



# The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2016

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

Year 4 Evaluation Report

*Approved April 2017*

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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 2012 Houston Area Comprehensive HIV Plan Evaluation Workgroup** *The following individuals serve as members of the 2012 Houston Area Comprehensive HIV Plan Evaluation Workgroup, which met December 2016 to evaluate Year 4 implementation. This report summarizes their findings and recommendations*

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# Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2016 (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. The plan was later extended to five years to bridge the gap to implementation of the 2017-2021 Comprehensive Plan. Sixty (60) benchmarks were originally included for use in measuring change over time. The 2012 Comprehensive Plan also included an *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 4 of plan implementation, including highlights from the year.

## 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

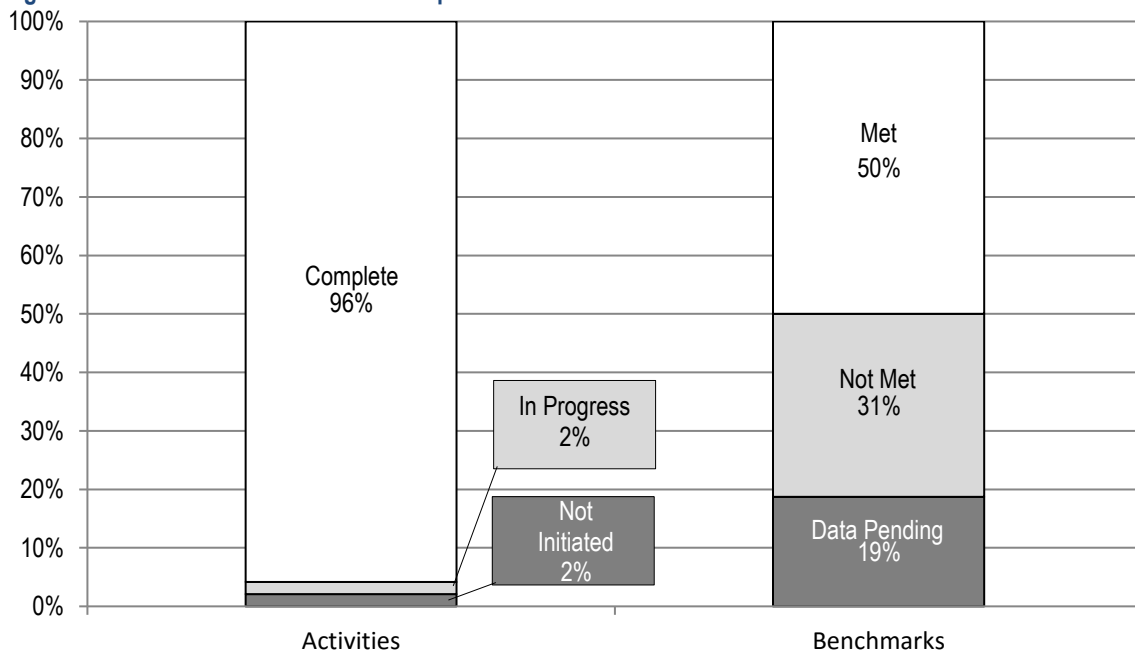
The methods used for evaluating Year 4 implementation are consistent with the *Evaluation and Monitoring Plan* (Section IV). In December 2016, each Responsible Party (**RP**) named in the 2012 Comprehensive Plan (Section III) completed a series of written checklists of assigned activities and benchmarks. For the former, the RP was asked to indicate the extent of achievement of each assigned activity for the time period of January – December 2015 using a standard key [C = Complete, C4 = Complete for Year 4 (for annual activities), P = In Progress, NI = Not Initiated, NA = N/A for Time Period, NA/C = N/A Complete] and to provide process notes or other updates 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 December 2016 to review consolidated checklists and identify key findings.

# Summary of Year 4 Implementation

- The Houston Area Report Card: Overall Status of Year 4 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 48 distinct activities were designated for completion in Year 4, including activities to be conducted annually; and 37 benchmarks were measured for Year 4. Overall, 47 of the activities designated for Year 4 (98%) were completed or had progress made (**Figure 1**). Only one activity (2%) that was designated for completion in Year 4 was not initiated: the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes* activity 16i. “Target philanthropic organizations for coordination of effort activities.” Sixteen benchmarks measured in Year 4 (46%) met or exceeded targets originally set for Year 3. Data were not available or are still pending for 14 Year 4 benchmarks (38%).

