Section IV: Situational Analysis

Strengths, challenges and identified needs were drawn from the previous Plan, survey results, and community review at several meetings.

IV.1. Strengths

Miami-Dade County benefits from a long-standing, highly experienced HIV prevention and care infrastructure that has continuously evolved and strengthened over the past 36 years. Overseeing the "care" components of this infrastructure, the Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program serves as the Ryan White Program Part A/Minority AIDS Initiative and Ending the HIV Epidemic (EHE) Recipient. The Florida Department of Health in Miami-Dade County (FDOH-MDC) functions as the local prevention funding administrators. Across this system of care, direct service providers bring sustained expertise in helping people with HIV achieve optimal health outcomes. Their work begins with effective prevention efforts and spans the full HIV Care Continuum, including diagnosis, linkage to care, retention in care, and viral suppression.

The EMA benefits from active involvement and dedication of various stakeholders engaged in needs assessment; client satisfaction surveys; prevention, care, and treatment planning; and priority setting and resource allocation activities. Recipients and subrecipients are in ongoing daily communication to help ensure quality services are provided to people with HIV.

Miami-Dade County has one of the most robust HIV testing programs in the state with upwards of nine hospitals routinizing HIV testing in their Emergency Departments; more than 100 testing sites conducting HIV tests in the community; and most of the Federally Qualified Health Centers (FQHC) in the EMA offering routinized HIV testing.

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The ADAP and RWHAP prescription drug formularies provide a wide array of available ART medications, including both oral medications and long-acting injectables, creating additional opportunities to improve treatment adherence, viral suppression, and treatment as prevention outcomes.

The Recipient, FDOH-MDC, and the Partnership maintain comprehensive websites and/or social media accounts which provide resources for people with HIV, service providers, and the general public. In 2026, the Recipient launched an expanded media campaign to better inform the community about available HIV treatment resources and related services. Information and resources are available on the County's website at www.miamidade.gov/global/initiatives/hiv-support/home.page. This webpage includes client eligibility information for service programs along with information on available services and service providers. The information is subject to change following results of an upcoming competitive solicitation/procurement process, funding levels, and other programming changes.

IV.2. Challenges

The ADAP Crisis: In January 2026, the Florida ADAP program made several drastic and unexpected changes to its service provision throughout the state. These changes were disruptive to program planning and service provision throughout the state, with the largest number of clients impacted in the Miami-Dade EMA. Changes included restricting access to ARV medications to clients whose gross household income was at or below 130% of the Federal Poverty Level (FPL), removing Biktarvy® from the ADAP Direct Dispense Formulary, restricting Descovy® to clients with renal problems, and discontinuing insurance premium assistance for clients enrolled in the Affordable Care Act (ACA) through ADAP. Although the

Florida legislature blunted the immediate impact of some of these changes until June 30, 2026, planning for HIV care and treatment service delivery beyond that date has been enormously challenging.

The EMA has developed contingency plans in the event the most drastic changes take effect after June 30, 2026, with the understanding that these changes will severely impact the existing provision of RWHAP services and complicate integrated planning. If funds must be redirected to address the ongoing impacts of ADAP changes – likely higher demand on Outpatient/Ambulatory Health Services and Local Pharmaceutical Assistance Program services – the consequences would be severe. Critical services – such as Medical Case Management, Oral Health Care, Residential Substance Abuse Services, Food Bank Services, Medical Transportation, and Outreach Services – could face significant reductions. Due to Florida ADAP administrators' lack of transparency and community engagement in the planning process, clients and service providers have been forced to navigate an already complex service system with added uncertainty. This situation represents both an urgent challenge and a growing crisis.

Other Funding Cuts: Significant concerns remain regarding pending and ongoing funding reductions including cuts affecting HIV direct client services; prevention activities, such as condom distribution, HIV testing availability, and PrEP access; HIV, mental health, and substance use disorder research; as well as workforce capacity, Ryan White Program services, and overall service sustainability.

