

Goal 1. Prevent new HIV infections.				
EHE Pillar: PREVENT				
Objective 1.1 Increase HIV awareness by 2026				
Strategy 1.1.1 Develop and implement campaigns and resources to provide education about comprehensive sexual health; HIV transmission risks; options for prevention, testing, care, and treatment; and HIV-related stigma reduction.				
Activities	Responsible Party	Data Indicators	Implementation Year	Data Source & Measurement Tools
Increase the use of digital media resources to include messaging on dating apps (e.g., Grindr) and social media apps (Part A and subrecipients	Insight data from messaging and social media sites (i.e., # of messages sent, demographic data, etc.)	Years 1-2	Work with Provide to capture how clients heard about the services. Train the system on answering questions on how they heard about services. Develop a mechanism to demonstrate website traffic based launched campaigns.
Develop stigma toolkit/campaign and localized stigma task forces (survey to become part of toolkit).	Peer Support Space, HIP and EHE providers	# of individuals participating in stigma taskforce meetings (determined by sign-in sheets). Workplan/SOW, meeting minutes and/or agendas	Years 2-3	
Increase culturally competent sexual health education outside of the school systems.	HIP providers	# of educational sessions conducted	Years 3-4	
Strategy 1.1.2 Increase awareness of HIV among people, communities, and health workforce in disproportionately impacted areas.				
Activities	Responsible Party	Data Indicators	Implementation Year	

Increase targeted outreach and education efforts specific to specialized groups, (e.g., FQHCs, local gang taskforces, and other geographically disproportionate communities.	HIP and EHE providers	# of outreach sessions conducted and types of providers participating	Years 2-3	Monthly progress reports to accompany monthly invoices submitted to Area 7 contract manager.
Offer in-person learning opportunities for basic HIV 101 education and increase the number of trained HIV 101 educators.	Areas 7 and 3/13 HIP providers	# of classes and participants for each completing each training	Years 3-4	
Provide HIV education and information to youth-centered outreach stakeholders to encourage buy-in and adoption of culturally competent sexual health education curriculum.	HIP and EHE providers	# of educational sessions conducted and types of providers participating	Years 2-3	Monthly progress reports to accompany monthly invoices submitted to Area 7 contract manager.
Strategy 1.1.3 Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the Syndemics, such as STIs, viral hepatitis, and substance use and mental health disorders.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Collaborate with local partners to educate providers across multiple platforms on Syndemics and work to incorporate HIV messaging in the platforms' communicable disease content.	RWHAP and FLDOH STI providers	# of local educational sessions conducted and # of Syndemics partners who participate	Years 3-4	
Increase awareness and collaboration with existing SSP to incorporate hepatitis, STIs, mental health and substance abuse messaging in campaigns.	RWHAP and FDOH STI providers, IDEA Orlando	# of campaign efforts completed	Years 3-4	
Objective 1.2 Increase knowledge of HIV status by 2026				
Strategy 1.2.1 Test people for HIV according to the most recent USPSTF recommendations and CDC guidelines.				
Activities	Responsible Party	Data Indicators	Implementation Year	

Address and overcome barriers to routine HIV and other STI screening in healthcare settings and priority testing in non-healthcare settings.	RWHAP and FDOH STI providers	# of routine HIV and STI screenings conducted in healthcare and non-healthcare settings	Years 1-3	Monthly progress reports to accompany monthly invoices submitted to Area 7 contract manager and STI clinic.
Expand routine HIV and other STI testing to include additional medical settings (e.g., EDs, urgent care facilities, OB/GYNs, and PCPs) while addressing barriers.	RWHAP and FDOH STI providers, acute care hospitals, healthcare systems, urgent care facilities, and community-based medical practices	# of routine HIV and STI screenings conducted in healthcare settings	Years 2-3	The monthly reports from the focus initiative
Strategy 1.2.2: Develop new and expand existing implementation of effective, evidence-based or evidence-informed models for HIV testing that improve convenience and access.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Target testing resources to areas experiencing high transmission rates.	HIV testing providers	# of testing resources provided in ZIP Codes with high HIV infection rates	Years 1-5	Amend the contracts to ensure that testing location data is available. Monthly reports and MOU monthly reports and EHE reports Ensure monthly reports include
Adopt and adapt interventions designed for populations with high exposure rates (MSM, trans people, etc.).	HIP, EHE, and RWHAP providers	# of interventions adopted, # of subpopulations receiving interventions	Years 1-2	Monthly reports and EHE reports Ensure monthly reports include
Continue and expand reviews of perinatal HIV transmission cases to determine how to improve systems of care.	Part C, TOPWA, OBGYNs, pediatricians, labor and delivery unit staff	# of case reviews conducted	Years 1-5	Perinatal prevention quarterly meetings. Monthly TOPWA reports

