



Orlando EMA

Ending the HIV Epidemic

2023-2024 Annual Utilization & Expenditure

Updated January 9, 2025

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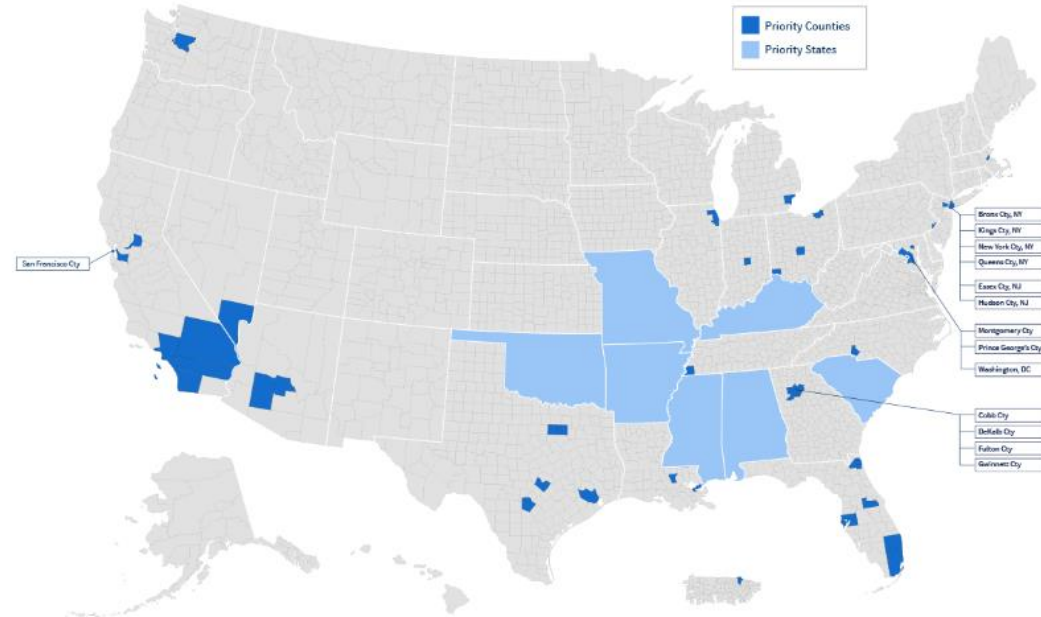
Ending
the
HIV
Epidemic

Presentation Outline

- **Ending the HIV Epidemic Grant Overview**
- **Utilization**
- **Projects Overview**
- **EHE Outcome Measures**
- **Work Plan Year 5**
- **Future Steps**

Ending the HIV Epidemic

Ending the HIV Epidemic in the U.S. (EHE) is a bold plan announced in 2019 that aims to end the HIV epidemic in the United States by 2030. Agencies across the U.S. Department of Health and Human Services (HHS) developed an operational plan to pursue that goal accompanied by a request for additional annual funding.



Most infections in the United States are highly concentrated in certain geographic hotspots. More than **50%** of new HIV diagnoses in 2016 and 2017 occurred in only **48 counties**. 7 jurisdictions are in Florida, including Orange County.

EHE- Four Pillars



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



EHE- Four Pillars

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

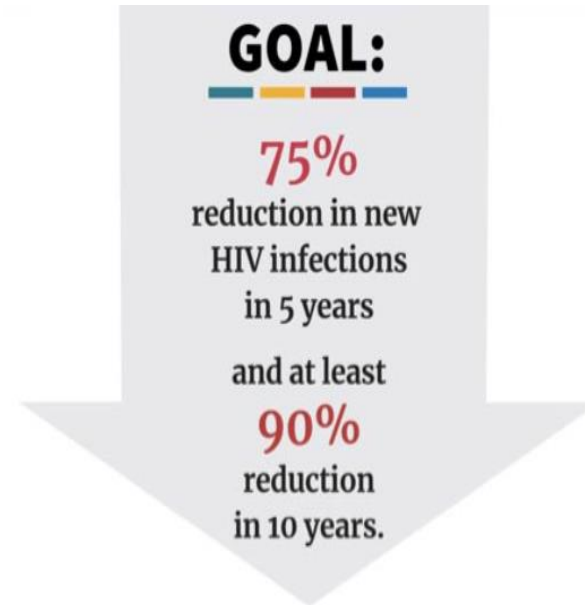


Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

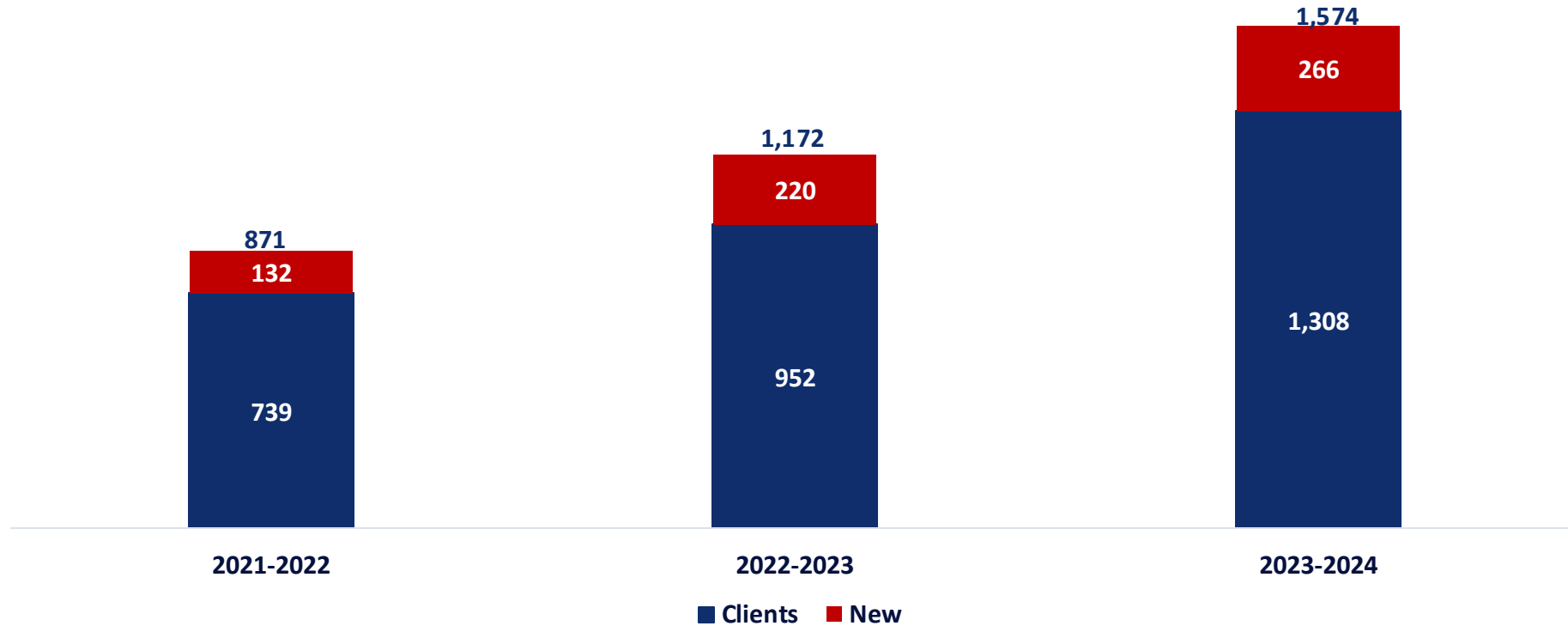


EHE- Orange County

- Health Resources & Service Administration (HRSA) awarded grant to Orange County Government
- 5 year grant – 2020 – 2025
- Grant designed to expand access to HIV care, treatment, medication and essential support services.
- Year 5: \$5M with \$2.5M in Carryover

