platforms such as mobile and internet that can be easily replicated in all markets nationally.

Care and Treatment

In a strategic effort to reduce HIV transmission, it is essential to decrease the number of individuals lost to care. Linkage, care and treatment, access to needed therapies, and risk behavior reduction interventions are key components that will impact the overall goals of the National HIV/AIDS Strategy.

Strategies and activities that ensure individuals are not lost to care require the enhancement of evidence-based interventions and identified best practices that promote engagement, adherence, and reductions in risk-behaviors. Implementing models of care coordination that ensure newly diagnosed individuals access needed interventions and providing transitioning programs through the Take Control Initiative to prevent loss to care are essential to this effort. Accessing care and support services in a user-friendly, patient-centered manner will ensure optimal access, while establishing centralized resources/client data systems. Co-located services will streamline the patients' ability to access and maintain care, and ensure quality interventions are provided, while services are maximized through innovative public/private partnerships such as the Business Response to AIDS project. These activities promote improved access to HIV care and other health and social services, supplement access to specialty services and transportation, while maximizing the impact of quality patient-centered care and

treatment in order to reduce new HIV infections and co-morbidities.

Population-Based Interventions

South Florida's diverse population faces growing access to care issues due to ethnic, language and cultural diversity, transportation and distance-to-service barriers. Grass-roots, non-traditional interventions are integral to successfully engaging and educating them in order to reduce disparities in access to care for ethnic minorities, improving access to care and treatment, and reducing the incidence of HIV/AIDS.

Understanding a population or ethnic groups' reluctance to access prevention and care is vital to the successful implementation of any strategy or activity. Education and guidance received through targeted study/focus groups on tolerance and understanding of the disease and those afflicted will improve positive community and family support vital to all persons, and will specifically aid with disenfranchised ethnic minorities, such as Haitian women in South Florida, and pregnant teens. Culturally-acceptable, grass-roots partnerships with trusted community leaders and associations are critical to reaching and engaging these populations, as well as ensuring access to specialty services (i.e., prenatal care) through community-based interventions and care.

Furthermore, targeted population/sub-group, non-traditional outreach, school-based interventions for high-risk youth, and engagement efforts must align with overall prevention and care strategies in order to increase access to hard-to-reach, high-risk populations such as black and Hispanic MSMs through the Man Up Initiative, transgender persons through the practitioner sensitivity education, and the Connect 2 Protect school-based program that encourage prevention and improves understanding of the importance of risk reduction behaviors.

Florida is one of the leading travel destinations in the United States and the world. As such visitors are also a population to educate and engage by implementing non-traditional partnerships through the enhanced Business Response to AIDS program with hotels, restaurants and other establishments that cater to this population. These efforts will facilitate a seamless continuum of HIV prevention services.

The strategies identified work together to enhance front-end prevention efforts in clinical and non-clinical settings. Capacity is developed to ensure linkage to care takes place at the time of identification, expands school and other sub-population prevention and screening activities with identified high-risk groups, expands user-friendly programs and support services that help clients with adherence and reduces lost to care scenarios. The strategies also improve the clients' ability to access a full array of care and treatment services, while simultaneously accessing linkage and referral services for assistance with ancillary services such as housing, transportation, and other social services.

In developing enhanced service delivery models for prevention, care and treatment, and

population-based interventions, a system-wide improvement in access to these services becomes a seamless part of the delivery system by leveraging the current resources while improving coordination and technology among programs and providers.

2. Increase the percentage of people living with HIV who know their serostatus to 90%

Access to testing and screening in both clinical and non-clinical settings is integral to ensuring an increase in the percentage of people living with HIV who know their serostatus. In Miami-Dade County, the Epidemiology Scan identifies key target areas and ethnic/sub groups that encounter barriers in accessing routine testing and screenings.

Prevention

Strategies have been proposed that will expand access to these services using non-traditional, culturally-appropriate, community-based interventions through the Take Control Initiative that will positively engage the target populations in the target areas with high-incidence rates and immediately link them to needed care and services.

This includes increasing the provision of screenings in clinical and non-clinical settings in high-incidence areas by implementing provider-based interventions through Test Miami and focused outreach to private physicians in order to maximize and standardize protocols to deliver optimal screening, testing, and care for people living with HIV. The activities promote the completion of assessments and referrals as routine protocol at the time of disease detection and expanded community presence to improve non-clinical interactions.

The combination of these front-end interventions, along with integrated marketing support, are a comprehensive enhancement to existing programs and services that are a cost-effective means of expanding prevention, screening, testing, and linkage to care. A review of current initiatives demonstrates that by adding key program components to existing structures, such as partnering Ryan White linkage workers with the Take Control Initiative, and target activities to high-incidence and disproportionately affected populations, are cost-effective means of leveraging and expanding existing resources for maximum reach and benefit.

