



**Houston Area Integrated
HIV Prevention and Care
Plan
2022 - 2026**

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Disclaimer:

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Vision

The Greater Houston area will become a community with an enhanced system of HIV prevention and care. New HIV infections will be reduced to zero. Should new HIV infections occur, every person, regardless of sex, race, color, ethnicity, national origin, age, familial status, marital status, military status, religion, disability, sexual orientation, genetic information, gender identity, pregnancy, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination.

Mission

The mission of the 2022-2026 Houston Area Integrated HIV Prevention & Care Services Plan is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or at risk for HIV.



SECTION I: EXECUTIVE SUMMARY OF INTEGRATED PLAN AND SCSN

(Provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission.)

1. a. b. The mission of the 2022-2026 Houston Area Integrated HIV Prevention and Care Services Plan (**2022 Integrated Plan**) is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or at risk for HIV.

Houston is the fourth largest city in the U.S., the largest city in the State of Texas, and one of the most racially and ethnically diverse major American metropolitan areas. Spanning 600 square miles, Houston is also the least densely populated major metropolitan area. Houston is the seat of Harris County, the most populous county in the State of Texas and the third most populous in the country. The United States Census Bureau estimates that Harris County has almost 4.7 million residents, around half of which live in the city of Houston.

HIV prevention and care services are provided in the Houston Area throughout three distinctly defined service areas. The End the HIV Epidemic (**EHE**) geographic service area is Houston/Harris County. As of 2019, 92% of all diagnosed people living with HIV in the Houston Eligible Metropolitan Area and a majority of those in the Houston Health Services Delivery Area reside in Houston/Harris County. For this reason, much of the epidemiologic data presented for Houston/Harris County are considered representative of the larger areas, unless otherwise noted. This document provides information related to all three of the service areas described below:

- *The Houston Metropolitan Statistical Area (MSA)* includes Harris County and the cities of Houston, Baytown, and Sugarland, TX. The Centers for Disease Control and Prevention's (CDC) HIV prevention funding and activities are administered in the MSA.
- *The Houston Eligible Metropolitan Area (EMA)* is the geographic service area defined by the Health Resources and Services Administration (**HRSA**) for the Ryan White HIV Program Part A and Minority AIDS Initiative (**MAI**). It includes Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller Counties.
- *The Houston Health Services Delivery Area (HSDA)* includes the six counties of the Houston EMA plus four additional counties: Austin, Colorado, Walker, and Wharton. The Houston Regional HIV Resource Group (**TRG**) administers the Texas Department of State Health Services (**TDSHS**) Ryan White HIV Program Part B and State of Texas HIV care services funding and activities in the HSDA. Epidemiologic data for the HSDA are provided by TDSHS.

Because of these distinctly defined service areas, the 2022 Integrated Plan for HIV Prevention and Care Services is a collaborative project of the:

- Houston Health Department (**HHD**), Bureau of HIV/STD & Viral Hepatitis Prevention. The City of Houston is directly funded by CDC for HIV prevention and HIV Surveillance in the MSA.
- Houston HIV Prevention Community Planning Group (**CPG**), the HIV prevention planning body for the MSA.

- Harris County Public Health, Ryan White Grant Administration (**RWGA**), the Recipient for Ryan White Part A and Minority AIDS Initiative funding and the Cares Act (COVID) funding for the six-county EMA, as well as EHE funds for Harris County.
- Houston Regional HIV Resource Group (**TRG**), the recipient for Ryan White Part B and State Services funding in the 10-county HSDA.
- Ryan White Planning Council (**RWPC**), the HIV care planning body for the six-county EMA and the 10-county HSDA.

For this Plan, significant new information was collected from priority populations, as well as Ryan White and non-Ryan White funded stakeholders. Thus, many of the ideas and goals are new, and integrate new data into existing documents to create the 2022 Integrated Plan. The goals are also aligned with the *National HIV/AIDS Strategy (NHAS)*, *Fast Track Cities* and other comprehensive plans identified in the Houston Crosswalk of Comprehensive national, state and local plans. See Section III, page 24.

