

Epidemiological Trends	Unmet Need for HIV Care	National, State, and Local Priorities
<p>Who is living with HIV in the Houston EMA?^{a,b} 29,078 diagnosed people were living with HIV (PLWH) in the EMA at the end of 2018. Of all diagnosed PLWH in the EMA:</p> <ul style="list-style-type: none"> 75% are male (sex at birth) 48% are Black/African American; 29% are Hispanic/Latinx 26% are between the ages of 45 and 54; 23% are 35 and 44 58% have MSM risk factor; 29% have sex with male/sex with female (heterosexual) risk factor There are 179 Ryan White clients in the Houston area who are transgender or gender non-conforming. <p>Who is newly diagnosed with HIV in the Houston EMA?^a 1,350 people were newly diagnosed with HIV in the EMA in 2018. Of those newly diagnosed in 2018</p> <ul style="list-style-type: none"> 78% are male (sex at birth) 44% are Black/African American; 37% are Hispanic/Latinx 36% were between the ages of 25 and 34; 23% were between the ages of 13 and 24 78% have MSM risk factor <p>It is estimated that an additional 6,825 people in the EMA are living with HIV but unaware of their status.</p> <p>Which groups in the Houston EMA are experiencing increasing rates of new HIV diagnoses?^c Relative rate changes for new HIV diagnoses can indicate new and emerging populations while accounting for the size of each group within the population. Though the overall HIV diagnosis rate (per 100,000 population) decreased by 8.9% between 2013 (23.7) and 2018 (21.6), one population in the Houston EMA has experienced an increase in the relative rates of new diagnoses:</p> <ul style="list-style-type: none"> 5.6% relative rate increase among Hispanic/Latinx individuals <p><small>Source: ^a2020 Epidemiologic Supplement ^b2019 Epidemiological Profile ^cFY2020 Part A Grant Application</small></p>	<p>What is unmet need? Unmet need is when a person diagnosed with HIV is out of care. According to HRSA, a person is considered out of care if they have not had at least 1 of the following in 12 months: (1) an HIV medical care visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication.</p> <p>How many people are out of care in the Houston EMA?^a</p> <ul style="list-style-type: none"> In 2018, there were 7,187 PLWH out of care in the EMA, or 25% of all diagnosed PLWH. <p>What trends can be seen among those out of care in the Houston EMA?^{b,c} The highest proportions of people out of care in 2017 were:</p> <ul style="list-style-type: none"> 25% of male (sex at birth) diagnosed PLWH – ↓ from 37% in 2009 28% of other race/ethnicity diagnosed PLWH – ↓ from 41% in 2009 26% of Black/African American diagnosed PLWH – ↓ from 37% in 2009 25% of Hispanic diagnosed PLWH – ↓ from 36% in 2009 31% of diagnosed PLWH age 65+ - historic data for the 65+ age range unavailable 26% of diagnosed PLWH age 35-44 – ↓ from 36% in 2009; <ul style="list-style-type: none"> The age range with highest unmet need in 2009 was age 25-34 at 39% 28% of diagnosed PLWH with an injection drug use risk factor – ↓ 39% in 2009 28% of diagnosed PLWH with perinatal transmission risk factor – ↓ 32% in 2009 26% of people diagnosed with HIV before 2011 <ul style="list-style-type: none"> In 2009, 38% of out of care PLWH were diagnosed between 2004 and 2006 <p>32% of all PLWH in the 2020 Needs Assessment^b reported stopping HIV medical care for 12 months or longer at some point since diagnosis. The most common reasons for falling out of care were: substance use, moving/relocating, and having other priorities at the time.</p> <p><small>Sources: ^a2020 Epidemiologic Supplement ^b2019 Epidemiological Profile ^c2020 Houston Area HIV Needs Assessment – approval pending</small></p>	<p>Initiatives at the national, state, and local level offer important guidance on how to design effective HIV care services for the Houston EMA:</p> <p>Ending the HIV Epidemic: A Plan for America (EHE) Released in February 2019, EHE includes four pillars intended to reach a 75% reduction in new HIV transmission by 2025 and at least 90% reduction by 2030:</p> <ul style="list-style-type: none"> Diagnose all PLWH as early as possible after transmission. Treat HIV rapidly and effectively to achieve sustained viral suppression. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs). Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. <p>National HIV/AIDS Strategy (NHAS) Updated for 2020 Released in July 2015, NHAS includes three broad outcomes for HIV care:</p> <ul style="list-style-type: none"> Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%. Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. <p>Early Identification of Individuals with HIV/AIDS (EIIHA) EIIHA is a HRSA initiative required of all Part A grantees. It has four goals: 1.) Identifying individuals unaware of their HIV status; 2.) Informing individuals unaware of their HIV status; 3.) Referring to medical care and services; and 4.) Linking to medical care The EMA's EIIHA Strategy also includes a special populations focus:</p> <ol style="list-style-type: none"> African Americans Hispanics/Latinos age 25 and over Men who have Sex with Men (MSM) <p>HIV Care Continuum^a (HCC) Developed by the CDC in 2012, the HCC is a five-step model of PLWH engagement in HIV medical care. Using the model, local communities can identify specific areas for scaled-up engagement efforts. Steps include diagnosis, met need, retention in care, ART prescription, and viral suppression.</p>

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<p><i>Con't from Page 1</i></p> <p>Which groups in the Houston EMA experience disproportionately higher rates of new HIV diagnoses?^a Using the total 2018 Houston EMA HIV diagnosis rate (21.6 per 100,000 population) as a benchmark, the following populations experience disproportionately higher rates of new HIV diagnoses:</p> <ul style="list-style-type: none"> • 149% higher rate among Black/African Americans individuals • 138% higher rate among individuals age 25-34 • 58% higher rate among males (sex at birth) • 38% higher rate among individuals age 13-24 • 29% higher rate among individuals age 35-44 • 11% higher rate among individuals age 45-54 <p>While there has been no change in which groups experience disproportionately higher rates of new diagnoses since 2013, the extent of disproportionality within each population group changed in the Houston EMA between 2013 and 2018. Individuals ages 25-34 experienced the greatest increase in extent of disproportionality with a 19 percentage point increase, followed by Hispanic/Latinx individuals with a 13 percentage point increase in disproportionality. This may indicate that adults aged 25-34 and Hispanic/Latinx individuals bear a disproportionate burden of new HIV diagnoses in the EMA.</p> <p>How does the Houston EMA compare to Texas and the U.S.?^b</p> <ul style="list-style-type: none"> • The prevalence rate in the Houston EMA in 2018 (465 per 100,000 population) was higher than Texas (328 per 100,000 population) and the U.S. (309 per 100,000 population). • The rate of new HIV diagnosis in the Houston EMA in 2018 (22 per 100,000 population) was also higher than Texas (16 per 100,000 population) and the U.S. (11 per 100,000 population). <p><small>Sources: ^aFY2020 Part A Grant Application ^b2020 Epidemiologic Supplement</small></p>	<p><i>Con't from Page 1</i></p> <p>What proportion of newly diagnosed PLWH are linked to care in the EMA?^a</p> <ul style="list-style-type: none"> • 61% of those newly diagnosed in 2017 in the Houston EMA were linked to HIV medical care within 1 month of their diagnosis. An additional 19% were linked to care within 2-3 months of their diagnosis, 7% were linked to care within 4-12 months of their diagnosis, and 1% were linked to care over 12 months after they diagnosed. • 12% of those newly diagnosed in 2017 in the EMA <i>were not</i> linked by the end of that year. This accounts for 149 newly diagnosed individuals. Most of these individuals were: <ul style="list-style-type: none"> • 87% males (sex at birth) <ul style="list-style-type: none"> ○ Among unlinked males, 54% were Black/African American males and 35% were Hispanic males • 58% Black/African American individuals <ul style="list-style-type: none"> ○ 80% of unlinked females were Black/African American • 42% were individuals age 25-34 <ul style="list-style-type: none"> ○ 27% were youth ages 13-24 • 78% were individuals with MSM risk factor <ul style="list-style-type: none"> ○ 16% were individuals with heterosexual risk factor <p>Which groups are experiencing concurrent (late) diagnosis?