Local and Statewide Legislation in Florida: It is difficult to plan effective HIV prevention strategies when the regulatory and funding landscape is constantly changing. FDOH-MDC distributes condoms at events and through mobile units but can no longer give condoms to service providers or send condoms via mail. Providers must purchase condoms – often with 340B rebates – which may put additional strains on already destabilized or limited resources. Other legislation and policies restrict prevention activities in the public school system, specifically testing and sexual education. This lack of comprehensive sexual health education and limited opportunities to provide age-appropriate sexual health information, HIV prevention education, and HIV/STI testing in school settings limits the EMA's ability to address prevention needs among the youth.

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Changes to the HRSA Funding Formula: Changes in RWHAP funding are being implemented under HRSA's new Formula Award calculation, which bases client counts on the most recent address rather than the address at diagnosis. The timing and method used to capture these updated addresses remain unclear, creating uncertainty about how HRSA will determine future client counts. Even with this lack of clarity, Miami-Dade County has already been notified of funding losses to its Ryan White Part A Program exceeding $200,000 per year for the next five years.

Several key aspects of the new formula methodology which remain unclear include:

- **Documentation accepted:** It is not specified whether HRSA will rely solely on addresses recorded via lab reports (e.g., CD4 or viral load) or if alternative forms of verification are required.
- **Reporting mechanism:** The guidance does not clarify whether addresses must be reported through the CDC, HRSA directly, or another entity.
- **Timing:** There is no defined timeframe for when the address will be "snapshot" for reporting – whether at the start or end of a calendar year, or some other period.
- **Update frequency:** It remains undefined how often HRSA will recalculate the formula parameters (e.g., case counts and updated addresses) during the five-year phase-in from FY 2026-2030.

Additional Challenges identified through planning meetings and survey findings include:

- People aging with HIV continue to experience compounded challenges related to stigma, social isolation, chronic conditions, treatment fatigue, mobility limitations, and increased healthcare and insurance costs.
- Service delivery and administrative fatigue for service providers, subrecipients, recipients, and an aging workforce continue to threaten the long-term sustainability and effectiveness of HIV prevention and care systems.
- Preauthorization for PrEP continues to impair patients' ability to access PrEP medications including long-acting injectable medications, and scarce messaging about PrEP and nPEP may not effectively reach intended audiences.
- Inability to adequately measure or address stigma, combined with insufficient "People First" messaging and service delivery, continues to create roadblocks for people who might otherwise seek testing and treatment.
- A better understanding of the challenges faced by people with HIV who are released from incarceration is needed in order to ensure positive health outcomes.
- Maintaining a focus on healthcare amid stigma issues, socio-economic factors, and social determinants of health, is especially challenging in underserved populations.

IV.3. Identified Needs

The following needs were identified during planning meetings and through survey findings:

- Transitional housing, short-term housing, or emergency housing assistance to prevent homelessness;
- Help to pay private insurance (employer-sponsored, ACA, etc.) costs (premiums, copays, deductibles);
- Oral health care (dental care, dentures, oral surgery, implants for edentulous clients, etc.);
- Limited, one-time or short-term assistance with any of the following: medications not covered by AIDS Drug Assistance Program (ADAP), utilities, housing, food, or transportation;
- Food (food bank services, grocery certificates, home-delivered meals, and nutritional supplements).
- Access to informational resources in multiple languages;
- Address the specific needs of groups that may face barriers to care, including younger individuals and people aging into Medicare, particularly regarding issues such as stigma and access to services;
- Leverage the knowledge of subject matter experts across the HIV Care Continuum;
- In home services such as labs and medication delivery, consumable medical supplies, and durable medical equipment, particularly for the aging population and those with limited mobility;
- Funding may not be sufficient to address all the needs identified in this Plan;
- Tracking RiMC and VL suppression data outside the RWHAP represents a challenge due to not having access to client-level data funded under other programs; and
- Addressing stigma.

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This Plan acknowledges difficulty in measuring activities to bring awareness to stigmatizing behavior throughout the service system. While reducing stigma remains an overarching priority in the EMA, activities specific to this goal are not tracked in the Provide® Enterprise Miami database.

This Plan also acknowledges limitations in tracking health outcomes for populations outside the RWHAP.

