



# The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014

Capturing the community's vision for an ideal system of HIV  
prevention and care for the Houston Area

Year 1 Evaluation Report

# Table of Contents

- Vision and Mission of the Houston Area Plan.....3
- Contributors.....4
- Introduction.....5
- Purpose.....5
- Methods.....5
- Summary of Year 1 Implementation.....6
- The Houston Area Report Card: Overall Status of Activities and Benchmarks.....6
- The Houston Area Dashboard: Progress Made in Year 1 .....7
- Highlights of Year 1 Implementation.....8
- Going Forward: Recommendations for Year 2.....9
- The Treatment Cascade in the Houston EMA.....9
- Updates to Year 1 Activities and Benchmarks..... 10

## Vision of the Houston Area Plan

“The greater Houston Area will become a community with a coordinated system of HIV prevention and care, where new HIV infections are rare, and, when they do occur, where every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high-quality, life-preserving care, free of stigma and discrimination.”

## Mission of the Houston Area Plan

“The mission of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations infected with, affected by, or at risk for HIV.”

## Contributors

### Members of the Houston Area Comprehensive HIV Plan Evaluation Workgroup

*The following individuals conducted the evaluation of Year 1 implementation on December 13, 2012. This report summarizes their findings and recommendations*

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## Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 was unveiled to the public on July 2, 2012, following a ten-month planning process that involved 111 individuals and 61 agencies. The final plan included 75 specific activities to be conducted over the next three years in order to make progress toward an ideal system of HIV prevention and care in the Houston Area. Sixty (60) benchmarks were included for use in measuring change over time. The Houston Area Plan also included a three-year *Evaluation and Monitoring Plan*, which outlined how the plan’s activities and benchmarks would be assessed from year to year. This report summarizes the findings of the evaluation and monitoring process for Year 1 of plan implementation, including highlights from the year and new directions as the Houston Area community readies itself for Year 2.

## Purpose

The Houston Area Plan’s *Evaluation and Monitoring Plan* (Section IV) outlined specific goals and methods for assessing progress in regards to both the short- and long-term aims of the plan:

*“The goal of the evaluation plan is to determine the impact of the Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 as measured by the extent of achievement of [system-wide] objectives (Section II)…”*

*The goal of the monitoring plan is to monitor the implementation of the Plan as measured by (1) the extent of achievement of stated activities and efforts (Section III); and (2) the extent of achievement of stated benchmarks (Section III).”*

In the short-term, assessing the status of proposed activities will reveal the extent of the community’s implementation of the Houston Area Plan from year to year. In the long-term, assessing the status of objectives and benchmarks will reveal the extent of the plan’s impact on attaining stated goals, filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, on alleviating the local HIV epidemic.