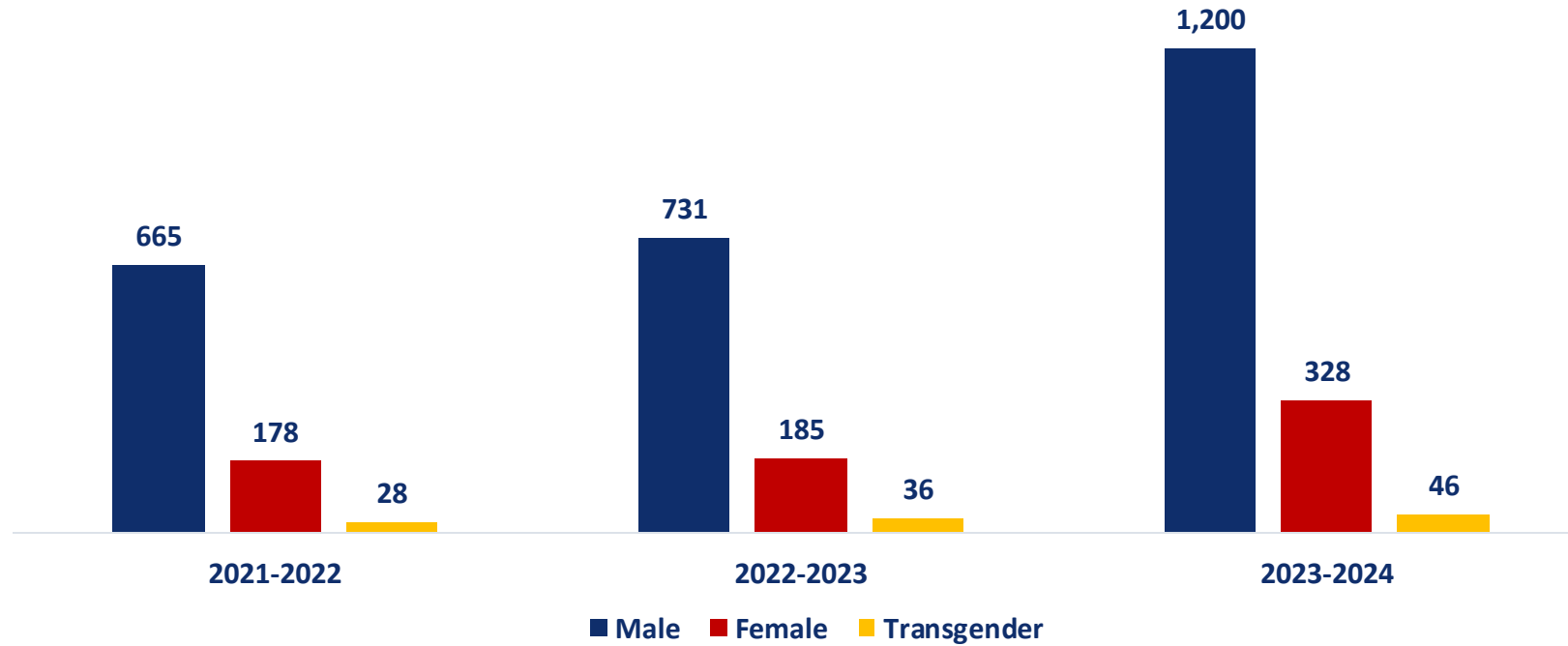


Total Unduplicated Clients



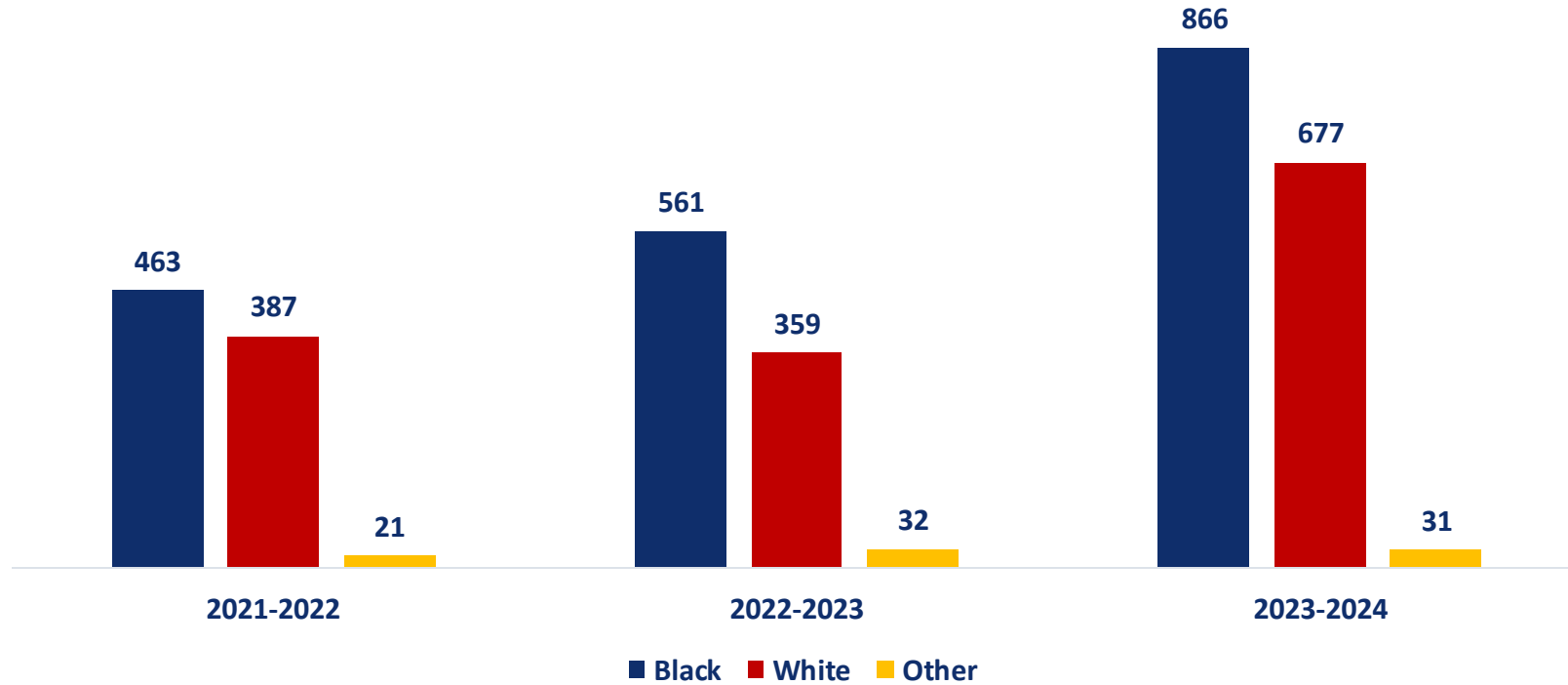
| Percentage Change between Years | 2021-2022 | 2022-2023 | 2023-2024 |
|---------------------------------|-----------|-----------|-----------|
| Total Clients | N/A | +35% | +34% |
| New Clients | N/A | +67% | +21% |

Total Clients Served by Gender



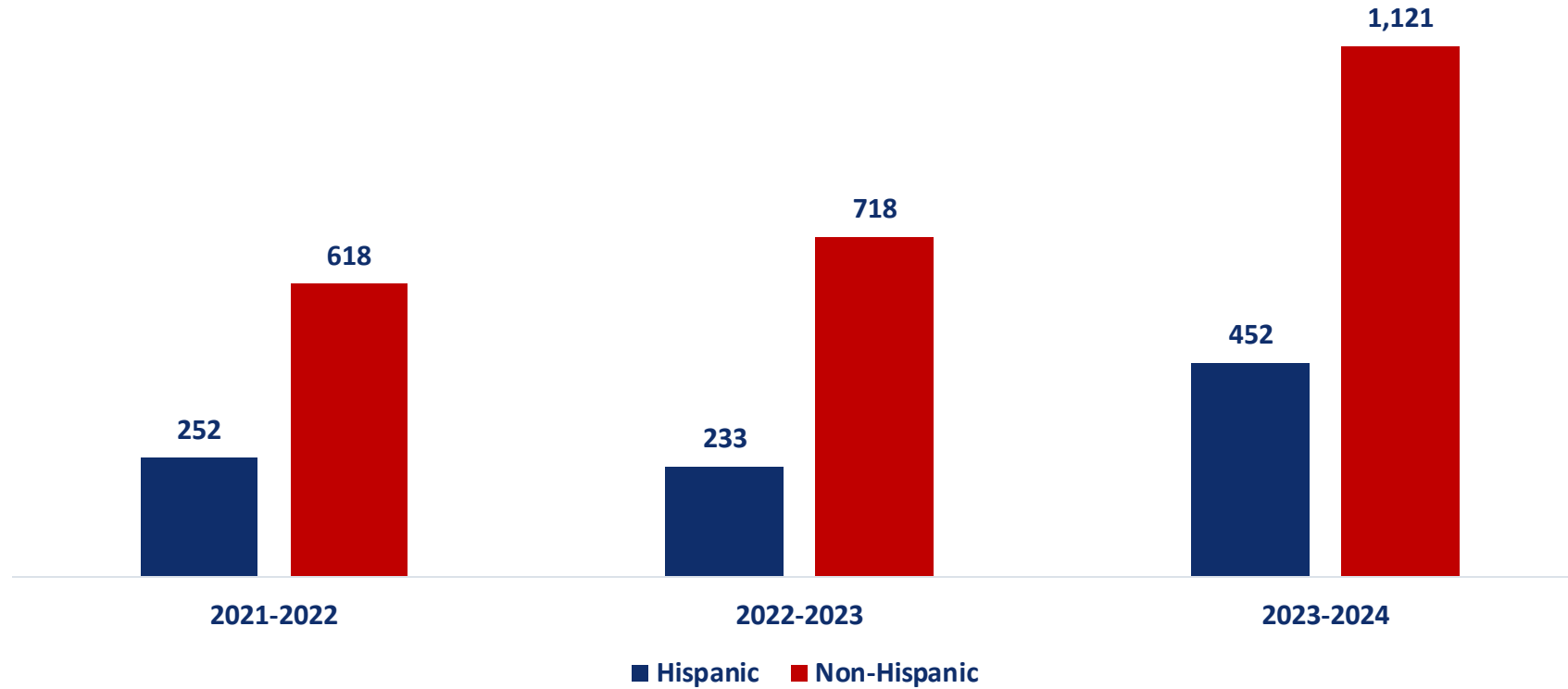
| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------|-----------|-----------|-----------|
| Male | N/A | +10% | +64% |
| Female | N/A | +4% | +77% |
| Transgender | N/A | +29% | +28% |

