PS19-1906 Component B:
Accelerating State and Local HIV Planning

Ending the HIV Epidemic (EHE) Plan
Review and Feedback Tool

Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA)
2019 Draft EHE Plan Submission

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Florida</th>
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</thead>
</table>
| Type of EHE Phase I jurisdiction | ☒ Jurisdiction with named phase I counties  
☐ No named counties (statewide) |
| Phase I counties represented | Broward County  
Duval County  
Hillsborough County  
Miami-Dade County  
Orange County  
Palm Beach County  
Pinellas County |

Assigned Multidisciplinary Review Team

| Primary Reviewer’s Name (CDC): | Jarvis Carter Jr. |
| Secondary Reviewer’s Name (HRSA): | Emerson Evans |
| Tertiary Reviewer’s Name (OIDP): | John Oguntomilade |

Assigned CDC and HRSA Project Officers

| CDC Reviewer’s Name (Program): | Yvonne Greene |
| CDC Reviewer’s Name (Surveillance): | Laurie Linley |
| HRSA Reviewer’s Name (HAB Part A): | Michael Carrigan, LCDR Eric Shell |
| HRSA Reviewer’s Name (HAB Part B): | Wendy Briscoe, Emerson Evans, LCDR Lawrence Momodu |

Additional Reviewer, if applicable:

**PURPOSE:** The purpose of this review tool/document is to provide a joint intragovernmental review of the recipient’s submitted DRAFT 2019 EHE Plan. The document contains observations (strengths/weaknesses), capacity building/technical assistance needs, recommendations, and action items to assist the Recipient with the implementation and monitoring of the jurisdictional EHE plan.

“Recipients” include: CDC-funded state and city/county health departments for PS19-1906 Component B.
INSTRUCTIONS FOR REVIEWERS: First, read and review the recipients draft EHE Plan thoroughly. Then, use the recipient’s self-reported information to complete each section of the tool below. This review tool is designed to summarize important findings and issues identified during your review of the assigned Draft EHE Plan. The review tool is consistent with the structure of the EHE Plan Program Guidance document. Reviewers will provide the recipient with substantive feedback on sections of the plan where indicated. Summarize your overall comments/assessment, strengths, areas for improvement (weaknesses), capacity building assistance (CBA)/technical assistance (TA) suggestions, action items, and provide future recommendations. Subsequentially, assigned CDC and HRSA Project Officers will review and concur with the MRT’s summary, and complete the “Project Officer Summary” section that will assist to provide feedback to the recipients to incorporate in their final EHE plan submission. If comments or recommendations apply only to a certain EHE location, for those jurisdictions with multiple named counties, please be specific in your feedback and indicate the EHE county or location. This will assist the recipient in following up accordingly with the referenced EHE county or location. In general, please reference page numbers (where information is located) when providing feedback.

Responsiveness to Requested Information. This is a verification process of whether the recipient provided the requested information and described the process used to identify the content contained within the section, partially provided the requested information, or omitted the requested information in each section of their EHE plan. For example, a recipient that lists its challenges and another recipient that indicates “No challenges” are both responsive. If ‘partial’ is selected the reviewer should make comments in the feedback section.

Reviewer’s Feedback Section: For each major section of the EHE plan, indicate the reviewer’s general assessment of the information provided. Also, include feedback on overall strengths, areas of opportunity, CBA/TA suggestions, recommendations, and action items for the section.

Strengths. While you review, please document any innovative or exemplary practices contained in the integrated plan sections. For example, did the recipient demonstrate collaboration took place between the state epidemiology office and local and state HIV prevention and care planning bodies? Did the goals and objectives contained in section II of the prevention and care plan align with the epidemiology of persons with HIV (PWH) and the needs identified in Section I of the plan? Summarize the plan’s strengths in short declarative sentences.

Areas for Improvement (Weaknesses). While you review, please document any weaknesses contained in the integrated plan sections. Was there relevant information for a program that you knew to be inconsistent or inaccurate? Was information missing when expected? Summarize these weaknesses in short declarative sentences.
CBA/TA Recommendations (or Suggestions). Based on your review of the submitted Draft 2019 EHE Plan, please document recommended technical assistance services that will assist the recipient to develop their jurisdictional EHE plans.

Recommendations: Based on your review of the information provided within the related section of the Plan, please document any recommendations/considerations to share with the recipient.

Action Items: Based on your review of the information provided within the related section of the Plan, document any next steps and follow up actions that will need to take place by the recipient to improve their Plan or related engagement processes.

