

**HRSA HAB, HIV Integrated Prevention and Care Plan, CY2022-2026
Summary Statement**



SECTION I: Integrated Plan Submission and Review Summary	
Jurisdiction	Orlando, Florida (Orange County)
Submission Type	<input type="checkbox"/> Integrated state/city prevention and care plan <input type="checkbox"/> Integrated state-only prevention and care plan <input checked="" type="checkbox"/> Integrated city-only prevention and care plan <input type="checkbox"/> Other: _____
RWHAP Part A Jurisdictions (EMA/TGA) or MSAs included in the plan	Orange County, Florida
Did the jurisdiction use portions of other plans to satisfy requirements (e.g., EHE plan)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Not Applicable Name of Plan(s) Used: 2020 Florida Integrated Plan; EHE Plan; Orange County Service Area Plan (2017-2021) If available, URL to other Plan(s):
Executive Summary Included	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HRSA Reviewer's Name(s)	
HRSA Reviewer's Name:	Jesus Hernandez-Burgos
HRSA Reviewer's Name:	Jenifer Gray

SECTION II: Community Engagement and Planning Process	
<p>Please select all planning bodies that participated in developing the Integrated Plan</p>	<input type="checkbox"/> Integrated HIV Prevention and Care Planning Body <input checked="" type="checkbox"/> RWHAP Part A Planning Council/Planning Body <input type="checkbox"/> RWHAP Part B Advisory Group <input type="checkbox"/> HIV Prevention Group (HPG) <input type="checkbox"/> EHE Planning Body <input type="checkbox"/> Other, please specify:
<p><i>Please note the remainder of this table includes the language provided to the recipient in the CY 2022-2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist and will indicate whether the HRSA reviews found the requirement to be met or not met.</i></p>	
<p>1. Jurisdiction Planning Process: Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the <u>needs assessment</u> and/or developing planning goals and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans such as the EHE plan. Please be sure to address the items below in your description</p>	<p>HRSA Response Yes</p>
<p>a. Entities Involved in Process: List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See <i>Appendix 3</i> for list of required and suggested stakeholders</p>	<p>HRSA Response Yes</p>
<p>b. Role of RWHAP Part A Planning Council/Planning Body (not required for state only plans): Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.</p>	<p>HRSA Response Yes</p>

<p>1. Role of Planning Bodies and Other Entities: Describe the role of CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.</p>	<p>HRSA Response Yes</p>
<p>2. Collaboration with RWHAP Parts: Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.</p>	<p>HRSA Response Yes</p>
<p>3. Engagement of People with HIV: Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.</p>	<p>HRSA Response Partial</p>
<p>4. Priorities: List key priorities that arose out of the planning and community engagement process.</p>	<p>HRSA Response Yes</p>
<p>5. Updated to Other Strategic Plans Used To Meet Requirements (Only for those jurisdictions that used sections of other plans): If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe:</p> <ol style="list-style-type: none"> 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan because of updated assessments and community input. <p>Any changes made to the planning process because of evaluating the planning process.</p>	<p>HRSA Response Partial</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p>	

- The jurisdiction developed the Integrated HIV Prevention and Care Plan with collaboration from the Central Florida HIV Planning Council (CFHPC), its committees, and community stakeholders.
- An ad hoc committee was created to develop the Integrated HIV Prevention and Care Plan. Members of the committee received training on data analysis.
- People with HIV were involved in the planning process, but the jurisdiction does not describe how they will be involved in the ongoing implementation of the Integrated HIV Prevention and Care Plan.
- The jurisdiction does not describe how other RWHAP Parts were involved in the development of the Integrated HIV Prevention and Care Plan.
- The jurisdiction used a previous plan to develop the submitted plan but does not describe any updates to sections of the previous plan.

