MEMORANDUM

Agenda Item No. 11(A)(9)

TO:	Honorable Chairman Anthony Rodriguez and Members, Board of County Commissioners	**DATE:**	July 1, 2025
FROM:	Geri Bonzon-Keenan County Attorney	**SUBJECT:**	Resolution directing the County Mayor to collaborate with the Florida Department of Health, the Miami-Dade County HIV/AIDS Partnership, and other key players to develop a 2025 Get to Zero action plan to address and reduce the Human Immunodeficiency Virus infection rate in Miami-Dade County; and requiring a report

Resolution No. R-686-25

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Senator René García.

Geri Bonzon-Keenan
County Attorney

GBK/uw

MEMORANDUM

(Revised)

TO: Honorable Chairman Anthony Rodriguez
and Members, Board of County Commissioners

DATE: July 1, 2025

FROM: Geri Bonzon-Keenan
County Attorney

SUBJECT: Agenda Item No. 11(A)(9)

Please note any items checked.

_____	**"3-Day Rule" for committees applicable if raised**
_____	**6 weeks required between first reading and public hearing**
_____	**4 weeks notification to municipal officials required prior to public hearing**
_____	**Decreases revenues or increases expenditures without balancing budget**
_____	**Budget required**
_____	**Statement of fiscal impact required**
_____	**Statement of social equity required**
_____	**Ordinance creating a new board requires detailed County Mayor's report for public hearing**
✓	
_____	**No committee review**
_____	**Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, majority plus one ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3) (h) or (4)(c) ____, CDMP 9 vote requirement per 2-116.1(4)(c) (2) ____) to approve**
_____	**Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(9)
7-1-25

RESOLUTION NO. R-686-25

RESOLUTION DIRECTING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO COLLABORATE WITH THE FLORIDA DEPARTMENT OF HEALTH, THE MIAMI-DADE COUNTY HIV/AIDS PARTNERSHIP, AND OTHER KEY PLAYERS TO DEVELOP A 2025 GET TO ZERO ACTION PLAN TO ADDRESS AND REDUCE THE HUMAN IMMUNODEFICIENCY VIRUS INFECTION RATE IN MIAMI-DADE COUNTY; AND REQUIRING A REPORT

WHEREAS, according to the website, HIV.gov, more than 700,000 American lives have been lost to Human Immunodeficiency Virus ("HIV") since 1981, and more than 1.1 million Americans are currently living with HIV and many more are at risk of HIV infection; and

WHEREAS, the website further reveals that while new HIV diagnoses have declined significantly from their peak, progress on further reducing them has stalled with an estimated 40,000 Americans being newly diagnosed each year; and

WHEREAS, according to the website, without intervention another 400,000 Americans will be newly diagnosed over 10 years despite the available tools to prevent infections; and

WHEREAS, according to the Centers for Disease Control, in 2022 in the United States, there were an estimated 31,800 new cases of HIV infections in the United States; and

WHEREAS, according to the Florida Department of Health (FDOH) HIV 2023 surveillance data for Miami-Dade County, which was reported in June 2024, between 2022 and 2023 there was an increase from 1,011 to 1,048 in new HIV diagnosis, which represents a 3.66 percent increase; and

WHEREAS, FDOH also reported that between 2022 and 2023 the number of existing cases of HIV infection increased from 29,052 to 29,453, which represents a 1.38 percent increase; and

WHEREAS, in 2022, people with HIV represented one out of every 93 people living in Miami-Dade County; and

WHEREAS, in order to further address the issues facing HIV/AIDS in Miami-Dade County, this Board created the Miami-Dade HIV/AIDS Partnership ("Partnership") to enable the County and other governmental entities to apply for, receive, plan for, assess, and allocate financial assistance under Ryan White Part A and other funding designed to assist people with HIV infection; and

WHEREAS, in September 2016, the Partnership created the Miami-Dade HIV/AIDS Getting to Zero ("GTZ") Task Force to develop a public health blueprint to end the AIDS epidemic in Miami-Dade County by developing recommendations that target comprehensive prevention; and

WHEREAS, over a period of four months, the GTZ Task Force, comprised of 29 task force members and 30 consultants and institutional representatives, published the GTZ Task Force 2017 Final Report ("GTZ Report"), which is attached hereto as Exhibit 1 and incorporated herein by reference; and

WHEREAS, the GTZ Report contains a set of 16 strategic action recommendations aimed at addressing the HIV epidemic in Miami-Dade County; and

WHEREAS, since 1981 and the GTZ Report, there have been many advancements made to reduce the HIV infection rate nationwide, including the introduction of new medications that prevent the spread of HIV, such as pre-exposure prophylaxis (PrEp), which is an HIV medicine taken by people who do not have HIV to reduce the risk of getting HIV when taken as prescribed, and antiretroviral therapy, which is used to treat people with HIV infection as soon as possible after receiving a diagnosis and reduces the amount of HIV in the blood (also called the viral load) to a very low level, thus preventing the transmission of HIV; and

WHEREAS, notwithstanding these advancements, according to FDOH, Miami-Dade County still ranks number one in the United States and Florida with the highest number of new HIV infections; and

WHEREAS, there is a real risk of an HIV resurgence due to several factors, including trends in injection and other drug use; HIV-related stigma; homophobia; lack of access to HIV prevention, testing, and treatment; and a lack of awareness that HIV remains a significant public health threat; and

WHEREAS, in response to this resurgence, the United States government has developed the Ending the HIV Epidemic initiative ("EHE Initiative") that aims to substantially reduce HIV infections in the country by focusing resources in the 57 jurisdictions, including, but not limited to, Miami-Dade County, where such resources are needed most; and

WHEREAS, the EHE Initiative is comprised of four pillars- Diagnose, Treat, Prevent, and Respond; and

WHEREAS, Pillar I, Diagnose, focuses on diagnosing all people with HIV as early as possible; and

WHEREAS, Pillar II, Treat, focuses on treating people with HIV rapidly and effectively to reach sustained viral suppression; and

WHEREAS, Pillar III, Prevent, focuses on preventing new HIV transmissions by PrEP and syringe services programs; and

WHEREAS, finally, Pillar IV, Respond, focuses on responding quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them; and

WHEREAS, through this EHE Initiative, Miami-Dade County receives funding for resources, technology, and expertise to expand HIV prevention treatment and support services; and

WHEREAS, this Board is committed to ending the HIV epidemic in Miami-Dade County by finding ways to reduce the HIV infection rates and eventually achieving the goal of getting to zero cases of HIV infection in the County; and

WHEREAS, accordingly, this Board desires that the County Mayor or County Mayor's designee collaborate with FDOH, the Partnership, and other key players to develop a 2025 Get to Zero Action Plan to address and reduce the increasing HIV infection rate in Maimi-Dade County,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. The foregoing recitals are incorporated in this resolution and are approved.