Total Clients Served by Race



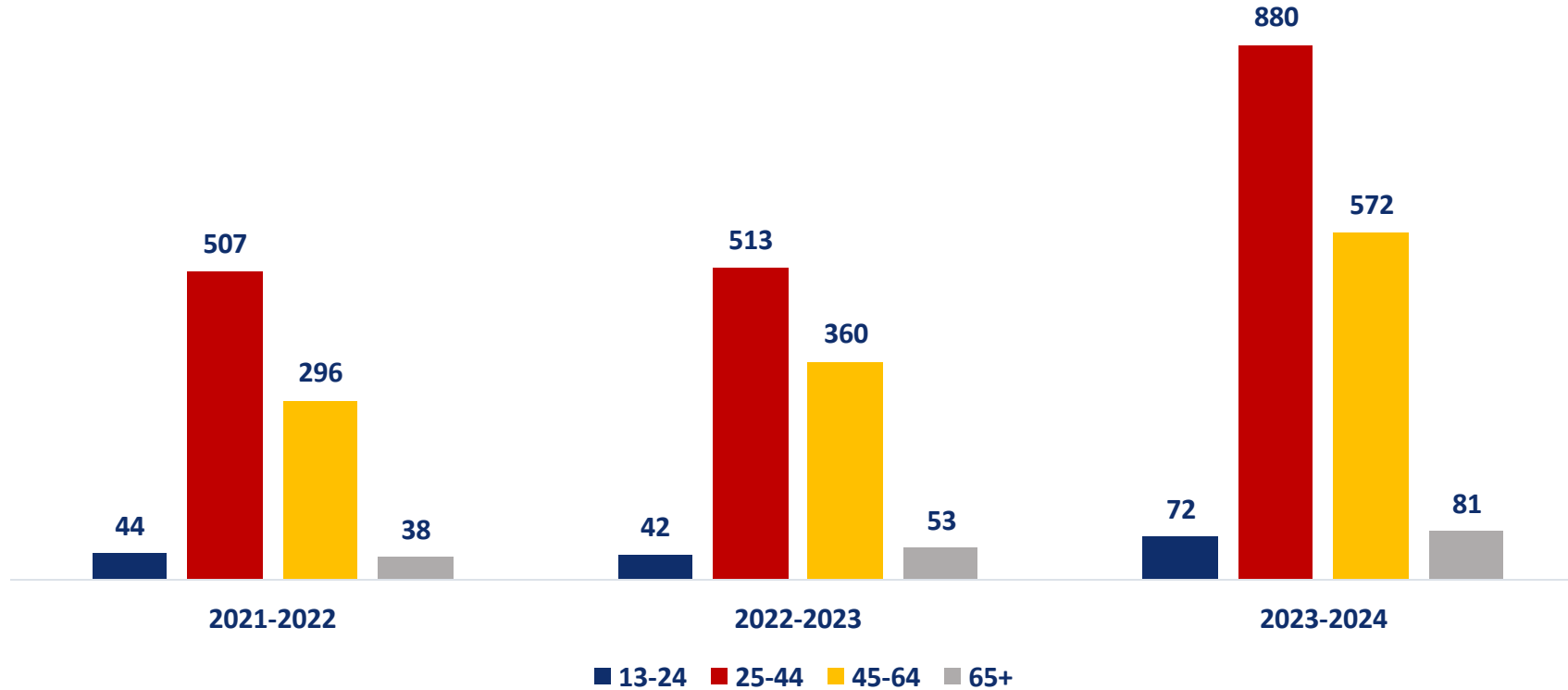
| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------|-----------|-----------|-----------|
| Black | N/A | +21% | +54% |
| White | N/A | -7% | +88% |
| Other | N/A | +52% | -3% |

Total Clients Served by Ethnicity



| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------|-----------|-----------|-----------|
| Hispanic | N/A | -8% | +94% |
| Non-Hispanic | N/A | +16% | +56% |

Total Clients Served by Age

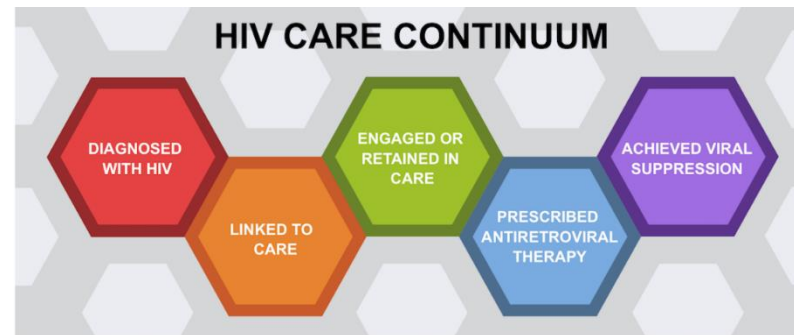


| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------|-----------|-----------|-----------|
| 13-24 | N/A | -5% | +71% |
| 25-44 | N/A | +1% | +72% |
| 45-64 | N/A | +22% | +59% |
| 65+ | N/A | +39% | +53% |

EHE Projects – Testing Linkage Module

Testing Linkage Module

- Streamline linkage process between HIV prevention and care providers
- Contracted 7 Community-Based Organizations
- Referrals tracked electronically through data management system
- 396 clients entered into the module since March 2021



EHE Projects – Testing Linkage Module

Linkage to Care Community Dashboard

TOTAL NO. OF CLIENTS IN PROVIDE LINKAGE TABLE

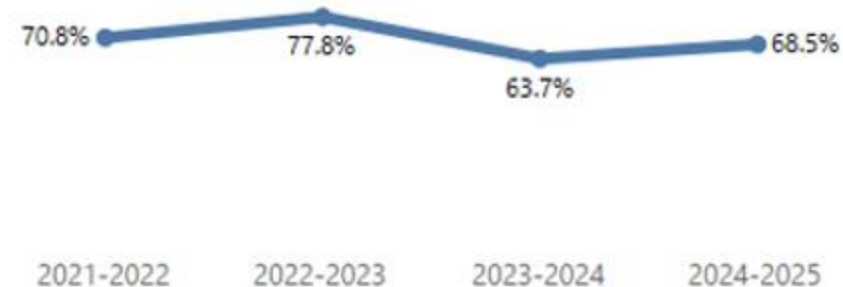
396

LINKAGE TO CARE

Defined as a client having met with an HIV care provider, evidence of a viral load test or CD4 cell count obtained after test. Denominator is the total number of clients in the Provide Linkage Table. Numerator is the number of clients linked to care.

| | | |
|----------------------|------------|--------------|
| <30 days | 182 | 46.0% |
| 30-59 days | 55 | 13.9% |
| 60-89 days | 15 | 3.8% |
| 90-179 days | 16 | 4.0% |
| >=180 days | 12 | 3.0% |
| # Linked to Care | 280 | 70.7% |
| # Not Linked to Care | 116 | 29.3% |

