



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 2 Evaluation Report

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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

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Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 was revealed 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 set forth the annual assessment of the plan’s activities and progress made in achieving the plan’s objectives and benchmarks. This report summarizes the findings of the evaluation and monitoring process for Year 2 of plan implementation, including highlights from the year and new directions for Year 3.

Purpose

The Houston Area Plan’s *Evaluation and Monitoring Plan* (Section IV) outlines specific goals and methods for assessing progress in 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).”

Assessment of the status of proposed activities measures the extent of the community’s implementation of the Houston Area Plan each calendar year. Over time, assessment of the progression of objectives and benchmarks reveals the plan’s larger impact on attaining stated goals, filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, alleviating the local HIV epidemic.

Methods

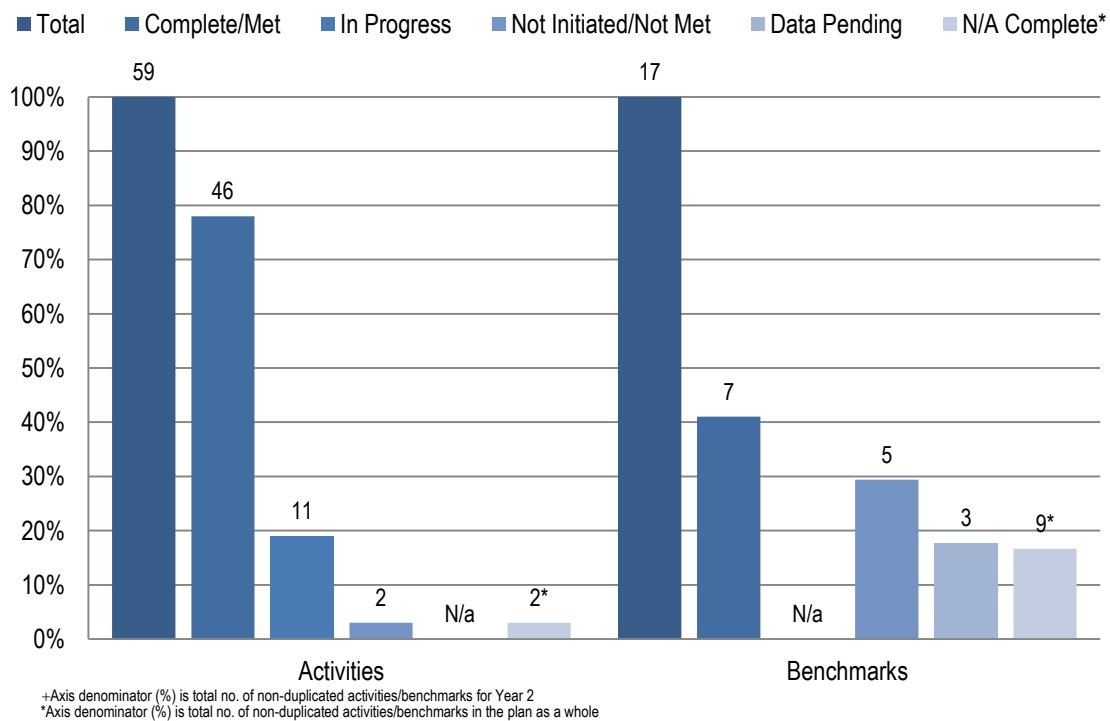
The methods used for evaluating Year 2 implementation are consistent with the *Evaluation and Monitoring Plan* (Section IV). In February 2014, each Responsible Party (RP) named in the Houston Area Plan (Section III) completed a series of written checklists of assigned activities and benchmarks. For the former, the RP was asked to indicate the extent of achievement of each assigned activity for the time period of January – December 2013 using a standard key [C = Complete, C2 = Complete for Year 2 (for annual activities), P = In Progress (P), NI = Not Initiated, NA = N/A for Time Period (activity not designated for completion in Year 2), and NA/C = N/A Complete (activity completed though not designated for completion in Year 2)] 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. As with activities not designated for completion in Year 2, benchmarks with no available interim data and no interim targets were 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 June and July 2014 to review consolidated checklists and identify key findings.