^a Of people newly diagnosed in the Houston EMA in 2016, 306 or 22% also received an HIV stage 3 (formerly AIDS) diagnosis within 3 months.</p> <p>Populations disproportionately impacted by late/concurrent diagnoses in the Houston EMA in 2016 include females (23%); Hispanic/Latino individuals (27%); individuals ages 35-44 (30%), 45-54 (34%), 55-64 (34%) and 65+ (30%); and individuals with PWIDU (33%) and heterosexual (28%) risk factors.</p> <p><small>Sources: ^a2019 Epidemiological Profile</small></p>	<p><i>Con't from Page 1</i></p> <p>The 2017-2021 Texas HIV Plan The Texas Department of State Health Services (DSHS) has also developed a model of PLWH engagement in HIV medical care, which serves as the foundation for efforts to reduce HIV transmissions for the state as a whole. Goals specific to HIV care services improvements for the state are:</p> <p>Achieving Together Plan (2018) The Texas HIV Syndicate and Achieving Together Partners developed a plan to end the HIV epidemic in Texas through coordinating the statewide response to HIV, with the goals of reducing HIV transmission and acquisition, increasing viral suppression, eliminating health disparities, and cultivating a stigma-free climate.</p> <p>Houston Area Comprehensive HIV Plan (2017 – 2021) This document outlines strategies, activities, and benchmarks for improving the entire system of HIV prevention and care in the EMA. HIV care services improvements slated for achievement by 2021 are:</p> <ul style="list-style-type: none"> • ↑ newly-diagnosed PLWH linked to clinical HIV care within one month of their HIV diagnosis to at least 85% • ↓ new HIV diagnoses with an HIV stage 3 diagnosis within one year by 25% • ↓ new HIV diagnoses with an HIV stage 3 diagnosis within one year among Hispanic and Latino men age 35+ by 25% • ↑ Ryan White Program clients who are in continuous HIV care to at least 90% • ↑ diagnosed PLWH in the Houston Area who are retained in HIV medical care to at least 90%. • ≥ Ryan White Program clients who are virally suppressed to at least 90% • ↑ diagnosed PLWH in the Houston Area who are virally suppressed at least 80% <p>The plan also includes a special populations focus: Youth (13-24), Homeless, I/RR, IDU, MSM, Transgender & Gender Non-conforming, and Women of Color</p> <p>Roadmap to Ending the HIV Epidemic in Houston (2017-2021) This document offers over 30 recommendations to end the local HIV epidemic by decreasing new diagnoses to 600 per year; increasing the diagnosed proportion to 90%, fostering 90% retention in care, and supporting 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression.</p>

FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																											
<p>Ambulatory Outpatient Medical Care (Adult and Pediatric) incl. Vision Care)</p>	<p><u>Part A:</u> FY99: \$1,231,605 FY00: \$1,891,325 FY01: \$1,679,294 FY02: \$1,941,561 FY03: \$1,966,899 FY04: \$1,687,404 FY05: \$2,319,440 FY06: \$3,161,000 FY07: \$3,161,000</p> <p><u>Part A/MAI/B:</u> FY08: \$9,214,688 FY09: \$9,454,433 FY10: \$9,510,270 FY11: \$9,964,057 FY12: \$9,941,410 FY13: \$11,043,672 FY14: \$10,656,734</p> <p><u>Part A/MAI:</u> FY15: \$11,181,410 FY16: \$11,757,561 FY17: \$11,853,686 FY18: \$11,432,200 FY19: \$11,630,314 FY20: \$11,756,902</p> <p><small>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</small></p>	<p>Total # of clients served</p> <table border="1"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>PCare</td> <td>7,000</td> <td>7,570</td> <td>7,830</td> <td>7,799</td> <td>8,224</td> <td>8,416</td> <td>8,874</td> <td>9,384</td> </tr> <tr> <td>Vision</td> <td>1,734</td> <td>1,984</td> <td>2,108</td> <td>2,087</td> <td>2,186</td> <td>2,598</td> <td>2,565</td> <td>2,865</td> </tr> </tbody> </table> <p><small>Source: RWGA, 4/3/20</small></p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	PCare	7,000	7,570	7,830	7,799	8,224	8,416	8,874	9,384	Vision	1,734	1,984	2,108	2,087	2,186	2,598	2,565	2,865	<p><u>Primary Care</u>^{a,b:}</p> <ul style="list-style-type: none"> Following Primary Care, 75% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart).^a 20% of primary care clients had CD4 < 200 within 90 days of enrollment in primary care.^a 76% of primary care clients were virally suppressed.^a There was 1.4 percentage point variability between race/ethnicity categories for ART prescription and 3 percentage point variability for viral suppression.^b <p><u>Vision Care:</u></p> <ul style="list-style-type: none"> 11 diagnoses were reported for HIV-related ocular disorders, all of which were managed appropriately.^c 95% of client records reviewed contained documentation of new prescription for lenses at the agency with the year.^c Overall performance rates of vision care providers have remained very high.^c <p><small>Source: a RWGA FY 2018 Highlights from Performance Measures b RWGA Primary Care Chart Review FY 2018 (October 2019) c RWGA Vision Care Chart Review FY 2018 (October 2019)</small></p>	<p><u>Needs Assessment Rankings:</u></p> <p>Primary Care was surveyed as “HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)” in the 2020 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> 89% of respondents reported a need for Primary Care, placing this service as the highest ranked need surveyed. The most common barrier reported for Primary Care was transportation issues (26% of all reported barriers to this service). Females, white PLWH, and PLWH age 50+ reported the least difficulty accessing Primary Care. Rural, out of care, and MSM PLWH reported more difficulty accessing Primary Care than the sample as a whole. <p><small>Source: 2020 Houston Area HIV Needs Assessment</small></p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care ↑ percentage of diagnosed PLWH with a suppressed viral load <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% ↓ annual new diagnoses by 50% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. ↑ RW clients who are virally suppressed to ≥ 90% ↑ PLWH who are virally suppressed ≥80% <p>The following Special Population is also specifically addressed by this service:</p> <ul style="list-style-type: none"> Youth (age 13 – 24) <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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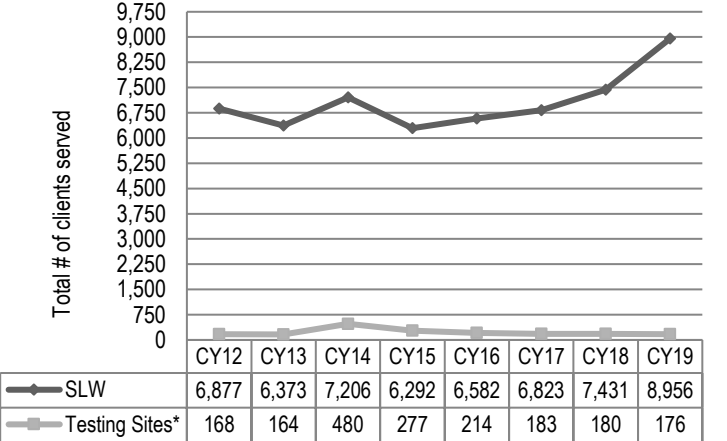
FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