Please note that your draft EHE plan review summary will be critical for assigned CDC and HRSA Project Officers to follow-up with recipients for program implementation purposes.
## GENERAL INFORMATION ON EHE PLANNING

**Status of EHE Plan prior to award (to be completed by CDC Program Project Officer):**

<table>
<thead>
<tr>
<th>Please select one:</th>
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<tbody>
<tr>
<td>☐ EHE plan already developed and currently in place</td>
</tr>
<tr>
<td>☐ EHE plan in development</td>
</tr>
<tr>
<td>☒ No EHE plan</td>
</tr>
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**Elements Submitted**

| ☒ Documentation of Community Engagement |
| ☒ Current Snapshot Summary of an Epidemiologic Profile (5 pages) |
| ☒ Current Snapshot Summary of a Situational Analysis (10 pages) |
| ☒ Draft EHE Plan by Pillars |

**Types of engagement activities**

| Please select all that apply: |
| ☒ Focus groups |
| ☒ Community advisory boards |
| ☒ Town hall meetings or roadshow to raise local awareness |
| ☐ Development of EHE steering committees |
| ☒ Ad hoc panels voting and non-voting members of EHE planning bodies |
| ☐ Increased number of new members on integrated HIV planning bodies |
| ☒ Coordinated meetings between State and funded counties |
| ☐ Use of social media, well-publicized public meetings, webinars or conference calls |

Please describe any additional engagement activities (in detail):

**The recipient conducted various type of community engagement activities since October 2019.**

**Please provide the following:**

**Total # of engagement sessions conducted (from September 30 – December 30, 2019):** **Multiple engagement sessions (12+)**

**If available, total # of future engagement sessions planned (from January 1 – September 29, 2020):** **Information not provided.**

**Approach to be used for Concurrence for final EHE Plan**

**Please describe:**

**Information not provided.**

Please indicate (yes, yes with reservations, or no) if recipient anticipates reaching concurrence on the final EHE plan with their local planning group: **Information not provided.**
**EHE PLAN SUBMISSION:**

**SECTION I: ENGAGEMENT PROCESS [NOFO Activity 1, 4, 5]**

The engagement process involves the collaboration of key stakeholders and broad-based communities who work together to identify strategies to increase coordination of HIV programs in the identified Phase I counties or jurisdictions. The strategies should be flexible to ensure that the voices of the community and key stakeholders who may not be members of the existing HIV Planning Bodies are also heard. It is important that all voices are considered in the engagement process and reflected in the Ending the HIV Epidemic Plan.

Please select a response in the drop-down box for which the recipient provided appropriate information.

<table>
<thead>
<tr>
<th><strong>Did the Plan indicate:</strong></th>
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<tbody>
<tr>
<td>1. Engagement of local community partners?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Engagement of providers?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Engagement of non-traditional partners and/or new partners?</td>
<td>Partial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Did the recipient provide:</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Documentation of engagement sessions?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Documentation of new partners and voices?</td>
<td>Partial</td>
</tr>
<tr>
<td>3. Documentation of direct involvement of the local EHE counties, if applicable?</td>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Did the recipient conduct:</strong></th>
<th></th>
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<tbody>
<tr>
<td>4. The community engagement sessions in the locally identified EHE county/counties [For jurisdiction with identified EHE counties]?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. The community engagement sessions in the highest morbidity areas within the jurisdiction [For statewide EHE jurisdictions] ?</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>6. The community engagement sessions in the rural areas [For statewide EHE jurisdictions]?</td>
<td>Not Applicable</td>
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</tbody>
</table>

**Reviewer’s General Feedback on Engagement:**

Overall, the community engagement section of the EHE plan is very strong. The recipient demonstrated that they have engaged various local prevention and care planning bodies, local community members, and local service providers. Community engagement has occurred via surveys, focus groups, key informant interviews, etc. Although the community engagement efforts are strong, this portion of the plan can be strengthened by including the new voices/partners and how they are engaged in the EHE planning process.

**Strengths:**

- Active community engagement since the inception of the 19-1906 NOFO. The recipient also conducted various consultations with various priority groups and service providers prior to the awarding of 19-1906 funds. It’s good to see that the recipient continues to engage communities from those consultations and have an active plan to continue engagement with other partners.
- It is apparent that the recipient will use various platforms to obtain community inputs for the EHE plan.
- Collaboration between the state and EHE counties
- Statewide and county specific community engagement

**Areas for Improvement (Weaknesses):**
• The recipient can make it clearer who the new voices/partners or non-traditional partners that are included in the EHE planning process.

