

Houston Area HIV Services Ryan White Planning Council

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

10:00 a.m., Thursday, December 22, 2016

Meeting Location: 2223 W. Loop South, Room 416; Houston, Texas 77027

AGENDA

* = Handout at meeting

- I. Call to Order
 - A. Welcome
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the June 18, 2015 Meeting Minutes

Nicholas Sloop and
Nancy Miertschin, Co-Chairs

- II. Year 4 Comprehensive Plan Evaluation
 - A. Progress of System Objectives in Year 4
 - B. Strategies-Specific Activities and Benchmarks*
 - C. Year 4 Evaluation Conclusions

Amber Harbolt,
Office of Support

- III. Next Steps
 - A. Last meeting in early 2017: Year 5/Closeout Evaluation
 - B. Begin 2017-2021 Comprehensive Plan Evaluation Process

Nicholas Sloop and
Nancy Miertschin Co-Chairs

- IV. Announcements

- V. Adjourn

Houston Area HIV Services Ryan White Planning Council

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

2:00 p.m., Thursday, June 18, 2015

Meeting location: 2223 West Loop South, Room 416; Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Nancy Miertschin, Co-Chair	Allen Murray, excused	Amber Alvarez, Ofc of Support
Camden Hallmark	Amana Turner, excused	Diane Beck, Ofc of Support
David Benson	Amy Leonard	
Sha'Terra Johnson-Fairley	Aundrea Matthews, excused	
Tasha Traylor	C. Bruce Turner	
	Cristan Williams	
	Evelio Escamilla	
	Herman Finley	
	John Humphries	
	Judy Hung	
	Ken Malone	
	Larry Woods	
	Morénike Giwa	
	Nicholas Sloop, excused	
	Nike Blue	
	Osaro Mgbere	
	Shital Patel	
	Steven Vargas	
	Tay Za Kyi Win	
	Ted Artiaga	
	Tracy Gorden	

Call to order: Nancy Miertschin, co-chair, called the meeting to order at 2:13 p.m. and asked for a moment of reflection.

Adopt the Agenda: **Motion #1:** *It was moved and seconded (Benson, Johnson-Fairley) to adopt the agenda with one change: Under III.A. change 2015 to 2016.* **Motion Carried.**

Approve the Minutes: **Motion #2:** *It was moved and seconded (Benson, Hallmark) to approve the April 16, 2015 meeting minutes.* **Motion Carried.** Abstentions: Traylor.

Year 3 Comprehensive Plan Report: See attached documents. **Motion #3:** *It was moved and seconded (Benson, Vargas) to accept the staff recommendations for Activity #3.* **Motion Carried.** **Motion #4:** *It was moved and seconded (Vargas, Artiaga) to accept the staff*

recommendations for Activity #4. Motion Carried.

Next Steps: The next meeting will be in June, possibly the 18th, at 2:00 p.m. Agenda items include identification of conclusions for Year 3, the Year 3 evaluation report including: highlights/major successes, continued areas of challenge/recommendations and technical adjustments to activities or benchmarks; discussion of Year 4 implementation and comprehensive plan activities for 2015.

Announcements: None.

Adjournment: The meeting was adjourned at 3:28 p.m.

Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012-2016

System Objective Evaluation Tool

Updated 12-15-16

Objective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ OBJECTIVE 1: Number of new HIV infections diagnosed in the Houston Area	DSHS eHARS (2011 Epi-Profile)	1,335 (2008)	↓25% =1001 (NHAS target)	1,361 (2013)	1,345 (2015)	Region is EMA
❖ OBJECTIVE 2: Percentage of individuals with a positive HIV test result identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	DSHS HIV Testing & Awareness Data	92.9% (2010)	Maintain =93.0% (local target)	94.4% (2014)	93.8% (2015)	Region is EMA Target exceeds NHAS 90% goal
❖ OBJECTIVE 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)	85% (NHAS target)	78% (2013)	81% (2015)	Region is EMA
❖ OBJECTIVE 4: Percentage of new HIV diagnoses with an HIV Stage 3 diagnosis within one year	DSHS Late Diagnoses Data	34.5% (2010)	↓25% =27.0% (DHAP target)	32.8% (2013)	20% (2015)	Region is EMA DSHS methodology for calculating late Dx changed in 2014
❖ OBJECTIVE 5: Percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (≥ 2 visits for HIV medical care in 12 months ≥ 3 months apart)	CPCDMS	78.0% (2011)	80% (NHAS target)	75.0% (2014)	73% (2015)	Part A clients only Does not include clients newly enrolled in care during the 12 month timeframe
❖ OBJECTIVE 6: 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	DSHS Unmet Need Trend Analysis	34.2% (2010)	↓0.8% =27.3% (local target)	26.7% (2013)	24% (2015)	Region is EMA Revised estimates released from DSHS in 7/13. Matrix updated accordingly.
❖ OBJECTIVE 7: Proportion of Ryan White HIV/AIDS Program clients with suppressed viral load	CPCDMS	57.0% (2011)	↑10% =62.7% (DHAP target)	80.4% (2014)	75% (2015)	Part A clients only
❖ OBJECTIVE 8.1: Number of reports of barriers to Ryan White HIV/AIDS Program-funded Substance Abuse Services	Needs Assessment	58 (2011)	↓43.7% =32 (local target)	65 (2014)	N/A	Target based on available historical data (2008=103)
❖ OBJECTIVE 8.2: Number of reports of barriers to Ryan White HIV/AIDS Program-funded Mental Health Services	Needs Assessment	117 (2011)	↓27.3% =85 (local target)	146 (2014)	N/A	Target based on available historical data (2008=161)

Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012-2016

Benchmark Evaluation Tool, By Strategy

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed in the Houston Area	DSHS eHARS (2011 Epi-Profile)	1,335 (2008)	↓25% =1001 (NHAS target)	1,361 (2013)	1,345 (2015)	Region is EMA
❖ BENCHMARK 2: Number of HIV/STD brochures distributed	HHD	86,389 (2011)	Maintain =86,389 (local target)	88,700 (2014)	88,700 (2014)	Target based on current resources and planning
❖ BENCHMARK 3: Mean number of calls per day to local HIV prevention hotline	HHD	4.1 (2012)	Maintain =4.1 (local target)	Data point not captured in 2014*	N/A	Target based on current resources and planning Adjusted baseline and targets in response to data cleaning; mean calculated from COH business days * Not captured due to technology system changes
❖ BENCHMARK 4 : Number of persons reached with an HIV awareness message specific to mass testing events	Radio One (97.9) Hip-Hop for HIV Awareness	1,231,400 (2011)	↑3.2% =1,353,438 (local target)	1,106,300*	N/A	Radio campaign only Targets based on available historical data (2009=1,156,700; 2010=1,166,300) No longer tracked
❖ BENCHMARK 5: Percentage of individuals at annual mass testing event that agrees "HIV/AIDS is a major health problem for my peers"	HHD Hip-Hop for HIV Awareness	55.9% (2011)	Maintain =55.9% (local target)	N/A	N/A	Among attendees completing both pre and post test (N=2,362). Baseline is percent of respondents who marked <i>Yes</i> when asked if they agree with the statement. No longer tracked
❖ BENCHMARK 6: Mean score on HIV/STD knowledge test among annual mass testing event participants	HHD Hip-Hop for HIV Awareness	10.9 (2011) [95% CI: 10.87 - 11.02]	Maintain =10.9 (local target)	N/A	N/A	Among attendees completing both pre/post test (N=2,362). Measure is mean score on pre-test that includes 14 knowledge questions scored equally with no weighting. Mean score positively correlated with correctly-answered questions. No longer tracked
❖ BENCHMARK 7: Number of publicly-funded HIV tests	DSHS HIV Testing & Awareness Data	165,076 (2010)	Maintain =165,076 (local target)	207,272 (2013)	127,719 (2015)	Region is EMA Targeted and opt-out testing

