

**Houston Area HIV Services Ryan White Planning Council**

**2012 Houston Area Comprehensive HIV Prevention and Care Services Plan  
EVALUATION WORKGROUP**

1:00 p.m., Tuesday, February 7, 2012  
Meeting Location: 2223 W. Loop South, Room 240  
Houston, Texas 77027

**AGENDA**

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- I. Call to Order Nicholas Sloop and Steven Vargas, Co-Chairs
  - A. Welcome & Introductions
  - B. Moment of Reflection
  - C. Adoption of the Agenda
  - D. Approval of the Minutes
  
- II. Update on the Planning Process Jennifer Hadayia, Health Planner, Office of Support
  - A. Participation Update
  - B. Leadership Team Activities
  
- III. Discussion of and Recommendations for Workgroups and Leadership Team Regarding Benchmarking
  
- IV. Review and Completion of Outline for Section VIII:  
*How Will We Monitor Progress?*
  - A. Review of Working Outline
  - B. Review of Narrative from 2009 Comprehensive Plan
  - C. Completion of Outline
  
- V. Overview of Methodology for Public Comment Process
  
- VI. Next Steps Nicholas Sloop and Steven Vargas, Co-Chairs
  - A. Review Meeting Schedule  
*March 6, 2012*
  - B. Items for Next Meeting  
*Review of Draft Section VIII: How Will We Monitor Progress?*
  
- VII. Announcements
  
- VIII. Adjourn

**Houston Area HIV Services Ryan White Planning Council**

**2012 Houston Area Comprehensive HIV Prevention and Care Services Plan  
EVALUATION WORKGROUP**

**1:00 p.m., Tuesday, January 3, 2012**  
2223 West Loop South, Room 240; Houston, TX 77027

**Minutes**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Steven Vargas, Co-Chair	Hickmon Friday	Diane Beck, Office of Support
Dr. Ben Barnett	Jonathan Post	Jennifer Hadayia, Office of Support
Judy Hung	Nicholas Sloop	Camden Hallmark, HDHHS
Sam Lopez	Lena Williams	Anna Langford, The Resource Group
Ken Malone		
Aundrea Matthews		
Osaro Mgbere		
Steve Schurmann		
Bruce Turner		

**Call to order:** Steven Vargas, co-chair, called the meeting to order at 1:02 p.m. and asked for a moment of reflection. He then asked everyone to introduce themselves.

**Adopt the Agenda:** *Motion:* It was moved and seconded (Turner, Hallmark) to adopt the agenda. **Motion Carried.**

**Approve the Minutes:** *Motion:* It was moved and seconded (Malone, Turner) to approve the December 6, 2011 meeting minutes. **Motion Carried.** Abstentions: Lopez

**Update on the Planning Process:** See attached. Hadayia reviewed the December update, noting the high sustained participation of individuals and agencies. She also noted that the Leadership Team adopted overarching community concerns, cross-cutting solutions, system goals and overall measures of success for the plan and approved the Priority Populations Model. She then reviewed the Map of the Plan and Working Outline.

**Benchmarking and Alignment:** The workgroup reviewed the Compendium of Goals, Solutions, Activities and Benchmarks, by Strategy and then completed the *Benchmarking and Alignment Tool*. See attached documents.

**Next Meeting:** The next workgroup meeting is February 7, 2012 at 1:00 p.m. Agenda items include the Public Comment Process.

**Adjournment:** The meeting was adjourned at 3:06 p.m.

# Houston Area HIV Services Ryan White Planning Council

## Office of Support

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[www.rwpchouston.org](http://www.rwpchouston.org)

### 2012 Houston Area Comprehensive HIV Prevention and Care Services Plan

#### JANUARY UPDATE

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#### OVERALL

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- The comprehensive planning workgroups held their final meetings in January to complete their workgroup strategy. Each strategy includes goals, solutions, benchmarks, and activities specific to the workgroup focus.
- For the five-month period of workgroup meetings (September 2011 – January 2012), the updated participation count is as follows:
  - 83 individuals involved in the process.
  - 60 agencies and groups, including the Planning Bodies, Task Forces, and various coalitions.
  - At least 19 HIV+ individuals, which represents 23% of total involvement.

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#### LEADERSHIP TEAM

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- The Leadership Team met on January 23, 2012 to approve the first draft of Section VI of the plan, entitled “Where Do We Need to Go?” The purpose of this section is “to describe the community’s vision for an ideal, high quality, comprehensive continuum of HIV prevention and care services and to outline the overarching goals, solutions, and other elements that shape this ideal system.” It includes:
  - Vision, Mission, and Guiding Principles
  - Overarching Community Concerns, or the “Problem Statement”
  - Cross Cutting Solutions, or the Local “Best Practices”
  - System Goals
  - Priority Populations
  - System Objectives
- The draft is available now on the RWPC website: [www.rwpchouston.org](http://www.rwpchouston.org). Click Calendar; and then click the meeting packet link for the Leadership Team dated January 23, 2012.
- The next Leadership Team meeting is February 27, 2012 at 2:00 PM. Attendees will review and approve Section VII: “How Will We Get There?” which will contain all workgroup strategies.

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#### EVALUATION WORKGROUP

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- The Evaluation Workgroup continues to meet monthly to finalize benchmarks and address any data or methodology concerns of the Leadership Team. As a result of the Workgroup’s meeting on January 3, 2012, a draft dashboard has been developed to show current baselines and anticipated results for the eight (8) system-level objectives of the 2012 plan. See below.
- The next Evaluation Workgroup meeting is February 7, 2012 at 1:00 PM. Attendees will begin to design the Evaluation and Monitoring Plan for the 2012 plan.

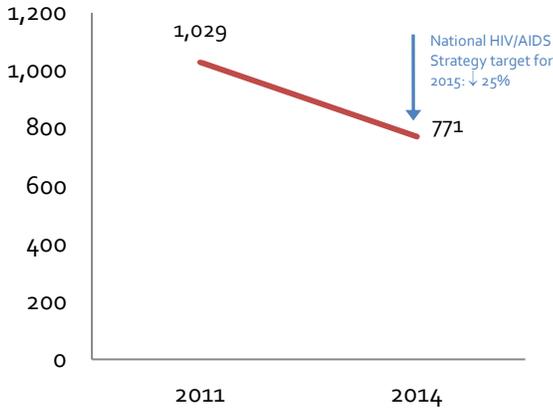
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#### PUBLIC COMMENT PROCESS

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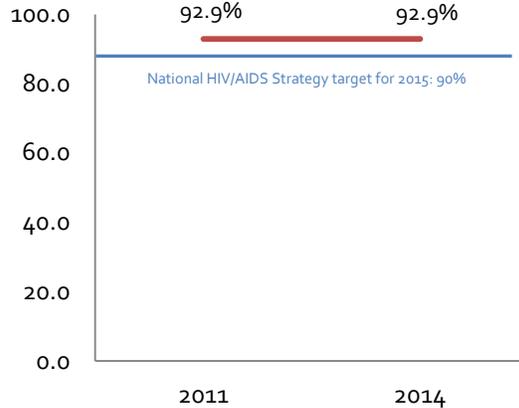
- A methodology has been developed for a process to gather additional public comment on the current direction of the plan. The public comment process will take place throughout the month of February. Agency stakeholders, Task Forces and coalitions, and clients representing the plan’s Priority and Special Populations will be prioritized. Interviews, presentations, and *mini-focus* groups will be held.

### Number of New HIV Infections in the Houston Area



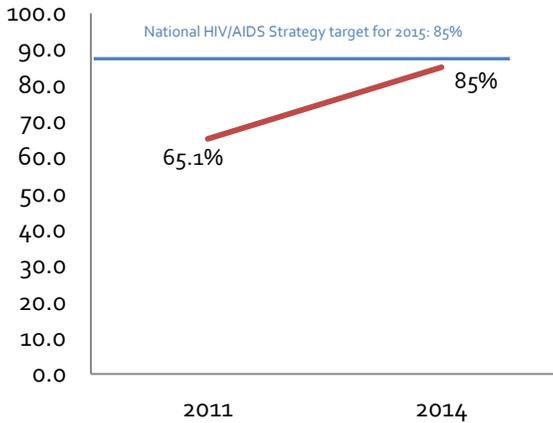
Data source: Texas Department of State Health Services eHARS  
 Reported in: 2011 Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning for the Houston HSDA and EMA (Released March 2011)  
 Baseline: New HIV infections, CY2008, HSDA  
 Target: Nationally-defined: By 2015, lower the annual number of new infections by 25% (National HIV/AIDS Strategy)

