DRAFT

2017-2021 Comprehensive Plan for HIV Prevention and Care Services

Evaluation Workgroup

3:00 p.m., Wednesday, October 14, 2020

Meeting Location: Online or via phone – Please do not come in person
Join Zoom Meeting by clicking on this link: *https://us02web.zoom.us/j/83066500277*
Meeting ID: 830 6650 0277
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AGENDA

Goal of Today's Meeting:
Continue evaluation of Year 3 (2019) Comprehensive Plan implementation

I. Call to Order   Nick Sloop and Steven Vargas,
  A. Welcome and Introductions   Co-Chairs
  B. Moment of Reflection
  C. Adoption of the Agenda
  D. Approval of the Minutes

II. Review Year 3 (2019) Comprehensive Plan Implementation   Amber Harbolt, Health
  A. Develop Year 3 Evaluation Conclusions   Planner, Office of Support
    1. Review Objective and Benchmark Measures

III. Next Meeting   Nick Sloop and Steven Vargas,
  A. Mon. 10/19 @ 2:30p – Any remaining evaluation activities   Co-Chairs
    1. May be cancelled if all activities are completed on 10/12 and 10/14

IV. Announcements

V. Adjourn

2019 Comprehensive Plan Objectives & Benchmarks

System Objective Evaluation Tool

Objective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ OBJECTIVE 1: Number of new HIV diagnoses in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,157	1,350 (2018)	✖ Not met	↓ at least 25% to ≤1004 (NHAS target)	Region is EMA
❖ OBJECTIVE 2: Percentage of newly diagnosed individuals identified through *targeted* HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	97.2% (2015)	97.2%	90.4% (2018)	Pending request	Maintain or increase ≥97.2% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal; ==TDSHS only, HHD not reflected==
❖ OBJECTIVE 3: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	77.4%	60% (2018)	✖ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ OBJECTIVE 4.1: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	TDSHS Late Diagnoses Data	25.9% (2014)	22.0%	23% (2017)	✖ Not met	↓ at least 25% =19.4% (DHAP target)	Region is EMA
❖ OBJECTIVE 4.2: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year among Hispanic/Latino men age 35 and up	TDSHS Late Diagnoses Data	36% (2014)	30.6%	HL: 29.7% Male: 23.9% 35+: 13.1% (2017)	✔ Met	↓ at least 25% = 27% (local target)	Region is EMA
❖ OBJECTIVE 5: Percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart)	CPCDMS	75.0% (2014)	84%	74.8% (2019)	✖ Not met	↑ to at least 90% (NHAS target)	
❖ OBJECTIVE 6: Percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period)	TDSHS Retention Data	61% (2014)	78.4%	68% (2018)	✖ Not met	↑ to at least 90% (NHAS target)	Region is EMA
❖ OBJECTIVE 7: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	77.4% (2019)	✖ Not met	Maintain or increase ≥80.4% (local target)	
❖ OBJECTIVE 8: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	70%	59% (2018)	✖ Not met	↑ to at least 80% (NHAS target)	Region is EMA
❖ OBJECTIVE 9: Number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education each year	HHD	2,822 (2017)	≥2000		Pending request	≥2000 (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e. DIS and SLWs) and HHD-funded contractors

Prevention and Early Identification Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV diagnoses in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,157	1,350 (2018)	✖ Not met	↓ at least 25% to ≤1004 (NHAS target)	Region is EMA
❖ BENCHMARK 2: Number of HIV/STD brochures distributed	HHD	88,700 (2014)	88,700		Pending request	Maintain =88,700 (local target)	Region is Houston/Harris County
❖ BENCHMARK 3: Number of publicly-funded targeted and routine HIV tests							Region is Houston/Harris County for HHD; EMA for TDSHS
Number of publicly-funded *targeted* HIV tests	HHD, TDSHS HIV Testing & Awareness Data	10,109 (2015)	10,109	6,805 (2018)	Pending request	Maintain = 10,109 (local target)	TDSHS only, HHD not reflected
Number of publicly-funded *routine* HIV tests	HHD, TDSHS HIV Testing & Awareness Data	117,610 (2015)	117,610	98,429 (2018)	Pending request	Maintain = 117,610 (local target)	TDSHS only, HHD not reflected
❖ BENCHMARK 4: New diagnoses positivity rate for publicly-funded *targeted* HIV testing	HHD, TDSHS HIV Testing & Awareness Data	1.76% (2015)	1.76%	1.54% (2018)	✖ Not met	Maintain = 1.76% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS;
❖ BENCHMARK 5: Percentage of newly diagnosed individuals identified through *targeted* HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	97.2% (2015)	97.2%	90.4% (2018)	Pending request	Maintain or increase ≥97.2% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal TDSHS only, HHD not reflected