• The recipient did not provide supporting documentation for the community engagements. For example, on page 5, there is mention of a convention of the full Florida Comprehensive Planning Network that took place. The recipient only mentioned that workgroups were formalized from the four EHE Pillars, but no additional details such as the agenda or summaries of some of the strategies and action items that resulted.

• The recipient did not document a clear process for reaching concurrence, non-concurrence, or concurrence with reservations of final EHE plan with local HIV planning body.

Capacity Building/Technical Assistance Recommendations or Suggestions:
None Noted.

Recommendations:
• The recipient should make a concerted effort to identify and recruit new stakeholders for community engagement and planning group membership. Include more specifics on the new voices/partners and non-traditional partners that will be engaged in this planning process.

• The recipient should include supporting documentation for community engagements such as the agenda, attendee descriptions and meetings summaries.

• The recipient should revise the plan to use language consistent with the NOFO. Replace “people living with HIV” or PLWHA with people with HIV or PWH.

Action Items:
1. Update this section of the plan to include more specifics on the engagement of new voices/partners and non-traditional partners that will be engaged in the planning process for EHE.

2. Provide supporting documentation of the different stakeholder engagements.
**SECTION II: EPIDEMIOLOGIC PROFILE SNAPSHOT SUMMARY [NOFO Activity 2]**

Recipients should submit a snapshot summary of a current epidemiologic profile (most current data available) for their jurisdiction. This snapshot should be no more than 5 pages and should highlight key aspects of the HIV burden in the identified Phase I jurisdiction(s) as they relate to the EHE initiative. Note that an existing full epidemiologic profile may be submitted if it includes the most current data available and explicitly describes the epidemiology of the identified Phase I county/jurisdiction.

Please select a response in the drop-down box for which the recipient provided appropriate information.

<table>
<thead>
<tr>
<th>Did the recipient:</th>
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<tbody>
<tr>
<td>1. Provides a general or brief description of the burden of HIV in the jurisdiction (examples: in terms of socio-demographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, people with HIV (PWH) and persons at higher risk for infection?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Utilize the most currently available data (e.g., within the last 3 years)?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Reference year for the data source?</td>
<td>Partial</td>
</tr>
<tr>
<td>Year for data: 2018</td>
<td></td>
</tr>
<tr>
<td>Data Source(s): Provide data source information</td>
<td></td>
</tr>
<tr>
<td>4. Include key characteristics relevant to any recent of active cluster investigations?</td>
<td>Partial</td>
</tr>
<tr>
<td>5. Describe the geographical region(s) of the jurisdiction (e.g., map or narrative) representing the phase I counties?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Reviewer's General Feedback on Epi Profile Summary:**

This is a very well-constructed, comprehensive epidemiological profile for Florida and the seven counties with the highest incidence of HIV. The profile does well with addressing social determinants of health, demographic characteristics of the population, and geographical considerations.

**Strengths:**
- The epi profile contains pertinent information on HIV diagnoses and AIDS cases in the seven affected counties within FL and the priority populations with the highest incidence of HIV
- HIV data: Trends, Geographical distribution, Prevalence and incidence. Disaggregated HIV data by race, age, gender, health risk behavior

**Areas for Improvement (Weaknesses):**
- Although the recipient mentioned the challenges of collecting data on transgender populations, the group needs to be included in activities contained in the EHE plan. The recipient should continue to improve their HIV surveillance for this population.
- The recipient should include the data source for the epidemiological profile
- The recipient provided details on a current HIV cluster investigation, but only provided geographical context to the cluster.

**Capacity Building/Technical Assistance Recommendations or Suggestions:**
- Assistance with improving HIV surveillance for transgender populations

**Recommendations:**
• Update the epidemiological profile with the requested information (e.g., data source).
• Provide as much detail including demographic and behavioral risks for members of the identified clusters discussed on pgs. 15-16.

**Action Items:**

1. Update the epidemiological profile with the requested information (e.g., data source).
SECTION III: SITUATIONAL ANALYSIS [NOFO Activity 3]

Recipients should submit a snapshot summary of a current situational analysis that provides an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities (no more than 10 pages). This snapshot should be organized by pillar and synthesize information from the local epidemiologic data, from the engagement with local planning bodies, and from other local partners and local community engagement efforts.