SECTION III: Contributing Data Sets and Assessments	
<p>1. Data Sharing and Use: Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.</p>	<p>HRSA Response Yes</p>
<p>2. Epidemiologic Snapshot: Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction that uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction, showing burden of HIV in the jurisdiction.</p>	<p>HRSA Response Yes</p>
<p>3. HIV Prevention, Care and Treatment Resource Inventory: Create an HIV Prevention, Care and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address <u>all</u> of the following information in order to be responsive:</p> <ul style="list-style-type: none"> • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. 	<p>HRSA Response Partial</p>

<ul style="list-style-type: none"> • Leveraged public and private funding sources, such as those through HRSA’s Community Health Center Program, HUD’s HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction’s strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services. • Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves. • Describe how services will maximize the quality of health and support services available to people at-risk for or with HIV. 	
<p>a. Strengths and Gaps: Please describe strengths and gaps in the HIV prevention, care and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools such as injectable antiretrovirals, and other environmental impacts.</p>	<p>HRSA Response Partial</p>
<p>b. Approaches and Partnerships: Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.</p>	<p>HRSA Response No</p>
<p>4. Needs Assessment Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including:</p> <ol style="list-style-type: none"> 1. Services people need to access HIV testing, as well as the following status neutral services needed after testing: <ol style="list-style-type: none"> a. Services people at-risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs 2. Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression –Needs 	<p>HRSA Response Yes</p>

<p>3. Barriers to accessing existing HIV testing, including State laws and regulations, HIV prevention services, and HIV care and treatment service – Accessibility</p>	
<p>a. Priorities: List the key priorities arising from the needs assessment process.</p>	<p>HRSA Response Yes</p>
<p>b. Actions Taken: List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.</p>	<p>HRSA Response No</p>
<p>c. Approach Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in <i>Appendix 3</i>.</p>	<p>HRSA Response No</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <ul style="list-style-type: none"> • The Epidemiologic Snapshot identifies two age groups (60 + and 40-44 years old) that have seen the greatest increase in HIV infection in the last five years but does not describe how it will track these groups with general indicators. • The Resource Inventory is disorganized and difficult to follow. It does not provide a list of organizations providing HIV care and prevention services and does not describe how services will maximize the quality of health and support services available to people at-risk for or with HIV. The approach for conducting the Resource Inventory is not described. • A description of strengths and gaps is not provided in the Resource Inventory. • The Integrated HIV Prevention and Care Plan does not include a narrative description of how partnerships are developed and maintained with HIV prevention organizations. • The Integrated HIV Prevention and Care Plan does not describe the Actions Taken or Approach in the Needs Assessment section. 	

SECTION IV: Situational Analysis

<p>1. Situational Analysis: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues affecting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan’s goals and objective sections. The situational analysis should include an analysis in each of the following areas:</p> <ul style="list-style-type: none"> a. <u>Diagnose</u> all people with HIV as early as possible b. <u>Treat</u> people with HIV rapidly and effectively to reach sustained viral suppression c. <u>Prevent</u> new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. <u>Respond</u> quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them <p><i>Please note jurisdictions may submit other plans to satisfy this requirement, if applicable to the entire HIV prevention and care service system across the jurisdiction.</i></p>	<p>HRSA Response Yes</p>
<ul style="list-style-type: none"> a. Priority Populations: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction 	<p>HRSA Response Yes</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <ul style="list-style-type: none"> • Use of local data could strengthen the Situational Analysis and the process to identify priority populations. 	

SECTION V: 2022-2026 Goals and Objectives	
Diagnose	HRSA Response Partial
Treat	HRSA Response Partial
Prevent	HRSA Response Partial
Respond	HRSA Response Partial
<p>a. Updates to Other Strategic Plans Used to Meet Requirements (applicable only if recipient used other plans to satisfy this requirement):</p> <p>If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made because of analysis of data.</p>	HRSA Response N/A
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <ul style="list-style-type: none"> The Integrated HIV Prevention and Care Plan goals and objectives do not follow the SMART format, making measurement of progress difficult. Baselines and other metrics are not included. 	

