



Houston Area Comprehensive HIV Prevention and Care Services Plan 2017 - 2021

*Capturing the community's vision for an ideal system of HIV
prevention and care for the Houston Area*

[Executive Plan Summary](#)

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Introduction

“H-I-V. Alone, these are three simple letters. Put them together and they identify a disease with an impact of extraordinary proportions. What was once a relatively unknown and concentrated disease has evolved into an epidemic reaching all corners of the globe. It knows no national boundary or division of race, ethnicity, age, sex, or socioeconomic status...

Countless individuals, organizations, and communities the world over have responded admirably to the challenge of fighting the HIV epidemic. This document represents the continuing efforts of one local community, the greater Houston, Texas area, to prevent the spread of HIV and care for those who are living with HIV and their families.”

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

When jurisdictions receive federal funds for HIV prevention or care services, they must also develop a comprehensive jurisdictional plan detailing overarching plans for the use of these funds to address the HIV epidemic. When the time came for the 2012 - 2014 cycle of comprehensive jurisdictional HIV planning in the Houston Area, a new direction was taken which recognized that HIV prevention and HIV care services are parts of a single continuum of care for all people at risk for or living with HIV. This unified Plan changed the face of the Houston HIV prevention and care system planning by deconstructing program “silos”, fostering communication, and providing an integrated vision of Houston as a proactive community when it came to addressing the epidemic.

Once again during development of the 2017-2021 Houston Area Comprehensive HIV Prevention and Care Services Plan, the Houston Area HIV community set out to design a *joint* comprehensive plan for HIV prevention and care.

The purpose of the Houston Area plan is three-fold: 1) to describe the *current* state of HIV prevention and care in the Houston Area, 2) to describe an *ideal* system of HIV prevention and care services for the Houston Area as well as the specific activities needed to make progress toward this ideal, and 3) to describe how progress will be measured. While the *complete* 2017 Comprehensive Plan describes each of these three topics in great detail, the Executive Plan Summary condenses the core components of each section of the complete Houston Area plan.

“The Executive Plan Summary condenses the core components of each section of the complete Houston Area plan.”

Great inroads have been made in addressing the HIV epidemic in the Houston Area and ensuring that all people living with HIV have the opportunity to enjoy long, healthy, and productive lives. The 2017 Comprehensive Plan is intended to build upon the success of previous plans and to serve as a tool for making an even greater impact over the next five years.

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 2017-2021 Houston Area Comprehensive 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.

September 22, 2016

Dear Project Officers, Colleagues, and Community Members:

Together, the Houston HIV Prevention Community Planning Group (CPG) and the Houston Area HIV Services Ryan White Planning Council (RWPC) are pleased to announce that both planning bodies **concur** with the following submission of the 2017-2021 Comprehensive Plan for HIV Prevention and Care Services in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan.

The 2017-2021 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the Houston Health Department - Bureau of HIV/STD & Viral Hepatitis Prevention, CPG, RWPC and Office of Support, Harris County Public Health - Ryan White Grant Administration, and the Houston Regional HIV/AIDS Resource Group, Inc. The Plan represents coordination across multiple funding streams and programs, including DHAP funding for HIV prevention services in Houston/Harris County; HAB Ryan White Program Part A funding for HIV care and treatment services in the Houston Eligible Metropolitan Area (EMA); and HAB Ryan White Program Part B and Texas Department of State Health Services State HIV Services funding for HIV care and treatment services in the Houston Health Service Delivery Area (HSDA). Moreover, the Plan encompasses cooperative planning within the Houston Area HIV prevention and care system, and between the local HIV system and other local, state, and national health and social service sectors.

Membership from both planning bodies represented a majority of participants on the Comprehensive Plan Leadership Team and Workgroups responsible for providing development guidance and review of the Plan, and will continue participation throughout implementation and monitoring of the Plan. Both planning bodies reviewed the Plan submission to the CDC and HRSA in August 2016 to verify that it describes how programmatic activities and resources are to be allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. The planning bodies **concur** that the Plan submission fulfills the requirements put forth by the Funding Opportunity Announcement PS12-1201 and the Ryan White HIV/AIDS Program legislation and program guidance.

The signatures below confirm the concurrence of CPG and RWPC with the 2017-2021 Comprehensive Plan for HIV Prevention and Care Services.

Sincerely,



Nike Blue

Community Co-Chair

Houston HIV Prevention Community Planning Group



Brenda Booker

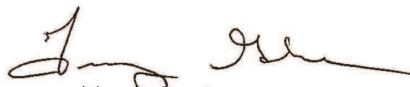
Governmental Co-Chair, HHD



Steven Vargas

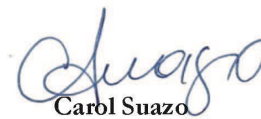
Chair

Houston Area HIV Services Ryan White Planning Council



Tracy Gorden

Vice-Chair



Carol Suazo

Secretary

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the

- ♦ Houston Health Department - Bureau of HIV/STD & Viral Hepatitis Prevention
 - ♦ HIV Prevention Community Planning Group
 - ♦ Ryan White Planning Council & Office of Support
- ♦ Harris County Public Health - Ryan White Grant Administration
 - ♦ Houston Regional HIV/AIDS Resource Group, Inc.

♦ Meetings hosted by the Ryan White Planning Council 2223 W. Loop South, #240; Houston, TX 77027 ♦
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Contributors

The Houston Area plan is the result of countless hours of participation and effort by members of the community who are committed to improving the system of HIV prevention and care. Individuals who contributed their time and expertise include people at risk for and living with HIV, consumers of HIV prevention and care services, providers of HIV prevention and care services, providers of other health, public health, and social services in the Houston Area, and other concerned stakeholders and community members. The diversity of the Houston Area community in terms of geography, age, sex, race/ethnicity, sexual orientation, gender identity, and socio-economic circumstance is reflected in this list as well. Many volunteered their time while others were compensated by their agencies to provide subject matter expertise or administrative support to the process. They are all listed below:

Nancy Miertschin, *Ryan White Part A Co-Chair*

Ted Artiaga, *Ryan White Part B Co-Chair*

Nike Blue, *Houston HIV Prevention Community Planning Group Co-Chair*

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Robert Betancourt	Sha'Terra Johnson-Fairley	Gloria Sierra
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Amber Harbolt	Sarah Njue	Weilin Zhou

