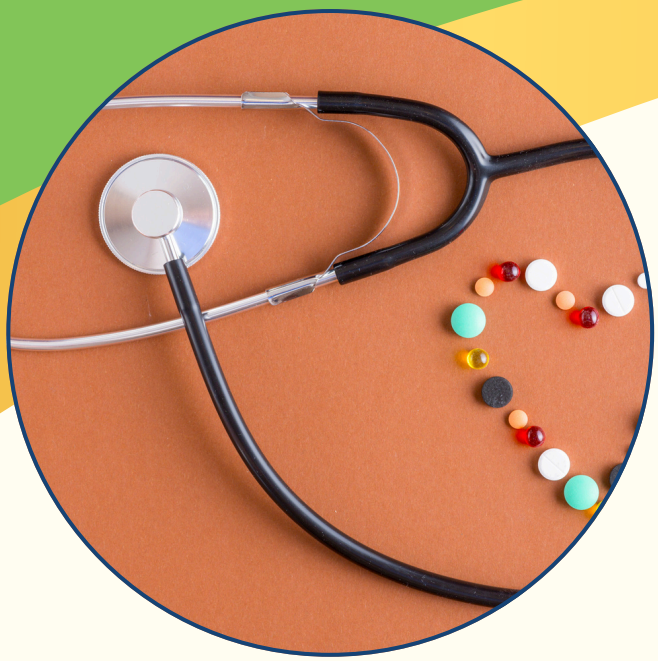
PALM BEACH COUNTY



INTEGRATED HIV PREVENTION AND CARE PLAN 2027-2031

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Acknowledgements

The Palm Beach County 2027–2031 Integrated HIV Prevention and Care Plan was prepared by Genève Simeus, MPH, Health Planner II, Palm Beach County Community Services Department, Ryan White Part A/MAI Program, HIV Elimination Services.

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Special recognition is extended to people with HIV, individuals vulnerable to HIV, community members, providers, and partners who participated in planning meetings, surveys, focus groups, data review, community engagement activities, and workgroup discussions. Their experiences, expertise, and feedback were essential in identifying local needs, service gaps, barriers, priority populations, and strategies to strengthen Palm Beach County's HIV prevention and care system.

This plan reflects the collective commitment of Palm Beach County's HIV prevention and care community to reduce new HIV infections, improve health outcomes for people with HIV, address disparities, reduce stigma, and support coordinated efforts across the HIV prevention and care continuum.

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Section 1: Introduction to Plan and SCSN

The Palm Beach County 2027–2031 Integrated HIV Prevention and Care Plan provides a coordinated framework for addressing HIV prevention, care, treatment, and support service needs across the local jurisdiction. The plan builds upon the work completed during the 2022–2026 Integrated HIV Prevention and Care Plan cycle and reflects updated local planning efforts, community engagement, needs assessment findings, epidemiologic data, and ongoing collaboration among HIV prevention and care partners.

The purpose of the Integrated Plan is to guide Palm Beach County's local HIV response over the next five years by identifying priority needs, strengthening coordination across prevention and care systems, aligning activities with available resources, and supporting progress towards Ending the HIV Epidemic initiatives. The plan is organized around the Ending the HIV Epidemic strategies to diagnose, treat, prevent, and respond. Through this structure, Palm Beach County seeks to reduce new HIV infections, improve HIV-related health outcomes for people with HIV, reduce HIV-related disparities and health inequities, and support integrated coordinated efforts among local partners and collaborators.

The 2027–2031 Integrated Plan was developed through an updated planning process while maintaining continuity with existing local materials and prior planning efforts. The 2022–2026 Integrated HIV Prevention and Care Plan served as an important foundation for the current submission by providing a structure for community engagement, data review, goals and objectives, and implementation planning. Since the prior plan, Palm Beach County has continued to refine its local planning approach by incorporating updated needs assessment findings, epidemiological data, community feedback, and workgroup discussions to ensure that the new plan reflects current local conditions and priorities.

For the Statewide Coordinated Statement of Need component (SCSN), Palm Beach County acknowledges that a current SCSN has not been provided by the Florida Department of Health for inclusion in this submission. Our local Palm Beach County Department of Health has been involved in our planning process as an active contributor, partner, and stakeholder, particularly through participation in local prevention planning, coordination and care efforts. However, there has been limited collaboration with the state regarding the development or provision of a formal SCSN for this planning cycle.

In the absence of a state-provided SCSN, Palm Beach County's Ryan White Part A 2025-2026 Comprehensive Needs Assessment serves as the primary local statement of need. The needs assessment helps Palm Beach County better understand current local trends, service needs, barriers, gaps, and priority populations within the jurisdiction. This information will continue to inform local planning, implementation, monitoring, and future updates to the Integrated Plan as additional state-level guidance or data become available in the future.

Approach

The development of this Integrated Plan was led by the HIV CARE Council through collaboration among the Palm Beach County Ryan White HIV/AIDS Part A (RWHAP) Recipient's Office, the Community Prevention Partnership (CPP), the local Palm Beach County Department of Health, funded service providers, community partners, people with HIV (PWH), and other stakeholders involved in HIV prevention and care. The planning process included review of existing planning documents, local data sources, community input, needs assessment findings, and workgroup discussions. These efforts were used to identify service system strengths, challenges, barriers, gaps, and priorities across the HIV prevention and care continuum.

Palm Beach County's approach to preparing this submission included the development of new narrative sections, updating prior plan content where appropriate, and integrating current local data and planning input. The 2027–2031 Integrated Plan combines new and existing materials, including updated epidemiologic data, the 2025–2026 Comprehensive HIV Needs Assessment, the HIV prevention, care, and treatment resource inventory, community engagement findings, workgroup input, and existing EHE-related planning activities. This approach allowed the jurisdiction to maintain continuity with previous planning efforts while ensuring that the 2027–2031 plan reflects current needs, emerging challenges, and updated local priorities.

The submission package includes the Palm Beach County 2027–2031 Integrated HIV Prevention and Care Plan, the completed CY 2027–2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist, and signed letters of concurrence from the Palm Beach County HIV CARE Council and the Community Prevention Partnership. The plan will serve as a living document and will be reviewed, monitored, and revised as needed throughout the five-year planning cycle.

Section 2: Community Engagement and Planning Process

Overview of the Planning Approach

Palm Beach County's Integrated Planning process utilized a collaborative, community-driven and data-informed approach to develop the 2027–2031 Integrated HIV Prevention and Care Plan. This planning process provided opportunity for stakeholders, prevention and care providers, people with HIV (PWH), and community members to be meaningfully engaged and actively partake in prioritizing goals, activities and objectives for prevention and care activities and services. The planning process provided the opportunity for community needs, health disparities, gaps and service barriers to be addressed and identified. This was done by utilizing contributing data sets such as the epidemiologic profile and the Comprehensive Needs Assessment (2025-2026) which includes client needs assessment surveys, provider capacity assessments, and qualitative community input, including focus groups. Integrated planning workgroup members

were representative of the community that Palm Beach County serves. The planning approach intentionally integrated prevention and care objectives aligned with our Ending the HIV Epidemic (EHE) efforts.

Our 2027-2031 Integrated HIV Prevention and Care Plan builds upon the 2022–2026 Integrated Plan. Our jurisdiction modified and enhanced existing planning structures and materials rather than developing an entirely new framework. This allowed the planning body to incorporate lessons learned from the previous plan progress and evolving community priorities while maintaining continuity across planning cycles.

Jurisdictional Planning Process

1. **Planning Steps**

The planning process followed a structured, multi-step approach that included:

- Review of the existing Integrated Prevention and Care Plan (IHPCP), including the EHE-related plans
- Compilation and review of epidemiologic, programmatic, and needs assessment data
- Collection and analysis of qualitative community input, including surveys and focus groups, to identify service gaps, barriers to care, and emerging needs
- Engagement of stakeholders through integrated planning workgroups and planning bodies
- Review of progress toward 2022–2026 goals and objectives
- Identification of gaps, emerging needs, and priority populations
- Development and refinement of goals, objectives, and activities for the 2027–2031 planning period

This approach ensured that planning decisions were informed by both quantitative data and qualitative community input. Engagement activities included Integrated Planning Workgroup meetings, Planning Council committee meetings, and structured discussions focused on specific pillars and objectives. In addition, community input was gathered through client needs assessment surveys, provider capacity surveys, and focus group discussions.

2. **Groups Involved in the Planning Process**

The planning process engaged a broad range of groups representing both HIV prevention and care systems, including:

- Palm Beach County Ryan White Part A HIV/AIDS CARE Council (Planning Council)
- Palm Beach County Florida Department of Health Ryan White Part B
- Ryan White Part A/MAI Recipient Office
- Community Prevention Partnership (CPP)
- Ending the HIV Epidemic (EHE) Recipient Office
- Integrated Planning Workgroup members

- People with HIV and individuals vulnerable to HIV

New and existing collaborators from disproportionately affected communities were intentionally included to ensure the planning process reflected local demographics and lived experience.

3. **Use of Data Sources**

Multiple data sources were used throughout the planning process to inform decision-making, including:

- Epidemiologic surveillance data
- HIV prevention and care continuum data
- Program performance data
- Comprehensive Needs Assessment (2025-2026) findings
- Community feedback collected through planning bodies and workgroups

Data indicators were used to assess progress toward current goals, identify disparities across populations and geographic areas, and inform prioritization of strategies for the next planning cycle. In addition to quantitative data sources, qualitative data collected through client needs assessment surveys, provider capacity surveys, and focus group discussions played a critical role in informing the planning process.

Findings from these engagement activities identified several key barriers and service gaps, including housing instability, financial constraints, workforce capacity limitations, and gaps in supportive services such as peer support, mental health and transportation. Community input also highlighted the ongoing impact of HIV-related stigma across healthcare, housing, and community settings. These findings were used to guide decision-making as possible, refine priorities, and inform the development of goals, objectives, and activities for the 2027–2031 Integrated HIV Prevention and Care Plan.

4. **Representation from Priority Populations:**

Representation across planning activities reflected the populations most disproportionately impacted by HIV in Palm Beach County, including Black/African American men and women, Hispanic/Latinx communities, men with male to male sexual contact (MMSC), and individuals experiencing housing and economic instability. Participation from these populations was supported through our 291 clients that completed the HIV client survey component of the Comprehensive Needs Assessment (2025-2026) and the 30 clients who participated in our focus groups, Planning Council and CPP membership, Integrated Planning Workgroup engagement, and community feedback surveys that gathered information on success and challenges in our current local HIV prevention and care landscape.

Entities Involved in the Process

Palm Beach County Ryan White HIV CARE Council:
The Palm Beach County HIV Comprehensive AIDS Resource Emergency (CARE) Planning Council is the main lead in the development of the Integrated HIV Prevention and Care Plan. The CARE Council was created and established by the Board of County Commissioners in November of 1993. The HIV CARE Council is composed of 27 voting board members who represent the legislative mandates for membership. The mission of the CARE Council is to plan, develop, monitor, evaluate and advocate for a comprehensive system of care for medical and support services for individuals and families in Palm Beach County living with and affected by HIV/AIDS.

Thirty-three (33%) of the HIV CARE Council's total membership is composed of persons with HIV (PWH). There must also be persons with HIV present in each committee for there to be a quorum for voting on agenda items. The HIV CARE Council members also reflect the demographic of persons with HIV in Palm Beach, and prioritizes the involvement and representation of historically and disproportionally affected populations including Black/African American men and women, individuals ages fifty years and older, and individuals from our western rural communities. The HIV CARE Council currently has 5 standing committees that include the following: Executive, Community Engagement and Membership, Priorities and Allocation, Planning, Quality Management and Evaluation & Local Pharmacy Assistance Program (QMEC/LPAP).

Community Prevention Partnership (CPP) and FDOH Prevention Program:
The HIV CARE Council and Integrated Planning Workgroup work in close collaboration with our Palm Beach County Community Prevention Partnership (CPP) and Florida Department of Health (FDOH) Prevention Program. CPP and FDOH Prevention Program is the secondary lead in the Integrated HIV Prevention and Care plan, in particular the diagnoses and prevention pillars. CPP's mission is to promote the engagement of HIV prevention programs to collaborate and work together in HIV prevention, testing, outreach and education efforts. CPP membership includes individuals from the FDOH, Community-Based Organizations (CBO)s, Faith-Based Organizations (FBOs), Community Health Centers and Federally Qualified Health Care Centers (FHQCs), Palm Beach County School District, mental health and substance use providers, Community Building Advocates Organization, persons with HIV and members of historically underserved populations.

CPP's responsibilities include ensuring that there is no duplication of prevention services and few, if any, barriers and gaps in the HIV prevention and care continuum. CPP activities include education and outreach with PrEP, PEP, and HIV testing. This is accomplished through information sharing and collaboration, by promoting the coordination of services for priority

populations (those with higher HIV diagnoses) and ensuring collaborative efforts with the HIV CARE Council.

Key Stakeholder Engagement in Integrated Planning Workgroup:
Other Key Stakeholders from the Community participated in the development of the 2027-2031 Integrated HIV Prevention and Care Plan.

Key Stakeholder Engagement Area of Focus	Organization/Agency
HIV Care and Treatment	HIV CARE Council and Ryan White Part A/MAI/EHE Recipient Office and Sub-recipient agencies
HIV Prevention, PrEP, PEP, nPEP	Community Prevention Partnership
HIV Prevention, PrEP, PEP, nPEP, Self test kits, safer sex kits and condom distributions	Florida DOH Prevention Programs
Faith-Based Organization	Triple H Ministries
Substance Use Disorder, Harm Reduction and Recovery Support	Rebel Recovery
Housing Opportunities for People with AIDS (HOPWA), Housing Agencies	Palm Beach County Housing Authority
Community-Based Organizations	Community Building Advocates Organization, Raising Ongoing Adherence and Resilience (ROAR) mentorship program

Role of RWHAP Part A Planning Bodies and Key Entities

The Palm Beach County HIV CARE Council played a central and lead role in the development of the 2027-2031 Integrated HIV Prevention and Care Plan with coordination and collaboration with the Ryan White Part A/MAI/EHE recipient office by providing a coordinated approach to review data, identify service gaps and barriers, prioritize plan activities and structure input throughout the planning process.

The HIV CARE Council, in collaboration with its committees and planning partners, including the Community Prevention Partnership (CPP) and Florida Department of Health HIV Prevention Programs, supported a coordinated and integrated approach to HIV prevention and care planning.

These bodies worked collectively to review data, identify service gaps, and ensure that goals, objectives, and strategies reflected the needs of the local epidemic and aligned with the Ending the HIV Epidemic's (EHE) initiative of diagnose, treat, prevent and respond.

The HIV Planning CARE Council and CPP and FDOH were actively engaged in multiple components of the planning process, including:

- Reviewing epidemiologic, programmatic, and needs assessment data
- Selecting goals, objectives, and activities across all pillars that align with local needs
- Ensuring alignment and coordination between prevention and care systems for individuals with HIV and those at a higher risk of HIV
- Establishing performance and measurement metrics to share plan progress

This collaborative approach allowed for HIV care, treatment and prevention partners and individuals with lived experience to come together and identify care, treatment and prevention-focused priorities and ensure that activities are data driven and address gaps in services and community needs. Together, these groups ensured that both prevention and care perspectives were fully integrated into the planning process.

The HIV CARE Council also ensured that the planning process remained inclusive and responsive to community input. Through its committees and partnerships, the Council supported engagement activities such as integrated plan community feedback forms, client focus groups, and the needs assessments that includes the HIV client survey and the provider capability and capacity survey, which informed planning decisions and helped identify barriers to care, including those related to health disparities and social determinants of health. All planning activities were open to the community through the Integrated Planning workgroup which met twice a month over the course of almost a year.

In addition to its role in plan development, the HIV CARE Planning Council will continue to provide oversight of the Integrated Plan during implementation and data review and updates. This includes monitoring progress toward goals and objectives, reviewing performance data, and soliciting ongoing feedback from stakeholders, including people with HIV and individuals vulnerable to HIV. The Council will work in coordination with the RWHAP Part A Recipient's Office and other partners such as CPP and FDOH Prevention Program to ensure that the plan remains responsive to emerging needs and is updated as necessary.

Roles of Planning Bodies and Other Entities

The development of the 2027–2031 Integrated HIV Prevention and Care Plan was supported through collaboration among multiple partners across Palm Beach County. These entities contributed to the planning process by providing objective and activity progress data,

programmatic expertise, and community-informed perspectives to ensure a coordinated and comprehensive response to the HIV epidemic.

CDC FDOH HIV Prevention Program:
The CDC-funded FDOH HIV Prevention Program played a key role in contributing epidemiologic and prevention program data, including surveillance findings, and trends related to HIV testing and linkage to care. Prevention program representatives actively participated in Integrated Planning Workgroup meetings and collaborative discussions, ensuring that prevention strategies were aligned with current data and reflected evidence-based approaches.

Palm Beach County Department of Health (DOH) RWHAP Part B Program:
The DOH RWHAP Part B Program contributed to the planning process by providing regional epidemiological data, programmatic insights, and coordination with Part A services. Part B representatives participated in planning discussions to ensure alignment across service delivery systems, particularly in areas related to care continuum outcomes, support services, and access to treatment. Collaboration between Part A and Part B supported continuity of care and minimized duplication of services.