Section 2. This Board directs the County Mayor or County Mayor's designee to collaborate with the Florida Department of Health, Miami-Dade County HIV/AIDS Partnership, and other key players to develop a 2025 Get to Zero Action Plan ("GTZ Action Plan") to address and reduce the Human Immunodeficiency Virus ("HIV") infection rate in Maimi-Dade County. The GTZ Action Plan shall (i) provide recommendations that the County and this Board can take to end the HIV epidemic in Miami-Dade County; (ii) develop an education campaign to increase awareness about PrEp and antiviral therapy; (iii) develop a local plan that addresses the federal government's Ending the HIV Epidemic initiative's four pillars, i.e. Diagnose, Treat, Prevent, and Respond; and (iv) develop such other strategies to end the HIV epidemic in Miami-Dade County.

Section 3. This Board directs the County Mayor or County Mayor's designee to submit a report and the GTZ Action Plan described in section 2 of this resolution to this Board within 60 days of the effective date of this resolution. The report and the GTZ Action Plan shall be placed on an agenda of the full Board without committee review pursuant to rule 5.06(j) of the Board's Rules of Procedure.

The Prime Sponsor of the foregoing resolution is Senator René García. It was offered by Commissioner **Raquel A. Regalado**, who moved its adoption. The motion was seconded by Commissioner **Marleine Bastien** and upon being put to a vote, the vote was as follows:

Anthony Rodriguez, Chairman	**aye**		
Kionne L. McGhee, Vice Chairman	**aye**		
Marleine Bastien	**aye**	Juan Carlos Bermudez	**aye**
Sen. René García	**aye**	Oliver G. Gilbert, III	**aye**
Roberto J. Gonzalez	**aye**	Keon Hardemon	**aye**
Danielle Cohen Higgins	**aye**	Eileen Higgins	**aye**
Natalie Milian Orbis	**aye**	Raquel A. Regalado	**aye**
Micky Steinberg	**aye**		

The Chairperson thereupon declared this resolution duly passed and adopted this 1st day of July, 2025. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

JUAN FERNANDEZ-BARQUIN, CLERK

By: **Basia Pruna**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Terrence A. Smith

Memorandum

Date: April 27, 2017

To: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: Revised Miami-Dade HIV/AIDS " Getting to Zero" Final Report

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In September 2016, the Miami-Dade HIV/AIDS Partnership created the Miami-Dade HIV/AIDS "Getting to Zero" Task Force to find solutions to the issues related to HIV/AIDS throughout Miami-Dade County. Over a period of four (4) months, the Task Force developed the "Getting to Zero" Final Report, which includes 16 strategic action recommendations.

Attached is the final report.

Russell Benford
Deputy Mayor

cc: Abigail Price-Williams, County Attorney
Geri Bonzon-Keenan, First Assistant County Attorney
Russell Benford, Deputy Mayor, Office of the Mayor
Lillian Rivera, Administrator, Department of Health
Neil R. Singh, Interim Commission Auditor
Christopher Agrippa, Clerk of the Board
Eugene Love, Agenda Coordinator

MIAMI-DADE COUNTY HIV/AIDS "GETTING TO ZERO" TASK FORCE

MDC009 FINAL REPORT 2017

Please reply to:

District Office:

1490 West 68 Street
Suite # 201
Hialeah, FL.
33014
Phone# (305) 364-3100

The Florida Senate

State Senator René García

36th District

Dear Colleagues,

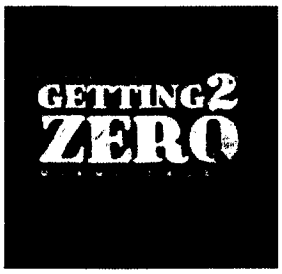
As of 2015, Miami-Dade County ranks #1 in the United States for new HIV infections per 100,000 residents. To address the epidemic, the Office of the Mayor of Miami-Dade County, the Miami-Dade HIV/AIDS Partnership, and the Florida Department of Health in Miami-Dade County convened the Miami-Dade County HIV/AIDS "Getting to Zero" Task Force. This significant task force is comprised of a multitude of stakeholders in the community which includes but is not limited to: representatives from universities and academic institutions, private sector businesses, grantees, research and study organizations, People Living With HIV/AIDS, and a host of other interested and beneficial parties who share our common goals.

The Task Force started its mission in September 2016 with the primary objective to undertake the development of a public health blueprint to end the AIDS epidemic in Miami-Dade by developing recommendations that target comprehensive prevention, a quality service delivery system, social support services, and innovative social policies. The results of this mission are highlighted in the following document and recognizes that this would not be possible without full stakeholder participation. The Task Force believes that the implementation of this plan will effectively reduce HIV and AIDS cases and improve the health of Miami-Dade County residents, while strengthening current HIV prevention and care efforts.

As Chair of the "Getting to Zero" Task Force, I want to thank the members of the Task Force and the community for their dedicated efforts in creating these recommendations and local guiding plan. This document will help reach the goal of "getting to zero" new HIV infections and AIDS cases in Miami-Dade County.

Sincerely,

State Senator René García
District 36



Acknowledgment

In September, 2016, the Office of the Miami-Dade County Mayor, the Miami-Dade HIV/AIDS Partnership and the Florida Department of Health established the Miami-Dade HIV/AIDS "Getting to Zero" Task Force, as a means of mobilizing resources and expertise throughout the Miami-Dade community in a concerted effort to address the HIV/AIDS epidemic before us. The statistics on HIV/AIDS in Miami-Dade County are staggering and disheartening: we have the highest rate of new HIV/AIDS infections of any city in the United States, with one in 85 adult residents in Miami-Dade County living with HIV/AIDS.

Over a period of four months, the Task Force established a set of 16 strategic action recommendations aimed at addressing the epidemic. The work was accomplished by 29 Task Force members and 30 consultants and institutional representatives, working through four committees (prevention and research, care and treatment, social and support services, systems and policy). The action recommendations were carefully crafted to address the epidemic in a culturally competent manner, given Dade County's large immigrant population, and to address the entire spectrum of HIV/AIDS issues:

- To educate the community about HIV/AIDS prevention and treatment, de-stigmatize persons living with HIV/AIDS and provide County-wide preventative treatment to persons at risk for HIV acquisition, with HIV/AIDS efforts directed to penetrate every corner of the community;
- To implement routine HIV/AIDS testing throughout all levels of the health care delivery system in Miami-Dade County;
- To create a seamless network of care for persons with HIV/AIDS, linking public and private service providers, reducing the lagtime from diagnosis to treatment, bridging the gaps in treatment for persons released from our jail systems every year, linking service delivery programs together with data-sharing and client consent systems, and ensuring high quality care throughout the County;
- To conduct research on the root causes of the HIV epidemic in Miami-Dade's unique multi-cultural community, and the sources of stigmatizing beliefs and perceptions that dehumanize persons with HIV/AIDS and interfere with engagement in care; and
- To modernize local and state regulations concerning disclosure of HIV status.