Provide easy-to-access home test kits, including those distributed by self-serve vending machines and as add-ons to other self-administered tests (e.g., COVID-19, pregnancy).	FDOH Areas 7 and 3/13 (home test kits), FDOH (pregnancy and COVID tests), TOPWA	# of HIV home test kits issued, # of HIV test kits distributed by vending machines, # of HIV test distributed as add-ons to other self-administered kits	Years 1-5	Monthly report from ASH WELLNESS
Improve reporting structures to increase linkage to prevention, care, and treatment among people using self-administered HIV test.	FDOH	# number of new policies implemented and # of existing policies updated	Years 2-5	Draft new policy
Strategy 1.2.3: Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test seronegative and immediate linkage to HIV care and treatment for PWH.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Develop and disseminate status multi-media neutral resources, including education materials related to HIV/STI prevention, testing, linkage, care, and treatment. (Use a multimedia approach to disseminate status neutral messaging)	FDOH	# of resources developed and # disseminated	Years 3-5	
Support informational campaigns and social media messaging around HIV/STI testing, PrEP, PEP, and linkage to care.	HIV testing providers and HIP, EHE, RWHAP providers	# of campaigns and Insight data	Years 1-5	Social media influencer monthly report
Strategy 1.2.4: Provide partner services to people with HIV or other STIs and their sexual or needle-sharing partners.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Increase the capacity of partner services by increased funding for DIS positions.	FDOH	# of full-time equivalent DIS positions	Years 3-5	
Increase the capacity of partner services by conducting telehealth to conduct sessions.	FDOH	# of telehealth partner sessions	Years 3-5	
Increase the capacity of partner services by expanding hours of operation.	FDOH	# of partner service programs increasing their hours of operation	Years 3-5	

Use partner services to provide partners with access to PrEP and educational materials.	FDOH	# of HIV seronegative partners referred to PrEP and # of HIV seronegative partners receiving educational materials	Years 3-5	
Increase the number of harm reduction programs to increase the capacity of prevention services.	Boards of County Commissioners, RWHAP and FDOH providers, IDEA Orlando	# of harm reduction programs	Years 3-5	
Objective 1.3: Expand and improve implementation of effective prevention interventions from seven to ten by 2026.				
Strategy: 1.3.1: Engage people at risk for HIV in traditional public health and healthcare delivery systems, as well non-traditional community settings.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Increase the number of community mobilization initiatives and partnerships in communities (e.g., FRTA/BRTA).	HIP and EHE providers	# of businesses agreeing to become a FRTA/BRTA provider	Years 1-5	Present to the FCPN to encourage the inclusion of more interventions in upcoming RFP's
Increase collaboration with local Prevention Interventions Taskforces in raising awareness, sharing resources, and providing referrals to HIV testing (e.g., using non-healthcare events), share resources, and provide referrals.	EHE, HIP, and RWHAP providers	# of collaborating taskforces and # of collaborative events	Years 3-5	
Increase academic detailing in primary care community solo and group practices, urgent care centers, and EDs to raise awareness of HIV prevention interventions.	RWHAP Part A, AETC, FDOH Areas 7 and 3/13 lead agencies	# of academic detailing events and # of settings in which academic detailing events are conducted	Years 1-5	Biannual ever bridge alerts pharmaceutical engagement sessions
Increase targeted outreach and education efforts specific to individual youth and organizations serving youth.	Parts A, B, C, EHE, and HIP providers, FDOH Areas 7 and 3/13 lead agencies, Scale it Up Florida	# of outreach and education events targeting individual youth and organizations serving youth and # of youth and teen groups receiving targeted outreach and education efforts	Years 1-5	Present to the FCPN to encourage the inclusion of more interventions in upcoming RFP's

