

**2017 Comprehensive Plan for HIV Prevention and Care Services
Special Populations Workgroup**

9:00 a.m., Friday, January 22, 2015
Meeting Location: 2223 W. Loop South, Room #416

AGENDA

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|------|--|---|
| I. | Call to Order | John Humphries and
Cristan Williams, Co-Chairs |
| | A. Welcome | |
| | B. Moment of Reflection | |
| | C. Adoption of the Agenda | |
| | D. Approval of the Minutes | |
| II. | Review 2017 Comprehensive Plan Goals | Amber Harbolt, Health
Planner, Office of Support |
| III. | Review 2012 Special Populations Activities Progress | |
| IV. | Review Integrated HIV Prevention and Care
Plan Guidance On Activities | |
| V. | Next Steps | John Humphries and
Cristan Williams, Co-Chairs |
| | A. Set Next Meeting– 2/19 or 2/26 | |
| | B. What to Expect at the Next Meeting | |
| | 1. Review final 2017 Comprehensive Plan
Objectives | |
| | 2. Review progress on the 2012 Comprehensive
Plan Benchmarks | |
| | 3. Begin Discussing 2017 Comprehensive Plan Activities | |
| VI. | Announcements | |
| | A. Data Reports Available | |
| VII. | Adjourn | |

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the

♦ Houston Health Department ♦ HIV Prevention Community Planning Group ♦ Ryan White Planning Council
♦ Harris County Public Health & Environmental Services ♦ Ryan White Grant Administration ♦ The Resource Group

♦ Meetings hosted by the Ryan White Planning Council 2223 W. Loop South, #240; Houston, TX 77027 ♦
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2017 Comprehensive Plan for HIV Prevention and Care Services

SPECIAL POPULATIONS WORKGROUP

9:00 a.m., Friday, December 11, 2015

Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Cristan Williams, co-chair	Lorena Arista	Amber Harbolt, Office of Support
John Humphries, co-chair	Michael Kennedy	Diane Beck, Office of Support
Andrew Motz	Robert Noble	Tasha Traylor, RWGA
Cecilia Ross	Rodney Mills	
Chandra Tubbs	Tana Pradia	
Curtis Bellard	Teresa Pruitt	
Denis Kelly	Vincent Ivery	
Ella Collins-Nelson		
Isis Torrente	MEMBERS ABSENT	
Gloria Sierra	Herman Finley, excused	
Kevon Strange	Robert Bettencourt, excused	

Call to order: John Humphries, Co-Chair, called the meeting to order at 9:13 a.m.; he welcomed everyone and asked for a moment of reflection. He then asked everyone to introduce themselves.

Adoption of the Agenda: **Motion #1:** *It was moved and seconded (Pruitt, Kelly) to adopt the agenda. Motion Carried.*