Population-Based Interventions

Identifying high-risk, hard-to-reach groups is essential to implementing a scaled public health approach and increases the number of people with HIV who know their serostatus. Key informant interviews with leading prenatal providers revealed that many black (African-American and Haitian) women do not access prenatal care until their third trimester or at time of delivery, nor adhere to post-natal care guidelines.

For these reasons it is essential to increase the number of pregnant HIV-positive black women who receive early (first trimester) pre and post-maternal care by providing support through

dedicated nursing outreach and intervention resources, and information to OB/GYNs and/or providers treating pregnant women in Overtown, Little Haiti, and Liberty City. Understanding barriers and cultural norms that prevent underserved populations and groups from accessing prevention and care services is critical to successful engagement. Non-traditional, faith and civic organizations are key gatekeepers that are integral to a successful strategy. Providing interventions such as Project SMILE and the Connect to Protect (C2P) Program to youth within educational settings to promote education and testing are equally important.

Additionally, epidemiology data and listening sessions with providers of care demonstrate the opportunities to expand services and increase access to HIV services for black and Hispanic MSMs. Community-based interventions for these populations will be implemented through community-driven events, minority-focused meetings, and faith based activities that promote retention and re-engagement into care. IDU's are also a population of significance that will be reached in community settings such as trailer parks, liquor stores, homeless shelters, and food banks in order to intervene in the most appropriate settings and prevent lost to care scenarios.

Creating a comprehensive plan that maintains people living with AIDS informed and engaged requires a multi-disciplinary approach that ensures continued access to care in user-friendly and appropriate settings that offer the support and care needed to maintain adherence to care and treatment regimes.

3. Increase the percentage of people newly diagnosed with HIV infection that have a CD4 count of 200 cells/ μ l or higher by 25%

Critically important to ensure the increase of persons newly diagnosed with HIV infection who have a CD4 count of 200 cells/ μ l or higher is to maintain the person in care from the time of diagnosis and improve access to the array of services necessary to ensure adherence to care. Multiple strategies have been identified that will work together to improve adherence and retention, including enhanced behavioral risk assessments; expanded service delivery models that are client-centered and convenient, such as pharmacy operating hours and pharmaceutical mail ordering; the co-location of services to ensure that multiple health care needs are appropriately met in a timely manner.

Care and Treatment

In examining the current service delivery system and speaking with program leaders and funders of Part A and Part B, as well as consumers of service, it became apparent that a streamlined, seamless, centralized intake system for eligibility, application, and referral would be of great value. Centralized intake along with the ability to have interfacing client data systems will significantly reduce duplication of service and processes, and maintain an accessible system for clients that have traditionally been disenfranchised or encounter barriers to care in high-incidence areas. Social media campaigns and new technology resources allow

for continuous communication with consumers. Ensuring that newly diagnosed individuals have access to behavioral risk screenings and partner services will also impact the health and quality of life for people living with HIV.

These activities promote improved access to HIV care and other health and social services, supplement access to specialty services, and maximize the number of people entering and maintaining care. Streamlining intake and referral systems are key elements and essential components of a comprehensive system that improves access and quality of services. This contributes to advancing national strategic goals that seek to promote retention and adherence to care.

Linkage to care and adherence strategies that complement and enhance the service delivery support system for clients are essential tools for case managers and outreach workers. Activities that will enhance these efforts include training, improved linkage protocols, improved access to pharmacy services and client interaction/notification systems.

Population-Based Interventions

Additionally, community mobilization activities have been identified that are culturally and ethnically focused that will be implemented through Community Mobilization Initiatives such as Sistas Organizing to Survive (SOS) and Man Up. These efforts have been designed to reach South Florida's diverse populations and models that can easily be tailored to other states and municipalities to address HIV related disparities and reduce incidence.

These processes work together to enhance the current service delivery model and can be easily tailored and scaled to any market in the United States and/or population group.

4. Reduce the proportion of MSM who reported unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status by 25%

Risk behavior interventions targeting high-risk populations and sub-groups in areas that have been identified as having the highest rates of HIV/AIDS incidence are an integral component of the Miami-Dade strategy. These strategies are in-line with national best practices and further deploy population-based activities that reflect the diverse populations engaging in risk-behaviors.

Care and Treatment

In developing the targeted strategies, serious consideration was given to optimizing current resources, reducing duplication, and maximizing outreach in order to assure that the highest level of progress is made to reduce incidence and increase awareness. For these reasons, a comprehensive resource guide will be developed that identifies all current risk reduction programs available and serves as a service referral resource tool for practitioners, case

managers, linkage workers, field staff, and community-based providers.