LINKAGE TO CARE BY YEAR

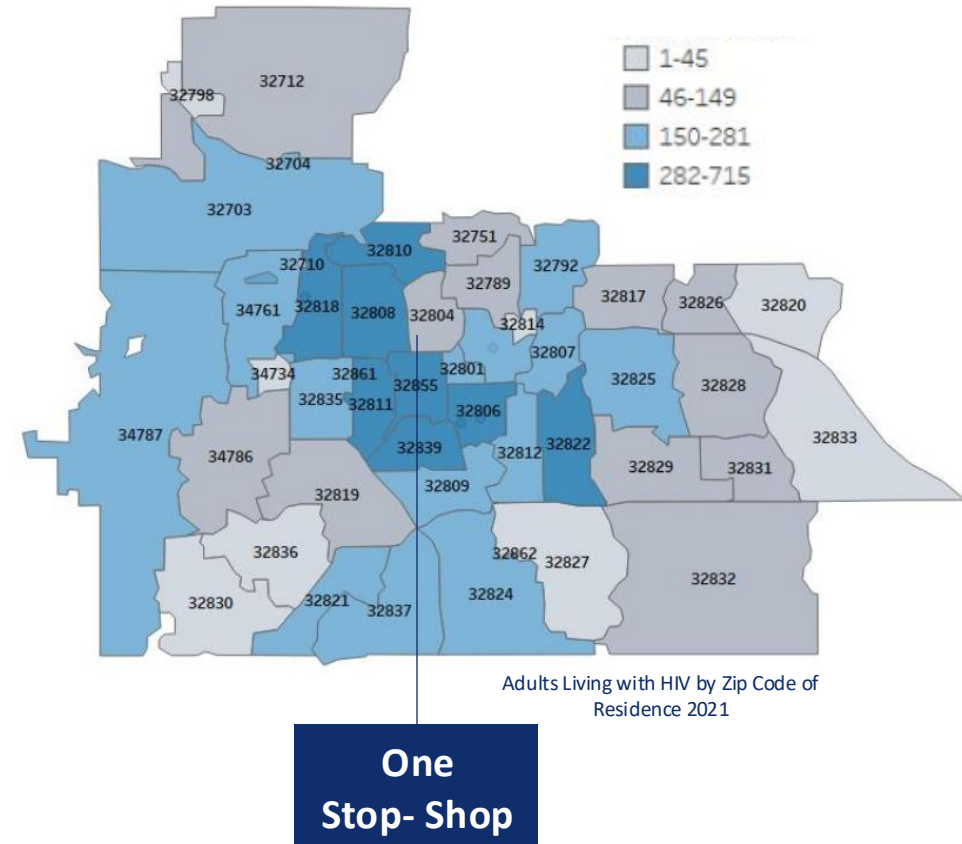


Data from Provide Enterprise as of November 30, 2024

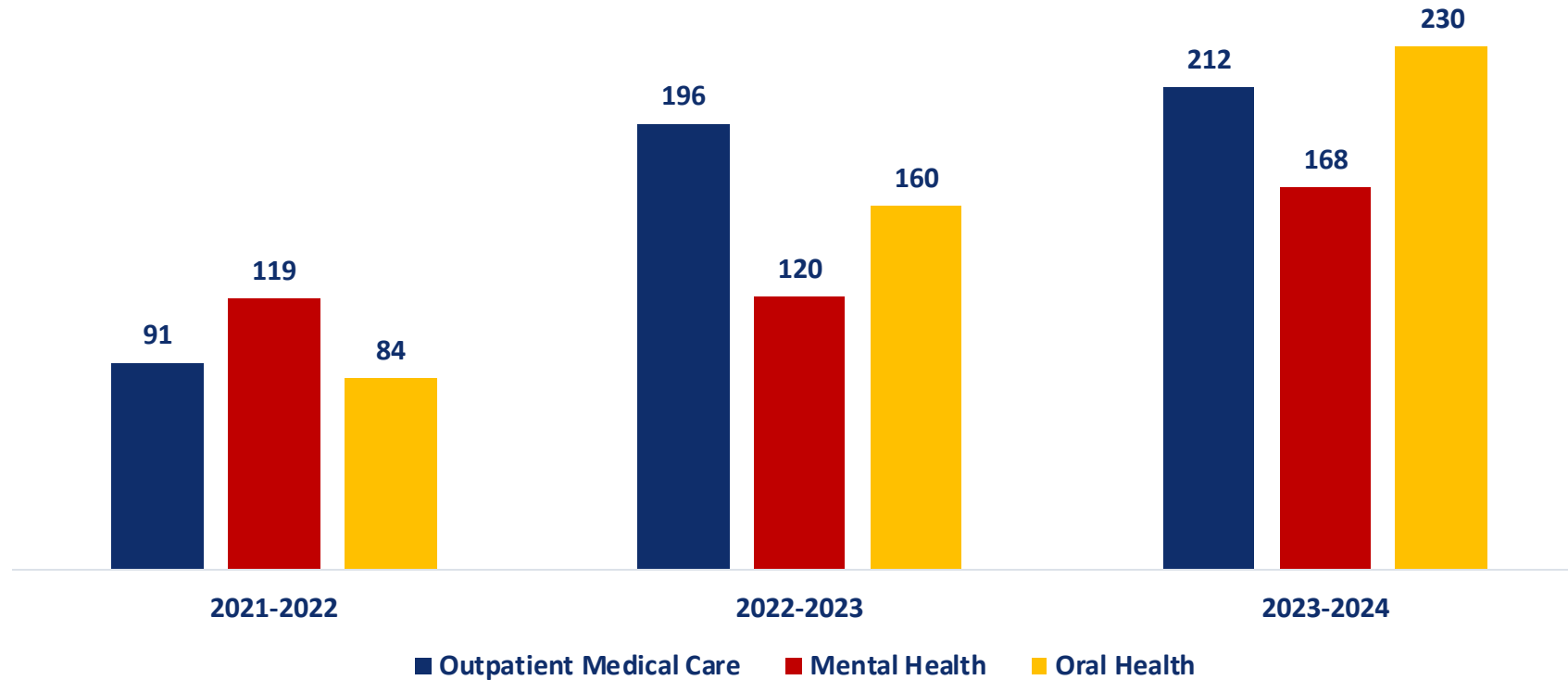
EHE Projects – One Stop Shop

One-Stop Shop

- Medical Care, Oral Health, Mental Health
- Co-located Case Management Services
- Telehealth Services
- Expanded hours started in May 2021 with one Saturday a month and extended hours on Thursday to 8:00pm.
 - 74 visits since May 2021
- Viral Suppression for 2023-2024: 86%
- Annual Retention in Care for 2023-2024: 80%



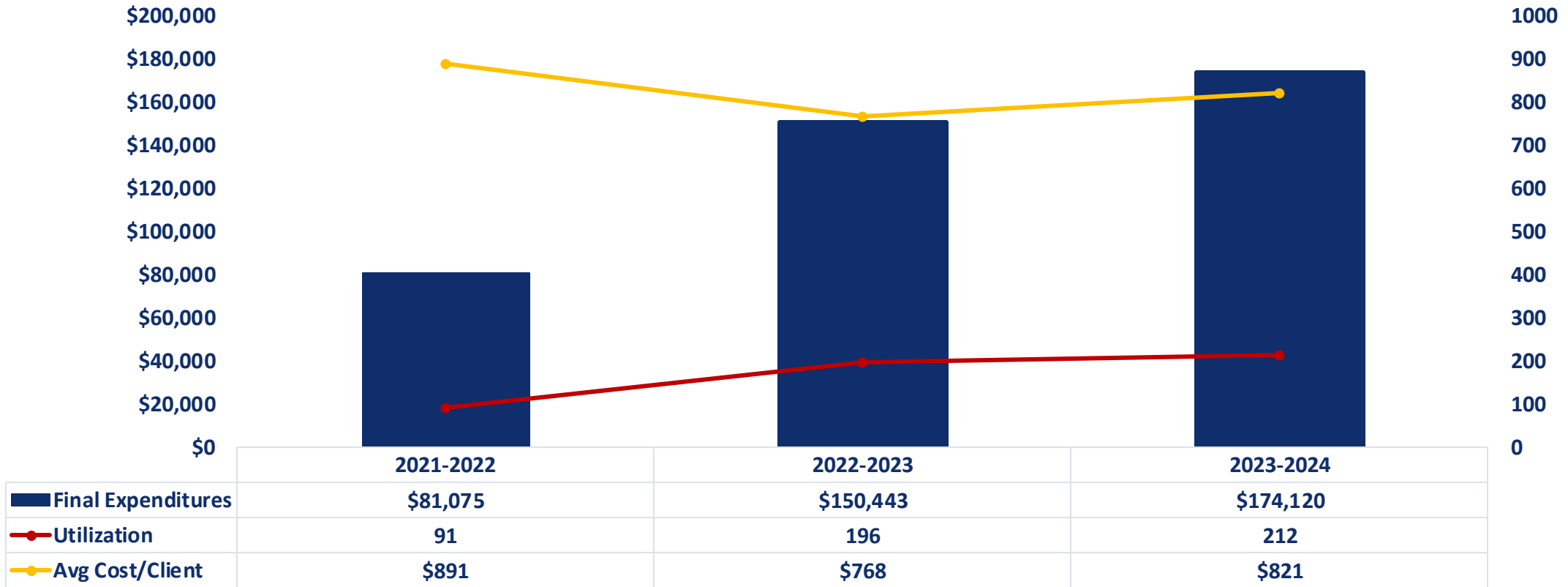
EHE Projects – One Stop Shop



| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------------|-----------|-----------|-----------|
| Outpatient Medical Care | N/A | -8% | +8% |
| Mental Health | N/A | +16% | +65% |
| Oral Health | N/A | +115% | +8% |