Ending the HIV Epidemic (EHE) Initiative:
EHE partners played an integral role in aligning local planning efforts with national strategies. Our EHE-funded program contributed data, participated in planning discussions, and supported the identification of priority populations and high-impact strategies. The integration of EHE activities into the planning process ensured alignment with the four EHE pillars of Diagnose, Treat, Prevent, and Respond and supported coordinated implementation across funding streams.

Community Members and Other Key Entities:
Community members, including people with HIV, community-based organizations and service providers were actively engaged throughout the planning process. Their contributions included participation in the Integrated Planning Workgroup meetings, needs assessment activities, and community engagement efforts such as HIV client surveys and focus groups. Additional partners, including substance use and behavioral health providers, housing authority service organizations, and social service agencies, provided input on social determinants of health and service gaps impacting HIV outcomes during the planning process.

Collaboration Across Prevention and Care Systems:
Collaboration across prevention and care partners and organization were a central component of the integrated planning process. Planning bodies and program representatives worked together in the Integrated Planning Workgroup, shared data and needs assessment review, and coordinated

discussions to align goals, objectives, and strategies. These structured engagement opportunities allowed for continuous input, feedback, and coordination throughout the planning process.

Prevention and care partners jointly reviewed epidemiological profile data, programmatic data, identified shared priorities, and ensured that strategies addressed both prevention and care continuum outcomes. This collaborative approach supported the identification of service gaps, reduced duplication of efforts, and strengthened linkages between systems, including HIV prevention, medical care, behavioral health, and supportive services.

This integrated and collaborative approach ensures that the 2027–2031 Integrated HIV Care and Prevention Plan reflects a coordinated response across all partners and funding streams and is responsive to the needs of people with HIV and those vulnerable to HIV in Palm Beach County.

Community Communications and Public Awareness Strategies:
In addition to formal planning meetings, surveys, focus groups, and stakeholder engagement activities, Palm Beach County uses community communications and public awareness strategies to extend engagement beyond traditional planning settings. Through HIVES and partner efforts, outreach is supported through digital and social media messaging, community-based events, mobile outreach, and partnerships with trusted community stakeholders, especially for priority populations.

These strategies are designed to increase awareness of HIV prevention, testing, care, and treatment services; reduce stigma and misinformation; and connect residents to available resources. Messaging is informed by epidemiologic data, needs assessment findings, provider input, and community feedback to support culturally responsive outreach to priority populations. Trusted partners, faith-based organizations, peer leaders, and community messengers help strengthen awareness, promote health literacy, and support linkage to prevention and care services across the HIV continuum.

Cluster Detection and Response:
The jurisdiction incorporates community engagement strategies to support HIV cluster detection and response activities. When potential clusters are identified, prevention and care partners led by the Palm Beach County Department of Health coordinate outreach, testing, linkage to care, and prevention services. Community stakeholders are engaged, as appropriate, to ensure responses are timely, culturally responsive, and reflective of the needs of affected populations. Cluster detection data conducted by the Department of Health will be shared with other HIV prevention and care stakeholders when available.

Collaboration with RWHAP Parts- SCSN

The Ryan White HIV AIDS (RWHAP) Part A program participated in the state of Florida Integrated Planning process, partaking in the planning workgroup and sharing our local activities and processes in Palm Beach County with the Florida Comprehensive Planning Network. Participation in the workgroup included providing insight and prioritization of client needs and proposed activities for the statewide plan. The workgroup was disbanded and closed out in March 2026 with no final statewide coordinated statement of need that has been shared. Our 2025-2026 Comprehensive Needs Assessment completed by the RWHAP Part A program serves as our local statement of need.

RWHAP Part A and Part B programs work collaboratively to ensure alignment between local planning efforts. Representatives from both programs participate in Integrated Planning Workgroup meetings and HIV CARE Planning Council committee meetings, where they review epidemiologic data, needs assessment findings, and program performance data. This coordination supports a shared understanding of service needs and strengthens continuity of care across jurisdictions.

Engagement of People with HIV

People with HIV were actively engaged throughout all stages of the integrated planning process. Engagement occurred through multiple mechanisms, including participation in the HIV client needs assessment, focus groups, and Integrated Planning Workgroup meetings.

During the needs assessment phase, people with HIV contributed through surveys and focus group discussions, providing direct input on assessment questions of service needs, barriers to care, and lived experiences. These insights highlighted key challenges related to stigma, access to services, and social determinants of health. In the priority setting phase, feedback from people with HIV was reviewed alongside epidemiologic and programmatic data to identify key service gaps and inform the prioritization of strategies. Their input helped ensure that planning decisions reflected the most pressing needs of the community.

People with HIV also participated in the development of goals, objectives, and activities through involvement in Integrated Planning Workgroup discussions and Planning Council processes. Their contributions helped shape strategies aimed at improving access to care, reducing disparities, and enhancing overall health outcomes.

The jurisdiction values the role of people with HIV as essential partners in the planning process and recognizes their lived experience as critical to developing a responsive and effective Integrated Plan. The jurisdiction will continue to engage people with HIV throughout the

implementation and monitoring of the Integrated Plan. This includes continued participation in the Integrated Planning Workgroup that supports the implementation, monitoring, evaluation, and ongoing improvement of plan activities as well as where progress toward goals and objectives is reviewed and discussed. Their input will help assess the effectiveness of strategies and identify areas for improvement.

Additionally, ongoing feedback and stakeholder discussions, will provide opportunities for people with HIV to inform the continuous improvement process. This ensures that the Integrated HIV Care and Prevention Plan remains responsive to emerging needs and evolving challenges within the community.

Key Priorities Identified Through the Planning Process

The community engagement and planning process identified several overarching priorities for the 2027–2031 planning period, including:

- Reducing HIV-related differences in outcomes among priority populations
- Strengthening focused and data-driven prevention strategies
- Improving coordination across HIV prevention, care, and supportive service systems
- Addressing social and structural barriers, including housing instability, transportation access, and stigma, that impact HIV outcomes
- Enhancing workforce capacity, training and sustainability to support service delivery
- Strengthening data-informed decision-making, monitoring, and accountability

These priorities were informed by both quantitative data and qualitative community input, including findings from needs assessment surveys, provider capacity assessments, and focus group discussions. Key themes that shaped these priorities included housing instability, service access barriers, workforce capacity challenges, and the impact of stigma on engagement in care.

These priorities directly informed the development of goals, objectives, and strategies outlined in subsequent sections of the Integrated HIV Care and Prevention Plan.

While housing instability was identified as a critical need and priority through the needs assessment planning process, the jurisdiction recognizes that limitations within RWHAP funding structure may impact the ability to directly expand housing services through this plan. As a result, efforts will focus on strengthening partnerships with external housing providers and community resources to address this need through coordinated, cross-system approaches. We will work on maintaining the EHE Housing and Healthcare Opportunities self-sufficiency program and vocational rehabilitation program.

Collaboration with Other Strategic Planning Efforts

Palm Beach County leveraged existing strategic planning efforts, including the Ending the HIV Epidemic (EHE) plan to inform and support the development of the 2027–2031 Integrated HIV Prevention and Care Plan. Elements of these plans were reviewed and incorporated to ensure alignment across prevention and care strategies and to reduce duplication of planning efforts. Adjustments to planning approaches utilized prior planning cycles, allowing the Palm Beach County to strengthen collaboration, improve data use, and enhance community engagement over time.

Current 2026 Ending the HIV Workplan

Palm Beach County Ending the HIV Epidemic Work Plan GY 2026			
Goal 1: By the end of GY2026, increase percentage of Newly Diagnosed Persons with HIV linked to care within 30 days to 88%			
GY2026 Objective: Link to care 88% of newly diagnosed PWH within 30 days			
Key Action Steps	Completion Date	Staff Partner Responsible	Progress Measures
Initiate ART within 72 hours of referral receipt for 5-6 persons with HIV who are newly diagnosed per week	February 28, 2027	Rapid Entry to Care (REC) Provider(s)	Tracking progress toward linking newly diagnosed PWH at a rate of 60% within 72 hours, and an additional 25% within 30 days
Respond to HIV cluster detection efforts by linking individuals into care rapidly	February 28, 2027	CORE Teams (Community Outreach, Response and Engagement Specialists) and FDOH Counterparts	Tracking progress toward linking newly diagnosed PWH through HIV cluster detection efforts at a rate of 85% within 72 hours, and an additional 10% within 30 days
Link PWH who inject drugs to care through SSPs	February 28, 2027	Syringe Services Provider(s)	Tracking progress toward linking newly diagnosed PWH who inject drugs through Syringe Services Program efforts at a rate of 85% within 72 hours, and an additional 10% within 30 days
Goal 2: By the end of GY2026, increase percentage of PWH who are engaged in care to 79%			
GY2026 Objective: Engage in care 2% of persons with HIV who were out of care in 2026			

Key Action Steps	Completion Date	Staff Partner Responsible	Progress Measures
Generate Data to Care List for 2026	February 28, 2027	Florida Department of Health	Information for out of care individuals received from the Florida Department of Health
Engage in care 3 persons with HIV who are out of care per week	February 28, 2027	CORE Teams (Community Outreach, Response and Engagement Specialists) and FDOH Counterparts	Tracking progress toward engaging 39 persons with HIV who are out of care in GY quarter 1, 2, 3, and 4 (n = 156)
Initiate ART within 72 hours of referral receipt for 3 persons with HIV who are out of care per week	February 28, 2027	Rapid Entry to Care (REC) Provider(s)	Tracking progress toward initiating ART for 39 persons with HIV who are out of care per GY quarter (n = 156)
Engage PWH who inject drugs in care though SSPs	February 28, 2027	Syringe Services Provider(s)	Tracking progress towards PWH who inject drugs that are engaged in care through Syringe Services Program efforts at a rate of 82%
Engage PWH in care through large scale marketing and social media	February 28, 2027	Marketing Providers, Public Information Staff	Tracking progress toward engaging 50 persons with HIV in social media GY quarter 1, 2, 3, and 4 (n = 200)
Goal 3: By the end of GY2026, increase viral suppression rate among persons with HIV to 68%			
GY2026 Objective: Increase viral suppression by 1% among persons with HIV and not virally suppressed			

Key Action Steps	Completion Date	Staff Partner Responsible	Progress Measures
Key Action Steps	Completion Date	Staff Partner Responsible	Progress Measures
Provide Telehealth adherence counseling to individuals who are in care but not virally suppressed	February 28, 2027	Tele-adherence Counselor	Tracking progress toward 10 new persons who become virally suppressed per GY quarter (n = 40)
Provide housing support through a rapid rehousing model to PWH who housing insecure	February 28, 2027	Housing Case Managers	Tracking improvement or maintenance of viral suppression and medication adherence rate for 15 clients per quarter (n = 60)
Provide vocational rehabilitation services to PWH who are unemployed or underemployed	February 28, 2027	Community Action Partnership	Tracking improvement or maintenance of viral suppression and medication adherence rate for 15 clients per quarter (n = 60)

Section 3: Contributing Data Sets and Assessments

Overview

Palm Beach County utilized multiple data sources and assessments to inform the development of the 2027–2031 Integrated HIV Prevention and Care Plan. These data sources were used in combination to identify service gaps, understand community needs, assess system performance, and guide the prioritization of goals, objectives, and strategies.

Data collection efforts included both quantitative epidemiologic, current service data and qualitative community input, ensuring that the Integrated Plan reflects both data-driven trends and lived experiences of people with HIV and populations most vulnerable to HIV.

Data Sharing and Use

Palm Beach County utilized multiple data sources across surveillance systems, program data, and community-informed assessments to support integrated planning efforts.

Data Sources Used:

- HIV surveillance and epidemiologic data (latest available is 2024 from Florida Department of Health)
- Comprehensive Needs Assessment and Service Gap Analysis from 2025-2026 (provider surveys, client surveys, focus groups)
- Community engagement findings (Section II)
- Ryan White HIV/AIDS Program (RWHAP) service report data (RSR) from 2025 for sociodemographic characteristic of PWH
- Current Integrated Plan Workgroup data

Data Sharing and Collaboration:

Data were shared and analyzed through collaboration and data sharing agreements with the Florida Department of Health (HIV Surveillance and Prevention Programs)/Ryan White Part B, Community-based Organizations (CBOs) and the HIV Planning Council and committees. These collaborations supported identification of priority populations, assessment of service utilization and unmet need, alignment of prevention and care strategies, and the development of data-informed goals and objectives.

The HIV epidemiological snapshot is based on the most current (2024) aggregated HIV surveillance data from the Florida Department of Health. HIV surveillance data includes confidential confirmed HIV cases with viral load laboratory data that is reported to the state of Florida as required by the FL Administrative Code Ann. R. 640-3.029. The Epidemiological Profile is updated and released annually and includes demographic information, HIV and AIDS diagnosis, deaths, HIV continuum of care, viral suppression and other STIs.

Our Ryan White Part A recipient office has an active data sharing agreement with the Florida Department of Health that was renewed in January 2026. The agreement facilitates linkage to care activities through sharing active RWHAP Part A client data to FDOH and care status according to FDOH HIV surveillance data through access through the FDOH Linkage Module. This process also results in quarterly surveillance lab imports into the RWHAP Part A database (Provide Enterprise).

All Ryan White Part A funded providers have data sharing agreements with each other and with the whole Ryan White Part A network. These data sharing agreements allow for communication among providers for a collaborative coordination of services offered. The data sharing agreement is only valid with active client HIV Coordinated Services Network documentation on file.

Epidemiological Snapshot:

Palm Beach County's HIV epidemic reflects ongoing disparities across demographic, geographic, and socioeconomic factors.

Key Characteristics of the Epidemic:

- People diagnosed with HIV, including newly diagnosed individuals
- Populations vulnerable to HIV acquisition
- Individuals unaware of their HIV status

Profile of Palm Beach County:
Palm Beach County is located along Florida's Atlantic coast with an area of 1,970 miles. In 2024, Palm Beach County's population was 1,554,160. As of 2024, there were 9,175 persons with HIV (PWH) in Palm Beach County, representing a 2.3% increase from 2023 (n=8,968). In 2024, 341 new HIV diagnoses were reported in Palm Beach County, representing a 27% increase from 2023 (n=269) and a 17% increase from 2022 (n=292). Palm Beach County ranked among the top Florida counties for new HIV diagnoses in 2024.

	2020	2021	2022	2023	2024	Trend
Population	1,469,904	1,487,272	1,519,461	1,538,719	1,554,160	▲ 1.0%
State of Florida						
People with HIV (Prevalence)	125,010	126,478	128,049	130,074	132,444	▲ 1.8%
Palm Beach County						
People with HIV (Prevalence)	8,716	8,799	8,894	8,968	9,175	▲ 2.3%

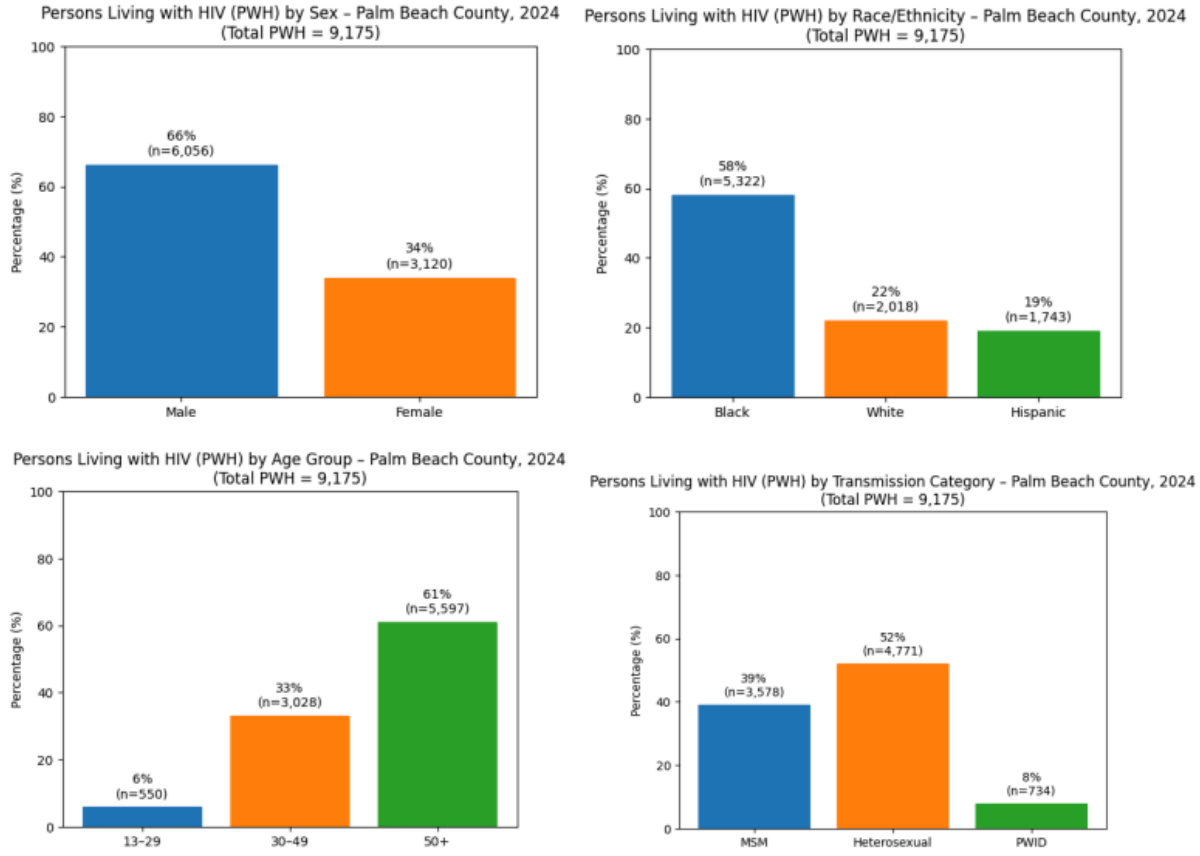
HIV and AIDS, 2020-2024, Palm Beach County