Prevention and Early Identification Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 6: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	TDSHS Late Diagnoses Data	25.9% (2014)	22.0%	23% (2017)	✖ Not met	↓ at least 25% =19.4% (DHAP target)	Region is EMA
❖ BENCHMARK 7: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	77.4%	60% (2018)	✖ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ BENCHMARK 8: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	77.4% (2019)	✖ Not met	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 9: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	59% (2018)	✖ Not met	↑ to at least 80% (NHAS target)	Region is EMA
❖ BENCHMARK 10: Number of new HIV diagnoses in high HIV/STD morbidity zip codes targeted for intervention							
Sharpstown (77036 and 77074)	HHD, eHARS	56 (2014)	48		Pending request	↓25% =42 (NHAS target)	
Sunnyside/South Park (77033 and 77051)	HHD, eHARS	34 (2014)	29		Pending request	↓25% =26 (NHAS target)	
Greater 5th Ward (77020 and 77026)	HHD, eHARS	28 (2014)	24		Pending request	↓25% =21 (NHAS target)	
Acres Home (77088 and 77091)	HHD, eHARS	32 (2014)	27		Pending request	↓25% =24 (NHAS target)	
Montrose (77006)	HHD, eHARS	26 (2014)	22		Pending request	↓25% =20 (NHAS target)	

Prevention and Early Identification Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 11: Rate of STD diagnoses per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HHD, STDMIS	CT: 600.4 GC: 184.1 P&S: 7.6 (2016)	CCT: 531.7 GC: 159.2 P&S: 7.3		Pending request Pending request Pending request	CT: =510.3 (local target) GC: ↓0.6%/ year =157.0 (local target) P&S: 6.7 (HP 2020 males target)	Region is Houston/Harris County CT/GC targets based on available historical data
❖ BENCHMARK 12: Number of condoms distributed	HHD	450,000 (2014)	450,000		Pending request	Maintain =450,000 (local target)	Includes mass and targeted condom distribution efforts
❖ BENCHMARK 13: Number of high-risk individuals that completed an evidence-based behavioral intervention to reduce risk for HIV	HHD	4,944 (2015)	4,944		Pending request	Maintain =4,944 (local target)	Includes completion of ILI or GLI intervention only (not CLI)
❖ BENCHMARK 14: Percentage of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training	HHD, RWGA, TRG	100% (2017)	100%		Pending request	100% (local target)	
❖ BENCHMARK 15: Number of MSM and transgender persons of color receiving pre-exposure prophylaxis (PrEP) education	Project PrIDE	1,215 (2017)	2,000		Pending request	2,000 annually (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e. DIS and SLWs) and HHD-funded contractors
❖ BENCHMARK 16: Percentage of HIV-negative clients screened for PrEP eligibility	HHD Project PrIDE, ECLIPS, Maven	68% (2017)	71.5%		Pending request	10% increase to 75% (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e., DIS and SLWs) and HHD-funded contractors

Gaps in Care/Reaching OOC Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Proportion of PLWH with Unmet Need	TDSHS Unmet Need Data	25.0% (2014)	20.2%	25% (2018)	✖ Not met	↓ 1.6% annually =17.0% (local target)	Region is EMA Target based on available historic data (2010= 33.1%)
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	77.4%	60% (2018)	✖ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ BENCHMARK 3: Percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart)	CPCDMS	75.0% (2014)	84%	74.8% (2019)	✖ Not met	↑ to at least 90% (NHAS target)	
❖ BENCHMARK 4: Percentage of individuals with diagnosed HIV in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period)	TDSHS Retention Data	61% (2014)	78.4%	68% (2018)	✖ Not met	↑ to at least 90% (NHAS target)	Region is EMA
❖ BENCHMARK 5: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	77.4% (2019)	✖ Not met	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 6: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	70%	59% (2018)	✖ Not met	↑ to at least 80% (NHAS target)	Region is EMA