Please select a response in the drop-down box for which the recipient provided appropriate information.

<table>
<thead>
<tr>
<th>Did the Plan indicate:</th>
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<tbody>
<tr>
<td>1. A current situational analysis that provides an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Description of identified gaps in local HIV prevention and care activities as well as unmet needs (needs assessment)?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. A snapshot that synthesizes information from the local epidemiologic data, from the engagement with local planning bodies, and from other local partners and local community engagement efforts?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. If the analysis was informed by and included other federally and state/locally funded implementation partners?</td>
<td>Partial</td>
</tr>
<tr>
<td>5. A description of relevant social determinants of health and how they affect HIV outcomes in the jurisdiction?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. If the situational analysis was organized by pillar?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Reviewer’s General Feedback on the Situational Analysis Snapshot Summary:

This is a very thorough and comprehensive situational analysis that also includes information on the identified counties as appropriate for the specific EHE pillars. This analysis provides a clear overview of the different successes, challenges and needs of the HIV response by EHE pillar.

Strengths:

• The situational analysis is thorough and comprehensive. It provides context of what is occurring in the state and the identified counties by each EHE pillar.
• The situational analysis outlines the various gaps, unmet needs, and barriers that the state seeks to address during the planning phase.
• The situational analysis does well to document the various social determinants of health and their impact on HIV outcomes as well as identify specific areas of needs that will help to reduce barriers and improve not only HIV outcomes, but the overall well-being of the clients being served.

Areas for Improvement (Weaknesses):

• It is unclear if other federally and state funded partners participated in the situational analysis. The situational analysis provided is comprehensive and highlights the complexities FL faces to address the HIV epidemic in the state and the identified EHE counties. Please, clarify which partners assisted with the development of this situational analysis.
• On page 20 under case management, the recipient states “there is a need for additional resources and training to support the case management workforce.” No further context is provided. The recipient could highlight current case management resources that are
supported by the Ryan White HIV/AIDS Program (RWHAP) if any and non-RWHAP funded case management. What additional resources does the recipient anticipate needing to strengthen the case management workforce?

- Work with Ryan White providers to increase their awareness and knowledge of support services available for clients in need.

**Capacity Building/Technical Assistance Recommendations or Suggestions:**
- Cultural humility/sensitivity trainings for recipient staff and partnering service providers (healthcare providers and support services providers) who engage with populations disproportionately affected by HIV in Florida (e.g., Black and Hispanic gay, bisexual man and transgender persons of all races/ethnicities). Examples of these types of trainings include *Deconstructing Homophobia and Transphobia* which is offered through the California PTC and the *Undoing Racism* workshop provided by the People’s Institute for Survival and Beyond.

**Recommendations:**
- Indicate which local, state, and federally funded entities contributed to the situational analysis.
- Identify training needs for healthcare and support services providers as it relates to cultural humility/sensitivity around the specific topics identified as barriers to HIV prevention and care services for the priority populations

**Action Items:**
1. Update this section to address areas of improvement and recommendations.
### SECTION IV: EHE PLANNING [NOFO Activity 6, 7]

The EHE plan should be organized by Pillars: Diagnose, Treat, Prevent, and Respond. For each Pillar, anticipated HIV workforce needs should be described.

Please select a response in the drop-down box for which the recipient provided appropriate information.

**Did the Plan include relevant information (for example: key activities and strategies, potential partners, potential funding sources, goals, outcomes, data sources) for each of the pillars?**

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Response</th>
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<tbody>
<tr>
<td>Diagnose</td>
<td>Responsive</td>
</tr>
<tr>
<td>Treat</td>
<td>Responsive</td>
</tr>
<tr>
<td>Prevent</td>
<td>Responsive</td>
</tr>
<tr>
<td>Respond</td>
<td>Responsive</td>
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**Reviewer's General Feedback on the EHE Planning Sections:**

This section provides excellent details that are specific to the state and county-level needs in Florida. Ensure that you also identify the workforce need by pillar and for each respective affected EHE county. We provided specific comments for each county by pillar.

**Diagnose (general comments):**

- The recipient was responsive for the diagnose pillar across all EHE plans that included one for the state and each of the seven EHE Phase I counties. There were common activities across the EHE plans to identify people with HIV that included testing in non-traditional settings, support for routine testing, health education and engagement of priority populations.
- If possible, include a metric for providers that measures their change in stigmatizing attitudes or increase in cultural humility/sensitivity. A data source/system will be needed to capture and measure this change.

