

2017 Comprehensive Plan for HIV Prevention and Care Services

Special Populations Workgroup

9:00 a.m., Friday, April 29, 2016

Meeting Location: 2223 W. Loop South, Room #416

AGENDA

Goal of Today's Meeting:

Complete 2/3 of Logic Model 1 by selecting the 2017 Comprehensive Plan
Special Populations Strategy Goals and Solutions

- I. Call to Order
A. Welcome
B. Moment of Reflection
C. Adoption of the Agenda
D. Approval of the Minutes

John Humphries and
Cristan Williams, Co-Chairs

- II. Select SP Goals and Solutions for 2017 Plan (Logic Model 1)

Amber Harbolt, Health
Planner, Office of Support

- III. End New Diagnoses Houston Intersecting Issues Update

- IV. Next Steps
A. Set Next Meeting– 5/1 or 5/13
B. What to Expect at the Next Meeting
 1. Select COE Benchmarks for 2017 Plan (Complete Logic
 Model 1)
 2. Begin Logic Model 2 (Foci & Activities)

John Humphries and
Cristan Williams, Co-Chairs

- V. Announcements

- VI. 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, March 11, 2016

Meeting Location: 2223 West Loop South, Room 240; Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
John Humphries, co-chair	Chandra Tubbs	Tasha Traylor, RWGA
Andrew Motz	Cristan Williams	Amber Harbolt, Office of Support
Ardry Skeet Boyle	Herman Finley	Diane Beck, Office of Support
Cecilia Ross	Jacoby Bryant	
Curtis Bellard	Kevon Strange, excused	
Denis Kelly	Lorena Arista	
Ebony Smith	Nancy Miertschin, excused	
Ella Collins-Nelson	Robert Noble	
Isis Torrente	Rodney Mills	
Gloria Sierra	Russell Etherton	
Michael Kennedy	Tana Pradia	
Robert Betancourt	Vincent Ivery	
Teresa Pruitt		
Thomas Dickerson		
Zaida Lopez		

Call to order: Cecilia Ross, called the meeting to order at 9:12 a.m.; she welcomed everyone and asked for a moment of reflection.

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

Approval of the Minutes: Motion #2: *It was moved and seconded (Bellard, Kelly) to approve the February 26, 2016 meeting minutes. Motion Carried.* Abstentions: Boyle, Pruitt, Sierra, Torrente, Dickerson.

Humphries arrived and assumed the position of Chair for the remainder of the meeting.

Select and Define the Special Populations:

Review of Guidance and Data: Harbolt reviewed the *Special Populations Components of Guidance* and *NHAS and Available Data Handouts on 2012 Comprehensive Plan Special Populations*. See attached.

Revise Special Populations and Definitions for 2017 Plan: See attached *2017 Comprehensive Plan Special Populations Selection Table*. The workgroup made the following changes:

- Adolescents: change the population to Youth and define as ages 13 to 24.

- Homeless: keep as written.
- Incarcerated or Recently Released (IRR): keep as written.
- Injection Drug Users (IDU): in the definition add tattooing after cosmetics.
- Men who have Sex with Men: keep as written.
- Transgender: change population to “Transgender and Gender Non-Conforming”.
- Women of Color: add as a new special population and define as Black/African American, Hispanic/Latina and Multiracial women.
- Aging: add as a new special population and define as ages 50 and up.

Motion #3: *it was moved and seconded (Kelly, Pruitt) to approve the Special Populations for the 2017 plan.* **Motion carried unanimously.**

Rather than adding Mental Health and Substance Use as special populations, the workgroup suggested that these be addressed in the Gaps in Care and Out of Care Strategy.

Next Meeting: April 15, 2016 at 9:00 a.m.; Agenda items include continuing development of the 2017 Comprehensive Plan Activities.

Announcements: None.

Adjourn: The meeting was adjourned at 11:33 a.m.

2017-2021 Comprehensive Plan

Strategy to Address the Needs of Special Populations

Definitions

- **Youth** aged 13-24
- **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/Recently Released (I/RR)** 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/tattooing
- **Men who have Sex with Men (MSM)** 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 and Gender Non-conforming** defined as individuals who cross or transcend culturally-defined categories of gender
- **Women of Color** defined as individuals who identify racially or ethnically as Black/African American, Hispanic/Latina, or Multiracial women
- **Aging** aged 50 and up

Note: Youth, homeless, IRR, IDU, MSM, and transgender and gender non-conforming are special populations retained from the 2012 Comprehensive Plan with relevant adjustments to terms and definitions reflect appropriate terminology, lived experiences, and/or data; the Special Populations Strategy Workgroup added women of color and aging following analysis of local epidemiological, needs assessment/special study, service utilization data, and the National HIV/AIDS Strategy Updated for 2020. The Workgroup developed all definitions using various sources.