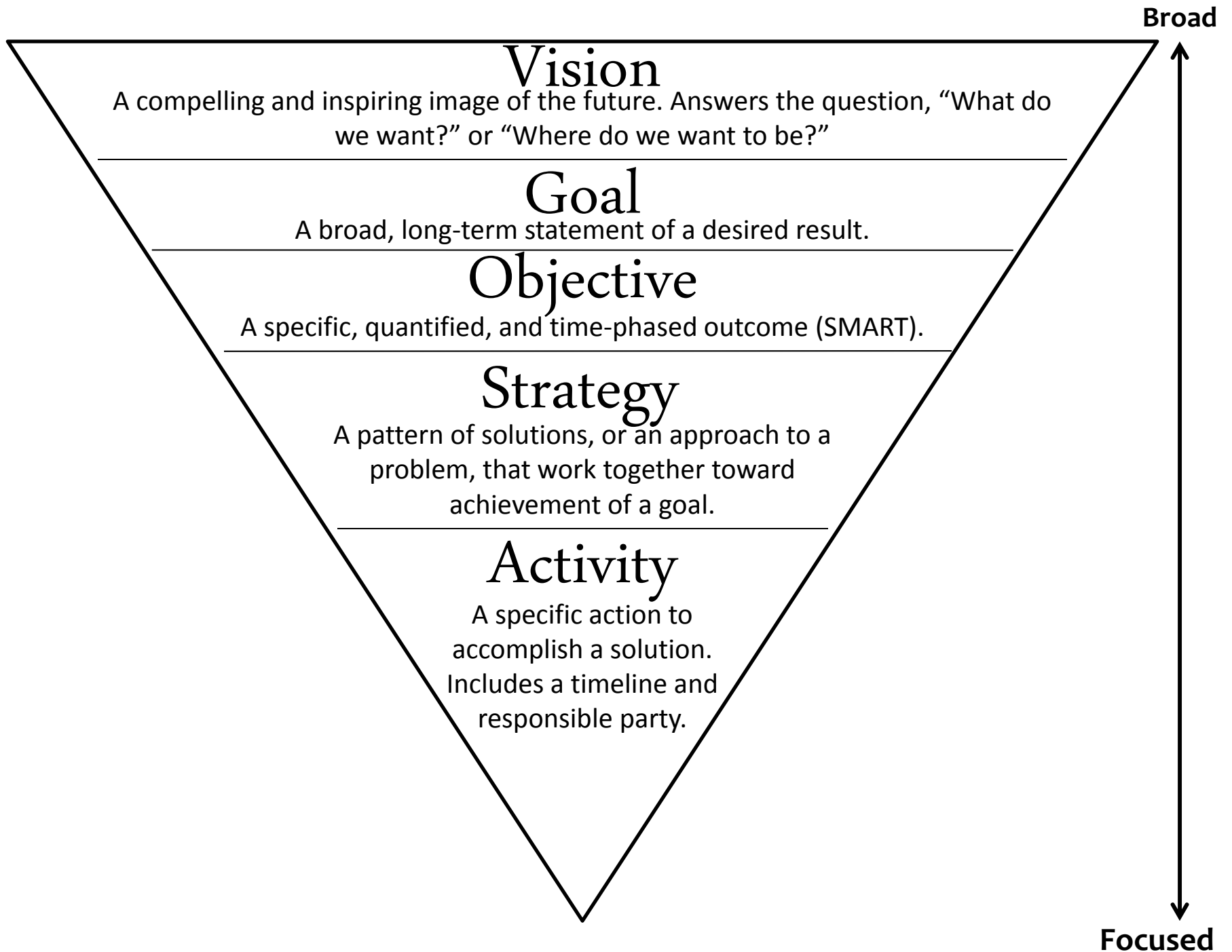
Workgroup Orientation: The workgroup reviewed the following documents: Membership Requirements, Voting Rules and Quorum, Organizational Structure, Workgroup Description, and Milestones Timeline. See attached.

Motion #2: *It was moved and seconded (Pruitt, Kelly) to adopt quorum for the workgroup as at least 1/3 of members must be present, including one consumer and one co-chair. Motion Carried.*

Review 2017 Comprehensive Plan Foundational Documents: The workgroup reviewed the 2017 Comprehensive Plan Vision and Mission Statements and Guiding Principles that were approved by the Leadership Team on December 2, 2015. See attached.

Next Meeting: January 22, 2016 at 9:00 a.m.; Agenda items include: (1) review 2017 Comprehensive Plan Goals and Objectives; (2) review progress on the 2012 Comprehensive Plan Special Populations Strategy Activities and Benchmarks; and (3) receive most recent data sources.

Adjourn: The meeting was adjourned at 10:42 a.m.



2017-2021 Comprehensive Plan Goals

(Approved by the Leadership Team 1-13-16)

Goals

To make progress toward an ideal system of HIV prevention and care for the Houston Area, we must:

1. Increase community mobilization around HIV in the Greater Houston Area
2. Prevent and reduce new HIV infections
3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services
4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care
5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations
6. Increase community knowledge around HIV in the Greater Houston Area.

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

STRATEGY 3: STRATEGY TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS

DEFINITIONS

- **Adolescents** aged 13 to 17
- **Homeless** defined as individuals who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability
- **Incarcerated or Recently Released (IRR)** defined as individuals who are currently incarcerated in the jail or prison system or have been released from jail or prison within the past 12 months
- **Injection Drug Users (IDU)** defined as individuals who inject medications or drugs, including illegal drugs, hormones, and cosmetics
- **MSM** or Men who Have Sex with Men, defined as men who engage in male-to-male sexual practices and identify as gay or bisexual, those who engage in male-to-male sexual practices and do not identify as gay or bisexual, and those who engage in gay or bisexual male culture regardless of gender identity (i.e., male-to-female transgender)
- **Transgender** or individuals who cross or transcend culturally-defined categories of gender

Note: Adolescents, homeless, IDU, and transgender are special populations required by the Health Resources and Services Administration (HRSA); IRR and MSM were added by participants following analysis of local epidemiological, needs assessment, and service utilization data. All definitions were developed by participants using various sources.