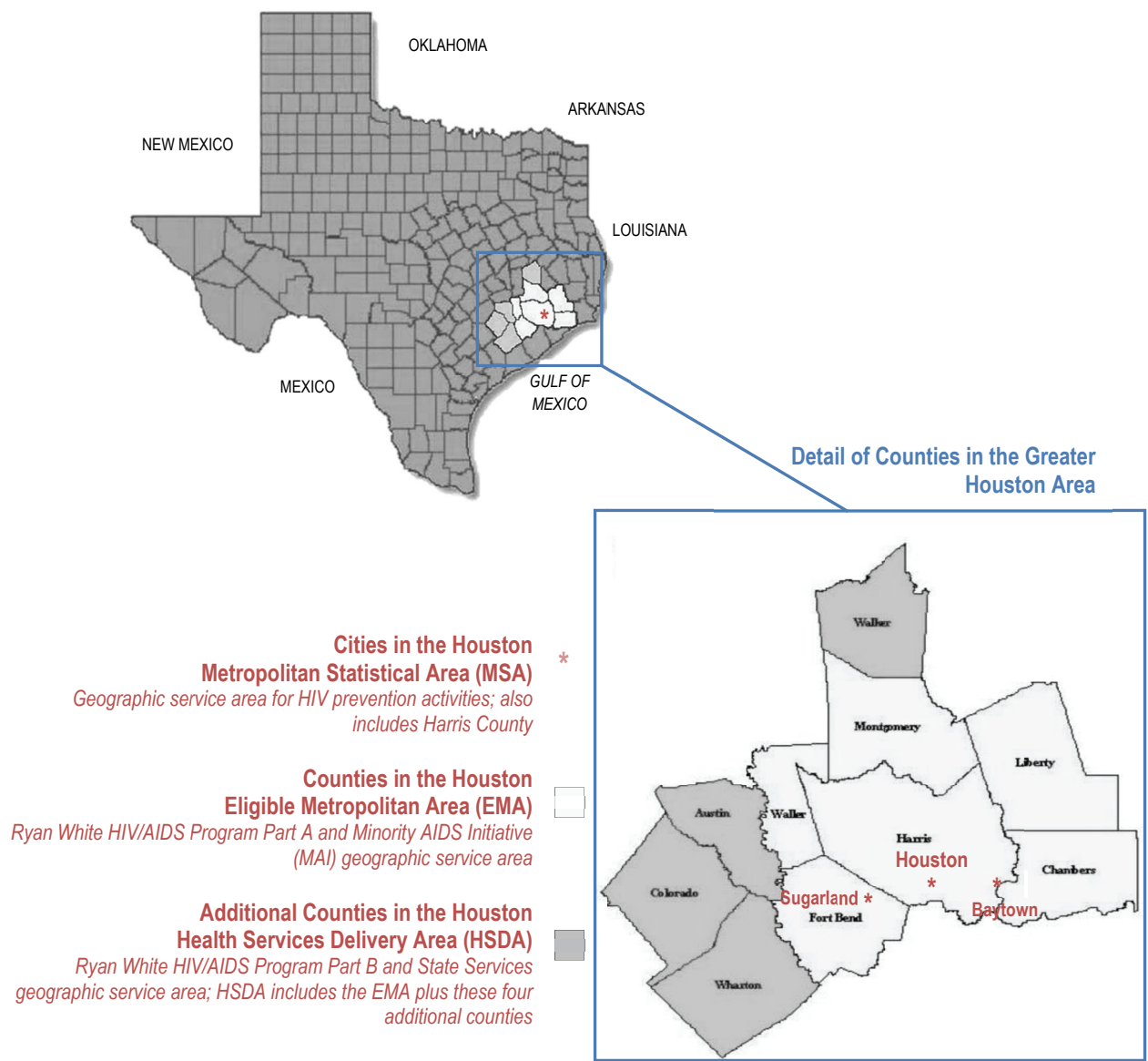
Agency Participation

The development of the Houston Area plan was informed by the experience and expertise of a diverse cross-section of health, public health, and social services agencies from the Houston Area, including those that provide HIV prevention and care services. The list of participating agencies includes representation from all sectors and from several non-traditional partners, some of whom had never before participated in HIV prevention and care services planning in the Houston Area. There are funded and non-funded HIV prevention and care services providers on this list, providers of other health, public health, and social services, Federally Qualified Health Centers (FQHCs) and hospital systems, various task forces, and coalitions dedicated to advocating on behalf of people at risk for or living with HIV, and the two local HIV Planning Bodies, under whose leadership this document was developed. They are listed below:

AIDS Education and Training Center	Houston Medical Monitoring Project
AIDS Foundation Houston	Houston Metropolitan Chamber of Commerce
African American State of Emergency Task Force	Houston Regional HIV/AIDS Resource Group, Inc.
Area Agency on Aging, Houston-Galveston Area Council	Houston Independent School District
Association for the Advancement of Mexican-Americans, Inc.	Just A Touch of H.E.L.P., Inc.
Baylor College of Medicine	Latino HIV Task Force
Baylor Teen Health Clinic	Legacy Community Health Services, Inc.
Bee Busy, Inc.	Living Without Limits Living Large, Inc.
Catholic Charities	M-Pact (the MSM Task Force)
Change Happens!	Nehemiah Helping Hands Project
Community Development Advisory Council	Planned Parenthood Gulf Coast, Inc.
Community Health Choice, Inc.	Positive Women's Network
Dr. Gordon E. Crofoot's Office	Rice University Center for Engaged Research & Collaborative Learning
END (End New Diagnoses) HIV/AIDS Houston	Ryan White Part C Urban
Harris County Precinct One	Ryan White Part D
Harris County Public Health, Ryan White Grant Administration	Saint Hope Foundation
Harris Health System	Saint John's Church, AIDS Ministry
HEB Pharmacy	Serving the Incarcerated and Recently Released Partnership of Greater Houston
Hepatitis C Task Force	Texas Children's Hospital
Heterosexual HIV Awareness Task Force	Texas Department of State Health Services
HIV and Aging Coalition	Texas HIV/AIDS Coalition
Houston Area Ryan White Planning Council	Texas HIV Medication Program Advisory Committee
Houston Area Community Services, Inc.	Thomas Street Health Center
Houston Health Department, Bureau of HIV/STD and Viral Hepatitis Prevention	Transgender Foundation of America
Houston Health Department, Bureau of Epidemiology	University of Houston
Houston HIV Prevention Community Planning Group	University of Houston School of Social Work
	University of Texas Health Science Center
	Urban AIDS Ministry
	Youth Task Force

Where Are We Now? – Needs Assessment

Map of the Greater Houston Area: Geographic Service Designations for HIV Prevention and Care



The Houston Area Community

The fourth largest city in the nation and growing

Harris County is located in southeast Texas and encompasses 1,777 square miles. It is the third most populous county in the United States, with an estimated 4.44 million residents (U.S. Census Bureau, 2014). Most residents live within the county's 34 municipalities with over two million residents living within the City of Houston, the fourth largest city in the U.S. While most of the City of Houston lies within Harris County, Houston also extends slightly into Fort Bend County to the southwest and Montgomery County to the north.

Harris County is racially and ethnically diverse. In 2014, Hispanics, African Americans, and other minority race/ethnicity groups combined accounted for over two-thirds of the total population, higher than the percentage of whites in Texas and in the U.S. that year. Compared to the U.S. and Texas, fewer Harris County residents age 25 and older in 2014 had a high school diploma or its equivalent. An estimated 17.4% of Harris County residents were living below the federal poverty level in 2014, compared to 17.2% in Texas and 15.5% nationally. Among the county's 18-64 population, 29.0% did not have health insurance coverage, compared to 25.7% in Texas and 16.3% nationally. The uninsured proportion among whites was approximately 9%, while the uninsured proportion was 1.8 times and 3.8 times higher among African Americans and Hispanics, respectively

HIV prevention and care services are provided in the Houston Area throughout three distinctly defined service areas:

- *The Houston Metropolitan Statistical Area (MSA)* includes Harris County and the cities of Houston, Baytown, and Sugarland, TX. The Houston Health Department (**HH**D) administers the Centers for Disease Control and Prevention's (**CDC**) HIV prevention funding and activities in the MSA, while prevention activities outside the MSA but within the Houston Area are funded and administered by the Texas Department of State Health Services (**TDSHS**) Region 6/5 South. HH is responsible for HIV surveillance across the City of Houston and Harris County.
- *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/AIDS Program Part A and Minority AIDS Initiative (**MAI**). It includes Chambers, Fort Bend, Harris, Liberty, Montgomery, and Waller Counties. Harris County Public Health Ryan White Grant Administration (**RWGA**) administers HRSA/HAB Ryan White HIV/AIDS Program Part A and MAI HIV care services funding and activities in the EMA. Epidemiologic data for the EMA are provided by TDSHS.
- *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/AIDS Resource Group (**TRG**) administers TDSHS Ryan White HIV/AIDS 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.

Together, the Houston MSA, EMA, and HSDA cover 9,415 square miles of southeast Texas, or 3.5 percent of the entire state, and are home to more than 6.1 million residents, the vast majority of whom (74%) reside in Houston/Harris County (U.S. Census Bureau, 2015). As of 2013, 92% of all diagnosed people living with HIV (**PLWH**) in the Houston EMA and a majority of those in the Houston HSDA resided in Houston/Harris County.

Epidemiologic Overview:

HIV and the Houston Area

11th in new HIV diagnoses

In Houston/Harris County, there were 22,551 PLWH by the end of 2013. The number of male PLWH was three times that of female PLWH. Half of PLWH were African Americans in Houston/Harris County, even though only 18.6% of the total population in Harris County was African American. Just under half of PLWH were aged 45 years or older. By transmission risk, 54.1% of the living cases were attributed to men who have sex with men (**MSM**) exposure, 30% due to heterosexual exposure, 10% due to intravenous drug use (**IDU**) exposure, and 6% due to other exposures including perinatal, MSM/IDU or other risks.

By the end of 2015, 26,041 people were living with HIV in the Houston EMA. It is estimated that an additional 5,448 people in the Houston EMA are currently HIV-positive but unaware of their status, and that 6,333 individuals are aware of their HIV-positive status, but are not in HIV care.

According to the CDC, the Houston Area (specifically, the Metropolitan Statistical Area of Houston-Baytown-Sugarland, Texas) ranks 11th highest *in the nation* for the rate of new HIV diagnoses. In 2014, 1,288 new HIV diagnoses were reported among people aged 15 or older in Houston/Harris County.

Since 2004, the rate of new HIV diagnoses in the Houston Area has remained relatively constant, and certain populations continue to be disproportionately affected. In 2014, 4 out of 5 new HIV diagnoses were among males and, of these, 43% were among African American males. The rate of new HIV diagnoses in African American men was 4.6 times the rate of white men, and 2.8 times that of Hispanic men.

Among males, MSM comprised the largest risk category, with 90% of all newly diagnosed cases among whites and Hispanics, and approximately 80% among African Americans, being categorized as MSM.

Among females, African American females were diagnosed with HIV at a rate 21.1 times that of white females, and 5.8 times that of Hispanic females.

The two age groups with the highest rate of new HIV diagnoses were the age groups 15-24 and 25-34. African Americans 15-24 years of age had an HIV diagnosis rate 7.6 times that of whites. Similarly, the rate in African Americans 55 years or older was 7.7 times that of their white counterparts.