## Methods

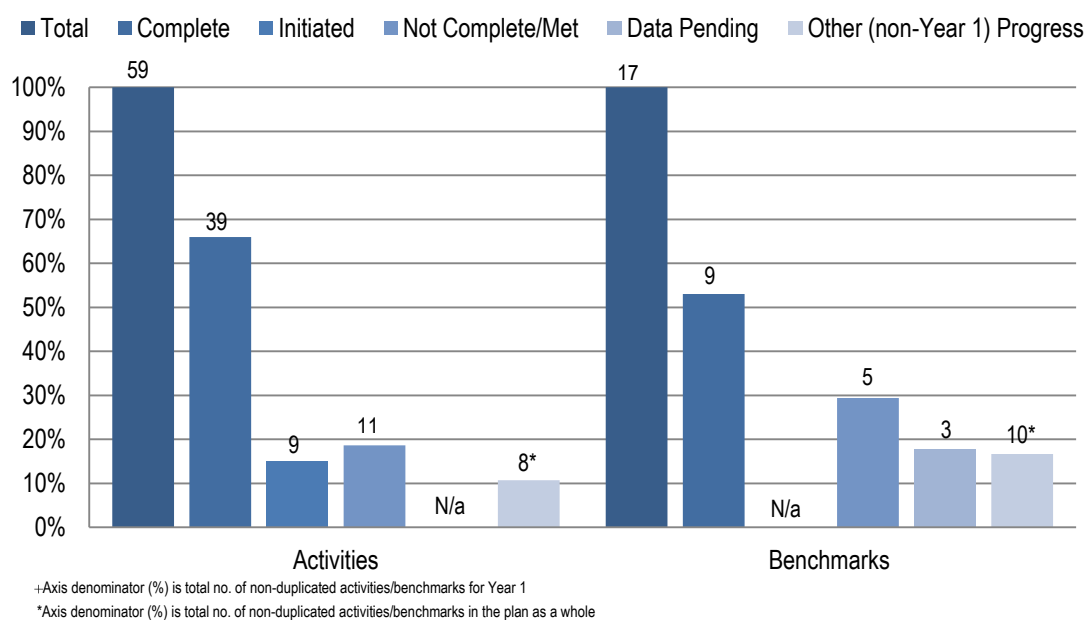
In November 2012, each Responsible Party (RP) named in the Houston Area Plan (Section III) completed a series of written checklists of assigned activities and benchmarks. For the former, the RP was asked to indicate the extent of achievement of each assigned activity for the time period of January – November 2012 using a standard key [C = Complete, P = Progress made/ but not complete, NI = Not Initiated, NA = Not Applicable for the time period] and to provide process notes or other documentation to support their conclusions. For the latter, the RP supplied the most current and complete year-end data point for each benchmark using approved data sources. All checklists and supporting documentation were cross-referenced and consolidated by support staff. Activities not assigned to Year 1 were coded NA; and annual activities were coded C for the time period if relevant tasks were undertaken in Year 1. Benchmarks with no available interim data and no interim targets were also coded NA. Staff also gathered data on system-wide objectives and any benchmarks not assigned to a RP. The Houston Area Plan’s standing *Evaluation Workgroup* convened in December 2012 to review consolidated checklists and identify key findings.

# Summary of Year 1 Implementation

- **The Houston Area Report Card: Overall Status of Year 1 Activities and Benchmarks**

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 is organized into four topic-specific Strategies, each containing activities and benchmarks to be carried out over the next three years. Across the four Strategies, a total of 59 distinct activities were designated for completion in Year 1, including activities to be conducted annually; and 17 benchmarks were assigned Year 1 targets. Overall, 48 of the activities designated for Year 1 (or 81 percent) were completed or initiated. Nine (9) of the benchmarks with Year 1 targets (or 53 percent) were met. Eleven of the designated Year 1 activities (or 19 percent) had no progress by the Responsible Parties named in the plan. Data are still pending for three of the Year 1 benchmarks (or 18 percent). (See Figure 1)