	2020	2021	2022	2023	2024	Trend
Population	1,469,904	1,487,272	1,519,461	1,538,719	1,554,160	▲ 1.0%
People with HIV (Prevalence)	8,716	8,799	8,894	8,968	9,175	▲ 2.3%
Diagnosed HIV cases	201	274	292	269	341	▲ 26.8%
Diagnosed AIDS cases	90	114	147	137	186	▲ 35.8%
HIV-related Deaths	49	39	40	28	49	▲ 75.0%

Source: Integrated Epidemiological Profile, Florida 2024, as of 6/30/25

Demographic Characteristics of PWH (2024):

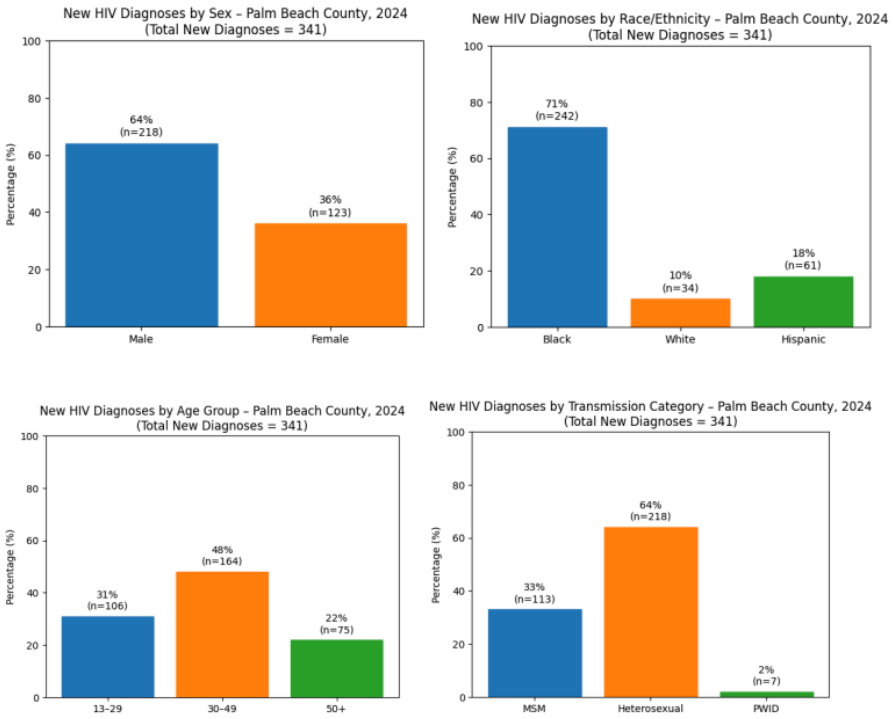
Among the 9,175 persons living with HIV in 2024, the following are the current demographic breakdowns. For gender demographics, 66% of persons with HIV were male and 34% were female. For race and ethnicity demographics, 58% were Black, 22% were White, and 19% were Hispanic. For age group demographics, 61% were aged 50 and older, 33% were aged 30-49 and 6% were aged 13-29. Transmission risk factors for persons living with HIV in 2024 were attributed to 52% heterosexual contact, 39% male-to-male sexual contact (MMSC), and 8% persons who inject drugs (PWID). The aging population of people with HIV is notable with a little over 60% aged 50 years or older.



Source: Integrated Epidemiological Profile, Florida 2024, as of 6/30/25

Demographic Characteristics of New HIV Diagnoses (2024)

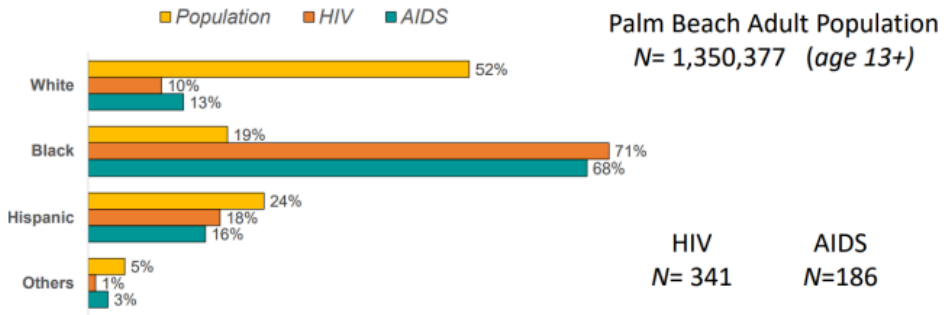
Among the 341 individuals newly diagnosed with HIV in 2024, there were significant differences in new cases among genders, race/ethnicity, age, and transmission risk factors. Of the new diagnoses, 64% were male and 36% were female. For race/ethnicity, 71% of new HIV diagnoses were Black, 10% were White, and 18% were Hispanic. As for age groups, 31% of new diagnoses came from individuals in the age group of 13-29, 48% of new diagnoses from the age group of 30-49, and 22% of new diagnoses were age 50 and above. New diagnoses were attributed from different transmission categories: 64% of new diagnoses were from heterosexual transmission, 33% were from male-to-male sexual contact (MMSC) transmission, 2% from persons who inject drugs (PWID). Significant racial disparities are evident, with Black residents disproportionately represented among new diagnoses relative to their share of the county population.



Source: Integrated Epidemiological Profile, Florida 2024, as of 6/30/25

New HIV & AIDS Diagnoses: Race vs Population 2024 Palm Beach County

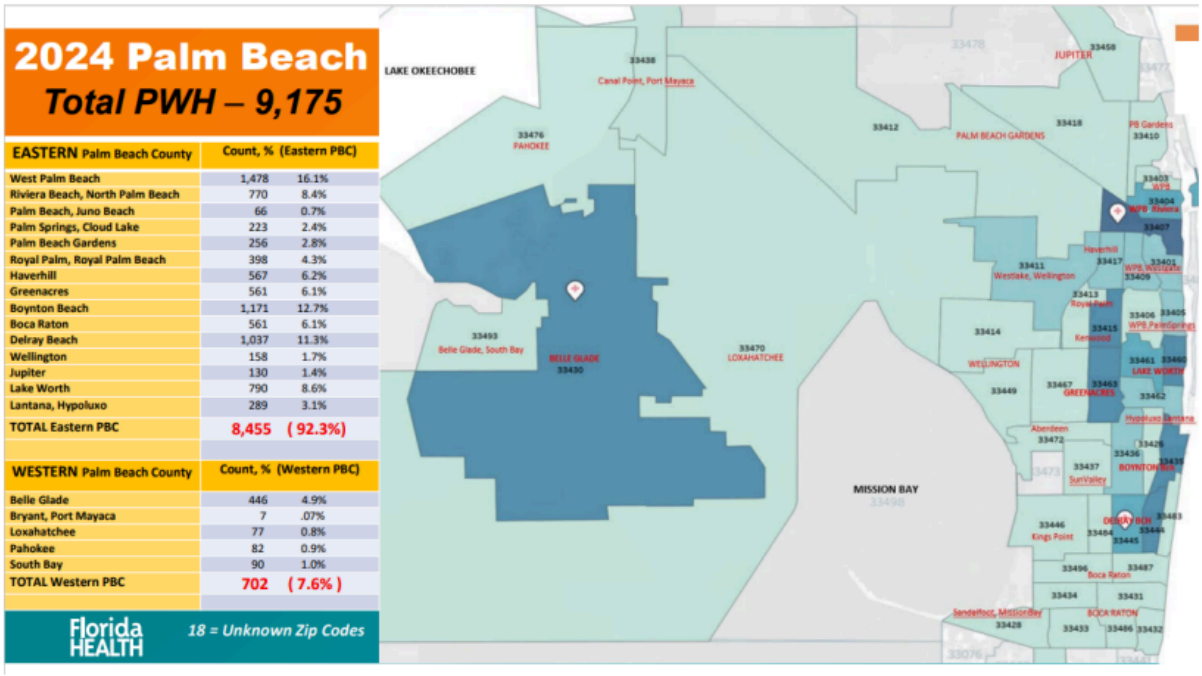
This chart compares the racial/ethnic distribution of the adult population (age 13+) in Palm Beach County to the distribution of new HIV and AIDS diagnoses in 2024. While Black residents represent approximately 19% of the adult population, they accounted for 71% of new HIV diagnoses and 68% of new AIDS diagnoses. In contrast, White residents comprise 52% of the adult population but represented 10% of new HIV diagnoses and 13% of new AIDS diagnoses. Hispanic residents represent 24% of the adult population and accounted for 18% of new HIV diagnoses and 16% of new AIDS diagnoses. These findings demonstrate a substantial racial disparity in new HIV and AIDS diagnoses, with Black residents disproportionately affected relative to their representation in the general population. This difference underscores the continued need for focused prevention, testing, linkage, and treatment strategies on communities most heavily impacted by HIV.



Source: Integrated Epidemiological Profile, Florida 2024, as of 6/30/25

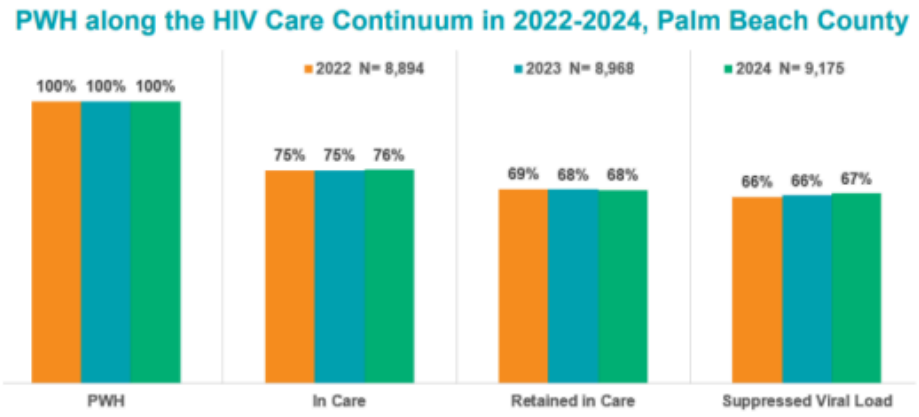
Geographic Distribution

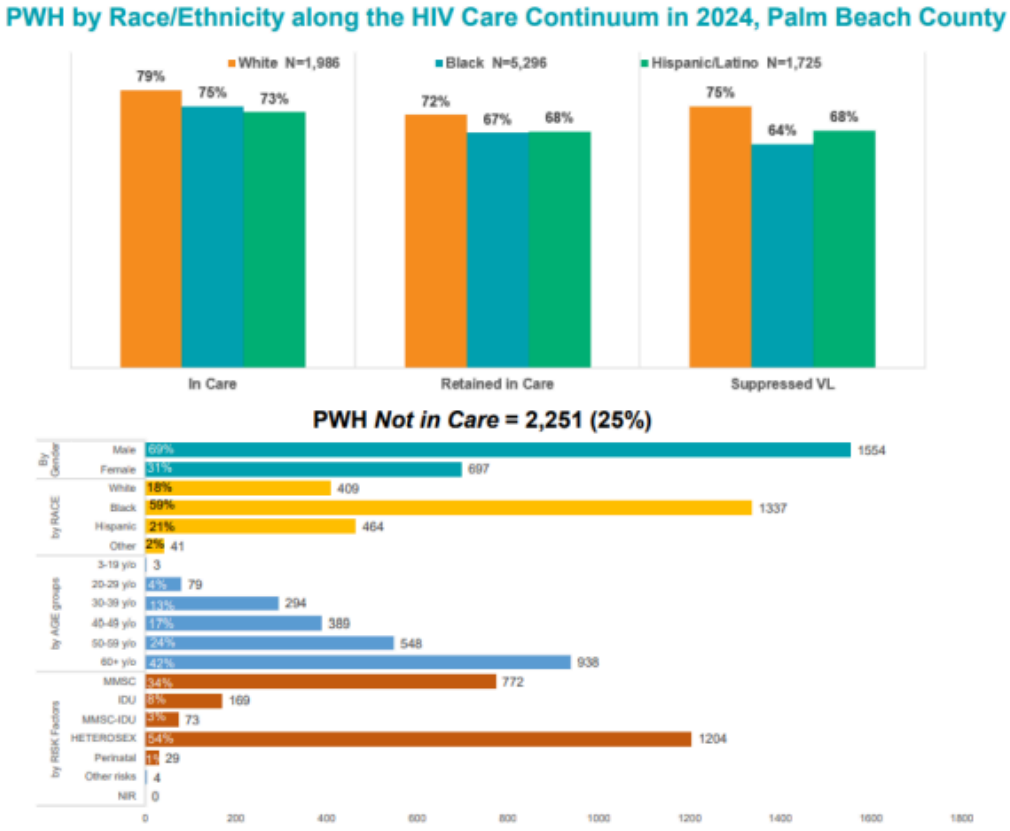
In 2024, 92.3% of PWH resided in Eastern Palm Beach County, while 7.6% resided in Western Palm Beach County. Of the 92.3% of PWH residents in the eastern part of the county, municipalities and cities with the highest concentration of people with HIV are as follows: West Palm Beach (16.1%), Boynton Beach (12.7%), Delray Beach (11.3%), Lake Worth (8.6%), and Riviera Beach (8.4%). Of the 7.6% of PWH residents in the western communities the highest concentration of municipalities and cities is as follows: Belle Glade (4.9%), South Bay (1.0%), Pahokee (0.9%).



Source: Integrated Epidemiological Profile, Florida 2024, as of 6/30/25

HIV Care Continuum





Source: Integrated Epidemiological Profile, Florida 2024, as of 6/30/25

Care Continuum Definitions

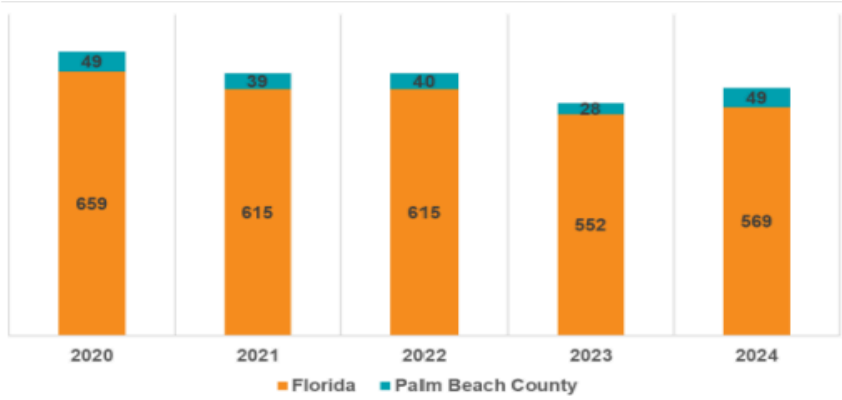
In Care: PWH with at least one documented viral load or CD4 lab, medical visit, or prescription from 1/1/2024 to 3/31/2025.

Retained in Care: PWH with two or more documented viral load or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2024 to 3/31/2025.

Suppressed Viral Load: PWH with a suppressed viral load (<200 copies/mL) on the last viral load test from 1/1/2024 to 3/31/2025.

Among the 9,175 PWH in Palm Beach County in 2024, 76% were reported in care, 68% were retained in care and 67% were virally suppressed. The PWH Care Continuum data between 2022-2024 were roughly the same. From 2023 to 2024, there was a 1% decrease of PWH in care, the percentage of PWH retained in care remained the same at 68%, and there was a 1% percentage increase of PWH that were virally suppressed from 66% to 67%. The amount of people with HIV between 2022-2024 increased from 8,894 in 2022 to 8,968 in 2023 to 9,175 in 2024. Racial disparities in care engagement and viral suppression were reported in surveillance data. In terms of race/ethnicity, 79% of White PWH were in care compared to 75% of Black PWH and 73% Hispanic/Latino PWH. In addition, 72% of White PWH were retained in care compared to 67% Black PWH and 68% Hispanic/Latino PWH. As for viral suppression, 75% of White PWH were virally suppressed compared to 64% of Black PWH and 68% Hispanic/Latino PWH. Additionally, 25% (2,251) people with HIV were classified as not in care in 2024. Of those out of care (2,251), 69% were male and 59% were Black, and 42% were age 60 and older.