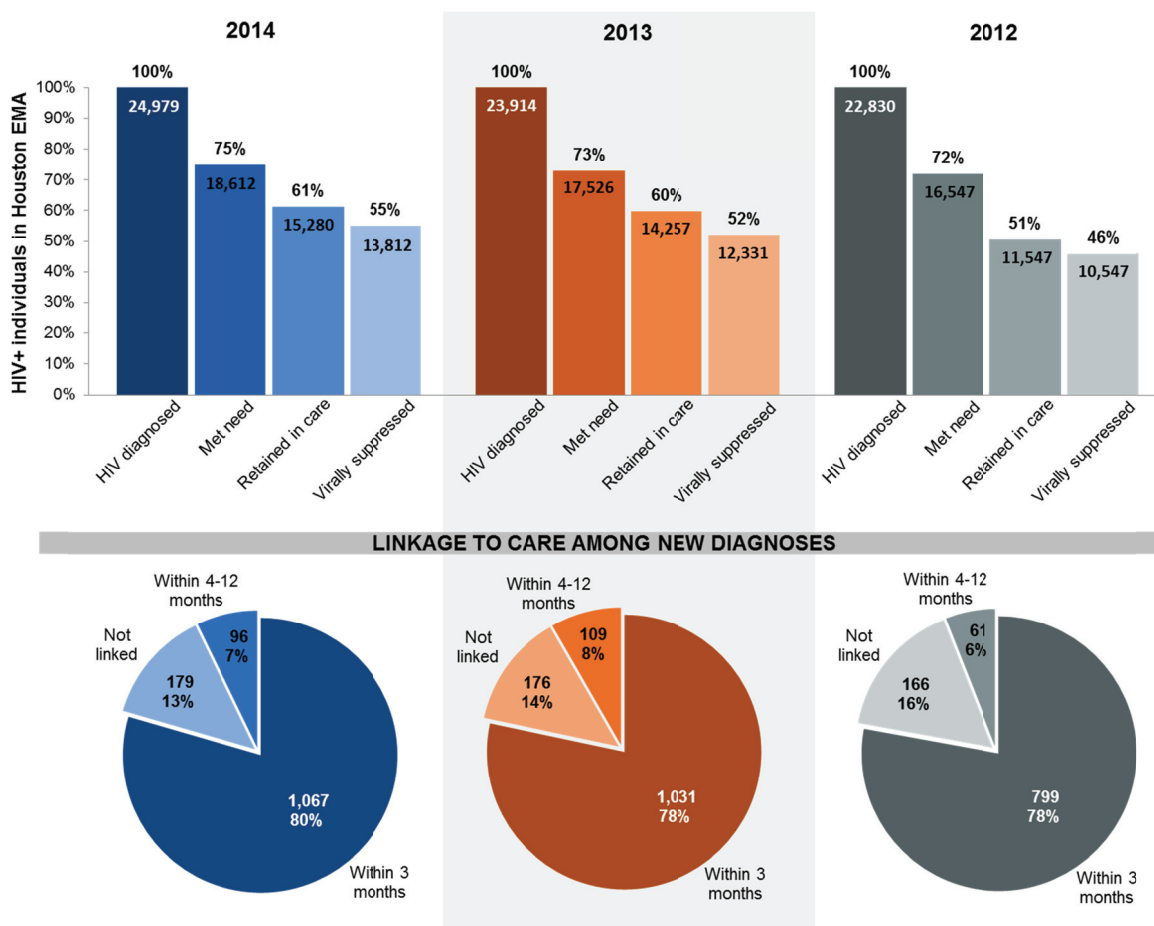
Houston Area HIV Care Continuum

Assessing access and service gaps in the HIV medical care system

The Houston EMA HIV Care Continuum (**HCC**) describes community-wide access and service gaps for Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties. Beginning with initial HIV diagnoses, the HCC shows progression toward met need and retention in care, with the ultimate goal of viral suppression. Ideally, the HCC describes a seamless system of HIV prevention and care services, in PLWH receive the full benefit of HIV treatment by being diagnosed, linked to care, retained in care, and taking HIV medications as prescribed to achieve viral suppression.

Each stage of the Houston EMA HCC is depicted as a percentage of living diagnosed PLWH who live in the Houston EMA. The Continuum reflects the number of PLWH who have been diagnosed (“HIV diagnosed”); and among the diagnosed, the numbers and proportions of PLWH with records of engagement in HIV care (“Met need”), retention in care (“Retained in care”), and viral suppression (“Virally suppressed”) within a calendar year. Initial linkage to HIV medical care (“Linkage to care”) is presented separately as the proportion of newly diagnosed PLWH in the Houston EMA who were successfully linked to medical care within three months or within one year after diagnosis.

Houston EMA HIV Care Continuum, 2012-2014



Source: Bureau of Epidemiology and Bureau of HIV/STD and Viral Hepatitis Prevention, Houston Health Department, 2016

As shown in the Houston EMA HCC for the 2012, 2013, and 2014 calendar years, the proportions of diagnosed PLWH with evidence of met need, retention in care, and viral suppression have consistently increased since 2012. Between 2012 and 2014, there has been an overall increase in the proportions of newly diagnosed PLWH who were linked within the first three months and the first year of diagnosis.

HIV Prevention Services in the Houston Area

Preventing, detecting, and providing linkage for new HIV diagnoses

HIV prevention and surveillance activities in Houston and Harris County are funded by the CDC through cooperative agreements with the HHD and the TDSHS. The HHD is also directly funded by CDC for Project PrIDE, a three-year pre-exposure prophylaxis (**PrEP**) and Data to Care demonstration project to increase awareness and uptake of PrEP among men who have sex with men, transgender individuals, and people of color by tailoring and implementing activities for consumers, providers, and the local public health workforce.. Core HIV prevention and intervention services include:

- **HIV Counseling, Testing, and Referral (CTR)** in both clinical and non-traditional settings such as HHD Family Planning, Maternity, and STD Clinics as well as at the Harris County Jail and Harris County Juvenile Detention Center, through a mobile testing unit, and at an annual mass testing event each summer. HHD also supports routine, non-targeted, opt-out HIV screening in local emergency departments, community health centers, and Federally-Qualified Health Centers (**FQHCs**) through the Expanded Testing Initiative (**ETI**).
- **Disease Intervention (DIS) and Partner Services (PS)** for all reported laboratory evidence of HIV or Stage 3 HIV (formerly AIDS). This includes results notification, public health follow-up, and Partner Counseling and Referral Services (**PCRS**).
- **Health Education and Risk Reduction (HE/RR)** using Effective Behavioral Interventions (**EBIs**) at the individual, group, and community levels that target high-risk HIV negative individuals as well as PLWH and their partners. Male, female, and specialty condoms as well as dental dams and lubricant are included in these distribution efforts.
- **Social Marketing and Media** include brochures, posters, billboards, transit advertisements, radio advertisements, branded promotional items, exhibits, and events designed to modify HIV testing and risk reduction behaviors, correct misperceptions and misinformation about HIV in the community, and reduce stigma and discrimination against PLWH.
- **Community Mobilization** through the SAFER (Strategic AIDS/HIV Focused Emergency Response) initiative, which uses geographic mapping of HIV and STD diagnoses in order to mobilize local residents, leaders, business owners, and elected officials around HIV prevention, testing, and linkage to care in Houston Area zip codes with the highest HIV/STD rates. The HHD also supports the prevention and testing activities of community-based Task Forces focused on specific high-risk populations.
- **PrEP Coordination** key activities include development of a robust social PrEP marketing campaign, a PrEP provider toolkit, and trainings. The HHD hosts a PrEP Provider Advisory Group of known local PrEP providers to discuss Project PrIDE plans and provide support for new and interested PrEP medical providers.
- **Service Linkage** to connect newly diagnosed PLWH and out-of-care individuals with Ryan White HIV/AIDS Program (**RWHAP**) primary HIV medical care and other needed services as well as abbreviated partner services with referral to a DIS. Under Project PrIDE, the HHD uses surveillance data to identify PLWH who do not have evidence of HIV medical

care in the last 12 months and uses Service Linkage Workers to locate and re-engage or re-link them back into HIV medical care.

- **Jurisdictional HIV Prevention Planning** that includes the development of a jurisdictional HIV prevention plan as well as establishment and coordination of a local HIV prevention planning body the Houston HIV Prevention Community Planning Group (CPG).

The HHD also conducts HIV surveillance for Houston and Harris County using eHARS (*Enhanced HIV/AIDS Reporting System*) and collects client-level HIV prevention and testing data using Evaluation Web, ECLIPS (*Electronic Client-Level Integrated Prevention System*), and the HEDSS (*Houston Electronic Disease Surveillance System*).

