

Epidemiological Trends	Unmet Need for HIV Care	National, State, and Local Priorities
<p><b>Who is living with HIV in the Houston EMA?</b><sup>a</sup> 24,979 people were living with HIV/AIDS in the EMA at the end of 2014. Of all PLWHA in the EMA:</p> <ul style="list-style-type: none"> <li>• 75% are male</li> <li>• 49% are African American</li> <li>• 54% are between the ages of 35 and 54</li> <li>• 55% are MSM</li> </ul> <p><b>Who is newly diagnosed with HIV in the Houston EMA?</b><sup>a</sup> 1,386 people were newly diagnosed with HIV in the EMA in 2014. Of those newly diagnosed in 2014:</p> <ul style="list-style-type: none"> <li>• 78% were male</li> <li>• 48% were African American</li> <li>• 58% were between the ages of 13 and 34</li> <li>• 67% were MSM</li> </ul> <p>It is estimated that an additional 5,225 people in the EMA are HIV positive and unaware of their status.</p> <p><b>What groups are hardest-hit by HIV in the Houston EMA?</b><sup>b</sup> MSM, African Americans, and Hispanic/Latinos continue to have the largest numbers of new HIV diagnoses in the EMA. Among subpopulations, the following groups had the most new infections in the EMA in 2011:</p> <ul style="list-style-type: none"> <li>• African American MSM</li> <li>• Hispanic MSM</li> <li>• African American heterosexuals; and</li> <li>• Young MSM (age 13 – 24) of Color (YMSMOC)</li> </ul> <p><small>Source: <sup>a</sup>To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014. <sup>b</sup>2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. Approved March 14, 2013. Updated April 15, 2013</small></p>	<p><b>What is unmet need?</b> Unmet need is when a person diagnosed with HIV is out-of-care. According to HRSA, a person is considered out-of-care if they have not had at least 1 of the following in 12 months: (1) an HIV medical care visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication.</p> <p><b>How many people are out-of-care in the Houston EMA?</b><sup>a</sup></p> <ul style="list-style-type: none"> <li>• In 2014, there were 6,367 PLWHA out-of-care in the EMA, or 25% of all diagnosed cases.</li> </ul> <p><b>Who is out-of-care in the Houston EMA?</b><sup>a</sup> The highest proportions of people out-of-care in 2014 were:</p> <ul style="list-style-type: none"> <li>• Persons diagnosed with HIV vs. those with an AIDS diagnosis</li> <li>• Males v. females</li> <li>• Hispanic, African American, and other race/ethnicities vs. white</li> <li>• Adults 25-34 vs. other age groups</li> <li>• IDU vs. other risk groups</li> <li>• Individuals diagnosed in 2005-2010</li> </ul> <p>The <i>2014 Houston Areas HIV/AIDS Needs Assessment</i><sup>b</sup> also identified characteristics of the out-of-care. These individuals were:</p> <ul style="list-style-type: none"> <li>• More likely to report difficulty accessing all services except health insurance assistance, hospice, and substance abuse services</li> <li>• Are 3 times more likely to report having no source of social support</li> <li>• More likely to report higher occurrences of employment, private sector health insurance, use of public transportation, homelessness, and recent incarceration.</li> </ul> <p><small>Sources: <sup>a</sup>To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014. <sup>b</sup>2014 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></small></p>	<p>Initiatives at the national, state, and local level offer important guidance on how to design effective HIV care services for the Houston EMA:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020</b> Released in July 2015, NHAS includes three broad outcomes for HIV care:</p> <ul style="list-style-type: none"> <li>• Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.</li> <li>• Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>• Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><b>Early Identification of Individuals with HIV/AIDS (EIIHA)</b> EIIHA is a HRSA initiative required of all Part A grantees. It has four goals:</p> <ol style="list-style-type: none"> <li>1. Identifying individuals unaware of their HIV status</li> <li>2. Informing individuals unaware of their HIV status</li> <li>3. Referring to medical care and services</li> <li>4. Linking to medical care</li> </ol> <p>The EMA's EIIHA Strategy also includes a special populations focus:</p> <ol style="list-style-type: none"> <li>1. African Americans</li> <li>2. Hispanics/Latinos age 35 and over</li> <li>3. Men who have Sex with Men (MSM)</li> </ol> <p><b>Continuum of Care</b><sup>a</sup> Developed by the CDC in 2012, the Continuum of Care is a five-step model of PLWHA engagement in HIV medical care. Using the model, local communities can identify specific areas for scaled-up engagement efforts. The Houston EMA's current Continuum of Care is as follows:</p> <ul style="list-style-type: none"> <li>• 24,979 people are currently diagnosed with HIV in the EMA; an additional 5,1225 people are estimated to be HIV positive, but unaware of their status</li> <li>• Of those aware, 75% have accessed HIV care</li> <li>• Of those aware, 61% have been retained in HIV care</li> <li>• Of those aware, 55% have a suppressed viral load</li> </ul> <p><small>Source: <sup>a</sup>To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014.</small></p>

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<p><i>Con't from Page 1</i></p> <p>Other notable subpopulation findings include the following:<sup>a</sup></p> <ul style="list-style-type: none"> <li>Over a ten year period, the numbers of African American MSM, Hispanic/Latino MSM, and YMSM diagnosed with HIV have <u>increased</u> <i>each year</i>. Of the YMSM diagnosed, most have been African American.</li> <li>Also over a ten year period, the numbers of new HIV diagnoses in women of childbearing age (13 – 44) and in IDU have declined.</li> <li>32% of all people living with HIV/AIDS in the Houston EMA at the end of 2011 were African American males; and 20% were Hispanic/Latino males.</li> </ul> <p><i>How does the Houston EMA compare to other jurisdictions?</i></p> <ul style="list-style-type: none"> <li>The rates of new HIV diagnosis and of persons living with HIV/AIDS are both higher in the EMA than for Texas and the U.S.; however, both rates are lower than for Houston/Harris County alone.<sup>a</sup></li> <li>The EMA's demographic trends largely mirror what is occurring statewide.<sup>b</sup> According to the Texas Department of State Health Services (DSHS), HIV disease in Texas is predominantly male and African American or Hispanic/Latino.</li> </ul> <p><small>Sources:  <sup>a</sup>2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. <i>Approved March 14, 2013. Updated April 15, 2013</i>  <sup>b</sup>State of the State Presentation. Presented by Ann Robbins, Senior Public Health Advisor with the Texas Department of State Health Services. January 2016. Reporting Period: January 1 to December 31, 2014.</small></p>	<p><i>Con't from Page 1</i></p> <p>27% of all PLWHA in the 2014 Needs Assessment<sup>b</sup> reported stopping HIV medical care for 12 months year or more at some point since their initial diagnosis. The most common reasons for falling out-of-care were: not feeling sick, substance abuse concerns, and other priorities</p> <p><i>How many of the newly diagnosed are out-of-care in the EMA?<sup>a</sup></i></p> <ul style="list-style-type: none"> <li>80% of those newly diagnosed in 2014 in the EMA were linked to HIV medical care within 3 months of their diagnosis. An additional 7% were linked to care within 4 – 12 months of their diagnosis.</li> <li>13% of those newly diagnosed in 2014 in the EMA <u>remained</u> unlinked by the end of that year.</li> </ul> <p>The highest proportions of those who were newly diagnosed and remained out-of-care in 2014 were:</p> <ul style="list-style-type: none"> <li>Males v. females</li> <li>African Americans and Hispanic vs. white and other race/ethnicities</li> <li>Youth (13 – 24) and 35-44 vs. other age groups</li> <li>MSM vs. other risk groups</li> <li>Those with other STI co-infections vs. those with no know STI co-infection</li> </ul> <p><small>Sources:  <sup>a</sup>To appear in the 2016 Houston Area Joint Epidemiologic Profile. Reporting period: January 1 to December 31, 2014.  <sup>b</sup>2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></small></p>	<p><i>Con't from Page 1</i></p> <p><b>The Texas HIV Plan Update for 2014-2015</b>          The Texas Department of State Health Services (DSHS) has also developed a model of PLWHA engagement in HIV medical care, which serves as the foundation for efforts to reduce HIV infections for the state as a whole. Domains for HIV care services improvements for the state are:</p> <ul style="list-style-type: none"> <li>Ensure timely linkage to HIV-related care and treatment</li> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><b>Houston Area Comprehensive HIV Plan (2012 – 2014)</b>          This document outlines strategies, activities, and benchmarks for improving the entire system of HIV prevention and care in the EMA. HIV care services improvements slated for achievement by 2014 (extended to 2016) are:</p> <ul style="list-style-type: none"> <li>Increase the proportion of newly diagnosed individuals linked to HIV medical care within 3 months of their diagnosis to 85%</li> <li>Increase the percentage of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year as determined by the RW Unmet Need Framework</li> <li>Increase the proportion of RW clients with UVL by 10%</li> <li>Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services</li> </ul> <p>The plan also includes a special populations focus:</p> <ol style="list-style-type: none"> <li>Adolescents (age 13 – 17)</li> <li>Homeless</li> <li>Incarcerated and recently released from jail or prison</li> <li>IDU</li> <li>MSM</li> <li>Transgender</li> </ol>