Mortality



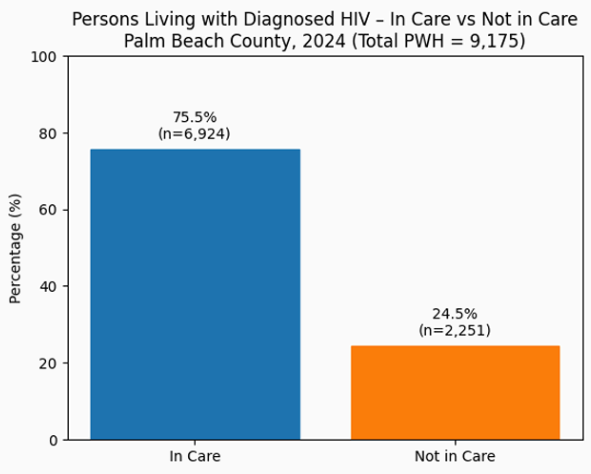
Source: Integrated Epidemiological Profile, Florida 2024, as of 6/30/25

In 2024, Palm Beach County reported HIV-related deaths consistent with recent trends. Death rates have fluctuated over time but reflect continued improvements in treatment access and viral suppression. From 2020 to 2024 HIV related deaths have averaged 41 deaths.

HIV Transmission Clusters and Networks

The Florida Department of Health (FDOH) takes the lead in the detection and response to rapidly growing HIV transmission clusters and networks. The FDOH routinely conducts surveillance and conducts monthly analysis to detect rapidly growing molecular clusters and time-space clusters of public health significance. FDOH uses data and laboratory results collected through routine public health surveillance. Cluster network analyses are conducted using data from point-of-care HIV-1 genotypic resistance testing to identify genetic (molecular) links of similar virus strains by comparing those with similar HIV genetic sequences; those data are then used to identify networks of recent and rapid transmission for prevention and linkage-to-care interventions.

Unmet Need and Individuals Potentially Unaware of Their HIV Status



In 2024, Palm Beach County had 9,175 persons living with diagnosed HIV. Of these individuals, 6,924 (75.5%) were classified as in care and 2,251 (24.5%) were classified as not in care. The proportion of persons not in care reflects an important area of unmet need and highlights the continued importance of re-engagement, retention, and targeted support strategies. New diagnosis patterns, testing trends, and care continuum data were used to identify populations most likely to benefit from targeted testing, outreach, linkage, and re-engagement strategies. These findings support continued focus on Black residents, younger individuals, individuals with heterosexual transmission risk, and residents of high-prevalence communities.

Epidemiologic Summary:

Overall, surveillance data indicate that Palm Beach County continues to experience a persistent HIV burden, with 9,175 persons living with HIV and 341 new diagnoses reported in 2024. While treatment advances have contributed to improved viral suppression outcomes, new diagnoses increased compared to the prior two years. Racial disparities remain pronounced, with Black residents disproportionately represented among both persons with HIV and new diagnoses.

Additionally, younger age groups represent a larger share of new diagnoses compared to the overall population of persons with HIV, indicating ongoing transmission among younger residents. Care continuum data demonstrate substantial progress in viral suppression among those retained in care; however, approximately one-quarter of persons with HIV were not in care during the measurement period. These epidemiologic trends underscore the continued need for focused prevention, linkage, retention, and supportive service strategies within the service area.

HIV Prevention, Care and Treatment Resource Inventory:

Overview:
Palm Beach County maintains a comprehensive HIV prevention and care network supported by federal, state, and local funding streams. Major federal investments include the Health Resources and Services Administration (HRSA) Ryan White Part A, Part B, Part C, Minority AIDS Initiative (MAI), Ending the HIV Epidemic (EHE), Centers for Disease Control (CDC) High Impact Prevention, Housing and Urban Development (HUD) Housing Opportunities for Persons with AIDS (HOPWA), and other federal sources such as Veterans Affairs (VA) and Federally Qualified Health Centers (FQHCs). State and local funding further supplement the service delivery system. This comprehensive system works to serve people with HIV, high risk individuals and the general community.

Funding Streams and HIV Care Continuum Alignment
The following table summarizes major HIV funding streams in Palm Beach County, associated service categories, and their alignment with stages of the HIV Care Continuum. In addition to Ryan White-funded providers, Palm Beach County's HIV service system includes Federally Qualified Health Centers (FQHCs), hospital-based infectious disease clinics, Veterans Affairs (VA) facilities, and private medical providers delivering HIV primary care. The table below provides a summary of HIV-related core medical and support service providers across the service area, inclusive of both Ryan White and non–Ryan White-funded entities.

Funding Source	Services Delivered/Priority Population Served	Impact on HIV Care Continuum
HRSA Ryan White Part A providers	Health care and support services to facilitate retention in care and viral suppression for PWH	Retention in Care Viral Suppression
HRSA Ryan White Part A/EHE	Linkage services for PWH who are either newly	Linkage to Care

	diagnosed, or are diagnosed but currently not in care, to essential HIV care and treatment and support services	
HRSA Ryan White Part A/MAI providers	Support Services for racial/ethnic minorities who are either newly diagnosed, or are currently not in care, to essential HIV care and treatment and support services	Linkage to Care In Care Retention Viral Suppression
HOPWA (HUD)	Housing assistance and related support services for low-income persons with HIV/AIDS and their families	Retention in Care
CDC High Impact Prevention	Comprehensive High Impact for Prevention, PrEP assessment, Social Media Marketing, Risk Reduction Counseling, Condom Distribution. Target populations at risk for HIV, priority populations	Diagnose Linkage to Care
HRSA EHE Primary Care HIV Prevention	Expand access to medication to prevent HIV including PrEP related services, link people to care and ensure coordination of services	Diagnose Linkage to Care
Ryan White Part B	Healthcare and support services for PWH	Retention Viral Load Suppression
CDC School Board of Palm Beach County	HIV prevention education	Diagnose HIV Prevention Education Referral for HIV testing

Major Funded Service Providers

Ryan White Part A-funded providers form the backbone of the HIV care delivery system in Palm Beach County. Major contracted providers include AIDS Healthcare Foundation (AHF), CAN Community Health, Compass Community Center, Florida Department of Health in Palm Beach

County, FoundCare, Health Council of Southeast Florida (HCSEF), Legal Aid Society of Palm Beach County, Midway Specialty Care Center, Monarch Health Services, Oceana Community Health, Poverello Center, and Rebel Recovery. These providers deliver a range of core medical and support services including outpatient/ambulatory medical care, medical case management, non-medical case management, mental health services, oral health services, early intervention services, food assistance, medical transportation, health insurance premium assistance, psychosocial support services, and clinical quality management activities. Ending the HIV Epidemic (EHE) and Primary Care HIV Prevention funding further expands linkage to care and PrEP-related services within Federally Qualified Health Centers (FQHCs) and other clinical partners, strengthening rapid linkage and prevention capacity across the county. Ryan White Minority AIDS Initiative (MAI) funding supports services for racial and ethnic minority populations disproportionately impacted by HIV, with a focus on improving linkage, retention, and viral suppression outcomes. Together, these agencies operate clinic and service locations throughout high-prevalence municipalities including West Palm Beach, Riviera Beach, Lake Worth, Boynton Beach, Belle Glade, and surrounding communities. Many of the Ryan White agencies have multiple clinics in different cities throughout the county. The following is a list of agencies with city and zip code locations and the core medical HIV services provided. The following table summarizes major funded HIV care and prevention providers in Palm Beach County, including agencies offering clinical services, prevention programs, and supportive services for people with HIV and individuals at risk for HIV infection.

Agency/Organization	HIV Prevention or Care Related Services	Locations
AIDS Healthcare Foundation (AHF)	PrEP and nPEP, AIDS Pharmaceutical Assistance, Early Intervention Services, Medical Case Management, Outpatient/Ambulatory Health Services	Delray (33445), West Palm Beach (33401)
CAN Community Health	PrEP and nPEP, AIDS Pharmaceutical Assistance, Outpatient/Ambulatory Health Services	Lake Worth (33460)
Caring Hearts Medical Center	PrEP and nPEP, HIV testing	Palm Springs (33406)

Campbell Health Solutions	PrEP and nPEP, HIV testing	West Palm Beach (33409)
Compass Community Center	PrEP and nPEP, HIV testing, Early Intervention Services, Medical Case Management	Lake Worth (33460)
CVS Minute Clinics	PrEP and nPEP, HIV testing	Delray Beach (33483), Lake Worth (33460), Lantana (33467)
Dr. G's Urgent Care	PrEP and nPEP, HIV testing, medical urgent care services	Delray (33445)
Florida Department of Health	PrEP and nPEP, Early Intervention Services, Medical Case Management, Rapid Entry to Care (REC), Outpatient/Ambulatory Health Services	West Palm Beach (33407), 33401), Belle Glade (33430), Delray Beach (33445), Greenacres (33463), Jupiter (33458), Lantana (33462), Riviera Beach (33404)
FoundCare Health Center	PrEP and nPEP, Early Intervention Services, Medical Case Management, Outpatient/Ambulatory Health Services, Rapid Entry to Care (REC)	West Palm Beach (33417), Palm Springs (33406), Belle Glade (33430), Boynton Beach (33426), North Palm Beach (33408)
Genesis Community Health	PrEP and nPEP, HIV testing, medical care services	Boca Raton (33432), Boynton Beach (33435)
Health Council of Southeast Florida (HCSEF)	Early Intervention Services, Medical Case Management, Non-Medical Case Management, Health Insurance Support Services, Medical Transportation, Specialty Medical Services, Psychosocial Support Services, HIV Prevention Services (HIV/STI testing, PrEP and nPEP education, linkage to essential support	Palm Beach Gardens (33403)

	services)	
Housing Opportunities for Persons with AIDS (HOPWA)	Housing services for people with HIV	West Palm Beach (33406)
Legal Aid	Legal Services for PWH	West Palm Beach (33401)
Life Resources LLC	PrEP and nPEP, HIV testing	Wellington (33414)
Medical Essentials Clinic	PrEP and nPEP, HIV testing, medical services	Lantana (33462)
Midway Specialty Care	PrEP and nPEP, Medical Case Management, Outpatient / Ambulatory Health Services, Rapid Entry to Care (REC)	West Palm Beach (33409), Atlantis (33462)
Monarch Health Services	PrEP and nPEP, Early Intervention Services, Medical Case Management, Outpatient/Ambulatory Health Services	Delray Beach (33484)
Oceana Community Health	PrEP and nPEP, Rapid Entry to Care (REC)	Boynton Beach (33435)
Palm Beach Infectious Disease	PrEP and nPEP, HIV Testing, Medical care services	Delray Beach (33445)
Poverello	Food services for PWH	Delray Beach (33445)
Palm Beach School District	STD, STI and HIV prevention education for appropriate aged students	West Palm Beach (33406)
Rebel Recovery	PrEP and nPEP, Syringe Services	West Palm Beach (33401)
Triple O Medical Services	PrEP and nPEP, HIV Medical Care	West Palm Beach (33407)

Wheat Community Health	PrEP and nPEP, HIV testing	Greenacres (33463)

Assessments of Strengths and Gaps Across the Continuum
Palm Beach County conducted a comprehensive assessment of strengths and gaps across the HIV prevention and care continuum using data from the Comprehensive Needs Assessment (2025-2026), which includes client surveys, provider surveys, service gap analysis, and community engagement activities. This assessment examined system performance, health equity, geographic disparities, and structural barriers impacting priority populations.

Strengths Across the Continuum:
The HIV service delivery system in Palm Beach County demonstrates several key strengths that support access to care and positive health outcomes. One of the most notable strengths is timely access to care, with the majority of providers reporting the ability to schedule appointments within 72 hours, and in many cases offering same-day services based on client urgency. This reflects a responsive and well-coordinated care system that supports early engagement.

The system also benefits from a strong and well-established referral network, particularly within the Ryan White HIV/AIDS Program (RWHAP) and community-based organizations. Providers routinely leverage partnerships to ensure clients can access services not available within their own agencies, contributing to continuity of care.

Additionally, mental health service linkage is largely effective, with most providers reporting minimal challenges connecting clients to behavioral health services. This represents a critical strength, given the role of mental health in retention in care and treatment adherence. Palm Beach County also demonstrates strong capacity in culturally responsive and linguistically appropriate services, including widespread availability of Spanish and Haitian Creole language support. This enhances accessibility and promotes equitable service delivery for diverse populations.

Finally, the system benefits from a highly experienced and mission-driven workforce, with many providers reporting more than a decade of experience serving people living with HIV. This depth of experience contributes to high-quality service delivery and strong institutional knowledge.

Gaps and Challenges Across the Continuum:
Despite these strengths, several significant gaps and structural challenges persist across the HIV prevention and care continuum. The most critical gap identified is housing instability, which emerged consistently across all data sources as the primary barrier to care. Individuals

experiencing unstable housing or homelessness face significant challenges maintaining engagement in care, adhering to treatment, and achieving viral suppression. Housing instability is both a social determinant of health and a direct barrier to effective service delivery.

Food insecurity and financial instability were also identified as major unmet needs. Limited access to basic necessities such as food, transportation, and financial assistance negatively impacts medication adherence, appointment attendance, and overall health outcomes. Transportation barriers remain a significant challenge, particularly for individuals living outside major service hubs such as West Palm Beach and Delray Beach. Limited public transportation options and long travel distances contribute to missed appointments and interruptions in care.

The assessment also identified workforce capacity constraints, including staffing shortages, high caseloads, and limited provider availability. These challenges place strain on the system and may affect service quality, responsiveness, and long-term sustainability. Gaps in peer support services were also noted, with many agencies lacking access to certified peer specialists due to funding limitations and structural barriers. This limits opportunities for client engagement, trust-building, and long-term retention in care. In addition, insurance limitations and provider availability continue to create barriers for some clients, particularly in accessing specialized services such as behavioral health care.

A significant cross-cutting issue is the persistence of HIV-related stigma, which affects individuals across multiple settings, including healthcare environments, housing systems, workplaces, and communities. Stigma contributes to delayed care-seeking, reduced disclosure, and disengagement from services.

Finally, while telehealth has improved access in some areas, it does not fully address deeper structural challenges such as housing instability, workforce limitations, and inequitable access to technology.

Different Health Outcomes:
The assessment highlights ongoing disparities affecting priority populations, particularly Black/African American and Latino/Hispanic communities, individuals experiencing poverty and housing instability, and those with limited access to transportation and support services.

These disparities are driven by broader structural factors, including socioeconomic inequities, systemic barriers, and unequal distribution of resources. Addressing these inequities is essential to improving outcomes across the HIV continuum.

Geographic Disparities:

Geographic disparities were identified across the county, with services concentrated in urban areas. Individuals residing in outlying or underserved areas face increased barriers to accessing care, including transportation challenges and limited availability of nearby providers.

Capacity Needs:
Based on this assessment, key areas where the jurisdiction may need to build capacity include:

- Expansion of housing and supportive services outside of Ryan White
- Increased access to transportation assistance
- Strengthening workforce capacity and retention
- Expansion of peer support services
- Enhanced efforts to address stigma and improve community education

Approaches and Partnerships:
Palm Beach County utilized a collaborative and data-driven approach to develop the HIV prevention, care, and treatment resource inventory and to assess system capacity across the continuum. This process integrated multiple data sources, including client surveys, provider surveys, program data, service gap analysis findings, and community engagement activities, to ensure a comprehensive understanding of both available services and unmet needs. The jurisdiction worked closely with Ryan White HIV/AIDS Program (RWHAP) Part B/Florida Department of Health, and community-based organizations to identify existing services, populations served, and areas where service delivery may be limited. Input from planning bodies and community members, including people with HIV was incorporated to ensure that the assessment reflects both system-level capacity and lived experiences.

In addition to traditional HIV service providers, Palm Beach County engaged partners across multiple service systems, including behavioral health, substance use treatment, housing, and social support services. This cross-sector collaboration supports a whole-person approach to care and strengthens the integration of prevention and treatment services. Through these partnerships, the jurisdiction was able to assess service availability, identify geographic and population-specific gaps, and evaluate the effectiveness of referral networks that connect clients to needed services. The Ryan White network and community-based organizations were identified as critical components of this system, particularly in addressing service gaps through coordinated referrals.

Ongoing collaboration among these partners continues to play a central role in strengthening the HIV service delivery system. These partnerships support improved coordination between prevention and care programs, enhance data sharing efforts, and help align resources to better meet the needs of priority populations. This collaborative approach ensures that the resource

inventory and system assessment are comprehensive, responsive, and reflective of the full continuum of HIV prevention and care services in Palm Beach County.

HIV Community Needs Assessment:

Overview of Needs Assessment Activities
Palm Beach County conducted a Comprehensive Needs Assessment (2025-2026) using multiple qualitative and quantitative data sources to inform the development of goals and objectives for the 2027–2031 Integrated Plan. Data sources included provider surveys, client surveys, focus groups with people with HIV (PWH), community engagement activities, and a system-level service gap analysis.

In the absence of a standalone HIV testing needs assessment conducted by the Florida Department of Health, this section incorporates findings from available local data sources, including community input and provider-reported data, to assess needs related to HIV testing, prevention, and linkage to care.

The needs assessment process was designed to capture both system-level capacity and lived experiences, with a focus on identifying service gaps, barriers to care, and unmet needs across the HIV prevention and care continuum.

HIV Testing and Prevention Needs:
Services Needed for HIV Testing Access

The Early Identification of Individuals with HIV/AIDS (EIIHA) data, provider survey findings, and community engagement input indicate a continued need to expand and diversify HIV testing access points in Palm Beach County. EIIHA is a Ryan White HIV/AIDS Program reporting component focused on identifying individuals who are unaware of their HIV status, informing individuals of their diagnosis, and supporting referral and linkage to care for newly diagnosed individuals. Palm Beach County has 37 state registered HIV testing sites, and testing volume increased from 17,144 tests in 2021 to 28,402 tests in 2024. However, testing activity decreased in 2025, in part due to the end of HIP and EHE contracts, highlighting the importance of sustaining community-based testing infrastructure and partner capacity.