Summary of Year 2 Implementation

- The Houston Area Report Card: Overall Status of Year 2 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 completed by the end of 2014. Across the four Strategies, a total of 59 distinct activities were designated for completion in Year 2, including activities to be conducted annually; and 15 benchmarks were assigned Year 2 targets. Overall, 57 of the activities designated for Year 2 (or 97 percent) were completed or initiated. Seven (7) of the benchmarks with Year 2 targets (or 41 percent) were met. Only two (2) of activities (or 3 percent) that were designated for completion in Year 2 were not initiated. Data are not available or are still pending for three of the Year 2 benchmarks (or 18 percent). (See Figure 1)

Figure 1: Percent⁺ of Activities and Benchmarks Completed for Year 2, Total



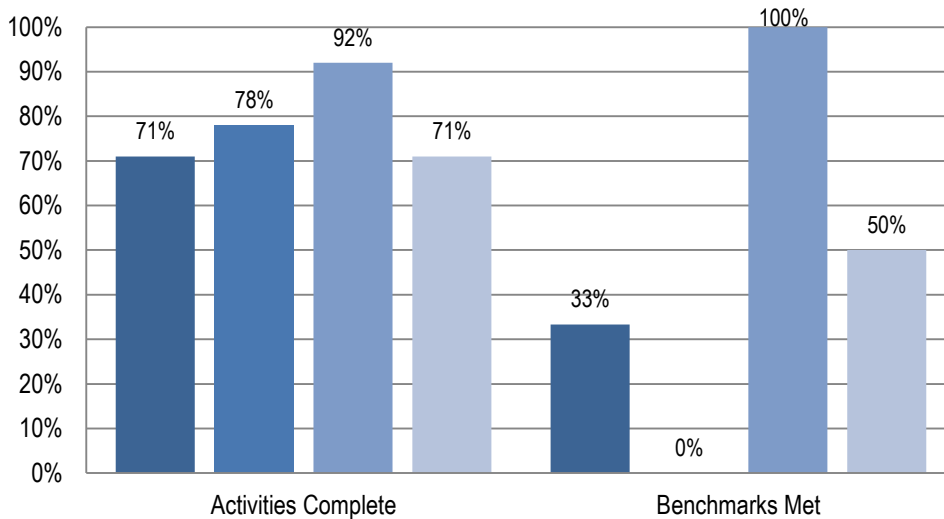
Though several activities and benchmark targets in the Houston Area Plan are assigned to a particular year, the Responsible Parties in the plan may complete activities or measure benchmarks earlier than proposed. In Year 2, the Responsible Parties initiated two (2) activities *not* assigned to Year 2. Additionally, nine benchmarks without assigned target measurements for Year 2 had data available for the benchmarks met or exceeded their Year 3 (final) targets in 2014. (See Figure 1)

Among the plan’s four topic-specific Strategies, the percent of Year 2 activities completed and benchmarks met ranged from a low of 0 percent to a high of 100 percent. Overall, the *Strategy to Address the Needs of Special Populations* saw the most progress with 97 percent of its activities completed and 100 percent of its benchmarks met. Together the

Strategy to Fill Gaps in Care and Reach the Out-Of-Care and *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes* saw the least overall activities progress with 71 percent of its activities completed in each strategy. The least benchmark progress was observed in the *Strategy to Fill Gaps in Care and Reach the Out-Of-Care*, which had a single target measurement for Year 2 that was 0.1 percentage points below the Year 2 target. (See Figure 2)

Figure 2: Percent⁺ of Activities and Benchmarks Completed for Year 2, by Strategy

■ Prevention & Early Identification ■ Filling Gaps in Care ■ Special Populations ■ Coordination of Effort



+Axis denominator (%) is total no. of activities/benchmarks for Year 2 only per Strategy

- The Houston Area Dashboard: Progress Made in Year 2**

The Houston Area Plan includes nine objectives intended to serve as measures of overall improvements in the Houston Area of HIV prevention and care system. The objectives 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, the proportion of individuals who have tested positive for HIV but are not in care, was assigned a target for Year 2. Though this objective was not met by 0.1 percentage points, progress has been made since the 2010 baseline measurement and the Year 1 actual measurement. It is also notable that the remaining eight objectives with no Year 2 targets had Year 2 actual measurements, with two showing Year 2 actual measurements that surpass Year 3 target measurements. (See Figure 3)