Houston HIV Prevention Community Planning Group (CPG)

The Houston HIV Prevention Community Planning Group (CPG) is a volunteer body of up to 35 members selected to represent the demographics of the Houston Area HIV epidemic. The CPG is responsible for providing input on interventions and CDC-funded Houston Area HIV prevention activities. HHD also maintains a variety of community-based Task Forces focused on populations most impacted by HIV.

In addition to HHD activities, TDSHS directly contracts with community-based organizations (CBOs) in the Houston Area to provide core HIV prevention and intervention services, including Counseling, Testing, and Referral (CTR), condom distribution, community mobilization, and Effective Behavioral Interventions (EBIs). Similarly, TDSHS contracts local agencies to provide routine opt-out HIV testing.

HIV Care Services in the Houston Area

Linking, Retaining, and Supporting Viral Suppression for People Living with HIV

HIV care, treatment, and support services in the Houston Area are funded by the HRSA HIV/AIDS Bureau (**HAB**) through the RWHAP and through funds from the State of Texas called *State Services*, distributed by the TDSHS. The overall intent of these funds is to ensure that people living with HIV have access to core medical and support services for the effective management of HIV. Ryan White HIV/AIDS Program funds are further organized as a series of Parts distributed according to geographic service areas, populations, and purposes:

- **Part A** provides funds to Eligible Metropolitan Areas (EMAs), i.e., geographic regions with more than 2,000 total reported AIDS cases over the most recent five year period, and to Transitional Grant Areas (TGAs), i.e., geographic regions with 1,000 – 1,999 reported AIDS cases over the most recent five year period. The Houston Area is an EMA. The Houston Area RWHAP Part A supports the HRSA initiative, EIIHA, Early Identification of Individuals with HIV/AIDS, designed to amplify local efforts to identify individuals who are unaware of their positive HIV status and link them into HIV primary care through collaboration with other RWHAP Parts and HIV prevention. Part A also includes the **Minority AIDS Initiative (MAI)** for HIV care services to racial/ethnic minority groups. Both Part A and MAI are administered for the Houston EMA by the RWGA of Harris County Public Health.
- **Part B** provides funds to all 50 states and territories and includes the **AIDS Drug Assistance Program (ADAP)**. In Texas, ADAP is administered statewide by TDSHS. TDSHS awards remaining Part B funds for the Houston HSDA to TRG for local administration. TRG also

administers the Houston Area's funds from the State of Texas, or **State Services**, for the Houston HSDA.

- **Part C** provides funds directly to public and private organizations for Early Intervention Services (**EIS**) and capacity development and planning activities. In the Houston Area, two entities administer Part C: in Harris County, the Harris Health System (**HHS**), and, outside of Harris County, TRG.
- **Part D** provides funds for HIV care, treatment, and support services to women, infants, children, and youth living with HIV. In the Houston Area, TRG administers Part D funding. HHS is also receives Part D direct funding.
- **Part F** provides funds for special initiatives including the AIDS Education and Training Centers (**AETC**) and Special Projects of National Significance (**SPNS**) for demonstration or research projects benefiting HIV services. The HHS is the local performance site for the Houston Area AETC and SPNS recipient.

RWGA also maintains a client-level HIV care data management system for the Houston HSDA called CPCDMS (*Centralized Patient Care Data Management System*), which consolidates core HIV care data elements from all RWAHP service-delivery Parts in the Houston HSDA *except* Part D, which TRG collects using ARIES (*AIDS Regional Information and Evaluation System*).

The Houston Area Ryan White Planning Council (RWPC)

The Houston Area Ryan White Planning Council (**RWPC**) an up to 40-person body appointed by the Harris County Judge, who serves as the CEO for the Houston Area RWHAP Part A and MAI. The RWPC is responsible for prioritizing and allocating funds for HIV care, treatment, and support services provided under Part A and MAI as well as for making recommendations regarding services provided under Part B and State Services, the HIV care, treatment, and support funds from the State of Texas.

Financial and Human Resources Inventory

Houston Area HIV-related financial resources

The HHD, Harris County Public Health, and TRG designed and conducted a survey of the financial and human resource capacity of agencies in the Houston Area. These agencies were past or current HIV prevention and care contractors, along with administrative agencies of prevention and care funding. Across the 17 agencies surveyed, the total amount of current fiscal year HIV funding reported was approximately \$55.7 million. Of the total HIV funding received within the Houston Area, the highest percentages were Ryan White Part A, CDC, and urban HOPWA funding, while the lowest percentages were rural HOPWA, Ryan White Part F and AETC sub-contracted from another agency, and Community Development Block Grant.

Aside from the HIV services with 0 funding dollars, the least funded were financial assistance/services for HIV-positive (\$5,000), food assistance/services for HIV-positive (\$15,063), HIV advocacy (\$65,000), patient navigation to any service regardless of HIV status (\$48,650), research projects for HIV-positive (\$30,484), and substance abuse services for HIV-positive (\$48,280). Each of these services received less than \$100,000 total. The most funded were administration (\$11,150,070), dental services for HIV-positive (\$1,883,791), health insurance premium and cost sharing assistance for HIV-positive (\$2,119,683), HIV medical care (\$9,706,694), HIV testing (\$4,155,405), housing assistance/services for HIV-positive (\$7,666,817), HPV vaccinations (\$1,048,569), linkage to HIV medical care (\$3,966,101), medical case management for HIV-positive (\$2,538,848), and partner services (\$2,699,562). Each of

these services received greater than \$1 million in funding. The most well-funded HIV services, when factored together, impact all steps of the HCC, suggesting that funding is distributed in a manner that addresses the overall needs of the community.

An annual analysis was also conducted by Harris County Public Health to estimate HIV Care and Prevention funding for the current (2015-2016) funding year:

Source	Funding Amount	Services Provided
CDC	\$225,000	Routine HIV testing
CDC	\$199,175	HIV testing, linkage to HIV medical care
TDSHS, State Services*	\$1,043,312	Health insurance premium and cost sharing assistance for HIV+
TDSHS, State Services*	\$166,211	HIV early intervention services, HIV testing, linkage to HIV medical care, discharge planning
HOPWA, HUD	\$1,226,990	Housing and supportive services for persons with chemical addiction and/or alcohol dependency
HOPWA, HUD	\$982,628	Short-term rent, mortgage, utility assistance, and tenant-based rental assistance program with supportive services
HOPWA, HUD	\$530,758	Short-term rent, mortgage, utility assistance, and community residence with supportive services
HOPWA, HUD	\$440,015	Short-term rent, mortgage, utility assistance, and tenant-based rental assistance program with supportive services
HOPWA, HUD	\$348,975	Childcare facility, community residence, and supportive services
HOPWA, HUD	\$215,000	Supportive services program including assistance for eligibility and case management
HOPWA, HUD	\$175,000	Supportive services job training program
HOPWA, HUD	\$150,000	Counsel and advice on civil law matters including housing, family law, public benefits, disability, employment, and discrimination
HOPWA, HUD	\$144,551	Childcare and early childhood education to homeless children, case management/education to parents/caretakers
HOPWA, HUD	\$141,364	Community residence and supportive services targeting homeless veterans
RW Part A, HRSA*	\$203,587	Primary care, medical case management, linkage to HIV medical care for pediatrics
RW Part A, HRSA*	\$80,025	Medical case management for veterans
RW Part D, HRSA*	\$292,327	HIV medical care, mental health services, transportation, medical case management, linkage to HIV medical care
RW Part D, HRSA*	\$35,000	Medical case management, HIV medical care
SAMHSA	\$159,321	HIV testing
SAMHSA	\$100,000	HIV early intervention case management

**These funding amounts were subsequently captured in the "HIV Funding by Origin" analysis presented in the complete 2017 Comprehensive Plan.*

Houston Area HIV-related workforce

The Houston Area maintains approximately 486 full-time employees (**FTEs**) to direct HIV care and prevention services. The service with the most FTEs was administration, with about 80 FTEs, followed by HIV medical care (72 FTEs), linkage to HIV medical care (67 FTEs), and HIV testing (51 FTEs). The latter three services also contain the most diverse portfolio of workforce categories, with numerous personnel representing the wide range of skills needed to

manage these services and maximize their delivery to the communities in need. Despite the large number of FTEs representing the total workforce capacity, a significant amount of dedication and support is required to execute the extensive HIV services available in the Houston Area, each of which require regular monitoring and evaluation to ensure the community's needs are being met. Furthermore, new services are being introduced as former ones are being adapted to best serve the targeted populations most at-risk or in-need of assistance, necessitating a dynamic workforce that is flexible and capable of expansion.

The HIV services with the fewest FTEs, with 1 FTE or less, total, were capacity building for HIV services, condom distribution, health insurance premium and cost sharing assistance for HIV-positive individuals, HIV advocacy, insurance navigation for HIV-positive individuals, linkage to substance abuse/mental health services, patient navigation to any service regardless of HIV status, program promotion, research projects for HIV-positive persons, and translation services for HIV-positive persons. The workforce categories with the fewest FTEs, with 1 FTE or less, total, were patient advocate, physical therapist, physician assistant, psychiatrist, public affairs specialist and translator.