IV.4. Analysis of Structural and Systemic Issues Impacting People and Communities Disproportionately Impacted by HIV

Each of the four Ending the HIV Epidemic (EHE) Pillars are addressed below, including a brief analysis, further outlined throughout this Plan, and related strategies which are detailed in **Section V: 2027-2031 Goals and Objectives** of this Plan, below.

Regarding structural and systemic issues impacting populations disproportionately impacted by the HIV epidemic in the EMA, see **Section III: Contributing Data Sets and Assessments** of this Plan, below, which details uneven distribution of outcomes across communities, high rates of poverty, the difficulties for people experiencing homelessness or who are unstably housed, challenges of navigating a complex service system of core medical and support services as a non-native speaker of English, stigma and fear of disclosure of HIV status, and addressing implicit and explicit biases.

Because development of this Plan was an integrated process, key partners are consistent and redundant across all pillars, including:

- Partnership members, specifically members of the Prevention Committee and Strategic Planning Committee;
- FDOH-MDC and partners among Mobilization Workgroups;
- RWHAP Recipients, subrecipients, and front-line service providers;
- Partnership and CQM support staff; and
- Other community stakeholders, such as community activists, pharmaceutical representatives, and representatives of transitional housing programs.

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The Partnership's Prevention Committee is guided by the activities of the FDOH-MDC; and the Strategic Planning Committee is guided by responsibilities for Part A Planning Councils in coordination with the Recipient. It is the intention of the two committees – working together as the Joint Integrated Plan Review Team (JIPRT) – to expand community stakeholders and continue to engage the broadest scope of partners throughout the implementation of this Plan. At the same time, this Plan is intended to integrate efforts without unnecessary duplication of effort.

IV.4.a. Diagnose

Testing is the key to diagnosing people and making them aware of their HIV status. For people with negative results, the goal is to develop a personalized prevention plan; and for people with a positive test result, the goal is to link them to care as soon as possible. According to Florida CHARTS, MDC ranked as the Florida county with the most HIV diagnoses for each of the five years from 2020 to 2024. As noted in **Section III: Contributing Data Sets and Assessments** of this Plan, below, the EMA has the highest concentration of people with HIV in the state of Florida, and high rates of new HIV diagnoses.

This Plan's Prevention strategies related to diagnosing individuals who are unaware of their HIV status are intended to improve health outcomes for all people with HIV. The EMA historically had a robust and widely promoted HIV testing program which included on-site rapid testing, after-hours rapid testing, mobile unit rapid testing, opt-out testing in emergency rooms and clinics, and at-home testing. Marketing of testing availability was developed in English, Spanish, and Haitian Creole. However, as detailed above in Challenges, recent prevention and care funding cuts are negatively impacting the availability and success of previously effective programs, services, and outreach strategies.

FDOH-MDC continues to review concerns about how "newly diagnosed" cases are counted. Individuals are classified as newly diagnosed when they receive HIV testing through FDOH, even if they were previously diagnosed elsewhere and only sought retesting to obtain documentation. Only people whose first U.S. diagnosis occurred within the EMA should be included in the EMA's newly diagnosed count. Cross-system record review is needed to verify the original diagnosis date and location, since misclassifying these cases inflates the EMA's new diagnosis numbers and affects the ability to demonstrate progress in prevention efforts.

Record review and tracking through other systems should be implemented to find the actual date and location of diagnosis, since assigning the diagnosis to the EMA artificially inflates the numbers of new diagnosis and makes it difficult to show progress in prevention efforts.

IV.4.b. Treat

The local RWHAP's rapid start protocol, referred to as Test and Treat/Rapid Access (TTRA), is the basis for same-day access to medical care and ARV medication, along with rapid linkage to ongoing care. The protocol has demonstrated success in linking newly diagnosed persons to care, with a linkage rate of 83% in 2024. Persons who enter the RWHAP service system through TTRA and those who are enrolled in RWHAP and ADAP can be monitored to ensure they are connected to and accessing available needed services.