2017 Comprehensive Plan Special Populations (SP) Goals Selection Table

The SP Goals selected should describe desired long-term results, outcomes, or changes for addressing the needs of Special Populations.

2012 SP Goals	Corresponding 2017 Plan Goals	Corresponding NHAS Update for 2020 Goals	Status	2017 Revision (if applicable)
1. Prevent New HIV Infections among the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender	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 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	<ul style="list-style-type: none"> • Reducing new HIV infections • Improving access to care and health outcomes • Reducing HIV-related disparities and health inequities 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
2. Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender	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 5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations	<ul style="list-style-type: none"> • Reducing new HIV infections • Improving access to care and health outcomes • Reducing HIV-related disparities and health inequities 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
3. Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System	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.	<ul style="list-style-type: none"> • Reducing new HIV infections • Improving access to care and health outcomes • Reducing HIV-related disparities and health inequities 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
			<input type="checkbox"/> Add	

Important Questions:

1. Do the goals selected correspond with the NHAS Update for 2020 goals? Are any not addressed?
2. Do the goals selected correspond with 2017 Comprehensive Plan goals? Are any not addressed?
3. Have any issues, policies, therapies, or strategies relevant to addressing the needs of special populations emerged since 2011 when the 2012 Plan was developed that are not addressed?
4. Are the goals relevant in light of:
 - a. The 2017 Comprehensive Plan Special Populations selected in March?
 - b. Changes in language or description (appropriate terminology)?
 - c. Current funding priorities (both within and outside the HIV prevention and care system)?
 - d. Local HIV data?

2017 Comprehensive Plan Special Populations (SP) Solutions Selection Table

The SP Solutions selected should describe recommended approaches to achieve the 2017 SP Goals.

2012 SP Solutions	Corresponding NHAS Update for 2020 Goal Steps	Status	2017 Revision (if applicable)
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	<ul style="list-style-type: none"> • Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk • Step 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV • Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing • Step 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities • Step 3.C: Reduce stigma and eliminate discrimination associated with HIV status 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
2. Fill gaps in targeted interventions and services to better meet the HIV prevention and care needs of vulnerable populations	<ul style="list-style-type: none"> • Step 1.A: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated • Step 1.B: Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches • Step 1.C: Educate all [people living in the Houston Area] with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission • Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk • Step 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV • Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing • Step 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection • Step 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities • Step 3.C: Reduce stigma and eliminate discrimination associated with HIV status 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
3. Improve data management systems to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations	<ul style="list-style-type: none"> • Step 4.A: Increase the coordination of HIV programs across the Federal [and local] government and between Federal agencies and State, territorial, Tribal, and local governments • Step 4.B: Develop improved mechanisms to monitor and report on progress toward achieving national goals 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
		<input type="checkbox"/> Add	

Important Questions:

1. Do the solutions selected correspond with the NHAS Update for 2020 goal steps (listed on the following page)? Are any not addressed?
2. Have any issues, policies, therapies, or strategies relevant to addressing the needs of special populations emerged since 2011 when the 2012 Plan was developed that are not addressed?
3. Are the solutions relevant in light of:
 - a. The 2017 Comprehensive Plan Special Population Goals selected in today's meeting?
 - b. Changes in language or description (appropriate terminology)?
 - c. Current funding priorities (both within and outside the HIV prevention and care system)?
 - d. Local HIV data?
 - e. Other local, state, and national strategies for serving Special Populations?

NHAS Updated for 2020 Goals and Steps

- GOAL 1: REDUCING NEW HIV INFECTIONS
 - Step 1.A: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated
 - Step 1.B: Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches
 - Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission
- GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV
 - Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk
 - Step 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV
 - Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing
- GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
 - Step 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection
 - Step 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities
 - Step 3.C: Reduce stigma and eliminate discrimination associated with HIV status
- GOAL 4: ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC
 - Step 4.A: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments
 - Step 4.B: Develop improved mechanisms to monitor and report on progress toward achieving national goals

<p>UPDATED: 04/05/16</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 #TBD	3	4	5 12 noon Steering Committee Room #240	6 5:00 pm Deadline for submitting Idea Forms	7
	8	9	10	11	12 12 noon Planning Council Room #532 1:45 pm Speaker's Bureau Workgroup 2:00 pm Comp HIV Planning Room #532	13	14
May	15	16	17 11:00 am HTBMN Wg #4 and Operations Room #240	18 HIV Vaccine Awareness Day	19 11:00 am Quality Improvement Room #101 2:00 pm NAG Room #416 National Asian & Pacific Islander HIV Awareness Day	20	21
	22	23	24 12:00 pm Affected Community HOPE Clinic 7001 Corporate Drive Suite 120; 77036 7:00 pm Public Hearing 900 Bagby 77002	25 SIRR	26 9:00 am TENTATIVE Quality Improvement 11:00 am Priority & Allocations Room #532	27	28
	29	30 Memorial Day OFFICE CLOSED	31				

2016