Strategy 1.3.2: Scale-up treatment as prevention by diagnosing PWHs as early as possible and engaging them in care and treatment to achieve and sustain viral suppression.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Expand and increase the capacity of local Rapid Access Taskforces to expand the number of rapid access programs.	Parts A, B, and C, EHE, and HIP providers	# of Rapid Access providers created and # of people linked through the providers	Years 2-5	The MOU quarterly reports. Develop a service standard.
Increase the number of peers providing care and treatment support and healthcare navigation services.	Parts A, B, and C, EHE, and HIP providers	# of peers employed to provide treatment support and navigation services, # of PWH receiving peer services, # of units of peer services received per PWH, % of PWH with suppressed VL, % of PWH with sustained viral suppression over time (applying HAB performance measures)	Years 2-5	Develop a survey about the number of peers in the system and notification of when new peers are hired.
Scale up HIV injectables programs.	Part A, B, and C, EHE, and HIP providers, ADAP	# of injectables programs for treatment and PrEP services	Years 2-5	Develop a survey about the number of injectable programs in the system and notification of when the injectable programs were created
Strategy 1.3.3: Make HIV prevention, including condoms, PrEP, PEP, SSPs easier to access and support continued use.				
Activities	Responsible Party	Data Indicators	Implementation Year	

Increase the number of PrEP and PEP prescribers through provision of academic detailing and education.	HIP and EHE providers, AETC	# of PrEP providers and # number of academic detailing activities conducted	Years 1-5	Develop a survey about the number of PrEP and PEP prescribers in the system and notification of when the PrEP and PEP subscribers were created
Increase the # of SSP (including clean needle distribution and exchange) statewide and ensure local sites are placed in proximity of known overdose events or deaths.	BCC (for counties that have not implemented an SSP program), Areas 7 and 3/13 lead agencies, PART A, IDEA Orlando	# of SSPs established and # of known overdoses	Year 5	
Strategy 1.3.4: Implement culturally competent and linguistically appropriate models and other innovative approaches for delivering HIV prevention services.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Provide linguistically appropriate HIV messaging in English, Spanish, and Haitian Creole.	Parts A, B, and C, EHE, and HIP providers, Areas 7 and 3/13 lead agencies	# of HIV messages in English, Spanish, and Haitian Creole	Years 1-5	EHE monthly reports Part A Monthly reports (?)
Increase cultural competency training workshops and other linguistically appropriate trainings for delivering HIV prevention services.	Part A, Part B, EHE, and HIP, providers, Areas 7 and 3/13 lead agencies, AETC	# of trainings conducted	Years 3-5	
Engage with local and state, civic, political, community, and spiritual leaders to increase HIV awareness among populations living with or affected by HIV.	Part A, Part B, EHE, and HIP, providers, Areas 7 and 3/13 lead agencies	# of local, state, civic, political, and community leaders, # of spiritual leaders engaged in HIV awareness outreach sessions, and # of HIV training sessions to spiritual leaders	Years 2-5	EHE Monthly report
Goal 2: Improve HIV-related health outcomes among PWH.				
EHE Pillar: DIAGNOSE				
Objective 2.1 Rapidly link PWH to care after diagnosis and provide low-barrier access to HIV care and treatment.				
Strategy 2.1.1 Increase linkage to HIV medical care within same day to 30 days of HIV diagnosis.				