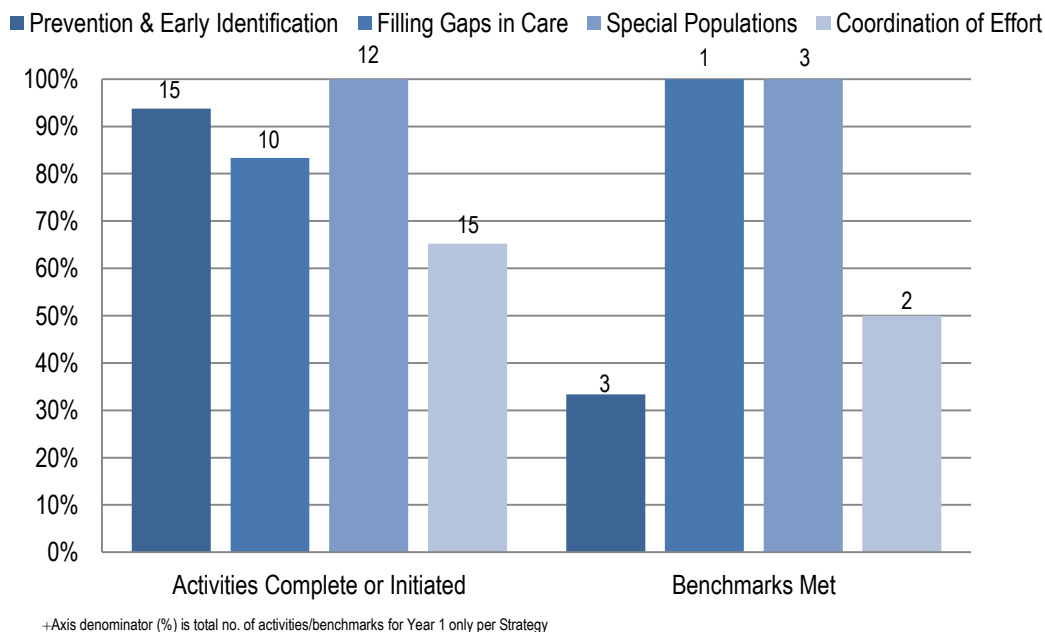
**Figure 1: Percent<sup>+</sup> of Activities and Benchmarks Completed for Year 1, Total**



In addition, eight activities *not* assigned to Year 1 were initiated this year by the Responsible Parties named in the plan; 10 benchmarks not assigned interim targets for Year 1, but with available interim data, demonstrated movement in the desired direction. (See Figure 1)

Among the plan’s four topic-specific Strategies, the percent of Year 1 activities completed and benchmarks attained ranged from a low of 33 percent to a high of 100 percent. Overall, the *Strategy to Address the Needs of Special Populations* saw the most progress with 92 percent of its activities completed and 100 percent of its benchmarks attained, while the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes* saw the least overall progress with 48 percent of its activities completed and 50 percent of its benchmarks attained. (See Figure 2)

**Figure 2: Percent<sup>†</sup> of Activities and Benchmarks Completed for Year 1, by Strategy**



- **The Houston Area Dashboard: Progress Made in Year 1**

The Houston Area Plan includes nine objectives intended to serve as measures of overall improvements in the Houston Area system of HIV prevention and care. They include core epidemiological indicators of HIV infection, nationally defined benchmarks for HIV prevention and care services, and locally defined goals for the Houston Area Ryan White HIV/AIDS Program. Of these nine measures, only one was assigned a target for Year 1, which was met; however, several additional measures with data available for 2012 also showed progress. (See Figure 3)

**Figure 3: Status of System-Wide Objectives for the Houston Area, 2012**

Objective	Baseline	Y1 Target	Y1 Actual	Y3 Target	Status
Number of new HIV infections diagnosed	1,029	N/a	N/a	↓25%*	--
Percent of individuals informed of their HIV positive status during <i>targeted</i> testing	92.9%	N/a	87.6%	Maintain**	☑
Proportion of newly diagnosed individuals linked to clinical care within three months	65.1%	N/a	77.4%	85%*	☑
Percent of new HIV diagnoses with an AIDS diagnosis within one year	34.5%	N/a	28.7%	↓25%***	☑
Percent of Ryan White HIV/AIDS Program clients who are in continuous HIV care	78.0%	N/a	76.9%	80%*	☑
Proportion of individuals who have tested positive for HIV but are not in care	34.2%	↓0.8%	27.1%	↓0.8%**	☑
Proportion of Ryan White HIV/AIDS Program clients with undetectable viral load	57.0%	N/a	72.3%	↑10%***	☑
Reports of barriers to Ryan White HIV/AIDS Program-funded Substance Abuse Services	58	N/a	N/a	↓43.7%**	--
Reports of barriers to Ryan White HIV/AIDS Program-funded Mental Health Services	117	N/a	N/a	↓27.3%**	--