### Percentage of HIV+ Individuals Tested and Informed of Their HIV+ Status in the Houston Area



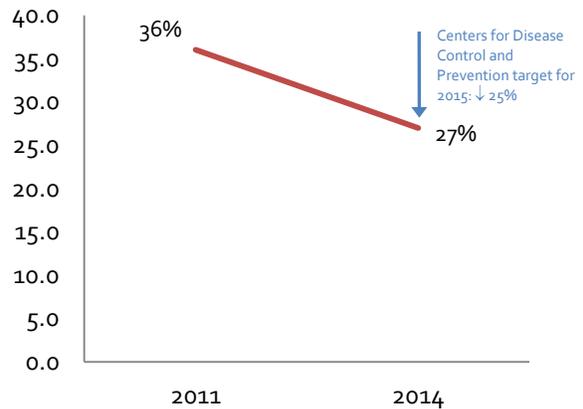
Data source: Texas Department of State Health Services  
 Reported in: HIV Testing & Awareness Data, Ryan White HIV/AIDS Program Part A FOA (Released September 2011)  
 Baseline: Percentage of people who were informed of their HIV+ test result via traditional HIV testing, CY2010, EMA  
 Target: Locally-defined: baseline exceeds national target

### Proportion of Newly HIV Diagnosed Linked to Clinical Care within 3 Months in the Houston Area



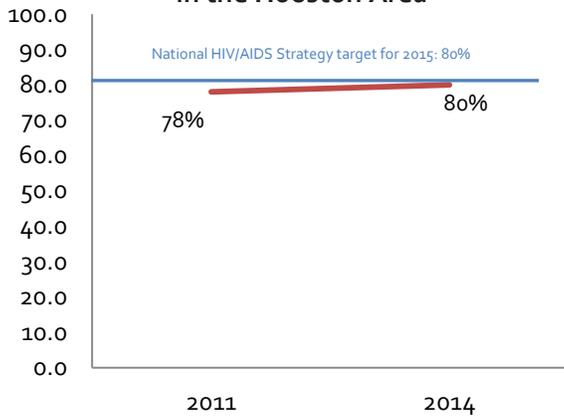
Data source: Texas Department of State Health Services  
 Reported in: Linkage to Care Estimates for 2010 Newly Diagnosed Individuals in Texas, EMA/TGA data (Released August 2011)  
 Baseline: Newly-diagnosed individuals linked to primary care or medical/clinical case management within three months of their HIV diagnosis, CY2010, EMA  
 Target: Nationally-defined: By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% (National HIV/AIDS Strategy)

### Percentage of New HIV Diagnoses with an AIDS Diagnosis within 1 Year in the Houston Area



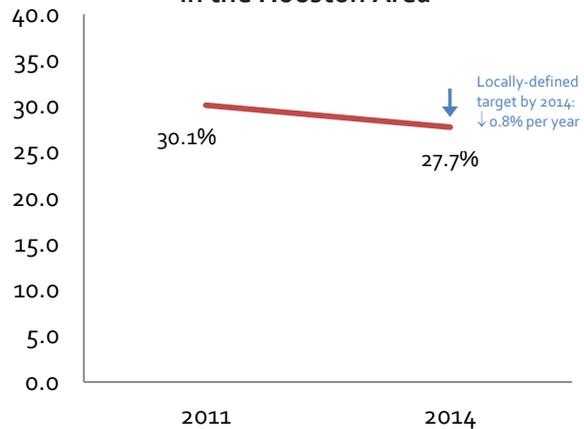
Data source: Texas Department of State Health Services  
 Reported in: 2010 Texas Integrated Epidemiologic Profile for HIV/AIDS Prevention and Services Planning (Released December 1, 2011)  
 Baseline: Percent of new HIV diagnoses with an AIDS diagnosis within one year, average of CY2003-CY2009, EMA  
 Target: Nationally-defined: By 2015, increase the percentage of people diagnosed with HIV infection at earlier stages of disease (not stage 3: AIDS) by 25% (Centers for Disease Control and Prevention)

**Proportion of Ryan White HIV/AIDS Program Clients in Continuous Care in the Houston Area**



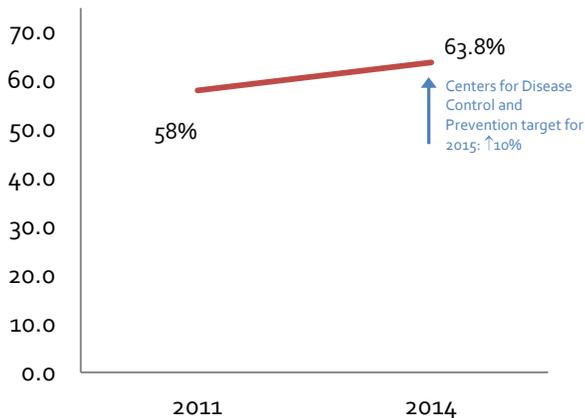
Data source: Centralized Patient Care Data Management System (CPCDMS)  
 Reported in: N/a (Generated January 2012)  
 Baseline: Percentage of Ryan White HIV/AIDS Program Part A clients with 2 or more medical visits in the time period at least 3 months apart and not newly enrolled in care, CY 2010 and 2011, EMA  
 Target: Nationally-defined: By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80% (National HIV/AIDS Strategy)

**Proportion of People Living with HIV/AIDS Who Are Diagnosed but Not in Care in the Houston Area**



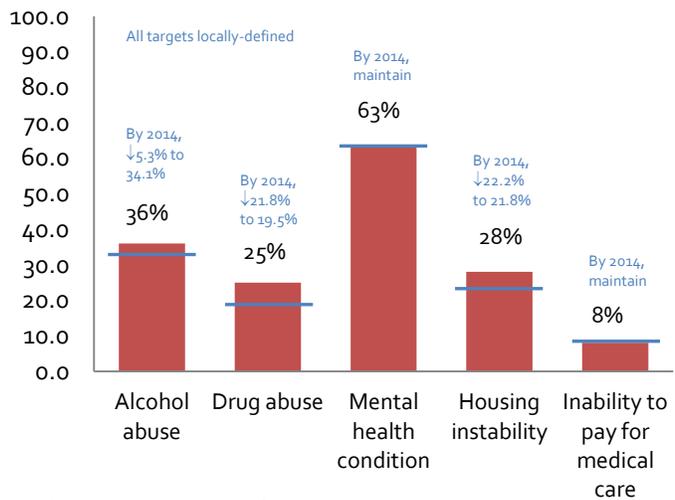
Data source: Texas Department of State Health Services  
 Reported in: Unmet Need Analysis through 2010 (Released September 2011)  
 Baseline: Percentage of people meeting HRSA out-of-care definition utilizing data from eHARS, ADAP, ELR, ARIES, Medicaid, private providers, and Houston VA, CY2010, EMA  
 Target: Locally-defined: average yearly reduction of 0.8% observed from CY2008- CY2010. Target reflects 0.8% reduction per year for CY2012-CY2041

**Proportion of Ryan White HIV/AIDS Program Clients with Undetectable Viral Load in the Houston Area**



Data source: Centralized Patient Care Data Management System (CPCDMS)  
 Reported in: N/a (Generated October 2011)  
 Baseline: Percentage of Ryan White HIV/AIDS Program Part A clients meeting laboratory guidelines for undetectable viral load (viral load of 50 or less) from 1/1/11 to 9/30/11, EMA  
 Target: Nationally-defined: By 2015, increase by 10% the percentage of HIV-diagnosed persons in care whose most recent viral load test in the past 12 months was undetectable (Centers for Disease Control and Prevention)

**Percentage of People Living with HIV/AIDS in the Houston Area Reporting Co-Occurring Problems that Inhibit HIV Prevention and Care, 2011**



Data source: 2011 HIV/AIDS Needs Assessment  
 Reported in: 2011 HIV/AIDS Needs Assessment (Released February 2011)  
 Baseline: Percentage of survey respondents (n=924) who answered in the affirmative to needs assessments questions querying each of the above, HSDA  
 Target: Locally-defined: percent change was observed between 2008 and 2011 needs assessment results for each measure. For those measures with change in the desired direction, percent change was applied as the 2014 target; for those measures with change in the non-desired direction, a target of "sustain" for 2014 was adopted

# 2012 Houston Area Comprehensive HIV Prevention and Care Services Plan EVALUATION WORKGROUP

## Matrix of Benchmarking and Alignment, By Strategy

### **SPECIFIC ISSUES FOR WORKGROUP DISCUSSION:**

#### Prevention and Early Identification (P&EI)

- Note change in Benchmarks 2.4 and 2.5 related to Hip Hop for HIV Awareness data as follows:  
FROM Percentage of individuals reporting that HIV is a “major health problem” TO Percent change in mass testing event participants’ agreement that HIV is a “major health problem for my peers”  
FROM Percentage of individuals showing increased awareness of HIV facts TO Percent change in participant HIV/STD knowledge post-educational sessions at annual mass testing event

#### Gaps and Out-of-Care

- None noted

#### Special Populations

- Note separation of jail and prison in relevant benchmarks
- Note that the development of baselines has been included as an Activity in the Special Populations Strategy