These action recommendations are visionary and aspirational, as well as hopeful and optimistic. Moving from recommendations to concrete actions will require prioritizing, planning, and maximizing our community resources over the course of the next several years, from grassroots efforts at education and prevention to top-down systemic and policy reform. Upon approval of these recommendations by the Board of County Commissioners and their setting priorities for implementation, the Florida Department of Health will spearhead the implementation process. We urge you to participate in moving these recommendations from aspiration to implementation, whether you are a Task Force stakeholder, a partner in implementation, or a person in our community affected by HIV. Only by working together as a community can we reduce new HIV infections to zero in Miami-Dade County, and ensure that everyone affected by HIV/AIDS has access to quality health care and support services.

Sincerely,

Carlos A. Gimenez Mayor Miami-Dade County	Eddie Orozco Chair Miami-Dade HIV/AIDS Partnership	Lillian Rivera, MSN, PhD Administrator/Health Officer Florida Department of Health Miami-Dade County

MIAMI-DADE HIV/AIDS PARTNERSHIP

Florida HEALTH Miami-Dade County

Appointed Task Force Members

Deputy Mayor Russell Benford *(Miami-Dade County, Office of the Mayor)*

Ms. Carol Charles *(Person Living With HIV/AIDS)*

Mr. Fredrick Downs *(Person Living With HIV/AIDS)*

Mr. William Duquette *(Homestead Hospital)*

Commissioner Audrey Edmonson *(Miami-Dade County, Board of County Commissioners)*

Dr. Grace Eves *(Florida Blue)*

Mr. Luigi Ferrer *(Pridelines)*

Senator René Garcia *(Florida Senate)*

Dr. Tomas Guilarte *(Florida International University, Robert Stempel College of Public Health & Social Work)*

Ms. Martha Harris *(Miami-Dade County Public Schools)*

Ms. Betty Hernandez *(South Florida Behavioral Health Network)*

Mr. Daniel Junior *(Miami-Dade County Department of Corrections & Rehabilitation)*

Dr. Michael Kolber *(University of Miami, Miller School of Medicine)*

Dr. Anna Likos *(Florida Department of Health)*

Mr. Michael Liu *(Miami-Dade County Public Housing & Community Development)*

Ms. Marisel Losa *(Health Council of South Florida)*

Dr. Steven Marcus *(Health Foundation of South Florida)*

Ms. Caridad Nieves *(Jackson Health System)*

Representative David Richardson *(Florida House of Representatives)*

Mr. Alejandro Romillo (*Health Choice Network)*

Mr. Howard Rosen (*Miami-Dade Office of the State Attorney)*

Mr. Rick Siclari (Care *Resource)*

Ms. Marilyn Stephens *(United States Census Bureau, DOC*)

Dr. Mario Stevenson *(University of Miami, Miller School of Medicine)*

Mr. Roberto Tazoe *(City of Miami, Department of Community & Economic Development)*

Ms. Susan Towler *(Florida Blue Foundation)*

Ms. Kira Villamizar *(Florida Department of Health in Miami-Dade County*)

Mr. Daniel Wall *(Miami-Dade County, Office of Management & Budget)*

Task Force Committee Descriptions

G2Z Prevention and Research Committee

The Prevention and Research Committee develops recommendations and identifies research opportunities for ***comprehensive HIV/AIDS prevention,*** directed to key high-risk communities and populations of interest, driving down the rate of new infections. These efforts may include ensuring the effective implementation of biomedical, behavioral and social science advances in the prevention of HIV/AID S; expanding HIV testing in public and private healthcare settings; and developing innovative strategies for engaging and testing persons in vulnerable populations.

Prevention & Research Committee Members

Committee Chair: Ms. Kira Villamizar **Committee Co-chair:** Mr. Luigi Ferrer

Task Force Members:

Mr. William Duquette *(Homestead Hospital)*

Dr. Graces Eves *(Florida Blue)*

Mr. Luigi Ferrer *(Pridelines)*

Ms. Martha Harris *(Miami-Dade County Public Schools)*

Ms. Betty Hernandez *(South Florida Behavioral Health Network)*

Ms. Marilyn Stephens *(US Census Bureau)*

Dr. Mario Stevenson *(University of Miami, Miller School of Medicine)*

Ms. Kira Villamizar *(Florida Department of Health in Miami-Dade County)*

Task Force Appointed Members to the Committee:

Mr. Brady Bennett *(Health Council of South Florida)*

Ms. Lina Castellanos *(South Florida Behavioral Health Network)*

Ms. Mara Michniewicz *(Florida Department of Health)*

Ms. Ashley Miller *(Miami-Dade County Public Schools)*

Dr. Carolina Montoya *(Miami-Dade County Department of Corrections & Rehabilitation)*

Ms. Carla Valle-Schwenk *(Miami-Dade County, Office of Management & Budget)*

Task Force Committee Descriptions (continued)

G2Z Care and Treatment Committee

The Care and Treatment Committee develops recommendations for ways to ***maximize access to care for vulnerable populations and increase the quality of care throughout the HIV/AIDS service delivery system.*** This committee will seek to establish seamless systems for getting people into treatment when they are diagnosed, keeping them in treatment so that they receive the health care they need, and – because they are in treatment and their HIV viral loads are reduced with health care and medication – reduce the transmission rate to persons who are yet uninfected.