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION *Continued*

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 8: Positivity rate for publicly-funded <i>traditional</i> HIV testing	DSHS HIV Testing & Awareness Data	1.7% (2010)	2.0% (ECHPP target)	2.3% (2013)	3.01% (2015)	Region is EMA
❖ BENCHMARK 9: Positivity rate for publicly-funded <i>opt-out</i> HIV testing	DSHS HIV Testing & Awareness Data	1.2% (2010)	1.0% (ECHPP target)	1.01% (2013)	1.05% (2015)	Region is EMA
❖ BENCHMARK 10: Percentage of individuals with a positive HIV test result identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	DSHS HIV Testing & Awareness Data	92.9% (2010)	Maintain =93.0% (local target)	94.4% (2014)	93.8% (2015)	Region is EMA Target exceeds NHAS goal of 90%
❖ BENCHMARK 11: Percentage of new HIV diagnoses with an HIV Stage 3 diagnosis within one year	DSHS Late Diagnoses Data	34.5% (2010)	↓25% =27.0% (DHAP target)	32.8% (2013)	20% (2015)	Region is EMA DSHS methodology for calculating late Dx changed in 2014
❖ BENCHMARK 12: Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis	DSHS Linkage to Care Data	65.1% (2010)	85% (NHAS target)	78% (2013)	81% (2015)	Region is EMA
❖ BENCHMARK 13: Proportion of Ryan White HIV/AIDS Program clients with suppressed viral load	CPCDMS Report	57.0% (2011)	↑10% =62.7% (DHAP target)	80.4% (2014)	75% (2015)	Part A clients only Denominator is clients who have had at least 2 medical visits and have been enrolled in care at least 6 months
❖ BENCHMARK 14: Number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention	HHD, eHARS	42 (2010)	↓25% =32 (NHAS target)	32 (2013)	34 (2015)	Comparison will be made for targeted zip codes only (033, 051) New data received 2/14. Baselines, Actuals, and Targets updated accordingly.
❖ BENCHMARK 15: Rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HHD, STDMS	CT: 510.3 GC: 149.0 P&S: 6.4 (2010)	CT: Maintain =510.3 (local target) GC: ↓0.6%/ year =146.0 (local target) P&S: 6.0 (HP target)	CT: 563.7 GC: 162.5 P&S: 8.2 (2014)	CT: 563.7 GC: 162.5 P&S: 8.2 (2014)	Region is Houston/Harris County CT/GC targets based on available historical data

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION *Continued*

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 16: Number of condoms distributed	HHD	380,000 (2010)	Maintain =380,000 (ECHPP target)	450,000 (2014)	450,000 (2014)	Includes mass and targeted condom distribution efforts *Decrease due to under-reporting
❖ BENCHMARK 17: Number of high-risk individuals receiving information on HIV risk reduction through community outreach	HHD	7,173 (2012)	Maintain =7,173 (local target)	10,612 (2014)	Pending from HHD	Data reflects all CTR activities, excluding HIP HOP/Houston HITS Home New data received 2/14. Baselines, Actuals, and Targets updated accordingly.
❖ BENCHMARK 18: Number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV	HHD	3,288 (2011)	Maintain =3,288 (ECHPP target)	Not available*	4,944 (2015)	Includes completion of ILI or GLI intervention only (not CLI) * HE/RR report in ECLIPS malfunctioned

Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012-2016

Benchmark Evaluation Tool, By Strategy

STRATEGY 2: GAPS IN CARE AND REACHING THE OOC

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 1: 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	DSHS Unmet Need Trend Analysis	34.2% (2010)	↓0.8% =27.3% (local target)	26.7% (2013)	24% (2015)	Region is EMA Revised estimates released from DSHS in 7/13. Matrix updated accordingly.
❖ BENCHMARK 2: Percentage of PLWH 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)	↓3.0% =4.1% (local target)	6.8% (2014)	N/A	Target based on available historical data (2008=10.1%)
❖ BENCHMARK 3: Percentage of PLWH reporting prior history of being out-of-care	Needs Assessment	26% (2011)	Maintain =26% (local target)	23.5% (2014)	N/A	Target based on available historical data (2008=25%)
❖ BENCHMARK 4: Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis	DSHS Linkage to Care Data	65.1% (2010)	85% (NHAS target)	78% (2013)	81% (2015)	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	78.0% (2011)	80% (NHAS target)	75.0% (2014)	73% (2015)	Part A clients only Does not include clients newly enrolled in care during the 12 month timeframe
❖ BENCHMARK 6: Proportion of Ryan White HIV/AIDS Program clients who are retained in care (≥ 1 visit for HIV primary care in the 2 nd half of the year after also having ≥ 1 visit for HIV primary care in the 1 st half of the year)	CPCDMS Retention in Care Metric	75.0% (2011 Period 6)	Maintain =75% (local target)	N/A	N/A	Part A clients only
❖ BENCHMARK 7: Proportion of Ryan White HIV/AIDS Program clients with suppressed viral load	CPCDMS	57.0% (2011)	↑10% =62.7% (DHAP target)	80.4% (2014)	75% (2015)	Part A clients only