The 2022 Integrated Plan is intended for use by local HIV planning bodies, recipients and grantees, providers of HIV prevention and care services, both new and established community partners, the state in its Statewide Coordinated Statement of Need (**SCSN**), and other decision makers as they respond to the needs of people with or at-risk for HIV over the next five years. The 2022 Integrated Plan is organized into seven sections, which are summarized below.

Section II: Community Engagement and Planning Process

Since at least 1997, two HIV-related planning bodies have worked collaboratively to provide full coverage HIV prevention and care services planning. The prevention planning body is staffed by the City of Houston; Harris County administers the Ryan White Part A/MAI Program and provides staff for the HIV care planning body. Both planning bodies were key drivers in the formation of community trainings, data collection, development of the goals and objectives and they will be key drivers in implementing, monitoring and evaluating the 2022 Integrated Plan.

Over 580 people with HIV provided input on service needs, gaps and barriers as described in the 2020 Houston Area HIV Care Services Needs Assessment (**2020 NA**). In 2021 and 2022, staff focused on gathering information from populations that were selected by CPG and RWPC as Priority Populations based upon data from State and local sources. Focus groups with representatives of all priority populations included 117 participants. The purpose of the focus groups was to uncover unique ways to address HIV prevention and care services for these hard to reach populations.

Stakeholders in the 10-county service area were interviewed one on one for the most part. The intent was to learn from stakeholder's professional expertise and make it possible to compare suggestions from stakeholders against the lived experience of individuals in the focus groups. At least 126 individuals participated in stakeholder interviews, which included both focus groups and one-on-one interviews.

Section III: Data Sets and Assessments

This section contains a description of multiple databases available for planning HIV prevention and care services, a summary from the 2019 Epidemiological Profile as well as the 2022

Epidemiological Supplement to the Profile, an extensive Resource Inventory and a comparison of the 2020 HIV Care Services Needs Assessment and the 2022 HIV Prevention Needs Assessment. The Houston EMA HIV Care Continuum depicts the number and percentage of people with HIV in Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties at each stage of HIV care, from being diagnosed with HIV to viral suppression and linkage to care. Stakeholders regularly use this analysis to measure the extent to which people with HIV have community-wide access to care and identify potential service gaps. The methodology follows the CDC definition for a diagnosis-based HIV care continuum.

Among 30,149 HIV-diagnosed individuals ages 13 years or older in the Houston EMA in 2019, 75% had receipt of care (at least one CD4/Viral Load test in year); 60% were retained in HIV care (at least two CD4/ Viral Load tests in a year, at least three months apart); 59% maintained or reached viral load suppression (≤ 200 copies/mL); and 63% among the newly diagnosed were linked to care.

As of 2019, in both Houston/Harris County and the Houston EMA, the rates of new HIV diagnoses and prevalence continue to exceed rates both for Texas and the U.S. The rate of new HIV diagnoses in Houston/Harris County is almost twice the rate for the U.S.

Section IV: Situational Analysis

From the 2020 NA, the 2022 HIV Prevention Needs Assessment, priority population focus groups, provider focus groups, stakeholder interviews, the 2022 crosswalk of comprehensive plans, community meetings, and other data sources, the following were selected as priority areas to emphasize within the 2022 Integrated Planning goals and objectives: 1) support for local and national EHE initiatives, 2) education and coordination, 3) access to care and medication, 4) quality of life issues and 5) policy issues.

Section V: Plan Goals and Objectives

The four pillars of the EHE were used to organize plan goals and objectives. The Houston/Harris County EHE goals are combined with the Integrated Plan goals for the 10-county area to demonstrate united purpose. Goals from the Integrated Plan are italicized to indicate the differently funded geographic areas. Both plans are considered “living” documents, and it is anticipated that more activities, strategies, and indicators will be added to each pillar as EHE and integrated planning implementation continues.

Since 2021, consumer representatives on the two Houston area planning bodies and others have been working to highlight quality of life issues for those living with HIV. Issues related to quality of life include stigma, housing, mental health, aging and other needs related to living and thriving with HIV. Quality of life issues have recently gained national significance, with inclusion in several comprehensive plans including the 2022 *NHAS*. Additionally, the 2020 NA indicates the importance of quality of life issues. Of services that are needed and not funded by Ryan White, the top four include housing and food bank, since quality of life issues cannot be addressed through medical interventions alone.