Figure 3: Status of System-Wide Objectives for the Houston Area, 2013

Objective	Baseline	Y2 Target	Y2 Actual	Y3 Target	Status
Number of new HIV infections diagnosed	1,029	N/a	1,377	↓25%*	--
Percent of PLWHA informed of status through targeted testing	92.9%	N/a	85.0%	Maintain**	--
Proportion of newly diagnosed PLWHA linked to clinical care within three months	65.1%	N/a	77.9%	85%*	--
Percent of new HIV diagnoses with an AIDS diagnosis within one year	34.5%	N/a	34.0%	↓25%***	--
Percent of RW Program clients who are in continuous HIV care	78.0%	N/a	80.3%	80%*	--
Proportion of PLWHA not in care	34.2%	↓0.8% = 27.4%	27.5%	↓0.8%** =27.3%	☒
Proportion of RW Program clients with undetectable viral load	57.0%	N/a	68.3%+	↑10%***	--
Reports of barriers to RW Program-funded Substance Abuse Services	58	N/a	65	↓43.7%**	--
Reports of barriers to RW HIV/AIDS Program-funded Mental Health Services	117	N/a	146	↓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)
 +Y2 Actual among RW/A program clients only

Highlights of Year 2 Implementation

- **Progress Was Observed in Some Core HIV Indicators.**

As in Year 1, the Houston Area Plan’s outcome objectives measuring the overall improvement in the Houston HIV prevention and care system made progress in Year 2. Though the only objective that was assigned a target measurement for Year 2, the proportion of individuals living with HIV but who were not in care, was 0.1 percentage points below its Year 2 target, improvement from the baseline was observed in four objectives without Year 2 target measurements. Two objectives, the percentage of Ryan White HIV/AIDS Program clients in continuous HIV care and the proportion of Ryan White HIV/AIDS Program clients with undetectable viral loads, had actual Year 2 measurements that surpassed target measurements for Year 3. Though it is not possible to determine whether the Houston Area Plan is the sole source of this progress, the improvements observed in the plan’s system objectives indicate that the Houston Area community is continuing to make progress toward the plan’s goals.

- **Nine Benchmarks Exceeded Year 3 (Final) Target Measurements in Year 2.**

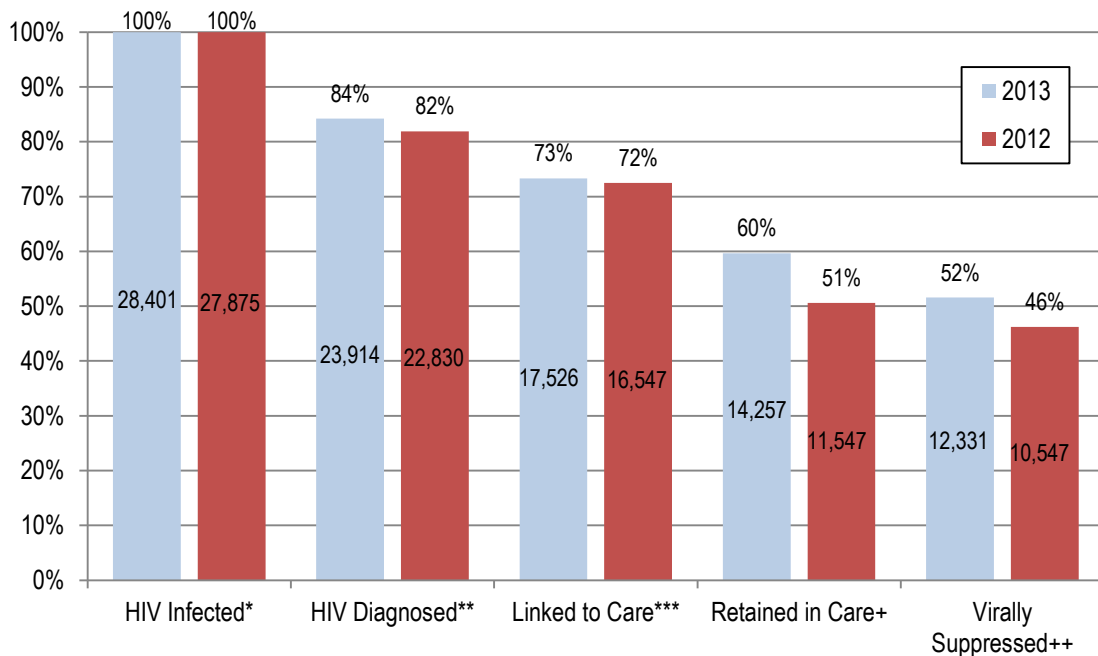
Though one benchmark was assigned a Year 2 target measurements, actual measurements were gathered for 43 benchmarks in Year 2. Of these actual measurements, nine benchmarks had measurements reflecting progress that exceeded Year 3 (final) target measurements. For the plan’s *Strategy for Prevention and Early Identification*, the number of HIV/STD brochures distributed, the number of publically funded HIV tests, and the number of high risk individuals receiving information on HIV risk reduction through community outreach all surpassed Year 3 (final) maintenance target measurements. The *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* benchmarks for the proportion of Ryan White clients who are in continuous care, retained in care, and who have undetectable viral loads all exceeded Year 3 (final) target measurements. Under the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes*, the number of reports of barriers to Ryan White Supportive Services, the percentage of PLWHA reporting housing instability, and the percentage of