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																					
<p><b>Ambulatory Outpatient Medical Care (Adult and Pediatric) incl. Vision Care)</b></p>	<p><u>Part A:</u>                      FY98: \$2,084,928                      FY99: \$1,231,605                      FY00: \$1,891,325                      FY01: \$1,679,294                      FY02: \$1,941,561                      FY03: \$1,966,899                      FY04: \$1,687,404                      FY05: \$2,319,440                      FY06: \$3,161,000                      FY07: \$3,161,000</p> <p><u>Part A/MAI/B:</u>                      FY08: \$9,214,688                      FY09: \$9,454,433                      FY10: \$9,510,270                      FY11: \$9,964,057                      FY12: \$9,941,410                      FY13:                      \$11,043,672                      FY14:                      \$10,656,734</p> <p><u>Part A/MAI:</u>                      FY15:                      \$11,181,410                      FY 16:                      \$11,757,561</p> <p><small>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</small></p>	<p>Total # of clients served</p> <table border="1" data-bbox="505 649 1209 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>◆</td> <td>7,035</td> <td>6,842</td> <td>7,000</td> <td>7,570</td> <td>7,830</td> <td>7,799</td> </tr> <tr> <td>■ CCM</td> <td>1,474</td> <td>1,496</td> <td>1,734</td> <td>1,984</td> <td>2,108</td> <td>2,087</td> </tr> </tbody> </table> <p><small>Source:                      RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11	CY12	CY13	CY14	CY15	◆	7,035	6,842	7,000	7,570	7,830	7,799	■ CCM	1,474	1,496	1,734	1,984	2,108	2,087	<p><u>Primary Care:</u></p> <ul style="list-style-type: none"> <li>Following Primary Care, 79% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart).<sup>a</sup></li> <li>92% of primary care clients increased or maintained their CD-4 counts.<sup>a</sup></li> <li>92% of primary care clients in continuous care experienced viral suppression.<sup>b</sup></li> <li>23% of clients receiving their first Primary Care visit had an AIDS diagnosis during the reporting period.<sup>a</sup></li> <li>~7 percentage point variability between race/ethnicity categories for ART prescription and 9% for viral suppression.<sup>b</sup></li> </ul> <p><u>Vision Care:</u></p> <p>16 diagnoses were reported for HIV-related ocular disorders, all of which were managed appropriately.<sup>c</sup></p> <ul style="list-style-type: none"> <li>Overall performance rates of vision care providers have remained high, and are consistent with quality vision care. Significant improvements were noted for CMV screening, Dilated Fundus Exam, and Observation of External Structures.<sup>c</sup></li> </ul> <p><small>Source:  <sup>a</sup> RWGA FY 2013 Final Year Outcomes Reports  <sup>b</sup> RWGA Primary Care Chart Review FY 2014 (November 2015)  <sup>c</sup> RWGA Vision Care Chart Review FY 2014 (November 2015)</small></p>	<p><u>Needs Assessment Rankings:</u></p> <p>Primary Care was surveyed as “HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)” in the 2014 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> <li>87% of respondents reported a need for Primary Care, placing this service as the highest ranked need surveyed.</li> <li>The most common barrier reported for Primary Care was wait time (14% of all reported barriers to this service).</li> <li>Males, PLWHA of other/mixed race and white PLWHA, and PLWHA age 45+ reported the least difficulty accessing Primary Care.</li> <li>Homeless PLWHA, out-of-care, recently released, and transgender PLWHA had the most difficulty accessing Primary Care.</li> </ul> <p><small>Source:                      2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwpc-houston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpc-houston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></small></p>	<p>This service aligns with the following goals:</p> <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><u>The Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> <li>Increase the percentage of those aware of their HIV+ status with a suppressed viral load</li> </ul> <p><u>The Texas HIV Plan Update for 2014-2015 (2013)</u></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><u>Comprehensive HIV Plan (2012-2014):</u></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> <li>Increase the proportion of RW clients with UVL by 10%</li> </ul> <p>The following Activities also pertain:</p> <ul style="list-style-type: none"> <li>Ensure data on Special Populations are included in the annual process for determining RW funded services, priorities, and allocations</li> <li>Sustain HIV care services to specific Special Populations through RW Part A, B, D, SS, and MAI</li> </ul> <p>The following Special Population is also specifically addressed by this service:</p> <ul style="list-style-type: none"> <li>Adolescents (age 13 – 17)</li> </ul>
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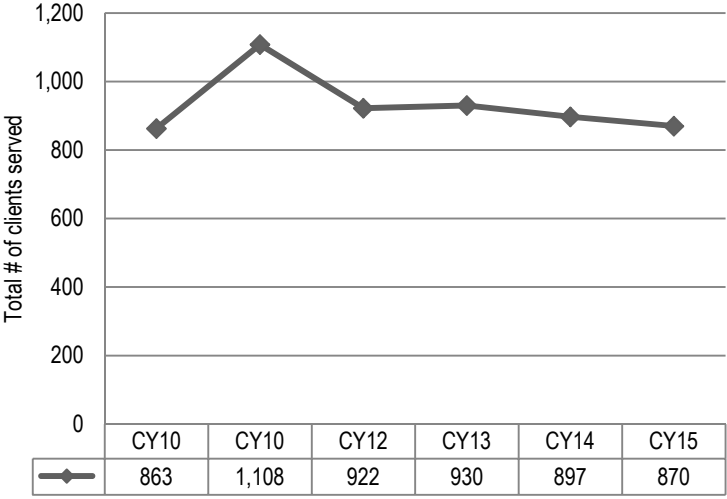
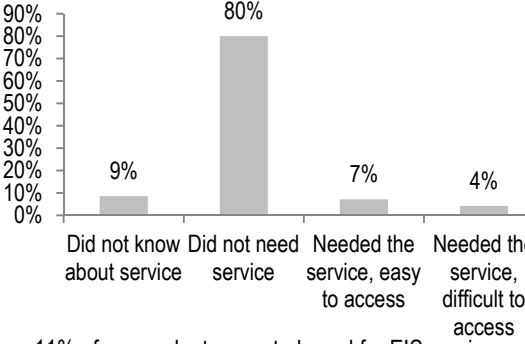
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<p>Case Management - Medical (MCM) (incl. Clinical Case Management (CCM) for Mental Health/Sub Use)</p>	<p><b>Part A:</b>                      FY98: \$ 2,084,928                      FY99: \$1,231,605                      FY00: \$1,891,325                      FY01: \$1,679,294                      FY02: \$1,941,561                      FY03: \$1,966,899                      FY04: \$1,687,404                      FY05: \$2,319,440                      FY06: \$3,161,000                      FY07: \$1,747,070                      FY08: \$2,210,511                      FY09: \$2,616,512                      FY10: \$2,616,512                      FY11: \$2,139,991</p> <p><b>Part A/B:</b>                      FY12: \$1,990,481                      FY13: \$1,840,481</p> <p><b>Part A</b>                      FY14: \$1,752,556                      FY15: \$2,031,556                      FY16: \$2,215,702</p> <p><small>Source:                      PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15</small></p>	<table border="1" data-bbox="497 673 1209 755"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>MCM</td> <td>5,626</td> <td>4,646</td> <td>3,692</td> <td>4,366</td> <td>4,891</td> <td>5,089</td> </tr> <tr> <td>CCM</td> <td>870</td> <td>1,012</td> <td>1,385</td> <td>1,275</td> <td>1,266</td> <td>992</td> </tr> </tbody> </table> <p><small>Source:                      RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11	CY12	CY13	CY14	CY15	MCM	5,626	4,646	3,692	4,366	4,891	5,089	CCM	870	1,012	1,385	1,275	1,266	992	<p><b>Medical Case Management (MCM):</b></p> <ul style="list-style-type: none"> <li>Following MCM, 55% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 5% accessed primary care for the first time.</li> <li>Following MCM, 48% of clients accessed LPAP at least once, and 3% accessed mental health services at least once.</li> <li>67% of MCM clients had suppressed viral loads.</li> </ul> <p><b>Clinical Case Management (CCM):</b></p> <ul style="list-style-type: none"> <li>Following CCM, 50% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 2% accessed primary care for the first time.</li> <li>Following CCM, 50% of clients accessed LPAP at least once, and 9% accessed mental health services at least once.</li> <li>69% of CCM clients had suppressed viral loads</li> </ul> <p><small>Source:                      RWGA FY 2013 Final Year Outcomes Reports</small></p>	<p><b>Needs Assessment Rankings:</b></p> <p>Medical, Clinical, and SLW Case Management were not each surveyed <i>explicitly</i> in the 2014 Needs Assessment, but rather as a general category entitled “Case Management” and defined as: “<i>these are people at your clinic or program who assess your needs, make referrals for you, and help you make/keep appointments.</i>” Results as defined are below:</p> <ul style="list-style-type: none"> <li>78% of respondents reported a need for case management services, placing it as the 2<sup>nd</sup> highest ranked need.</li> <li>The most common barrier reported was lack of knowledge, both of where to go for the service and of how to receive the service (16%).</li> </ul> <p><b>Other Needs Assessment Data Related to CCM:</b></p> <ul style="list-style-type: none"> <li>71% of out-of-care respondents reported need for case management services.</li> <li>Males, white PLWHA, and PLWHA age 13 to 24 reported the least difficulty accessing case management services.</li> <li>Homeless PLWHA, out-of-care, recently released, and transgender PLWHA had the most difficulty accessing case management services.</li> </ul> <p><small>Source:                      2011 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.rwpcchouston.org/Publications/2011_NA_Report/2011%20Needs%20Assessment.htm">http://www.rwpcchouston.org/Publications/2011_NA_Report/2011%20Needs%20Assessment.htm</a></small></p>	<p>This service aligns with the following goals:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><b>EIHA</b></p> <ul style="list-style-type: none"> <li>Referring to medical care and services</li> <li>Linking to medical care</li> </ul> <p><b>The Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> <li>Increase the percentage of those aware of their HIV+ status with a suppressed viral load</li> </ul> <p><b>The Texas HIV Plan Update for 2014-2015 (2013)</b></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> <li>Increase the proportion of RW clients with UVL by 10%</li> <li>Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services</li> </ul> <p>The following Special Populations are also specifically addressed by this service:</p> <ul style="list-style-type: none"> <li>Adolescents (age 13 – 17)</li> <li>IDU</li> </ul>
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# FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