\*Target aligned with the National HIV/AIDS Strategy \*\*Locally defined target based on historical data \*\*\*Target aligned with the Centers for Disease Control and Prevention (CDC)

# Highlights of Year 1 Implementation

- **Progress Was Seen in Core HIV Indicators.** As previously described, the Houston Area Plan includes nine outcome-level population objectives to measure the overall system of HIV prevention and care. In the first year of plan implementation, progress was seen in close to *half* of these measures. The proportion of newly diagnosed individuals linked to HIV care within national standards increased, as did the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load. The proportion of PLWHA with a late diagnosis fell, as did the number of PLWHA who are out of care. Though it is not possible to credit these improvements directly to the Houston Area Plan at this time, they are an indication that the Houston Area community is making progress toward the plan's goals and that continued implementation of the plan will maximize these outcomes.
- **The Houston Area Plan Resulted in Sustainable Policy Change.** First year implementation of the Houston Area Plan resulted in changes to the region's HIV prevention and care service delivery policies. For example, the Houston Department of Health and Human Services revised its contract language for HIV Counseling, Testing, and Referral regarding the maximum time allowed to link the HIV-diagnosed into care; and Ryan White Grant Administration updated the Part A Standards of Care with new requirements regarding retention, service linkage, "lost to care," and health literacy. These and other policy changes were the direct result of the Houston Area Plan.
- **The Houston Area Plan Improved the Science Base.** Specific activities related to data collection and dissemination were also included for Year 1 of the plan. These activities were completed as planned, but also voluntarily expanded by the Responsible Parties, resulting in three Special Studies and improvements to regional data collection methods. A Scientific Advisory Council was also formed in Year 1 to provide ongoing scientific expertise on HIV prevention activities and research questions. "Best practices" in routine HIV testing were presented locally and nationally, and Houston Area client-level databases and needs assessment tools were altered to better collect information on special populations. Lastly, the electronic interface between care (CPCDMS) and prevention (ECLIPS) went live.
- **Prevention and Care Collaboration Continues after Plan Development.** One of the goals of the Houston Area Plan is to achieve a more coordinated HIV system, including between prevention and care. The collaborative approach to HIV planning that culminated in the development of a joint plan for the Houston Area has continued *post*-plan production as a by-product of Year 1 activity implementation. Now, two additional core HIV planning deliverables are being conducted using a true joint approach.
- **The "Bar" was Set Right.** The majority of activities designated for implementation in Year 1 of plan were completed in full, with several more initiated during the year, and less than 20 percent with no progress. Moreover, almost all of the non-initiated Year 1 activities were annual activities, specifically designed to continue into Years 2 and 3 of implementation. The mix of Year 1 activities that were implemented in full and those with room for improvement confirm that the original approach to the plan (i.e., to *sustain, scale-up, shift, and/or shore-up*) was appropriate for current capacity. The plan is neither "low-hanging fruit" nor unattainable; and, while its activities improved the overall system of HIV prevention and care in the Houston Area (as described above), there remain new areas of activity going forward.