The strategies conform to national standards and further deploy evidenced-based practices, such as MAI-ARTAS, that continually engage the at-risk populations and leverage public/private resources and non-traditional means of outreach that empower clients who many times are in areas that are traditionally underserved and hard to reach geographically and culturally.

Miami Beach was identified through data analysis and provider inquiries as being one of the highest incidence areas of MSMs (black and Hispanic) reporting unprotected anal intercourse during their last sexual encounter. Likewise, Overtown and Liberty City were areas identified as high-incidence for African-American heterosexual males and IDUs. Community-driven interventions such as Take Control and Business Response to AIDS programs for the specified target populations will be conducted along with activities developed around national observances.

As part of the intervention model, we will increase access and availability of condoms through the development and implementation of a comprehensive condom distribution strategy/plan that will expand the current system that has been lauded as a very successful program during strategic planning sessions and informant interviews:

- Marketing and branding condom campaign
- Social media efforts and on-line campaign partnerships
- Web-based distribution and attitude/risk behavior surveying
- Increasing the number of businesses that work to educate and distribute condoms in the high-risk/incidence target areas through the Business Response to AIDS Program
- Design/implementation of a regional distribution system with community-based organizations serving as gatekeepers within their respective geographic areas
- Health care provider education on PEP referral protocol for health care providers

Population-Based Interventions

The strategy further deploys activities targeting transgender, black and Hispanic MSMs and for partners of black and Hispanic MSMs living in the Miami Beach area to conduct risk behavior encounters and will offer partner services that will include risk assessment, testing and linkage to care.

The ECHPP goals and strategies enhance current resources, deploy expanded targeted community-based interventions to high-risk populations in identified high-risk areas, and build an inter-related capacity to reach MSMs who reported unprotected anal intercourse during their last sexual encounter and other high-risk populations.

5. Reduce the proportion of IDU at risk for transmission/acquisition of HIV by XX% [Indicator TBD pending DHAP strategic plan]

As a specific high-risk group and one that is generally located throughout various parts of Miami-Dade County, targeted efforts around the specific black IDUs will take place in the ECHPP areas where this concentration of the population resides. Therefore, it is imperative that all interventions identified under the ECHPP have clear and demonstrable tactics and activities that target IDUs at risk for transmission/acquisition of HIV.

During the listening sessions with case managers, interviews with health providers, and consumer focus groups, the IDU population was identified as two-fold, 1) hard to reach and 2) difficult to maintain in care and remain adherent. In developing the enhanced strategies, a major focal point was to identify model interventions that can be replicated nationally and can be scaled to market and/or target population.

Prevention

Targeted prevention strategies for this group are focused on expanded screening and testing in clinical and non-clinical settings in high-incidence target areas. The Take Control Initiative will focus on targeting 80% of testing specifically to high-risk populations such as IDUs and has the objective of ensuring that 95% of those testing positive meet with a linkage specialist at the time of diagnosis. Improved provider awareness and understanding of the high-risk group is another critical strategy that has been identified where education efforts to the provider community will take place. A vital component of the strategy is access to care through clinical settings. Improved condom distribution programs will also aid in prevention for this high-risk population. Another core strategy that works integrally with these prevention strategies is to identify and engage hard-to-reach, high-risk groups such as IDUs through the expansion of prevention and education services in non-traditional, community settings such as bookstores, clubs, convenience stores, and liquor stores.

Care and Treatment

Access to care, adherence and maintenance are critical components in reducing the risk of transmission and acquisition of HIV with the IDU population. Reducing barriers in fully deploying syringe exchange programs are of utmost importance in Florida, and policy recommendations from stakeholders should be supported through local work group efforts. Having the availability of transition programs at time of discharge or crisis intervention is a gateway to access this hard-to-reach population at a time when they are stabilized and in care. Supporting linkage specialists with tools and materials for the provision of optimal service is a key activity that will decrease the number of these individuals that are lost to care in high-incidence target areas.

As stated during interviews, retention and adherence are major barriers this population faces. Interventions have been established that will enhance the ability of providers and health care specialists to immediately link clients to care, improve behavioral risk screenings, identify potential clients lost to care, maintain adherence, and provide non-traditional means of

accessing pharmacy services for those with access barriers. These strategies work cohesively to enhance the prevention, care and treatment system for IDUs.

6. Decrease the number of perinatally acquired pediatric HIV cases by 25%

Key informant interviews with leading prenatal providers revealed that a great percentage of black (African-American and Haitian) women do not access prenatal care or adhere to post-natal care guidelines. For this reason it is imperative that we understand the stigmas and barriers this population encounters in accessing and maintaining care by conducting focus groups with these women and begin to leverage community/faith leaders that speak their language and are culturally accepted as trusted sources of information and guidance. Additionally, it was reported that 20% of pregnant women seen by University of Miami are pregnant teens who largely do not access prenatal care until their third trimester or at time of delivery. This is due to a host of privacy and youth issues with the population.