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<p>Case Management - Medical (MCM) (incl. Clinical Case Management (CCM) for Mental Health/Sub Use)</p>	<p><u>Part A:</u> FY99: \$1,231,605 FY00: \$1,891,325 FY01: \$1,679,294 FY02: \$1,941,561 FY03: \$1,966,899 FY04: \$1,687,404 FY05: \$2,319,440 FY06: \$3,161,000 FY07: \$1,747,070 FY08: \$2,210,511 FY09: \$2,616,512 FY10: \$2,616,512 FY11: \$2,139,991</p> <p><u>Part A/B:</u> FY12: \$1,990,481 FY13: \$1,840,481</p> <p><u>Part A</u> FY14: \$1,752,556 FY15: \$2,031,556 FY16: \$2,215,702 FY17: \$2,215,702</p> <p><u>Part A/MAI</u> FY18: \$2,855,902 FY19: \$2,855,902 FY20: \$2,505,902</p> <p><small>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</small></p>	<p>Total # of clients served</p> <table border="1" data-bbox="505 649 1220 755"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>MCM</td> <td>3,692</td> <td>4,366</td> <td>4,891</td> <td>5,089</td> <td>4,962</td> <td>5,046</td> <td>6,083</td> <td>5,396</td> </tr> <tr> <td>CCM</td> <td>1,385</td> <td>1,275</td> <td>1,266</td> <td>922</td> <td>1,308</td> <td>1,276</td> <td>1,149</td> <td>1,316</td> </tr> </tbody> </table> <p><small>Source: RWGA, 4/3/20</small></p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	MCM	3,692	4,366	4,891	5,089	4,962	5,046	6,083	5,396	CCM	1,385	1,275	1,266	922	1,308	1,276	1,149	1,316	<p><u>Medical Case Management (MCM):</u></p> <ul style="list-style-type: none"> Following MCM, 52% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 3% accessed primary care for the first time. Following MCM, 8% of clients had 3rd party payer coverage, and 13% accessed mental health services at least once. 73% of MCM clients had suppressed viral loads. <p><u>Clinical Case Management (CCM):</u></p> <ul style="list-style-type: none"> Following CCM, 50% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 1% accessed primary care for the first time. Following CCM, 30% of clients accessed mental health services at least once, 7% for the first time. 79% of CCM clients had suppressed viral loads <p><small>Source: RWGA FY 2018 Highlights from Performance Measures</small></p>	<p><u>Needs Assessment Rankings:</u> Medical, Clinical, and SLW Case Management were not each surveyed <i>explicitly</i> in the 2020 Needs Assessment, but rather as a general category entitled “Case Management” and defined as: “these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments.” Results as defined are below:</p> <table border="1" data-bbox="1666 568 2150 844"> <thead> <tr> <th>Ranking</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Did not know about service</td> <td>12%</td> </tr> <tr> <td>Did not need service</td> <td>15%</td> </tr> <tr> <td>Needed the service, easy to access</td> <td>67%</td> </tr> <tr> <td>Needed the service, difficult to access</td> <td>6%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 73% of respondents reported a need for case management services, placing it as the 3rd highest ranked need. The most common barrier reported was interactions with staff (37% of all barriers reported for case management). Females, white PLWH, and age 50+ PLWH reported the least difficulty accessing case management services. Out of care, transgender, recently released from incarceration, and homeless PLWH reported more difficulty accessing case management services that the sample as a whole. <p><small>Source: 2020 Houston Area HIV Needs Assessment</small></p>	Ranking	Percentage	Did not know about service	12%	Did not need service	15%	Needed the service, easy to access	67%	Needed the service, difficult to access	6%	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>EIHA</u></p> <ul style="list-style-type: none"> Referring and link to medical care and services <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care ↑ percentage of diagnosed PLWH with a suppressed viral load <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to 80% ↓ diagnosed individuals who are not in HIV care by 0.8% each year ↑ of RW clients with UVL by 10% <p>The following Special Populations are also specifically addressed by this service:</p> <ul style="list-style-type: none"> Youth (age 13 – 24) & PWID <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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<p>Case Management - (Non-Medical / Service Linkage (SLW)) (incl. SLW at public testing sites and SLW targeted to substance use)</p>	<p><u>Part A:</u> FY99: \$1,231,605 FY00: \$1,891,325 FY01: \$1,679,294 FY02: \$1,941,561 FY03: \$1,966,899 FY04: \$1,687,404 FY05: \$2,319,440 FY06: \$3,161,000 FY07: \$1,010,871 FY08: \$1,079,062 FY09: \$957,897 FY10: \$957,897 FY11: \$1,163,539 FY12: \$1,212,217 FY13: \$1,362,217 FY14: \$1,359,832 FY15: \$1,440,384 FY16: \$1,440,384 FY17: \$1,231,001 FY18: \$1,231,002</p> <p><u>Part A/SS:</u> FY19: \$1,456,002 FY20: \$1,731,002</p> <p><small>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</small></p>	 <table border="1" data-bbox="497 641 1223 738"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>SLW</td> <td>6,877</td> <td>6,373</td> <td>7,206</td> <td>6,292</td> <td>6,582</td> <td>6,823</td> <td>7,431</td> <td>8,956</td> </tr> <tr> <td>Testing Sites*</td> <td>168</td> <td>164</td> <td>480</td> <td>277</td> <td>214</td> <td>183</td> <td>180</td> <td>176</td> </tr> </tbody> </table> <p><small>*These are data for SLW at public testing sites only</small></p> <p><small>Source: RWGA, 4/3/20</small></p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	SLW	6,877	6,373	7,206	6,292	6,582	6,823	7,431	8,956	Testing Sites*	168	164	480	277	214	183	180	176	<ul style="list-style-type: none"> Following receipt of SLW services, 46% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 49% accessed primary care for the first time. The median number of days between first service linkage visit and first primary care visit was 27 days, a decrease from 40 days in FY 2017. <p><small>Source: RWGA FY 2018 Highlights from Performance Measures</small></p>	<p><u>Needs Assessment Rankings:</u> Medical, Clinical, and SLW Case Management were not surveyed <i>explicitly</i> in the 2020 Needs Assessment. Please refer to Case Management-Medical for 2020 Needs Assessment results, ranking, and barriers relating to general case management.</p> <p><u>Other Needs Assessment Data Related to SLW:</u></p> <ul style="list-style-type: none"> Among participants who were newly diagnosed (≤2 years) or recently diagnosed (≤5 years) at the time of survey: <ul style="list-style-type: none"> 84% received a list of HIV clinics 75% were given an HIV care appt 81% were offered help to get into care 78% had someone available to answer all their questions about living with HIV 79% were informed they could get help paying for HIV care 61% were linked to care w/in 1 month 43% of all respondents reported delayed entry (> 1 month) into HIV care. The most common reported reasons were denial, fear of status disclosure (19%), and not knowing that services exist to pay for HIV care. <p><small>Source: 2020 Houston Area HIV/AIDS Needs Assessment</small></p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ newly diagnosed PLWH linked to HIV medical care within one month to at least 85%. <p><u>EIHA</u></p> <ul style="list-style-type: none"> Referring to medical care and services Linking to medical care <p>This service also directly implements the EMA's EIHA Strategy of linking the following special populations:</p> <ol style="list-style-type: none"> African Americans Hispanics/Latinos age 25 and over Men who have Sex with Men (MSM) <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH linked to HIV care <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ timely linkage to HIV-related care and treatment <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ newly diagnosed individuals linked to care w/in 1 month diagnosis to ≥85% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care
	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19																								
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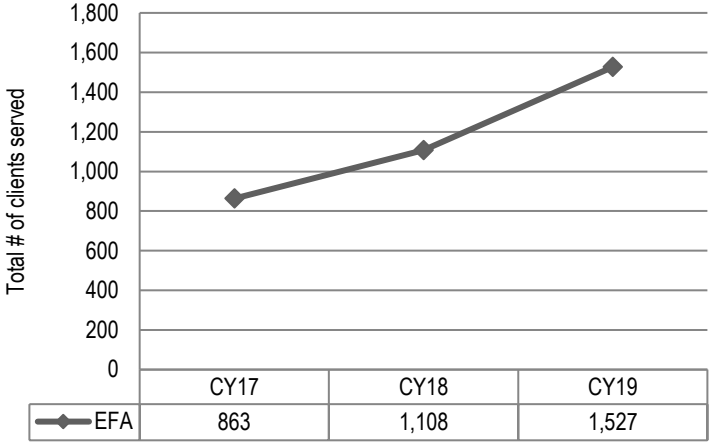
FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																		