Address Needs of Special Pops. Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV diagnoses among each special population:							
Youth (13-24)	TDSHS eHARS	360 (2014)	186	308 (2018)	✖ Not met	↓25% =70 (NHAS target)	Region is EMA
Homeless	HMIS (potential)	54 (2014)	46	39 (2018)	✔ Met	↓25% =41 (NHAS target)	Region is Harris/Fort Bend County 2019 PIT Report – 2.9% homeless also PLWH. Applied to 2018 new dx
Incarcerated in Jail	TRG	Baseline to be established	---		Pending request	↓25% (NHAS target)	
Incarcerated in Prison	TDCJ	Baseline to be established	---		Pending request	↓25% (NHAS target)	
PWID	TDSHS eHARS	66 (2014)	56	60 (2018)	✖ Not met	↓25% =50 (NHAS target)	Region is EMA
MSM	TDSHS eHARS	930 (2014)	791	919 (2018)	✖ Not met	↓25% = 698 (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	HHD, HIV Surveillance System	20 (2016)	16		Pending request	↓25% =14 (NHAS target)	Region is Houston/Harris County
Women of Color	TDSHS eHARS	219 (2017)	205	246 (2018)	✖ Not met	↓25% = 164 (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	45+ = 264 55+ = 88 65+ = 20 (2014)	45+ = 217 55+ = 72 65+ = 16	45+ = 303 55+ = 112 65+ = 14	✖ Not met ✖ Not met ✔ Met	↓25% 45+ = 198 55+ = 66 65+ = 15 (NHAS target)	Region is EMA

Address Needs of Special Pops. Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals within each special population linked to clinical care within one month of their HIV diagnosis							Where region is EMA, Baseline and 2019 measure reflects 3 month linkage window
Youth (13-24)	TDSHS Linkage to Care Data	74.0% (2014)	80.6%	81% (2018)	✓ Met	85% (NHAS target)	Region is EMA
Homeless	Needs Assessment	53.9% (2016)	72.6%	45.2% (Unstable housing) 45.2% (Homeless) 2020	✗ Not met No set target	85% (NHAS target)	Region is HSDA Baseline: Unstable housing
Recently Released from Jail (*linked within 1 month of release)	TRG	Baseline to be established	---		Pending request	85% (NHAS target)	Region is HSDA Harris County Jail only.
Recently Released from Prison (*linked within 1 months of release)	TRG	Baseline to be established	---		Pending request	85% (NHAS target)	Region is HSDA
PWID	TDSHS Linkage to Care Data	85.0% (2014)	≥85.0%	76.9% (2018)	✗ Not met	85% (NHAS target)	Region is EMA
MSM	TDSHS Linkage to Care Data	78.0% (2014)	82.2%	79.2% (2018)	✗ Not met	85% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment	54.1% (2016)	72.7%	27.2% (2020)	✗ Not met	85% (NHAS target)	Region is HSDA
Women of Color	TDSHS eHARS	81% (2017)	83%	82% (2018)	✗ Not met	85% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	45+ = 83% 55+ = 85% 65+ = Not available (2014)	45+ = 85% 55+ = 85% 65+ = 85%	45+ = 78% 55+ = 75% 65+ = 65%	✗ Not met ✗ Not me ✗ Not me	85% (NHAS target)	Region is EMA