Population-Based Interventions

School-based interventions that provide education and prevention services to youth such as the Connect 2 Protect Program, along with care services provided through a perinatal nurse that will maintain pregnant teens in optimal care settings are examples of key enhancements that are vital to the NHAS.

For these reasons it is essential to increase the number of pregnant HIV-positive black women who receive early pre and post-partum care. This can be accomplished by providing support, resources, and information to OB/GYNs and/or providers treating pregnant women in Overtown, Little Haiti, and Liberty City through Test Miami's focused outreach to physicians in the high-risk areas.

Understanding barriers and cultural norms that prevent pregnant women and teens from accessing prevention and care services is critical to successful engagement. Non-traditional, faith and parenting organizations are key gatekeepers that are a successful strategy. Culturally-acceptable, grass-roots partnerships with trusted community leaders and associations, such as the expanded faith-based initiatives with church leaders are also vital to reaching this population and ensuring appropriate access to pre and post-partum care.

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

7. Reduce AIDS diagnoses by 25%

Evidence shows that increasing the number of people who know their status, are adherent to treatment, and receive on-going care can drastically reduce AIDS diagnoses. The series of strategy enhancements that are recommended under the ECHPP are comprehensive interventions that are designed to work together to ensure maximum progress is made in

reducing AIDS diagnoses.

Access to a full array of support services and treatment is essential in order to reduce AIDS diagnoses and improve health outcomes for people living with HIV, especially in high-incidence, disenfranchised target areas.

Prevention

Integral to improving health outcomes and the overall prevention strategy is the comprehensive condom distribution plan that expands the program's reach through quality enhancements in the utilization of web-based resources, marketing and branding opportunities, social marketing engagement, and a new regionalized distribution system.

Increasing linkage to care at time of diagnosis and streamlining the eligibility, application, and referral process will ensure that newly diagnosed persons have full access to needed services. Community mobilization and education are essential components of the strategy to reduce HIV diagnoses. A series of community-centered programs and events have been identified under the Test Miami Initiative that will provide workshops and education sessions to providers serving high-risk populations, such as Hispanic MSMs and the transgender groups. This strategy along with supporting the Test Miami website will offer an array of support services to practitioners and community based organizations to improve their ability to reach high-risk populations, disenfranchised persons, and geographic areas with high incidence rates.

Care and Treatment

Retention and adherence to care is also a vital component of reducing AIDS diagnoses. The plan sets forth a set of inter-related strategies to promote improved access to pharmacy services and pharmaceutical patient assistance programs, as well as interventions that address the reduction of risk behaviors through non-traditional, community-based interventions. In a strategic effort to reduce AIDS diagnoses, it is essential to decrease the number of individuals lost to care. Linkage, care and treatment, access to needed therapies, and risk behavior reduction interventions are key activities that will impact the overall goals of the National HIV/AIDS Strategy. These strategies include providing Minority AIDS Initiative-Antiretroviral Treatment Access Study (MAI-ARTAS) intervention to empower clients, expanded mail options for pharmacy services, strengthening current linkage services. Establishing the linkage earlier and maintaining client contact ensure that the client enter and remain in care.

Another strategy is improving linkage services by supporting case managers and specialists with the expanded tools and resources that encompass all services available. This will be accomplished through innovative strategies that seek to expand transportation and housing assistance, access to clinical trial programs offered locally and pharmaceutical patient assistance programs. A critical piece to maintaining HIV-positive client's adherence is to ensure access to specialty service providers and improved access to other health and social service programs and resources. This will be accomplished through the co-location of specialty service

providers at the time of intake and also co-locating medical specialties in areas where they are not offered or inaccessible , such as South Miami-Dade County

Population-Based Interventions

South Florida's diverse population faces growing access to care issues due to ethnic, language and cultural diversity, transportation and distance-to-service barriers. Grassroot, non-traditional interventions are integral to successfully engaging and educating this diverse population in order to improve health outcomes and reduce disparities in access to care for ethnic minorities, such as HIV testing in thrift stores, trailer parks, migrant camps, and school-based settings.

In developing enhanced service delivery models for prevention, care and treatment, and population-based interventions, a system-wide improvement in access to these services becomes a seamless part of the delivery system that leverages current resources while improving coordination and technology among programs and providers.