PLWHA reporting seeking no medical care due to inability to pay all fell below Year 3 (final) target measurements in Year 2.

- Year 2 Progress in the Houston Area Treatment Cascade**

In addition to monitoring the system objectives in the plan’s dashboard, the Evaluation Workgroup recommended during the Year 1 evaluation process to include monitoring of the Houston Area Treatment Cascade. Though the Houston Area Plan cites and uses the cascade as a secondary data source in the *Strategy to Fill Gaps in Care and Reach the Out-of-Care*, a local iteration of the cascade was not incorporated into the plan itself as the plan 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. While the Houston Area Plan includes the Houston Health Services Delivery Area (HSDA) and Houston Metropolitan Statistical Area (MSA), the data reflected in the local treatment cascade are derived only from data collected for the counties that comprise the Houston Eligible Metropolitan Area (EMA). (See Figure 4)

Figure 4: The Houston EMA HIV/AIDS Treatment Cascade, 2012 and 2013



*No. person who are HIV positive in 2012 and 2013 in the Houston EMA (diagnosed + undiagnosed estimate). Sources: TDSHS, Program Planning and Evaluation Group, HIV/STD Branch, August 2013; TDSHS, Undiagnosed Infections for Houston EMA, 2013, August 2014

**No. persons who are HIV positive in 2012 and 2013 in the Houston EMA. Sources: Texas eHARS data as of July 2012 and HIV Services Unmet Need Project; TDSHS, Treatment Cascade for Houston EMA, 2013. Data from among adults and adolescents (>= 13 years of age as of end of the year in 2012 and 2013) residing in Texas diagnosed with HIV infection through 2012 and 2013, and living with HIV infection on 12/31/2012 and 12/31/2013.

***No. persons with met need in 2012 and 2013 in the Houston EMA. Sources: TDSHS, HIV Unmet Need Project, 2012; TDSHS, Treatment Cascade for Houston EMA, 2013. Data from among adults and adolescents (>= 13 years of age as of end of the year in 2012 and 2013) residing in Texas diagnosed with HIV infection through 2012 and 2013, and living with HIV infection on 12/31/2012 and 12/31/2013.

+No. persons with retained in care (PLWH with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012 and 2013 in the Houston EMA. Sources: TDSHS, HIV Unmet Need Project, 2012; TDSHS, Treatment Cascade for Houston EMA, 2013. Data from among adults and adolescents (>= 13 years of age as of end of the year in 2012 and 2013) residing in Texas diagnosed with HIV infection through 2012 and 2013, and living with HIV infection on 12/31/2012 and 12/31/2013.