#### Coordination of Effort

- Note process measures identified for Goal 1: Increase Awareness of HIV among All Greater Houston Area Health and Human Services Providers
- Workgroup recommends changing benchmarks for Goal 4: Partner to Address Co-Occurring Public Health Problems that Inhibit Access to and Retention in Care as follows:  
FROM Percentage of PLWHA reporting an indication of alcohol abuse TO Number of reports of barriers to Ryan White-Substance Abuse Treatment  
FROM Percentage of PLWHA reporting an indication of drug abuse TO Number of reports of barriers to Ryan White-Substance Abuse  
FROM Percentage of PLWHA reporting at least one mental health condition within the past 30 days TO Number of reports of barriers to Ryan White-Mental Health Counseling  
See below for details

#### System Objectives

- Accuracy of Dashboard titles (see attached Dashboard)
- Adjustment of Objective #8 per Coordination of Effort recommendation above

**WORKGROUP: Prevention and Early Identification (P&EI)**

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment <sup>1</sup> NHAS <sup>2</sup> HP2020 <sup>3</sup> DHAP <sup>4</sup> ECHPP	Notes
<b>GOAL 1: Reduce New HIV Infections</b>						<sup>1</sup> Goal 1 <sup>2</sup> HIV-1, 2 <sup>3</sup> Goal A <sup>4</sup> RI 18	
❖ BENCHMARK 1.1: Number of new HIV infections	DSHS eHARS (2011 Epi-Profile)	1,029 (2008)	N/a	N/a	↓25% =771 (NHAS target)	<sup>1</sup> Target 1 <sup>2</sup> HIV-1, 2 <sup>3</sup> Goal A, Obj. 1 <sup>4</sup> RI 18, Goal 1	Region is HSDA
<b>GOAL 2: Increase Awareness of HIV</b>						<sup>1</sup> Goal 1 <sup>4</sup> RI 2, 3, 16	
❖ BENCHMARK 2.1 : Number of persons reached with an HIV awareness message	Radio One (97.9) Hip-Hop for HIV Awareness	1,231,400 (2011)	↑3.2% =1,270,805 (local target)	↑3.2% =1,311,471 (local target)	↑3.2% =1,353,438 (local target)	<sup>1</sup> Action 3.1 <sup>4</sup> RI 2, Goal 2; RI3, Goal 1; RI 16, Goal 1	Radio campaign only Targets based on available historical data (2009=1,156,700; 2010=1,166,300)
❖ BENCHMARK 2.2: Number of HIV/STD brochures distributed	HDHHS	86,389 (2011)	Maintain =86,389 (local target)	Maintain =86,389 (local target)	Maintain =86,389 (local target)		Target based on current resources and planning
❖ BENCHMARK 2.3: Mean number of calls per day to local HIV prevention hotline	HDHHS	6.2 (2007-2009)	Maintain =6.2 (local target)	Maintain =6.2 (local target)	Maintain =6.2 (local target)		Target based on current resources and planning
❖ BENCHMARK 2.4: Percent change in mass testing event participants' agreement that HIV is a "major health problem for my peers"	HDHHS Hip-Hop for HIV Awareness	3.4% (2011)	Need target	Need target	Need target	<sup>1</sup> Action 3.1 <sup>4</sup> RI 2, Goal 2; RI3, Goal 1; RI 16, Goal 1	Among attendees of Hip-Hop for HIV Awareness completing both pre and post test (N=2,362). Baseline is the percent change in mean score based on 0-3 scale (where 2=Somewhat, 3=Yes) and is significant at $p<.0001$ .
❖ BENCHMARK 2.5: Percent change in participant HIV/STD knowledge post-educational sessions at annual mass testing event	HDHHS Hip-Hop for HIV Awareness	9.56% (2011)	Need target	Need target	Need target	<sup>1</sup> Action 3.1 <sup>4</sup> RI 2, Goal 2; RI3, Goal 1; RI 16, Goal 1	Among attendees of Hip-Hop for HIV Awareness completing both pre and post test (N=2,362). Test includes 14 knowledge questions (true/false, multiple choice) scored equally with no weighting. Baseline is significant at $p<.0001$ .

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment <sup>1</sup> NHAS <sup>2</sup> HP2020 <sup>3</sup> DHAP <sup>4</sup> ECHPP	Notes
<b>GOAL 3: Increase Awareness of HIV Status</b>						<sup>1</sup> Goal 1 <sup>2</sup> HIV-13, 14 <sup>3</sup> Goal A <sup>4</sup> RI 1, 2	
❖ BENCHMARK 3.1: Number of publicly-funded HIV tests	DSHS HIV Testing & Awareness Data	165,076 (2010)	Maintain =165,076 (local target)	Maintain =165,076 (local target)	Maintain =165,0076 (local target)	<sup>2</sup> HIV-14	Region is EMA Includes traditional/targeted testing and opt-out testing Target based on current resources and planning
❖ BENCHMARK 3.2: Positivity rate for publicly-funded <i>traditional</i> HIV testing	DSHS HIV Testing & Awareness Data	1.7% (2010)	N/a	N/a	2.0% (ECHPP target)	<sup>4</sup> RI 19, Goal 2	Region is EMA
❖ BENCHMARK 3.3: Positivity rate for publicly-funded <i>opt-out</i> HIV testing	DSHS HIV Testing & Awareness Data	1.2% (2010)	N/a	N/a	1.0% (ECHPP target)	<sup>4</sup> RI 19, Goal 2	Region is EMA
❖ BENCHMARK 3.4: Percentage of HIV+ individuals tested through traditional HIV testing who are informed of their HIV+ status	DSHS HIV Testing & Awareness Data	92.9% (2010)	N/a	N/a	Maintain =93.0% (local target)	<sup>1</sup> Target 3 <sup>2</sup> HIV-13 <sup>3</sup> Goal A, Obj. 2 <sup>4</sup> RI 1, Goal 1 (↑25%); RI 2, Goal 1 (↑25%)	Region is EMA Target exceeds NHAS goal of 90%
<b>GOAL 4: Ensure Early Entry Into Care</b>						<sup>1</sup> Goal 2 <sup>3</sup> Goal B <sup>4</sup> RI 1, 6, 12, 19	
❖ BENCHMARK 4.1: Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis	DSHS Linkage to Care Data	65.1% (2010)	N/a	N/a	85% (NHAS target)	<sup>1</sup> Target 4 <sup>3</sup> Goal B, Obj. 2 <sup>4</sup> RI 1, Goal 2; RI 6, Goal 1; RI 12, Goal 1; RI 19, Goal 3	Region is EMA
❖ BENCHMARK 4.2: Percentage of new HIV diagnoses with an AIDS diagnosis within one year	TDSHS eHARS (2011 Epi-Profile)	36.0% (2003-2009)	N/a	N/a	↓25% =27.0% (DHAP target)	<sup>2</sup> HIV-9 <sup>3</sup> Goal A, Obj. 3 <sup>4</sup> RI 1, Goal 2; RI 6, Goal 1; RI 12, Goal 1; RI 19, Goal 3	Region is EMA
<b>GOAL 5: Maximize Adherence to Antiretroviral Therapy</b>						<sup>1</sup> Goal 1, 2 <sup>3</sup> Goal B <sup>4</sup> RI 8, 9	
❖ BENCHMARK 5.1: Proportion of Ryan White HIV/AIDS Program clients with undetectable viral load	CPCDMS Report	58.0% (2011)	N/a	N/a	↑10% =63.8% (DHAP target)	<sup>1</sup> Targets 7-9 (↑20% for specific groups) <sup>3</sup> Goal B, Obj. 3; Goal C, Objs. 1-3 (↑20% for specific groups) <sup>4</sup> RI 8, Goal 1, 2; RI 9, Goal 1	Part A clients only