Care and Treatment Committee Members

Committee Chair: Mr. Fredrick Downs **Committee Co-chair:** Dr. Jeffrey Beal

Task Force Members:

Ms. Carol Charles *(Person Living With HIV/AIDS)*

Mr. Fredrick Downs *(Person Living With HIV/AIDS)*

Mr. William Duquette *(Homestead Hospital)*

Ms. Betty Hernandez *(South Florida Behavioral Health Network)*

Dr. Michael Kolber *(University of Miami, Miller School of Medicine)*

Ms. Caridad Nieves *(Jackson Health System)*

Task Force Appointed Members to the Committee:

Dr. Jeffrey Beal *(Florida Department of Health)*

Mr. Brady Bennett *(Health Council of South Florida)*

Mr. Eddie Orozco *(Pridelines)*

Theresa Smith *(Miami-Dade County, Office of Management & Budget)*

Dr. Mary Jo Trepka *(Florida International University, Robert Stempel College of Public Health & Social Work)*

Ms. Carla Valle-Schwenk *(Miami-Dade County, Office of Management & Budget)*

Task Force Committee Descriptions (continued)

G2Z Social and Support Services Committee

The Social and Support Services Committee recommends ways to ***address the social and economic living conditions for persons who are living with HIV/AIDS,*** and which may complicate treatment or give rise to the spread of the disease. This committee looks at the impact of stigma, low health literacy, sub-standard housing, transportation, behavioral / addiction issues and unemployment security on long-term HIV/AIDS health outcomes.

Social and Support Services Committee Members

Committee Chair: Mr. Brady Bennett **Committee Co-chair:** Ms. Debbie Norberto

Task Force Members:

Deputy Mayor Russell Benford *(Miami-Dade County, Office of the Mayor)*

Ms. Carol Charles *(Person Living With HIV/AIDS)*

Commissioner Audrey Edmonson *(Miami-Dade County, Board of County Commissioners)*

Ms. Betty Hernandez *(South Florida Behavioral Health Network)*

Mr. Michael Liu *(Miami-Dade County Public Housing & Community Development)*

Mr. Roberto Tazoe *(City of Miami, Department of Community & Economic Development)*

Ms. Kira Villamizar *(Florida Department of Health in Miami-Dade County)*

Task Force Appointed Members to the Committee:

Mr. Brady Bennett *(Health Council of South Florida)*

Mr. Luis Callejas *(Aide to Representative David Richardson-Florida House of Representatives)*

Ms. Marsharee Chronicle *(Pridelines)*

Mr. Antonio Fernandez *(Miami-Dade County, Office of Management & Budget)*

Ms. Giselle Gallo *(Homestead Hospital)*

Ms. Debbie Norberto *(Florida Department of Health)*

Dr. Mario De La Rosa *(Florida International University, Robert Stempel College of Public Health & Social Work)*

Ms. Carla Valle-Schwenk *(Miami-Dade County, Office of Management & Budget)*

Task Force Committee Descriptions (continued)

G2Z Systems and Policy Committee

The Systems and Policy Committee develops ***recommendations for innovative HIV/AIDS social policies,*** directed at raising public awareness, reducing stigma, reducing barriers to prevention and care, increasing system capacity and coordinating HIV/AIDS programs across municipal, governmental and organizational systems. This committee seeks to create networks and linkages where there are now only isolated programs and services.

Systems & Policy Committee Members

Committee Chair: Mr. Luigi Ferrer **Committee Co-chair:** Mr. Gene Sulzberger

Task Force Members:

Commissioner Audrey Edmonson *(Miami-Dade County, Board of County Commissioners)*

Mr. Luigi Ferrer *(Pridelines)*

Senator René Garcia *(Florida Senate)*

Ms. Betty Hernandez *(South Florida Behavioral Health Network)*

Mr. Daniel Junior *(Miami-Dade County Department of Corrections & Rehabilitation)*

Representative David Richardson *(Florida House of Representatives)*

Mr. Howard Rosen *(Miami-Dade Office of the State Attorney)*

Ms. Kira Villamizar (*Florida Department of Health in Miami-Dade County)*

Task Force Appointed Members to the Committee:

Mr. Brady Bennett *(Health Council of South Florida)*

Dr. William Darrow *(Florida International University, Robert Stempel College of Public Health & Social Work)*

Ms. Giselle Gallo *(Homestead Hospital)*

Chief Wendy Mayes *(Miami-Dade County Department of Corrections & Rehabilitation)*

Ms. Laura Reeves *(Florida Department of Health)*

Ms. Carla Valle-Schwenk *(Miami-Dade County, Office of Management & Budget)*

Mr. Gene Sulzberger *(Appointed by Dr. Mario Stevenson – University of Miami)*

Proposed Recommendations

Recommendation 1:

Provide comprehensive sex education throughout the Miami-Dade County Public School system (M-DCPS), recommending modifications in the M-DCPS comprehensive sex education curriculum as age appropriate.

Statement of Need:

Miami-Dade County currently ranks number one in new HIV infections nationwide and first in Sexually Transmitted Disease (STD) cases for the State of Florida (FDOH, 2015). The Prevention and Research Committee recognized that while the State of Florida supports an abstinence-only public school sex education policy, the rates of new HIV/AIDS infections – as well as other sexually transmitted infections – indicates the need for a more comprehensive approach.

In Miami Dade County, there are 9 cases of an STD diagnosed daily in teens between the ages of 15-19 (FDOH, 2015). The Florida Department of Health has partnered with Miami-Dade Public Schools to offer testing and positive sexual health information with identified partnering schools. During the course of this collaboration, 3 HIV positive students have been identified, over 200 students tested positive with chlamydia, and 2 students tested positive for syphilis. Abstinence-only curricula are recognized as ineffective by the American Academy of Pediatrics and the Center for Disease Control & Prevention (CDC). As the HIV/AIDS community, aims to reduce the stigma and increase access to diagnosis and treatment, the provision of comprehensive sex education represents an opportunity to "normalize" the discussion of HIV and ultimately, improve rates of HIV testing.

Responsible Partners:

#	STAKEHOLDERS	KEY PARTNERS	RESOURCES
1	Miami-Dade County Public Schools (Division of Student Services)	Non-profits/CBOs (with affiliated agreements)	Elected officials (Senator René Garcia)
2		MDCPS (School Operations)	School Board members
3		Dr. Lawrence Friedman (Clinical Provider, University of Miami)	Florida Department of Health (FDOH)
4		Centers for Disease Control & Prevention (CDC)	
5		Superintendent Alberto Carvalho	

Recommendation 2:

Expand PrEP (Pre-Exposure Prophylaxis) and nPEP (non-occupational Post-Exposure Prophylaxis) capacity throughout Miami-Dade County, and increase utilization by all potential risk groups:

- **Identify and address barriers to expanding PrEP provider capacity**
- **Expand PrEP communications outreach (see recommendation 4 for detail)**
- **Make PrEP more available to younger persons covered through their parents' health insurance policies, potentially by removing mention of PrEP from policy "explanation of benefits"**
- **Provide greater access to nPEP by establishing a standing order for nPEP medication available through hospital emergency departments, public clinics, urgent care centers and commercial pharmacies.**

Statement of Need:

Pre-exposure prophylaxis is an anti-HIV medication and powerful biomedical prevention tool that can reduce the risk of HIV acquisition in people who are at substantial risk by up to 92% when taken consistently and correctly (CDC). The process of taking a pill daily to prevent the acquisition of HIV supports a critical element in "getting to zero."