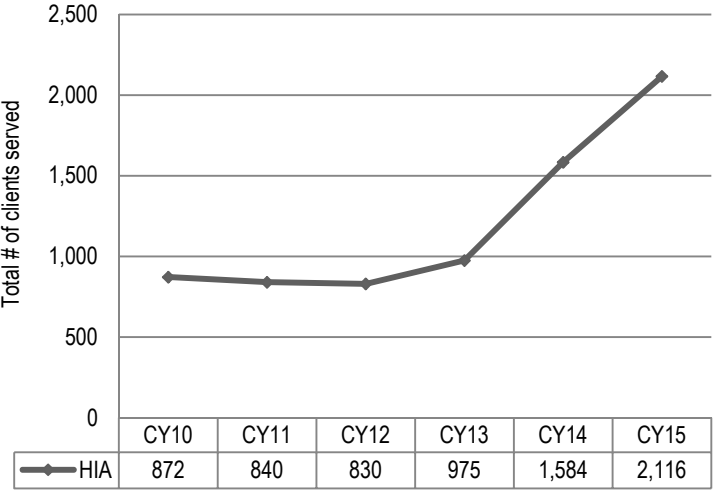
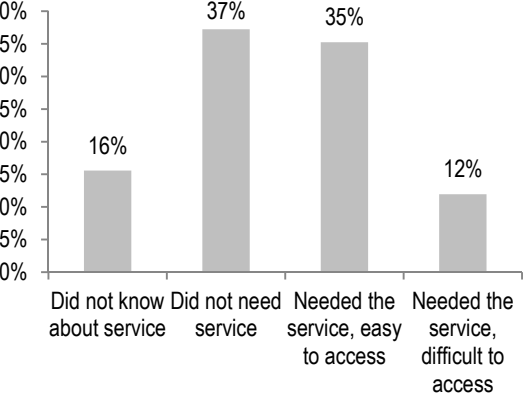
Last Updated: 7/8/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																					
<p>Case Management - (Non-Medical / Service Linkage (SLW) (incl. SLW at public testing sites)</p>	<p><b>Part A:</b>            FY98: \$2,084,928            FY99: \$1,231,605            FY00: \$1,891,325            FY01: \$1,679,294            FY02: \$1,941,561            FY03: \$1,966,899            FY04: \$1,687,404            FY05: \$2,319,440            FY06: \$3,161,000            FY07: \$1,010,871            FY08: \$1,079,062            FY09: \$957,897            FY10: \$957,897            FY11: \$1,163,539            FY12: \$1,212,217            FY13: \$1,362,217            FY14: \$1,359,832            FY15: \$1,440,384            FY16: \$1,440,384</p> <p>Source:            PROPOSED FY 2016            Allocations - Level Funding            Scenario Based upon            FY15 Actual Awards - as of            06/24/15</p>	<table border="1" data-bbox="497 625 1196 738"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Total SLW</td> <td>5,161</td> <td>6,956</td> <td>6,877</td> <td>6,373</td> <td>7,206</td> <td>6,292</td> </tr> <tr> <td>Testing Sites*</td> <td>236</td> <td>207</td> <td>168</td> <td>164</td> <td>480</td> <td>572</td> </tr> </tbody> </table> <p>Source:            RWGA and The Resource Group, 4/25/16</p> <p>*These are data for SLW at public testing sites only</p>		CY10	CY11	CY12	CY13	CY14	CY15	Total SLW	5,161	6,956	6,877	6,373	7,206	6,292	Testing Sites*	236	207	168	164	480	572	<ul style="list-style-type: none"> <li>Following receipt of SLW services, 50% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart), and 5% accessed primary care for the first time.</li> <li>Following receipt of SLW services, 33% of clients accessed LPAP, 26% of clients accessed oral health care, and 2% accessed mental health service at least once.</li> </ul> <p>Source:            RWGA FY 2013 Final Year Outcomes Reports</p>	<p><b>Needs Assessment Rankings:<sup>a</sup></b>            Medical, Clinical, and SLW Case Management were not surveyed <i>explicitly</i> in the 2014 Needs Assessment. Please refer to Case Management-Medical for 2014 Needs Assessment results, ranking, and barriers relating to general case management.</p> <p><b>Other Needs Assessment Data Related to SLW:<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>The most common HIV diagnosis location was a private doctor's office (19%).</li> <li>Young PLWHA (age 13 to 24) and the out-of-care were diagnosed most often at a private hospital or ER. Transgender and MSM PLWHA were diagnosed most often at an HIV clinic or organization.</li> <li>85% newly-diagnosed (diagnosed &lt;1 year at the time of data collection) respondents reported receiving a list of HIV clinics at the time they were diagnosed, 87% were offered assistance in obtaining HIV care, and 83% were provided an appointment for their first medical visit.</li> <li>33% of respondents reported waiting &gt; 3 months before entry into care. The most common reported reasons were not feeling sick (31%), denial (26%), and fear of others discovering their HIV status (16%).</li> </ul> <p><b>Other Data Related to SLW:<sup>b</sup></b></p> <ul style="list-style-type: none"> <li>77% of newly diagnosed cases are linked to HIV medical care within the national standard (≤3 months of their diagnosis). An additional 4% are linked in more than 3 months.</li> <li>Though 77% remains below the national goal of 85%, the rate has increased from 2010 when it was 65%.</li> </ul> <p>Source:  <sup>a</sup>2014 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a>  <sup>b</sup>2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. <i>Approved March 14, 2013. Updated April 15, 2013</i></p>	<p>This service aligns with the following goals:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.</li> </ul> <p><b>EIHA</b></p> <ul style="list-style-type: none"> <li>Referring to medical care and services</li> <li>Linking to medical care</li> </ul> <p>This service also directly implements the EMA's EIHA Strategy of linking the following special populations:</p> <ol style="list-style-type: none"> <li>African Americans</li> <li>Hispanics/Latinos age 35 and over</li> <li>Men who have Sex with Men (MSM)</li> </ol> <p><b>The Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status linked to HIV care</li> </ul> <p><b>The Texas HIV Plan Update for 2014-2015 (2013)</b></p> <ul style="list-style-type: none"> <li>Ensure timely linkage to HIV-related care and treatment</li> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Increase the proportion of newly diagnosed individuals linked to HIV medical care within 3 months of their diagnosis to 85%</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15																				
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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p>Early Intervention Services (EIS) (Incarcerated)</p>	<p><b>Part A:</b> FY03: \$83,577 FY04: \$60,588</p> <p><b>SS:</b> FY09: \$166,211 FY10: \$166,211 FY11: \$166,211 FY12: \$166,211 FY13: \$166,211 FY14: \$166,211 FY15: \$166,211 FY16: \$166,211</p> <p><small>Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15</small></p>	 <table border="1" data-bbox="524 698 1209 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Total # of clients served</td> <td>863</td> <td>1,108</td> <td>922</td> <td>930</td> <td>897</td> <td>870</td> </tr> </tbody> </table> <p><small>Source: RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11	CY12	CY13	CY14	CY15	Total # of clients served	863	1,108	922	930	897	870	<p><b>Outcomes Data:</b></p> <ul style="list-style-type: none"> <li>Outcomes data are not available for this service category at this time.</li> </ul> <p><b>Results of the SIRR Special Study:<sup>a</sup></b></p> <ul style="list-style-type: none"> <li>46% of respondents reported receiving EIS while incarcerated, and 31% received a referral to a community-based agency for post-release HIV medical care.</li> <li>63% reporting readiness to maintain HIV care post-release. Within 3 months of release from incarceration:</li> <li>87% reported seeing a community-based HIV medical care provider.</li> <li>59% reported meeting with a case manager.</li> <li>53% reported completing both RW and ADAP eligibility.</li> </ul> <p><small>Source: <sup>a</sup>SIRR Partnership of Greater Houston, Evaluating the SIRR Referral Process for HIV Positive Post-Release Offenders: <i>Preliminary Results from a Descriptive Study</i>, March 2013</small></p>	<p><b>Needs Assessment Rankings:<sup>a</sup></b></p> <p>EIS was surveyed as “Pre-discharge Planning” defined as: “this is when jail staff help you plan for HIV medical care after your release” in the 2014 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> <li>11% of respondents reported need for EIS services, placing it as the lowest ranked need.</li> <li>The most common barrier reported was not being offered the service while incarcerated in Harris County Jail (29%).</li> </ul> <p><b>Results of the SIRR Special Study:<sup>b</sup></b></p> <p>Five highest ranked HIV service needs post-release: HIV primary care, HIV medications, transportation, food, and case management.</p> <p>Barriers to HIV care were: lack of transportation, wait times for ADAP eligibility, lack of targeted social support, and lack of housing.</p> <p><b>Other Data Related to IRR Needs:<sup>c</sup></b></p> <ul style="list-style-type: none"> <li>65 new HIV diagnoses were made in HCJ in 2011.</li> <li>19% of incarcerated cases in jail are out-of-care.</li> </ul> <p><small>Source: <sup>a</sup> 2014 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a> <sup>b</sup> SIRR Partnership of Greater Houston, Evaluating the SIRR Referral Process for HIV Positive Post-Release Offenders: <i>Preliminary Results from a Descriptive Study</i>, March 2013 <sup>c</sup> 2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. <i>Approved March 14, 2013. Updated April 15, 2013</i></small></p>	<p>This service aligns with the following goals:</p> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Ensure data on Special Populations are included in the annual process for determining RW funded services, priorities, and allocations</li> <li>Sustain HIV care services to specific Special Populations through RW Part A, B, D, SS, and MAI</li> </ul> <p>The following Special Population is addressed by this service:</p> <ol style="list-style-type: none"> <li>IRR from jail or prison</li> </ol> <p><b>Recommendations from the SIRR Special Study of Consumers:</b></p> <ol style="list-style-type: none"> <li>Add language to the Mental Health service category stating that services provided under this category may have “special attention” to Special Populations, including IRR</li> <li>Distribute bus passes through EIS at discharge for use as transportation to a community-based HIV care provider.</li> <li>Explore ways to further increase linkages between HIV care providers and EIS clients prior to release.</li> </ol>
	CY10	CY11	CY12	CY13	CY14	CY15													
Total # of clients served	863	1,108	922	930	897	870													