Assessing Needs, Gaps, and Barriers

Needs, Gaps, and Barriers to HIV Prevention and Care Services

As the service needs, gaps, and barriers among PLWH and high-risk individuals who are HIV-negative or status unaware can vary greatly, two separate but aligned needs assessment surveys are conducted in the Houston Area sampling 1) all people who live in Houston/Harris County, and 2) all PLWH in the Houston EMA or HSDA. Among all people living in Houston/Harris County, HIV prevention service needs and gaps included but were not limited to:

1. Additional HIV testing and social marketing activities to increase awareness of the importance of testing and that reduce stigma, including social meeting marketing;
2. Availability of free or reduced-cost HIV testing and formatting of HIV testing messages for easier and widespread promotion
3. Testing services provided in multiple languages;
4. Substance abuse and risk reduction services provided concurrently with HIV prevention and care services, particularly to address the prevention needs of people with anonymous sex partners; and
5. Increased PrEP promotion and education.

Barriers to HIV prevention services included but were not limited to:

1. Social, structural and client-specific barriers like stigma and discrimination, cultural resistance to sexual and gender related topics, low educational attainment, poverty, and lack of health care coverage, and the geographic size of the Houston Area;
2. Texas policy barriers like sexual and reproductive health policies, the ban on syringe exchange programs, and the non-expansion of Medicaid;
3. Health department barriers like need that has outpaced dedicated HIV funding, no general city revenues dedicated to HIV services, incomplete surveillance reporting for clinical trials, and lack of informatics funding;
4. Program barriers such as multiple data systems managed by varied entities and lack of HIV screening for Harris County Jail inmate released prior to the 14 day intake medical assessment or upon release; and
5. Provider barriers and increased stakeholder representation due to the size and complexity of the Houston medical system.

Among PLWH in the Houston EMA or HSDA, the most needed HIV care services were primary care, followed by case management, local medication assistance, and oral health care. Primary care had the highest need ranking of any core medical service, while transportation received the highest need ranking of any support service. Needed services that are currently not funded through Ryan White in the Houston Area included food bank, emergency financial assistance, housing-related services and support groups. PLWH in the Houston EMA also indicated that they needed employment assistance and job training, vision hardware/glasses, and services for partner Prevention needs for PLWH identified were increased screening for other sexually transmitted infections, PrEP and PrEP resource awareness, and consistent condom use education and promotion that address HIV reinfection/superinfection.

Barrier to HIV care services most often related to:

1. Service education and awareness issues;
2. Wait-related issues (particularly for oral health care and housing services)
3. Interactions with staff;
4. Eligibility issues; and
5. Administrative issues.

General system and social barriers to HIV care services included:

1. Experiencing stigma, violence, and poverty;
2. Health care coverage issues, including the absence of Medicaid expansion in the State of Texas and coverage gaps;
3. Substance use, co-morbid health conditions, diagnosed and undiagnosed co-morbid mental health conditions; and
4. Housing instability and lack of transportation.

Where Do We Need to Go? How Will We Get There? – Integrated HIV Prevention and Care Plan

Designing an Ideal System of HIV Prevention and Care for the Houston Area

How the 2017 Houston Area Plan was developed

When the CDC and HRSA issued new joint guidance for the 2017 comprehensive jurisdictional HIV plan in June 2015 calling for greater coordination between HIV prevention and care services planning, the Houston HIV community was well equipped with the its first-ever joint Houston Area Comprehensive HIV & Care Services Plan (2012-14, extended through 2016), to serve as a framework. However, since creation of the last plan, changes in local initiatives like End New Diagnoses Houston, advances such as Treatment as Prevention (**TasP**) and PrEP, and implementation of the Affordable Care Act (**ACA**) necessitated creation of a new plan identifying specific strategies to *sustain*, *scale-up*, *shift* (in terms of new priorities or needs), or *shore-up* the HIV prevention and care services system.

Combining the requirements of the guidance, the National HIV/AIDS Strategy Updated for 2020, and the existing comprehensive plan development structure, Houston's unique organizational structure for developing the plan was reconvened under renewed leadership and populated with prevention and care stakeholders and consumers. This structure included four strategy-specific Workgroups, a Workgroup charged with monitoring and evaluation, and a Leadership Team to guide the process as a whole.

From October 2015 through June 2016, volunteers and staff, people living with and at risk for HIV, and other concerned community members convened at least monthly to discuss the essential elements of an ideal system of HIV prevention and care for the Houston Area. They indentified the following:

- Guiding principles to direct the plan and planning process;
- High-impact solutions to address these trends and to serve as the local “best practices;”
- A vision for HIV prevention and care services in the Houston Area;
- Goals, objectives, and other benchmarks by which progress will be measured; and
- Topic-specific strategies and activities for achieving goals and meeting challenges toward the development of an ideal system of HIV prevention and care.

Concurrence and approval of the 2017 Comprehensive Plan goals, objectives, benchmarks, and activities was sought from both local HIV Planning Bodies. In the end, over 90 individuals (many who were people living with HIV) and 57 agencies and other organizations contributed to the process.

Guiding Principles

What principles must be adhered to during development of the 2017 Comprehensive Plan?

The development of the 2017 Comprehensive Plan was guided by 10 core principles; that the plan and planning process would:

1. Fully integrate the perspectives, needs, and priorities of both HIV prevention and HIV care.
2. Align with local, state, and national HIV prevention and care plans and initiatives.
3. Be cognizant of changes occurring in the national health care delivery system resulting from the Patient Protection and Affordable Care Act of 2010 and the Ryan White HIV/AIDS Treatment Extension Act.
4. Assess strategies, including those used internationally, that have effectively reduced HIV infection and could be implemented locally.
5. Assure that federal expectations for Houston Area comprehensive planning and the required deliverables are met while still allowing new or emerging critical areas of need and innovation to be considered.
6. Produce Specific, Measurable, Achievable, Realistic, and Time-phased (SMART) objectives that can be used to guide priority-setting, resource allocation, scopes of work, quality improvement, and other decision-making activities of the Houston Area planning bodies and administrative agents.
7. Balance the need to be comprehensive, data-driven, and reflective of new science, theory, and models with the need for efficiency in regards to resources and timelines.
8. Recognize the importance of and provide opportunities for participation by non-AIDS-service organizations and other non-traditional partners.
9. Honor the populations most impacted by HIV, including the underserved in response to the epidemic's impact on minority and hard-to-reach populations, and those who are uniquely vulnerable to HIV infection due to social, economic, cultural, or structural barriers.
10. Engage with and ensure that people living with and at risk for HIV as well as consumers of prevention and care services have a central voice, clear understanding, and full involvement throughout the process.

Goals

To fulfill the mission and vision of the 2017 Comprehensive Plan and make progress toward an ideal system of HIV prevention and care for the Houston Area, the Houston HIV community must complete the following by 2021:

1. Increase community mobilization around HIV in the Greater Houston area
(aligned with NHAS 2020 Goal 1: Reducing New HIV Infections and Goal 4: Achieving a More Coordinated National [and Local] Response to the HIV Epidemic)
2. Prevent and reduce new HIV infections
(aligned with NHAS 2020 Goal 1: Reducing New HIV Infections)
3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services
(aligned with NHAS 2020 Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV)
4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care
(aligned with NHAS 2020 Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV and Goal 3: Reducing HIV-related Disparities and Health Inequities)
5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations
(aligned with NHAS 2020 Goal 3: Reducing HIV-related Disparities and Health Inequities)
6. Increase community knowledge around HIV in the Greater Houston area
(aligned with NHAS 2020 Goal 1: Reducing New HIV Infections, Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV, and Goal 4: Achieving a More Coordinated National [and Local] Response to the HIV Epidemic)

System Objectives

To replicate the specific, quantified, and time-phased (SMART) NHAS 2020 indicators at the local level in a way that is responsive to the unique HIV prevention and care needs of the Houston Area, the Houston HIV community will accomplish the following by 2021:

1. Reduce the number of new HIV infections diagnosed in the Houston Area by at least 25% from 1,386 (2014) to $\leq 1,004$ (NHAS 2020 Indicator 2 and Indicator 9)
2. Maintain and, if possible, increase the percentage of individuals with a positive HIV test result identified through *targeted* HIV testing who are informed of their positive HIV status, beginning at 93.8% (2014) (*Local target based on NHAS 2020 Indicator 1*)
3. Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one month of their HIV diagnosis to at least 85% from 66% (2015) (NHAS 2020 Indicator 4)
- 4.1 Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year by 25% from 25.9% (2014) to 19.4% (DHAP target; reduction in late/concurrent diagnoses is anticipated to yield results pertaining to NHAS 2020 Indicator 8)
- 4.2 Decrease the percentage of new HIV diagnoses with an HIV stage 3 (AIDS) diagnosis within one year among Hispanic and Latino men age 35 and up by 25% from 36.0% (2014) to 27.0% (*Local target based on FY15, FY16, and FY17 EIIHA Plans; reduction in late/concurrent diagnoses is anticipated to yield results pertaining to NHAS 2020 Indicator 8*)
5. Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart) from 75.0 % (2014) to at least 90.0% (*Local target based on NHAS 2020 Indicator 5*)
6. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period) from 60.0% (2015) to at least 90.0% (NHAS 2020 Indicator 5)
7. Maintain, and if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed from 80.4% (2014) to at least 90.0% (*Local target based on NHAS 2020 Indicator 6*)
8. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed from 57.0% (2015) to at least 80.0% (NHAS 2020 Indicator 6)
9. Increase the number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education each year (baseline to be developed) to at least 2,000 (*Local target based on NHAS 2020 Indicator 2 and Indicator 9*)

The Strategies

Specific activities to be conducted from 2017 to 2021 to improve the system of HIV prevention and care in the Houston Area

To address overarching community concerns and make progress on system wide goals and objectives, four strategies consisting of “best practices” in HIV prevention and care have been developed for implementation by 2021. Each includes goals, solutions, activities or efforts, responsible parties, timelines, and benchmarks specific to their topic. The four strategies are:

1. Strategy for Prevention and Early Identification
2. Strategy for Bridging Gaps in Care and Reaching the Out of Care
3. Strategy to Address the Needs of Special Populations
4. Strategy for Improving Coordination of Effort

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

STRATEGY 1: STRATEGY FOR PREVENTION AND EARLY IDENTIFICATION

GOALS

1. Reduce new HIV infections
2. Increase awareness of HIV
3. Increase awareness of HIV status
4. Ensure early entry into care
5. Increase access to antiretroviral therapy (ART) for both treatment and prevention
6. Address the HIV prevention needs of high incidence communities
7. Reduce community risk factors for HIV infection

SOLUTIONS

1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that destigmatize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools
2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities
3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals
4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners*
5. Expand opportunities for HIV and sexual health education for the general public high-incidence populations and communities

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

1. Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area (CPG and HHD; annually)

2. Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools (CPG; annually)
3. Adopt PrEP uptake marketing models designed to remove stigma. (HHD; 2017)
4. Educate public officials on changing governmental policies that create barriers to HIV prevention information and tools (e.g. repeal the ban on syringe access, access to PrEP, adopt comprehensive sexuality education in schools, etc.) (HHD and CPG; annually)
5. Expand education activities into new MSM and transgender specific community events (HHD; 2020)
6. Disseminate routine testing implementation toolkit to targeted private and non-Ryan White funded providers and FQHCs to facilitate linkage to care. (RWPC/OS; annually)
7. Expand distribution of HIV testing and PrEP information and resources to healthcare providers (HHD and CPG; annually)
8. Education Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability of the Mobile Testing Unit (HHD; as needed)
9. Create and distribute rural referral resource list to DIS (TRG; annually)
10. Explore opportunities to partner with community health workers to support timely linkage to care. (RWGA and HHD; 2021)
11. Pursue strategies to reduce time period between diagnosis and entry into HIV medical care to facilitate timely linkage to care. (HHD, RWGA, and RWPC; 2017)

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)
CON'T

12. Coordinate a workgroup to develop and secure funding for a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care (RWPC; 2019)
13. Expand materials education PLWH and partners about PreP and treatment as prevention. (HHD; 2018)
14. Hold consumer PrEP and treatment as prevention education forums. (RWPC and HHD; annually)
15. Explore feasibility of same-day PrEP initiation for high-risk HIV negative individuals (HHD; 2019)
16. Identify methods for measuring local online HIV and sexual health information seeking (HHD; 2017)
17. Explore opportunities to expand community access to local academic research findings. (HHD; 2020)

BENCHMARKS

1. Reduce the number of new HIV infections diagnosed in the Houston Area by at least 25% (1,386 to 1,004)
2. Maintain the number of HIV/STD brochures distributed (88,700)
3. Maintain the number of publicly-funded *targeted* HIV tests (10,109); Maintain the number of publicly-funded *routine* HIV tests (117,610)
4. Maintain the positivity rate for publicly-funded targeted HIV testing (3.01%)
5. Maintain or, if possible, increase the percentage of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV+ status (from 93.8%)
6. Decrease the percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year by at least 25% (24.6% to 19.4%)

7. Increase the proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis to at least 85% (from 69.8%)
8. Maintain or, if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed (from 80.4%)
9. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed to at least 80% (from 60%)
10. Decrease the number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention by at least 25%, including:
 - a. Sharpstown (77036 and 77074) (56 to 42)
 - b. Sunnyside/South Park (77033 and 77051) (34 to 26)
 - c. Greater 5th Ward (77020 and 77026) (28 to 21)
 - d. Acres Home (77088 and 77091) (32 to 24)
 - e. Montrose (77006) (26 to 20)
11. Decrease the rate of STD infection per 100,000 population for:
 - a. Chlamydia (563.7 to 510.3)
 - b. Gonorrhea (162.5 to 157.0)
 - c. Primary and secondary syphilis (8.2 to 6.7)
12. Maintain the number of condoms distributed (450,000)
13. Maintain the number of high-risk individuals that complete an evidence-based behavioral intervention to reduce risk for HIV (4,944)
14. Increase the percentage of prevention and care staff receiving standardized PrEP training to 100% (Baseline to be developed)

BENCHMARKS CON'T

15. Increase the number of MSM and transgender persons of color receiving pre-exposure prophylaxis (PrEP) education to at least 2,000 annual (Baseline to be developed)
16. Increase the percentage of HIV-negative clients screened for PrEP eligibility by 10% (Baseline to be developed)

GOALS

1. Ensure early entry into care
2. Reduce Unmet Need
3. Increase retention in continuous care
4. Improve health outcomes for PLWH
5. Increase viral suppression

SOLUTIONS

1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH
2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy
3. Adopt strategies to retain and/or reengage PLWH to return to care, particularly those receiving care outside of Ryan White

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

1. Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s) (RWGA; 2017)
2. Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols (RWGA; 2017 and revisit annually)
3. Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis (RWGA; 2017 and revisit annually)
4. Provide case managers with training to improve skills for building referral networks for appropriate support group, mental health, and substance abuse resources (RWGA and TRG; annually)
5. Develop a process to provide regular updates on Ryan White system developments and resources to targeted private providers (RWPC/OS; 2018)
6. Coordinate a workgroup to develop and secure funding for a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care (RWPC; 2019)
7. Assess consumer-preferred alternative hours of operation for primary care sites as a component of client satisfaction surveys (RWGA and TRG; 2020)
8. Collaborate with the City of Houston Housing and Community Development Department on development of the Houston HOPWA care continuum and expansion of engagement and retention activities (RWPC/OS; 2018)
9. Expand the Road to Success consumer training program to housing sites (RWPC/OS, RWPC, RWGA, and TRG: annually)
10. Evaluate, adjust, and distribute existing social media materials to increase consumer and community health literacy (RWPC, HHD, and CPG; 2018)
11. Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications (RWPC/OS and RWGA; 2018)

**ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)
CON'T**

12. Assess current level of risk reduction counseling provided through Primary Care, focusing particularly on promotion of treatment as prevention (RWGA; 2018)
13. Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage (RWGA; 2017)
14. Explore and, if appropriate, implement best practices for incentivization for providers to increase retention and viral suppression (RWGA and RWPC/OS; 2021) *[Clarification: incentivization in this instance refers to creating an incentive for providers to improve retention and viral suppression among their clients, not direct incentivization; incentivization does not necessarily imply a financial incentive]*
15. Identify Houston area hospitals serving highest number of HIV positive patients, and target for dialog about ways to interface with the Ryan White system for re-linkage (HHD and RWGA; 2019)
16. Contact Health Departments in other jurisdictions and begin dialog regarding success and opportunities for working with health insurance providers to identify and reengage Out of Care individuals (RWPC/OS; 2017)

BENCHMARKS

1. Reduce the proportion of PLWH with Unmet Need by 1.6% annually (25.0% to 17.0%)
2. Increase the proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis to at least 85% (from 66%)
3. Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart) to at least 90% (from 75%)
4. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period) to at least 90% (from 61%)
5. Maintain and, if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed (from 80.4%)
6. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed to at least 80% (from 55%)

DEFINITIONS

- **Youth** – People living with or at risk for HIV aged 13-24 years
- **Homeless** – People living with or at risk for HIV who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability.
- **Incarcerated/Recently Released (I/RR)** – People living with or at-risk for HIV who are currently incarcerated in the jail or prison system or have been released from jail or prison within the past 12 months.
- **Injection Drug Users (IDU)** – People living with or at-risk for HIV who inject medications or drugs, including illegal drugs, hormones, and cosmetics/tattooing.
- **Men who have Sex with Men (MSM)** – People living with or at-risk for HIV who engage in male-to-male sexual practices and identify as gay or bisexual, those who engage in male-to-male sexual practices and do not identify as gay or bisexual, and those who engage in gay or bisexual male culture regardless of gender identity.
- **Transgender and Gender Non-conforming** – People living with or at-risk for HIV who cross or transcend culturally-defined categories of gender.
- **Women of Color** – People living with or at-risk for HIV who identify racially or ethnically as Black/African American, Hispanic/Latina, or multiracial women, regardless of sex at birth.
- **Aging** – People living with or at risk for HIV aged 50 years and older;

Note: All definitions were developed by participants using various source materials.