<p>Early Intervention Services (EIS) (Incarcerated)</p>	<p>Part A: FY03: \$83,577 FY04: \$60,588</p> <p>SS: FY09: \$166,211 FY10: \$166,211 FY11: \$166,211 FY12: \$166,211 FY13: \$166,211 FY14: \$166,211 FY15: \$166,211 FY16: \$166,211 FY17: \$166,211 FY18: \$166,211 FY19: \$166,211 FY20: \$175,000</p> <p>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	<table border="1" data-bbox="513 654 1212 724"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>EIS</td> <td>922</td> <td>930</td> <td>897</td> <td>870</td> <td>926</td> <td>741</td> <td>789</td> <td>677</td> </tr> </tbody> </table> <p>Source: RWGA and The Resource Group, 4/3/20</p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	EIS	922	930	897	870	926	741	789	677	<ul style="list-style-type: none"> All client records reviewed showed a completed intake assessment. All client records reviewed had documentation of the client being assessed for risk and provided targeted health literacy and education in the client record (including receipt of a BlueBook) 97% of records reviewed for clients had a discharge plan present 9% of records reviewed had documentation of access to medical care are upon release <p>Source: TRG 2019 Chart Review Report</p>	<p><u>Needs Assessment Rankings:</u>^a</p> <p>EIS was surveyed as “Pre-discharge Planning” defined as: “this is when jail staff help you plan for HIV medical care after your release” in the 2020 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> 7% of respondents reported need for EIS services, placing it as the 2nd lowest ranked need. The most common barrier reported was interactions with staff (67%). Females, Hispanic/Latinx and PLWH age 18-24 reported the least difficulty accessing EIS services. Recently released, homeless, transgender, and MSM PLWH reported more difficulty accessing EIS services than the sample as a whole. <p><u>2016 Needs Assessment Recently Released Profile:</u>^b</p> <ul style="list-style-type: none"> Recently released participants reported reluctance taking HIV medication and substance abuse concerns as barriers to retention more often than all participants. Only 34% of recently released participants reported no interruption in care (vs. 71% of all participants) Education and awareness was cited as a service barrier more often for recently released participants (27% v. 21%). <p>Source: ^a 2020 Houston Area HIV Needs Assessment ^b 2016 Houston Area HIV Needs Assessment: Profile of the Recently Released</p>	<p>This service aligns with the following goals: <u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. <p>The following Special Population is addressed by this service: 1. I/RR</p> <p><u>Focus on Addressing mental health, substance use, housing and criminal justice from Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> Remove policies that perpetuate stigma and limit access for people with mental health and substance use disorders or who have been incarcerated. Create and operationalize processes in order to provide seamless and comprehensive medical and supportive services for people who have been released from prisons and jails. <p><u>Criminal Justice Recommendations from END Plan (2017-2021):</u></p> <ol style="list-style-type: none"> Create drop-in center(s) for persons recently released from incarceration Make transition back into community less onerous Implement the Healthy Person initiative to improve HIV literacy in the correctional system Improve HIV/AIDS medical care in the correctional health system Allow access to condoms in the correctional system
	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19															
EIS	922	930	897	870	926	741	789	677															

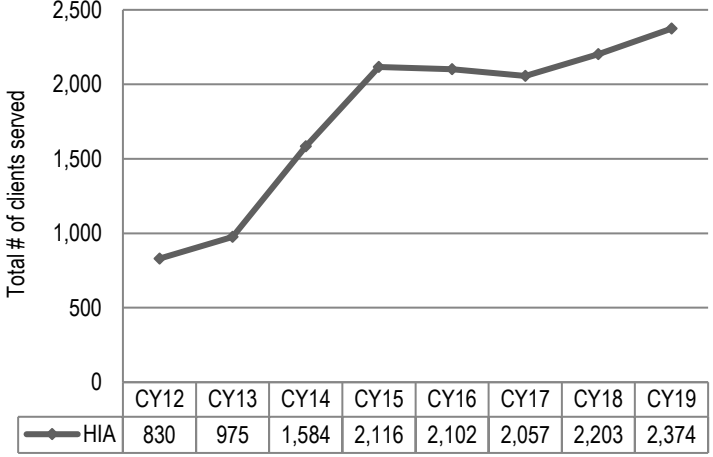
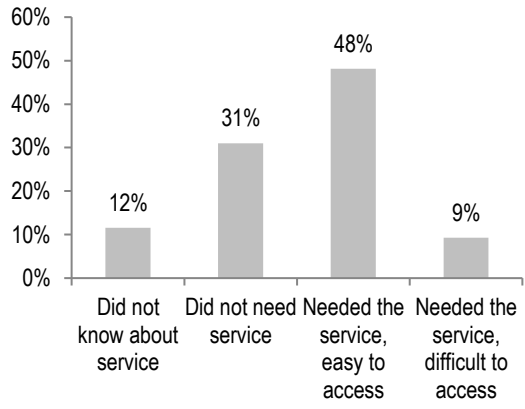
FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities								
<p>Emergency Financial Assistance (Pharmacy Assistance)</p>	<p><u>Part A:</u> FY18: \$450,000 FY19: \$450,000 FY20: \$525,000</p> <p>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	 <table border="1" data-bbox="639 646 1204 716"> <thead> <tr> <th></th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>◆ EFA</td> <td>863</td> <td>1,108</td> <td>1,527</td> </tr> </tbody> </table> <p>Source: RWGA, 4/3/20</p>		CY17	CY18	CY19	◆ EFA	863	1,108	1,527	<p>Emergency financial assistance outcomes data are not available for this service category at this time.</p>	<p><u>Needs Assessment Rankings:</u></p> <p>As EFA is currently used for rapid medication access in the Houston area, it was not evaluated as a separate service from HIV Medication Assistance/Local Pharmacy Assistance Program (LPAP) in the 2020 Needs Assessment.</p> <p>See also: LPAP</p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> • Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> • ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>Early Identification of Individuals with HIV/AIDS (EIIHA)</u></p> <ul style="list-style-type: none"> • Refer and link newly diagnosed PLWH to medical care and services <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> • ↑ percentage of diagnosed PLWH on antiretroviral therapy (ART), retained in HIV care, and virally suppressed <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> • ↑ timely linkage to HIV-related care and treatment • ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> • ↑ diagnosed PLWH on ART to 90% • ↑ diagnosed PLWH on ART who are virally suppressed to 90% • ↓ annual new diagnoses by 50% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> • ↑ RW clients who are virally suppressed to ≥ 90% • ↑ PLWH who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u> Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression</p>
	CY17	CY18	CY19										
◆ EFA	863	1,108	1,527										

FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																		
<p>Health Insurance Premium and Cost Sharing Assistance</p>	<p><u>Part A:</u> FY99: \$0 FY00: \$75,917 FY01: \$50,917 FY02: \$51,295 FY03: \$81,303 FY04: \$82,151 FY05: \$177,852 FY06: \$200,000 FY07: \$400,000 FY08: \$1,238,590 FY09: \$573,135 FY10: \$573,135</p> <p><u>Part B/SS:</u> FY11: \$1,356,658 FY12: \$1,406,658 FY13: \$1,578,402 FY14: \$2,068,402</p> <p><u>Part A/B/SS:</u> FY15: \$3,442,297 FY16: \$3,049,619 FY17: \$3,049,619 FY18: \$2,951,969 FY19: \$3,210,400 FY20: \$3,376,569</p> <p><small>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</small></p>	 <table border="1" data-bbox="497 657 1209 738"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>HIA</td> <td>830</td> <td>975</td> <td>1,584</td> <td>2,116</td> <td>2,102</td> <td>2,057</td> <td>2,203</td> <td>2,374</td> </tr> </tbody> </table> <p><small>Source: RWGA and The Resource Group, 4/3/20</small></p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	HIA	830	975	1,584	2,116	2,102	2,057	2,203	2,374	<ul style="list-style-type: none"> 81% of health insurance assistance clients were virally suppressed <p><small>Source: RWGA FY 2018 Highlights from Performance Measures</small></p>	<p><u>Needs Assessment Rankings:</u> Health Insurance Assistance (HIA) was defined as: "this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits" in the 2020 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> 57% of respondents reported a need for HIA, placing this service as the 7th highest need. The most common barriers reported were eligibility and financial issues (each 23% of all reported barriers to this service). White PLWH and PLWH age 18 to 24 reported the least difficulty accessing HIA Transgender, homeless, MSM and rural PLWH reported more difficulty accessing HIA than the sample as a whole. <p><small>Sources: 2020 Houston Area HIV Needs Assessment.</small></p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to at least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. ↑ RW clients who are virally suppressed to ≥ 90% ↑ who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19															
HIA	830	975	1,584	2,116	2,102	2,057	2,203	2,374															

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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																												