EIIHA findings also show strong linkage outcomes for newly diagnosed individuals. In 2024, the latest year of surveillance data, 341 individuals were newly diagnosed with HIV, and 321 were linked to care within 90 days, representing a 94.1% linkage rate. These findings demonstrate

progress in linkage to care while also reinforcing the need to continue identifying individuals who are unaware of their HIV status through accessible and targeted testing strategies.

Identified needs include:

- Increased availability of HIV testing in traditional and non-traditional settings
- Expanded outreach to priority populations
- Mobile, community-based, and self-testing strategies
- Enhanced awareness and education regarding testing availability
- Routine testing in emergency departments, hospitals, and primary care settings.

Geographic disparities, transportation limitations, and the need to reach individuals outside of clinical settings further highlight the importance of decentralized and accessible HIV testing services across the county.

Services for Staying HIV Negative

The integrated plan community feedback survey from providers and clients identified a continued need to expand access to prevention services for individuals vulnerable to HIV acquisition.

Key needs include:

- Increased access to Pre-Exposure Prophylaxis (PrEP), including education and navigation support
- Expanded provider capacity to prescribe and manage PrEP
- Increase access to nPEP
- Increased awareness of prevention strategies among priority populations
- Improved integration of prevention services within primary care and community-based settings

Rapid Linkage to HIV Care

Rapid linkage to care following diagnosis remains a critical priority. While many providers report timely linkage processes, gaps persist for certain populations.

Identified needs include:

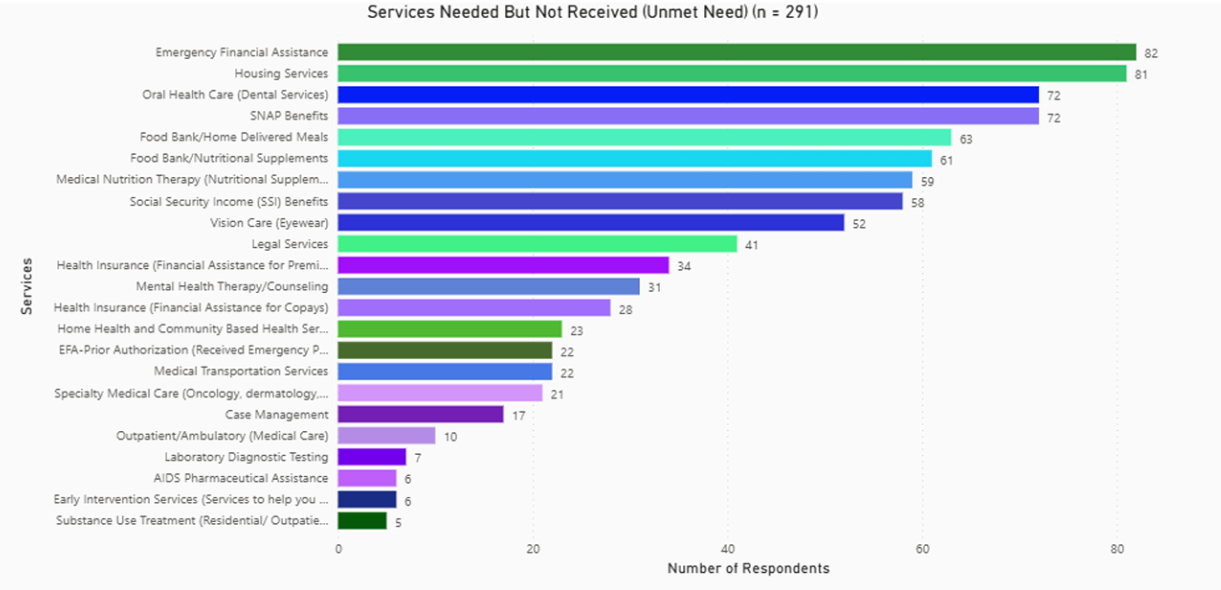
- Strengthening coordination between testing sites and care providers
- Reducing delays in initial medical appointments following diagnosis

- Enhancing case management and navigation services
- Addressing barriers such as transportation and system navigation

Ensuring immediate and seamless linkage to care is essential to improving early engagement and long-term health outcomes.

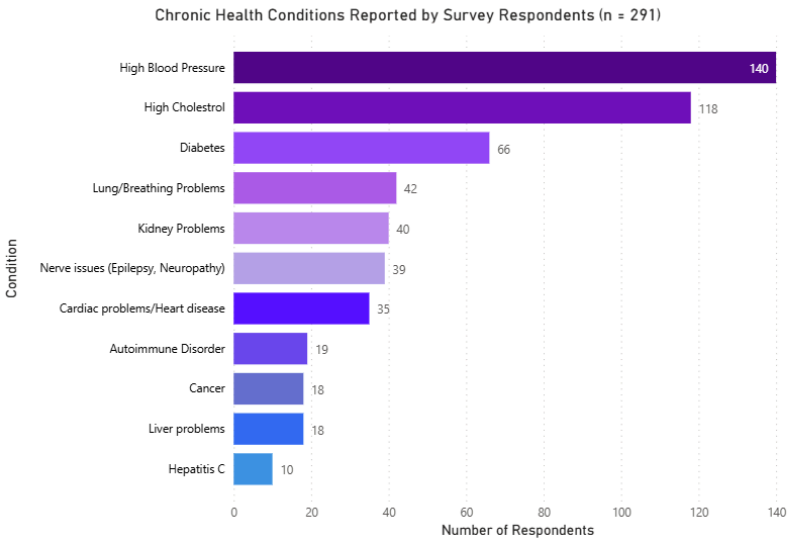
HIV Care and Treatment Needs:

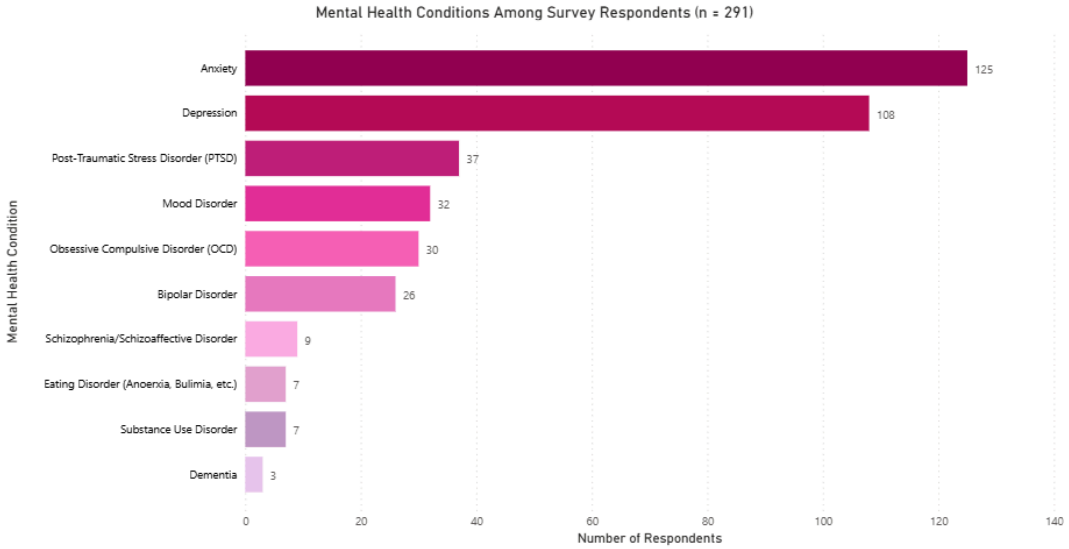
Unmet Service Needs:



The Needs Assessment findings show that the highest unmet service needs were concentrated in financial and basic support services, including emergency financial assistance, housing, oral health care, SNAP benefits, and food/nutrition supports, while unmet needs for core HIV medical services were reported at lower levels. Respondents identified barriers such as lack of awareness about available services, financial constraints, housing instability, delays in service availability, appointment challenges, waitlists, and difficulty navigating referrals or eligibility requirements. These findings highlight the continued need to strengthen outreach, service navigation, coordination, and wraparound support to address social determinants of health and promote sustained engagement in care for people with HIV in Palm Beach County.

Co-Occurring Health and Mental Health Needs





The Needs Assessment identified co-occurring chronic and mental health conditions among survey respondents that may affect engagement in HIV care, treatment adherence, and overall health outcomes. The most commonly reported chronic conditions included high blood pressure, high cholesterol, and diabetes, while the most commonly reported mental health conditions included anxiety and depression. These findings reinforce the importance of integrated medical and behavioral health services, care coordination, and whole-person approaches that support retention in care and sustained viral suppression.

Focus Group Findings

Focus group findings provided additional qualitative insight into the experiences, service needs, and barriers faced by people with HIV in Palm Beach County. Three focus groups were conducted as part of the Comprehensive Needs Assessment, including a Hispanic/Latino client

group, a Black/African American client group, and a multicultural group representing individuals from diverse racial and ethnic backgrounds. Participants discussed experiences related to HIV diagnosis, engagement in care, barriers to accessing services, stigma and discrimination, confidentiality concerns, and recommendations for improving HIV-related services. Across the focus groups, participants described barriers that were not solely medical but were strongly influenced by social, economic, and structural factors, including housing instability, transportation barriers, financial hardship, misinformation, language access, service navigation challenges, limited support systems, and the emotional impact of diagnosis.

Stigma emerged as one of the most consistent themes across the focus groups. Participants described HIV-related stigma within families, communities, housing environments, shelters, employment settings, insurance systems, and healthcare settings. Participants also reported concerns about confidentiality and privacy when accessing HIV-related services, particularly when services were visibly separated from general healthcare settings. These findings reinforce the continued need for stigma reduction, community education, peer support, behavioral health integration, culturally and linguistically responsive services, improved service navigation, confidentiality protections, housing and transportation support, and coordinated whole-person approaches to HIV prevention, care, and treatment.

Services for Maintaining Care and Viral Suppression

The needs assessment identified several service needs related to maintaining engagement in care and achieving sustained viral suppression.

Key needs include:

- Expanded access to mental health and behavioral health services
- Increased availability of peer support services
- Enhanced case management and care coordination
- Support services addressing social determinants of health, including housing, food, and transportation

Retention in care is strongly influenced by non-medical factors, highlighting the importance of a whole-person approach to service delivery.

Barriers to Access:
HIV Testing Barriers

Although comprehensive testing data is limited, identified barriers include:

- Limited access to testing in certain geographic areas

- Transportation challenges
- Lack of awareness of available testing services
- Stigma associated with HIV testing
- Lack of routine HIV testing in primary care and hospital settings

These barriers may delay diagnosis and reduce early engagement in care.

Challenges with State Laws and Regulations

While no major statutory barriers were explicitly identified through the needs assessment, systemic and administrative challenges may impact service delivery, including:

- Complex eligibility and enrollment processes for services
- Variability in access to prevention services and programs
- These factors may indirectly affect access to prevention and care services.

HIV Prevention, Care, and Treatment Service Access Issues

The needs assessment identified several significant barriers affecting access across the continuum:

- Housing instability, identified as the most critical barrier to care
- Financial constraints, including inability to meet basic needs
- Transportation challenges, limiting access to services
- Workforce shortages, affecting service capacity
- Limited peer support services
- Insurance and provider access limitations
- HIV-related stigma, impacting engagement and retention in care

These barriers are interconnected and significantly influence health outcomes and service utilization.

Priorities:

Based on the needs assessment findings, the following key priorities were identified:

- Expand housing support and stability for people living with HIV
- Improve transportation access to HIV services
- Increase access to financial and food assistance programs
- Strengthen workforce capacity and sustainability
- Expand peer support services

- Enhance access to prevention services, including PrEP
- Improve rapid linkage to care and retention in care
- Reduce HIV-related stigma through education and system-level changes

Action Taken:

In response to identified needs and barriers, Palm Beach County has and plans to take several actions:

- Strengthened coordination and referral networks among providers during in-service training
- Planning for a support service training for case managers for identified needs of housing, food, mental health and transportation
- Connecting clients with health insurance premium and cost-sharing assistance, especially those who lost ADAP-supported health insurance in March 2026 and the launch of a Palm Beach County 340B Program.
- Clients were connected to pharmaceutical assistance programs through case managers and providers to support medication access and promote continued adherence to prescribed treatment.
- Increased community engagement efforts to inform the public about available prevention and care services, medications and education on stigma reduction strategies
- Supporting the recruitment of peers and individuals with lived experience into the HIV care and treatment workforce
- Collaboration between Ryan White Part A and Part B to engage newly diagnosed and out-of-care individuals back into care
- Utilization of a mobile health platform to assist with medication adherence leading to viral suppression
- Continued collaboration across prevention and care systems through CPP and HIV Planning Council (CARE Council) meetings
- Supported culturally responsive service delivery approaches through multi-language staff
- Faith-based initiatives
- Supporting self-sufficiency through vocational rehabilitation and intensive case management
- Mobile unit services for rapid entry test and care and treatment

These actions reflect ongoing efforts to address system gaps and improve access to care.

Approach

The needs assessment was conducted using a collaborative and multi-method approach that incorporated input from a wide range of stakeholders, including people living with HIV, service providers, and community organizations.

Data collection methods included:

- Provider surveys assessing service capacity and system challenges
- Client surveys capturing service needs
- Focus groups with people living with HIV
- Community engagement activities and stakeholder discussions
- Service gap analysis

People living with HIV were engaged throughout the process, including participation in surveys, focus groups, and planning discussions. Their input informed the identification of priorities, barriers, and service needs.

The jurisdiction also engaged a broad range of entities consistent with Appendix 3 of the guidance, including:

- RWHAP-funded providers
- Community-based organizations
- Behavioral health and social service providers

This inclusive approach ensured that the needs assessment reflects both system-level data and the lived experiences of individuals most affected by HIV.

Section 4: Situational Analysis

The Palm Beach County HIV prevention and care system continues to demonstrate strong infrastructure, coordinated service delivery, and engagement across the HIV care continuum. At the same time, findings from the 2025–2026 Comprehensive HIV Needs Assessment, epidemiologic profile, provider capacity assessment, focus groups, resource inventory, and community engagement activities identified persistent structural, social, and system-level barriers that continue to affect HIV prevention outcomes, linkage to care, retention in care, and viral suppression.

This Situational Analysis synthesizes findings from the Community Engagement and Planning Process and the Contributing Data Sets and Assessments to provide a snapshot of the current HIV prevention and care landscape in Palm Beach County. This section describes system strengths, challenges, identified needs, priority populations, and structural and systemic factors affecting disproportionately impacted communities. It also provides analysis across the four Ending the HIV Epidemic strategies: Diagnose, Treat, Prevent, and Respond.

Palm Beach County reported 9,175 people living with HIV in 2024, representing an increase from prior years. Additionally, 341 new HIV diagnoses were reported in 2024, reflecting a 27% increase from 2023. The county continues to experience significant racial and geographic disparities in HIV burden and health outcomes. Black residents remain disproportionately impacted by HIV and experience lower rates of retention in care and viral suppression compared to White residents. High-prevalence geographic areas identified within Palm Beach County include West Palm Beach, Riviera Beach, Delray Beach, Boynton Beach, Lake Worth, Belle Glade, South Bay, and Pahokee.

The Needs Assessment identified several priority populations disproportionately impacted by HIV-related disparities, including Black/African American communities, Hispanic/Latino populations, Haitian and Haitian Creole-speaking populations, younger individuals, individuals experiencing housing instability, low-income individuals, formerly incarcerated individuals, and individuals with mental health needs. These populations experience increased barriers related to stigma, housing instability, transportation limitations, financial hardship, language accessibility, healthcare navigation, and social isolation.

Situational Analysis Overview

Palm Beach County's HIV prevention and care system operates within a complex environment shaped by HIV surveillance data, new diagnosis trends, community needs, social determinants of health, and the capacity of the local service system. The current HIV epidemic in Palm Beach County reflects both progress and ongoing challenges. The county has a strong network of HIV medical care, prevention, case management, medication assistance, behavioral health, housing-related referrals, transportation, and supportive services. However, persistent disparities remain among racial and ethnic minority communities, individuals experiencing poverty, persons living in high-prevalence geographic areas, and individuals facing overlapping structural barriers.

The local HIV medical care system is functioning well for many individuals who are already connected to services. Many survey respondents reported access to HIV medical care, medications, laboratory services, case management, and other core medical services. At the same time, the most significant unmet needs were concentrated in supportive service areas such as

housing services, emergency financial assistance, food assistance, dental/oral health care, vision care, transportation, and mental health support.

This distinction is important for planning. While Palm Beach County has a strong foundation for HIV treatment and care, the barriers most likely to disrupt long-term outcomes are often connected to social and structural conditions outside of medical care alone. Housing instability, financial constraints, stigma, lack of transportation, behavioral health needs, language barriers, and service navigation challenges all affect whether individuals can access testing, enter care quickly, remain engaged in care, and maintain viral suppression.

Strengths Across the HIV Prevention and Care Continuum:

Palm Beach County maintains a comprehensive HIV prevention and care network supported by federal and state funding streams, including Ryan White Parts A, B, and C, Minority AIDS (MAI) Initiative, Ending the HIV Epidemic (EHE) funding, CDC High Impact Prevention, HOPWA, Federally Qualified Health Centers (FQHCs), and community-based organizations. The system includes core medical services, behavioral health services, medical case management, housing assistance and referrals, prevention services, transportation assistance, and other supportive services integrated throughout the HIV care continuum.