GOALS

1. Prevent new HIV infections among the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging
2. Reduce barriers to HIV prevention and care for the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging
3. Strengthen the cultural and linguistic competence of the HIV prevention and care system

SOLUTIONS

1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV.
2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations.
3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data to Care.

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

1. Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity (RWGA, TRG, and HHD; annually)

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)**CON'T**

2. Review and revise client satisfaction survey tool to measure provision of culturally and linguistically appropriate services (RWGA and TRG; 2018)
3. Educate providers serving special populations about routine HIV testing and PrEP, and promote inclusion of routine HIV testing and PrEP education in policies, procedures, and practices to facilitate linkage to care (HHD, CPG, and RWPC; annually)
4. Partner with SIRR to develop a process for tracking linkage for recently released PLWH (TRG and RWGA; 2019)
5. Explore feasibility of cooperation between RWGA and HCD to provide assisted living facility service aging PLWH (RWGA and RWPC; 2018)
6. Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate (RWPC and HHD; 2017, then include as needed in each epidemiologic profile)
7. Expand distribution of HIV testing and PrEP information and resources to healthcare providers (HHD and CPG; annually)
8. Coordinate a workgroup to develop and secure funding for public service announcements for each special population educating the community on the benefits of treatment as prevention (RWPC; 2020)
9. Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training (RWGA and TRG; 2017)
10. Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications (RWPC and RWGA; 2018)
11. Provide training to DIS staff on data collection for transgender and other special population clients (HHD; annually)
12. Collaborate with City of Houston Housing and Community Development Department on development of a local Housing Unmet framework and local Housing Care Continuums, including special populations to the extent feasible (RWPC; 2018)
13. Explore additional Need Assessment activities (including utilization of local data systems) to assess causes of loss to care among special populations (RWPC and HHD; 2018)
14. Train surveillance staff to enhance data collection on transgender community (HHD; TBD pending changes in data systems to collected gender identity information)

BENCHMARKS

1. Reduce the number of new HIV infections diagnosed among each special population by 25%:
 - a. Youth (13-24) (360 to 128)
 - b. Homeless (54 to 41)
 - c. Incarcerated in Jail (Baseline to be developed)
 - d. Incarcerated in Prison (Baseline to be developed)
 - e. IDU (66 to 50)
 - f. MSM (930 to 744)
 - g. Transgender and Gender Non-conforming (Baseline to be developed)
 - h. Women of Color (Baseline to be developed)
 - i. Aging (50 and older) (264 to 198)

BENCHMARKS CON'T

2. Increase (or maintain) the proportion of newly-diagnosed individuals within each special population linked to clinical care within one month of their HIV diagnosis to 85%:
 - a. Youth (13-24) (from 74.0%)
 - b. Homeless (from 53.9%)
 - c. Recently released from in Jail (Baseline to be developed)
 - d. Recently released from Prison (Baseline to be developed)
 - e. IDU (from 85.0%)
 - f. MSM (from 78.0%)
 - g. Transgender and Gender Non-conforming (from 54.1%)
 - h. Women of Color (Baseline to be developed)
 - i. Aging (50 and older) (from 84.0%)
3. Decrease the proportion of PLWH with unmet need within each Special Population to 10%:
 - a. Youth (13-24) (from 24%)
 - b. Homeless (Baseline to be developed)
 - c. Recently released from Jail/Prison (Baseline to be developed)
 - d. IDU (from 27.0%)
 - e. MSM (from 25.0%)
 - f. Transgender and Gender Non-conforming (Baseline to be developed)
 - g. Women of Color (Baseline to be developed)
 - h. Aging (50 and older) (from 25.0%)
4. Track the percentage of grievances relating to cultural and linguistic competence received through the Ryan White grievance lines and the HHD prevention "warmline" and website (Track only)

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

STRATEGY 4: STRATEGY FOR IMPROVING COORDINATION OF EFFORT

GOALS

1. Increase awareness of HIV among all Greater Houston area health and social service providers
2. Increase the availability of HIV-related prevention and care services and providers
3. Reduce barriers to HIV prevention and care
4. Partner to address co-occurring public health problems that inhibit access to HIV prevention and care
5. Monitor and respond to state and national-level changes in the health care system

SOLUTIONS

1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission
2. Support technical assistance and training to current HIV-related service providers and extend training to potential providers
3. Increase communication of HIV-related issues through media to educate and mobilize the public and providers
4. Optimize and explore new ways to utilize technology to: (a) link people at risk for or living with HIV (PLWH) to resources; and (b) assist providers with real-time referrals for clients to HIV prevention and care services
5. Strengthen coordination of data systems within the HIV care system, HIV prevention and care; and HIV prevention and care service providers and the broader health care delivery system

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

1. Support AETC efforts to provide regular HIV-related updates to the Houston medical community (RWPC, RWGA, and HHD; as needed)

2. Facilitate an annual Task Force meeting for community-wide coordination of effort (HHD, CPG, and Task Forces; annually)
3. Sustain current efforts and target the following sectors and groups for coordination of effort activities (RWGA, TRG, HHD, RWPC/OS, RWPC, and CPG; annually):
 - a. Advocacy groups
 - b. Aging (e.g., assisted living, home health care, hospice, etc.)
 - c. Alcohol and drug abuse providers and coalitions at the local and regional levels
 - d. Business and Chambers of Commerce
 - e. Community centers
 - f. Chronic disease prevention, screening, and self-management programs
 - g. Faith communities
 - h. Medical professional associations, medical societies, and practice groups
 - i. Mental health (e.g., counseling associations, treatment facilities, etc.)
 - j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs)
 - k. Philanthropic organizations
 - l. Primary education, including schools and school districts
 - m. Secondary education, including researchers, instructors, and student groups
 - n. Workforce Solutions and other vocational training and rehabilitation programs
4. Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.) (RWGA; annually)

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)**CON'T**

5. Create and disseminate an access and utilization guide for the RW Health Insurance Assistance Program to non-RW funded case managers and social workers (TRG; 2018)
6. Cultivate peer technical assistance that facilitates sharing best practice models between current providers (RWGA and TRG; as needed)
7. Explore the feasibility and practicality of developing a clearinghouse of HIV-related educational opportunities (RWPC; 2018)
8. Identify local media resources to serve as outlets for HIV education and community mobilization efforts (RWPC and CPG; annually)
9. Cultivate social media pathways to disseminate HIV-related information and mobilization efforts (HHD, TRG, RWPC, and CPG; 2017 then utilize annually)
10. Pursue partnerships to promote national prevention and care services campaigns locally (RWPC, HHD, and CPG; 2020)
11. Explore transportation-based advertisements of PrEP and other HIV prevention and care messaging (HHD; 2021)
12. Evaluate opportunities for partnering with other local government initiatives for co-branding HIV-related issues (HHD, RWGA, and TRG; annually)
13. Explore opportunities to expand community access to local academic research findings. (HHD; 2020)
14. Investigate need for and feasibility of creating a RWPC-OS position for an Education and Communication Coordinator (RWPC and RWGA; 2018)
15. Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training (RWGA and TRG; 2017)
16. Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage (RWGA; 2017)

17. Investigate opt-in secure HIPAA-compliant health information exchanges (e.g. Greater Houston Health Connect) and assess whether incorporation of such exchanges into the RW system would be appropriate and useful (RWGA and TRG; 2017)
18. Develop process for sharing information in CPCDMS between record-owning agencies and other RW providers to facilitate access to care (RWGA; 2018)

BENCHMARKS

1. Maintain the number of Ryan White Planning Council members who are not employed at HIV care or prevention service providers (29 total, 4 non-infected/affected)
2. Increase the number of non-HIV prevention and care service providers requesting information about HIV services (from 110)
3. Decrease the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical Services (from 40.5%; target pending 2014 Needs Assessment reanalysis)
4. Decrease the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services (from 20.2%; target pending 2014 Needs Assessment reanalysis)
5. Decrease the proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services (from 8.2%; target pending 2014 Needs Assessment reanalysis)
6. Decrease the proportion of PLWH reporting barriers to professional mental health counseling (from 12.1%; target pending 2014 Needs Assessment reanalysis)
7. Maintain and, if possible, decrease the proportion of PLWH reporting housing instability (from 25.6%)
8. Increase the percentage of Ryan White HIV/AIDS Program clients with Medicaid