Outpatient Ambulatory Health Services

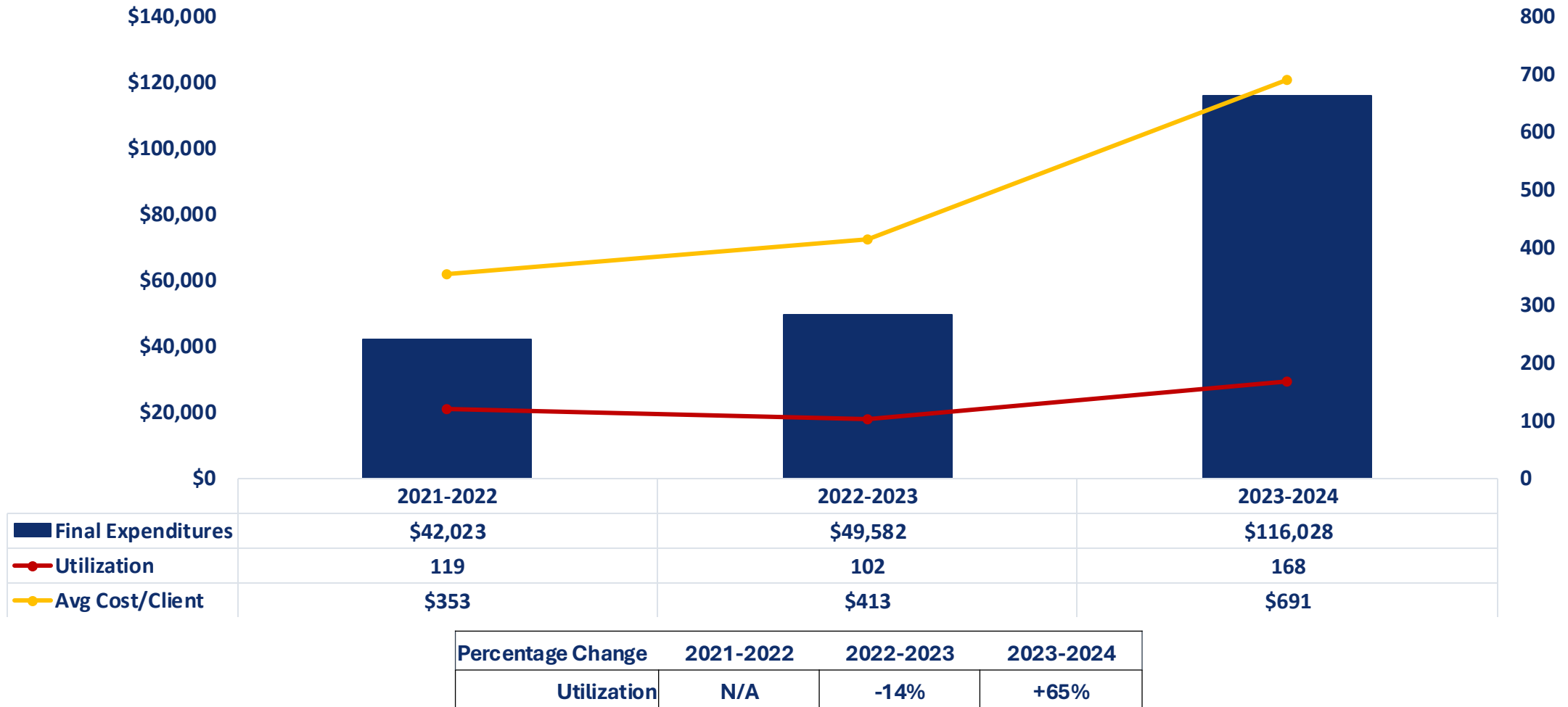
Expenditure based on medical visits, specialty care, and labs



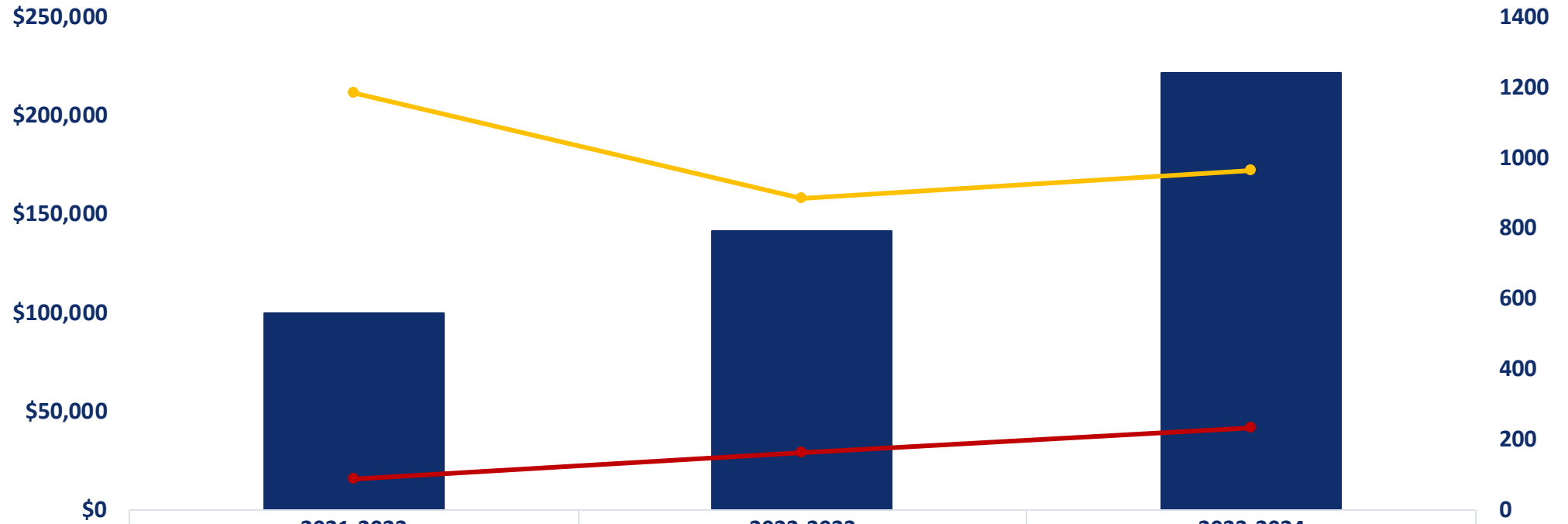
| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------|-----------|-----------|-----------|
| Utilization | N/A | +115% | +8% |

Mental Health Services

EXPENDITURES BASED ON MENTAL HEALTH SERVICES INCLUDING COUNSELING SESSIONS, BIO-PSYCHOSOCIAL ASSESSMENTS AND PSYCHIATRIC SERVICES



Oral Health Care Services



| | 2021-2022 | 2022-2023 | 2023-2024 |
|--------------------|-----------|-----------|-----------|
| Final Expenditures | \$99,571 | \$141,421 | \$221,626 |
| Utilization | 84 | 160 | 230 |
| Avg Cost/Client | \$1,185 | \$884 | \$964 |

| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------|-----------|-----------|-----------|
| Utilization | N/A | +115% | +8% |

EHE Projects – Peer Support Services

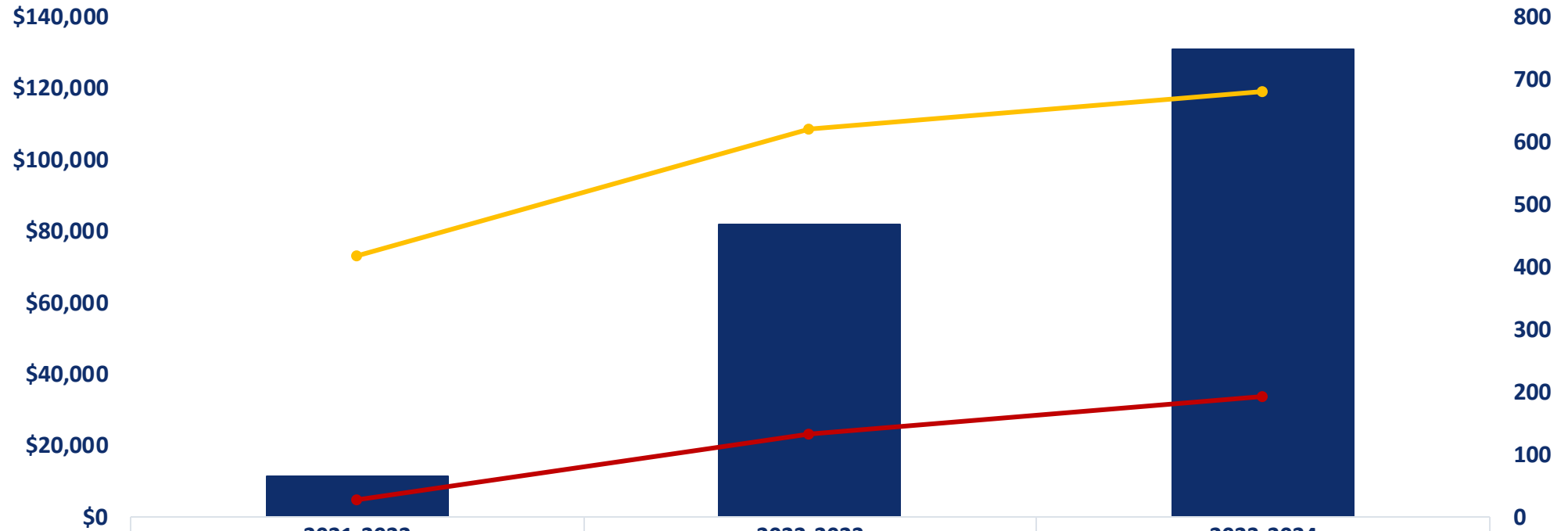
Peer Support Services

- Peer services for clients not virally suppressed
- 4 FTE Peers
- AETC – Peer Certification
- Flexibility to engage clients in the community
(i.e. hospital, doctor visits, home visits)