Post-exposure prophylaxis (PEP) involves taking antiretroviral medication within 72 hours of exposure to prevent HIV acquisition. When initiated promptly, PEP is effective at blocking HIV infection up to 80% (Grohskopf, 2005). Establishing a network of PrEP/nPEP clinics and collecting quantitative data on existing levels of service provision and utilization will be integral to the implementation of this strategic action.

Staff note: Follow up with Task Force members from Florida Blue stated that in order to address the aforementioned privacy concerns for those individuals on their parents' insurance, the recommendation should request that FDOH expand the Florida Statute 384.30 defining PrEP as a preventive treatment for STDs, in order for disclosure to remain private for young adults.

Responsible Partners for PrEP Expansion:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Florida Department of Health (FDOH)	Pharmaceutical companies	Funding for staff
University of Miami (UM)	FDOH Counseling/testing sites	Legislation
Community Based Organizations	Other FQHC in Miami-Dade County	Capacity Building Assistance (CBA) / Technical Assistance (TA) providers
Care Resource, Federally Qualified Health Center (FQHC)	Other insurance providers	
South Florida Behavioral Health Network	Private clinical providers	
Florida Blue (BCBS)	Hospitals (Emergency Departments)	
Health Council of South Florida (communications)		
Baptist Hospital		
Ryan White Part A/MAI Program		

Responsible Partners for nPEP Expansion:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Baptist Hospital	Other Federally Qualified Health Centers	AETC
Jackson Health Services	Urgent Care Centers	Pharmaceutical companies
Care Resource	Other Insurance companies	Media
Florida Blue	Agency for Health Care Administration (AHCA)	Legal advisors / legislators (authorizing a standing order for nPEP medication)
Florida Department of Health	Other hospitals and emergency departments	
	AIDS Education & Training Center (AETC)	
	Domestic Violence Centers, rape treatment centers and sexual assault crisis centers	
	Switchboard of Miami	
	University/college health clinics	
	Pharmacies	
	Children's Medical Services (child protection teams that assisted with nPEP protocol)	

Recommendation 3:

Implement routine HIV/STI testing in healthcare settings (hospitals, urgent care centers, medical practices).

Statement of Need:

The importance and impact of routinized HIV testing cannot be emphasized enough. In 2015, State of Florida passed Statute 381.004, which routinizes HIV testing in a healthcare setting and aligns with the United States Preventive Services Task Force (USPSTF) classifying HIV screening as a grade "A" recommendation. The strength of this recommendation is a critical factor in communicating the importance of routine testing to clinicians and the community. This signifies that clinicians must screen for HIV infection in all adolescents and adults aged 15 to 65 years, including pregnant women. Repeat testing should be offered to those at increased risk. Florida State statute also mandates that perinatal testing be performed in the 1st and 3rd trimester; however, in most cases of perinatal transmission in Florida, the second screening was missed, showing an opportunity for improvement.

New testing technologies have also been developed to diagnose acute HIV infection, which broadens the window of opportunity of effective interventions during the acute phase of infection, a period when HIV is most likely to be transmitted to others. The Baptist Health Care System – Homestead Hospital has adopted this enhanced technology and implemented routine testing in the emergency room. The hospital has been able to perform 4,500 tests, identify 62 positive patients, and achieve a 1.3% seropositivity rate.

Furthermore, all grade "A" recommendations are mandated to be covered by health insurance companies: for HIV screening, this means that an annual screening for HIV must be covered by a patient's health insurer. The goal of the recommendation is to ensure that all healthcare settings comply with the routine HIV/STI testing statute, such that any patient encountering the healthcare system is tested. Ultimately, the goal is to regard HIV testing as any other routine medical screening and persons should be tested annually irrespective of their risk.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Florida Department of Health (FDOH)	Other FQHCS	Funding
Hospitals (UM, Baptist, Jackson)	Community Based Organizations	Staff to scale testing
Care Resource (FQHC)	Other Hospitals	CBA/TA (for third party billing)
Florida Blue (BCBS)	Gilead Sciences Inc.	Legislation
Health Council of South Florida (communication/education)	Florida Association of Free and Charitable Clinics	
Florida International University (FIU)	Dade County Medical Association	
	Miami-Dade County Colleges/Universities	
	Healthy Start (for pregnant HIV-positive women)	
	Laboratories (Quest, LabCorp for HIV testing data)	

Recommendation 4:

Create a comprehensive HIV/AIDS communications toolbox:

- **Research the clinical impact of differences in communication strategies toward women, injection drug users (IDU), gay, bisexual and transgender, MSM, and recommend communications that address significant differences in target audiences**
- **Recognize, develop and apply differences in communication strategies toward various immigrant / cultural / ethnic / age groups in prevention and treatment interventions**
- **Develop and promulgate effective social media communication strategies**
- **Compile and share a compendium of best practices for prevention providers**

Statement of Need:

The Prevention and Research Committee stressed the importance of developing a comprehensive communication sharing mechanism to create and disseminate HIV/AIDS information throughout the community, including both public communication and provider-directed communication. The purpose is to make it possible to share effective culturally-sensitive communications across providers, making it possible for providers to make use of each other's materials in English, Spanish and Haitian Creole, broadening the base of every provider's communication armamentarium and increasing peer-to peer collaboration.

The Toolbox will make it easier for providers to share research findings, program implementation expertise, prevention/treatment-related communications and destigmatizing communications among area providers and organizations with varied expertise. Brochures, reports, flyers, handouts, service guides and research findings may be in electronic format, searched for and disseminated online; in addition, hard copies of consumer-based materials may be made available for distribution to prevention and treatment agencies with limited resources.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Florida Department of Health (FDOH)	National Bisexual Network (BiNet USA)	Capacity Building Assistance (CBA) Providers
Pridelines	Latino Salud	Funding
Care Resource	Center for Disease Control and Prevention (CDC) (expertise in communications)	Other Jurisdictions(best practices)
Ryan White Part A/MAI (treatment database)	Survivor's Pathway	Existing media campaigns (Gilead, Walgreens)
Health Council of South Florida (communications)	Code Miami (mobile app platform)	
Florida International University (FIU)	Switchboard of Miami	
University of Miami (Needle exchange/IDU program)	CBOs addressing priority populations	
	AIDS Healthcare Foundation (marketing specifically)	
	Local media outlets	
	Consortium for a Healthier Miami-Dade	

Recommendation 5:

Convene a multi-agency consortium of public health/academic institutions/service providers to share data/collaborate on research identifying the driving forces of the HIV/AIDS epidemic in Miami-Dade County.

