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 3 Evaluation Report

Table of Contents

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 3 implementation on April and June 2015. This report summarizes their findings and recommendations

Ted Artiaga
David Benson
Evelio Salinas Escamilla
Camden Hallmark
Sha'Terra Johnson-Fairley
Nancy Miertschin
Allen Murray
Nicholas Sloop
C. Bruce Turner
Steven Vargas
Tay Za Kyi Win

Others

The following individuals provided data, analysis, and other information used during the evaluation process and in this report

Ryan White Planning Council Office of Support

Tori Williams
Diane Beck
Amber Alvarez
Georgette Monaghan
Eric Moreno

Harris County Public Health Services Ryan White Grant Administration

Carin Martin
Tasha Traylor
Heather Keizman
Dawn Meade

The Houston Regional HIV/AIDS Resource Group, Inc.

Patrick Martin
Sha'Terra Johnson-Fairley

Houston Health Department Bureau of HIV/STD & Viral Hepatitis Prevention

Marlene McNeese
Camden Hallmark
Amber David
Tracy Ford
Ereka Washington Philip
Mike Thomas
Lupita Thornton
Cathy Wiley

Houston Department of Health and Human Services Office of Surveillance and Public Health Preparedness

Jeffrey Meyer

Texas Department of State Health Services HIV Prevention and Care Branch

Janina Vazquez

Suggested citation:
The Houston Area Ryan White Planning Council and the Houston HIV Prevention Community Planning Group. Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014. Evaluation Report for Year 3 Implementation (covering the period of January 2014 to December 2014). Conducted April 16 and June 18, 2015.

Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 (also referred to as the 2012 Comprehensive Plan 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 2012 Comprehensive 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 3 of plan implementation, including highlights from the year and new directions for Year 3.

Purpose

The 2012 Comprehensive 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 2012 Comprehensive 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

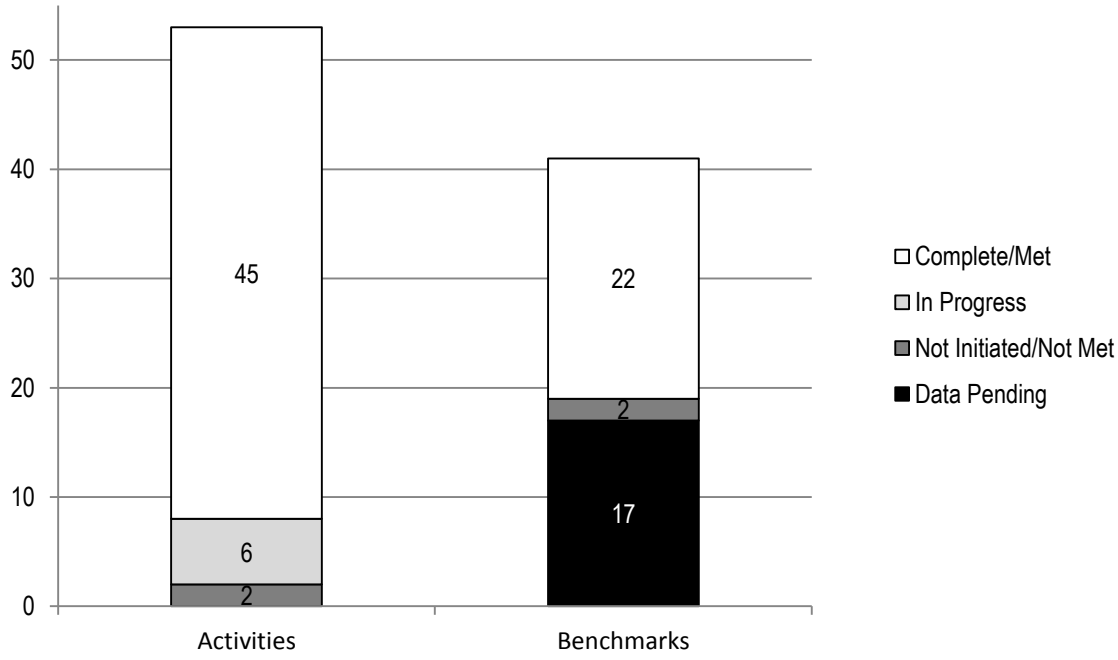
The methods used for evaluating Year 3 implementation are consistent with the *Evaluation and Monitoring Plan* (Section IV). In March 2015, each Responsible Party (RP) named in the 2012 Comprehensive Plan (Section III) completed a series of written checklists of assigned activities and benchmarks. For the former, the RP was asked to indicate the extent of achievement of each assigned activity for the time period of January – December 2014 using a standard key [C = Complete, C3 = Complete for Year 3 (for annual activities), P = In Progress (P), NI = Not Initiated] and to provide process notes or other documentation to support and provide context for 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. Staff also gathered data on system-wide objectives and any benchmarks not assigned to a RP. The 2012 Comprehensive Plan's standing *Evaluation Workgroup* convened in April and June 2015 to review consolidated checklists and identify key findings.