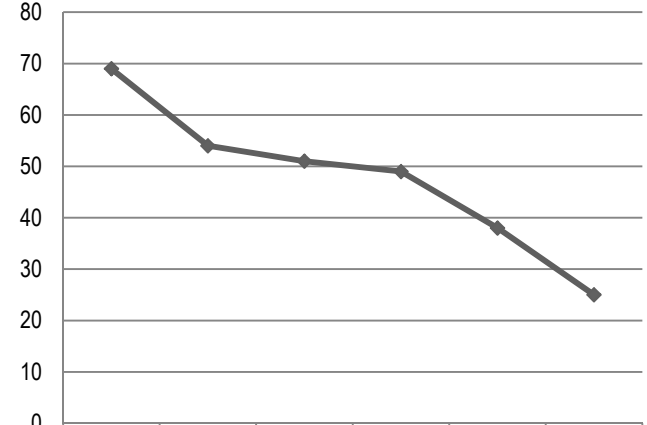
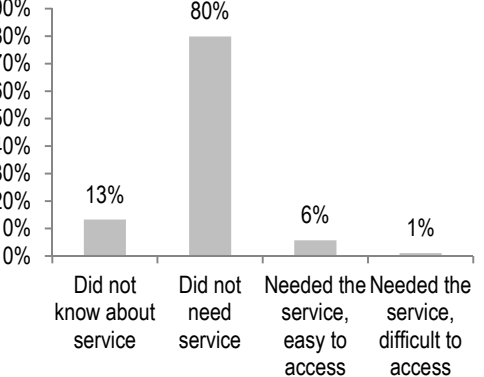
FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