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment		Notes
						<sup>1</sup> NHAS <sup>2</sup> HP2020	<sup>3</sup> DHAP <sup>4</sup> ECHPP	
<b>GOAL 6: Address the HIV Prevention Needs of High Incidence Communities</b>						<sup>1</sup> Goal 1, 3 <sup>2</sup> HP2020 Goal <sup>3</sup> Goal C <sup>4</sup> RI 1, 2, 18		
❖ <b>BENCHMARK 6.1:</b> Number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention	HDHHS, eHARS	33 (2009)	N/a	N/a	↓25% =24 (NHAS target)	<sup>4</sup> RI 1, Goal 1, 3; RI 2, Goal 1, 3; RI 18, Goal 1	Comparison will be made for targeted 2010 zip codes only	
<b>GOAL 7: Reduce Population Risk Factors for HIV Infection</b>						<sup>1</sup> Goal 1, 3 <sup>2</sup> HIV-17, STD Objs. <sup>3</sup> Goal A, B <sup>4</sup> RI 2, 3, 10, 13, 15, 16, 17, 18, 19, 22, 24		
❖ <b>BENCHMARK 7.1:</b> Rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HDHHS, STDMIS	CT: 510.3 GC: 149.0 P&S: 6.4 (2010)	N/a	N/a	CT: Maintain =510.3 (local target) GC: ↓0.6%/year =146.0 (local target) P&S: 6.0 (HP target)	<sup>2</sup> STD Objs. <sup>4</sup> RI 2, Goal 2; RI 10, Goal 1, 2; RI 20, Goal 1	Region is Houston/Harris County CT/GC targets based on available historical data	
❖ <b>BENCHMARK 7.2:</b> Number of condoms distributed	HDHHS	380,000 (2010)	Maintain =380,000 (ECHPP target)	Maintain =380,000 (ECHPP target)	Maintain =380,000 (ECHPP target)	<sup>1</sup> Goal 1, Step 2 <sup>4</sup> RI 3, Goal 1; RI 15, Goal 1	Includes mass and targeted condom distribution efforts	
❖ <b>BENCHMARK 7.3:</b> Number of high-risk individuals receiving information on HIV risk reduction through community outreach	HDHHS	9,000 (2011)	Maintain =9,000 (ECHPP target)	Maintain =9,000 (ECHPP target)	Maintain =9,000 (ECHPP target)	<sup>1</sup> Goal 1, Step 2, 3 <sup>4</sup> RI 19, Goal 1		
❖ <b>BENCHMARK 7.4:</b> Number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV	HDHHS	3,288 (2011)	Maintain =3,288 (ECHPP target)	Maintain =3,288 (ECHPP target)	Maintain =3,288 (ECHPP target)	<sup>1</sup> Goal 1, Step 2, 3 <sup>4</sup> RI 19, Goal 1	Includes completion of ILI, GLI, or CLI intervention	

**WORKGROUP: Gaps and Out-of-Care**

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment <sup>1</sup> NHAS <sup>2</sup> HP2020 <sup>3</sup> DHAP <sup>4</sup> ECHPP	Notes
<b>GOAL 1: Reduce Unmet Need</b>						<sup>1</sup> Goal 2 <sup>2</sup> HIV-10 <sup>3</sup> Goal B <sup>4</sup> RI 7	
❖ BENCHMARK 1.1: Percentage of PLWHA diagnosed but not in care (Unmet Need Analysis)	DSHS Unmet Need Trend Analysis	30.1% (2010)	↓0.8% =29.3% (local target)*	↓0.8% =28.5% (local target)*	↓0.8% =27.7% (local target)*	N/a	Region is EMA *Proposed targets only based on available historical data (2008=31.6%; 2009=31.8%). Final targets will use actuals post-annual data cleaning
❖ BENCHMARK 1.2: Percentage of PLWHA reporting being currently out-of-care (no evidence of HIV medications, viral load test, or CD4 test in 12 consecutive months)	Needs Assessment	7.1% (2011)	N/a	N/a	↓3.0% =4.1% (local target)	N/a	Target based on available historical data (2008=10.1%)
❖ BENCHMARK 1.3: Percentage of PLWHA reporting prior history of being out-of-care	Needs Assessment	20.6% (2011)	N/a	N/a	Maintain =20.6% (local target)	N/a	Target based on available historical data (2008=20.4%)
<b>GOAL 2: Ensure Early Entry Into Care</b>						<sup>1</sup> Goal 2 <sup>3</sup> Goal B <sup>4</sup> RI 1, 6, 12, 19	
❖ BENCHMARK 2.1: Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis	DSHS Linkage to Care Data	65.1% (2010)	N/a	N/a	85% (NHAS target)	<sup>1</sup> Target 4 <sup>3</sup> Goal B, Obj. 2 <sup>4</sup> RI 1, Goal 2; RI 6, Goal 1; RI 12, Goal 1; RI 19, Goal 3	Region is EMA
❖ BENCHMARK 2.2: Percentage of new HIV diagnoses with an AIDS diagnosis within one year	TDSHS eHARS (2011 Epi-Profile)	36.0% (2003-2009)	N/a	N/a	↓25% =27.0% (DHAP target)	<sup>2</sup> HIV-9 <sup>3</sup> Goal A, Obj. 3 <sup>4</sup> RI 1, Goal 2; RI 6, Goal 1; RI 12, Goal 1; RI 19, Goal 3	Region is EMA
<b>GOAL 3: Increase Retention in Continuous Care</b>						<sup>1</sup> Goal 2 <sup>2</sup> HIV-10 <sup>3</sup> Goal B <sup>4</sup> RI 7	
❖ BENCHMARK 3.1: Proportion of Ryan White HIV/AIDS Program clients who are in continuous care (≥2 visits for routine HIV medical care in 12 months ≥3 months apart)	CPCDMS	78% (2011)	N/a	N/a	80% (NHAS target)	<sup>1</sup> Target 5 <sup>4</sup> RI 7, Goal 1	Part A clients only Does not include clients newly enrolled in care during the 12 month timeframe

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment		Notes
						<sup>1</sup> NHAS <sup>2</sup> HP2020	<sup>3</sup> DHAP <sup>4</sup> ECHPP	
❖ <b>BENCHMARK 3.2:</b> Proportion of Ryan White HIV/AIDS Program clients who are retained in care (≥ 1 visit for HIV primary care in the 2 <sup>nd</sup> half of the year after also having ≥ 1 visit for HIV primary care in the 1 <sup>st</sup> half of the year)	CPCDMS Retention in Care Metric	75% (2011 Period 6)	N/a	N/a	Maintain =75% (local target)	<sup>4</sup> RI 7, Goal 1		Part A clients only
<b>GOAL 4: Improve Health Outcomes for People Living with HIV/AIDS</b>						<sup>1</sup> Goal 2 <sup>2</sup> HIV-11 <sup>3</sup> Goal B <sup>4</sup> RI 6, 7, 8, 9, 10		
❖ <b>BENCHMARK 4.1:</b> Proportion of Ryan White HIV/AIDS Program clients with undetectable viral load	CPCDMS	58.0% (2011)	N/a	N/a	↑10% =63.8% (DHAP target)	<sup>1</sup> Targets 7-9 (↑20% for specific groups) <sup>3</sup> Goal B, Obj. 3; Goal C, Objs. 1-3 (↑20% for specific groups) <sup>4</sup> RI 8, Goal 1, 2; RI 9, Goal 1		Part A clients only

**WORKGROUP: Special Populations**

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment <sup>1</sup> NHAS <sup>2</sup> HP2020 <sup>3</sup> DHAP <sup>4</sup> ECHPP	Notes
<b>GOAL 1: Prevent New HIV Infections among the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, MSM, and Transgender</b>						<sup>1</sup> Goal 1, 3 <sup>2</sup> HIV-1, 3, 7 <sup>3</sup> Goal A, C <sup>4</sup> RI 2, 3, 5, 6, 16	
❖ <b>BENCHMARK 1.1:</b> Number of new HIV infections among each special population:						<sup>1</sup> Target 1 <sup>2</sup> HIV-1, 2 <sup>3</sup> Goal A, Obj. 1 <sup>4</sup> RI 18, Goal 1	
Adolescents (13-17)	HDHHS, HIV Surveillance System	18 (2009)	N/a	N/a	↓25% =13 (NHAS target)	See above	Region is Houston/Harris County
Homeless	Houston/Harris County Enumeration/Needs Assessment	172 (2010)	N/a	N/a	↓25% =132 (NHAS target)	See above	Region is Harris/Fort Bend County
Incarcerated/Recently Released from Jail	The Resource Group	1,097 (2011)	N/a	N/a	↓25% =822 (NHAS target)	See above, plus <sup>4</sup> RI 6, Goal 3	Harris County Jail only
Incarcerated/Recently Released from Prison	TDCJ	137 (2011)	N/a	N/a	↓25% =102 (NHAS target)	See above, plus <sup>4</sup> RI 6, Goal 3	Baseline does not include December 2011
IDU	HDHHS, HIV Surveillance System	38 (2009)	N/a	N/a	↓25% =28 (NHAS target)	See above	Region is Houston/Harris County IDU only (MSM/IDU +9)
MSM	HDHHS, HIV Surveillance System	563 (2009)	N/a	N/a	↓25% =422 (NHAS target)	See above	Region is Houston/Harris County MSM only (MSM/IDU +9)
Transgender	HDHHS, HIV Surveillance System	7 (2009)	N/a	N/a	↓25% =5 (NHAS target)	See above	Region is Houston/Harris County
<b>GOAL 2: Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, MSM, and Transgender</b>						<sup>1</sup> Goal 2, 3 <sup>2</sup> HIV-10, 13, 14 <sup>3</sup> Goal A, B, C <sup>4</sup> RI 1, 2, 3, 5, 6, 7	
❖ <b>BENCHMARK 2.1:</b> Proportion of newly-diagnosed individuals within each special population linked to clinical care within three months of their HIV diagnosis:						<sup>1</sup> Target 4 <sup>3</sup> Goal B, Obj. 2 <sup>4</sup> RI 1, Goal 2; RI 6, Goal 1; RI 12, Goal 1; RI 19, Goal 3	