- or Medicare enrollment (27% - baseline to be updated)
9. Decrease the proportion of Ryan White HIV/AIDS Program clients who may qualify for Medicaid or Medicare, but who are not enrolled in either program (Baseline to be developed)
 10. Increase the percentage of Ryan White HIV/AIDS Program clients with private health insurance (from 10%)
 11. Decrease the proportion of Ryan White HIV/AIDS Program who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP (Baseline to be developed)

Key to Responsible Parties

Houston Health Department

Full agency name: Houston Health Department (**HHD**), Bureau of HIV/STD & Viral Hepatitis Prevention

Funding source(s): Centers for Disease Control and Prevention (**CDC**) and Texas Department of State Health Services (**TDSHS**) HIV/STD Prevention and Care Branch

Purpose of funding: HIV prevention

Jurisdiction: Houston Metropolitan Statistical Area (**MSA**). Harris County and the cities of Houston, Baytown, and Sugarland, TX

Ryan White Grant Administration

Full agency name: Harris County Public Health (**HCPH**), Ryan White Grant Administration (**RWGA**)

Funding source(s): Health Resources and Services Administration (**HRSA**) HIV/AIDS Bureau (**HAB**) Division of Service Systems (**DSS**)

Purpose of funding: Administrative Agent for Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (**MAI**)

Jurisdiction: Houston Eligible Metropolitan Area (**EMA**). Counties of Harris, Ft. Bend, Waller, Montgomery, Liberty, and Chambers

The Resource Group

Full agency name: The Houston Regional HIV/AIDS Resource Group, Inc. (**TRG**)

Funding source(s): TDSHS HIV/STD Prevention and Care Branch; and HRSA HAB Division of Community-Based Programs (**DCBP**)

Purpose of funding: Administrative Agent for Ryan White HIV/AIDS Program Part B, Part C, and Part D, State Services, and Housing Opportunities for People with AIDS (**HOPWA**)

Jurisdiction: Houston Health Service Delivery Area (**HSDA**). Counties of Harris, Ft. Bend, Waller, Montgomery, Liberty, Chambers, Wharton, Colorado, Austin, and Walker

Community Planning Group

The Houston HIV Prevention Community Planning Group (**CPG**) is a volunteer body of up to 35 members selected to represent the demographics of the Houston Area HIV epidemic. The CPG is responsible for providing input on interventions and CDC-funded Houston Area HIV prevention activities. HHD also maintains a variety of community-based Task Forces focused on populations most impacted by HIV.

Ryan White Planning Council

The Houston Area Ryan White Planning Council (**RWPC**) an up to 40-person body appointed by the Harris County Judge, who serves as the CEO for the Houston Area RWHPA Part A and MAI. The RWPC is responsible for prioritizing and allocating funds for HIV care, treatment, and support services provided under Part A and MAI as well as for making recommendations regarding services provided under Part B and State Services, the HIV care, treatment, and support funds from the State of Texas.

Ryan White Planning Council/Office of Support

The Ryan White Planning Council/Office of Support (RWPC/OS) supplies the administrative infrastructure for the Ryan White Planning Council. The RWPC/OS is funded through the Ryan White HIV/AIDS Program Part A, and the staff are employees of the Harris County Judge's Office.

How Will We Track Progress? – Monitoring and Improvement

Plans for the Implementation and Evaluation of the Houston Area Plan

Measuring progress toward achieving the vision, mission, and goals of the 2017 Comprehensive Plan

The RWPC, CPG, local public health departments, consumers, HIV providers, non-HIV specific providers, volunteers, and other community members worked together to develop the following strategies to provide evaluation activities throughout implementation that would yield clear quantifiable measures of the 2017 Comprehensive Plan's anticipated impact on the local HIV epidemic:

- **Planning Principles** Four principles were applied to the planning process into ensure consistently measureable benchmarks:
 1. Each goal must be measurable through at least one quantitative benchmark;
 2. Benchmarks must have replicable data sources and existing baselines, unless the function of the benchmark is the creation of a baseline, and either national or locally-defined targets based on historical data will be used;
 3. Each activity must identify responsible parties, potential non-responsible collaborative partners, and the timeframe for completion; and
 4. Terminology used in goals, objectives, activities, and benchmarks must be standardized and/or defined.
- **Benchmarking Tool** In developing the 2017 Comprehensive Plan, workgroups throughout the planning process used an objective benchmark evaluation tool to ensure the planning principles described above were applied. Designed as a matrix, the tool consolidated all process and outcome benchmark measures identified for each goal of the Comprehensive Plan, as well as anticipated data sources, baselines, and targets throughout implementation. Because of this process, a total of 65 measures across 37 benchmarks were developed to assess the effect of the 2017 Comprehensive Plan on the Houston area epidemic.
- **Comprehensive Plan Evaluation Workgroup** During implementation of the 2012-2016 Comprehensive Plan, an 18-member Evaluation Workgroup oversaw all evaluation-related components of the planning process. Workgroup membership included subject matter experts in epidemiology, disease surveillance, research methods, strategic planning, and HIV-related outcome measures in prevention and care, consumers, as well as planning body and agency representatives. Each year, the Workgroup conducted formal evaluations to identify areas of success and those with continued challenges. The evaluation process greatly influenced the development of the 2017 Comprehensive Plan, particularly in regard to identifying activities for the new plan and adjusting objectives and benchmarks to be more meaningful, representative, and measurable. The Workgroup reviewed and approved all 2017 Comprehensive Plan objectives and benchmarks; identified replicable data sources, baselines, and target measurements; and will continue to conduct ongoing, formal evaluations of the 2017 Comprehensive Plan.

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

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

Next Steps

Ways to use the 2017 Comprehensive Plan to make a difference in the HIV epidemic

Comprehensive jurisdictional HIV prevention and care plans are tools to help design and deliver services that best meet the needs of individuals at risk for, living with, or affected by HIV. As the roadmap for the Houston Area, the 2017 Comprehensive Plan describes both the *vision* of an ideal system of HIV prevention and care services for the community as well as the *system changes* necessary to achieve this ideal. It outlines overarching concerns, solutions, and long-term goals and objectives for the Houston Area *as a whole*, and designates specific activities and efforts for key HIV prevention and care stakeholders in the community. Below are examples of specific ways all stakeholders can use the 2017 Comprehensive Plan to help work toward a community with an enhanced system of HIV prevention and care, in which new HIV infections will be reduced to zero and, should new HIV infections occur, every person will have unfettered access to high-quality, life-extending care, free of stigma and discrimination:

- Use the plan as *a source of information about HIV in the Houston Area*. Train employees, volunteers, Board members, or individuals new to the area or new to the HIV field.
- Use the plan as *a reference for information about the structure of HIV prevention and care services* in the Houston Area and what services are currently available.
- Use the plan in *program development* or when determining new target populations or a new HIV prevention or care initiative to undertake.
- Review each strategy in the plan and consider how individuals and agencies can participate in the implementation of activities. *Adopt an activity to complete* and/or participate in implementation with other stakeholders.
- *Align agency-level strategic plans and business plans* with the vision, mission, goals, and objectives of the Houston Area plan.
- Review the plan for ways that individuals and agencies can become involved in local HIV decision-making.
- Use the plan's benchmarks and objectives as a way to *assess HIV health status* in the Houston Area.
- *Become a plan "champion"* by being trained to speak about the 2017 Comprehensive Plan to interested groups and by promoting the plan to peers, providers, and other networks.
- *Disseminate the plan to others* as a model for collaboration.
- Reference the plan in research proposals and *grant-writing*.
- Use the plan as documentation for the need to *prioritize HIV in local health policy*.
- Consider charitable giving or other funding decisions that support community partners essential for implementation.

While the goals and action steps of the 2017 Comprehensive Plan are extensive and represent the input of many subject matter experts and agencies, they are not intended to, *nor could they be*, an exhaustive list of all activities needed to address HIV in the Houston Area. Achieving the vision of an ideal system of HIV prevention and care services will require the continued partnership, collaboration, and coordination of numerous individuals, groups, organizations, and programs.

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Disclaimer:

This document is a summary of the 2017-2021 Houston Area Comprehensive HIV Prevention and Care Services Plan and does not include all federally-required elements for comprehensive jurisdictional HIV prevention and care services planning as defined by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). The complete Houston Area plan containing all elements can be obtained at the contact information below. The content of this document was developed from October 2015 to July 2016 and, as such, reflects the information and data that were available during that time. New information and data on the topics addressed in this document may have become available since the time of publication. Moreover, activities put forth in this document may have been completed or altered during implementation.

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