The local HIV service delivery system demonstrates several strengths, including strong HIV medical care infrastructure, widespread access to treatment services, high utilization of medical care and laboratory services, medication assistance, medical case management, provider communication, and patient-provider engagement. The provider network also demonstrates strengths in rapid appointment scheduling, telehealth implementation, multilingual staffing, and culturally responsive practices.

Survey findings from the Needs Assessment indicate that most respondents were able to access medical care when needed. A large majority of respondents also reported currently taking HIV medication and attending multiple HIV medical visits annually. These findings demonstrate strong engagement in care among many individuals who are connected to the Ryan White system and other HIV service providers. Case management was also identified as a major strength. Most respondents reported having a case manager, being able to reach their case manager within a reasonable timeframe, and being satisfied with case management services.

Another important strength is the availability of multiple service providers across Palm Beach County. Ryan White-funded agencies, the Florida Department of Health, Federally Qualified Health Centers (FQHCs), community-based organizations, prevention providers, and other partner agencies contribute to a countywide network of HIV-related services. These services support prevention, diagnosis, linkage to care, retention, medication access, viral suppression, and supportive needs.

Community members and focus group participants consistently emphasized the value of coordinated service models that integrate medical care, counseling, medication support, case management, and social services in one location. Participants described these integrated service models as helpful because they reduce the burden of navigating multiple systems and make it easier for individuals to remain engaged in care.

Challenges and Identified Needs:

Community engagement activities, focus groups, client survey findings, and provider feedback identified several recurring priorities for Palm Beach County's HIV prevention and care system. These priorities reflect both the lived experiences of people with HIV and the perspectives of providers working within the local system of care.

Housing was one of the strongest and most consistent priorities raised throughout the Needs Assessment process. Participants described housing instability as a major barrier to medical care, medication adherence, safety, and quality of life. Housing services were among the highest reported unmet needs and were repeatedly identified by providers as a major service gap.

Mental health concerns were also identified as a major priority. Participants described the emotional impact of diagnosis, fear of rejection, long-term health concerns, trauma, depression, anxiety, and isolation. Community members emphasized the need for counseling, therapy, emotional support, peer support, and trauma-informed care.

Transportation assistance, financial assistance, food support, dental care, and vision care were also recurring priorities. These needs reflect the broader economic vulnerability experienced by many people with HIV in Palm Beach County and demonstrate the importance of maintaining supportive and other health services that help stabilize clients and support long-term engagement in care.

Stigma reduction and community education were also emphasized. Participants described persistent misinformation about HIV transmission and outdated beliefs about HIV. Community members recommended expanded education for youth, families, communities, and providers to reduce stigma and increase understanding of HIV prevention, treatment, and Undetectable=Untransmittable (U=U).

The Provider Capacity and Capability Assessment demonstrated that Palm Beach County has a stable and experienced HIV provider network with strong foundational capacity. Providers reported strengths in culturally responsive services, multilingual staffing, interpreter access, telehealth implementation, and timely appointment scheduling. However, the provider assessment also identified several capacity constraints that may affect long-term service delivery. Housing-related services emerged as the most frequently identified service gap across provider

responses. Providers also identified food assistance, financial assistance, workforce sustainability, and supportive services as areas where demand may exceed available resources.

Case management remains one of the strongest and most important components of the HIV service system. However, client and provider feedback identified concerns related to some communication delays, case manager turnover, documentation burden, high caseloads, and difficulty reaching staff. These concerns indicate opportunities to strengthen continuity, communication, staffing support, and client-centered service delivery.

Access to certified peer support was not universal across providers. Peer support can play an important role in reducing stigma, improving engagement, supporting newly diagnosed individuals, and helping people return to care. Limited peer capacity may therefore represent an opportunity for future system strengthening. Behavioral health access was generally reported as available, but some providers noted barriers related to insurance restrictions, provider availability, and administrative requirements. Given the high prevalence of anxiety, depression, trauma, and emotional burden among survey respondents, continued attention to behavioral health capacity remains important.

The recurring barriers of stigma, misinformation, limited health literacy, language access, and service navigation challenges demonstrate the need for stronger community engagement, communications, and public awareness strategies. Trusted community partnerships, faith-based organizations, peer leaders, and other community messengers can help improve awareness, reduce stigma and misinformation, and connect individuals to HIV prevention, testing, care, and supportive services. These strategies also support a more person-centered and strengths-based approach by recognizing community resilience, lived experience, and the role of trusted messengers in improving engagement across the HIV prevention and care continuum.

Palm Beach County also experienced limitations related to the timing and availability of statewide planning information for the Statewide Coordinated Statement of Need. The statewide integrated planning workgroup was suspended during the planning period in March of 2026, and statewide Needs Assessment data expected to be shared during the May Florida Comprehensive HIV/AIDS Planning Network meeting was not available because the meeting was cancelled and had not yet been rescheduled at the time this section was drafted.

As a result, this Situational Analysis relies on the most current local data available, including the 2025–2026 Comprehensive HIV Needs Assessment, epidemiologic data, client survey findings, focus group findings, provider capacity assessment results, resource inventory, and community engagement input. Palm Beach County will continue to monitor statewide updates and incorporate relevant findings into future implementation, monitoring, and plan revisions as appropriate.

Structural and Systemic Factors Affecting HIV Outcomes

Palm Beach County's HIV outcomes are shaped not only by the availability of medical care, but also by broader structural and systemic factors that influence access, engagement, and health equity. The Needs Assessment demonstrates that many barriers affecting HIV outcomes are rooted in social determinants of health, including housing, financial constraints, poverty, transportation, stigma, language access, behavioral health, and service navigation.

Housing instability is one of the most significant structural issues affecting people with HIV in Palm Beach County. Unstable housing and homelessness can make it difficult for individuals to store medication, attend appointments, maintain communication with providers, receive mail or program notices, and prioritize healthcare. Focus group participants described how basic survival needs, including shelter, food, and safety, often take priority over medical care. Housing instability therefore affects multiple stages of the HIV care continuum, including linkage, retention, medication adherence, and viral suppression.

Poverty and financial hardship also contribute to disparities. Many clients rely on publicly funded programs for HIV medication, medical care, insurance assistance, and supportive services. Many clients from the Needs Assessment relied on the AIDS drug assistance program (ADAP) for their HIV medication and assistance with health insurance premium and cost sharing assistance. Low income affects the ability to pay for transportation, food, housing, dental care, vision services, insurance premiums, copays, and other essential needs. When individuals are forced to choose between healthcare and basic needs, engagement in HIV care becomes more difficult.

Transportation remains a persistent access barrier, particularly for individuals without reliable personal transportation, individuals living in areas with limited public transit, and those who need to travel across the county to access specialty care or supportive services. Transportation barriers can contribute to missed appointments, delayed medication refills, limited access to pharmacies, and reduced engagement with case management or supportive services.

Stigma continues to affect HIV prevention and care outcomes. Focus group participants described stigma in families, communities, housing settings, employment settings, shelters, and healthcare settings. Participants also described misinformation about HIV transmission, fear of rejection, fear of disclosure, and concerns about confidentiality. Stigma can discourage individuals from getting tested, accessing HIV services, disclosing their status, taking medication openly, or staying connected to care.

Language access and cultural responsiveness are also critical factors. Palm Beach County serves diverse communities, including Spanish-speaking and Haitian Creole-speaking populations.

Language barriers can make it harder for clients to understand eligibility requirements, treatment plans, service options, referrals, and medical information. Cultural stigma, immigration-related fears, and confidentiality concerns may further discourage individuals from seeking services. These findings reinforce the need for multilingual staff, interpretation services, culturally responsive outreach, and trusted community partnerships.

System navigation remains a challenge for many clients. Even when services exist, individuals may not know where to go, how to apply, whether they are eligible, or how to follow up after a referral. The Needs Assessment identified lack of awareness and difficulty navigating available services as a leading barrier to accessing needed support. This suggests that improving communication, referral systems, case management coordination, and client education may help reduce unmet need even when new service funding is limited.

Priority Populations and Geographic Areas of Concern

Based on the epidemiologic data, Needs Assessment findings, focus group themes, and community engagement process, several priority populations were identified for the 2027–2031 Integrated Plan. These groups experience disproportionate HIV burden, increased barriers to prevention and care services, poorer health outcomes, or elevated risk of disengagement from services.

Black/African American communities remain a primary priority population in Palm Beach County. Black residents are disproportionately represented among people living with HIV and new HIV diagnoses. Black people with HIV also experienced lower viral suppression outcomes compared to White people with HIV. These disparities highlight the continued need for culturally responsive prevention, testing, linkage, retention, re-engagement, and viral suppression strategies.

Hispanic/Latino communities are a priority population in Palm Beach County based on local HIV data, care continuum outcomes, and community engagement findings. Hispanic residents are represented among people living with HIV and new HIV diagnoses, and Hispanic/Latino people with HIV experienced lower care engagement and viral suppression outcomes compared to White people with HIV. The Needs Assessment also identified Spanish language access needs, immigration-related fears, confidentiality concerns, and challenges navigating services as barriers that may affect access to HIV prevention, care, and support services. These findings highlight the continued need for activities, initiatives, and services that strengthen culturally responsive outreach, Spanish language capacity, trusted service navigation, linkage to care, retention, and viral suppression strategies.

Haitian and Haitian Creole-speaking communities are also a priority population in Palm Beach County based on the Needs Assessment findings and local epidemiologic context. While surveillance data do not separately identify Haitian ethnicity, Haitian clients represented a substantial portion of Needs Assessment survey respondents, and Haitian Creole was one of the most commonly reported primary languages among participants. In addition, Black residents remain disproportionately impacted by HIV in Palm Beach County, and many Haitian clients are represented within the broader Black/African American population reflected in local HIV data. The needs assessment findings highlight the continued need for activities, initiatives, and services that maintain Haitian Creole language capacity, strengthen culturally responsive communication, improve service navigation, support linkage and retention in care, and address barriers related to stigma, confidentiality, housing, food, financial assistance, and other supportive service needs.

Younger individuals and young adults are a priority for prevention and early diagnosis efforts. Surveillance data showed that younger individuals represented a notable share of new HIV diagnoses, indicating ongoing transmission among younger residents. Individuals with heterosexual transmission risk were also identified as a priority group, demonstrating the need to ensure that HIV prevention messaging, testing, PrEP education, and outreach strategies include heterosexual men and women in communities with elevated HIV burden.

Individuals experiencing housing instability or homelessness are a critical priority population because housing status directly affects appointment attendance, medication adherence, retention in care, and viral suppression. Low-income individuals and economically vulnerable households are also a priority population. Survey findings showed that many respondents experience low monthly income, employment instability, reliance on public assistance, and financial responsibility for others in their household. These financial pressures can limit access to transportation, food, dental care, vision care, insurance-related costs, and other services that support engagement in HIV care.

Formerly incarcerated individuals and individuals reentering the community after incarceration were also identified as a priority group for our Minority AIDS initiative. Incarceration can interrupt HIV treatment, medication access, insurance coverage, housing, employment, and service continuity. Individuals with mental health needs are also a priority population, as anxiety, depression, trauma, emotional exhaustion, social isolation, and stigma-related distress were common themes in the Needs Assessment.

Geographically, HIV burden and service demand remain concentrated in several municipalities and ZIP codes throughout Palm Beach County. High-prevalence areas include West Palm Beach, Riviera Beach, Boynton Beach, Delray Beach, Lake Worth, Belle Glade, South Bay, and Pahokee. These areas should continue to be prioritized for testing, prevention education, linkage services, re-engagement, culturally responsive outreach, and supportive service coordination.

Diagnose

Palm Beach County continues to maintain HIV testing and outreach infrastructure through the Florida Department of Health, Ryan White providers, EHE-funded programs, Federally Qualified Health Centers (FQHCs), and community-based organizations (CBOs). Prevention services include HIV testing, PrEP and nPEP services, early intervention services, social media outreach, risk reduction counseling, condom distribution, and prevention education.

However, focus group discussions identified several barriers that affected individuals when they first sought HIV testing or were diagnosed with HIV. Participants stated that barriers affecting early diagnosis and linkage to care included fear, HIV-related stigma, misinformation, transportation limitations, language barriers, limited health literacy, and lack of awareness of available services. Black communities, younger individuals, individuals with heterosexual transmission risk, and residents of high-prevalence geographic areas remain important populations for focused testing and outreach based on epidemiologic surveillance data.

The lack of a current confirmed jurisdiction-specific estimate of people living with HIV who are unaware of their status also reinforces the importance of using surveillance trends, new diagnosis data, testing data, and community engagement findings to guide outreach. Populations most likely to include undiagnosed individuals may include Black residents, younger individuals under age 30, individuals with heterosexual exposure risk, and residents of high-prevalence municipalities.

To strengthen early diagnosis, Palm Beach County should continue expanding culturally responsive outreach, increasing awareness of HIV testing locations, supporting routine testing in healthcare and community settings, improving language access, and strengthening community education to reduce stigma and misinformation.

Treat

Palm Beach County demonstrates strong HIV treatment infrastructure and high levels of engagement in care among individuals currently connected to services. Approximately 76% of people with HIV were reported in care, 68% were retained in care, and 67% were virally suppressed in 2024. These indicators demonstrate meaningful progress while also showing that gaps remain in retention and viral suppression.

Approximately one-quarter of people with HIV were classified as not in care in 2024. This group includes individuals who were not linked to care following diagnosis as well as individuals who were previously in care but later disengaged. A portion of these twenty five percent of individuals not in care may also be due to relocation but their case still remains in our system.

Individuals not engaged in care were disproportionately represented among racial and ethnic minority populations, especially Black residents, and residents of high-prevalence municipalities.

Structural barriers including housing instability, transportation challenges, financial hardship, incarceration, mental health burden, and stigma continue to interfere with retention in care and sustained viral suppression. Racial disparities remain pronounced, with Black and Hispanic/Latino individuals experiencing lower viral suppression outcomes compared to White individuals.

To improve treatment outcomes, the local system should continue strengthening retention and re-engagement strategies, including Data-to-Care efforts, Rapid Entry to Care, medical case management, peer support, mental and behavioral health integration, medication access support, and coordination with housing, transportation, and food assistance resources. Improving viral suppression will require continued attention to both medical care and the supportive services that allow individuals to remain stable enough to engage in treatment.

Prevent

Palm Beach County maintains a broad prevention network that includes HIV testing, PrEP services, nPEP services, prevention education, condom distribution, risk reduction counseling, social media outreach, and community-based prevention activities. However, the Needs Assessment identified ongoing prevention education gaps and persistent misinformation related to HIV transmission and prevention. Focus group participants described continued myths about HIV transmission and outdated beliefs that contribute to stigma, fear, and avoidance of testing or care. Participants emphasized the need for expanded community education, especially among youth and communities where misinformation remains common.

PrEP awareness and access remain important prevention priorities. Prevention education should continue to promote PrEP, nPEP, condoms, routine testing, Undetectable=Untransmittable (U=U), and partner communication in culturally and linguistically appropriate ways. Safer injection education and syringe-related prevention resources were reported less frequently than other prevention services. Palm Beach County should continue assessing the need for people who inject drugs (PWIDs) including referral pathways for supportive and medical services.

Respond

Palm Beach County benefits from a coordinated HIV response system involving Ryan White-funded providers, prevention agencies, community-based organizations (CBOs), healthcare providers, the Florida Department of Health, planning bodies, and public health partners. Integrated service models and coordinated referral systems strengthen continuity of care throughout the service system.

At the same time, ongoing HIV transmission trends and differences in outcomes among demographic groups highlight the need for continued rapid response and targeted intervention efforts. The increase in new HIV diagnoses from 2023 to 2024, persistent racial disparities, and continued barriers among priority populations demonstrate the importance of strengthening community outreach, prevention engagement, service navigation, and coordinated response strategies.

Responding effectively to potential HIV clusters or emerging trends requires timely use of surveillance data, testing data, provider input, and community engagement that will be led by the Palm Beach County Department of Health. Response efforts must also be culturally responsive and sensitive to stigma, confidentiality, and community trust. Community engagement is especially important when addressing clusters or outbreaks because affected communities must be included in communication, education, prevention, and linkage strategies.

Palm Beach County should continue coordinating across prevention and care systems to identify emerging needs, support rapid linkage to care for newly diagnosed individuals, re-engage people not in care, and connect individuals to prevention and supportive services.

Challenges and Limitations in Addressing Housing Needs

Housing instability was one of the most significant and consistent needs identified throughout the 2025–2026 Comprehensive HIV Needs Assessment. Survey findings, focus group discussions, provider assessments, and gap analysis findings all identified housing as a major barrier to care and a major unmet need. Housing instability affects multiple parts of the HIV care continuum, including linkage to care, retention in care, medication adherence, viral suppression, and overall quality of life.

Participants described how unstable housing and homelessness make it difficult to prioritize healthcare. When individuals are focused on finding shelter, maintaining safety, obtaining food, or addressing immediate survival needs, medical appointments and medication adherence may become secondary. Housing instability can also affect transportation, phone access, communication with providers, ability to store medication, and ability to maintain required documentation for services.