Statement of Need:

The Miami-Dade County metropolitan area is a unique ethnic, cultural and risk-factor milieu for HIV/AIDS prevention and treatment, unlike any other metropolitan area in the United States. At the same time, Miami-Dade is home to premier universities and agencies focusing on HIV/AIDS research in this community, including several represented as Task Force members. Linking together the research expertise and treatment experiences of this diverse group of scientists, treatment planners and evaluators and HIV/AIDS health care researchers would ensure that our prevention and treatment programs, our communications efforts, our research activities and our care networks are optimized based on our local HIV/AIDS conditions.

This recommendation aims to foster a collaborative, collegial environment whereby premier researchers at local institutions can access, share and collaborate on data, research studies, and evaluations that ultimately impact programming, and immediately apply new techniques and interventions throughout the community. Critical to the success of this project are data-sharing agreements across institutions such as universities, insurance companies, Miami-Dade County and the Department of Health. Some agreements are already in place, and are providing a rich milieu for identifying research and pilot program development opportunities, but more are needed.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Florida Department of Health (FDOH)	Other departments within FIU, UM	Funding
Florida International University (FIU)	Other data-gathering departments or administrative units within Miami-Dade County	Staff
Ryan White Part A /MAI Program	Behavioral Science Research Corporation as an HIV/AIDS research resource to the Ryan White Program	
University of Miami (UM)		
Health Council of South Florida		
South Florida Behavioral Health Network		
Care Resource		
Department of Corrections		

Recommendation 6:

Decrease the lag time from diagnosis to linkage to HIV/AIDS care to within 30 days or less for: (1) clients newly diagnosed, (2) clients returning to care and (3) clients post-partum with HIV/AIDS, irrespective of where clients were diagnosed and where clients seek treatment. This action recommendation includes expanding the Department of Health's "test and treat" program and other forms of fast-track post-diagnosis clinical engagement.

Statement of Need:

A critical element of "getting to zero" is linking persons with HIV/AIDS to care as soon as possible after diagnosis, both to ensure the health of the infected person and to reduce disease transmission. Studies have indicated that early initiation of anti-retroviral (ARV) medications dramatically impacts disease progression, leads to a higher level of treatment adherence, rapid viral load suppression, and reduces new infection. Engagement within 72 hours of new diagnosis is essential, as is re-linkage for clients who are returning to care and whose ARV regimens have been interrupted.

Highly concentrated efforts to identify "lost to care" patients (through quality improvement projects/interventions) should be prioritized as this serves as an opportunity to interrupt disease transmission by getting known HIV-positive clients into medical care and on ART. Increasing the rapid response of post-diagnosis linkage coupled with routinized testing is a critical element to preventing new infections. Providers should utilize HIV surveillance data to track known HIV-positive patients and engage then into clinical care. "Treatment as prevention" models of care are critical to this recommendation and can reduce the risk of sexual transmission by 96% and dramatically reduces the risk of transmission during pregnancy and childbirth (National HIV/AIDS Strategy for the United States: Updated to 2020, 2015), as well as robust partner notification systems.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Ryan White Part A program	Private Clinicians	Funding
Florida Department of Health (FDOH)	Florida Medical Association	Education (provider & community)
Baptist Hospital	All counseling/testing sites	Data management, LTC personnel
South Florida AIDS Network (SFAN)	Blood banks	Legislation
Jackson Memorial Hospital	Laboratories (Quest, LabCorp)	
University of Miami (UM)	FIU/RWP/FDOH (research data)	
Florida Blue (BCBS)		
Federally Qualified Health Centers		

Recommendation 7:

Increasing system capacity to bridge the gaps in provision of treatment and medication (and maintain PLWHA in care) when changes in income and/or residence create eligibility problems.

- **Emergency funding for medication**
- **Emergency short-term services**
- **Expansion of sub-specialty care**

Statement of Need:

Clients in HIV/AIDS care may experience treatment interruption when their Ryan White eligibility changes (often due to income changes or similar factors), or other eligibility problems. Additionally, this recommendation aims to provide a mechanism for ensuring continuity of care and provision of continuing ART for clients transitioning from Medicaid to Ryan White or from the Ryan White program to private insurance (e.g., under the Affordable Care Act).

Another important component in bridging gaps in medical care to PLWHA is the expansion of medical sub-specialty care for conditions that are not directly related to HIV/AIDS. Providers have expressed concern when their Ryan White clients have been unable to obtain non-HIV related specialty care funded through Ryan White. While the Ryan White program does cover a comprehensive list of medical conditions directly related to HIV, the program does have limitations on what non-HIV conditions can be treated through the program.

Responsible Partners:

#	STAKEHOLDERS	KEY PARTNERS	RESOURCES
1	Ryan White Part A/MAI program	Other FQHCs	Legislation
2	Care Resource (FQHC)	Behavioral health and other social service agencies	Research data to estimate magnitude of problem
3	University of Miami		
4	Jackson Memorial Hospital		

Recommendation 8:

Enlist commercial pharmacies as HIV/AIDS treatment partners, from making PrEP and nPEP more available (see Recommendation #2) to having pharmacists alert HIV/AIDS care clinicians and/or case managers when antiretroviral (ARV) medications are not picked up on time.

Statement of Need:

To further improve rates of medication adherence from a structural perspective, a critical partnership enlisting pharmacies could assist in quickly notifying clinicians and medical case managers when HIV/AIDS clients in care fail to pick up ART medications. This added layer of monitoring can identify potentially non-compliant clients and assist them in maintaining uninterrupted adherence to ARV medication, identifying clients who may have lost insurance coverage, or have moved to another jurisdiction/state.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Ryan White Part A program	All Pharmacies	Legislation
Florida Department of Health (FDOH)	AIDS Healthcare Foundation	
	Linkage to Care coordinators	
	Aids Drug Assistance Program	
	Peer Navigation	
	Case Management	

Recommendation 9:

Partnership with Managed Care Organizations (MCOs) and Medicaid for the purpose of data-matching and to allow Florida Department of Health (FDOH) to follow HIV-positive clients in managed care plans (public and private).