++No. persons whose last VL of 2012 and 2013 <=200 (among persons with >=1 VL test) in 2012 and 2013 in the Houston EMA. Source: Texas Electronic Lab Records, 2012; TDSHS, Treatment Cascade for Houston EMA, 2013. Data from among adults and adolescents (>= 13 years of age as of end of the year in 2012 and 2013) residing in Texas diagnosed with HIV infection through 2012 and 2013, and living with HIV infection on 12/31/2012 and 12/31/2013.

The Houston Area Treat Cascade reflects within the Houston EMA: the estimated total number of PLWHA (diagnosed and estimated status unaware); the number of PLWHA in who have been diagnosed; and, among the diagnosed, the numbers of PLWHA with records of linkage to HIV primary care, retention in care, and viral suppression within the calendar year. The proportion of the diagnosed PLWHA retained in care and who had viral suppression at the end of the calendar year increased in Year 2. (See Figure 4)

Moving Forward: Recommendations for Year 3, 2015, and the Next Comprehensive Plan

- **Updates to Year 2/Year 3 Activities and Benchmarks**

Potential Impact of Routine/Opt-Out Testing on Objective Measurements

Though neither objective had a designated Year 2 target measurement, available Year 2 actual measurements for Objective 1 (number of new HIV infections diagnosed in the Houston Area) and Objective 4 (percentage of new HIV diagnoses with an AIDS diagnosis with one year) yielded unanticipated results. The Year 3 (final) target measurement for Objective 1 corresponds to the National HIV/AIDS Strategy goal to reduce new HIV infections by 25% nationally by 2015. Locally, the Houston Area Plan's Year 3 (final) target measurement identifies the ideal reduction in new HIV infections in the Houston Area by the end of 2014 to 771 new HIV infections, beginning with a 2008 baseline of 1,028 new HIV infections. The Year 2 actual measurement for this objective reports 1,377 new diagnoses, indicating that the number of new HIV infections diagnosed in the Houston Area is increasing. Additionally, the percentage of late diagnoses was slated to reduce by 25% by the end of 2014 according to Objective 4. The objective's Year 2 actual measurement shows that the percentage of late diagnoses has only decreased by a fraction of a percentage point from its 2010 baseline, and increased from its Year 1 actual measurement. The increase in new HIV infections, and the delayed decrease in the percentage of late diagnoses may not indicate failure, but rather the impact of successful routine/opt-out testing for detecting new HIV infections and undiagnosed progressed HIV disease. *The Evaluation Workgroup recommends including a note on Objective 1 and Objective 4 that the enhanced implementation of routine/opt-out testing may have contributed to the unanticipated increase in the numbers of newly diagnosed individuals, and the slower than anticipated decrease in late diagnoses.*

Retention of Activities Pending Completion into Year 3

At the end of Year 2, each strategy had activities for which progress had been made, but some activities were not completed. Many of the outstanding activities in Year 2 related to the projects and programs of community partners that, for varying reasons, were unable to be synchronized with the plan's implementation schedule. Upon review, the Evaluation Workgroup suggested retaining activities scheduled for completion in Year 2 into Year 3. *The Evaluation Workgroup recommends retaining the following pending activities into Year 3:*