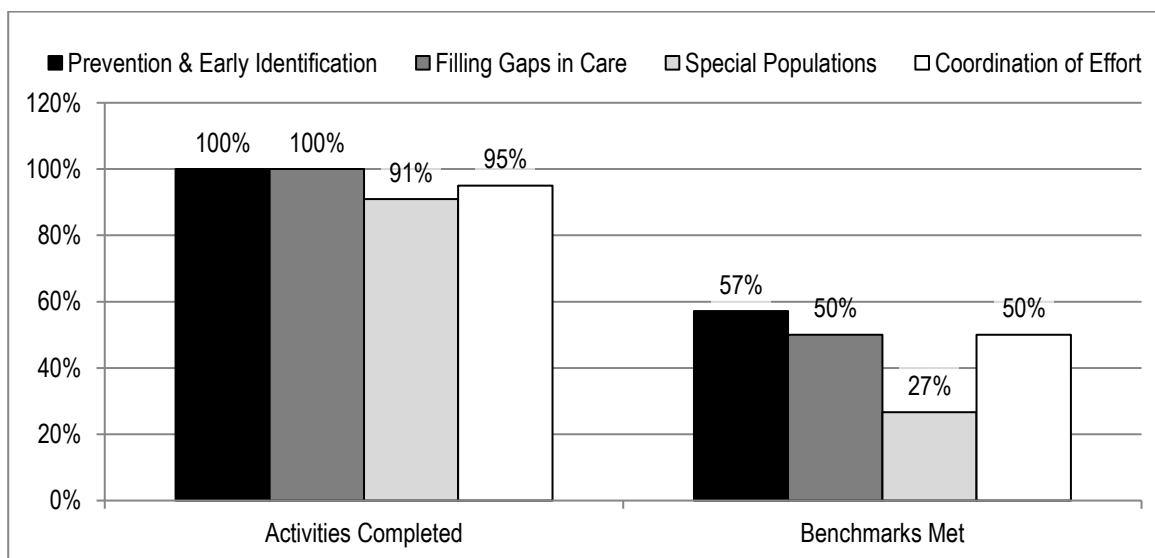
**Figure 1: Activities and Benchmarks Completion for Year 4**



Overall, the *Strategy for Prevention and Early Identification* and the *Strategy to Fill Gaps in Care and Reach the Out-Of-Care* saw the most activity progress with 100% of its activities completed (**Figure 2**). The *Strategy to Address the Needs of Special Populations* saw the least overall activity progress with 91% of its activities completed by the end of Year 4. The *Strategy for Prevention and Early Identification* had the most benchmark progress with 57% of benchmarks met or exceeded. The *Strategy to Address the Needs of Special Populations* saw the least benchmark progress with 27% of benchmarks measures met<sup>1</sup>.

<sup>1</sup> 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 4, by Strategy**



- The Houston Area Objectives: Progress Made in Year 4**

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 (**Figure 3**). Of the seven objectives measured for Year 4, four had most current measurements that met or exceeded the 2012 Comprehensive Plan targets originally set for Year 3.

**Figure 3: Status of System-Wide Objectives for the Houston Area, 2015**

Objective	Baseline	Y4 Actual	Y3 Target	Status
1.) Number of new HIV infections diagnosed	1,335	1,345	↓25% = 1,001	✘
2.) Percent of PLWH* informed of status through <i>targeted</i> testing	92.9%	93.8%	Maintain = 93.0%	✓
3.) Proportion of newly diagnosed PLWH linked to clinical care within three months	65.1%	81.0%	85%	✘
4.) Percent of new HIV diagnoses with an Stage 3 HIV diagnosis within one year	34.5%	20.0%	↓25% = 27.0%	✓
5.) Percent of RW Program clients who are in continuous HIV care	78.0%	73%	80%	✘
6.) Proportion of PLWH not in care	34.2%	24.0%	↓0.8% = 27.3%	✓
7.) Proportion of RW Program clients with suppressed viral load	57.0%	75%+	↑10% = 62.7%	✓
8.1) Reports of barriers to RW Program-funded Substance Abuse Services**	-	-	-	-
8.2) Reports of barriers to RW Program-funded Mental Health Services**	-	-	-	-

\*People Living with HIV

\*\* There are no Year 4 actual measurements for Objectives 8.1 and 8.2 as these data are reported in the Year 3 Evaluation Report.

+Y4 actual measure is the proportion of RW Part A suppressed viral load (undetectable viral load unavailable).

# Highlights of Year 4 Implementation

- **Four Core HIV Indicators Met or Exceeded Year 3 Targets in Year 4**

As in all previous years of implementation, the 2012 Comprehensive Plan's outcome objectives measuring the overall improvement in the Houston HIV prevention and care system made progress in Year 4. Four objectives had measures that met or exceeded targets originally set for Year 4. The percent of PLWH informed of their positive HIV status through targeted testing exceeded its 2014 target maintenance target of 93.0% at 93.8% in 2015. The percentage of new HIV diagnoses with an HIV Stage 3 diagnosis (formerly AIDS) within one year also surpassed the 2014 target of 27.0% to 20.0% in 2015, though changes in Texas Department of State Health Service (**TDSHS**) methodology likely account for a portion of this decrease. The estimated proportion of PLWH not in care (Unmet Need) fell from 34.2% at baseline (2010) to 24.0% for the 2015 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 75%. One additional objective made progress toward its Year 3 target from the baseline measurements in Year 4. The proportion of newly diagnosed PLWH linked to HIV clinical care within three months of diagnosis increased from 65.1% at the baseline to a 2015 actual measurement of 81%, the highest of any measurement year. 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.