GOALS

1. Prevent New HIV Infections among the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender

2. Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender
3. Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System

SOLUTIONS

1. Infuse the HIV prevention and care system with policies, procedures, and other structural solutions that ensure equal treatment of all people living with or at risk for HIV
2. Fill gaps in targeted interventions and services to better meet the HIV prevention and care needs of vulnerable populations
3. Improve data management systems to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

1. Develop and adopt policies on non-discrimination toward Special Populations in the provision of HIV prevention and care services (Ryan White Planning Council, *Community Planning Group*; 2012 - 2014)
2. Establish or maintain formal partnerships between the Houston Area HIV Planning Bodies and agencies or individuals representing Special Populations; and through these partnerships, seek technical assistance and training on how the needs of Special Populations can be advanced (Ryan White Planning Council 2012-2014)

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

CON'T

3. Sustain community-based Task Forces and Coalitions focused on Special Populations (e.g., *Serving the Incarcerated and Recently Released Partnership/SIRR*, HIV Planning Group Task Forces, etc.) (Community Planning Group, The Resource Group; 2012-2014)
4. Sustain training on Special Populations in current capacity-building efforts for frontline HIV prevention and care staff (Ryan White Grant Administration, The Resource Group, Houston Department of Health and Human Services; 2012-2014)
5. Require cultural competence training for frontline HIV prevention and care staff to have: (a) standard minimum training topics; and (b) methods for measuring change in knowledge, skill, and ability (Ryan White Grant Administration, The Resource Group, Houston Department of Health and Human Services; 2012-2014)
6. Ensure data on Special Populations are included in the annual process for determining Ryan White HIV/AIDS Program Part A, B, and State Services funded services, priorities, and allocations (Ryan White Planning Council/Office of Support; 2012-2014)
7. Sustain HIV care services to specific Special Populations through the Ryan White HIV/AIDS Program Part A, B, State Services, and the Minority AIDS Initiative (MAI) (Ryan White Planning Council; 2012-2014)
8. Sustain HIV care services to specific Special Populations through the Ryan White HIV/AIDS Program Part D (The Resource Group, if funded; 2012-2014)
9. Re-assess the Houston Area *Early Identification of Individuals with HIV/AIDS* (EIIHA) Strategy to ensure inclusion of Special Populations and any additional high-risk sub-populations (Ryan White Planning Council Ad Hoc EIIHA Committee; 2012)
10. Sustain HIV prevention services to specific Special Populations through contracted community-based organizations (Houston Department of Health and Human Services; 2012-2014)
11. Explore how to address bias, stigma, and discrimination against Special Populations in social marketing and other mass education activities (e.g., *HIP HOP for HIV Awareness*, School Health Summit), including data collection methods (Houston Department of Health and Human Services, Houston Independent School District; 2012-2014)
12. Alter data collection and reporting methods in current local data collection systems (e.g., Testing 4 Tickets, ECLIPS, CPCDMS, etc.) to provide information on Special Populations, in particular, Homeless, IRR, and Transgender, including standard definitions for data collection and reporting requirements (Ryan White Grant Administration, Houston Department of Health and Human Services; 2013)
13. Develop baselines and targets for each Special Population lacking benchmark data; this may develop into Special Studies on certain populations (Ryan White Planning Council/Office of Support; 2012-2014)

BENCHMARKS

1. Reduce the number of new HIV infections diagnosed among each Special Population by 25 percent:
 - Adolescents, from 18 to 13
 - Homeless, from 172 to 132
 - IRR from jail, from 1,097 to 822
 - IRR from prison, from 137 to 102
 - IDU, from 38 to 28
 - MSM, from 563 to 422
 - Transgender, from 7 to 5

BENCHMARKS CON'T

2. Increase the proportion of newly-diagnosed individuals within each Special Population linked to HIV clinical care within three months of their HIV diagnosis to at least 85 percent:
 - Adolescents, *baseline to be developed*
 - Homeless, *baseline to be developed*
 - Incarcerated in jail, maintain at 100 percent
 - Recently released from jail, from 62.0 percent to 85 percent
 - IRR from prison, *baseline to be developed*
 - IDU, from 51.1 percent to 85 percent
 - MSM, from 65.2 percent to 85 percent
 - Transgender, *baseline to be developed*
3. Prevent increases in the proportion of individuals within each Special Population who have tested positive for HIV but who are not in care (Ryan White HIV/AIDS Program Unmet Need Framework):
 - Adolescents, *baseline to be developed*
 - Homeless, *baseline to be developed*
 - IRR from jail, *baseline to be developed*
 - IRR from prison, *baseline to be developed*
 - IDU, maintain at 37.6 percent
 - MSM, maintain at 33.7 percent
 - Transgender, *baseline to be developed*
4. Maintain the percentage of frontline HIV prevention and care staff receiving annual cultural competence training at 100 percent