8. Increase the percentage of persons diagnosed with HIV who are linked to clinical care as evidenced by having a CD4 count or viral load measure within 3 months of HIV diagnosis to 85%

Linkage to care service is vital to improving health outcomes for HIV-positive persons. ECHPP strategic planning session findings indicate a need for expanded resources when linkage referrals are completed as a vital support function in accessing care and treatment.

The resource inventory completed during the ECHPP, along with information gathered through focus groups with consumers, informant interviews with providers, and community listening sessions identify the need to streamline the intake process, improve linkage to care and other social services, and enhance the system to make it more user-friendly or manageable.

For these reasons, the Miami-Dade ECHPP strategic plan has identified a combination of cost-effective program enhancements that maximize current resources and coordinate care and treatment across funders and providers of care.

Prevention

The strategies recommend that linkage services commence immediately after initial diagnosis in the identified target areas through the Test Miami and Take Control Initiative, where linkage specialist will follow the client for extended periods of time to ensure access and adherence to care. Streamlining the application process and co-locating services to improve/facilitate access, and improve adherence to treatment is another vital component that builds on improved linkages by addressing the expansion of clinical and medical interventions not easily accessed by clients.

Care and Treatment

Promoting retention through linkage follow-up and risk behavior assessments that are patient-centered, as well as improving access to pharmacy and ADAP services through innovative system improvements and new dispensing technologies, along with the implementation of non-traditional, community-based risk-reduction interventions, such as specific home and community based interventions for MSMs on South Beach, will improve the opportunities to interact with clients and assist them in staying in care.

Population-Based Interventions

Finally, continued education and outreach through community mobilization and engagement efforts, such as peer counseling and school peer connect groups, that are population based, as well as the deployment of public awareness campaigns that focus on prevention in the ECHPP target areas are key activities that have also been included.

9. Increase by 10% the percentage of HIV-diagnosed persons in care whose most recent viral load test in the past 12 months was undetectable

Although Florida is facing a daunting period with ADAP shortfalls, access to needed antiretroviral treatments are key to maintaining and improving health outcomes for people living with HIV.

Program managers, pharmacy managers and providers agreed during informant interviews that ECHPP recommend that the Miami-Dade County and the DOH Bureau of HIV/AIDS continue to leverage existing resources and efforts to supplement access to antiretroviral treatment.

Care and Treatment

The ECHPP strategic planning process identified comprehensive enhancements that can be implemented to supplement access to needed treatments and also to implement these enhancements as long-term protocols to maximize resources. These efforts include public/private partnerships that improve access to treatments through pharmaceutical patient assistance programs and the co-location of specialty medical services.

Strategies identified to help maintain undetectable viral loads ensure that the full array of pharmacy services that cover treatments are accessible to patients and that dispensing systems and patient notifications are enhanced so they do not pose potential barriers, but incentivize patients to stay adherent and in care.

Population-Based Interventions

Also, parts of the enhancement are client-centered interventions such as the expanded faith-based initiative, Sistas Organizing to Survive (SOS), and Man Up that specifically engage the

client in all aspects of health and wellness. Likewise, the ARTAS intervention helps the client become self-empowered and educated on how to best remain adherent to care and treatment.

Finally, community-wide messaging to reduce risk-behavior and empower individuals to make informed health decisions will be a strategic activity. This will happen through the Test Miami Initiative media placements and public education efforts that are community specific. Additional efforts have been identified for improved risk reduction interventions that are clinic-based with the Department of Health's STD clinics.

10. Reduce the percentage of HIV-diagnosed persons in care who report unprotected anal or vaginal intercourse during the last 12 months with partners of discordant or unknown HIV status by 33%

Risk behavior interventions targeting high-risk populations and sub-groups in areas that have been identified as having the highest rates of HIV/AIDS incidence are an integral component of the Miami-Dade strategy. These strategies are in-line with national best practices and further deploy population-based activities that reflect the diverse populations engaging in risk-behaviors.

In developing the targeted strategies, serious consideration was given to optimizing current resources, reducing duplication, and maximizing the outreach in order to assure the highest level of progress is made to reduce incidence and increase awareness.

Prevention

A significant activity involves media/ marketing strategies through Test Miami that promote behavior change and health empowerment through knowledge and action. Media campaigns that target high-risk populations are integral platforms for social change and eliminating health disparities and are therefore, vital components of the plan. Likewise, on-line resources through the establishment of a user-friendly web portal under Test Miami will enhance client-centered information and referral resources that will be made available electronically, as well as expand on-line materials and collateral information on best practices, national guidelines, and protocols for the provider community.