**Broward** - Include a measure for HIV testing in non-healthcare settings; what is the database that will capture stigma-related data?

**Duval** – Include measures on linkage to HIV medical care rate and number of individuals linked to care (increase from 71%); Clarify what peer programs entail (Activity #2); Consider including other activities to reduce stigma (e.g., homophobia, transphobia) if these are pertinent to address in this county; ensure there is a database/system that will capture data on stigma (HIV-related or otherwise)

**Hillsborough** – Include a measure on increased # of facilities conducting routine HIV testing

**Miami-Dade** – No comments

**Orange** – Include outcome measures for Activity 3 regarding public school systems and ensure there is a database/system to capture this information

**Palm Beach** – Establishment of protocols/procedures may be needed for opt-out HIV testing in some health care settings

**Pinellas** – No comments

**Treat (general comments):**
• Treatment goals and activities across the EHE plans support people with HIV across the HIV care continuum to ensure progress towards linkage, retention in care, ART prescription and viral load suppression.
• The recipient activities such as telehealth and mobile clinic would facilitate the reengagement of these individuals into care. The plans include existing resources such as Ryan White HIV/AIDS Program Part A and exploring the expansion of services to new stakeholders such as private healthcare providers.

Broward – Some of the key activities/strategies are outcomes (e.g., 2a, 2b), please provide the proposed activities that will assist with achieving these outcomes; include outcomes specific to the health equity activities proposed for providers
Duval – Include measures on linkage/re-engagement; retention in care; and viral suppression
Hillsborough – Clarify the type of interventionist referenced in Activities 2 and 3; quantify the outcomes (e.g., # of people linked to care in 30 days; # of people virally suppressed; increased linkage to care w/in 30 days rate, etc.)
Miami-Dade – Excellent incorporation of activities that address social determinants salient within the county; Include linkage to care outcome measures
Orange – No comments
Palm Beach – Work with federal partners to determine if EHE funds be used to purchase ARV meds; clarify what is meant by Provide data
Pinellas – Ensure there is a mechanism in place to capture data regarding the social determinants listed in Activity 6; establish or enhance partnerships with entities that address these social determinants

Prevent (general comments):
• The recipient details the plans to prevent new HIV through the implementation and scale of biomedical prevention and educational and awareness efforts.
• For key activity #6b, include both PWH and those not living with HIV regarding stigma reduction; use intersectional approach to identify topical areas most salient to address with health care providers and other personnel; include a measure for the stigma reduction activity proposed in 6b.
• Each plan discussed prevention activities that were cognizant of critical characteristics like geography, priority populations and points of entry into the system.

Broward – Consider adding any social determinant activities relevant to the Prevent pillar that may help facilitate lower rates of HIV; include a measure for HIV transmission rates as the goal is to see a reduction in HIV rates for this county
Duval – Include measures on # of PrEP prescriptions; how will providers be engaged for this pillar in the county (e.g., trainings; academic detailing); modify the adoption of SEP measure so that it is measurable
Hillsborough – Ensure to have baseline assessments of the outcomes you intend to measure to determine if an increase in PrEP awareness among priority population, provider trainings, and priority population member prescribed PrEP occurred
Miami-Dade – No comments
Orange – No comments
Palm Beach – Include metrics for social marketing/media campaigns; establish baseline for PrEP prescriptions/uptake in county
Pinellas – Partnerships with schools/school systems should be included in key partners to execute Activity 3

Respond (general comments):
- Many of the activities detailed in the Respond pillar allude to health systems strengthening and capacity building. Rapid detection and response to HIV clusters will require increased medical provider capacity to diagnose HIV and enhancing and leveraging of data. It is evident that the work under this pillar will be done through ongoing engagement and buy-in from key community stakeholders and advisory bodies.
- Include HBCUs in the key partners particularly for the community engagement activity mentioned in 3a-b and more specifically in the counties where HBCUs are located

Broward – Clarify which health inequities will be addressed
Duval – Include activities that speak to the reduction of health inequities among local providers and clarify which health inequities
Hillsborough – Quantify outcome measures (e.g., # of clusters identified/explored, # EIS hired, etc.)
Miami-Dade – No comments
Orange – Is HIV criminalization a statewide issue or just for this county? If statewide, this may be an activity that should be addressed at that level; Will this county incorporate any of the molecular surveillance activities? If so, please update the plan to reflect those activities
Palm Beach – Does this county plan to implement HIV molecular surveillance? If so, include outcome measures for that activity
Pinellas – Ensure that community members/priority populations are included as key partners particularly in discussion regarding HIV criminalization and best methods for communicating about this strategy.