Psychosocial Support Services

EXPENDITURES BASED ON FULL TIME POSITIONS



| | 2021-2022 | 2022-2023 | 2023-2024 |
|---------------------------|-----------|-----------|-----------|
| Final Expenditures | \$11,258 | \$81,868 | \$130,812 |
| Utilization | 27 | 132 | 192 |
| Avg Cost/Client | \$417 | \$620 | \$681 |

| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|--------------------|-----------|-----------|-----------|
| Utilization | N/A | +389% | +45% |

EHE Projects – Enhanced Case Management

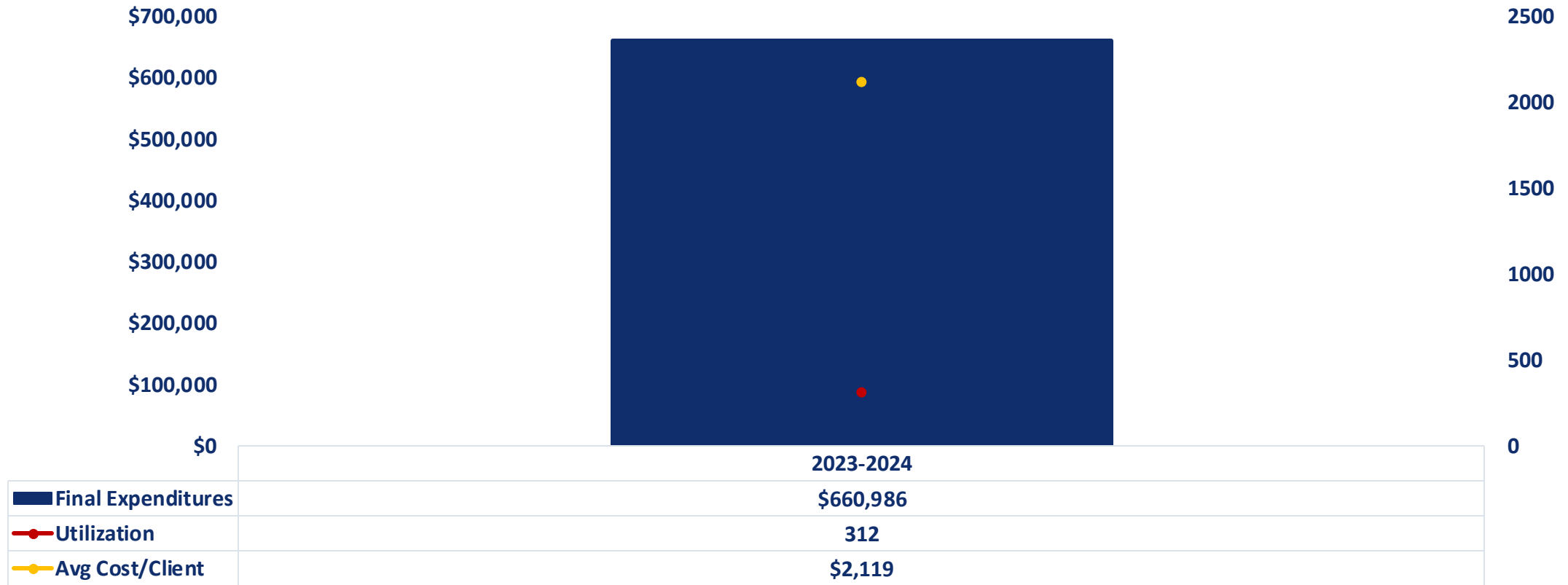
Enhanced Case Management

- Short term housing assistance
- Support Services
- Serving clients not eligible for HOPWA
- Flexibility to engage with clients in the community
(i.e. hospital, doctor visits, home visits)
- Services started June 2023
- June 1, 2023 – February 29, 2024: 312 Client Served



Medical Case Management

Expenditure based on full time positions, housing assistance provided (rent/hotel/motel), and client move-in expenses.



EHE Projects – Early Intervention Services

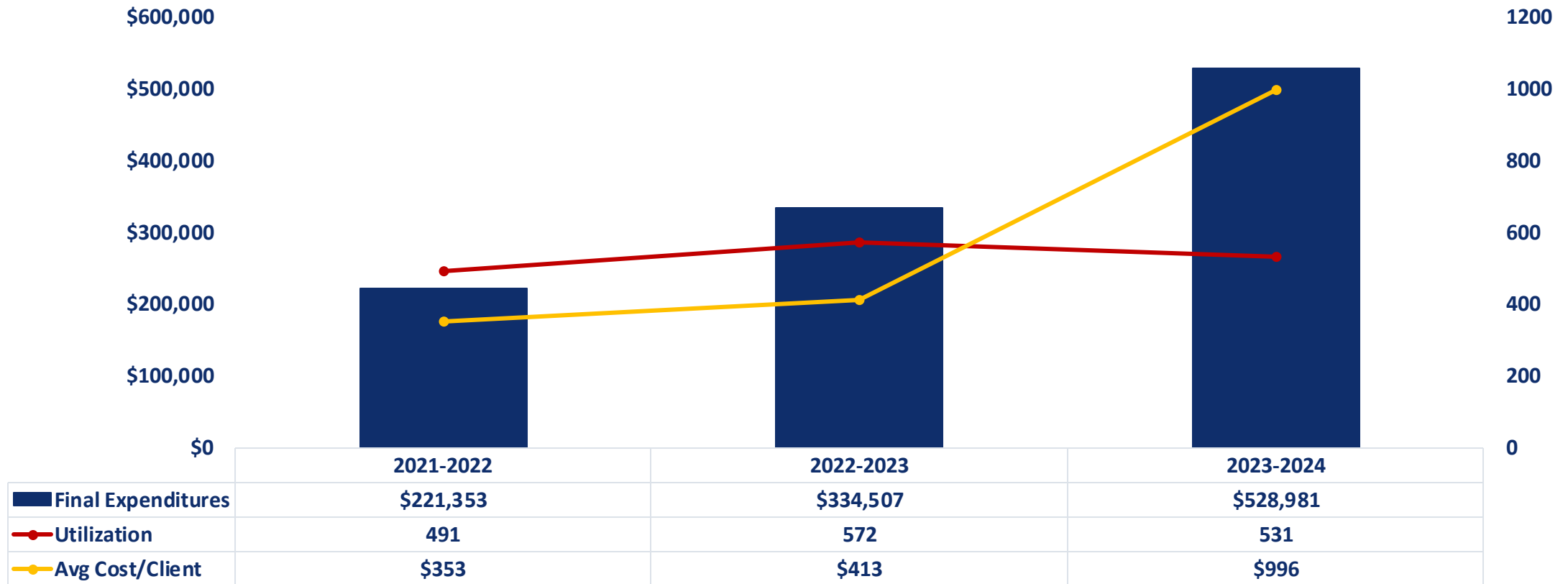
Early Intervention Services

- Link clients identified as out-of-care
- Surveillance information from State
- 4 FTE with Orange County Health Department
- Started July 1, 2020



Early Intervention Services

EXPENDITURES BASED ON FULL TIME POSITIONS

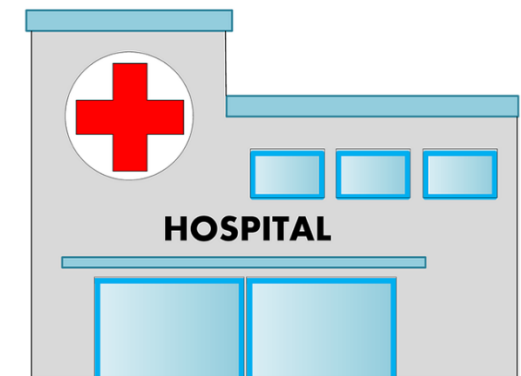


| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|--------------------|-----------|-----------|-----------|
| Utilization | N/A | +16% | -7% |

EHE Projects – ER HIV Coordination

Emergency Room HIV Coordination

- HIV Coordinators responsible for linking clients diagnosed to care or identified as out of care
- Testing ER coordination – Gilead’s FOCUS Program
- Services started October 2022
- Since the start, 3,179 patients were tested in the ER.
 - 2,893 (91%) patients were non-reactive
 - 188 (6%) patients were reactive (44 (~1.4%) newly reactive, 144 (~4.5%) previously positive)