<p>Home & Community-Based Health Services (Adult Day Treatment)</p>	<p><u>Part A:</u> FY99: \$0 FY00: \$0 FY01: \$0 FY02: \$0 FY03: \$83,577 FY04: \$60,588 FY05: \$72,289 FY06: \$72,000 FY07: \$72,000 FY08: \$222,000 FY09: \$148,972</p> <p><u>Part B:</u> FY10: \$242,000 FY11: \$232,000 FY12: \$242,000 FY13: \$232,000 FY14: \$232,000 FY15: \$232,000 FY16: \$232,000 FY17: \$232,000 FY18: \$203,315 FY19: \$113,315 FY20: \$113,315</p> <p><small>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</small></p>	<p>Total # of clients served</p> <table border="1" data-bbox="505 706 1220 776"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>Adult Day</td> <td>45</td> <td>60</td> <td>58</td> <td>46</td> <td>38</td> <td>28</td> <td>26</td> <td>27</td> </tr> </tbody> </table> <p><small>Source: The Resource Group, 4/3/20</small></p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	Adult Day	45	60	58	46	38	28	26	27	<ul style="list-style-type: none"> 82% of clients records reviewed for Home & Community Based Health Services (Adult Day Treatment) had documentation of a care plan completed 90% of client records reviewed had an evaluation of client's health, psychosocial status, functional status, and home environment A nursing/medical record assessment was not conducted <p><small>Source: TRG 2019 Chart Review Report</small></p>	<p><u>Needs Assessment Rankings:</u> Home & Community Based Health Services (Adult Day Treatment) was surveyed as "Day Treatment," defined as: "this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is not a place you live" in the 2020 Needs Assessment. Results as defined are below:</p> <table border="1" data-bbox="1661 532 2171 743"> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Did not know about service</td> <td>21%</td> </tr> <tr> <td>Did not need service</td> <td>47%</td> </tr> <tr> <td>Needed the service, easy to access</td> <td>29%</td> </tr> <tr> <td>Needed the service, difficult to access</td> <td>3%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 32% of respondents reported a need for Home & Community Based Health Services (Adult Day Treatment), placing this service as the 4th lowest ranked need. The most common barrier reported was education and awareness (25% of all reported barriers to this service). Females, other/multiracial PLWH, and PLWH age 18 to 24 reported the least difficulty accessing Home & Community Based Health Services (Adult Day Treatment). Transgender and homeless PLWH reported more difficulty accessing Home & Community Based Health Services (Adult Day Treatment) than the sample as whole <p><small>Source: 2020 Houston Area HIV Needs Assessment</small></p>	Response	Percentage	Did not know about service	21%	Did not need service	47%	Needed the service, easy to access	29%	Needed the service, difficult to access	3%	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care ↑ percentage of diagnosed PLWH with a suppressed viral load <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ viral suppression Increase continuous participation in systems of care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH retained in care to ≥ 90%. ↑ RW clients who are virally suppressed to ≥ 90% ↑ PLWH who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																												
<p>Hospice</p>	<p><u>Part A:</u> FY99: \$123,530 FY00: \$147,889 FY01: \$166,678 FY02: \$167,914 FY03: \$190,553 FY04: \$203,039 FY05: \$264,643 FY06: \$283,600 FY07: \$283,600 FY08: \$422,915</p> <p><u>Part A/SS:</u> FY09: \$422,915 FY10: \$422,915 FY11: \$419,916 FY12: \$416,326</p> <p><u>SS:</u> FY13: \$414,832 FY14: \$414,832 FY15: \$414,832 FY16: \$414,832 FY17: \$414,832 FY18: \$359,832 FY19: \$259,832 FY20: \$259,832</p> <p><u>Source:</u> FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	<table border="1" data-bbox="497 706 1223 771"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>Hospice</td> <td>51</td> <td>49</td> <td>38</td> <td>25</td> <td>40</td> <td>48</td> <td>46</td> <td>28</td> </tr> </tbody> </table> <p><u>Source:</u> The Resource Group, 4/3/20</p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	Hospice	51	49	38	25	40	48	46	28	<ul style="list-style-type: none"> According to chart review, 100% of clients receiving Hospice services had a documented multidisciplinary care plan with monthly updates. 92% of charts had records of palliative therapy as ordered and 100% had medication administration records on file. Records indicated that bereavement counseling was offered to client's family in 10% of applicable cases. <p><u>Source:</u> TRG 2019 Chart Review Report</p>	<p><u>Needs Assessment Rankings:</u></p> <p>Hospice was defined as: "a program for people in a terminal stage of illness to get end-of-life care" in the 2020 Needs Assessment. Results as defined are below:</p> <table border="1" data-bbox="1661 446 2163 706"> <thead> <tr> <th>Ranking</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Did not know about service</td> <td>19%</td> </tr> <tr> <td>Did not need service</td> <td>73%</td> </tr> <tr> <td>Needed the service, easy to access</td> <td>7%</td> </tr> <tr> <td>Needed the service, difficult to access</td> <td>1%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Hospice care is not a ranked service, as historically those receiving or are in greatest need of hospice care are not representatively sampled. The most common barrier reported was education and awareness and transportation issues. Females, White, Hispanic/Latinx, and other/multiracial PLWH, and PLWH age 50+ reported the least difficulty accessing Hospice care. MSM reported greater difficulty accessing Hospice care than the sample as a whole. <p><u>Source:</u> 2020 Houston Area HIV Needs Assessment</p>	Ranking	Percentage	Did not know about service	19%	Did not need service	73%	Needed the service, easy to access	7%	Needed the service, difficult to access	1%	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH retained in care to ≥ 90%. <p>The following Special Populations are also specifically addressed by this service:</p> <ul style="list-style-type: none"> Homeless PWIDU <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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Hospice	51	49	38	25	40	48	46	28																									
Ranking	Percentage																																
Did not know about service	19%																																
Did not need service	73%																																
Needed the service, easy to access	7%																																
Needed the service, difficult to access	1%																																

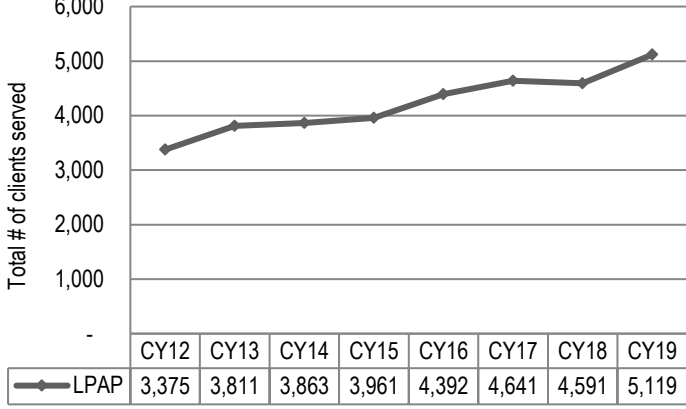
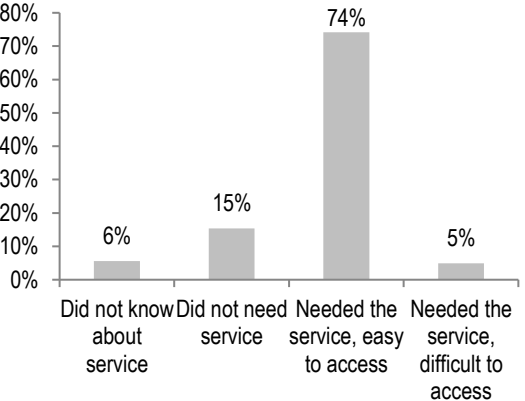
FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																		
<p>Linguistic Services</p>	<p><u>SS:</u> FY09: \$28,000 FY10: \$28,000 FY11: \$28,000 FY12: \$28,000 FY13: \$35,000 FY14: \$35,000 FY15: \$35,000 FY16: \$48,000 FY17: \$48,000 FY18: \$68,000 FY19: \$68,000 FY20: \$68,000</p> <p>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	<table border="1" data-bbox="505 706 1220 776"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>—◆— Linguistic</td> <td>39</td> <td>46</td> <td>51</td> <td>46</td> <td>67</td> <td>62</td> <td>50</td> <td>54</td> </tr> </tbody> </table> <p>Source: The Resource Group, 4/3/20</p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	—◆— Linguistic	39	46	51	46	67	62	50	54	<p>Linguistics outcome data are not available for this service category at this time. However, utilization data for CY19 show that:</p> <ul style="list-style-type: none"> • 54% of Linguistics clients were African American / African origin • 31% were Asian American / Asian origin 	<p><u>Needs Assessment Rankings:</u></p> <p>Linguistic Services are provided to <i>non</i>-Spanish-speaking monolingual RW clients. However, needs assessment surveys are conducted in English and Spanish only; therefore, the need for Linguistic Services <i>as designed</i> may not be fully known. For this reason, Linguistic Services is not assigned a need ranking.</p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> • Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> • ↑ diagnosed PLWH retained in HIV medical care to at least 90%. • ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> • ↑ percentage of diagnosed PLWH retained in HIV care <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> • ↑ continuous participation in systems of care and treatment <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> • ↑ diagnosed PLWH on ART to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> • ↑ newly diagnosed individuals linked to care w/in 1 month diagnosis to ≥85% • ↓ new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis w/in 1 year by 25% • ↑ clients in continuous HIV care to ≥ 90% • ↑ PLWH who are retained in care to ≥ 90%. <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> • Foster 90% retention in care