Address Needs of Special Pops. Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 3: Proportion of PLWH with unmet need within each Special Population							NHAS 90% retention target
Youth (13-24)	TDSHS Unmet Need Analysis	24.0% (2014)	15.6%	23% (2018)	✖ Not met	10% (NHAS target)	Region is EMA
Homeless	TDSHS Unmet Need Analysis	60% (2015)	30%	48.3% (2018)	✓ Met	10% (NHAS target)	Region is EMA
Recently Released from Jail/Prison	TDSHS Minority AIDS Initiative Coordinator	Local data not available	---	Local data not available	No 2019 target specified	10% (NHAS target)	Region is HSDA 2014 NA = 11.9%
PWID	TDSHS Unmet Need Analysis	27.0% (2014)	16.8%	28% (2018)	✖ Not met	10% (NHAS target)	Region is EMA
MSM	TDSHS Unmet Need Analysis	25.0% (2014)	16%	24% (2018)	✖ Not met	10% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	TDSHS HIV Systems Consultant	17% (2017)	13.5%		Pending request	10% (NHAS target)	Region is HSDA
Women of Color	TDSHS Unmet Need Analysis	To be developed	---	22.8%	No 2017 target specified	10% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS Unmet Need Analysis	45+ = 24% 55+ = 26% (2014) 65+ = 21% (2017)	45+ =14% 55+ = 15% 65+ = 16%	45+ = 25% 55+ = 25% 65+ = 31%	✖ Not met ✖ Not met ✖ Not met	10% (NHAS target)	Region is EMA
❖ BENCHMARK 4: Percentage of grievances relating to cultural and linguistic competence received through the Ryan White grievance lines and the HHD prevention "warmline" and website	HHD: RWGA; TRG	To be developed	Track only		Pending request	Track only	Region is Houston/Harris Count; EMA; HSDA

Coordination of Effort Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Proportion of Ryan White Planning Council members who are not employed at HIV care or prevention service providers	RWPC-OS FY Membership Roster (Program Terms Report)	19/37 (51%) (FY16)	46% - 56%	18/34 (53%) (FY19)	✓ Met	Maintain within 5 percentage points of 51% (local target)	
❖ BENCHMARK 2: Number of non-HIV prevention and care service providers requesting information about HIV services	RWPC-OS	110 (2015)	>110	These data are not reliably collected	These data are not reliably collected;	Increase (local target)	Data cannot be reliability collected and therefore cannot be measured
❖ BENCHMARK 3: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical Services	Needs Assessment	40.5% (2016)	<40.5%	56.6% (2020)	✕ Not met	Decrease (local target)	Baseline: Numerator = 203; Denominator = 501 Measure: Numerator = 312; Denominator = 551
❖ BENCHMARK 4: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services	Needs Assessment	20.2% (2016)	<20.2% (2016)	9.9% (2020)	✓ Met	Decrease (local target)	Baseline: Numerator = 93 Denominator = 461 Measure: Numerator = 55; Denominator = 551
❖ BENCHMARK 5: Proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services	Needs Assessment	8.2% (2016)	<8.2% (2016)	10.8% (2020)	✕ Not met	Decrease (local target)	Baseline: Numerator = 10 Denominator = 122 Measure: Numerator = 15 Denominator = 139

Coordination of Effort Benchmarks

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2019 Target	2019 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 6: Proportion of PLWH reporting barriers to professional mental health counseling	Needs Assessment	12.1% (2016)	<12.1%	10.2% (2020)	✓ Met	Decrease (local target)	Baseline: Numerator = 32 Denominator = 265 Measure: Numerator = 30 Denominator = 293
❖ BENCHMARK 7: Proportion of PLWH reporting housing instability	Needs Assessment	25.6% (2016)	≤25.6%	32% (2020)	✗ Not met	Maintain / decrease =25.6% (local target)	Target based on current resources and planning
❖ BENCHMARK 8: Percentage of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment	CPCDMS	27% (2014)	>27%		Pending request	Increase (local target)	
❖ BENCHMARK 9: Proportion of Ryan White HIV/AIDS Program clients who may qualify for Medicaid or Medicare, but who are not enrolled in either program	CPCDMS	To be developed	---	RWGA cannot determine who may be qualified for Medicaid or Medicare	RWGA cannot determine who may be qualified for Medicaid or Medicare	Decrease (local target)	RWGA cannot determine who may be qualified for Medicaid or Medicare
❖ BENCHMARK 10: Percentage of Ryan White HIV/AIDS Program clients with private health insurance (including Marketplace QHPs)	CPCDMS	10% (2014)	>10%		Pending request	Increase (local target)	Baseline to be updated
❖ BENCHMARK 11: Proportion of Ryan White HIV/AIDS Program who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP.	CPCDMS	23% (2017)	<23%		Pending request	Decrease (local target)	6.3% of RW enrolled in QHP in 2015