SECTION VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up	
<p>1. 2022-2026 Integrated Planning Implementation Approach:</p> <p>Describe the infrastructure, procedures, systems, or tools that will support the five key phases of integrated planning to ensure goals and objectives are met.</p>	HRSA Response Yes
<p>a. Implementation</p> <p>Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdiction's Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding.</p>	HRSA Response Partial

<p>b. Monitoring</p> <p>Describe the process for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination.</p> <p><i>Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.</i></p>	<p>HRSA Response</p> <p>Partial</p>
<p>c. Evaluation:</p> <p>Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts analysis of the performance measures and presents data to the planning group/s</p>	<p>HRSA Response</p> <p>Partial</p>
<p>d. Improvement:</p> <p>Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made</p>	<p>HRSA Response</p> <p>Yes</p>
<p>e. Reporting and Dissemination:</p> <p>Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation and improvements made to the plan.</p>	<p>HRSA Response</p> <p>Yes</p>

<p>2. Updates to Other Strategic Plans Used to Meet Requirements (applicable only if recipient used other plans to satisfy this requirement):</p> <p>If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe:</p> <ol style="list-style-type: none"> 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions made based on work completed. 	<p>HRSA Response N/A</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <ul style="list-style-type: none"> • The Integrated HIV Prevention and Care Plan’s goals and objectives do not follow the SMART format, making implementation a challenge. • Use of a data dashboard will facilitate the monitoring of implementation activities. • Evaluation methodology is not described. 	

SECTION VII: Letters of Concurrence	
<ol style="list-style-type: none"> 1. CDC Prevention Program Planning Body Chair(s) or Representative(s) 2. Community Co-Chair 	<p>HRSA Response No</p>
<ol style="list-style-type: none"> 3. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s) 	<p>HRSA Response Yes</p>
<ol style="list-style-type: none"> 4. RWHAP Part B Planning Body Chair or Representative 	<p>HRSA Response No</p>
<ol style="list-style-type: none"> 5. Integrated Planning Body 	<p>HRSA Response No</p>
<ol style="list-style-type: none"> 6. EHE Planning Body 	<p>HRSA Response N/A</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <ul style="list-style-type: none"> • There is a letter of concurrence from the Orange Country HIV planning body. 	

Integrated Plan Submission Review Summary

I. Highlights and Observations of Plan:

- A status-neutral approach will be used to implement the goals and objectives of the Integrated HIV Prevention and Care Plan.
- The CFHPC, which regions include Brevard, Lake, Orange, Osceola, and Seminole counties, met with other funded parties in the state of Florida to ensure an understanding of other jurisdictions and the state's Integrated HIV Prevention and Care Plans.
- The Integrated HIV Prevention and Care Plan includes four goals aligned with the National HIV/AIDS Strategy: 1) preventing new HIV infections. 2) improving health related outcomes. 3) addressing disparities. 4) integration of HIV efforts.
- The planning process was sound and included input from providers and affected communities. Those participating in development of the plan brought different perspectives in terms of resources and skills available within the jurisdiction.
- While the Integrated HIV Prevention and Care Plan builds on the work of the Getting to Zero Plan, the jurisdiction should strive to demonstrate that the Integrated HIV Prevention and Care Plan will have a significant impact in terms of ending the HIV epidemic.

II. Plan Strengths:

- See above.

III. Programmatic/Legislative Compliance Issues:

None noted

A. Action Items to Resolve Programmatic/Legislative Compliance Issues:

None noted

IV. Recommendations for Plan Improvement:

- Develop strategy for including people with lived experience in implementation of the Integrated HIV Prevention and Care Plan, including the design of services.
- Stratify the priority populations/subpopulations by age group.
- Revise the goals and objectives using the SMART format to facilitate monitoring.
- The Integrated HIV Prevention and Care Plan could be strengthened by providing better connection of how the findings from the needs assessment informed the goals and

objectives, priority populations, and implementation strategies (i.e., better justification of the actions that will be carried out).

V. Technical Assistance Suggestions

- The recipient could benefit from technical assistance on succession planning to prevent staff burnout, support staff retention, and facilitate hiring key positions when the position cannot be filled within the organization.

VI. Items for Future Monitoring Discussions:

The project officer should monitor the following items:

- Identify strengths and gaps based on Resource Inventory findings.
- Provide description of partnerships related to HIV prevention activities.
- Improve data analysis activities to strengthen situational analysis and assessment of needs of priority populations; and
- Identification of appropriate strategies to address staff turnover.