EHE Projects – Jail Linkage Program

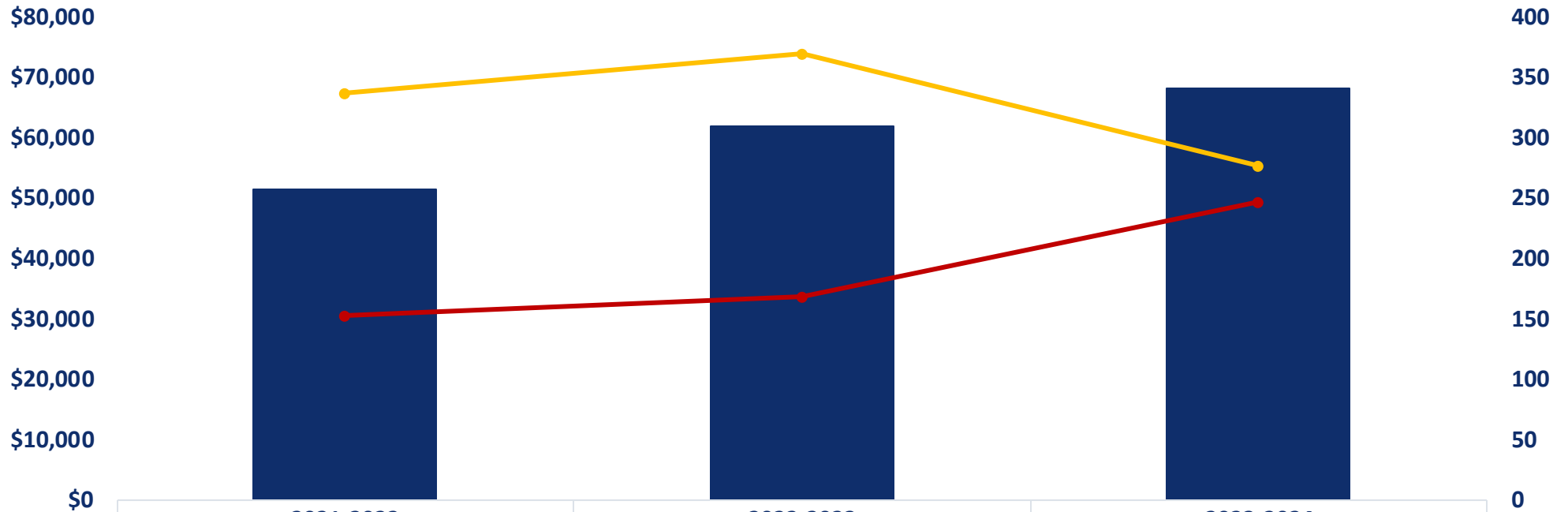
Jail Linkage Program

- Enhance Orange County HIV program
- HIV Linkage Coordinator
- Ensure clients adhere to medical care while incarcerated and linked to medical care once released
- Provide medication/script upon discharge
- Ryan White eligibility
- Discharge package
- Test and Treat services
- AETC Training to jail medical providers
- Over 13,067 tests completed since August 2021
 - 12,776 (~98%) clients were non-reactive
 - 291 (~2.2%) clients were reactive (newly diagnosed & previous positives)



Referral for Health Care & Support Services

EXPENDITURES BASED ON FULL TIME POSITIONS



| | 2021-2022 | 2022-2023 | 2023-2024 |
|---------------------------|-----------|-----------|-----------|
| Final Expenditures | \$51,536 | \$61,957 | \$68,175 |
| Utilization | 153 | 168 | 246 |
| Avg Cost/Client | \$337 | \$369 | \$277 |

| Percentage Change | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------|-----------|-----------|-----------|
| Utilization | N/A | +10% | +46% |

EHE Projects – Data Enhancements

Data enhancements to electronic database management system

- HIV Testing and Linkage module
 - Data exchange with Part B/ADAP
- Tableau – Data Analytics
- Collaboration with the Florida Department of Health – Georgetown Project – Enhancing Linkage of STI and HIV Surveillance Data in the RWHAP
- Data Sharing Agreement with Florida Department of Health



EHE Projects – Outreach Activities

Outreach Activities

- Education Campaign
- OrangeCountyFL.HIV website launched April 2021
- Radio, TV, Print, Billboards and Social Media Campaign
- More than 123,000 visits



**THERE IS MORE TO
A HIV DIAGNOSIS**

CONNECT TO CARE, STAY HEALTHY,
PREVENT TRANSMISSION

LET US HELP!

OrangeCountyFL.HIV

RYAN WHITE
HIV/AIDS PROGRAM PART A

ORANGE
COUNTY
GOVERNMENT
FLORIDA

EHE Projects – Outreach Activities

ORANGE COUNTY GOVERNMENT FLORIDA

About Services Am I Eligible? Resources Client Survey Contact Español

There are currently **13,903** people living in the Orlando EMA with HIV.

Welcome to OrangeCountyFL.HIV

This website is the home of the Orlando EMA's effort to significantly reduce the number of new HIV infections serving Orange, Osceola, Seminole and Lake counties. Everyone from government, to healthcare professionals, to community members and leaders plays an important role in bringing an end to the HIV epidemic.

Ending the HIV Epidemic

The Orange County Health Services Department is excited to be part of the five-year federal initiative, Ending the HIV Epidemic. The five-year federal initiative, Ending the HIV Epidemic: A Plan for America (EHE), focuses on four key pillars to end the epidemic: (1) Diagnose people as early as possible, (2) Treat people rapidly and effectively, (3) Prevent new HIV transmissions, and (4) Respond quickly to HIV outbreaks.

Through collaboration with key stakeholders and community partners, the Orange County Health Services Department, plans to implement activities that will align with the four pillars, by leveraging innovative practices and program models of care that decrease new HIV infections; reduce HIV-related health disparities; improve access to HIV care and treatment; and improve health outcomes.

Working with community partners, Orange County has set goals that, if achieved, will aid in **Ending the HIV Epidemic**. Those goals are:

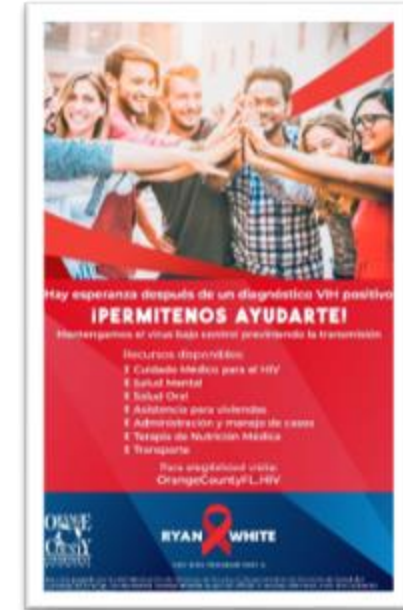
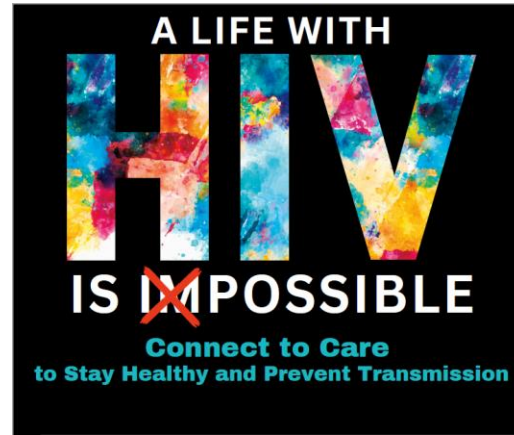
- 1** Increase the proportion of people with HIV who are virally suppressed to 90% by 2025
- 2** Increase the percentage of people with HIV who have received an HIV diagnosis to 90% by 2025
- 3** Reduce new HIV infections in Orange County to no more than 115 by 2025

Scroll down to learn more about the indicators and the impact they will have on success.

How Can We Help You?