Statement of Need:

The Florida Department of Health (FDOH) is seeking to partner with both Medicaid and Managed Care Organizations (MCOs) to better track HIV-positive clients who are insured within such plans. This would expand having reportable quality measures and performance monitoring related to viral suppression by HIV providers, facilities and managed care plans. This would assist in improvement of treatment outcomes across Miami-Dade County and the State and would increase the capacity to conduct linkage, retention activities, and help prevent lost to care cases. The partnerships (requiring data-sharing agreements) will allow FDOH access to important data tracking of the clinical outcomes of patients in both Medicaid and MCO plans.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Ryan White Part A/MAI Program	Agency for Healthcare Administration (ACHA)	Data
Florida Department of Health	Managed Care Organizations (MCOs)	
Florida Blue (BCBS)	Department of Children & Families	
	Other insurance providers	

Recommendation 10:

Develop a County-wide integrated system of HIV/AIDS care, including a County-wide treatment consent form and County-wide data-sharing addressing various social service needs (transportation, legal services):

- **Include the Veterans' Administration as a part of the network of care, linking veterans with HIV/AIDS to services and creating data-sharing agreements to ensure continuity of care.**

Statement of Need:

As many HIV-positive patients tend to receive care at numerous healthcare settings (hospitals, urgent care centers, FQHCs, CBOs) due to various reasons (lack of insurance, housing, transportation), it is critical for Miami-Dade County to begin the process of developing a comprehensive, integrated system of HIV/AIDS care. The electronic medical record (EMR) is a vital component that allows for providers to track patients both internally and across systems. This is extraordinarily important in tracking patients who need to engage various health systems when required.

While the Task Force recognizes the multitude of issues (legal, proprietary, HIPAA) impacting a County-wide data-sharing agreement or consent form, the Task Force is steadfast in its desire to create a highly secure system that providers can access in tracking patients. While undoubtedly a complex undertaking that will take time to create, an eventual County-wide agreement and consent form can greatly impact the quality of care provided to clients while eliminating duplication of services and increasing efficiency within and across programs.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Florida Department of Health (FDOH)	Veterans' Administration	Funding
Housing Opportunities for Persons with AIDS (HOPWA)	11th Judicial Circuit (currently working on a data collaborative)	Health information exchange expertise
Board of County Commissioners	Other hospitals, FQHCs, CBOs	Client consent
Health Council of South Florida	Miami-Dade Transit	
Ryan White program	Legal Services	
State Attorney's Office	Health Choice Network	
Jackson Health System	Agency for Health Care Administration	
Baptist Hospital		
Florida Blue		
Care Resource		
Homeless Trust		
South Florida Behavioral Health Network		
Mayor's Office		

Recommendation 11:

Expand the network of housing available for PLWHA, with particular attention to pregnant women, released ex-offenders, youth and other high-risk HIV-positive groups. This includes both:

- **Short-term placement**
- **Creation of new affordable housing**

Statement of Need:

Social support needs such as housing and transportation are extraordinarily important factors impacting people living with HIV/AIDS (PLWHA) and affecting their linkage to (and retention in) HIV care. Data from over 9,500 persons with HIV/AIDS in care in the Ryan White program indicate that housing stability is highly correlated with better health outcomes: fully 30% of the PLWHA who are homeless or living in impermanent housing have high viral loads, indicating that they are capable of continuing to be a source of new HIV/AIDS infections in the community. Especially in Miami-Dade County, the high cost of housing is limiting the ability of programs such as Housing Opportunities for Persons with AIDS (HOPWA) to provide affordable housing options for those who qualify. Emergency short-term housing for high-risk groups (pregnant HIV-positive women, recently released ex-offenders) is important in attempts to keep these individuals in care while transitioning into permanent care. Miami-Dade County must attempt to find available funding to create new affordable housing options for the community.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Miami-Dade County Public Housing and Community Development	Housing Finance Authority of Miami-Dade County	Funding
Housing Opportunities for Persons with AIDS (HOPWA)	Real estate developers (Orlando-extended stay program as a model)	Political will /Lobby
Homeless Trust	Hotel/motel chains	
Ryan White Program	Chamber of Commerce – Housing Solutions Task Force	
Florida Department of Health (FDOH)	Miami Homes for All	
Miami-Dade County (Community Action & Human Services)	Housing & Urban Development	
	Camillus House and others	
	Florida Housing Finance Corporation	
	Affordable Housing Trust Fund (Board) – Miami-Dade County	
	Affordable Housing Trust (Florida State)	

Recommendation 12:

Create/expand a network of internal (in-jail) and post-release HIV/AIDS service provision to inmates in the Miami-Dade County jail system, to address viral suppression while incarcerated and effective linkage to medical / mental health / substance abuse /housing care upon release, including providing sufficient medication to effectuate continual viral load suppression during post-release linkage to care.

Statement of Need:

Miami-Dade County's current policy within the correctional system (jails specifically) is to provide a seven day supply of ART medications to ex-offenders upon release. Since linkage to medical care cannot occur within this time frame, the Task Force recommends revising the protocol to extend the medication supply to one month. Theoretically, this would allow the client enough time to re-engage into medical care without treatment interruption upon release from the jail system. The Florida Department of Health has identified available funding to absorb the cost of the extended ART protocol, allowing HIV-positive ex-offenders released from the jail system access to a one-month supply of medications while they are linked to long-term medical care. This is only one aspect of the post-release care continuum, which also involves stronger linkage to medical care and supportive services as part of a re-entry program for persons living with HIV. Facilitating post-release care helps ensure better health outcomes related to HIV infection.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Department of Corrections – Miami-Dade Corrections & Rehabilitation (MDCR)	Probation Officers (contact information)	None cited
Florida Department of Health (FDOH)	Public Defender Office	
Federal Bureau of Prisons	Department of Justice	
Ryan White Program (LTC efforts)		
Jackson Health Systems		

Recommendation 13:

Identify root causes of HIV/AIDS stigma and reduce the stigma through educational and communication programs directed toward Miami-Dade County's multi-cultural and multi-ethnic communities and providers.

Statement of Need:

While it is critical to address the clinical aspects of HIV/AIDS care, a holistic, comprehensive approach addressing HIV/AIDS stigma is a vital concern in addressing the epidemic. After 30 years of experience with the disease in the South Florida community, community fears and misperceptions still stigmatize persons with HIV/AIDS, complicating the process of seeking information about one's own HIV status, getting tested, being linked to care, receiving care and living in one's own community as an identified PLWHA. In a study of stigma among clients of the Ryan White program, Behavioral Science Research found pervasive fear among persons living with HIV/AIDS that people would judge them for getting treatment at an AIDS provider agency, and that having their HIV status known would isolate them from friends, family, community and employment.