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment		Notes
						<sup>1</sup> NHAS <sup>2</sup> HP2020	<sup>3</sup> DHAP <sup>4</sup> ECHPP	
Adolescents (13-17)	DSHS Linkage to Care Data	Baseline to be developed	N/a	N/a	85% (NHAS target)	See above		Included as an activity in the Special Populations Strategy
Homeless	Data source to be identified	Baseline to be developed	N/a	N/a	85% (NHAS target)	See above		Included as an activity in the Special Populations Strategy
Incarcerated in Jail	The Resource Group	100% (2010)	N/a	N/a	Maintain =100% (local target)	See above, plus <sup>4</sup> RI 6, Goal 3		Harris County Jail only
Recently Released from Jail	The Resource Group	62.0% (2010)	N/a	N/a	85% (NHAS target)	See above, plus <sup>4</sup> RI 6, Goal 3		Harris County Jail only
Incarcerated and Recently Released from Prison	DSHS Linkage to Care Data	Baseline to be developed	N/a	N/a	85% (NHAS target)	See above, plus <sup>4</sup> RI 6, Goal 3		Included as an activity in the Special Populations Strategy
IDU	DSHS Linkage to Care Data	51.1% (2010)	N/a	N/a	85% (NHAS target)	See above		Region is EMA IDU only (not MSM/IDU) MSM/IDU=58.1%
MSM	DSHS Linkage to Care Data	65.2% (2010)	N/a	N/a	85% (NHAS target)	See above		Region is EMA MSM only (not MSM/IDU) MSM/IDU=58.1%
Transgender	DSHS Linkage to Care Data	Baseline to be developed	N/a	N/a	85% (NHAS target)	See above		Included as an activity in the Special Populations Strategy
❖ BENCHMARK 2.2: Percentage of PLWHA diagnosed but not in care (Unmet Need Analysis) within each special population:						N/a		Includes HIV/AIDS Region is EMA
Adolescents (13-17)	DSHS Unmet Need Analysis	Baseline to be developed	Target to be developed	Target to be developed	Target to be developed	N/a		Included as an activity in the Special Populations Strategy
Homeless	DSHS Unmet Need Analysis	Baseline to be developed	Target to be developed	Target to be developed	Target to be developed	N/a		Included as an activity in the Special Populations Strategy
Incarcerated or Recently Released from Jail/Prison	DSHS Unmet Need Analysis	Baseline to be developed	Target to be developed	Target to be developed	Target to be developed	N/a		Included as an activity in the Special Populations Strategy
IDU	DSHS Unmet Need Analysis	37.6% (2010)	↓1.7% =35.9% (local target)	↓1.7% =34.2% (local target)	↓1.7% =32.5% (local target)	N/a		IDU only (not MSM/IDU) MSM/IDU=36.7% Target based on available historical data (2008=41%; 2009=48%)

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment <sup>1</sup> NHAS <sup>2</sup> HP2020 <sup>3</sup> DHAP <sup>4</sup> ECHPP	Notes
MSM	DSHS Unmet Need Analysis	33.7% (2010)	Maintain =33.7% (local target)	Maintain =33.7% (local target)	Maintain =33.7% (local target)	N/a	Region is EMA MSM only (not MSM/IDU) MSM/IDU=36.7% Target based on available historical data (2008=33.2%; 2009=41%)
Transgender	DSHS Unmet Need Analysis	Baseline to be developed	Target to be developed	Target to be developed	Target to be developed	N/a	Included as an activity in the Special Populations Strategy
<b>GOAL 3: Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System</b>						<sup>1</sup> Goal 3 <sup>3</sup> Goal C	
❖ BENCHMARK 3.1: Percentage of HIV prevention and care frontline staff receiving annual cultural competence training	Ryan White Grant Administration; HDHHS	100% (2011)	Maintain =100% (local target)	Maintain =100% (local target)	Maintain =100% (local target)	N/a	To be confirmed by annual contractor audits; and training records, respectively

**WORKGROUP:** Coordination of Effort

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment <sup>1</sup> NHAS <sup>2</sup> HP2020 <sup>3</sup> DHAP <sup>4</sup> ECHPP	Notes
<b>Goal 1: Increase Awareness of HIV among all Greater Houston Area Health and Human Services Providers</b>						<sup>1</sup> Goal <sup>2</sup> HIV <sup>3</sup> Goal <sup>4</sup> RI 2, 5, 24	
❖ BENCHMARK 1.1: Number of non-affiliated/non-ASOs serving as members of the Ryan White Planning Council	RWPC/OS	Baseline pending (2012)	Increase (local target)	Increase (local target)	Increase (local target)	<sup>1</sup> Goal 4	
❖ BENCHMARK 1.2: Number of non-affiliated/non-ASOs requesting information about HIV services	RWPC/OS	42 (2011)	Increase (local target)	Increase (local target)	Increase (local target)	<sup>1</sup> Goal 4	Measured as number of non-ASOs requesting Houston Area HIV/AIDS Resource Guide via in-office tracking sheets or website requests
<b>Goal 2: Increase the Availability of HIV Prevention and Care Providers</b>						<sup>1</sup> Goal 2 <sup>2</sup> HIV-16 <sup>3</sup> Goal D <sup>4</sup> RI 2, 5	
❖ BENCHMARK 2.1: Number of agencies listed in Houston Area HIV/AIDS Resource Guide	RWPC/OS	187 (2010-2011)	N/a	N/a	Maintain =187 (local target)	<sup>1</sup> Goal 4	
<b>Goal 3: Reduce Barriers to HIV Prevention and Care</b>						<sup>1</sup> Goal 2 <sup>2</sup> HIV-10, 13, 14 <sup>3</sup> Goal A, B <sup>4</sup> RI 1, 2, 3, 5, 6, 7	
❖ BENCHMARK 3.1: Number of reports of barriers to Ryan White Core Medical Services	Needs Assessment	1,397 (2011)	N/a	N/a	↓27.2% =1,017 (local target)	<sup>1</sup> Goal 2	Target based on available historical data (2008=1,919)
❖ BENCHMARK 3.2: Number of reports of barriers to Ryan White Supportive Services	Needs Assessment	2,151 (2011)	N/a	N/a	↓12.7% =1,878 (local target)	<sup>1</sup> Goal 2	Target based on available historical data (2008=2,463)

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment		Notes
						<sup>1</sup> NHAS <sup>2</sup> HP2020	<sup>3</sup> DHAP <sup>4</sup> ECHPP	
<b>Goal 4: Partner to Address Co-Occurring Public Health Problems that Inhibit Access to HIV Services</b>						<sup>1</sup> Goal 2 <sup>2</sup> HIV-16 <sup>4</sup> RI 10, 14, 20, 22, 23		
❖ <b>Current</b> BENCHMARK 4.1: Percentage of PLWHA reporting an indication of alcohol abuse	Needs Assessment	36% (2011)	N/a	N/a	↓5.3% =34.1% (local target)	<sup>4</sup> RI 14, Goal 1; RI 23, Goal 1, 2	Target based on available historical data (2008=38%)	
❖ <b>Proposed</b> BENCHMARK 4.1: Number of reports of barriers to Ryan White-Substance Abuse Treatment		58 (2011)	N/a	N/a	↓43.7% =32 (local target)		Target based on available historical data (2008=103)	
❖ <b>Current</b> BENCHMARK 4.2: Percentage of PLWHA reporting an indication of drug abuse	Needs Assessment	25% (2011)	N/a	N/a	↓21.8% =19.5% (local target)	<sup>4</sup> RI 14, Goal 1	Target based on available historical data (2008=32%)	
❖ <b>Proposed</b> BENCHMARK 4.2: Number of reports of barriers to Ryan White-Substance Abuse		58 (2011)	N/a	N/a	↓43.7% =32 (local target)		Target based on available historical data (2008=103)	
❖ <b>Current</b> BENCHMARK 4.3: Percentage of PLWHA reporting at least one mental health condition within the past 30 days	Needs Assessment	63% (2011)	N/a	N/a	Maintain =63% (local target)	<sup>4</sup> RI 14, Goal 1	Target based on available historical data (2008=59%)	
❖ <b>Proposed</b> BENCHMARK 4.3: Number of reports of barriers to Ryan White-Mental Health Counseling		117 (2011)	N/a	N/a	↓27.3% =85 (local target)		Target based on available historical data (2008=161)	
❖ BENCHMARK 4.4: Percentage of PLWHA reporting housing instability	Needs Assessment	28% (2011)	N/a	N/a	Maintain =28% (local target)	<sup>1</sup> Target 6	Target based on current resources and planning	
❖ BENCHMARK 4.5: Percentage of PLWHA reporting seeking no medical care due to inability to pay	Needs Assessment	8% (2011)	N/a	N/a	Maintain =8% (local target)	N/a	Target based on available historical data (2008=5%)	