Provider feedback also identified housing-related services as one of the most significant gaps in the local HIV service system. Providers reported that housing needs often exceed available resources and that housing-related waitlists and funding limitations affect service delivery. These findings show that housing is not only a client-level need but also a system-level capacity challenge.

Palm Beach County recognizes stable housing as a critical social determinant of health and an essential support for successful HIV outcomes. However, there are important limitations in the

ability of the Ryan White HIV/AIDS Program to fully address housing needs. Ryan White Part A funding requirements prioritize core medical services, with at least 75% of funds required for core medical services and no more than 25% generally available for support services unless a waiver is approved. As a result, while supportive services are essential, the Ryan White system alone cannot meet the full scope of housing needs in Palm Beach County.

This limitation is especially important because housing instability is driven by broader community conditions, including affordable housing shortages, rising rental costs, poverty, limited income, waitlists, and eligibility requirements across housing programs. These conditions extend beyond the authority and funding capacity of the HIV service system.

Palm Beach County's approach to housing needs must therefore rely on coordination across multiple systems. HOPWA, local work force housing programs, community housing development programs, homeless services, behavioral health providers, social service agencies, county housing initiatives, and community-based organizations all play important roles in addressing housing instability among people with HIV. The Ryan White system can support this work by identifying housing-related barriers through clients and case managers, strengthening referrals, coordinating with HOPWA and housing partners, documenting unmet need, advocating for expanded housing resources, and ensuring that housing instability is considered in retention and viral suppression strategies.

Situational Analysis Summary and Implications for Planning

The 2025–2026 Comprehensive HIV Needs Assessment and related planning activities demonstrate that Palm Beach County has a strong and coordinated HIV prevention and care infrastructure. The county benefits from experienced providers, multiple funding streams, integrated service models, medical case management, medication assistance, prevention services, and partnerships across public health, healthcare, and community-based organizations (CBOs). Many individuals who are connected to services report strong access to HIV medical care, medication, laboratory services, and case management.

At the same time, persistent disparities and structural barriers continue to affect HIV outcomes. Black/African American residents remain disproportionately impacted by new HIV diagnoses and experience lower viral suppression outcomes. Hispanic/Latino and Haitian communities face language, cultural, confidentiality, and navigation barriers. Younger individuals and individuals with heterosexual transmission risk remain important populations for testing and prevention. Individuals experiencing poverty, housing instability, mental health needs, incarceration history, and transportation barriers face increased challenges entering and remaining in care.

The most significant unmet needs identified through the assessment are concentrated in supportive service categories, particularly housing services, emergency financial assistance, oral

health care, food assistance, transportation, and mental health support. These needs demonstrate that HIV outcomes are closely connected to social determinants of health and that successful HIV planning must address more than medical care alone.

Collectively, these findings informed the development of the 2027–2031 Integrated HIV Prevention and Care Plan goals and objectives. The planning process prioritized strategies that strengthen HIV testing and early diagnosis, improve rapid linkage and re-engagement, increase retention in care and viral suppression, expand culturally responsive prevention education, address stigma and misinformation, improve service navigation, strengthen behavioral health and supportive service coordination, and enhance response capacity for emerging HIV trends.

The goals and objectives presented in the following section are designed to build upon Palm Beach County's existing HIV prevention and care infrastructure while addressing the barriers and disparities identified through data analysis and community engagement. Continued collaboration among the HIV CARE Council, the Ryan White Part A Recipient, the Florida Department of Health, Community Prevention Partnership (CPP), HIV care and treatment providers, community-based organizations (CBOs), housing partners, behavioral health providers, and people with lived experience will be essential to improving outcomes and reducing HIV-related disparities throughout the 2027–2031 planning period.

Section 5: 2027-2031 Goals and Objectives Workplan

Pillar 1: Diagnose					
Goal: Diagnose all people with HIV as early as possible					
Objective 1: Increase availability and accessibility to HIV testing in traditional and non-traditional venues.					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
D1a	Increase the use of digital media resources to include messaging on dating apps (e.g., Grindr) and social media apps (e.g., TikTok) (increase funding opportunities) on HIV testing	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/HIV Prevention Providers	Number of community awareness campaigns about HIV testing; PrEP; U=U; Awareness Days. Comprehensive Impact Reports Digital Metrics
D1b	Increase collaborative efforts between community-based organizations to bring awareness of HIV and testing to communities in geographic disproportionately affected	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/HIV Prevention Providers	Number of private entities who provide referrals to prevention and testing services. Number of BRTA/FRTA initiatives implemented each year

	area				
D1c	Increase awareness and collaboration with existing SSP to incorporate Hepatitis, STIs, HIV testing and mental health and substance use messaging in campaigns.	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/HIV Prevention Providers	Number of collaboratives and messaging in media campaigns that incorporates Hepatitis, STIs, HIV testing mental health and substance use
D1d	Provide targeted outreach, HIV testing, counseling, and education in places and zip codes frequented by priority populations to increase awareness of HIV status and support early diagnosis.	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/HIV Testing Providers	Number of targeted outreach, HIV testing, counseling, and education events conducted in places and zip codes frequented by priority populations.
Objective 2: Increase knowledge of HIV status					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
D2a	Increase opportunities for HIV testing outside M-F (8-5pm) unconventional hours	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/HIV Prevention Providers, Private health care providers	Number of providers who offer unconventional hours for rapid HIV testing

D2b	Implementing provider detailing to increase awareness for routine opt-out HIV testing in private clinics, during annual physicals, episodic visits to urgent care and emergency rooms, and other medical settings in partnership with Gilead/ViiV	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/Funded HIV Prevention Providers/Gilead/ ViiV	Number of private clinics offering routine opt out HIV testing. Number of positive lab tests increasing over time from private providers. Number of educational sessions completed for private providers.
D2c	In addition to in person testing, make at home testing more accessible (paying for it, ordering it, finding out any additional barriers)	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/Funded HIV Prevention Providers	Number of home test kits provided to Palm Beach County community members
D2d	Increase collaboration with SSP/harm reduction programs to increase testing.	Persons who inject drugs	Years 1-5	CPP/Funded HIV Prevention Providers	Collaborative agreements with SSPs
D2e	Encourage individuals who test positive for STIs to receive HIV testing to increase awareness of HIV	Individuals diagnosed with STIs	Years 1-5	FDOH STD Program, CPP	Number of individuals diagnosed with STIs who are referred to or offered HIV testing.

	status and support early diagnosis.				
Objective 3: Increase HIV Testing Awareness and Community Partnerships					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
D3a	Increase awareness about rapid HIV testing opportunities in urgent care and emergency room via FOCUS	Priority populations as defined by FLDOH surveillance. Health care providers	Years 1-5	CPP/Funded HIV Prevention Providers	Increase the number of FOCUS Hospitals in PBC
D3b	Partner with social service organizations to expand HIV education and prevention services.	Social services organizations	Years 1-5	CPP/Funded HIV Prevention Providers	Partnerships with social organizations are in place.
D3c	Engage with local and state civic, political, community, and spiritual leaders to increase awareness of HIV and populations affected by HIV	Social services, State and local leaders, Faith based leaders	Years 1-5	CPP & HIVES	Maintain community engagement to include local and state civic, political, community, and spiritual leaders

D3d	Conduct listening sessions/town hall meetings on the implementation of evidence based interventions with community based organizations to share best practices and lessons learned	Priority populations as defined by FLDOH surveillance.	Years 1-5	CPP & HIVES	Engagements with organizations via town hall meetings, listening sessions to share and adopt best practices
D3e	Share statewide and local epidemiological profile data with HIV service providers to inform testing, outreach, and service delivery strategies for priority populations.	Priority populations as defined by FLDOH surveillance.	Years 1-5	FDOH Surveillance team	Statewide and local epidemiological profile data shared with HIV service providers to inform testing and outreach strategies.
Objective 4: Increase capacity of healthcare delivery systems, public health and health workforce to prevent and diagnose HIV					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
D4a	Build capacity of diagnose staff to include: mental health first aid, HIV 500/501, Motivation interviewing,	All diagnose staff	Years 1-5	CPP	Number of completed trainings

	trauma informed care, Phlebotomy, Trauma Informed Care-Phlebotomy, Substance use support, housing services.				
D4b	Increase the number of inclusive sexual health services being offered by increasing training opportunities on sexual orientation and gender identity (i.e. assessment of need and offering of 3 site-Oral, Anal, Vaginal-testing for gonorrhea/chlamydia)	Sexual health service providers	Years 1-5	CPP	Number of inclusive health service providers Number of trainings on sexual orientation and gender identity

Pillar 2: Treat					
Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression					
Objective 1: Increase the percentage of newly diagnosed PWH linked to care within 30 days from 85% to 90%					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
T1a	Offer integrated services at mobile units located at East, West, North, South geographical areas. Services to be included: Test and Treat, rapid entry /linkage to care, phlebotomy and direct access to mental health, substance use, and support services.	Persons at risk for HIV Newly diagnosed PWH out of care	Years 1-5	CPP/HIVES	Number of Test and Treat events Number of services offered at mobile units Number of clients receiving services at mobile units Number of clients linked to care within 30 days
T1b	Maintain the number of providers with capacity for same day appointments or walk-ins for PWH who are newly diagnosed or re-engaging in care	Persons at risk for HIV Newly diagnosed PWH out of care	Years 1-5	Service Providers	Number of providers with enhanced services capacity
T1c	Expand and distribute easy-to-read materials on HIV treatment, U=U, medication adherence, viral suppression, and RW	PWH	Years 1-5	HIVES, CARE Council	HIV treatment, education and available services materials in various formats and languages are in place.

	services available in English, Spanish, and Creole.				
Objective 2: Reduce the percentage of PWH who are not in care from 24% to 20%					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
T2a	Maintain data sharing agreements	RW Part A/B, MAI services providers, FDOH	Years 1-5	HIVES	Number of providers with data sharing agreements
T2b	Utilizing data to care model to engage PWH who are out of care	PWH out of care as defined by FLDOH surveillance	Years 1-5	EHE, FDOH	Number of PWH re-engaged in care
T2c	Expand the availability of supportive and behavioral health services at the time of client engagement (mental health, Case management, Peer support).	PWH out of care Newly Diagnosed PWH	Years 1-5	Service Providers, EHE	Number of agencies able to provide supportive and behavioral health services at the time of engagement or reengagement in care
T2d	Provide training to RW funded providers regarding availability of safety net programs.	RW funded service providers	Years 1-5	RW Part A and MAI Recipient Office	Number of RW providers attending safety net trainings
T2e	Assess opportunities to expand access to co-located HIV care, supportive services, and flexible service hours in priority zip	PWH	Years 1-5	Service Providers	Number of organizations identified that offer co-located services and/or flexible service hours in priority zip

	codes to reduce barriers to care engagement for PWH.				codes.
Objective 3: Increase support for treatment initiation, adherence, retention, and viral suppression services for PWH in Palm Beach County, with emphasis on priority populations, including Black/African American, Haitian, and Hispanic/Latino communities, experiencing disparities in care engagement and health outcomes.					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
T3a	Strengthen solution and experience-based educational programs for clients and community members focused on navigating HIV care continuum and overcoming barriers to care.	PBC priority populations at risk of disengagement	Years 1-5	HIVES	Number of experience-based educational programs provided & number of attendees
T3b	Strengthen training for traditional and non-traditional health care providers, including PWH, related to HIV care continuum	Service providers PWH	Years 1-5	HIVES	Number of trainings provided & number of attendees
T3c	Maintain our focus on rapid entry-to-care programs, and getting clients linked to care within a 72 hour time frame.	Priority populations, (Black/African American, Haitian, Hispanic/Latino) Newly diagnosed PWH and PWH returning to care,	Years 1-5	HIVES	Increased number REC

T3d	Provide education to people living with HIV and health care providers about U=U, PrEP, treatment as prevention for other individuals	Priority populations based on Epi Profile	Years 1-5	HIVES lead, CPP support	Maintain quarterly and annual forums for Provider education
T3e	Maintain a virtual/telehealth approach to assist clients virtually as necessary and gather feedback from client experience	PWH	Years 1-5	RW Part A Health care providers	Number of telehealth services available
T3f	Deploy community health workers in the field to provide in-person visits at key access points in PBC through Community Based Organizations and AIDS Services Organizations.	PWH, Priority populations (Black/African American, Haitian, Hispanic/Latino)	Years 1-5	Health Council of South East Florida, Community health programs	Number of home visits made by community health agencies
T3g	Collaborate with Infectious Disease (ID) providers as well as pharmaceutical representatives to ensure that everyone has the most up-to-date information on HIV treatment medication.	Health care providers, health care advocates	Years 1-5	HIVES and Service Providers	Number of pharmaceutical presentations

T3h	Engage community and faith-based leaders through MAI-related efforts to address HIV misconceptions, reduce HIV-related stigma and discrimination, and support linkage to care, retention in care, treatment adherence, and viral suppression.	PWH, priority populations impacted by HIV-related stigma (Black/African American, Haitian, Hispanic/Latino) , community members, and faith based leaders	Years 1-5	Ryan White/MAI	Number of meetings with faith-based organizations and community leaders focused on HIV stigma reduction and support for linkage to care, retention in care, treatment adherence, and viral suppression.
T3i	Use the annual CARE Council data presentation and other community forums to share HIV care and treatment data, identify disparities and health outcomes among priority populations, and inform strategies that support linkage, retention, adherence, and viral suppression.	PWH, Priority populations (Black/African American, Haitian, Hispanic/Latino)	Years 1-5	HIVES, CARE Council	Annual CARE Council data presentation conducted and/or number of community forums where HIV care and treatment data, disparities, and priority population outcomes are shared.
T3j	Maintain MOUs and referral agreements among medical providers and service partners to strengthen referrals to support services that promote treatment initiation,	PWH	Years 1-5	HIVES, Service Providers	Number of MOUs or referral agreements in place and maintained among medical providers and service partners.

	adherence, retention in care, and health outcomes for PWH.				
T3k	Improve client education regarding the right of PWH to choose their HIV care and support service providers, client rights, grievance procedures and customer feedback	PWH	Years 1-5	CARE Council, HIVES	Evidence of client education materials or communications on provider choice, client rights, grievance procedures, and customer feedback,
T3l	Promote the use of EMR Portals and other electronic health systems to support PWH engagement in care	PWH	Years 1-5	Service Providers	Use of EMR portals or electronic health systems in place to support client engagement in care.
T3m	Seek collaboration with PWH with lived experience who are willing to share their stories to support treatment messaging that promotes linkage to care, retention in care, medication adherence, viral suppression, and stigma reduction.	PWH, Priority populations (Black/African American, Haitian, Hispanic/Latino)	Years 1-5	HIVES, CARE Council	Evidence of treatment messaging developed with input from PWH with lived experience.

T3n	Identify and promote best practices for effective communication between providers and PWH to address medical mistrust and support linkage to care, treatment adherence, retention in care, and viral suppression.	PWH, Priority populations (Black/African American, Haitian, Hispanic/Latino)	Years 1-5	HIVES, Service Providers, CARE Council support	Best practices or communication strategies identified or promoted to support provider-client communication and address medical mistrust among PWH.
Objective 4: Develop and implement training and resources needed to improve capacity of services providers					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
T4a	Provide training to service providers and case managers on how to apply for all services or to make referrals across the HIV system of care	Service providers	Years 1-5	HIVES	Number of attendees
T4b	Maintain a place for providers to engage and ask questions regarding services available	Service providers	Years 1-5	HIVES	Provider avenues in place

T4c	Engage PWH and peers, when feasible, to support provider training, planning, service improvement, leadership, and board/advisory participation opportunities that strengthen the capacity of service providers to deliver responsive, client-centered HIV care and support services. Encourage employment opportunities for PWH and peers within HIV care and support service settings when appropriate and feasible.	PWH, Individuals with lived experience	Years 1-5	CARE Council, HIVES, Service Providers	Number of provider training, planning, service improvement, leadership, board/advisory, or employment-related opportunities that include or are shared with PWH and peers.
T4d	Provide health literacy education and resources for PWH on HIV treatment, medication adherence, viral suppression, lab results, and service navigation.	PWH	Years 1-5	Service Providers/Case Managers	Health literacy education materials, resources, or sessions developed or provided for PWH.
T4e	Collaborate with AETC to assist with training needs.	Service providers	Years 1-5	HIVES	Increased capacity of health care providers and delivery of services

					Number of attendees receiving needed training
T4f	Perform grant search for alternative resources for special programs addressing priority populations.	HIV Service Providers	Years 1-5	HIVES	Grant searches in place and completed
Objective 5: Expand the capacity of PBC providers to serve PWH 50+ and long- term survivors.					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
T5a	Collaborate with local partners and services organizations to provide education about HIV syndemics, aging with HIV, and PWH 50+ and long term survivors	Health and service providers, PWH 50+	Years 1-5	HIVES/MAI	Number of providers receiving training on HIV syndemics, aging with HIV, and PWH 50+ Number of collaborative meetings
T5b	Identify, develop, and adopt a services model that best meets the needs of PWH 50+ and long term survivors	Service providers, PWH	Years 1-5	Ryan White Part A/MAI	Development and implementation of best practice model for PWH 50+
T5c	Promote the provision of behavioral health care services in mobile units for PWH 50+ and long term	PWH 50+ and Long Term Survivors	Years 1-5	EHE	Number of behavioral health care services provided in mobile units.

	survivors				
T5d	Provide training on the effect of HIV as long term survivors and individuals aging with HIV and long term survivors	Service Providers	Years 1-5	HIVES/MAI	Number of providers receiving training focused on the long term effects of HIV.
T5e	Monitor the existing marketing campaign to improve awareness of services for PWH 50+ and long term survivors residing in PBC.	PWH 50+	Years 1-5	EHE	Tracking of metrics from all campaign platforms (posts, events, ads, etc.)