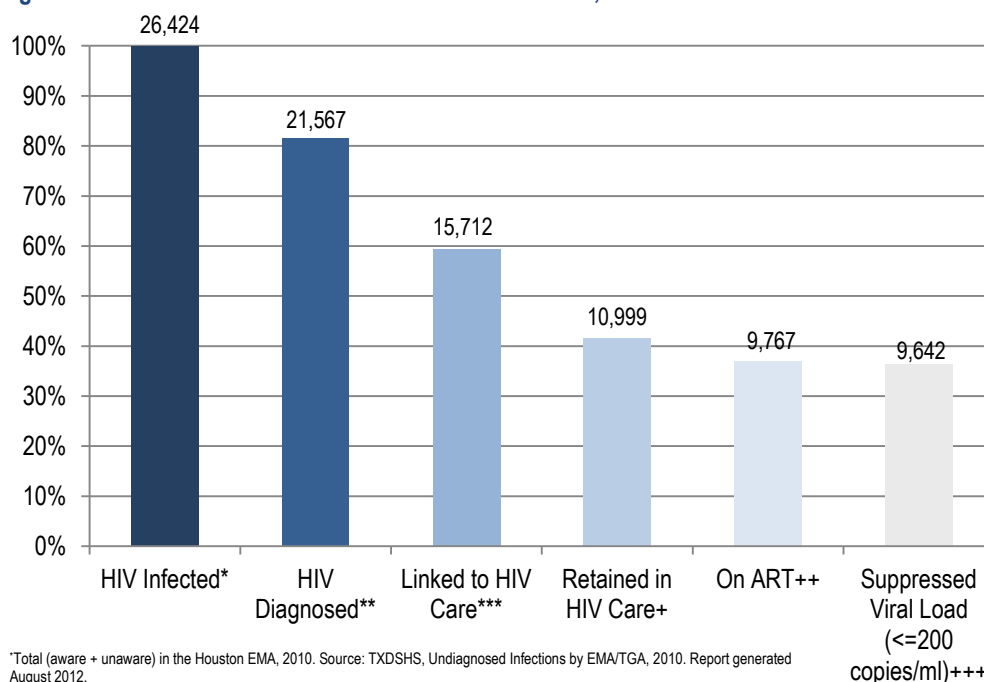
# Going Forward: Recommendations for Year 2

- **The Treatment Cascade in the Houston Area**

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 was four months into development when the Centers for Disease Control and Prevention released *Vital Signs: HIV Prevention Through Care and Treatment — United States*, which included estimates of the numbers of PLWHA in selected stages of the continuum of HIV care, or what is now known as the Treatment Cascade. Though the Houston Area Plan cites the cascade and used it as a secondary data source in the *Strategy to Fill Gaps in Care and Reach the Out-of-Care*, it was not possible at the time to incorporate a local iteration of the cascade into the plan itself. Since that time, however, data have been made available that have allowed the Houston Area to create a local cascade. (See Figure 4)

As described previously, nine outcome-level population objectives to measure the system of HIV prevention and care in the Houston Area were included in the plan. Some are the same as what is measured in the cascade; others are slightly different and equally important to continue monitoring in Years 2 and 3 of the plan. *Therefore, the Evaluation Workgroup recommends monitoring the Houston Area Treatment Cascade in addition to the plan’s established dashboard.*

**Figure 4: The Houston EMA HIV/AIDS Treatment Cascade, 2012**



\*Total (aware + unaware) in the Houston EMA, 2010. Source: TXDSHS, Undiagnosed Infections by EMA/TGA, 2010. Report generated August 2012.

\*\*No. persons who are HIV positive in 2011 in the Houston EMA. Source: TXDSHS, Viral Loads for EMAs/TGA for Part A. Data from among adults and adolescents (>= 13 years of age as of end of the year 2011) residing in Texas diagnosed with HIV infection through 2011 and living with HIV infection on 12/31/2011.

\*\*\*No. Persons with met need in 2011 in the Houston EMA. Source: TXDSHS, Viral Loads for EMAs/TGA for Part A. Data from among adults and adolescents (>= 13 years of age as of end of the year 2011) residing in Texas diagnosed with HIV infection through 2011 and living with HIV infection on 12/31/2011.

+National extraction method: estimated number diagnosed × estimated percentage retained in care (51%) [Calculation source: Vital Signs: HIV Prevention Through Care and Treatment — United States *Weekly* December 2, 2011 / 60(47):1618-1623]

++National extraction method: estimated number retained in HIV care × percentage prescribed ART in MMP (88.8%) [Calculation source: Vital Signs: HIV Prevention Through Care and Treatment — United States *Weekly* December 2, 2011 / 60(47):1618-1623]

+++No. persons with VL<=200 (Among persons with >=1 VL test) in 2011 in the Houston EMA. TXDSHS, Viral Loads for EMAs/TGA for Part A. Data from among adults and adolescents (>= 13 years of age as of end of the year 2011) residing in Texas diagnosed with HIV infection through 2011 and living with HIV infection on 12/31/2011.