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed among each special population:						
Adolescents (13-17)	HHD, HIV Surveillance System	18 (2009)	↓25% =13 (NHAS target)	Pending from HHD	Pending from HHD	Region is Houston/Harris County
Homeless	Houston/Harris County Needs Assessment	172 (2010)	↓25% =132 (NHAS target)	Coalition data	Coalition data	Region is Harris/Fort Bend County 2012 actual based on needs assessment data (N=561; 8.9% self-report HIV)
Incarcerated in Jail	The Resource Group	1,097 (2011)	↓25% =822 (NHAS target)	Pending from TRG	Pending from TRG	Harris County Jail UDC
Incarcerated in Prison	TDCJ	137 (2011)	↓25% =102 (NHAS target)	Pending from TRG	Pending from TRG	Baseline does not include December 2011
IDU	HHD, HIV Surveillance System	38 (2009)	↓25% =28 (NHAS target)	53 (2013)	65* (2015)	Region is Houston/Harris County 2014 & 2015 Region is EMA
MSM	HHD, HIV Surveillance System	563 (2009)	↓25% =422 (NHAS target)	894 (2013)	885 (2015)	Region is Houston/Harris County 2014 & 2015 Region is EMA
Transgender	HHD, HIV Surveillance System	7 (2009)	↓25% =5 (NHAS target)	Pending from HHD	Pending from HHD	Region is Houston/Harris County

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS *Continued*

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals within each special population linked to clinical care within three months of their HIV diagnosis:*						
Adolescents (13-17)	Needs Assessment	Data pending SPSS run	85% (NHAS target)	50%* (2014)	79%** (2015)	Data Source adjusted from original due to availability of new source 2014 Actual Serves as Baseline *Denominator = 4 survey participants **Ages 13-24
Homeless	Needs Assessment	Data pending SPSS run	85% (NHAS target)	67%* (2014)	N/A	Data Source adjusted from original due to availability of new source 2014 Actual Serves as Baseline *Denominator = 42 survey participants
Incarcerated in Jail (*linked within 3 months of incarceration)	The Resource Group	100% (2010)	Maintain =100% (local target)	Pending from TRG	Pending from TRG	Harris County Jail UDC
Recently Released from Jail (*linked within 3 months of release)	The Resource Group	62.0% (2010)	85% (NHAS target)	Pending from TRG	Pending from TRG	Harris County Jail only.
Recently Released from Prison (*linked within 3 months of release)	Texas HIV Medication Program	69.7%* (2012)	85% (NHAS target)	Pending from TRG	Pending from TRG	
IDU	DSHS Linkage to Care Data	51.1% (2010)	85% (NHAS target)	91% (2013)	79% (2015)	Region is EMA
MSM	DSHS Linkage to Care Data	65.2% (2010)	85% (NHAS target)	94% (2013)	85% (2015)	Region is EMA
Transgender	Needs Assessment	Data pending SPSS run	85% (NHAS target)	55.6% (2014)	N/A	Data Source adjusted from original due to availability of new source 2014 Actual Serves as Baseline

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS *Continued*

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 3: 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 within each special population:						Includes HIV/AIDS Region is EMA
Adolescents (13-17)	Needs Assessment	Data pending SPSS run	Target to be developed	0%* (2014)	N/A	Recommend Data Source be adjusted from original due to availability of new source/NA 2014 Actual Serves as Baseline *Denominator = 4 survey participants
Homeless	Needs Assessment	Data pending SPSS run	Target to be developed	16.3%* (2014)	N/A	Recommend Data Source be adjusted from original due to availability of new source/NA 2014 Actual Serves as Baseline *Denominator = 43 survey participants
Recently Released from Jail/Prison	Needs Assessment	Data pending SPSS run	Target to be developed	11.9%* (2014)	N/A	Recommend benchmark be revised for consistency with other Special Populations data 2014 Actual Serves as Baseline *Denominator = 92 survey participants
IDU	DSHS Unmet Need Analysis	37.6% (2010)	↓1.7% =32.5% (local target)	28.8% (2013)	26% (2015)	Target based on available historical data (2008=41%; 2009=48%)
MSM	DSHS Unmet Need Analysis	33.7% (2010)	Maintain =33.7% (local target)	26.3% (2013)	24% (2015)	Region is EMA Target based on available historical data (2008=33.2%; 2009=41%)
Transgender	Needs Assessment	Data pending SPSS run	Target to be developed	7.4% (2014)	N/A	Recommend Data Source adjusted from original due to availability of new source/NA 2014 Actual Serves as Baseline *Denominator = 27 survey participants
❖ BENCHMARK 4: Percentage of HIV prevention and care frontline staff receiving annual cultural competence training	Ryan White Grants Administration; HHD	100% (2011)	Maintain =100% (local target)	100% (2014)	100% (2015)	To be confirmed by annual contractor audits; and training records, respectively