Population-Based Intervention

The strategies presented conform to national standards and further deploy evidence-based practices that continually engage the at-risk populations and leverage public/private resources and non-traditional means of outreach and education in areas that are traditionally underserved and hard to reach geographically and culturally. For example, it is important to identify and engage Haitian women to access prenatal care earlier and also stay in care during pregnancy. This will be accomplished through non-traditional faith and community

partnerships that build trust and reduce cultural barriers and stigmas.

Miami Beach was identified through data analysis and provider inquiries as being one of the highest incidence areas of MSMs (White, black and Hispanic) reporting unprotected anal intercourse during their last sexual encounter. Likewise, Overtown and Liberty City were areas identified as high-incidence for African-American heterosexual males and females reporting unprotected anal and vaginal intercourse.

- As part of the intervention model, and in addition to education and risk behavior interventions, we will also increase access and availability of condoms through the development and implementation of a comprehensive condom distribution strategy/plan and the implementation of a PEP referral protocol for health care providers

The strategy further deploys activities specifically for the transgender, black and Hispanic MSM populations and their partners. These activities include: conduct risk behavior encounters and offer partner services and conduct a transgender medical symposium for health care providers and practitioners through the Test Miami Initiative.

These strategies and interventions enhance the current opportunities to engage this high-risk HIV diagnosed population, but further utilizes national best practices in the design of interventions that can be easily tailored to other markets and cities throughout the country.

11. By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least two visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%

Ryan White is a critically important program for HIV/AIDS clients in Florida and throughout the United States. Clients interviewed were satisfied with many of the program components and care services, including case management.

Care and Treatment

What they also expressed during consumer focus groups was the need to streamline the program for eligibility and on-going access to care. By assessing the feasibility of having SDIS and CAREWARE interface for improved coordination of services for Part A and B in order to streamline on-going access to care for the clients. Integral to the strategy to improve access is to also assess the ability to offer centralized intake across all program lines for HIV and other social services. These two strategies will significantly work together to enhance access and maintain clients in care.

Many of the clients also expressed dissatisfaction that their service provider was not easy to access due to transportation, lack of proximately, scheduling issues, and varied service locations

throughout the county. For this reason, we have identified a strategy that co-locates specialty medical services in hard-to-reach areas such as South Miami-Dade County. It is also important to assess the opportunity to improve the utilization/distribution of transportation assistance in order to alleviate barriers in access to care due to transportation issues.

The ECHPP has identified targeted enhancements that can be implemented into the current system and/or modified to improve client satisfaction and access to care. Many of these enhancements are policy directed (such as the establishment of a needle exchange workgroup to educate and promote recommendations that will influence policy regulations) while others require programmatic modifications such as expanding programmatic health education in classroom settings and the establishment of a prevention sub-committee under the HIV/AIDS Partnership. Together, these measurable improvements will ensure that systems are better coordinated, easier to access, and improve care coordination. With proper implementation of these strategies, clients will remain in continuous care longer and continue to be adherent with their treatment regimen.

The enhancement of existing intake structures and linkage services to maximize and leverage resources that increase access to HIV testing, care and treatment is a critical component of the plan.

Additionally, a focus has been given on decreasing the number of individuals lost to care by implementing a strategy to train Linkage Specialists on their responsibilities and available tools to provide quality, coordinated linkage services. Another key activity will be the provision of timely ADAP community updates and case reviews that will help contribute to the enhancement of adherence to drug therapies. Improved assessment for risk-behaviors is another support service that has been expanded upon. Finally, a key strategy is to support the coordination of UM doctors to provide in-house specialty services at community-based organizations in the South Miami-Dade area.

Population-Based Interventions

Increasing the number of pregnant HIV-positive black women and teens who receive pre and post-maternal care is another area where school and community-based strategies support perinatal education, as well as early intervention and care.

12. By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86%

National best practices indicate that access to housing and other support services, including transportation services, will significantly reduce disparities in access and retention to care. Increased access to housing for PLWHA improves adherence to treatment which in turn helps improve viral load burden and reduce the risk of transmission. In Miami-Dade County the

Housing Opportunities for Persons with AIDS (HOPWA) Program provides low income housing for PLWHA. According to the HOPWA program leadership, a waiting list for HOPWA housing is in place. Additionally, client and expert informant interviews stress the difficulty of finding and navigating the numerous housing programs available, most of which currently have waiting lists as well.

In order to address the significant barriers in accessing low income housing for PLWHA in Miami-Dade county, the ECHPP plan will work in enhancing existing structures by collaborating with organizations to update their resource directory (a county-wide resource inventory of health and social service providers, civic assistance programs (i.e. HUD (Section Eight), and local low-income housing assistance programs, legal, dental, volunteer medical programs, DCF services, etc.) to include pro bono services and new relevant information. By increasing awareness and making available additional resources to the community, the Miami-Dade ECHPP expects to make a modest impact in support of consistent and sustainable availability of permanent housing for PLWHA.