Section II: Integrated HIV Prevention and Care Plan

A. Integrated HIV Prevention and Care Plan

The Integrated HIV Prevention and Care Plan development is a joint effort between jurisdictions and planning bodies that engages persons at higher risk for HIV infection, PLWH, service delivery providers, and other community stakeholders. It sets forth the jurisdiction's commitment to collaboration, efficiency, and innovation to achieve a more coordinated response to addressing HIV. The Integrated HIV Prevention and Care Plan establish the blueprint for achieving HIV prevention, care, and treatment goals. The Integrated HIV Prevention and Care Plan should include:

- **Goals:** a broad statement of purpose that describes the expected long-term effects of efforts consistent with the National HIV/AIDS Strategy and covering a period of 5 years
- **Objectives:** measurable statements that describe results to be achieved;
- **Strategies:** the approach by which the objectives will be achieved
- **Activities:** describing how the objectives will be achieved
- **Resources:** committed toward implementing the activities

In this section, grantees and planning bodies will use the National HIV/AIDS Strategy (NHAS) as the organizing framework for the Integrated HIV Prevention and Care Plan to achieve a more coordinated jurisdictional response to the local HIV epidemic. The Integrated HIV Prevention and Care Plan should respond to the needs identified in Section I of the Integrated HIV SCSN/Needs Assessment guidance and align with the three NHAS goals: (1) reducing new HIV infections; (2) increasing access to care and improving health outcomes for PLWH; and (3) reducing HIV related disparities and health inequities.

This section should:

- a. Identify at least two objectives (using the SMART format – specific, measurable, achievable, realistic, and time-phased) that correspond to each NHAS goal.
- b. For each objective, describe at least three strategies that correspond to each objective.
- c. For each strategy, describe the activities/interventions, targeted populations, responsible parties, and time-phased, resources needed to implement the activity. Identify any activities specifically aimed at addressing gaps along the HIV Care Continuum.
- d. Describe the metrics (e.g., number of HIV tests performed, medical visits, mental health screenings, HIV positivity rate, etc.) that will be used to monitor progress in achieving each goal outlined in the plan. Metrics should be consistent with the most current HHS Core Indicators and the NHAS Indicators.
- e. Describe any anticipated challenges or barriers in implementing the plan.

Below is an example of a response that corresponds to an NHAS goal:

2010 – 2015 NHAS Goal: Reducing New HIV infections

2010 – 2015 SMART Objective (National): By 2015, lower the annual number of new infections by 25% (from 56,300 to 42,225).

2017 – 2021 SMART Objective (Local): By 2021, lower the annual number of new infections by 10 percent (from 100 to 90).

Strategy: Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
By the end of 2021:	Ryan White Part A Early Intervention Service Providers	Deliver intensified HIV testing, referral services to eliminate barriers to care, health literacy and linkage to core medical services	Young Men who have Sex with Men (MSM)	<ul style="list-style-type: none"> • Number of HIV tests performed • HIV Positivity Rate • Number linked to medical care
By the end of 2021:	CDC-funded Health Department	Deliver expanded partner services and HIV testing for partners of those infected.	MSM	<ul style="list-style-type: none"> • Number of HIV tests performed • Number of newly diagnosed HIV positive persons

B. Collaborations, Partnerships, and Stakeholder Involvement

Collaboration among stakeholders is critical to maximizing resources and efficiencies in serving PLWH. As jurisdictions continue to develop high-quality, coordinated prevention and care and treatment for PLWH, collaboration will become even more important and will be paramount to providing services that fully address each component of the HIV care continuum.

This section should:

- Describe the specific contributions of stakeholders and key partners to the development of the plan
- Describe stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV Care Continuum

<p>UPDATED: 12/31/15</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724.</p> <p><i>Unless otherwise noted, meetings are held at:</i></p> <p>2223 W. Loop South, Suite 240 Houston, TX 77027</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1	2 3:00 pm Prevention and Early Identification Wg Room #416	3	4 12 noon Steering Committee Room #240	5	6
	7 National Black HIV/AIDS Awareness Day	8	9	10	11 12 noon Planning Council Room #532	12 10:00 am Coordination of Effort Workgroup Room #416	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29					

**February
2016**