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment <sup>1</sup> NHAS <sup>2</sup> HP2020 <sup>3</sup> DHAP <sup>4</sup> ECHPP	Notes
<b>Goal 5: Prepare for State and National-Level Changes in the Health Care System</b>						<sup>1</sup> Goal 2 <sup>4</sup> RI 5	
❖ <b>BENCHMARK 5.1:</b> Number of individuals working for AIDS-service organizations who receive training on health insurance reform	The Resource Group	200 (2011)	Maintain =200 (local target)	Maintain =200 (local target)	Maintain =200 (local target)	N/a	Region is HSDA Training is defined as receiving presentation developed by Bristol-Myers Squibb
❖ <b>BENCHMARK 5.2:</b> Percentage of Ryan White HIV/AIDS Program clients with Medicaid enrollment	CPCDMS	16.7% (2011)	N/a	N/a	Track only	N/a	Part A clients only Numerator=number enrolled in Medicaid at time of last Part A eligibility update (1,866) Denominator=Clients that received Ryan White services in 2011 (11,183)

**System Objectives**

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment		Notes
						<sup>1</sup> NHAS <sup>2</sup> HP2020	<sup>3</sup> DHAP <sup>4</sup> ECHPP	
❖ BENCHMARK 1: Number of new HIV infections	DSHS eHARS (2011 Epi-Profile)	1,029 (2008)	N/a	N/a	↓25% =771 (NHAS target)	<sup>1</sup> Target 1 <sup>2</sup> HIV-1, 2 <sup>3</sup> Goal A, Obj. 1 <sup>4</sup> RI 18, Goal 1		Region is HSDA
❖ BENCHMARK 2: Percentage of HIV+ individuals tested through traditional HIV testing who are informed of their HIV+ status	DSHS HIV Testing & Awareness Data	92.9% (2010)	N/a	N/a	Maintain =93.0% (local target)	<sup>1</sup> Target 3 <sup>2</sup> HIV-13 <sup>3</sup> Goal A, Obj. 2 <sup>4</sup> RI 1, Goal 1 (↑25%); RI 2, Goal 1 (↑25%)		Region is EMA Target exceeds NHAS goal of 90%
❖ BENCHMARK 3: Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis	DSHS Linkage to Care Data	65.1% (2010)	N/a	N/a	85% (NHAS target)	<sup>1</sup> Target 4 <sup>3</sup> Goal B, Obj. 2 <sup>4</sup> RI 1, Goal 2; RI 6, Goal 1; RI 12, Goal 1; RI 19, Goal 3		Region is EMA
❖ BENCHMARK 4: Percentage of new HIV diagnoses with an AIDS diagnosis within one year	TDSHS eHARS (2011 Epi-Profile)	36.0% (2003-2009)	N/a	N/a	↓25% =27.0% (DHAP target)	<sup>2</sup> HIV-9 <sup>3</sup> Goal A, Obj. 3 <sup>4</sup> RI 1, Goal 2; RI 6, Goal 1; RI 12, Goal 1; RI 19, Goal 3		Region is EMA
❖ BENCHMARK 5: Proportion of Ryan White HIV/AIDS Program clients who are in continuous care (≥2 visits for routine HIV medical care in 12 months ≥3 months apart)	CPCDMS	78% (2011)	N/a	N/a	80% (NHAS target)	<sup>1</sup> Target 5 <sup>4</sup> RI 7, Goal 1		Part A clients only Does not include clients newly enrolled in care during the 12 month timeframe
❖ BENCHMARK 6: Percentage of PLWHA diagnosed but not in care (Unmet Need Analysis)	DSHS Unmet Need Trend Analysis	30.1% (2010)	↓0.8% =29.3% (local target)*	↓0.8% =28.5% (local target)*	↓0.8% =27.7% (local target)*	N/a		Region is EMA *Proposed targets only based on available historical data (2008=31.6%; 2009=31.8%). Final targets will use actuals post-annual data cleaning
❖ BENCHMARK 7: Proportion of Ryan White HIV/AIDS Program clients with undetectable viral load	CPCDMS Report	58.0% (2011)	N/a	N/a	↑10% =63.8% (DHAP target)	<sup>1</sup> Targets 7-9 (↑20% for specific groups) <sup>3</sup> Goal B, Obj. 3; Goal C, Objs. 1-3 (↑20% for specific groups) <sup>4</sup> RI 8, Goal 1, 2; RI 9, Goal 1		Part A clients only

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	Proposed Target (2012)	Proposed Target (2013)	Proposed Target (2014)	Alignment		Notes
						<sup>1</sup> NHAS <sup>2</sup> HP2020	<sup>3</sup> DHAP <sup>4</sup> ECHPP	
❖ BENCHMARK 8.1: Percentage of PLWHA reporting an indication of alcohol abuse	Needs Assessment	36% (2011)	N/a	N/a	↓5.3% =34.1% (local target)	<sup>4</sup> RI 14, Goal 1; RI 23, Goal 1, 2		Target based on available historical data (2008=38%)
❖ BENCHMARK 8.2: Percentage of PLWHA reporting an indication of drug abuse	Needs Assessment	25% (2011)	N/a	N/a	↓21.8% =19.5% (local target)	<sup>4</sup> RI 14, Goal 1		Target based on available historical data (2008=32%)
❖ BENCHMARK 8.3: Percentage of PLWHA reporting at least one mental health condition within the past 30 days	Needs Assessment	63% (2011)	N/a	N/a	Maintain =63% (local target)	<sup>4</sup> RI 14, Goal 1		Target based on available historical data (2008=59%)
❖ BENCHMARK 8.4: Percentage of PLWHA reporting housing instability	Needs Assessment	28% (2011)	N/a	N/a	Maintain =28% (local target)	<sup>1</sup> Target 6		Target based on current resources and planning
❖ BENCHMARK 8.5: Percentage of PLWHA reporting seeking no medical care due to inability to pay	Needs Assessment	8% (2011)	N/a	N/a	Maintain =8% (local target)	N/a		Target based on available historical data (2008=5%)

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**2012 Houston Area Comprehensive HIV Prevention and Care Services Plan**  
**WORKING OUTLINE At-A-Glance**

- I. Opening Sections  
Acknowledgments, Letters of Concurrence, and Table of Contents. *Profiles* included throughout the document.
  
- II. Introduction  
The purpose of this section is to describe the broader social and community context in which the 2012 Comprehensive Plan was developed and will be implemented, including background on the Houston Area and various considerations made during the planning process for changes occurring at the local, state, and national levels.
  - A. Who We Are: The Greater Houston Area Community
  - B. Where We've been: Houston's Response to the HIV Epidemic
  - C. Where We're Going: The New Landscape for HIV Prevention and Care
  
- III. Engagement Plan: The Process for Developing the 2012 Comprehensive Plan  
The purpose of this section is to describe the process that was undertaken to develop the 2012 Comprehensive Plan including methods used to ensure extensive collaboration and consultation with PLWHA, consumers, and community members. It also describes the strategies used to engage and retain previous and new partnering agencies and to ensure synergy with other community planning efforts.
  - A. Design of the Process (Creating A "Plan for Planning") and Determining Who to Engage
  - B. Partner Recruitment, Engagement, and Retention in the Process
  - C. Ensuring Participation by PLWHA, Consumers, and Community Members
  - D. Plan Development and the Use of Working Groups
  - E. Synergy with HIV Prevention and HIV Care Planning Bodies
  - F. Synergy with Other Local, Regional, State, and National HIV Initiatives and Plans
  
- IV. Executive Summary
  
- V. Where Are We Now?  
The purpose of this section is to describe the current state of HIV in the Houston Area, including local trends in HIV/AIDS epidemiology and service-delivery as well as needs, gaps, and barriers to HIV prevention and care. It also provides an overview of the current system of HIV prevention and care service-delivery in the Houston Area and summarizes progress made in the time since the 2009 Comprehensive Plan.
  - A. HIV/AIDS in the Houston Area (2011 Epi Profile)
  - B. The Houston Area Continuum of HIV Prevention and Care
  - C. Needs, Gaps, and Barriers
  - D. Evaluation of the 2009 Comprehensive HIV Services Plan
  
- VI. Where Do We Need to Go?  
The purpose of this section is to describe the community's vision for an ideal, high quality, comprehensive continuum of HIV prevention and care services and to outline the overarching goals, solutions, and other elements that shape this ideal system.
  - A. Our Approach: *Sustain, Scale-Up, Shift, and Shore-Up*
  - B. "A Living Document"
  - C. The Foundation: *Vision, Mission, and Guiding Principles*

- D. Overarching Community Concerns, or the “Problem Statement”
- E. Cross Cutting Community Solutions, or the Local “Best Practices”
- F. System Goals
- G. Priority Populations
- H. System Objectives
- I. Dashboard

VII. How Will We Get There?

The purpose of this section is to describe the specific strategies, activities, and efforts needed to achieve the specified goals and solutions for an ideal system of HIV prevention and care in the Houston Area.