STRATEGY 4: TO IMPROVE COORDINATION OF EFFORT AND PREPARE FOR HEALTHCARE SYSTEM CHANGES

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 1: Number of non-ASOs serving as members of the Ryan White Planning Council	RWPC/OS	10 (2011)	Increase (local target)	17 total 4 non-infected/ affected (2014)	21 total 4 non-infected/ affected (2015)	Actual numbers include Council and External members who do not bring HIV expertise because of their place of employment.
❖ BENCHMARK 2: Number of non-ASOs requesting information about HIV services	RWPC/OS	42 (2011)	Increase (local target)	110 (2014)	110 (2015)	Actual numbers tallied using office tracking sheets and website requests. Non-ASO defined as an entity that does not state HIV prevention or care in its mission.
❖ BENCHMARK 3: Number of agencies listed in Houston Area HIV/AIDS Resource Guide	RWPC/OS	187 (2010-2011)	Maintain =187 (local target)	152 (2015-2016 edition)	152 (2015-2016 edition)	Decrease from Baseline due to agency closures
❖ BENCHMARK 4: Number of reports of barriers to Ryan White Core Medical Services	Needs Assessment	1,397 (2011)	↓27.2% =1,017 (local target)	1,620	N/A	Target based on available historical data (2008=1,919)
❖ BENCHMARK 5: Number of reports of barriers to Ryan White Supportive Services	Needs Assessment	2,151 (2011)	↓12.7% =1,878 (local target)	538	N/A	Target based on available historical data (2008=2,463)
❖ BENCHMARK 6: Number of reports of barriers to outpatient alcohol or drug abuse treatment services by PLWH	Needs Assessment	58 (2011)	↓43.7% =32 (local target)	65 (2014)	N/A	Target based on available historical data (2008=103)
❖ BENCHMARK 7: Number of reports of barriers to professional mental health counseling by PLWH	Needs Assessment	117 (2011)	↓27.3% =85 (local target)	146 (2014)	N/A	Target based on available historical data (2008=161)
❖ BENCHMARK 8: Percentage of PLWH reporting housing instability	Needs Assessment	28% (2011)	Maintain =28% (local target)	27% (2014)	N/A	Target based on current resources and planning
❖ BENCHMARK 9: Percentage of PLWH reporting seeking no medical care due to inability to pay	Needs Assessment	8% (2011)	Maintain =8% (local target)	2% (2014)	N/A	Target based on available historical data (2008=5%)

STRATEGY 4: TO IMPROVE COORDINATION OF EFFORT AND PREPARE FOR HEALTHCARE SYSTEM CHANGES *Continued*

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	2015 Actual (time period)	Notes
❖ BENCHMARK 10: Number of individuals working for AIDS-service organizations who receive training on health insurance reform	RWGA, The Resource Group	200* (2011)	Maintain =200 (local target)	84 (RWGA only) (2014) Data pending from TRG	Data pending from RWGA Data pending from TRG	Region is HSDA *Baseline defined as receiving a Bristol-Myers Squibb presentation. **Actuals defined as receiving ACA-related training or presentation facilitated by an RP. Decreases from Baseline due to greater availability for training facilitated by non-RP entities.
❖ BENCHMARK 11: Percentage of Ryan White HIV/AIDS Program clients with Medicaid enrollment	CPCDMS	16.7% (2011)	Track only	27% (2014)	Data pending from RWGA Placeholder 42% -All Ins. 6% - ACA	Part A clients only 2014 Actual reflects ALL public insurance
❖ BENCHMARK 12: Percentage of Ryan White HIV/AIDS Program clients with private health insurance	CPCDMS	5.1% (2013)	Track only	10% (2014)	Data pending from RWGA Placeholder 42% -All Ins. 6% - ACA	

Excerpt – 2017-2021 Comprehensive Plan Section III: Monitoring and Improvement

2017–21 Monitoring and Evaluation Plan and Stakeholder Communication and Feedback Processes

The goal of the monitoring and evaluation plan is to assess successful implementation of the 2017-21 Comprehensive HIV Prevention and Care Services Plan as measured by:

1. Completion of stated activities and efforts (Section II); and
2. Annual progress toward the target measurements of stated objectives and benchmarks (Section II).
- 3.