Summary of Year 3 Implementation

- **The Houston Area Report Card: Overall Status of Year 3 Activities and Benchmarks**

  The 2012 Comprehensive Plan is organized into four topic-specific Strategies, each containing activities and benchmarks. While initially slated for completion by the end of 2014, outstanding activities and benchmarks were retained into 2015 and 2016. Across the four Strategies, a total of 53 distinct activities were designated for completion in Year 3, including activities to be conducted annually; and all 41 benchmarks were assigned Year 3 targets. Overall, 51 of the activities designated for Year 3 (or 96 percent) were completed or initiated. Twenty-two (22) of the benchmarks with Year 3 targets (or 43 percent) were met or exceeded. Only two (2) of activities (or 4 percent) that were designated for completion in Year 3 were not initiated. Data were not available or are still pending for seventeen of the Year 3 benchmarks (or 34 percent). (See Figure 1)

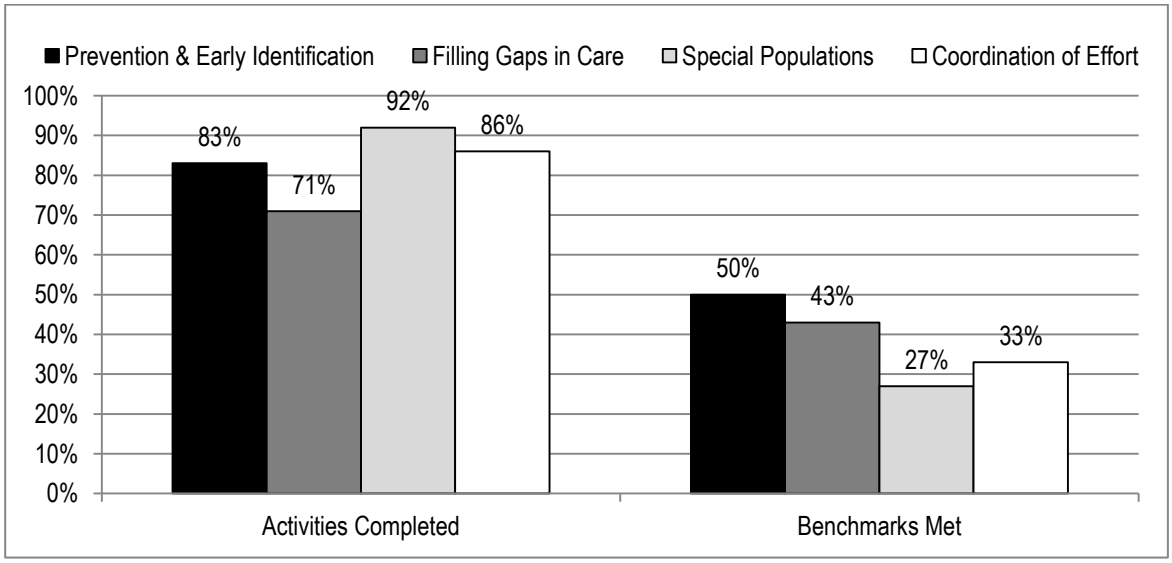
Figure 1: Activities and Benchmarks Completion for Year 3



Overall, the *Strategy to Address the Needs of Special Populations* saw the most activity progress with 92 percent of its activities completed. The *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* saw the least overall activity progress with 71 percent of its activities completed by the end of Year 3. The *Strategy for Prevention and Early Identification* had the most benchmark progress with 50 percent of benchmarks met, 78 percent of which exceeded Year 3 targets. The *Strategy to Address the Needs of Special Populations* saw the least benchmark progress with 27% of benchmarks measures not met[1]. (See Figure 2)

[1] The *Strategy to Address the Needs of Special Populations* had four (4) Year 3 benchmarks, three (3) of which had benchmark indicator measures for special population groups, resulting in a total of 22 benchmark measures.