Reducing HIV-Related Disparities

13. Increase the percentage of HIV-diagnosed gay and bisexual men with undetectable viral load by 20%

South Florida's diverse, multi-cultural population poses barriers and difficulties in ensuring access to care and treatment, but it also poses unique opportunities to develop culturally-relevant and appropriate interventions that can be tailored to meet the needs of America's ever-changing demographics.

Population-Based Interventions

South Florida's diverse population and the challenges organizations face in fully reaching them has allowed for innovative programs and services to be developed and executed with optimal results. The strong evidence that culturally and population appropriate interventions are what resonate best with diverse groups and minority populations has been the driving force behind the development of new and exciting HIV programs and services that are grass-roots and community-driven such as the transgender home-based testing strategy.

To ensure successful implementation of these efforts, the ECHPP interventions are designed with a specific focus on reaching gay and bisexual men who are disproportionately affected. The ECHPP further tailors the interventions by the diverse populations within each geographic area (i.e., gay, bisexual, Hispanic, African-American, Haitian, transgender, IDU).

Focus groups and strategic planning sessions made it clear that ethnicity is not the only disparity in access to care, but just as important are barriers with sub-groups such as gay, transgender and lesbian encounters with stigma, understanding and acceptance. Transportation and proximity to service is yet another barrier found across the population

groups that are disproportionately affected. To that end, it is important that all interventions set forth have an inherent measure to capture these hard-to-reach populations in order to reduce HIV-related disparities.

The ECHPP strategies leverage existing resources and efforts to supplement and enhance access to antiretroviral treatments and pharmacy services with expanded pharmacy hours and improved dispensing opportunities. Furthermore, it creates a protocol for accessing pharmaceutical patient assistance programs and clinical trials when needed.

Other efforts focus on behavior change through the development of public education campaigns and marketing strategies that are uniquely tailored to resonate with the specific population in areas of testing, adherence, disease management, risk behavior modification and lifestyle choices. Significant to this effort are the locally conducted community-level events and mobilization efforts through Take Control and Test Miami initiatives with the gay, bisexual, and transgender population.

14. Increase the percentage of HIV-diagnosed Blacks with undetectable viral load by 20%

Miami-Dade's black community is comprised of persons from many nationalities, including Haitians, African-Americans, Afro-Cubans, and Caribbean-born islanders. These populations are found in densely concentrated areas, such as Haitians in Overtown and African-Americans in Liberty City, but are also vastly spread out through other areas like South Beach, Homestead and the surrounding neighborhoods in South Dade.

Language, sexual orientation, and cultural barriers exist for this population as well, so in developing ECHPP strategies it was important to ensure the development of culturally-relevant and appropriate interventions that can be adapted to meet the needs of the overall group and in all geographic settings.

Population-Based Interventions

The stigma and cultural-sensitivity around HIV in this population required the development of unique strategies that are community-driven/focused, that promote tolerance and understanding of the disease, that encourage early intervention and identification, and that enables disenfranchised members to access and maintain care. Man Up is a specific intervention that has been identified for outreach and engagement of this population.

Enhanced community-based activities have been designed to educate and engage HIV diagnosed black persons through non-traditional, community-accepted, and faith-driven partnerships. Public education, media, and on-line efforts geared towards South Florida's black community are important strategies to reach this population.

Additionally, enhancing current resources for linkage and retention through improved training and tools for Linkage Specialists, as well as adherence to treatment by conducting ADAP case reviews are key activities designed to increase the percentage of blacks with undetectable viral loads.

Support and ancillary services are essential to promote adherence and retention in care for this population. Assessing improvements in access to housing assistance and other social services is yet another activity that will positively impact this hard-to-reach, disenfranchised population.

15. Increase the percentage of HIV-diagnosed Latinos with undetectable viral load by 20%

61% of Miami-Dade County's population of 2.6 million persons is Hispanic. Language is just one of the barriers Hispanics encounter as an ethnic minority group. Cultural-relevance, linguistic appropriateness (inclusive of literacy levels), and geographic isolation are several of the important factors considered in developing goals and strategies specifically targeting the Hispanic population which are salient to minority communities throughout the United States.

Additionally, focus group meetings and strategic planning sessions made it clear that ethnicity is not the only disparity in access to care, but just as important are barriers for sub-groups such as gay, transgender and lesbian encounters with stigma, understanding and acceptance with the Latino population.

Population-Based Intervention

The stigma and cultural sensitivity around HIV in this population required the development of unique strategies that are community focused and found in the Take Control Initiative. Strategies that promote tolerance of individuals living with the disease through engagement of faith-based leaders and the encouragement of early testing and linkage to care through Test Miami are unique strategies addressing this particular national objective.