In the 2017 guidance for comprehensive jurisdictional HIV prevention and care services planning, the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) require that a process and plan be in place to monitor and evaluate progress toward Plan goals and objectives. This emphasis on evaluation is reflective of a *national* trend toward increased accountability, careful monitoring, constant re-evaluation of how scarce HIV resources are allocated, and the impact these resources are having on the HIV epidemic.

When determining its approach to the 2017-2021 Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 Comprehensive Plan), the Houston area Ryan White Planning Council (RWPC) and Houston HIV Prevention Community Planning Group (CPG), i.e. the two Houston area HIV planning bodies, local public health departments, consumers, HIV providers, non-HIV specific providers, and others worked together to make this decision. The following strategies will continue to be employed to provide evaluation activities throughout the comprehensive planning process and ensure that the resulting document will adhere to SMART (Specific, Measurable, Achievable, Realistic, and Time-Phased) criteria with clear quantifiable measures of the anticipated impact on the Houston area HIV epidemic:

- **Planning Principles.** Among the key findings from the 2009-11 Comprehensive Plan evaluation was that future HIV planning goals and objectives for the Houston area needed greater specificity in order to meaningfully measure impact on the local epidemic. In the development of the Houston Area Comprehensive HIV & Care Services Plan (2012-14, extended through 2016) four principles were applied to the planning process in order to remedy this challenge. These planning principles were again utilized in the development of the 2017 Comprehensive Plan:
 1. Each goal will be measurable through at least one quantitative benchmark;
 2. Benchmarks will have replicable data sources and existing baselines, unless the function of the benchmark is the creation of a baseline, and either national or locally-defined targets based on historical data will be used;
 3. Each activity will identify responsible parties, potential non-responsible collaborative partners, and the timeframe for completion; and
 4. Terminology used in goals, objectives, activities, and benchmarks will be standardized and/or defined.
- **Benchmarking Tool.** In developing the 2017 Comprehensive Plan, workgroups throughout the planning process used an objective benchmark evaluation tool to ensure the planning

principles described above were applied. Designed as a matrix, the tool consolidated all process and outcome benchmark measures identified for each goal of the Comprehensive Plan, as well as anticipated data sources, baselines, and targets throughout implementation. Because of this process, a total of 65 measures across 37 benchmarks were developed to assess the impact of the 2017 Comprehensive Plan on the Houston area epidemic.

- **Comprehensive Plan Evaluation Workgroup.** During implementation of the 2012-2016 Comprehensive Plan, an 18-member Evaluation Workgroup oversaw all evaluation-related components of the planning process. Workgroup membership included subject matter experts in epidemiology, disease surveillance, research methods, strategic planning, and HIV-related outcome measures in prevention and care, consumers, as well as planning body and agency representatives. Each year, the Workgroup conducted formal evaluations to identify areas of success and those with continued challenges. The evaluation process greatly influenced the development of the 2017 Comprehensive Plan, particularly in regard to identifying activities for the new plan and adjusting objectives and benchmarks to be more meaningful, representative, and measurable. The Workgroup reviewed and approved all 2017 Comprehensive Plan objectives and benchmarks; identified replicable data sources, baselines, and target measurements; and will continue to conduct ongoing, formal evaluations of the 2017 Comprehensive Plan.

Activities to monitor, evaluate, and disseminate 2017 Comprehensive Plan implementation progress, as well as collect iterative feedback from stakeholders, will be conducted as follows:

- HHD Bureau of Epidemiology staff will update the Houston EMA Care Continuum, and planning body support staff will continue to link it to the RWPC website (Beginning October 2016; annually thereafter)
- Planning body support staff will review activities and inform responsible parties of the status of their assigned activities. (Beginning March 2017; quarterly thereafter)
- Both the RWPC and CPG will receive progress updates on 2017 Comprehensive Plan activities (Beginning April 2017; quarterly thereafter)
- The 2017 Comprehensive Plan Evaluation Workgroup will convene on a regular basis to review the status of activities, benchmarks/care continua data, provide explanation of outcomes, identify areas of course correction, assess direction of stated objectives, and report findings to the planning bodies (Beginning February 2018; annually thereafter)
- Planning body support staff will conduct a document review and archive reports produced by responsible parties containing information about stated activities and efforts (Beginning February 2018; annually thereafter)
- Planning body support staff will compile an evaluation report following the annual Evaluation Workgroup review process and present the report to planning bodies (Beginning April 2018; annually thereafter)
- Planning body support staff will update the 2017 Comprehensive Plan Dashboard detailing progress on stated objectives, benchmarks, and activities will continue to be featured on the RWPC website (Beginning April 2018; annually thereafter)