Activities	Responsible Party	Data Indicators	Implementation Year	
Increase awareness among local healthcare providers by disseminating messaging on T&T and rapid ARV protocols.	Part A, Part B, EHE, and HIP, providers, Areas 7 and 3/13 lead agencies	# of messages on T&T and rapid ARV protocols created and distributed and # of healthcare providers receiving messages on T&T and rapid ARV protocols	Years 2-5	
Fund food and transportation vouchers, as well as phones to support linkage to care among PWH not in care.	Part A, Part B, EHE, and HIP, providers, Areas 7 and 3/13 lead agencies	# of food vouchers provided to PWH linking to care, # of transportation vouchers provided to PWH linking to care, # of phones distributed to PWH linking to care	Years 2-5	
Expand the number of healthcare and other organizations offering T&T services including rapid access to ARVs.	Part A, Part B, EHE, and HIP providers, Areas 7 and 3/13 lead agencies	# of organizations offering T&T services	Years 3-5	
Strategy 2.1.2 Provide same-day ARV initiation or rapid start (within seven days) for PWH meeting HHS Clinical Guidelines.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Expand routine HIV and STI testing to additional healthcare settings (e.g., pediatricians, primary care practices, and student health centers).	Parts A and B, EHE, and HIP, providers, Areas 7 and 3/13 lead agencies, healthcare agencies, clinicians	# of healthcare settings providing routine HIV and STI testing.	Years 3-5	
Objective 2.2: Identify, engage, or reengage PWH not in care or in care but not virally suppressed.				
Strategy 2.2.1: Expand uptake of D2C models through data use agreements, integration data systems, and use of surveillance, clinical services, pharmacy, and social/support services data to identify and engage people not in care or not virally suppressed.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Collaborate with local partners and providers across more platforms to incorporate more T&T facilities that will offer rapid ART and PrEP/PEP medications.	Parts A and B, EHE, HIP providers, Areas 7 and 3/13 lead agencies	# of T&T facilities that offer rapid ART and PrEP/PEP medications	Years 3-5	

Execute cooperative agreements and/or DUAs with jails, prisons, and contracting healthcare providers to link PWH before or upon released	Parts A, B, C, EHE, and HIP providers, Areas 7 and 3/13 lead agencies, FL DOC, County Jails	# of cooperative agreements and/or DUAs created with jails, prisons, and contracting healthcare providers and # of recently released inmates linked to care services.	Years 1-5	
Objective 2.3: Increase retention and adherence to treatment to achieve and maintain long-term viral suppression.				
Strategy 2.3.1 Develop and implement effective, evidence-based/informed interventions and support services that improve retention in care.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Collaborate with local partners to educate healthcare providers on Syndemics and incorporate HIV into primary care and internal medicine practices.	Parts A and B, EHE, and HIP providers, Areas 7 and 3/13 lead agencies, medical practices, AETC	# of providers trained, # of primary care practices that incorporate routine HIV care,	Years 2-5	
Expand peer linkage and Community Health Workers (CHWs) to implement Anti-Retroviral Treatment and Access to Services (ARTAS) intervention strategies and adherence measures.	Parts A and B, EHE, and HIP providers, Areas 7 and 3/13 lead agencies, certification programs	# of peers and CHWs trained and # of CHWs certified	Years 1-5	
GOAL 3: Reduce HIV-related disparities and health inequities.				
Pillar: TREAT				
Objective 3.1 Reduce HIV-related stigma and discrimination				
Strategy 3.1.1 Ensure that healthcare professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or at risk for HIV.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Identify and disseminate continuing education opportunities and training for healthcare professionals and front-line workers on HIV stigma.	Parts A and B, EHE, and HIP, providers, Areas 7 and 3/13 lead agencies, AETC, Area Health Education Centers (AHEC)	# of materials or resources created and # of materials or resources distributed	Years 2-5	