- (*Strategy 1, Activity 1*) Implement training to CTR providers on integrating HIV testing with testing for other (non-HIV STDs and Viral Hepatitis.)
 - Rationale: Draft training for surveillance staff was developed in Year 2. Additional time is needed to finalize the training, and integrate it into required HIV Prevention contractor meetings.
- (*Strategy 1, Activity 3/Strategy 2, Activity 2*) Identify and disseminate a model protocol for a layperson system navigator program to assist newly-diagnosed HIV infected individuals to enter HIV care.
 - Rationale: A model peer mentor program was identified in Year 2. Results of an effectiveness study are expected in Year 3 after which distribution of the protocol can be determined.
- (*Strategy 1, Activity 4/Strategy 2, Activity 4*) Develop a toolkit for private medical doctors for how to link newly-diagnosed HIV infected individuals into the Ryan White HIV/AIDS Program.
 - Rationale: Technical assistance resulting from the Houston Department of Health and Human Services (HDHHS) and Center for AIDS Research (CFAR) follow-up survey conducted in Year 2 includes a linkage to care Fact Sheet for private providers, which will be further developed in Year 3. Additionally, HDHHS created a client-level service linkage brochure in Year 2 that may be used to create a provider service linkage brochure in Year 3.
- (*Strategy 3, Activity 2*) Alter data collection and reporting methods in current local data collection systems (e.g., Testing 4 Tickets, Electronic Client-Level Integrated (ECLIPS), CPCDMS (Centralized Patient Care Data Management System), etc.) to provide information on Special Populations, in particular, Homeless, Incarcerated and Recently Released, and Transgender, including standard definitions for data collection and reporting requirements.
 - Rationale: Alterations were made to CPCDMS/ AIDS Regional Information and Evaluation System (ARIES) and HDHHS STD*MIS (Sexually Transmitted Diseases Management Information System) to better capture data on Special Populations; and major data publications produced in Year 2 included information specific to Special Populations. Additional time is needed to discuss the second part of this Activity regarding standard data collection and reporting definitions.
- (*Strategy 4, Activity 3*) Translate the Houston Area HIV/AIDS Resource Guide into a real-time web- and phone-based resource locator with accompanying mobile applications (if feasible) accessible by clients and providers.
 - Rationale: In-kind resources were lost in Year 2, and additional time is needed. Staff will aim to create a mobile app in Year 3 to coincide with the release of the 2015-2016 Blue Book update.

Inclusion of Additional Responsible Parties to Target Coordination of Effort Activities to Priority Sectors and Groups

As the Houston Area's prevention and care services community planning bodies, the Ryan White Planning Council and the Houston HIV Prevention Community Planning Group continually foster coordination of effort through representative membership and joint planning activities. Co-membership between the planning bodies, and involvement with other various community groups, coalitions, Task Forces, and boards, also facilitate outreach and coordination with target priority sectors and groups. *The Evaluation Workgroup recommends including the Ryan White Planning Council and Houston HIV Prevention Community Planning Group as Responsible Parties for targeting priority sectors and groups for coordination of effort activities.*

- **Extension of the Houston Area Plan**

Extension of the Houston Area Plan into 2015

The Comprehensive HIV Prevention and Care Services Plan for the Houston Area was originally designed to span 2012-2014. In February 2014, joint guidance from Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) indicated that the next joint Comprehensive Plan will be due September 2016. Extension of the plan through 2015 is necessary to prevent the loss of ongoing plan activities and monitoring that have become vital for effective system coordination and evaluation. *The Evaluation Workgroup recommends retaining annual activities and any incomplete Year 3 activities through December 31, 2015, and continuing evaluation and monitoring of the plan's existing system objectives and benchmarks.*

- **Reevaluation of Baseline Data and Measurements for the Next Comprehensive Plan**

Reevaluation of Baseline Data and Measurements for Monitoring Progress in Substance Abuse Treatment and Mental Health Service Provision

The Houston HIV Care Services Needs Assessments provide readily accessible data measuring supports and barriers to access for crucial support services such as Substance Abuse Treatment and Mental Health Services. The current plan used data from the 2011 Needs Assessment to establish baselines and Year 3 (final) target measurements for consumer-reported barriers to Substance Abuse Treatment and Mental Health Services, and the 2014 Needs Assessment to establish Year 3 (final) actual measurements. Though a decrease in reported barriers to these services was anticipated, the 2014 Needs Assessment found that more participants reported barriers to accessing Substance Abuse Treatment and Mental Health Services than the 2011 Needs Assessment. It is not possible to conclusively determine whether the increase in reported barriers between the 2011 and 2014 Needs Assessments are the result of a decrease in service accessibility or, more likely, the variation of survey tools, methodologies, administrators, sites, and participants between the two Needs Assessments. *The Evaluation Workgroup recommends reevaluating the methods used to establish baseline data and measurements for benchmarks and objectives assessing barriers to services like Substance Abuse Treatment and Mental Health Services during the development of the next Comprehensive Plan.*

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