- **Sixteen Benchmarks Met or Exceeded Year 3 Targets in Year 4**

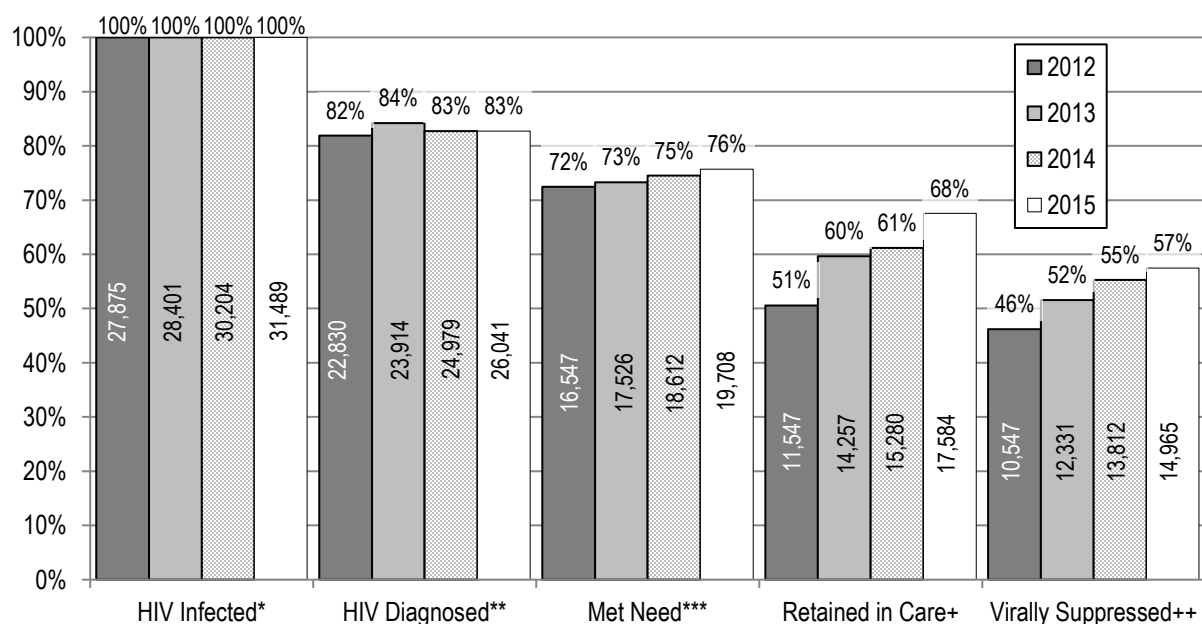
Of the 37 benchmarks measured in Year 4, 16 had actual 2015 measurements that met or exceeded 2014 targets. The 2012 Comprehensive Plan's *Strategy for Prevention and Early Identification* benchmarks for the number of HIV/STD brochures distributed, the positivity rate for publicly-funded traditional HIV testing and opt-out/routine 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 percentage of new HIV diagnoses with an HIV Stage 3 diagnosis within one year, the proportion of Ryan White HIV/AIDS Program clients with suppressed viral loads, the number of high-risk individuals receiving information on HIV risk reduction through community outreach, and the number of high-risk individuals that completed an evidence-based behavioral intervention to reduce risk for HIV all met or surpassed their 2014 targets in 2015. 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 and the proportion of Ryan White HIV/AIDS Program clients with suppressed viral loads exceeded their 2014 targets in 2015. Four benchmark measurements exceeded 2014 targets for the *Strategy to Address the Needs of Special Populations* in 2015: the proportion of newly diagnosed men who have sex with men (**MSM**) linked to clinical care within three months of diagnosis beyond the 2014 target, the proportions of newly diagnosed injection drug using (**IDU**) individual and MSM who have tested positive for HIV but who are not in HIV care, and the percentage of HIV prevention and care frontline staff receiving annual cultural competence training. Under the *Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes*, the numbers of non-AIDS Service Organizations (**ASO**) serving as members of the Ryan White Planning Council and requesting information about HIV services exceeded Year 3 targets in Year 4.



- Year 4 Progress in the Houston EMA HIV Care Continuum**

In addition to monitoring the system objectives in the Plan Objectives, the Evaluation Workgroup recommended during the Year 1 evaluation process to include monitoring of the local HIV Care Continuum (HCC). 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 PLWH 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) (Figure 4).

**Figure 4: The Houston EMA HIV Care Continuum, 2012-2015**



\*No. person who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA (diagnosed + undiagnosed estimate).

\*\*No. diagnosed persons who are HIV positive in 2012, 2013, 2014, and 2015 in the Houston EMA.

\*\*\*No. diagnosed persons with met need (at least one: medical visit, ART prescription, or CD4/VL test in 12 months) in 2012, 2013, 2014, and 2015 No. (%) of PLWH in Houston EMA.

+No. diagnosed persons with retained in care (PLWH with at least 2 visits, labs, or ARVs in 12 months, at least 3 months apart) in 2012, 2013, 2014, and 2015 in the Houston EMA.

The HCC reflects within the Houston EMA: the estimated total number of PLWH (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 met need, retention in care, and viral suppression within the 2012, 2013, 2014, and 2015 calendar years. The proportions of the diagnosed PLWH with met need, who were retained in care, and who had suppressed viral loads at the end of the calendar year has increased consistently since 2012.

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