

2012-2014

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

STRATEGY 3: STRATEGY TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS

Goals

1. Prevent New HIV Infections among the Special Populations of Adolescents, Homeless, Incarcerated and Recently Released (IRR) from jail or prison, Injection Drug Users (IDU), MSM (Men who Have Sex with Men), 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 a universal statement about non-discrimination toward Special Populations in the provision of HIV prevention and care services (Ryan White Planning Council, HIV Planning Group; 2012)
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, HIV Planning Group; 2012-2014)
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.) (HIV 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 (i.e., *How to Best Meet the Need and Priorities & 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)

Activities (Responsible Party, Timeline)

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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*
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