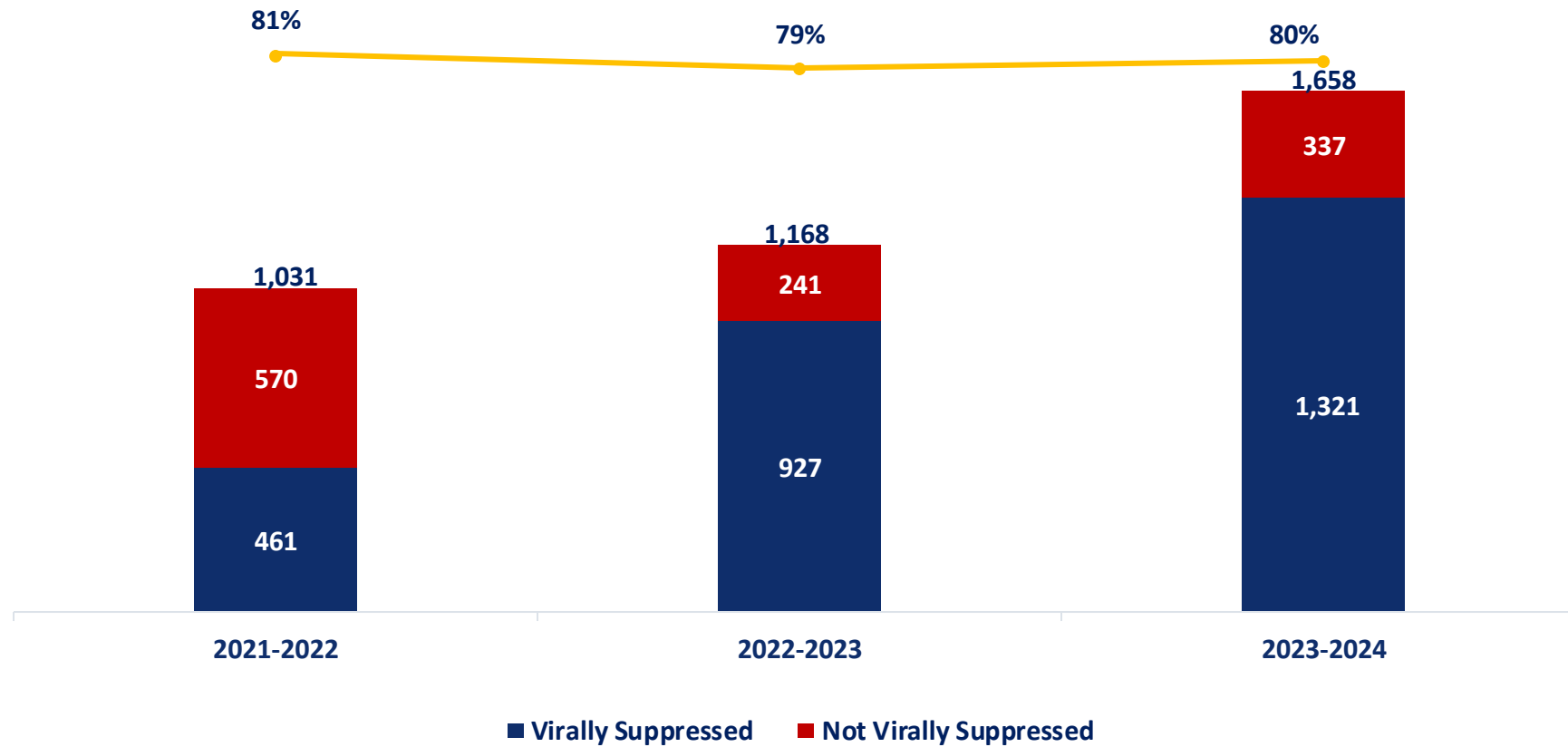
- Learn about the Ryan White HIV/AIDS Program
- Eligibility Requirements
- HIV Medical Care
- Case Management
- Need Housing Assistance
- Get Tested
- PrEP
- Want to get involved?
- Information for Healthcare Professionals

EHE Projects – Outreach Activities



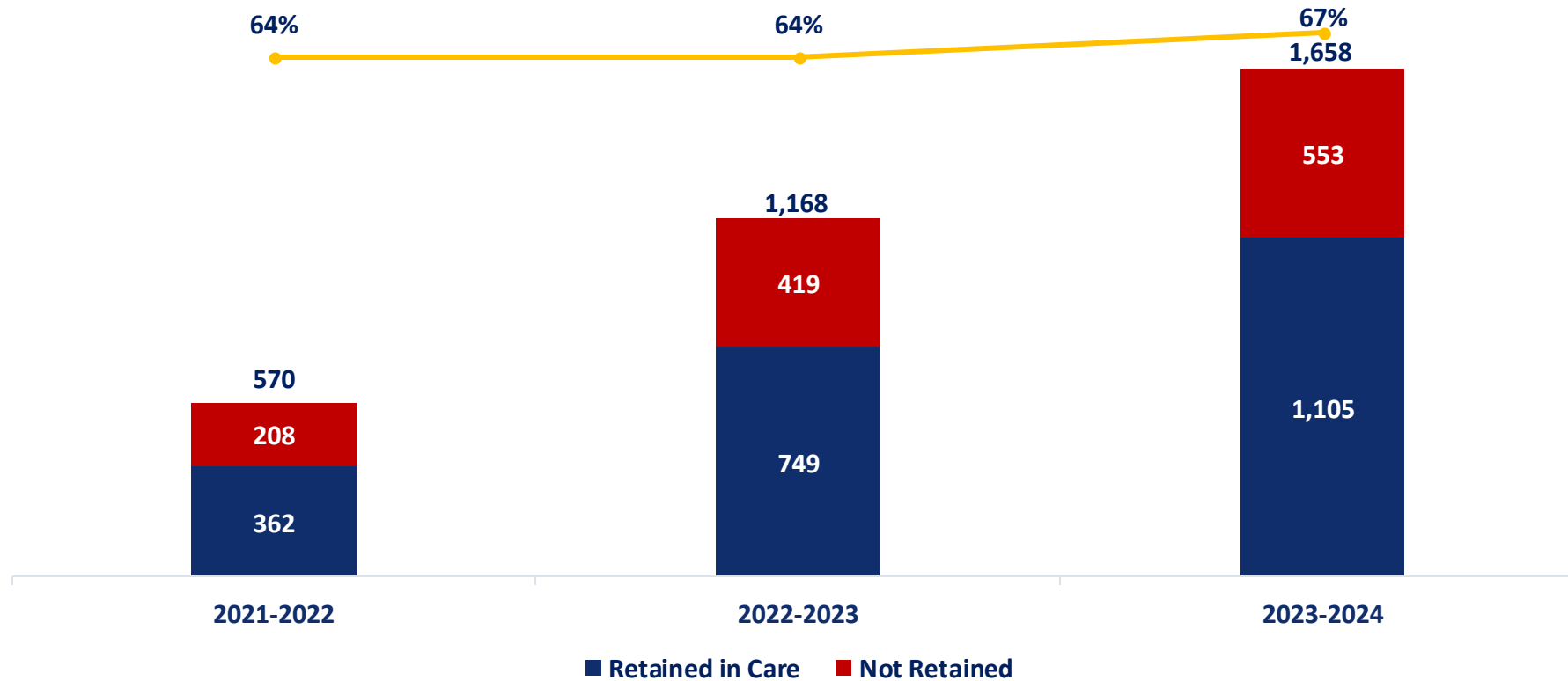
Outcome Measures

EHE Viral Suppression



Outcome Measures

EHE Annual Retention in Care



Work Plan – Year 5 - \$5M

Goal 1: Pillar Two – Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Strategy 1: Link people to care 3-5 days after diagnosis and provide low-barrier access to HIV treatment.

1.

Objective 1.1: Enhance data coordination between HIV prevention and care providers

- Contract with seven (7) Testing CBOs

2.

Objective 1.2: Increase the number and percentage of individuals on ARV (antiretroviral therapy)

- Expand Outpatient Ambulatory Medical Care to include Test and Treat services afterhours and expand medical case management
- Increase the number of Case Managers from two (2) to six (6) to provide enhanced medical case management services to clients not virally suppressed.

Work Plan – Year 5 - \$5M

Goal 1: Pillar Two – Treat people with HIV rapidly and effectively to reach sustained viral suppression. Continued.

Strategy 2: Increase retention in care and adherence to HIV treatment to achieve and maintain viral suppression.

1.

Objective 2.1: Maintain peer support services to retain clients in care and increase viral suppression

- Increase Peer Support Services from three (3) to four (4) full time employees to work with individuals not virally suppressed
- Hire two peer support specialists to work with individuals not virally suppressed that are receiving enhanced medical case management services.
- Implement web-based State of Florida Certification for Peer Support Specialists in HIV.

Strategy 3: Address social determinants of health and co-occurring conditions that exacerbate HIV-related disparities.

1.

Objective 3.1: Improve Social Determinant of health that increase clients' retention in care and viral suppression.

- Coordinate wrap-around services, including food, transportation, short-term housing assistance and medical case management.
- Hire two (2) Referral Specialists for individuals receiving enhanced medical case management services.
- Provide transitional housing services for individuals recently released from the hospital or medical setting in need of some assistance with activities of daily living.

Work Plan – Year 5 - \$5M

Goal 2: Pillar Four – Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Strategy 1: Expand and improve implementation of treatment as prevention.

1.

Objective 1.1: Increase the percentage of individuals who are newly diagnosed with HIV and are linked to care within 30 days of initial contact.

- Hire two (2) Early Intervention Services – linkage coordinators
- Hire two (2) hospital linkage coordinators
- Enhance Orange County Jail Linkage program, ensuring clients adhere to medical care while incarcerated and linked to medical care and supportive services once released
- Develop an Outreach Campaign to increase community awareness of available services and importance of linkage to care.

Future Steps

Ending the HIV Epidemic

- Implement activities as detailed in the Work Plan Year 5
- Applied for funding for years 6 – 10 (2026-2030)
- Collaborate with strategic partners and stakeholders
- Educate the community on available resources

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Questions

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