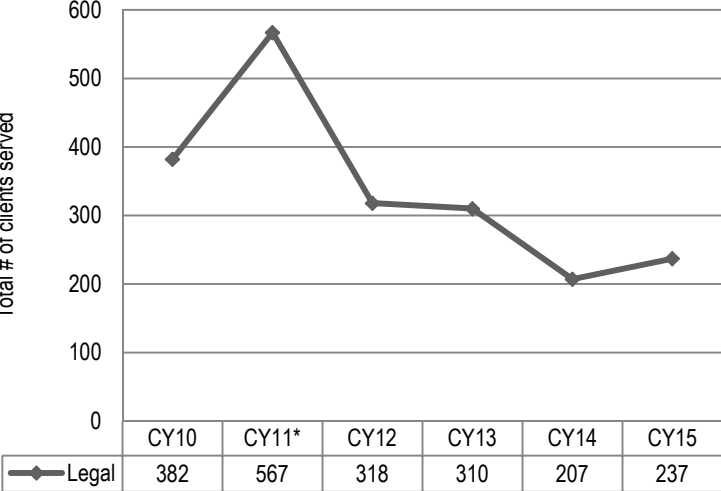
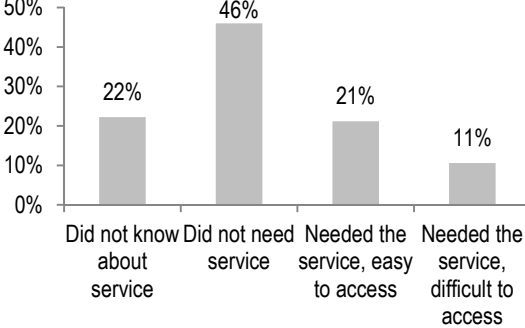
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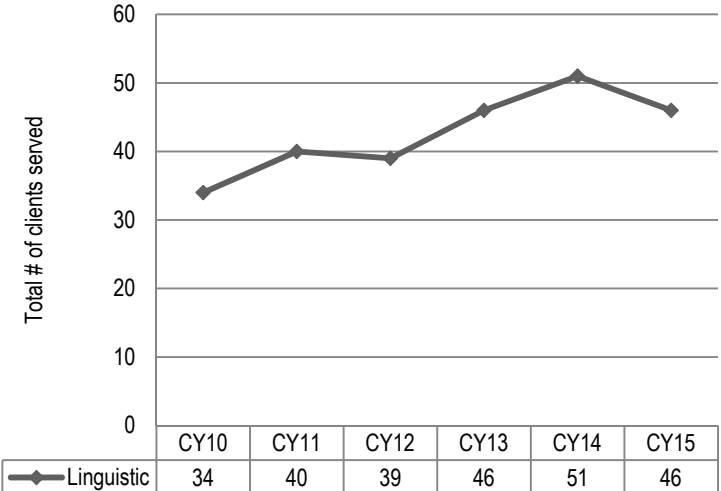
Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p><b>Health Insurance Premium and Cost Sharing Assistance</b></p>	<p><u>Part A:</u>                      FY98: \$0                      FY99: \$0                      FY00: \$75,917                      FY01: \$50,917                      FY02: \$51,295                      FY03: \$81,303                      FY04: \$82,151                      FY05: \$177,852                      FY06: \$200,000                      FY07: \$400,000                      FY08: \$1,238,590                      FY09: \$573,135                      FY10: \$573,135</p> <p><u>Part B/SS:</u>                      FY11: \$1,356,658                      FY12: \$1,406,658                      FY13: \$1,578,402                      FY14: \$2,068,402</p> <p><u>Part A/B/SS:</u>                      FY15: \$3,442,297                      FY16: \$3,049,619</p> <p><small>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon FY15                      Actual Awards - as of                      06/24/15</small></p>	 <table border="1" data-bbox="497 698 1209 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>HIA</td> <td>872</td> <td>840</td> <td>830</td> <td>975</td> <td>1,584</td> <td>2,116</td> </tr> </tbody> </table> <p><small>Source:                      RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11	CY12	CY13	CY14	CY15	HIA	872	840	830	975	1,584	2,116	<p>Outcomes data are not available for this service category at this time.</p>	<p><u>Needs Assessment Rankings:</u><sup>a</sup></p> <p>Health Insurance Assistance (HIA) was defined as: “<i>this is when you have private health insurance or Medicare and you get help paying for your co-pays, deductibles, or premiums for medications or medical visits</i>” in the 2014 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> <li>10<sup>th</sup> highest ranked need (47% of respondents reported a need for HIA)</li> <li>Most common barrier: lack of knowledge of where to go for HIA (16% of all reported barriers to this service).</li> <li>Least difficulty accessing HIA: females, PLWHA of other/mixed race and African American PLWHA, and PLWHA age 45+</li> <li>Most difficulty accessing HIA: adolescents, MSM, recently released, and transgender PLWHA</li> </ul> <p><u>Other Data Related to HIA Needs:</u></p> <ul style="list-style-type: none"> <li>Currently, 41% of all RW clients have health insurance.<sup>b</sup></li> </ul> <p><small>Sources:  <sup>a</sup>2014 Houston Area HIV/AIDS Needs Assessment.  <sup>b</sup>Houston Area Comprehensive Plan for 2012 to 2014  <sup>c</sup>2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. Approved March 14, 2013. Updated April 15, 2013</small></p>	<p>This service aligns with the following goals:</p> <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><u>The Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> </ul> <p><u>The Texas HIV Plan Update for 2014-2015 (2013)</u></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><u>Comprehensive HIV Plan (2012-2014):</u></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> </ul> <p>The following Benchmarks also pertain to this service:</p> <ul style="list-style-type: none"> <li>Increase the percentage of RW clients with Medicaid enrollment</li> <li>Monitor the percentage of RW clients with private health insurance</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15													
HIA	872	840	830	975	1,584	2,116													

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p><b>Home &amp; Community-Based Health Services (Adult Day Treatment)</b></p>	<p><b>Part A:</b>                      FY98: \$0                      FY99: \$0                      FY00: \$0                      FY01: \$0                      FY02: \$0                      FY03: \$83,577                      FY04: \$60,588                      FY05: \$72,289                      FY06: \$72,000                      FY07: \$72,000                      FY08: \$222,000                      FY09: \$148,972</p> <p><b>Part B:</b>                      FY10: \$242,000                      FY11: \$232,000                      FY12: \$242,000                      FY13: \$232,000                      FY14: \$232,000                      FY15: \$232,000                      FY16: \$232,000</p> <p><small>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</small></p>	<p>Total # of clients served</p> <table border="1" data-bbox="497 706 1217 776"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Adult Day</td> <td>58</td> <td>44</td> <td>45</td> <td>60</td> <td>58</td> <td>46</td> </tr> </tbody> </table> <p><small>Source:                      RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11	CY12	CY13	CY14	CY15	Adult Day	58	44	45	60	58	46	<p>Clients receiving Home &amp; Community Based Health Services (Adult Day Treatment) were provided an individual assessment of need, a written care plan, and a multidisciplinary team conference to review the care plan. According to chart reviews:</p> <ul style="list-style-type: none"> <li>All clients with a documented need for physical therapy (25%), food pantry (100%), and nutritional services (20%) had chart evidence of referrals for those services.</li> <li>All clients with diagnosed hypertension (40%) had chart evidence showing their hypertension was controlled.</li> <li>78% of client whose charts were reviewed had chart evidence of an undetectable viral load on their last lab. This is an increase from 2014 (61%).</li> </ul> <p><small>Source:                      The Resource Group, 2015 Chart Review</small></p>	<p><u>Needs Assessment Rankings:</u>                      Home &amp; Community Based Health Services (Adult Day Treatment) was surveyed as “Day Treatment,” defined as: “this is a place you go during the day for help with your HIV medical care from a nurse or PA. It is not a place you live” in the 2014 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> <li>34% of respondents reported a need for Home &amp; Community Based Health Services (Adult Day Treatment), placing this service as the 11<sup>th</sup> highest ranked need.</li> <li>The most common barrier reported was lack of knowledge of where to go for Home &amp; Community Based Health Services (Adult Day Treatment) (18% of all reported barriers to this service).</li> <li>Males, Hispanic/Latino PLWHA, and PLWHA age 13 to 24 reported the least difficulty accessing Home &amp; Community Based Health Services (Adult Day Treatment).</li> <li>Homeless PLWHA, out-of-care, and recently released had the most difficulty accessing Home &amp; Community Based Health Services (Adult Day Treatment).</li> </ul> <p><small>Source:                      2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></small></p>	<p>This service aligns with the following goals:</p> <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><u>The Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> <li>Increase the percentage of those aware of their HIV+ status with a suppressed viral load</li> </ul> <p><u>The Texas HIV Plan Update for 2014-2015 (2013)</u></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><u>Comprehensive HIV Plan (2012-2014):</u></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> <li>Increase the proportion of RW clients with UVL by 10%</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15													
Adult Day	58	44	45	60	58	46													



Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p>Hospice</p>	<p><u>Part A:</u>                      FY98: \$132,826                      FY99: \$123,530                      FY00: \$147,889                      FY01: \$166,678                      FY02: \$167,914                      FY03: \$190,553                      FY04: \$203,039                      FY05: \$264,643                      FY06: \$283,600                      FY07: \$283,600                      FY08: \$422,915</p> <p><u>Part A/SS:</u>                      FY09: \$422,915                      FY10: \$422,915                      FY11: \$419,916                      FY12: \$416,326</p> <p><u>SS:</u>                      FY13: \$414,832                      FY14: \$414,832                      FY15: \$414,832                      FY16: \$414,832</p> <p><u>Source:</u>                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</p>	<p>Total # of clients served</p>  <table border="1" data-bbox="631 706 1223 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Hospice</td> <td>69</td> <td>54</td> <td>51</td> <td>49</td> <td>38</td> <td>25</td> </tr> </tbody> </table> <p><u>Source:</u>                      RWGA and The Resource Group, 4/25/16</p>		CY10	CY11	CY12	CY13	CY14	CY15	Hospice	69	54	51	49	38	25	<ul style="list-style-type: none"> <li>According to chart review, 100% of clients receiving Hospice services had a documented multidisciplinary care plan with monthly updates.</li> <li>100% of clients had symptom management orders and medication administration records on file.</li> <li>100% of clients were assessed for pain at each shift.</li> <li>Records indicated that end of life support was offered to the client's family in all applicable cases.</li> <li>Upon admission, 38% of clients were homeless, 25% were active substance users, and 13% had an active psychiatric illness.</li> </ul> <p><u>Source:</u>                      The Resource Group, 2015 Chart Review</p>	<p><u>Needs Assessment Rankings:</u></p> <p>Hospice was defined as: "a program for people in a terminal stage of illness to get end-of-life care" in the 2014 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> <li>Hospice care is not a ranked service, as historically those receiving or are in greatest need of hospice care are not representatively sampled.</li> <li>The most common barrier reported was inconvenient location (12% of all reported barriers to this service).</li> <li>Males, Hispanic/Latino PLWHA, and PLWHA age 13 to 24 reported the least difficulty accessing Hospice care.</li> <li>Recently released had the most difficulty accessing Hospice care.</li> </ul> <p><u>Source:</u>                      2014 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></p>	<p>This service aligns with the following goals:</p> <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><u>The Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> </ul> <p><u>The Texas HIV Plan Update for 2014-2015 (2013)</u></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><u>Comprehensive HIV Plan (2012-2014):</u></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> <li>Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services</li> </ul> <p>The following Special Populations are also specifically addressed by this service:</p> <ul style="list-style-type: none"> <li>Homeless</li> <li>IDU</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15													
Hospice	69	54	51	49	38	25													

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p><b>Legal Assistance</b></p>	<p><u>Part A:</u>                      FY98: \$255,200                      FY99: \$250,544                      FY00: \$313,538                      FY01: \$352,500                      FY02: \$352,446                      FY03: \$328,395                      FY04: \$238,062                      FY05: \$238,062                      FY06: \$259,248                      FY07: \$259,248                      FY08: \$380,784</p> <p><u>Part A/SS:</u>                      FY09: \$380,784                      FY10: \$380,784                      FY11: \$300,480                      FY12: \$293,921</p> <p><u>Part A:</u>                      FY13: \$293,921                      FY14: \$293,406                      FY15: \$293,406                      FY16: \$293,406</p> <p><small>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</small></p>	 <table border="1" data-bbox="497 698 1217 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11*</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Legal</td> <td>382</td> <td>567</td> <td>318</td> <td>310</td> <td>207</td> <td>237</td> </tr> </tbody> </table> <p><small>*A spike in clients served occurred in CY11 due to a vendor transition during. Notifications of service termination were documented as client encounters for the reporting period.</small></p> <p><small>Source:                      RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11*	CY12	CY13	CY14	CY15	Legal	382	567	318	310	207	237	<ul style="list-style-type: none"> <li>100% of clients reported increased awareness about legal issues related to HIV status following receipt of legal assistance.</li> <li>100% of clients reported decreased anxiety about legal issues related to HIV status following receipt of legal assistance.</li> <li>40% of completed legal assistance cases resulted in the client obtaining <i>or continuing</i> their public benefits coverage; of these:                         <ul style="list-style-type: none"> <li>7 cases were for disability</li> <li>1 case was for health insurance</li> <li>1 case was for public benefits</li> <li>13 cases were income-related</li> </ul> </li> </ul> <p><small>Source:                      RWGA FY 2013 Final Year Outcomes Reports</small></p>	<p><u>Needs Assessment Rankings:</u><sup>a</sup></p> <p>Legal Assistance was defined as: “<i>help from an attorney with things like Medicaid eligibility, wills, and permanency planning</i>” in the 2014 Needs Assessment. Results as defined are below:</p>  <ul style="list-style-type: none"> <li>32% of respondents reported a need for Legal Assistance, placing this service as the 12<sup>th</sup> highest ranked need.</li> <li>The most common barrier reported was lack of knowledge, both of how to receive the service and where to go for Legal Assistance (both 17% of all reported barriers to this service).</li> <li>Females, African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Legal Assistance.</li> <li>Homeless PLWHA, MSM, out-of-care, and recently released had the most difficulty accessing Legal Assistance.</li> </ul> <p><small>Source:                      *2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></small></p>	<p>This service aligns with the following goals:</p> <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><u>The Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> </ul> <p><u>The Texas HIV Plan Update for 2014-2015 (2013)</u></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> </ul> <p><u>Comprehensive HIV Plan (2012-2014):</u></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> </ul>
	CY10	CY11*	CY12	CY13	CY14	CY15													
Legal	382	567	318	310	207	237													

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p>Linguistic Services</p>	<p>SS:                      FY09: \$28,000                      FY10: \$28,000                      FY11: \$28,000                      FY12: \$28,000                      FY13: \$35,000                      FY14: \$35,000                      FY15: \$35,000                      FY16: \$48,000</p> <p>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</p>	 <table border="1" data-bbox="497 706 1217 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>—◆— Linguistic</td> <td>34</td> <td>40</td> <td>39</td> <td>46</td> <td>51</td> <td>46</td> </tr> </tbody> </table> <p>Source:                      RWGA and The Resource Group, 4/25/16</p>		CY10	CY11	CY12	CY13	CY14	CY15	—◆— Linguistic	34	40	39	46	51	46	<ul style="list-style-type: none"> <li>Outcomes data are not available for this service category at this time.</li> </ul>	<p><u>Needs Assessment Rankings:</u><sup>a</sup></p> <p>Linguistic Services are provided to <i>non</i>-Spanish-speaking monolingual RW clients. However, needs assessment surveys are conducted in English and Spanish only; therefore, the need for Linguistic Services <i>as designed</i> may not be fully known. For this reason, respondents were not surveyed regarding need for Linguistic Services.</p> <p>Results for language as a barrier to care show:</p> <ul style="list-style-type: none"> <li>5% of respondents who expressed a need for day treatment and had difficulty accessing the service cited language as a barrier.</li> <li>2% of respondents who expressed a need for Food Pantry and had difficulty accessing the service cited language as a barrier.</li> <li>There were no reports of language barriers or low health literacy for out-of-care participants.</li> </ul> <p><u>Other Data Related to Linguistic Services:</u><sup>b</sup></p> <p>Because linguistic services are for use with <i>non</i>-Spanish-speaking monolingual clients, data on the current level of linguistic isolation in the Houston EMA may be informative about the need for this service community-wide:</p> <ul style="list-style-type: none"> <li>19% of Houston EMA residents meet the definition of linguistic isolation, defined as someone who reports speaking English less than "very well." Most are Spanish-speakers.</li> <li>&lt;1% are linguistically isolated speaking a European language; and 2% are linguistically isolated speaking an Asian/Pacific Islander language.</li> </ul> <p>Source:  <sup>a</sup>2014 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a>  <sup>b</sup>2013 Houston Area Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Services Planning. Reporting period: January 1 to December 31, 2011. Approved March 14, 2013. Updated April 15, 2013</p>	<p>This service aligns with the following goals:</p> <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><u>The Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> </ul> <p><u>The Texas HIV Plan Update for 2014-2015 (2013)</u></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> </ul> <p><u>Comprehensive HIV Plan (2012-2014):</u></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15													
—◆— Linguistic	34	40	39	46	51	46													