	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19															
—◆— Linguistic	39	46	51	46	67	62	50	54															

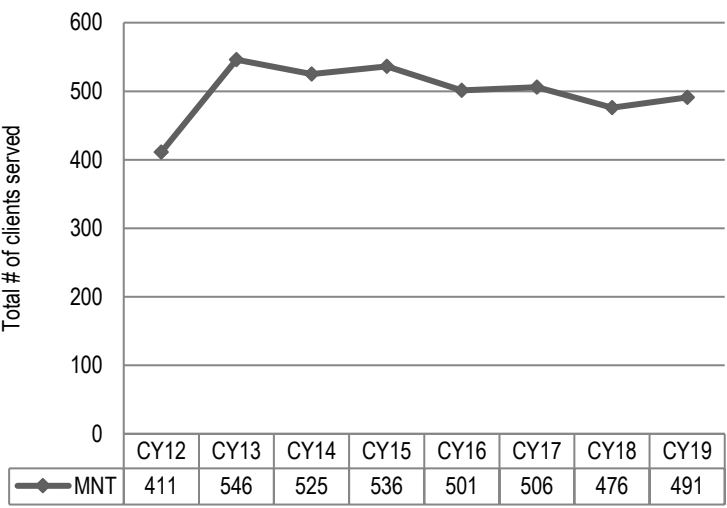
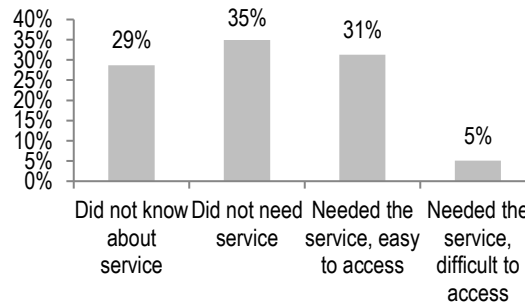
FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																		
<p>Local Pharmacy Assistance Program (LPAP)</p>	<p><u>Part A:</u> FY99: \$1,414,401 FY00: \$1,545,043 FY01: \$2,130,863 FY02: \$2,014,178 FY03: \$2,280,942 FY04: \$2,862,518 FY05: \$3,038,662 FY06: \$2,496,000 FY07: \$2,424,450 FY08: \$3,288,420 FY09: \$3,552,061 FY10: \$3,452,061 FY11: \$3,679,361 FY12: \$3,582,046 FY13: \$2,793,717 FY14: \$2,544,176 FY15: \$2,219,276 FY16: \$2,581,440 FY17: \$2,384,796 FY18: \$1,934,796 FY19: \$2,657,166 FY20: \$3,157,166</p> <p><u>Source:</u> FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	 <table border="1" data-bbox="524 617 1209 690"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>LPAP</td> <td>3,375</td> <td>3,811</td> <td>3,863</td> <td>3,961</td> <td>4,392</td> <td>4,641</td> <td>4,591</td> <td>5,119</td> </tr> </tbody> </table> <p><u>Source:</u> RWGA, 4/3/20</p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	LPAP	3,375	3,811	3,863	3,961	4,392	4,641	4,591	5,119	<ul style="list-style-type: none"> 77% of LPAP clients were virally suppressed <p><u>Source:</u> RWGA FY 2018 Highlights from Performance Measures</p>	<p><u>Needs Assessment Rankings:</u> HIV Medication Assistance (LPAP and EFA) was defined as: “help paying for HIV medications in addition to or instead of assistance from the state/ADAP” in the 2020 Needs Assessment. Results as defined are below. Results as defined are below:</p>  <ul style="list-style-type: none"> 79% of respondents reported a need for LPAP, placing this service as the 2nd highest ranked need. The most common barrier reported was eligibility issues (25% of all reported barriers to this service). Males, white PLWH, and PLWH age 50+ reported the least difficulty accessing LPAP. Homeless, MSM, rural, and transgender PLWH reported the more difficulty accessing LPAP than the sample as a whole. <p>See also: EFA</p> <p><u>Source:</u> 2020 Houston Area HIV Needs Assessment.</p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to at least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH with a suppressed viral load <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% ↓ annual new diagnoses by 50% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↓ new HIV diagnoses with an HIV Stage 3 diagnosis w/in 1 year by 25% ↓ new HIV diagnoses with an HIV stage 3 diagnosis w/in 1 year among Hispanic and Latino men age 35+ by 25% ↑ RW clients who are virally suppressed to ≥ 90% ↑ PLWH who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19															
LPAP	3,375	3,811	3,863	3,961	4,392	4,641	4,591	5,119															

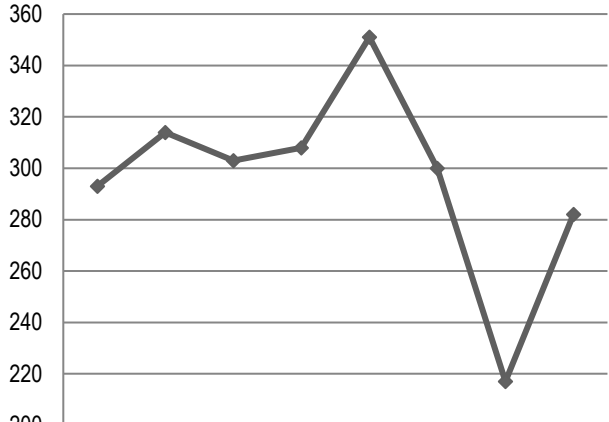
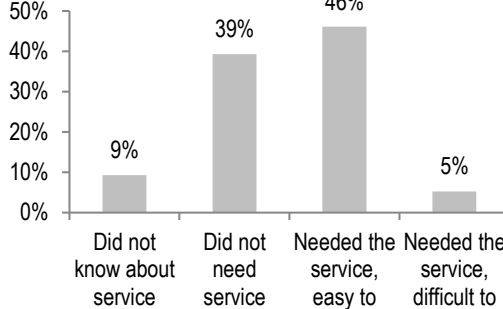
FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																												
<p>Medical Nutritional Therapy (MNT) (incl. nutritional supplements)</p>	<p><u>Part A:</u> FY07:\$144,148 FY08:\$301,325</p> <p><u>Part A/B:</u> FY09: \$301,325 FY10: \$301,325</p> <p><u>Part A:</u> FY11: \$351,285 FY12: \$341,994 FY13: \$341,994 FY14: \$341,395 FY15: \$341,395 FY16: \$341,395 FY17: \$341,395 FY18: \$341,395 FY19: \$341,395 FY20: \$341,395</p> <p><u>Source:</u> FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	<p>Total # of clients served</p>  <table border="1" data-bbox="497 690 1223 771"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>MNT</td> <td>411</td> <td>546</td> <td>525</td> <td>536</td> <td>501</td> <td>506</td> <td>476</td> <td>491</td> </tr> </tbody> </table> <p><u>Source:</u> RWGA, 4/3/20</p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	MNT	411	546	525	536	501	506	476	491	<ul style="list-style-type: none"> 67% of medical nutritional therapy clients with wasting syndrome or suboptimal body mass improved or maintained their body mass index 85% of medical nutritional therapy clients were virally suppressed <p><u>Source:</u> RWGA FY 2018 Highlights from Performance Measures</p>	<p><u>Needs Assessment Rankings:</u>^a</p> <p>Medical Nutrition Therapy was surveyed as “Nutritional Supplements,” defined as: “like Ensure, fish oil, protein powder, etc., and/or nutritional counseling from a professional dietician” in the 2020 Needs Assessment. Results as defined are below:</p>  <table border="1" data-bbox="1653 470 2177 771"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Did not know about service</td> <td>29%</td> </tr> <tr> <td>Did not need service</td> <td>35%</td> </tr> <tr> <td>Needed the service, easy to access</td> <td>31%</td> </tr> <tr> <td>Needed the service, difficult to access</td> <td>5%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 36% of respondents reported a need for Medical Nutrition Therapy, placing this service as the 5th lowest ranked need. The most common barrier reported was education and awareness (35% of all reported barriers to this service). Females, Hispanic/Latinx PLWH, and PLWH age 18 to 24 reported the least difficulty accessing Medical Nutrition Therapy. Homeless PLWH reported more difficulty accessing Medical Nutrition Therapy than the sample as a whole. <p><u>Source:</u> 2020 Houston Area HIV Needs Assessment.</p>	Category	Percentage	Did not know about service	29%	Did not need service	35%	Needed the service, easy to access	31%	Needed the service, difficult to access	5%	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to at least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH with a suppressed viral load <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients who are virally suppressed to ≥ 90% ↑ PLWH who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19																									
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FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																		
<p>Mental Health (Professional Counseling)</p>	<p>Part A: FY99: \$774,176 FY00: \$445,344 FY01: \$329,112 FY02: \$174,719 FY03: \$268,764 FY04: \$194,834 FY05: \$224,000 FY06: \$234,000 FY07: \$214,000 FY08: \$365,798</p> <p>SS: FY09: \$252,200 FY10: \$252,200 FY11: \$252,200 FY12: \$252,200 FY13: \$252,200 FY14: \$252,200 FY15: \$300,000 FY16: \$300,000 FY17: \$300,000 FY18: \$300,000 FY19: \$300,000 FY20: \$300,000</p> <p><small>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</small></p>	<p>Total # of clients served</p>  <table border="1" data-bbox="674 699 1220 773"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>Ment Health</td> <td>293</td> <td>314</td> <td>303</td> <td>308</td> <td>351</td> <td>300</td> <td>217</td> <td>282</td> </tr> </tbody> </table> <p><small>Source: The Resource Group, 4/3/20</small></p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	Ment Health	293	314	303	308	351	300	217	282	<ul style="list-style-type: none"> By the third appointment, all clients had a psychosocial assessment with all elements of the Mental Health SOC and a treatment plan. Progress notes were completed for each counseling session. 96% of clients had treatment plans reviewed and/or modified at least every 90 days. 100% of charts reviewed contained evidence of appropriate coordination across all medical care team members <p><small>Source: TRG 2019 Chart Review Report</small></p>	<p><u>Needs Assessment Rankings:</u></p> <p>Mental Health was surveyed as “Professional Mental Health Counseling,” defined as: “by a licensed professional counselor or therapist either individually or as part of a therapy group” in the 2020 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> 51% of respondents reported a need for Mental Health services, placing it as the 7th lowest ranked need. The most common barrier reported were administrative and education and awareness issues (22% of all reported barriers, respectively). Males, Hispanic/Latinx PLWH, and PLWH age 18 to 24 reported the least difficulty accessing Mental Health services Recently released, rural, and homeless PLWH reported more difficulty accessing Mental Health Services than the sample as a whole <p><small>Source: 2020 Houston Area HIV Needs Assessment</small></p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Focus on Addressing mental health, substance use, housing and criminal justice from Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ access to mental health services and substance use disorder treatment. Promote a recovery model for mental health disorders, including broadening the base of trained mental health recovery coaches. Establish collaborations between HIV organizations and mental health providers. Adopt models for co-location of services. <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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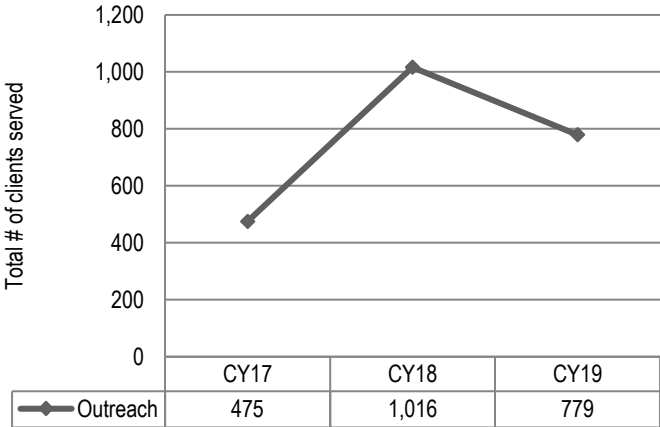