- **Updates to Year 1 Activities and Benchmarks**

### New Baselines for Ongoing Evaluation and Monitoring

Data on specific Special Populations listed in the Houston Area Plan were missing at the time of plan development. Therefore, an activity to develop new baselines and targets was included in the plan's *Strategy to Address the Needs of Special Populations*, and two Special Studies were conducted in Year 1 as a result. For the special populations of transgender and the formerly incarcerated, data from the Special Studies will fill gaps in baselines and targets. However, gaps still remain for the special populations of adolescents (age 13-17) and the homeless. *The Evaluation Workgroup recommends using the HIV/AIDS Needs Assessment (and other data gathering activities or studies slated for Year 2) to provide baseline data on remaining Special Populations.*

### New Opportunities to Prepare for Health Care System Changes

The Houston Area Plan includes specific activities, across multiple strategies, aimed at readying AIDS-service organizations (ASOs), other health care providers, and PLWHA for health care reform. Most are included in the plan's *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes*. Since the time of plan development, the impact of health care reform in Texas and on the population of people living with HIV/AIDS has become a priority for organizations *outside* of the HIV prevention and care system. Opportunities for training and technical assistance are more available now than ever before. As the Houston Area gains more capacity for preparation in this area, the burden to do so for ASOs and PLWHA is lightened for Responsible Parties, and plan activities going forward must reflect this shift. *The Evaluation Workgroup recommends retaining activities focused on readying consumers for health care reform (including updating biennial Resource Inventories to reflect the availability of new providers), but consolidating activities focused on readying current and potential new ASOs, as follows:*

#### Current:

- (Strategy 2, Activity 14) Facilitate technical assistance and training to funded AIDS-service organizations in rural counties to aid in the transition into HIV medical homes using annual resource inventories
- (Strategy 4, Activity 13) Facilitate technical assistance and training for Administrative Agents, and funded ASOs to prepare for health care system changes
- (Strategy 4, Activity 17) Make available technical assistance and training for potential new ASOs such as Federally Qualified Health Centers (FQHCs) and Medicaid providers on the core elements of HIV care service delivery
- (Strategy 4, Activity 18) Support ongoing statewide efforts to improve Medicaid access for people living with HIV as outlined in the *Texas State SHARP Report*

#### Recommended/Consolidated:

- (Strategy 4, Activity 13) Facilitate technical assistance and training for Administrative Agents, funded AIDS-service organizations (ASOs), and potential new ASOs such as FQHCs and Medicaid providers to prepare for health care system changes (e.g., Medicaid/Medicare eligibility and

processes, expanding client pools, EMR and quality measures, fiscal diversification and sustainability, core elements of HIV care and transitioning to medical homes, etc.) (Ryan White Grant Administration, The Resource Group; 2012-2014)

### Prioritization for Establishing New Partnerships through Coordination of Effort

More than half of the non-initiated Year 1 activities were related to facilitating new partnerships with specific priority sectors and groups named in the plan's *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes*. Establishing collaborations with new partner agencies and groups and then maintaining partnership efforts requires ongoing time and effort. As designed, the Houston Area Plan includes 13 different sectors and groups to be targeted for this activity every year. To make meaningful progress in Years 2 and 3, additional prioritization and collaboration strategies are needed. *The Evaluation Workgroup recommends using the 2014 HIV/AIDS Needs Assessment (and other data gathering activities or studies slated for Year 2) as an opportunity to establish new partnerships with priority sectors and groups. It also recommends further prioritizing aging, substance abuse, and mental health as a focus of these efforts based on the overall goals and objectives of the plan.*

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