Work with professional organizations to encourage the adoption of HIV stigma training as part of professional standards for healthcare professionals and front-line staff.	Part A, Part B, EHE, and HIP, providers, Areas 7 and 3/13 lead agencies, AETC, local medical society chapters	# of stigma trainings conducted, # of trainees, # of professional organizations that adopt HIV stigma training	Years 2-5	
Strategy 3.1.2 Ensure HIV educational resources are focused on the communities and populations where the need is greatest (e.g., Black, Hispanic/Latino, American Indian/Alaska Native, and other people of color, gay and bisexual men, transgender people, people who use substances, sex workers, and immigrants).				
Activities	Responsible Party	Data Indicators	Implementation Years	
Create and/or adopt informational materials focusing on communities and population where the need is greatest.	Parts A, B, EHE, and HIP providers, Areas 7 and 3/13 lead agencies, AETC	# of informational materials created or adopted	Years 2-5	
Support ongoing and new initiatives and programs specifically focused on communities and populations where the need is greatest.	Parts A, B, EHE, and HIP providers, Areas 7 and 3/13 lead agencies, AETC, CBOs	# of new initiatives funded and # of established programs funded	Years 2-5	
Increase the number of mobile medical units and street outreach to bring services and resources to communities and populations where the need is greatest.	Parts A, B, EHE, and HIP providers, Areas 7 and 3/13 lead agencies, AETC, CBOs	# of people receiving outreach encounters (e.g., HIV testing, materials, etc.)	Years 1-5	
Objective 3.2 Reduce disparities in new HIV infections, awareness of HIV status, and along the HIV Care Continuum				
Strategy 3.2.1 Increase awareness of HIV-related disparities in the OSA through data collection, analysis, and dissemination of findings.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Develop and/or expand the use of easy-to-read materials (e.g., infographics, one-pagers) to help audiences of varying types (e.g., the public, PWH, providers) to highlight disparities.	Part A, Part B, EHE, and HIP providers, Areas 7 and 3/13 lead agencies	# of materials created and/or adopted	Years 1-5	

Expand the use of data dashboards and provide education to relevant groups on how to access and use the information to increase awareness of HIV-related disparities.	Part A	# of data dashboards created and # of individuals using the data dashboards	Years 3-5	
Objective 3.3: Address social determinants of health and co-occurring conditions that contribute to HIV-related disparities.				
Strategy 3.3.1 Adopt policies that reduce barriers to improving accessibility of clinical and support services for PWH.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Create consistencies (e.g., longer time between recertification, reciprocal eligibility) within the RWHAP-funded care system to eliminate barriers to HIV care.	Parts A and B	# of new policies and procedures that ensure consistency and efficiency in RWHAP enrollment and redetermination	Years 1-5	
Explore the incorporation of afterhours and weekend services for PWH to promote retention in care and adherence to treatment.	Parts A and B, Areas 3 and 3/13 lead agencies	# of HIV care and support service agencies providing after hours and/or weekend services	Years 1-5	
Goal 4: Achieve integrated, coordinated efforts among all partners and interested parties who wish to address the HIV epidemic.				
Pillar: RESPOND				
Objective 4.1 Integrate programs to address the Syndemics of HIV, STIs, viral hepatitis and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence.				
Strategy 4.1.1 Integrate HIV awareness and services into outreach and services for issues that intersect with HIV such as intimate partner violence, homelessness, housing instability, STIs, viral hepatitis, and substance abuse/mental health disorders.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Expand marketing and advertising campaigns of internal and external partners to promote increased awareness of resources and services.	Parts A and EHE, and HIP providers, Areas 7 and 3/13 lead agencies	# of advertising campaigns created and # of internal and external partners participating in marketing and advertising campaigns	Years 1-5	

Increase partnerships with providers to conduct mobile HIV awareness and services.	Parts A and EHE, and HIP providers, Areas 7 and 3/13 lead agencies	# of partnerships created with providers that conduct mobile services	Years 1-5	
Use social media and outreach to disseminate program results and success stories.	Parts A and EHE, and HIP providers, Areas 7 and 3/13 lead agencies	# of success stories and program results disseminated via social media	Years 1-5	
Objective 4.2 Enhance the quality, accessibility, dissemination, and application of aggregate data and analytic analyses, including data regarding HIV prevention and care continuum and social determinants of health.				
Strategy 4.2.1 Promote collection, electronic sharing, and use of HIV risk, prevention, care, and treatment data using interoperable data standards, including data from EHRs, in accordance with applicable federal and FL law.				
Activities	Responsible Party	Data Indicators	Implementation Year	
Create a centralized system or dashboard to disseminate aggregate HIV-related data (e.g., testing, treatment, surveillance) internally and externally that can be readily used to assess local area disease burden, obtain information needed for funding requests, and data required for time sensitive action and response.	Part A	# of data dashboards created and # of DUAs established	Years 2-5	
Collaborate with FDOH to create a reciprocal client informed consent form and release of information to acknowledge that data may be shared to improve service provision, linkage, and retention services.	Parts A, B, C and FDOH	# of policies and procedures developed to create a reciprocal client informed consent and release of information	Years 1-5	