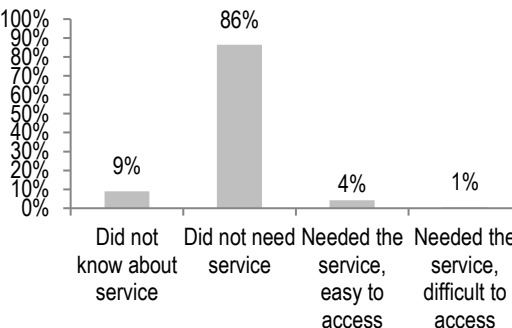
FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																												
<p>Oral Health (Untargeted & Rural)</p>	<p><u>Part A:</u> FY99: \$722,299 FY00: \$620,240 FY01: \$772,480 FY02: \$776,585 FY03: \$903,017 FY04: \$884,176 FY05: \$1,014,124 FY06: \$1,060,000 FY07: \$1,060,000 FY08: \$1,455,678</p> <p><u>Part A/B:</u> FY09: \$1,550,678 FY10: \$1,700,325 FY11: \$1,835,346 FY12: \$2,146,063 FY13: \$1,951,776 FY14: \$1,951,546 FY15: \$2,083,999 FY16: \$2,286,750 FY17: \$2,536,750 FY18: \$2,251,969 FY19: \$2,353,309 FY20: \$2,377,809</p> <p><u>Source:</u> FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	<table border="1" data-bbox="537 617 1209 682"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>Oral Health</td> <td>2,816</td> <td>3,298</td> <td>3,365</td> <td>3,476</td> <td>3,372</td> <td>3,275</td> <td>3,572</td> <td>3,830</td> </tr> </tbody> </table> <p><u>Source:</u> RWGA and The Resource Group, 4/3/20</p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	Oral Health	2,816	3,298	3,365	3,476	3,372	3,275	3,572	3,830	<p><u>Untargeted:</u>^a</p> <ul style="list-style-type: none"> According to client charts reviewed for untargeted oral health services, 99% had chart evidence for vital signs assessment at initial visit, 99% had updated health histories in their chart, 89% had a signed dental treatment plan established or updated within the last year, and 75% had chart evidence of receipt of oral health education including smoking cessation. <p><u>Rural:</u>^b</p> <ul style="list-style-type: none"> According to client charts reviewed for rural oral health services, 100% of client charts had evidence of vital signs assessment, 96% had evidence of hard and soft tissue examinations, 97% had evidence of receipt of periodontal screening, and 99% had evidence of oral health education. <p><u>Source:</u> ^a TRG 2019 Chart Review Report ^b RWGA Oral Health Care – Rural Target Chart Review FY 2018 (October 2019)</p>	<p><u>Needs Assessment Rankings:</u></p> <p>Oral Health was defined as: “Oral health care visits with a dentist or hygienist,” in the 2020 Needs Assessment. Results as defined are below:</p> <table border="1" data-bbox="1666 438 2177 763"> <thead> <tr> <th>Ranking Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Did not know about service</td> <td>17%</td> </tr> <tr> <td>Did not need service</td> <td>11%</td> </tr> <tr> <td>Needed the service, easy to access</td> <td>57%</td> </tr> <tr> <td>Needed the service, difficult to access</td> <td>15%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 72% of respondents reported a need for Oral Health services, placing this service as the 4th highest ranked need. The most common barrier reported was wait-related issues (22% of all reported barriers to this service). Males, Hispanic/Latinx PLWH, and PLWH age 18 to 24 reported the least difficulty accessing Oral Health services. Out of care, recently released, and MSM PLWH reported more difficulty accessing Oral Health Services than the sample as a whole. <p><u>Source:</u> 2020 Houston Area HIV Needs Assessment.</p>	Ranking Category	Percentage	Did not know about service	17%	Did not need service	11%	Needed the service, easy to access	57%	Needed the service, difficult to access	15%	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to at least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Reach 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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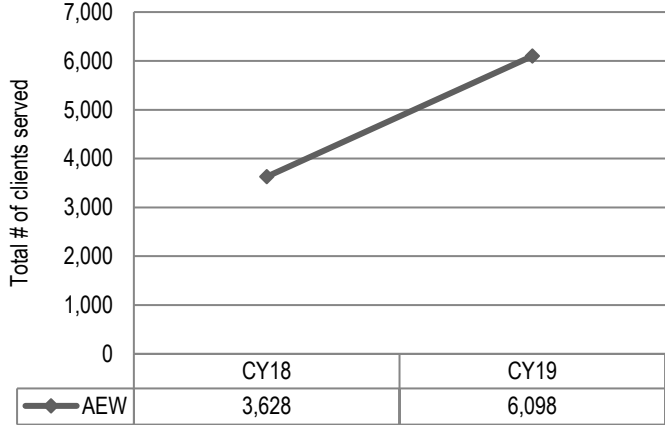
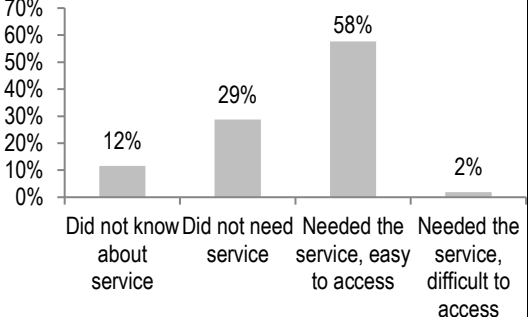
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Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities								
<p>Outreach Services</p>	<p><u>Part A:</u> FY17: \$490,000 FY18: \$420,000 FY19: \$420,000 FY20: \$420,000</p> <p>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	 <table border="1" data-bbox="537 673 1196 747"> <thead> <tr> <th></th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>Outreach</td> <td>475</td> <td>1,016</td> <td>779</td> </tr> </tbody> </table> <p>Source: RWGA, 4/3/20</p>		CY17	CY18	CY19	Outreach	475	1,016	779	<ul style="list-style-type: none"> 39% of outreach clients accessed primary care within three months of their first outreach visit 46% of clients moved from unsuppressed to suppressed viral load status within three months of their first outreach visit <p>Source: RWGA FY 2018 Highlights from Performance Measures</p>	<p><u>Needs Assessment Rankings:</u></p> <p>Outreach Service workers were defined as: “people at your clinic or program who contact you to help you get HIV medical care when you have a couple of missed appointments” in the 2020 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> 5% of respondents reported a need for Outreach Services, placing this service as the lowest ranked need. The most common barrier reported was interactions with staff (71% of all reported barriers to this service). Males, Black/African American and Hispanic/Latinx PLWH, and PLWH age 18 to 24 reported the least difficulty accessing Outreach Services. Homeless, MSM, recently released, and transgender PLWH reported more difficulty accessing Outreach Services than the sample as a whole. <p>Source: 2020 Houston Area HIV Needs Assessment.</p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care ↑ percentage of diagnosed PLWH with a suppressed viral load <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. ↑ RW clients who are virally suppressed to ≥ 90% ↑ PLWH who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Reach 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
	CY17	CY18	CY19										
Outreach	475	1,016	779										

FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/7/20

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities						
<p>Referral for Health Care & Support Services (ADAP Enrollment Workers)</p>	<p><u>SS-R:</u> FY18: \$375,000 FY19: \$375,000 FY20: \$375,000</p> <p>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	 <table border="1" data-bbox="666 636 1196 706"> <thead> <tr> <th></th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>AEW</td> <td>3,628</td> <td>6,098</td> </tr> </tbody> </table> <p>Source: The Resource Group, 4/03/20</p>		CY18	CY19	AEW	3,628	6,098	<ul style="list-style-type: none"> 59% of AEW client had charts documented evidence of benefit applications completed as appropriate within two weeks the eligibility determination date 59% had evidence of assistance provided to access health insurance or Marketplace plans 73% had evidence of completed secondary reviews of ADAP applications before submission to THMP <p>Source: TRG 2019 Chart Review Report</p>	<p><u>Needs Assessment Rankings:</u> ADAP Enrollment Workers (AEW) were defined as: “people at your clinic or program who help you complete an application for ADAP medication assistance from the state” in the 2020 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> 60% of respondents reported a need for AEW services, placing this service as the lowest ranked need. The most common barrier reported was education and awareness (30% of all reported barriers to this service). Females, Hispanic/Latinx, and PLWH age 18 to 24 reported the least difficulty accessing AEW. Out of care, rural, and homeless PLWH reported more difficulty accessing Outreach Services than the sample as a whole. <p>Source: 2020 Houston Area HIV Needs Assessment.</p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>Early Identification of Individuals with HIV/AIDS (EIIHA)</u></p> <ul style="list-style-type: none"> Refer and link newly diagnosed PLWH to medical care and services <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH on antiretroviral therapy (ART), retained in HIV care, and virally suppressed <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ timely linkage to HIV-related care and treatment ↑ viral suppression <p><u>Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH on ART to 90% ↑ diagnosed PLWH on ART who are virally suppressed to 90% <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients who are virally suppressed to ≥ 90% ↑ PLWH who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