- A. Our Structure: *The Four Cornerstones*
- B. Strategies for Achieving an Ideal System
  1. Prevention and Early Identification
  2. Closing Gaps in Care and Reaching the Out-of-Care
  3. Meeting the Needs of Special Populations
  4. Coordination of Effort

VIII. How Will We Monitor Progress?

The purpose of this section is to describe the methods and/or means by which success will be measured and progress in achieving goals will be monitored. It also outlines plans for improved data collection and the use of data as well as for expanding the HIV prevention and care knowledge base in the community.

- A. Evaluation Plan
- B. Monitoring Plan
- C. Data Collection Goals
- D. Improved Use of Client Level Data
- E. Use of Data in Monitoring Service Utilization
- F. Measurement of Clinical Outcomes and Quality Assurance
- G. Determining Scalability

IX. How the Plan Aligns

The purpose of this section is to describe how the 2012 Comprehensive Plan responds to other local, regional, state, and national initiatives and plans.

- A. Approach to Alignment
- B. Alignment Discussions
  1. The National HIV/AIDS Strategy
  2. CDC Division of HIV/AIDS Prevention Strategic Plan & High-Impact HIV Prevention
  3. Healthy People 2020
  4. Affordable Care Act
  5. Statewide Coordinated Statement of Need/Texas Jurisdictional Plan
  6. Texas HIV/STD Prevention Plan
  7. Enhanced Comprehensive HIV Prevention Planning (ECHPP)
  8. Early Identification of Individuals with HIV/AIDS (EIIHA)

X. Attachments

- A. Executive Map of the Plan
- B. Detail of Goals, Benchmarks, and Targets
- C. Implementation Plan
- D. Pull-Out: *How to Use the Plan*
- E. References



**The 2009  
Comprehensive HIV Services Plan  
for the Houston Area**

*Through December 31, 2011*

*Effective January 1, 2009*

## Section IV

# HOW WILL WE MONITOR OUR PROGRESS?

## CHAPTER 9: IMPLEMENTATION, MONITORING & EVALUATION

### Improving Client Level Data

The Houston area is fortunate to have an effective client-level tracking system in place that manages and produces client level data for planning purposes.

The Centralized Patient Care Data Management System (CPCDMS) is an encrypted, real-time, de-identified client-level database that links all Houston area Ryan White Part A, B, C and SPNS-funded agencies, as well as other local HIV/AIDS services providers, together via the Internet. Providers access the CPCDMS through their Web browser and enter registration, encounter and medical update information for each client, including demographic, co-morbidity, biological marker, service utilization, outcomes survey and assessment data.

### Using Data for Evaluation

Measure	Data Source
Local HIV/AIDS epidemiological data	Surveillance reports
Local care & prevention needs	Needs Assessments
Provider capacity and resources	Resource Inventories
Legislative, regulatory, and/or treatment guidelines	Federal resources
Quality of care	Standards of Care
Project Monitoring	Quality Management

### Quality of Care

Since FY 1999, the Evaluation and Quality Management Section of the Ryan White Grant Administration has facilitated annual work groups composed of Ryan White Planning Council members, service providers, consumers and subject experts to review and revise standards of care for each funded service category. These local standards are derived from U.S. Public Health Service guidelines as well as other relevant industry standards and federal, state and local licensing requirements. Measurement thresholds are set at 100%.

### Project Monitoring

The Project Monitoring Team of the Ryan White Grant Administration (RWGA) ensures:

- Coordination and implementation of programmatic monitoring processes for Ryan White Part A funded service providers.
- Provision of on-going technical assistance to providers.

- Development and implementation of Site Visit Guidelines, client grievances/complaints procedures and technical assistance tools.
- The integrity of data in the CPCDMS.
- Timely resolution of consumer concerns/complaints involving Ryan White Part A-funded services.

The Resource Group, as the Administrative Agent/Grantee for Ryan White Program Parts B and C (Urban), performs Quality Compliance Reviews on each of its Subgrantees at least annually. Quality Compliance Reviews are designed to verify the Subgrantee's observance of applicable rules and regulations for the funded service(s). Quality Compliance Reviews focus on issues of clinical, consumer involvement, data management, fiscal, programmatic and quality management issues.

Additionally, The Resource Group provides technical assistance to its Subgrantees. The Resource Group provides technical assistance proactively based on issues identified during Quality Compliance Reviews, issues identified through the joint committees of the Ryan White Planning Council, changes in requirements from the Department of State Health Services, etc. Subgrantees may also request technical assistance from The Resource Group.

### **Quality Management**

The Ryan White Grant Administration (RWGA) has established a comprehensive clinical quality management (CQM) program in order to identify needs and gaps in services and to ensure that quality services are delivered to clients. The Houston EMA uses CQM data to evaluate programs, identify which service categories to fund and to administer the Part A grant. The EMA's CQM program includes the development of a CQM plan, establishment of processes that ensure services are provided in accordance with Health and Human Services (HHS) treatment guidelines, standards of care (SOC) and the inclusion of quality-related expectations into Request for Proposals (RFP) and contracts.

CQM plan components include the following:

- Mission, Vision & Goals
- Framework for the Quality Management Program
- Commitment of staff resources
- Ryan White Grant Administration Clinical Quality Management Committee
- Ryan White Planning Council (RWPC) Quality Assurance (QA) Committee

Mission, Vision and Goals - The Quality Management program is a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to PLWHA throughout the EMA. RWGA will develop strategies to ensure that the delivery of services to all Ryan White Program eligible PLWHA is equitable and adheres to the most recent Health and Human Services (HHS) treatment guidelines and clinical practice standards. The overarching goals of the CQM program include the

establishment of a QM infrastructure within RWGA that supports QM programs at subcontractor agencies and the utilization of measurement systems including consumer input that enhance multidisciplinary data driven CQM projects resulting in improved health outcomes.

Framework of the Quality Management Program - Continuous Quality Improvement (CQI) refers to a management process or “approach to the continuous study and improvement of processes or providing health care services to meet the needs of individuals and others (Joint Commission, Glossary CAMH).” The CQI process includes Quality Planning, Quality Control/Measurement, and Quality Improvement. Each of these components is incorporated into the Houston EMA’s approach to CQM and facilitates the primary goal of improving health outcomes and quality of life for PLWHA.

Commitment of staff resources - Two full-time Grantee staff positions oversee the implementation of the CQM program. Both staff have completed the National Quality Center (NQC) Training of Trainers (TOT) CQM curriculum.

Ryan White Grant Administration Clinical Quality Management Committee - In February 2007, RWGA received QM TA from the NQC as part of the continuous effort to strengthen the Houston EMA QM program. The TA included comprehensive assessment of the QM program. Following recommendations from the NQC consultant, the RWGA QM section instituted cross-agency multidisciplinary CQM committee, distinct from the Ryan White Planning Council Quality Assurance (QA) Committee, in February 2008. The CQM committee meets quarterly. The core function of the committee is to assist the RWGA QM section in the development, implementation and evaluation of the Houston EMA QM plan. The CQM Committee also provides technical input into the development of HIV care services SOC, planning for educational activities for subcontractors and consumers and the development of various assessment and chart review tools

Ryan White Planning Council (RWPC) Quality Assurance (QA) Committee - This formalized information loop between the administrative agency and the Planning Council ensures that Council members have the CQM data they need when prioritizing services and allocating resources. This RWPC committee is one means by which RWGA staff members provide CQM and clinical chart review data, outcomes evaluation, SOC and client satisfaction measurement activities to the RWPC. All annual chart review and client satisfaction survey reports, semi-annual outcomes reports and SOC revisions are presented to the QA committee at appropriate intervals during the grant year. Committee members then evaluate and share the information with the entire Planning Council, which in turn uses the data to evaluate funded services and make decisions during its annual, community-wide How to Best Meet the Needs (HTBMTN) process.

### **Internal Processes for Monitoring the CQM Plan**

At the beginning of each grant year, RWGA QM Section team members collaborate with the RWPC’s Office of Support and QA Committee to establish a timeline for collecting, reporting and analyzing CQM data. These timelines are incorporated into the QM Plan.

RWGA reports on the results of all CQM activities to the CQM committee members as needed, and to service subcontractors and Council members semi-annually. Report due dates and deliverables are specified in the Memorandum of Understanding between RWGA and the Planning Council, thereby ensuring the Grantee is accountable for producing the reports in a timely manner. CQM committee and staff, and the Manager of RWGA ensure that the timeline is followed and that accurate, useful data is presented.