Quality of life issues were addressed in stakeholder interviews and focus groups, when priority populations discussed how different services, including housing, mental health and substance use

treatment, influences their ability to access and be retained in care. To further quality of life efforts, a Greater Houston Area HIV Data Committee has been organized to identify and inventory all HIV data available in the 10-county area. The goal is to create tools to measure and address quality of life issues and to integrate the results of the tools into all Houston planning processes, share the tools with other communities, and encourage CDC and HRSA to add a fifth pillar that uses a variety of such tools to address quality of life concerns.

Education was identified as a pressing issue in the 2020 NA, where education and awareness issues were found to be the number one barrier to care. Further, according to the HHD 2022 HIV Prevention Needs Assessment, health education/risk reduction (HE/RR) is the number two reported need for people not living with HIV. From priority population focus groups, provider focus groups, community meetings, and stakeholder interviews, clearly priority populations and others lack knowledge about HIV prevention and care options. These findings led to the goal of creating a Houston Area HIV Education Council. Educational trainings will be divided into two categories: education for potential and existing service recipients and education for providers, with committees dedicated to meeting the needs of different priority populations.

For example, one committee will focus on the educational and service needs of adolescents while another committee will focus on the needs of individuals who were not born in the United States. Some of the education committees will interface with already established, longstanding groups such as the prevention task forces under CPG. All committees will report monthly to the Education Leadership Team, who will report to the CPG and RWPC.

Certain special populations indicate a high need for basic HIV education. For example, focus groups conducted with 43 college students found that they lack a basic understanding of HIV transmission. This led to designating college students as one of the populations of interest. College students will have a committee made up of students from different local universities along with professional educators who will work together to tailor a curriculum to increase knowledge of HIV and how to access local HIV prevention and care services, including mental health and substance use disorder services that are available on campus and off.

From focus groups with priority populations, it was determined that staff interactions with clients cause some to avoid service locations. This finding is supported by the 2020 NA, which indicates that interactions with staff is the number two barrier to care. Thus, a goal of the HIV Education Council will be to partner with the Houston AIDS Education and Training Center (AETC) to facilitate professional customer service trainings and yearly HIV service updates for staff, particularly front desk and eligibility personnel. Providers will also receive education on how to refer a client for services, as many respondents indicated they were unaware of how to navigate the jurisdiction's HIV prevention and care system.

Information from focus groups, stakeholders, community meetings, needs assessments, the crosswalk of comprehensive plans, and other data sources indicate that access to care remains a pressing issue. For example, the 2020 NA found that of 17 funded core and non-core services, primary medical care is the most needed Ryan White funded service in the jurisdiction. Although 50% of all individuals living with HIV in the 10-county area rely upon Ryan White funded services for care, there continue to be barriers that prevent some from accessing medical care, the most

common being education and awareness issues. Concerning education and awareness barriers, knowledge of the availability of the service and where to access the service accounted for 81% of barriers reported. And due to special limitations placed upon individuals with a history of a sexual offense, one goal of the 2022 Integrated Plan is to create a case manager position to help this particular population access HIV education, prevention, and care services. This goal is supported by stakeholders who state that this type of education is not being provided elsewhere.

Through interactions with stakeholders, it became clear that there are several pressing policy issues in the jurisdiction that require a deeper understanding. These issues include access to comprehensive harm reduction services, the distribution of condoms in jails and prisons, and efforts to transition Texas into a Medicaid expansion state. Interviews with substance use disorder stakeholders and with people who use drugs demonstrate the importance of comprehensive harm reduction to preventing the spread of HIV among people who use drugs. Stakeholder and consumer input revealed strong support for condom distribution in jails and prisons. But the focus group with members of the Serving the Incarcerated and Recently Released Partnership of Greater Houston (SIRR) emphasized that since it is against Texas State law to have sexual contact in jail or prison, condom distribution by staff is not legally permissible. And, the law against sex in prison is intended to prevent sexual assault. This supports the need for more complete education among stakeholders including elected and appointed officials. Additionally, many consumers, providers and stakeholders have worked for years to make Texas a Medicaid expansion state. It is important to understand how the HIV community can have a role in thoughtfully and effectively supporting this effort.