Figure 2: Percent[+] of Activities and Benchmarks Completed/Met for Year 3, by Strategy



- **The Houston Area Dashboard: Progress Made in Year 3**

The 2012 Comprehensive 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 (9) objectives, three (3) had most current measurements that met or exceeded the 2012 Comprehensive Plan 2014 targets. (See Figure 3)

Figure 3: Status of System-Wide Objectives for the Houston Area, 2014

Objective	Baseline	Y3 Actual	Y3 Target	Status
1.) Number of new HIV infections diagnosed	1,335	1,386	↓25% = 1,001	✗
2.) Percent of PLWHA* informed of status through *targeted* testing	92.9%	94.4%	Maintain = 93.0%	✓
3.) Proportion of newly diagnosed PLWHA linked to clinical care within three months	65.1%	78.0%	85%	✗
4.) Percent of new HIV diagnoses with an AIDS diagnosis within one year	34.5%	32.8%	↓25% = 27.0%	✗
5.) Percent of RW Program clients who are in continuous HIV care	78.0%	75%	80%	✗
6.) Proportion of PLWHA not in care	34.2%	26.7%	↓0.8% = 27.3%	✓
7.) Proportion of RW Program clients with undetectable viral load	57.0%	80.4%[+]	↑10% = 62.7%	✓
8.1) Reports of barriers to RW Program-funded Substance Abuse Services	58	65	↓43.7% = 32	✗
8.2) Reports of barriers to RW Program-funded Mental Health Services	117	146	↓27.3% = 85	✗

*People Living with HIV/AIDS

[+]Y3 actual measure is the proportion of RW Part A suppressed viral load (undetectable viral load unavailable).

Highlights of Year 3 Implementation

- **Three (3) Core HIV Indicators Met or Exceeded Year 3 Targets**
  As in Years 1 and 2, the 2012 Comprehensive Plan's outcome objectives measuring the overall improvement in the Houston HIV prevention and care system made progress in Year 3. Three (3) objectives had measures that met or exceeded 2014 targets. The percent of PLWHA informed of their positive HIV status through targeted testing exceeded its 2014 target maintenance target of 93.0 percent at 94.4 percent. The estimated proportion of PLWHA not in care (Unmet Need) fell from 34.2 percent at baseline to 26.7 percent for the 2014 actual measurement, surpassing the 2014 target. Finally, though the proportion of Ryan White Program clients with undetectable viral loads was not available, the proportion of clients with suppressed viral loads was 80.4 percent. (See Moving Forward: Recommendations for 2015 and the Next Comprehensive Plan). Two (2) additional objectives made progress toward their Year 3 targets from the baseline measurements. The proportion of newly diagnosed PLWHA linked to HIV clinical care within three months of diagnosis increased from 65.1 percent at the baseline to a 2014 actual measurement of 78 percent. The percent of new HIV diagnoses with an AIDS diagnosis within one year fell from 34.5 percent at the baseline to 32.8 percent for the 2014 actual measurement. Though it is not possible to determine whether the 2012 Comprehensive Plan is the sole source of this progress, the improvements observed in the plan's system objectives indicate that the Houston Area community has progressed toward the plan's goals since 2012.