Workforce Needs:
The plan identifies key partners for the suggested activities; however, please include any workforce needs by pillar and more specifically by the needs for each county. This is an opportunity to also identify other partners that are not traditionally affiliated with HIV prevention and care services.

Reviewer’s Feedback on EHE Plan:
Strengths:
- Comprehensive statewide county plans by pillars
- The proposed key activities/strategies are consistent with the information provided in the situational analysis and the epi profile.
- Excellent details of the key activities/strategies outlined by the affected EHE counties in Florida
- Each county specific plans were introduced with a background to provide county specific context
- Some innovative ideas- for jail linkage programs, sexual health ambassadors, Telehealth, TelePrEP, PrEP through social media.

Areas for Improvement (Weaknesses):
• Include priority population members as key partners in each pillar of the EHE plan to ensure engagement and acceptability of proposed plan(s)

Capacity Building/Technical Assistance Recommendations or Suggestions:
None Noted.

Recommendations:
• The recipient’s EHE plan must use SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives. The goals and activities across all the pillars are too general and oftentimes do not meet these criteria. Subsequent key activities and strategies should support the attainment of the goal and provide context that is both quantified and qualitative.
• The recipient should address HIV criminalization statewide.
• The epi summary that is provided before each plan should be used to inform the subsequent goals and activities.
• Specific details should be provided as to who is being reached, where and over what time period
• See additional comments above for specific recommendations for each county by pillar to improve the plan

Action Items:
1. Update the plan to address the state and county level suggestions provided above.
### Additional Feedback and Comments from Assigned Project Officers (to be completed by CDC and HRSA Program Project Officers)

#### Reviewer’s Feedback (General):
- Florida draft EHE plan was well-written with innovative strategies that captures the unique activities in each of the counties and their identified challenges. They proposed realistic solution to meeting the stated objectives of this endeavor and will need to adopt the recommendations noted in the summary review.
- The Epi Profile section on “HIV Transmission Clusters and Networks” (pages 15-16) only described detecting and responding to clusters using molecular HIV surveillance, which is only one method of identifying transmission clusters, and did not describe other methods for detecting transmission clusters, e.g., time-space analyses, or responding to clusters detected through other methods.
- The EHE plan should clearly indicate that transmission clusters would be identified through multiple approaches, including partner services, astute providers, and surveillance data, which can also be used to detect HIV diagnoses clustered in time and space, in addition to clusters of HIV infections with closely related strains identified through nucleotide sequence analysis.
- The EHE plan should ensure that the general sections addressing the respond pillar broadly encompass transmission clusters identified through all approaches, not just those identified through analysis of genotype sequences.
- The EHE plan needs refinement where the objectives quantify the goals and activities respective to the epidemiological summary, stakeholder engagement and situational analysis sections. For example, the recipient highlighted increase in incidence among variant groups such as males, females, MSM and ages 55-59 among others. However, in the diagnose pillar, the recipient does not provide a nuanced approach that reflects the differences of these priority populations. The plan should include targeted interventions for each of these key groups. Furthermore, there is no mention of the identification and testing of partners of newly diagnosed people with HIV.
- The plan seems well suited to increase capacity through outreach efforts and community engagement. The plan should include more definitive steps to accomplish the goals outlined for addressing unmet need and improving outcomes.
- The plan lacks specificity, such as timelines, responsible parties, and quantifiable goals.
- The recipient should continue to actively engage community stakeholders, federal partners, community health departments, and community-based organizations. Listening sessions should also engage wide range of populations impacted by HIV.
- The plan needs to develop and document clear process for reaching concurrence, non-concurrence, or concurrence with reservations of final EHE plan with local HIV planning body.

**Note to Recipients and Reviewers:** Federal feedback, recommendations, and action items provided should be included in the recipient’s final submitted EHE Plan. CDC and HRSA project officers, in conjunction with the review team, may elect to host a joint conference call with the recipients after feedback has been disseminated, if deemed necessary. Additionally, assigned project officers will continue to engage recipients and discuss EHE planning during routine monitoring calls as well as to facilitate and broker any needed capacity building or technical assistance services.
As a reminder, the EHE plans are “living documents” and serve as a blueprint for HIV prevention and care activities.