### **Standards of Care and Outcome Measures**

Each year, RWGA facilitates workgroups composed of RWPC members, service subcontractors, consumers and subject experts to review and revise the SOC and outcome measures for each funded service category. This process was enhanced in FY 2008. The CQM committee members comprised of physicians and other experts from various disciplines perform the initial review providing technical input prior to the workgroups review sessions. Local standards are derived from HHS guidelines as well as other relevant industry standards and federal, state and local licensing requirements. The EMA's comprehensive evaluation program, initiated in FY 2001, tracks key indicators for client outcomes, with most thresholds set at 75%. Outcomes and indicators to be measured are reviewed and revised each year. RWGA regularly monitors the EMA's data collection system to make sure service subcontractors are entering their outcomes data as required by their Part A contracts. Regular site monitoring visits are conducted by RWGA at all subcontractors to ensure compliance with the standards of care. The Houston EMA's Standards of Care and Outcome Measures may be viewed at <http://www.hcphe.org/rwga/standards>.

### **Annual Clinical Chart Reviews**

Chart review results are used to assist in the development of agency specific CQM plans. Subcontractors also review the results from their chart reviews and identify areas of care in need of improvement. Subcontractors develop CQM plans to address the identified areas.

### **The Centralized Patient Care Data Management System (CPCDMS)**

The CPCDMS is a real-time, de-identified, client-level database that links service subcontractors together through the Internet. Providers enter registration, encounter and medical update information for each client, including demographic, co-morbidity, biological marker, service utilization, outcomes survey and assessment data. Using this information, RWGA is continually developing reports that summarize trends in client demographics, service utilization and outcomes.

### **Client Satisfaction**

In FY 2002 RWGA developed and implemented a methodology for measuring client satisfaction that is consistent across all Part A and MAI-funded service categories. This methodology employs the use of a self-administered survey tool with questions that address the service, the subcontractor and the Ryan White continuum of care as a whole. For FY 2008, in addition to the paper-based surveys, clients also have the ability to complete the client satisfaction survey online. This web-based client satisfaction

process augments the annual paper-based survey method and provides consumers with the opportunity to submit “real time” client satisfaction input year round, either through computer kiosks located at subcontractor sites, or via the Internet through an off-site personal computer, at home, at public libraries and elsewhere.

RWGA QM staffs also conduct focus groups with consumers at each Part A and MAI-funded primary medical care subcontractor. Focus group participants are invited to share their opinions and concerns regarding a number of topics.

### **Inclusion of Provisions in Subcontracts and RFP Language**

Subcontractors must describe their internal quality improvement programs and activities in RFP submissions. Reimbursements may be withheld if subcontractors do not comply with required CQM activities or if outcomes evaluation and other data are not submitted as required.

### **Agency-Level CQM Program Development**

The goal of agency-level CQM program development is to formalize a structured, system-wide approach for planning, implementing and evaluating quality improvement efforts among Part A and MAI-funded subcontractors. The Houston EMA’s CQM program includes training and support for the development of agency-level CQM programs and quality improvement goals. Each subcontractor must submit an annual CQM plan to RWGA. The plan must include applicable EMA-wide performance measures selected for improvement based on chart review results and outcomes evaluation data. Providers are also required to evaluate their service delivery systems and processes to identify areas for improvement and include performance measures for those areas as well in the CQM plan. Quarterly updates are required and must include the results of the subcontractor’s internal data collection activities. RWGA provides technical support and guidance to the subcontractors as they develop and update their CQM plans.

### **Ongoing Evaluation and Addressing Areas for Improvement**

In FY 2006, RWGA expanded its CQM program to include the facilitation of regularly scheduled case management workgroup meetings. The goal of the workgroups, which met monthly, was to ensure subcontractor input in the improvement process, and to standardize CQM efforts where it is feasible. Through the workgroup’s efforts standardized comprehensive assessments and corresponding services plan documents for each of the EMA’s three case management interventions (Medical, Clinical and Non-Medical/Service Linkage) were developed and implemented. Additionally, a case management clinical chart review tool has been developed and is pending implementation. During the FY 2008 QM planning process, the RWGA CQM committee determined areas needing improvement from chart review findings, outcomes data reports and professional guidelines, and incorporated these into performance goals for the grant year. RWGA facilitated CQM committee meetings in FY 2008 to develop standardized medication adherence assessment tools and revise existing case management assessment tools to reflect current guidelines and SOC.

## **Measuring Clinical Outcomes**

### **Outcomes Evaluation**

Outcomes are measured by the Harris County Ryan White Grants Administration Department using an established set of process and clinical outcome measures. Members of planning bodies participate in the review of these outcome measures on a bi-annual basis.

In addition to these system goals and objectives, system and client outcomes can be measured to determine their effectiveness. Several client outcomes can be inferred from the goals and objectives above. These address the needs of all of the consumers within the continuum of care. They include: 1) preventing persons from becoming HIV positive; 2) preventing persons from progressing from HIV to AIDS; 3) improving or maintaining health status of PLWA; 4) sustaining or improving the quality of life of PLWA; 5) providing a dignified death to those who are at the end-stage of AIDS; and 6) providing appropriate linkages between services.

In FY 2001 the Evaluation and Quality Management Section of Ryan White Grant Administration implemented comprehensive outcomes evaluation for all funded service categories. Examples of outcomes measured in the Houston EMA include:

- Health outcomes such as changes in CD4+ counts, viral load tests and stage of illness
- KAP (knowledge, attitudes and practices) outcomes such as changes in service utilization rates and adherence to drug treatment regimens
- Cost-effectiveness outcomes such as fewer days of HIV-related hospitalization
- Quality of life outcomes such as increased ability to perform activities of daily living

Client-level outcomes and indicators are tailored to the goals and objectives of each service category. Data collection methods include the CPCDMS, self-administered pre- and post-tests and standardized provider assessments.

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**2012 Houston Area Comprehensive HIV Prevention and Care Services Plan**  
**Section VIII: How Will We Monitor Progress?**  
**WORKING OUTLINE**

Section Guidance/HRSA

- *Summary: The purpose of this section is to describe the methods and/or means by which progress in achieving goals and meeting challenges will be monitored.*
  - A. Describe the plan to monitor and evaluate progress in achieving proposed goals and identified challenges. The plan should also describe how the impact of the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative will be assessed. A timeline for implementing the monitoring and evaluation process should be clearly stated. The monitoring and evaluation plan should describe a process for tracking changes in a variety of areas with a focus on the following:
    1. Improved use of Ryan White client level data
    2. Use of data in monitoring service utilization
    3. Measurement of clinical outcomes

I. Introduction: “An Emphasis on Measurement in the 2012 Plan”

- a. Summary of federal guidance regarding evaluation and monitoring
- b. Lessons learned from the evaluation of the 2009 Comprehensive Plan regarding measurability
- c. Methods used to infuse measurement into the 2012 Comprehensive Plan:

- The Evaluation Workgroup
- System-level benchmarking and dashboard
- Strategy-level benchmarking
- Inventories
- Ongoing data collection and review

II. Data Collection and Comprehensive HIV Planning

- a. Summary of ongoing data collection and analysis activities for the EMA/HSDA

III. Evaluation Plan

- a. Goal:

- b. Methods:

IV. Monitoring Plan

a. Goal:

b. Methods:

V. Data Collection Goals

a. Compilation of proposed data collection activities

VI. Special Topics in Evaluation and Monitoring

a. Use of client level data in the Houston Area

- Description of client level data utilization in HIV prevention and care:

HIV surveillance (eHARS)  
Disease investigation (DIS)  
Self-administered client risk assessment  
CPCDMS and Aries

- Plans for improvements in the use of client level data:

ECLIPS and interface with CPCDMS

b. Monitoring services and service utilization

- i. Description of the Ryan White HIV/AIDS Program Clinical Quality Management (CQM) program (Part A, Part B)

- ii. Description of HIV prevention project monitoring and/or quality management program (if needed)
- c. Measurement of clinical outcomes
  - i. Description of the Ryan White HIV/AIDS Program:
    - Standards of Care (Part A/B)
    - Outcome Measures (Part A/B)
    - Other (e.g., HAB measures)
  - ii. Description of HIV prevention performance measures (if needed)
- d. Plans for determining scalability of HIV prevention services

VII. Assessing the 2012 Comprehensive Planning Process

- a. Goal:

- b. Methods:

Attachments

- *System Alignment*: Matrix of System Goals, Objectives, and Alignment with Key National and Local Initiatives and Plans
- *Benchmarking*: Matrix of Goals and Measures with Baselines, Targets, and Data Sources, By Strategy
- *Implementation Plan*: Activities, Rationale, Timelines, and Responsible Parties, By Strategy