Pillar 3: Prevent					
Goal: Prevent new HIV transmissions by using proven interventions, including pre exposure prophylaxis (PrEP) and syringe services programs (SSPs)					
Objective 1: Increase education and outreach on HIV and STI prevention, PrEP, substance use, and mental health-related stigma to improve health education, literacy, access, and safety.					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
P1a	Identify and select stigma scale to assess baseline of HIV related stigma experienced or perceived by individuals of high risk negatives	High Risk Negative	Years 1-5	CPP	HIV stigma related scale Baseline established.
P1b	Create and distribute educational literature for high risk negative to gain knowledge of knowing their status and HIV prevention services like PrEP	High Risk Negatives	Years 1-5	CPP	Number of educational materials distributed on rights education for high risk negatives
P1c	Annual mandatory training on HIV prevention related stigma and	High Risk Negative	Years 1-5	FDOH	CEU certificate for stigma and discrimination training. 501

	discrimination at the 501 training				certification training
P1d	Engage community and faith-based leaders to address HIV misconceptions, reduce HIV-related stigma and discrimination, and support community education on HIV prevention, PrEP, and related prevention services.	Community members, Service providers and Faith based leaders	Years 1-5	CPP, Triple H Ministries, Key Partners: Faith based leaders	Number of meetings with faith-based organizations and community leaders focused on HIV stigma reduction PrEP education, prevention service awareness, and referral to prevention resources.
P1e	Provide outreach, HIV and STI education in places and zip codes frequented by priority populations	High Risk Negatives	Years 1-5	CPP & HIVES	Number of Outreach, testing and education events at venues frequented by High-risk priority populations.
P1f	Expand and distribute the use of easy-to read materials on PrEP, nPEP, U=U (e.g. infographics, one pagers) to help various types. Materials in English, Spanish, Creole.	High Risk Negatives	Years 1-5	CPP	Materials in various formats and languages are in place
P1g	Sexual health and	Priority Populations	Years 1-5	ROAR (Raising	Number of sexual

	awareness sessions on HIV prevention at local: teen centers; high schools; senior centers; retirement communities; throughout Palm Beach County	as defined by FLDOH surveillance		Ongoing Adherence and Awareness) Program Program/CPP	health and awareness sessions delivered at local teen centers. Number of venues Number of unduplicated participants.
P1h	Use partner services to provide negative partners access to PrEP, educational materials, and other preventative resources and services during non-traditional hours and via telehealth to reduce barrier	Priority Populations as defined by FLDOH surveillance	Years 1-5	FDOH STD Partner Services Program	Number of referrals and linkages to PrEP by Partner Services Number of partners contacted
P1i	Promote use of PrEP hotlines (i.e. provider/organization specific phone numbers and websites such as pleaseprepme.org, know your HIV Status, and PrEP locator)	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/FDOH	Evidence of promotional PrEP hotlines in place.

Objective 2: Reduce the impact of social determinants of health (SDOH) and co-occurring conditions, such as substance use and mental health disorders, on access to HIV prevention services among priority populations, including Black/African American, Hispanic/Latino, Haitian, and heterosexual individuals.					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
P2a	Provide comprehensive range of prevention in conjunction with care services via mobile services.	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP	Number of persons utilizing mobile services at satellite clinics for prevention services
P2b	Create opportunities for providers to implement evidence-based interventions to address, trauma, domestic violence, mental health and stigma that may impact individuals to engage with prevention services and PrEP	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP, ROAR (Raising Ongoing Adherence and Awareness) Program	Number of HIV providers adopting Trauma-Informed Care service models
P2c	Identify and incorporate best practices in peer programs to educate the community on HIV prevention	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP and FDOH Prevention	Number of Peer Programs implementing best practice interventions.

	services, strengthen PrEP education and navigation, and improve linkage to prevention resources for priority populations.				
P2d	Ensure strong linkage between outreach teams (completing rapid HIV testing) and access to PrEP/nPEP providers/organizations.	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP/FDOH Prevention	Evidence of collaborative work between outreach teams and Organizations providing access to PrEP/nPEP
P2e	Promote HIV testing & PrEP navigation to individuals utilizing SSPs.	Persons who inject drugs	Years 1-5	EHE/Rebel, CPP	Number of persons tested and/or linked to PrEP from SSP program
P2f	Assess opportunities to strengthen partnerships with private providers and other entities to improve access, referrals, and coordination for HIV prevention services, including PrEP.	Private entities	Years 1-5	CPP	Number of private providers/entities identified, contacted, or assessed for opportunities to strengthen HIV prevention service access, referrals, and coordination, including PrEP.
P2g	Identify and promote naloxone, overdose prevention, and harm reduction training	Priority Populations as defined by FLDOH surveillance	Years 1-5	Rebel Recovery	Naloxone, overdose prevention, or harm reduction training opportunities

	opportunities to support priority populations impacted by substance use and HIV care and prevention-related barriers.				identified or promoted to support priority populations impacted by substance use and HIV care or prevention-related barriers.
Objective 3: Improve HIV related communication and uptake of information on HIV prevention.					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
P3a	Identify, compile and distribute media tools and resources (social media and print) on HIV prevention	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP	Number of resources compiled and distributed.
P3b	Utilize social media platforms, including TikTok and Facebook, to create short-form, people-first, and stigma-reducing messaging on HIV prevention, PrEP, STI prevention, and related services.	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP	Number and type of social media platforms used to disseminate short-form HIV prevention messaging.
P3c	Develop messaging targeted to specific populations and depicting real world situations on HIV prevention	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP	Number of messages tailored to specific populations issued annually.
P3d	Seek collaboration with individuals with	Priority Populations as defined by FLDOH	Years 1-5	CPP, FDOH, Community Building	Number of people with lived

	lived experience to support the development of HIV prevention messaging that reflects community perspectives, promotes PrEP awareness, reduces stigma, and improves access to prevention services.	surveillance		Advocates (CBA)	experience collaborating in the designing of messages Evidence of HIV prevention messaging developed with input from individuals with lived experience.
P3e	Identify ways to create messaging targeting people from a diverse cultural, racial/ethnic, gender and socioeconomic Background for HIV prevention messaging	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP	Evidence of messaging targeting diverse populations.
P3f	Hold meetings with various stakeholders and community representatives who are not part of the traditional system of care to optimize collaborative work in HIV prevention	Community stakeholders	Years 1-5	Community Building Advocates (CBA)/CPP	Number of meetings held with community stakeholders
P3g	Identify and	Community	Years 1-5	CPP/HIV Prevention	Implementation of

	implement best practices for effective communication strategies between providers, consumers and to address medical mistrust on HIV prevention	stakeholders		Providers	best practice for health communication
P3h	Increase HIV prevention messaging in multiple languages (English, Spanish, Creole, etc.)	Priority Populations as defined by FLDOH surveillance	Years 1-5	CPP	Prevention messaging delivered in multiple languages.

Pillar 4: Respond					
Goal: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.					
Objective 1: Build and maintain collaboration between FDOH HIV Partner Services and Community Partners for a multi-disciplinary cluster response					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
R1a	Maintain collaboration between FDOH and community partners with designated contracts	Community Partners, CBOs	Years 1-5	FDOH, HIVES, CPP	Collaboration between FDOH and community partners in place
R1b	Produce and Maintain written guidance of Cluster Detection plan	Community Partners, CBOs	Years 1-5	FDOH, HIVES, CPP	Written guidance developed and in place
Objective 2: Training Providers on Cluster Detection response protocols					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
R2a	Include cluster detection response to 501 Training	Community Partners, CBOs	Years 1-5	FDOH	Curriculum in place
R2b	FDOH cluster response team staff to be trained in AETC Semi-Annual Trainings (Motivational	FDOH	Years 1-5	FDOH	DOH staff attended the training

	interviewing, Trauma informed care, Documentation, Home Visit Best Practice)				
Objective 3: Sharing of Cluster detection information with providers and community partners					
Strategies	Activities	Population of Interest	Time Frame	Responsible Parties	Data Indicators
R3a	Provide cluster detection updates annually to Community Partners and Stakeholders	Community Partners, CBOs	Years 1-5	FDOH	Annual presentation completed

Section 6: Implementation, Monitoring and Follow Up

Implementation Approach

Palm Beach County's 2027–2031 Integrated HIV Prevention and Care Plan will be implemented through a coordinated infrastructure led by the Ryan White HIV/AIDS Program (RWHAP) Part A HIV CARE Council in collaboration with the Palm Beach County RWHAP Part A Recipient's Office, the Community Prevention Partnership (CPP), the Florida Department of Health in Palm Beach County, funded service providers, people with HIV, people vulnerable to HIV, and other community partners. This structure will support implementation, monitoring, evaluation, improvement, and reporting/dissemination of the plan throughout the 2027–2031 planning period. This structure will be directed to ensure that planning goals, objectives and activities are being conducted, activity progress is monitored and evaluated, and needs, barriers and priority populations are being prioritized.

The Integrated Planning workgroup which contained all of the stakeholders listed above during the planning process, will meet on a quarterly basis once the 2027 plan begins. These meetings will serve as opportunities for activity data and progress to be shared and for there to be communication on collaborative activities between HIV prevention and care partners, and responsible partners. These meetings will also serve as opportunities for individuals with lived experience and service providers to share their input, challenges and successes on activity implementation as the plan is a living document. A formalized data report and/or presentation on all planning activities will be shared on an annual basis at the end of the grant year.

The Integrated Plan will serve as a living document to guide HIV prevention, care, treatment, and support service coordination across the jurisdiction. Implementation will be informed by current data, community engagement, responsible parties' input, updated epidemiological profile data, and national priorities including the Ending the HIV Epidemic (EHE) strategies: Diagnose, Treat, Prevent, and Respond. Palm Beach County will use the existing Integrated Planning workgroup, the HIV CARE council, bi-monthly subrecipient provider meetings, needs assessment findings, and community engagement opportunities to support plan implementation and ensure continued alignment with local needs.

Implementation

Implementation of the Integrated Plan will occur through collaboration among prevention, care, treatment, and support service partners. The Ryan White HIV/AIDS Part A (RWHAP) HIV CARE Council, RWHAP Recipient's Office, Community Prevention Partnership (CPP), Florida

Department of Health in Palm Beach County, funded providers, and other collaborators will work together to advance plan goals and objectives within their respective roles.

Responsible parties and key partners identified in the Integrated Plan Workplan will implement and support activities related to HIV testing, linkage to care, retention in care, viral suppression, PrEP access, prevention services, community engagement, and response efforts. Providers and administrators from different funding streams will coordinate activities to reduce duplication through communication in HIV CARE Council meetings, CPP meetings and the Integrated Planning workgroup quarterly meeting. Providers and administrators will also work together to address service gaps, and support an integrated system of HIV prevention and care.

Palm Beach County will continue to engage people with HIV and people vulnerable to HIV throughout implementation. Their input will be gathered through the Integrated Planning work group meeting participation, ongoing needs assessment and special studies activities and other feedback opportunities. This input will help ensure that implementation remains responsive to lived experiences, service barriers, and the needs of priority populations.

The plan will also support coordination across funding streams, including Ryan White Part A, Minority AIDS Initiative (MAI), CDC-funded prevention activities, state and local HIV resources, HOPWA, and other relevant funding sources. This coordination will help Palm Beach County leverage available resources, align activities with identified needs, and strengthen the overall HIV service delivery system.

Monitoring

Palm Beach County will monitor progress on Integrated Plan goals, objectives, strategies, and activities through regular review at the Integrated Plan Workplan, performance measures, program data, surveillance data, service provider feedback, and community input. Monitoring will help determine whether activities are being implemented as planned and whether adjustments are needed.

Monitoring activities may include reviewing progress on workplan activities and timelines, tracking partner participation, assessing service delivery barriers, identifying gaps or duplication, and reviewing outcomes for priority populations and geographic areas most affected by HIV. Measures include HIV testing and educational events, workforce capacity training, newly diagnosed persons linked to care, re-engagement of people who are out of care, retention in care rates, viral suppression rates, PrEP access, service utilization, and other relevant indicators.

The Ryan White Part A Recipient's Office, in coordination with the HIV CARE Council, Community Prevention Partnership, Florida Department of Health in Palm Beach County, and

other partners, will support ongoing monitoring. Updates will be shared with planning bodies and collaborators through regular meetings and review processes. At minimum, the plan will be reviewed annually, with additional updates occurring as needed based on emerging data, funding changes, implementation challenges, or community feedback.

Evaluation

Evaluation of the Integrated Plan will assess both implementation progress and outcomes. Process evaluation will examine whether planned activities are being completed, whether partners are engaged, and whether implementation is occurring within expected timelines. Outcome evaluation will assess whether plan activities are meeting the established data indicator measures and contributing to improvements across the HIV prevention and care continuum.

Palm Beach County will evaluate work plan progress from the established activity data indicator measures as well as other relevant available data sources such as the epidemiologic surveillance data, service utilization data, updated needs assessment findings, service provider data reports, and community feedback. Evaluation will focus on performance measures connected to the plan's goals and objectives, including linkage to care, retention in care, viral suppression, HIV testing, PrEP access, reduction of disparities, and response capacity.

Evaluation findings will be presented to the HIV CARE Council, Integrated Planning Workgroup members, Community Prevention Partnership (CPP) and at any other relevant meetings with other collaborators as appropriate. These discussions will help planning partners assess progress, identify areas needing improvement, and determine whether strategies should be continued, modified, expanded, or discontinued.

Improvement

Palm Beach County will use a continuous quality improvement approach to strengthen implementation of the Integrated Plan. Data review, community input, provider feedback, and planning body discussions will be used to identify opportunities for improvement and guide revisions. The continuous quality improvement approach could also utilize root cause analysis tools such as fishbone or driver diagrams to develop potential interventions to address implementation issues as well as employ Plan, Do, Study, Act (PDSA) cycles to test these potential interventions as needed.

When monitoring or evaluation identifies barriers, unmet needs, service gaps, duplication, or limited progress, Palm Beach County will work with planning bodies and partners to identify corrective actions. These actions may include revising activities, adjusting timelines,

strengthening referrals, improving coordination among providers, increasing outreach to priority populations, providing technical assistance, or modifying service delivery strategies.

People with HIV, people vulnerable to HIV, and representatives of priority populations will continue to be included in the improvement process. Their feedback will help determine whether proposed changes are practical, responsive, and aligned with community needs. Revisions to the Integrated Plan will be considered at least annually or as needed based on updated data, community input, funding changes, federal guidance, or changes in local service capacity.

Reporting and Dissemination

Palm Beach County will share updates on Integrated Plan implementation, monitoring, evaluation, and improvement with planning bodies, providers, community partners, people with HIV, people vulnerable to HIV, and other collaborators. Reporting and dissemination will promote transparency, accountability, and continued community engagement.

Progress updates may be shared through HIV CARE Council meetings, Integrated Planning workgroup meetings, Community Prevention Partnership (CPP) meetings, Planning Committee meetings, service provider meetings through presentations and/or written reports, email updates, and other communication methods. Information shared may include progress toward goals and objectives, updates on key activities, performance measure findings, accomplishments, challenges, plan revisions, and opportunities for continued input.

Dissemination methods will be tailored to the audience. Planning bodies and service providers may receive more detailed data and implementation updates, while broader community updates may focus on key accomplishments, priorities, and opportunities for feedback. Palm Beach County will aim to ensure that information is accessible and understandable to community members, including people with HIV and people vulnerable to HIV.

Updates to Other Strategic Plans Used to Meet Requirements

Palm Beach County did not use portions of another local strategic plan to satisfy the Section VI requirements for implementation, monitoring, evaluation, improvement, and reporting/dissemination. This section was developed as new material for the 2027–2031 Integrated HIV Prevention and Care Plan.

Although no separate strategic plan was used in place of this section, the 2027–2031 Integrated Plan builds upon prior integrated planning efforts, including the 2022–2026 Integrated HIV Prevention and Care Plan, Ryan White planning activities, HIV prevention planning activities, Ending the HIV Epidemic (EHE)-related coordination, and local needs assessment findings. EHE partners were engaged in the planning process, and EHE-aligned activities were

incorporated into the Integrated Plan to support the four pillars of Diagnose, Treat, Prevent, and Respond.

Lessons learned from prior planning and implementation efforts informed the development of this section, including the continued need for coordinated partner engagement, use of data to monitor progress, regular review of implementation activities, community input, and dissemination of updates to planning bodies and collaborators. As implementation of the 2027–2031 Integrated Plan moves forward, Palm Beach County will document achievements, challenges, improvement strategies, and revisions through the monitoring, evaluation, and reporting processes described in this section.

Section 7: Letters of Concurrence

Signed letters of concurrence from the Palm Beach County HIV CARE Council (Ryan White Part A Planning Council/Planning Body) and the Community Prevention Partnership (CDC Prevention Program Planning Body) are included as part of this submission. These letters document formal review and concurrence with the Palm Beach County 2027–2031 Integrated HIV Prevention and Care Plan.