	CY18	CY19									
AEW	3,628	6,098									

FY2021 HTBMN - Service Category Information Summary – Part A, MAI, Part B, SS

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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																		
<p>Substance Abuse Treatment</p>	<p><u>Part A:</u> FY99: \$247,077 FY00: \$207,639 FY01: \$41,368 FY02: \$56,786 FY03: \$59,110 FY04: \$85,745 FY05: \$42,850 FY06: \$45,000 FY07: \$35,000 FY08: \$25,051 FY09: \$66,051 FY10: \$72,000 FY11: \$47,000 FY12: \$45,757 FY13: \$45,757 FY14: \$45,677 FY15: \$45,677 FY16: \$45,677 FY17: \$45,677 FY18: \$45,677 FY19: \$45,677 FY20: \$45,677</p> <p><u>Source:</u> FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</p>	<table border="1" data-bbox="672 698 1209 771"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>Sub Abuse</td> <td>12</td> <td>16</td> <td>17</td> <td>23</td> <td>30</td> <td>23</td> <td>28</td> <td>27</td> </tr> </tbody> </table> <p><u>Source:</u> RWGA, 4/3/20</p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	Sub Abuse	12	16	17	23	30	23	28	27	<ul style="list-style-type: none"> 52% of substance abuse treatment services clients completed a treatment program during the reporting period. Following receipt of substance abuse treatment services, 57% of clients accessed HIV primary at least once and 69% were virally suppressed. <p><u>Source:</u> RWGA FY 2018 Highlights from Performance Measures</p>	<p><u>Needs Assessment Rankings:</u> Substance Abuse Treatment was surveyed as “alcohol or drug abuse treatment or counseling (in an outpatient setting only)” in the 2020 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> 24% of respondents reported a need for Substance Abuse Treatment, placing this service as the 3rd lowest ranked need. The most common barrier reported was education and awareness (46% of all reported barriers to this service). Females, other/multiracial PLWH, and PLWH age 50+ reported the least difficulty accessing Substance Abuse Treatment Recently released and homeless PLWH reported more difficulty accessing Substance Abuse Treatment than the sample as a whole <p><u>Source:</u> 2020 Houston Area HIV Needs Assessment.</p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Focus on Addressing mental health, substance use, housing and criminal justice from Achieving Together Plan (Texas, by 2030):</u></p> <ul style="list-style-type: none"> ↑ access to mental health services and substance use disorder treatment. Promote a recovery model for substance use disorders, including broadening the base of trained substance use recovery coaches. <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. <p>The following Special Populations are also specifically addressed by this service:</p> <ul style="list-style-type: none"> PWIDU <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
	CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19															
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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																											
<p>Transportation (Untargeted & Rural) (Van & Bus Pass)</p>	<p><u>Part A:</u> FY99: \$580,909 FY00: \$838,460 FY01: \$912,947 FY02: \$1,015,666 FY03: \$945,743 FY04: \$598,816 FY05: \$570,000 FY06: \$570,000 FY07: \$512,000 FY08: \$654,539</p> <p><u>Part A/B:</u> FY09: \$654,539 FY10: \$595,366</p> <p><u>Part A:</u> FY11: \$625,366 FY12: \$543,459 FY13: \$543,459 FY14: \$527,361 FY15: \$527,362 FY16: \$527,362 FY17: \$527,362 FY18: \$482,087 FY19: \$424,911 FY20: \$424,911</p> <p><small>Source: FY 2020 Allocations - Level Funding Scenario Based - Approved 07/11/19</small></p>	<p>Total # of clients served</p> <table border="1" data-bbox="505 771 1217 841"> <thead> <tr> <th></th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> <th>CY16</th> <th>CY17</th> <th>CY18</th> <th>CY19</th> </tr> </thead> <tbody> <tr> <td>Van Based</td> <td>322</td> <td>478</td> <td>611</td> <td>754</td> <td>723</td> <td>864</td> <td>863</td> <td>923</td> </tr> <tr> <td>Bus Pass</td> <td>2,263</td> <td>2,628</td> <td>2,592</td> <td>2,342</td> <td>2,171</td> <td>2,189</td> <td>2,291</td> <td>2,203</td> </tr> </tbody> </table> <p><small>Source: RWGA, 4/3/20</small></p>		CY12	CY13	CY14	CY15	CY16	CY17	CY18	CY19	Van Based	322	478	611	754	723	864	863	923	Bus Pass	2,263	2,628	2,592	2,342	2,171	2,189	2,291	2,203	<p><u>Van Based:</u></p> <ul style="list-style-type: none"> Following van based transportation services: 64% of clients accessed RW HIV primary care at least once and 54% accessed LPAP at least once. <p><u>Bus Pass:</u></p> <ul style="list-style-type: none"> Following bus pass transportation services: <ul style="list-style-type: none"> 76% of clients accessed a RW service of some kind at least once; 35% accessed RW HIV primary care at least once; and 22% accessed LPAP at least once. <p><small>Source: RWGA FY 2018 Highlights from Performance Measures</small></p>	<p><u>Needs Assessment Rankings:</u></p> <p>Transportation was defined as “Transportation to/from your HIV medical appointments on a van or with a Metro bus card” in the 2020 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> 48% of respondents reported a need for Transportation services, placing it as the 6th lowest ranked need. The most common barrier reported for Transportation Services was lack of education and awareness (24% of all reported barriers to this service). Males, Hispanic/Latino PLWH, and PLWH age 18 to 24 reported the least difficulty accessing Transportation services Homeless, out of care, and recently released PLWH reported more difficulty accessing Transportation services than the sample as a whole. <p><small>Source: 2020 Houston Area HIV Needs Assessment</small></p>	<p>This service aligns with the following goals:</p> <p><u>EHE</u></p> <ul style="list-style-type: none"> Treat HIV rapidly and effectively to achieve sustained viral suppression <p><u>NHAS</u></p> <ul style="list-style-type: none"> ↑ diagnosed PLWH retained in HIV medical care to at least 90%. ↑ virally suppressed diagnosed PLWH to least 80%. <p><u>HIV Care Continuum</u></p> <ul style="list-style-type: none"> ↑ percentage of diagnosed PLWH retained in HIV care ↑ percentage of diagnosed PLWH with a suppressed viral load <p><u>The Texas HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ continuous participation in systems of care and treatment ↑ viral suppression <p><u>Comprehensive HIV Plan (2017-2021):</u></p> <ul style="list-style-type: none"> ↑ newly diagnosed individuals linked to care w/in 1 month diagnosis to ≥85% ↑ RW clients in continuous HIV care to ≥ 90% ↑ PLWH who are retained in care to ≥ 90%. ↑ RW clients who are virally suppressed to ≥ 90% ↑ PLWH who are virally suppressed ≥80% <p><u>END Plan (2017-2021)</u></p> <ul style="list-style-type: none"> Foster 90% retention in care Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression
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