Section VI: Implementation, Monitoring and Jurisdictional Follow Up

Community partners will work collaboratively with members of the CPG and RWPC, health department staff, local educators and others to implement the goals and objectives of the 2022 Integrated Plan. Activities to monitor, evaluate, and disseminate 2022 Integrated Plan/EHE 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.
- Planning body support staff will review goals and objectives and inform responsible parties of the status of their assigned tasks. (Beginning January 2023; bi-annually thereafter)
- Both the RWPC and CPG will receive progress updates on 2022 Integrated Plan/EHE Plan goals and objectives (Beginning August 2023; bi-annually thereafter)
- The 2022 Integrated Plan/EHE Plan Evaluation Workgroup will convene on a regular basis to review the status of goals and objectives, provide explanation of outcomes, identify areas of course correction, assess direction of stated goals and objectives, and report findings to the planning bodies (Beginning at the all-day RWPC Orientation in January 2024; annually thereafter)
- Planning body support staff will conduct a document review and archive reports produced by responsible parties containing information about stated objectives and efforts (Beginning at the all-day RWPC Orientation in January 2024; 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 at the all-day RWPC Orientation in January 2024; annually thereafter)

- Planning body support staff will update the 2022 Integrated Plan/EHE Plan Dashboard detailing progress on stated goals and objectives, which will be featured on the RWPC website (Beginning February 2024; annually thereafter)

Section VII: Letters of Concurrence

See the attached letters of concurrence. The letters are signed by the Co-Chairs of the Houston HIV Prevention Community Planning Group and the Chair of the Houston EMA Ryan White Planning Council. The planning bodies played the dual role of being the planning bodies for prevention and care services and the planning bodies for the development of the 2022 EHE and 2022 Integrated Plans. See Section VII, page 85.

DOCUMENTS SUBMITTED TO MEET CDC AND HRSA REQUIREMENTS:

Please use the links provided in this Plan to locate the following supporting documents:

Section II: Community Engagement and Planning Process. See link to the following document: **2022 Houston Area HIV Data Packet** provided members of the CPG and the RWPC, as well as all participants in committee and community education and planning sessions, with an efficient, easy way to reference all data used to prepare the 2022 Integrated Plan. Per the Table of Contents, the packet contains a Summary of Group Interviews with All Priority Populations; Summary of Group Interviews with Special Populations; Interviews with Individual Stakeholders by Category of Expertise; the HIV Prevention, Care and Treatment Resource Inventory, the Houston Area Planning Crosswalk 2022-2026, which includes related goals and objectives for national and local plans HIV and non-HIV comprehensive plans; the Epidemiological Snapshot and more.

2016 - 2021 Roadmap to Ending the Houston HIV Epidemic, Houston's first Ending the HIV Epidemic Plan, which was funded by a grant from AIDS United.

2022 Ending the HIV Epidemic in Houston/Harris County, the CDC funded Houston/Harris County Ending the HIV Epidemic Plan.

Section III: Contributing Data Sets and Assessments. See links to the following documents, many of which provide pre-COVID data due to the unreliability of data during the COVID pandemic:

FY 2021 Crosswalk of National, State and Local Comprehensive Plans was a tool developed for this Plan.

FY 2020 Summary of Service Categories is updated and used annually during the Ryan White *How to Best Meet the Need*, priority setting and allocations process to justify decisions. The first 2 pages provide data on epidemiological trends, unmet need in HIV care and national, state, and local priorities. Starting on page 3, each funded Ryan White service has a separate page of data that includes a 10-year history of allocations and client utilization, current outcomes, needs assessment data and national, state, and local priorities for the service.

2019 Houston Area HIV Epidemiological Profile and the 2021 Houston Area HIV Epidemiological Supplement. This document includes the Executive Summaries from the two epidemiological reports. Complete data is available by using the links to the full reports.

Section V: Goals and Objectives. See links to the following documents:

Houston Area HIV Resource Directory “The Blue Book”. Provided free of charge to people with HIV, in English and Spanish. Available online and in hard copy.

Mini Blue Book for the Harris County Sheriff's Office. Pocket sized version of the Blue Book distributed by medical staff to inmates living with HIV, available in English and Spanish.