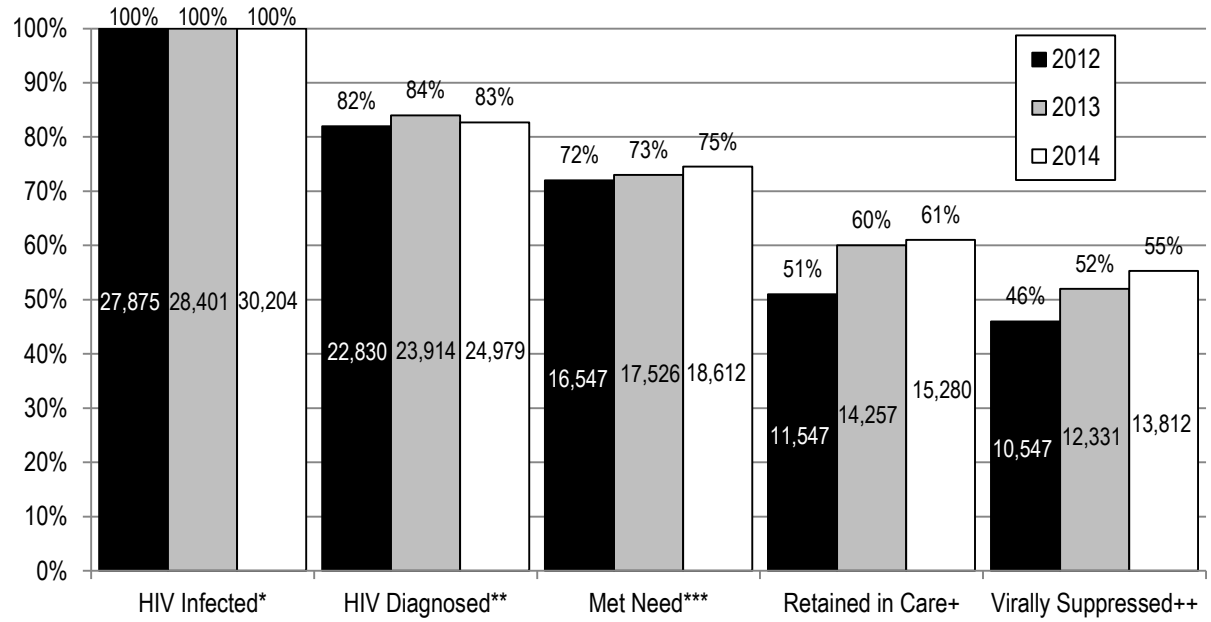
- **Twenty-Two (22) Benchmarks Met or Exceeded Year 3 Targets**
  Of the 41 benchmarks set for Year 3, 22 had actual 2014 measurements that met their 2014 targets. Moreover, 17 of these benchmarks had actual 2014 measurements that exceeded the 2014 targets. The 2012 Comprehensive Plan's *Strategy for Prevention and Early Identification* benchmarks for the number of HIV/STD brochures distributed, the number of publicly-funded HIV tests, the positivity rate for publicly-funded opt-out HIV testing, the percentage of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV-positive status, the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load[2], the number of condoms distributed, and the number of high-risk individuals receiving information on HIV risk reduction through community outreach surpassed their 2014 targets. The *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* benchmarks for the proportion of individuals who have tested positive for HIV but who are not in HIV care as determined by the Ryan White HIV/AIDS Program Unmet Need Framework, the percentage of PLWHA reporting prior history of being out-of-care, and the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load[3] exceeded their 2014 targets. Four (4) benchmark measurements exceeded 2014 targets for the *Strategy to Address the Needs of Special Populations*, with increases in the proportions of newly-diagnosed injection drug using (IDU) individuals and men who have sex with men (MSM) linked to clinical care within three months of their HIV diagnosis, decreases in the proportions of individuals who have tested positive for HIV but who are not in HIV care among IDU and MSM. Under the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes*, the number of reports of barriers to Ryan White Support Services, and 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 target measurements.

[2] Proportion of clients with suppressed viral loads was measured as undetectable viral loads were unavailable – See Moving Forward: Recommendations for 2015 and the Next Comprehensive Plan
[3] See footnote 2.

- **Year 3 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 2012 Comprehensive 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 2012 Comprehensive Plan includes the Houston Health Services Delivery Area (HSDA) served through Ryan White Part B and States Services funds, and through CDC HIV prevention funding in the 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, 2012-2014



*No. person who are HIV positive in 2012, 2013, and 2014 in the Houston EMA (diagnosed + undiagnosed estimate).
**No. persons who are HIV positive in 2012, 2013, and 2014 in the Houston EMA.
***No. persons with met need in 2012, 2013, and 2014 in the Houston EMA.
+No. persons with retained in care (PLWHA with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012, 2013, and 2014 in the Houston EMA.
++No. persons whose last viral load test of 2012, 2013, 2014 <=200 (among persons with >=1 VL test) in the Houston EMA.