The expansion of marketing, education and prevention services to be provided in non-traditional settings (Latino clubs and bars, bathhouses, grocery stores, hotels and pharmacies, book stores) are strategies that have been identified and expanded upon for this population through the Take Control initiative. To augment the strategy, community-driven events and activities have been identified that specifically target this population in culturally/linguistically appropriate means and messaging.

16. Reduce the disparity in HIV incidence for Blacks versus Whites (Black: White ratio of new infections) by 25%; by 2015, reduce the disparity in HIV incidence for Hispanics versus Whites (Hispanic: White ratio of new infections) by 25%

Reducing the disparities in HIV incidence in blacks and Hispanics versus whites is one of the overarching goals of the Miami-Dade ECHPP, as 61% of the Miami-Dade County population is Hispanic and 19% is black.

Prevention

Establishing and enhancing access to prevention through Test Miami and care and treatment for these disproportionately affected groups are key strategies that have been identified. Activities include prenatal intervention outreach and education provided by a prenatal nurse. Retention and adherence activities specifically geared towards these two populations that are conducted in settings that are readily acceptable and encourage access.

Population-Based Interventions

In addition, the expansion of unique strategies that are community-driven/focused such as Sistas Organizing to Survive (SOS) and Man Up, promote tolerance and understanding, identify barriers to accessing care, and encourage early intervention and identification of the disease. ,

The expansion of marketing, education and prevention services to be provided in non-traditional settings (Latino and black clubs, hotels and bars, grocery stores and pharmacies, book stores, thrift shops) through Take Control are strategies that have been identified and expanded upon for both the black and Hispanic populations.

Support and ancillary services are essential to promote adherence and retention in care for this population. Assessing improvements in access to housing assistance and other social services resources is yet another activity that will positively impact this hard-to-reach, disenfranchised population.

17. Reduce the disparity in HIV incidence for MSM versus other adults in the United States by 25%

South Florida is home to diverse populations and also a major tourist destination that represents a significant transient population because they come here as visitors on vacation, for temporary work or business, and for education opportunities.

In developing the ECHPP plan, it was important to develop strategies that would capture the vast array of populations located here and to scale interventions appropriately based on demographics, incidence, geographic location, and population groups and sexual orientation.

Recommended strategies are geared toward improving access to the hard-to-reach, disenfranchised, high-risk groups, including the MSM population. Community-based interventions such as the ones being enhanced in South Beach overwhelmingly focuses on education, retention, adherence to care and treatment, and lifestyle interventions for gay men that are at higher risk of exposure and transmission.

Comprehensive mobile testing and screening enhancements through Test Miami, as well as enhanced behavior risk assessments, and linkage to care are activities that have key enhancements identified in order to better reach and serve the MSM population.

The proposed comprehensive condom distribution system will encourage new businesses serving this population through the Business response to AIDS Program to partner with the effort to educate and engage the population in a variety of ways, and within their own communities.

Also a part of the strategic activities is the ability to offer support to this disproportionately affected population by streamlining access to care and linkage, enhancing pharmacy service hours and systems of communication, and assessing the ability to establish user-friendly centralized intake and co-locate specialty services.

18. Ensure the percentage of persons diagnosed with HIV who have a CD4 count within 3 months of HIV diagnosis is 75% or greater for all racial/ethnic groups

Critically important is the assurance that persons of all racial/ethnic groups diagnosed with HIV who have a CD4 count within three months of diagnosis remain in care from the time of diagnosis and improve access to services necessary to ensure adherence to care.

Care and Treatment

In examining the current service delivery system and speaking with program leaders and funders of Part A and Part B, as well as consumers of service, it became apparent that a streamlined, seamless, centralized system for social service eligibility, application, and referral would be of great value, reduce duplication of services and processes, and maintain an accessible, manageable system for clients that have traditionally been disenfranchised or encounter barriers to access to care in high-incidence areas.

These activities promote improved access to HIV care and other health and social services, supplement access to specialty services, and maximize the number of people entering and maintaining care.

Linkage to care and adherence strategies that complement and enhance the service delivery support system for clients are essential tools for case managers and outreach workers.

Activities that will enhance these efforts include training, improved linkage protocols, improved access to pharmacy services and client interaction/notification systems.

Population-Based Interventions

Additionally, community mobilization activities have been identified that are culturally and ethnically focused that will be implemented through Community Mobilization Initiatives such as Sistas Organizing to Survive (SOS), Man Up, and the Faith-based Initiative. These efforts have been designed to reach South Florida's diverse populations and care models that can easily be tailored to other states and municipalities to address HIV related disparities and reduce incidence.