IV.4.c. Prevent

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Within the geographic boundaries of Miami-Dade County, a wide array of evidence-based HIV prevention strategies is available. These include access to PrEP and PEP, free condoms, routine HIV/STI screening, targeted testing in higher-incidence neighborhoods, Test and Treat rapid-start approaches, Undetectable=Untransmittable (U=U) treatment-as-prevention, and community-based prevention programs. Outreach initiatives and targeted prevention efforts in high-incidence communities continue to strengthen HIV prevention efforts and improve engagement throughout the EMA. Prevention initiatives are conducted via face-to-face and virtual interventions, mobile testing units, social media platforms, and print, radio and television advertising. FDOH-MDC has a dedicated website for HIV testing, www.testmiami.org, which promoted PrEP, condom distribution, and testing sites, with links to locate services throughout the EMA. The www.testmiami.org site and access to those resources are subject to changes due to funding cuts and legislative actions – up to and including elimination of the site and resources.

Stakeholders and community members continue to demonstrate strong support for expanding affordable and accessible PrEP services, increasing HIV education efforts, improving prevention messaging, and strengthening prevention engagement opportunities across Miami-Dade County.

The IDEA Exchange Syringe Services Program (SSP) at the University of Miami Miller School of Medicine, launched in December 2016, is the innovative SSP established in Miami-Dade County and now serves as a statewide model for reducing HIV transmission associated with injection drug use. No federal funds are used to support SSP services.

Even with prevention initiatives designed for various communities and populations, along with broad public access to prevention messaging and resources, the latest update from CDC's Estimated HIV Incidence and Prevalence in the United States, 2018–2022, indicates that more than 2,400 individuals in the EMA in 2022 have HIV but are not aware of their status. This figure highlights the importance of the strategies and activities in this Plan aimed at identifying these individuals, encouraging testing to make people aware of

their HIV status, and connecting them to ongoing resources – additional prevention, access to PrEP, or linkage to HIV care – depending on their status.

IV.4.d. Respond

To effectively implement the EHE Initiative's Respond Pillar, it is important to understand the following operational definitions:

- **Outbreak:** Rapid transmission of HIV in a well-defined geographic area.
- **Transmission Network (formerly Cluster Detection and Response):** Groups of molecularly linked people with HIV at the < 0.5% viral variance level.
- **Rapidly growing:** When there are five (5) or more people in a transmission network diagnosed within a rolling 12-month time frame.

While the EMA currently has no identified or reported outbreaks of HIV, the local system of care has the capability and experience to quickly respond to such events. In prior years, the RWHAP Recipients in the EMA collaboratively mobilized responses to Mpox, meningococcal disease, Hepatitis A, and COVID-19 outbreaks. Materials alerting the community to these outbreaks and available resources were produced in English, Spanish, and Haitian Creole, the top three languages of clients in the local HIV community. This information was widely distributed throughout the EMA, through printed flyers, social media campaigns, email messages to Medical Case Management teams, and on various websites. HIV prevention and care resources are widely available throughout the EMA, and many of those partners were instrumental in disseminating information about other disease outbreaks. Strengthening and expanding community partnerships will further enhance our capacity to respond rapidly and effectively to future HIV outbreaks.

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Police departments and first responders, domestic violence prevention organizations, Business Responds to AIDS (BRTA), and celebrity and social media personalities, are potential collaborators who will need to be identified to understand the importance of reporting potential outbreaks. Coordination across funding streams is also important to avoid delays in reacting to outbreaks.

The EHE Mobile GO Teams initiative uses mobile clinics to further support Miami-Dade County's ability to rapidly respond to HIV transmission clusters using the local Test and Treat/Rapid Access model. The EHE Recipient and subrecipients funded under this initiative collaborate with FDOH-MDC and are poised to respond to HIV clusters and hotspots.

IV.5. People and Communities with Higher Rates of HIV and Related Challenges

The designated populations in the EMA who are facing the greatest HIV burden and the lowest health outcomes as measured by retention in medical care (RiMC) and viral load suppression (VL) are Blacks/African Americans and Haitians. Plan activities will focus on tracking and reporting RWHAP client RiMC and VL suppression rates for those subpopulations. Quality Improvement projects at the RWHAP subrecipient level may be designed to address low RiMC rates or low VL suppression rates. Additionally, health outcomes for people with HIV who are 50 years of age and older, and women with HIV, are an area of focus in this Plan.