The Houston Area Treatment 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 2012, 2013, and 2014 calendar years. The proportions of the diagnosed PLWHA with met need, retention in care, and who had suppressed viral loads at the end of the calendar year has increased consistently since 2012. (See Figure 4)

Moving Forward: Recommendations for 2015 and the Next Comprehensive Plan

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

Adjust Baseline and 2014 Targets for Objectives 1 and 4

Due to changes in data availability and ease of access for obtaining Year 3 actual measurements for Objective 1 (reduce the number of new HIV infections diagnosed in the Houston Area by 25%) and Objective 4 (reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by 25%), the baseline measurement for each objective was adjusted to reflect the Houston EMA, rather than the Houston HSDA. As Objective 1 and Objective 4 call for a 25 % reduction in new diagnoses and late/concurrent diagnoses respectively, the 2014 targets for both Objectives were also adjusted. *Evaluation Workgroup recommendation: change the baseline region to Houston EMA for Objective 1 and Objective 4 to align with Year 3 measure; change Year 3 targets to reflect new baselines.*

Changes to Activities, Including Retention of Activities Pending Completion into 2015

As in Year 2, each Year 3 Strategy had activities for which progress had been made, but some activities were not completed. Many of the outstanding activities in Year 3 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 3 into 2015, per extension of the 2012 Comprehensive Plan into 2016. *Evaluation Workgroup recommendation: retain the following pending activities into 2015:*

- (*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: An effectiveness study of the model peer mentor program identified yielded that there were no statistically significant nor clinically useful differences in primary outcomes between the control group and the test group receiving peer mentoring, though there was some positive effect on primary outcomes among newly-diagnosed individuals with shorter hospitalization times. Additional time is needed to identify a model protocol with greater effectiveness.

- (*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: A draft linkage to care brochure for providers was completed in December 2014, finalized in January 2015, and sent to the printer in March 2015. The linkage to care brochure will be featured the toolkit.

- (*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: Rationale: The Texas Department of State Health Services upgrade of STD*MIS in Y4 will provide additional gender options; continue focus on developing reporting alignment among administrative agents and the Houston Health Department as this did not occur in Y3.

- (*Strategy 4, Activity 6*) 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: Substantial progress was made in developing an Android mobile application in Year 3, and development on an Apple/iPhone compatible application was pending at the time of the Evaluation Workgroup's review.

Additional Evaluation Workgroup recommendation:

- Remove ECHPP component of activity – (*Strategy 4, Activity 13*) Support ongoing regional efforts to operationalize HIV prevention and care integration as outlined by the Enhanced Comprehensive HIV Prevention Planning (ECHPP) and Early Identification of Individuals with HIV/AIDS (EIIHA)
    - Rationale: The ECHPP demonstration project was completed in Year 2.

- **Recommendations for the 2017 Comprehensive Plan**

Recommendations for the 2017 Comprehensive Plan

As the Evaluation Workgroup reviewed Year 3 implementation of the 2012 Comprehensive Plan, the Workgroup developed five (5) recommendations for development of the 2017 Comprehensive Plan:

1. In addition to Objective 1 (reduce the number of new HIV infections diagnosed in the Houston Area by 25%), consider including objectives and benchmarks for a local unaware/undiagnosed estimate and incidence estimate.
    a. Rationale: As this Objective and related benchmarks has remained relatively stable since the baseline, there is no clear indication as to whether the number of new HIV infections diagnosed has not reduced due to the number of new infections or improving detection through targeted and routine testing initiatives. A local unware/undiagnosed estimate and/or incidence estimate could supplement this measure.

2. Measure viral suppression rather than undetectable viral loads to align with state and national Treatment Cascades/HIV Care Continuums.
    a. Rationale: Viral suppression, rather than undetectable viral load, is used in the Texas Treatment Cascade and the national HIV Care Continuum.

3. Consider using epidemiologic data instead of Needs Assessment data to set baselines for morbidity-related special population benchmarks.
    a. Rationale: Using Needs Assessment data to quantify benchmarks such as the proportions of adolescent, homeless, transgender, or recently release individuals

linked to clinical care within three months of their HIV diagnosis or who are out-of-care is not appropriate given the intent, scope, and sample size of the Needs Assessment.

4. Include an activity similar to Strategy 1, Activity 3 that examines peer mentorship in a clinic setting.
    a. Rationale: The model peer mentor program identified for Strategy 1, Activity 3 yielded that there were no statistically significant or clinically useful differences in primary outcomes was hospital-based, and a clinic-based program may result in better outcomes.

5. Use the Continuum of Care as a framework for developing the plan if possible. If not possible, consider creating a crosswalk to the Continuum.
    a. Rationale: The HIV Care Continuum was not incorporated into the 2012 Comprehensive Plan.

For more information, contact:
Houston Area Ryan White Planning Council
2223 West Loop South, #240
Houston, Texas 77027
Tel: (713) 572-3724
Fax: (713) 572-3740
Web: www.rwpchouston.org