Researching the roots of HIV/AIDS stigma – especially given the ethnic, racial and national diversity of our community – is the first step. Creating and disseminating appropriate public education messages to reduce it is the vital next step. By looking at community attitudes toward HIV/AIDS (and self-stigmatizing beliefs of PLWHA), and by addressing stigma as the ultimate obstacle to getting tested and being in treatment, we can help dispel the ignorance and prejudice that stand in the way of efforts to "get HIV/AIDS to zero" in the Miami-Dade community.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
All Task Force appointed organizations/entities	Peer support/advocacy organizations	Care Act Target Center (for technical assistance)
	Community based organizations	Other jurisdictions' programs / models
	Faith community	
	Homeless Trust outreach teams ("Green Shirts")	

Recommendation 14:

Reform and modernize Florida's current statutes criminalizing HIV non-disclosure.

Statement of Need:

Reform of Florida's outdated HIV statutes serves as an important and symbolic step in addressing HIV stigma. Presently, persons who fail to disclose their status as infected with an STD are differentially penalized for failing to reveal their status to a sexual partner if the STD is HIV/AIDS.

The chair of the Task Force, Senator René Garcia, is championing legislation to eliminate the differential criminalization of HIV-related activities in the Florida statutes. It is important to note that equitable prosecution of the aforementioned cases also addresses HIV-related stigma in the community.

Florida Statute §384.24(1) provides that:

It is unlawful for any person who has chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital herpes simplex, chlamydia, nongonococcal urethritis (NGU), pelvic inflammatory disease (PID)/acute salpingitis, or syphilis, when such person knows he or she is infected with one or more of these diseases and when such person has been informed that he or she may communicate this disease to another person through sexual intercourse, to have sexual intercourse with any other person, unless such other person has been informed of the presence of the sexually transmissible disease and has consented to the sexual intercourse.

Florida Statute §384.34(1) makes this a first degree misdemeanor.

On the other hand, Florida Statute §384.24(2) currently provides that:

It is unlawful for any person who has human immunodeficiency virus infection, when such person knows he or she is infected with this disease and when such person has been informed that he or she may communicate this disease to another person through sexual intercourse, to have sexual intercourse with any other person, unless such other person has been informed of the presence of the sexually transmissible disease and has consented to the sexual intercourse.

Florida Statute §384.34(5) makes this a third degree felony.

Due to this criminal statute addressing the human immunodeficiency virus differently than a host of other sexually transmissible diseases, persons living with the human immunodeficiency virus are therefore subject to stigma and bias. In other words, persons living with HIV who fail to tell their partner of their condition are subject to becoming a convicted felon, and facing up to five (5) years in state prison, whereas persons who have other sexually transmissible diseases are only subject to being prosecuted for a misdemeanor.

By changing Florida Statute §384.34 to treat the human immunodeficiency virus as a misdemeanor, the same as the other conditions addressed in the statute, this will help to eliminate this stigma and bias against persons living with the human immunodeficiency virus.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Senator René Garcia	Board of County Commissioners	None specified
State Attorney's Office	Florida Prosecuting Attorneys Association (FPAA)	
Mayor's Office	SERO Project	

Recommendation 15:

Build a County-wide system of HIV/AIDS program effectiveness evaluation, basing it on a common set of outcome measures across all providers.

Statement of Need:

This recommendation is to implement a system capable of evaluating programs funded to address HIV/AIDS care in an equitable and comparable manner, adding evaluation of the quality of services provided to the County-wide network of services, data sharing and consents for treatment outlined above in Recommendation 10. Such a system would provide funding agencies a better measure of their "return on investment" for future dollars directed to reducing HIV/AIDS. The Ryan White Program and the Florida Department of Health already cooperate in a common matrix of program effectiveness evaluations based on a continuum of care: this provides a basis for further development and expansion. This "treatment continuum" provides a common basis for evaluating programs based on their success in moving a person with HIV/AIDS from unknown status into testing, linkage and retention and ultimately, viral load suppression. The strategic action will go beyond the efforts of the Ryan White Program and the Department of Health – essentially expanding evaluation of HIV program success throughout the Miami-Dade community.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Florida Department of Health (FDOH)	Behavioral Science Research	Funding
University of Miami (UM)	Funded agencies outside of the Task Force	
Florida International University (FIU)	Miami-Dade County HIV/AIDS Partnership	
Ryan White Part A/MAI Program		
South Florida Behavioral Health Network		
Health Council of South Florida		

Recommendation 16:

Identify barriers and improve access to existing HIV/AIDS services for HIV positive undocumented immigrants. To include:

- **Expanded clinic hours and weekend availability**
- **Mobile units and increased number of participating providers**

Statement of Need:

As mentioned previously, Miami in particular is a very unique jurisdiction/EMA that is a melting pot of cultures and customs. Approximately half (53%) of Miami's population is "foreign-born." It is important to note that Ryan White provides services to PLWHA irrespective of immigration status. This recommendation may serve as an opportunity to collaborate and partner with free clinics with expertise in providing care to undocumented clients. It is important to address clinical care issues for this population, particularly if they are undiagnosed and fearful of deportation if they should become visible. Additionally, engaging non-traditional partners such as private philanthropy may yield successful outcomes for both providers and consumers by reducing dependence on publicly funded programs.

Responsible Partners:

STAKEHOLDERS	KEY PARTNERS	RESOURCES
Florida Department of Health	Free clinics	Media outlets
Ryan White Program	Federally Qualified Health Centers	
Jackson Health System	Other Hospitals	
Miami Dade County Public Schools (Adult education centers, youth)	Immigration organizations (Justice for our Neighbors (JFON), Coalition of Florida Farmworker Organizations (COFFO)	
U.S Census Bureau	Media outlets	
South Florida Behavioral Health Network (SFBHN)		
Baptist Hospital		

Glossary of Terms

1. **ACHA**: Agency for Healthcare Administration
2. **AETC**: AIDS Education Training Center
3. **ARV**: Antiretroviral
4. **BCBS**: Blue Cross Blue Shield
5. **CBA**: Capacity Building Assistance
6. **CBO**: Community Based Organization
7. **COFFO**: Coalition of Florida Farmworker Organizations
8. **FDOH**: Florida Department of Health
9. **FPAA**: Florida Prosecuting Attorneys Association
10. **FQHC**: Federally Qualified Health Centers
11. **JFON**: Justice for our Neighbors
12. **MCO**: Managed Care Organization
13. **MDC**: Miami-Dade County
14. **MDCPS**: Miami-Dade County Public Schools
15. **MSM**: Men who have Sex with Men
16. **nPEP**: Non-occupational Post-Exposure Prophylaxis
17. **PrEP**: Pre-Exposure Prophylaxis
18. **PLWHA**: People Living with HIV/AIDS
19. **SFAN**: South Florida AIDS Network
20. **STD**: Sexually Transmitted Disease
21. **STI**: Sexually Transmitted Infection
22. **TA**: Technical Assistance