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																								
<p><b>Local Pharmacy Assistance Program (LPAP)</b></p>	<p><b>Part A:</b>                      FY98: \$627,652                      FY99: \$1,414,401                      FY00: \$1,545,043                      FY01: \$2,130,863                      FY02: \$2,014,178                      FY03: \$2,280,942                      FY04: \$2,862,518                      FY05: \$3,038,662                      FY06: \$2,496,000                      FY07: \$2,424,450                      FY08: \$3,288,420                      FY09: \$3,552,061                      FY10: \$3,452,061                      FY11: \$3,679,361                      FY12: \$3,582,046                      FY13: \$2,793,717                      FY14: \$2,544,176                      FY15: \$2,219,276                      FY16: \$2,581,440</p> <p>Source:                      PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15</p>	<table border="1" data-bbox="497 698 1217 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>LPAP</td> <td>3,080</td> <td>3,064</td> <td>3,375</td> <td>3,811</td> <td>3,863</td> <td>3,961</td> </tr> </tbody> </table> <p>Source:                      RWGA and The Resource Group, 4/25/16</p>		CY10	CY11	CY12	CY13	CY14	CY15	LPAP	3,080	3,064	3,375	3,811	3,863	3,961	<ul style="list-style-type: none"> <li>92% of LPAP clients increased or maintained their CD-4 counts</li> <li>76% of LPAP clients were virally suppressed</li> </ul> <p>Source:                      RWGA FY 2013 Final Year Outcomes Reports</p>	<p><b>Needs Assessment Rankings:</b>                      LPAP was surveyed in the 2014 Needs Assessment. Results as defined are below:</p> <table border="1" data-bbox="1653 422 2177 795"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Did not know about service</td> <td>10%</td> </tr> <tr> <td>Did not need service</td> <td>20%</td> </tr> <tr> <td>Needed the service, easy to access</td> <td>58%</td> </tr> <tr> <td>Needed the service, difficult to access</td> <td>11%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>69% of respondents reported a need for LPAP, placing this service as the 4<sup>th</sup> highest ranked need.</li> <li>The most common barriers reported were lack of transportation and lack of knowledge of where to go for LPAP (both 13% of all reported barriers to this service).</li> <li>Males, Hispanic/Latino PLWHA, and PLWHA age 45+ reported the least difficulty accessing LPAP.</li> <li>Adolescents, MSM, out-of-care, recently released, and transgender PLWHA had the most difficulty accessing LPAP.</li> </ul> <p>Source:                      2014 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.nwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.nwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></p>	Category	Percentage	Did not know about service	10%	Did not need service	20%	Needed the service, easy to access	58%	Needed the service, difficult to access	11%	<p>This service aligns with the following goals:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> <li>Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><b>The Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status with a suppressed viral load</li> </ul> <p><b>The Texas HIV Plan Update for 2014-2015 (2013)</b></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Increase the proportion of RW clients with UVL by 10%</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15																							
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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p><b>Medical Nutritional Therapy (MNT) (incl. nutritional supplements)</b></p>	<p><u>Part A:</u> FY07:\$144,148 FY08:\$301,325</p> <p><u>Part A/B:</u> FY09: \$301,325 FY10: \$301,325</p> <p><u>Part A:</u> FY11: \$351,285 FY12: \$341,994 FY13: \$341,994 FY14: \$341,395 FY15: \$341,395 FY16: \$341,395</p> <p><small>Source: PROPOSED FY 2016 Allocations - Level Funding Scenario Based upon FY15 Actual Awards - as of 06/24/15</small></p>	<table border="1" data-bbox="497 698 1214 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>MNT</td> <td>890</td> <td>662</td> <td>411</td> <td>546</td> <td>525</td> <td>536</td> </tr> </tbody> </table> <p><small>Source: RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11	CY12	CY13	CY14	CY15	MNT	890	662	411	546	525	536	<ul style="list-style-type: none"> <li>91% of medical nutritional therapy clients maintained or increased their CD-4 counts</li> <li>87% of medical nutritional therapy clients were virally suppressed</li> </ul> <p><small>Source: RWGA FY 2013 Final Year Outcomes Reports</small></p>	<p><u>Needs Assessment Rankings:</u><sup>a</sup></p> <p>Medical Nutrition Therapy was surveyed as “<i>Nutritional Supplements</i>,” defined as: “<i>like Ensure, fish oil, protein powder, etc., and/or nutritional counseling from a professional dietician</i>” in the 2014 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> <li>48% of respondents reported a need for Medical Nutrition Therapy, placing this service as the 9<sup>th</sup> highest ranked need.</li> <li>The most common barriers reported was lack of knowledge of where to go for Medical Nutrition Therapy (20% of all reported barriers to this service).</li> <li>Females, PLWHA of other/mixed race and Hispanic/Latino PLWHA, and PLWHA age 25-44 reported the least difficulty accessing Medical Nutrition Therapy.</li> <li>Homeless PLWHA, MSM, out-of-care, and recently released had the most difficulty accessing Medical Nutrition Therapy.</li> </ul> <p><u>Other Data Relevant to MNT:</u><sup>b</sup></p> <p>According to RW providers, the most common need for nutritional supplements among consumers are:</p> <ul style="list-style-type: none"> <li>Wasting syndrome; and chronic disease</li> </ul> <p><small>Source: <sup>a</sup>2014 Houston Area HIV/AIDS Needs Assessment. Located at: <a href="http://www.nwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.nwpchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a> <sup>b</sup>RWGA, Nutritional Supplement Usage Survey, July 2012</small></p>	<p>This service aligns with the following goals:</p> <p><u>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><u>The Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status with a suppressed viral load</li> </ul> <p><u>The Texas HIV Plan Update for 2014-2015 (2013)</u></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><u>Comprehensive HIV Plan (2012-2014):</u></p> <ul style="list-style-type: none"> <li>Increase the proportion of RW clients with UVL by 10%</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15													
MNT	890	662	411	546	525	536													

FY2017 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 7/8/16

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p><b>Mental Health (Professional Counseling)</b></p>	<p><b>Part A:</b>                      FY98: \$547,025                      FY99: \$774,176                      FY00: \$445,344                      FY01: \$329,112                      FY02: \$174,719                      FY03: \$268,764                      FY04: \$194,834                      FY05: \$224,000                      FY06: \$234,000                      FY07: \$214,000                      FY08: \$365,798</p> <p><b>SS:</b>                      FY09: \$252,200                      FY10: \$252,200                      FY11: \$252,200                      FY12: \$252,200                      FY13: \$252,200                      FY14: \$252,200                      FY15: \$300,000                      FY16: \$300,000</p> <p>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</p>	<p>Total # of clients served</p> <table border="1" data-bbox="672 698 1209 771"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Ment Health</td> <td>336</td> <td>307</td> <td>293</td> <td>314</td> <td>303</td> <td>308</td> </tr> </tbody> </table> <p>Source:                      RWGA and The Resource Group, 4/25/16</p>		CY10	CY11	CY12	CY13	CY14	CY15	Ment Health	336	307	293	314	303	308	<p>Outcomes data are not available for this service category at this time.</p>	<p><b>Needs Assessment Rankings:</b></p> <p>Mental Health was surveyed as “Professional Mental Health Counseling,” defined as: “by a licensed professional counselor or therapist either individually or as part of a therapy group” in the 2014 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> <li>52% of respondents reported a need for Mental Health services, tying this service with Food Pantry for the 7<sup>th</sup> highest ranked need.</li> <li>The most common barrier reported was lack of knowledge of how to get the Mental Health services (13% of all reported barriers to this service).</li> <li>Females, white PLWHA, and PLWHA age 45+ reported the least difficulty accessing Mental Health services</li> <li>Homeless PLWHA, out-of-care, and recently released had the most difficulty accessing Mental Health Services.</li> </ul> <p><b>Other Needs Assessment Data Related to Mental Health Services:</b></p> <ul style="list-style-type: none"> <li>54% of all respondents reported having current diagnosis of at least one mental health condition.</li> <li>Depression was the most commonly reported mental health condition (42%), followed by bipolar disorder (22%), and anxiety (19%).</li> </ul> <p>Source:                      2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwpcchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwpcchouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></p>	<p>This service aligns with the following goals:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><b>The Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> </ul> <p><b>The Texas HIV Plan Update for 2014-2015 (2013)</b></p> <ul style="list-style-type: none"> <li>Ensure timely linkage to HIV-related care and treatment</li> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> <li>Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services</li> </ul> <p><b>Recommendations from the SIRR Special Study of Consumers:</b></p> <ul style="list-style-type: none"> <li>Add language to the Mental Health service category stating that services provided under this category may have “special attention” to Special Populations, including IRR</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15													
Ment Health	336	307	293	314	303	308													

Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																								
<p><b>Oral Health (Untargeted &amp; Rural)</b></p>	<p><b>Part A:</b>                      FY98: \$607,280                      FY99: \$722,299                      FY00: \$620,240                      FY01: \$772,480                      FY02: \$776,585                      FY03: \$903,017                      FY04: \$884,176                      FY05: \$1,014,124                      FY06: \$1,060,000                      FY07: \$1,060,000                      FY08: \$1,455,678</p> <p><b>Part A/B:</b>                      FY09: \$1,550,678                      FY10: \$1,700,325                      FY11: \$1,835,346                      FY12: \$2,146,063                      FY13: \$1,951,776                      FY14: \$1,951,546                      FY15: \$2,083,999                      FY16: \$2,286,750</p> <p>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</p>	<p>Total # of clients served</p> <table border="1" data-bbox="666 706 1214 776"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Oral Health</td> <td>2,735</td> <td>2,607</td> <td>2,816</td> <td>3,298</td> <td>3,365</td> <td>3,476</td> </tr> </tbody> </table> <p>Source:                      RWGA and The Resource Group, 4/25/16</p>		CY10	CY11	CY12	CY13	CY14	CY15	Oral Health	2,735	2,607	2,816	3,298	3,365	3,476	<p><b>Untargeted:</b><sup>a</sup></p> <ul style="list-style-type: none"> <li>According to client charts reviewed for untargeted oral health services 100% had chart evidence for vital signs assessment at every visit, 97% had updated health histories in their chart, 94% had chart evidence of a hard and soft tissue review, and 95% had chart evidence of receipt of oral health education</li> </ul> <p><b>Rural:</b><sup>b</sup></p> <ul style="list-style-type: none"> <li>According to client charts reviewed for rural oral health services, 92% of client charts had evidence of intraoral exams, 91% had evidence of extraoral exams, 91% had evidence of receipt of periodontal screening. One chart reviewed showed the client presenting with oral pathology, but had not yet returned for evaluation by the dentist.</li> </ul> <p>Source:  <sup>a</sup>The Resource Group, 2015 Chart Review  <sup>b</sup>RWGA Oral Health Care – Rural Target Chart Review FY 2014 (Dec. 2015)</p>	<p><b>Needs Assessment Rankings:</b></p> <p>Oral Health was defined as: “Oral health care visits with a dentist or hygienist,” in the 2014 Needs Assessment. Results as defined are below:</p> <table border="1" data-bbox="1653 414 2177 730"> <thead> <tr> <th>Ranking Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Did not know about service</td> <td>12%</td> </tr> <tr> <td>Did not need service</td> <td>11%</td> </tr> <tr> <td>Needed the service, easy to access</td> <td>54%</td> </tr> <tr> <td>Needed the service, difficult to access</td> <td>23%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>77% of respondents reported a need for Oral Health services, placing this service as the 3<sup>rd</sup> highest ranked need.</li> <li>The most common barrier reported was wait time for Oral Health services (16% of all reported barriers to this service).</li> <li>Females, PLWHA of other/mixed race and African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Oral Health services</li> <li>Homeless PLWHA, out-of-care, MSM, and recently released had the most difficulty accessing Oral Health Services.</li> </ul> <p>Source:                      2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></p>	Ranking Category	Percentage	Did not know about service	12%	Did not need service	11%	Needed the service, easy to access	54%	Needed the service, difficult to access	23%	<p>This service aligns with the following goals:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><b>The Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> </ul> <p><b>The Texas HIV Plan Update for 2014-2015 (2013)</b></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> </ul> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15																							
Oral Health	2,735	2,607	2,816	3,298	3,365	3,476																							
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Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities														
<p><b>Substance Abuse Treatment</b></p>	<p><b>Part A:</b>                      FY98: \$294,600                      FY99: \$247,077                      FY00: \$207,639                      FY01: \$41,368                      FY02: \$56,786                      FY03: \$59,110                      FY04: \$85,745                      FY05: \$42,850                      FY06: \$45,000                      FY07: \$35,000                      FY08: \$25,051                      FY09: \$66,051                      FY10: \$72,000                      FY11: \$47,000                      FY12: \$45,757                      FY13: \$45,757                      FY14: \$45,677                      FY15: \$45,677                      FY16: \$45,677</p> <p>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</p>	<table border="1" data-bbox="497 706 1217 776"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Sub Abuse</td> <td>37</td> <td>30</td> <td>12</td> <td>16</td> <td>17</td> <td>23</td> </tr> </tbody> </table> <p>Source:                      RWGA and The Resource Group, 4/25/16</p>		CY10	CY11	CY12	CY13	CY14	CY15	Sub Abuse	37	30	12	16	17	23	<ul style="list-style-type: none"> <li>50% of substance abuse treatment services clients completed a treatment program during the reporting period.</li> <li>100% of substance abuse treatment service clients reported abstaining from alcohol or drugs "every day" after two months in the program</li> <li>100% of substance abuse treatment service clients reported attending community support group meetings</li> <li>Following receipt of substance abuse treatment services, 73% of clients accessed HIV primary care at least once, all clients maintained CD-4 counts, 17% increased their CD-4 counts, and 54% were virally suppressed.</li> </ul> <p>Source:                      RWGA FY 2013 Final Year Outcomes Reports</p>	<p><b>Needs Assessment Rankings:</b>                      Substance Abuse Treatment was surveyed as "alcohol or drug abuse treatment or counseling (in an outpatient setting only)" in the 2014 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> <li>19% of respondents reported a need for Substance Abuse Treatment, placing this service as the 13<sup>th</sup> highest ranked need.</li> <li>The most common barriers: lack of knowledge of where to go for Substance Abuse Treatment, and fear that others would learn their status</li> <li>Females, African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Substance Abuse Treatment</li> <li>MSM and recently released had the most difficulty accessing Substance Abuse Treatment.</li> </ul> <p><b>Other Needs Assessment Data Related to Substance Abuse Services:</b></p> <ul style="list-style-type: none"> <li>Respondents with a history of being out-of-care, ranked substance use was the #2 reason for interruption in care.</li> <li>For out-of-care respondents, problems with substance use were cited 5<sup>th</sup> out of 13 possible reasons for falling out of care.</li> </ul> <p>Source:                      2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></p>	<p>This service aligns with the following goals:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><b>The Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> </ul> <p><b>The Texas HIV Plan Update for 2014-2015 (2013)</b></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> <li>Reduce the number of reports of barriers by PLWHA to RW-funded Mental Health Services and Substance Abuse Treatment Services</li> </ul> <p>The following Special Populations are also specifically addressed by this service:</p> <ul style="list-style-type: none"> <li>IDU</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15													
Sub Abuse	37	30	12	16	17	23													



Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities																					
<p><b>Transportation (Untargeted &amp; Rural) (Van &amp; Bus Pass)</b></p>	<p><b>Part A:</b>                      FY98: \$488,405                      FY99: \$580,909                      FY00: \$838,460                      FY01: \$912,947                      FY02: \$1,015,666                      FY03: \$945,743                      FY04: \$598,816                      FY05: \$570,000                      FY06: \$570,000                      FY07: \$512,000                      FY08: \$654,539</p> <p><b>Part A/B:</b>                      FY09: \$654,539                      FY10: \$595,366</p> <p><b>Part A:</b>                      FY11: \$625,366                      FY12: \$543,459                      FY13: \$543,459                      FY14: \$527,361                      FY15: \$527,362                      FY16: \$527,362</p> <p><small>Source:                      PROPOSED FY 2016                      Allocations - Level Funding                      Scenario Based upon                      FY15 Actual Awards - as of                      06/24/15</small></p>	<p>Total # of clients served</p> <table border="1" data-bbox="497 730 1209 844"> <thead> <tr> <th></th> <th>CY10</th> <th>CY11</th> <th>CY12</th> <th>CY13</th> <th>CY14</th> <th>CY15</th> </tr> </thead> <tbody> <tr> <td>Van Based</td> <td>598</td> <td>394</td> <td>322</td> <td>478</td> <td>611</td> <td>754</td> </tr> <tr> <td>Bus Pass</td> <td>1,725</td> <td>2,406</td> <td>2,263</td> <td>2,628</td> <td>2,592</td> <td>2,342</td> </tr> </tbody> </table> <p><small>Source:                      RWGA and The Resource Group, 4/25/16</small></p>		CY10	CY11	CY12	CY13	CY14	CY15	Van Based	598	394	322	478	611	754	Bus Pass	1,725	2,406	2,263	2,628	2,592	2,342	<p><b>Van Based:</b></p> <ul style="list-style-type: none"> <li>Following van based transportation services:                             <ul style="list-style-type: none"> <li>69% of clients accessed HIV primary care at least once;</li> <li>72% accessed LPAP at least once; and</li> <li>74% accessed oral health services at least once.</li> </ul> </li> </ul> <p><b>Bus Pass:</b></p> <ul style="list-style-type: none"> <li>Following bus pass transportation services:                             <ul style="list-style-type: none"> <li>77% of clients accessed a RW service of some kind at least once;</li> <li>36% accessed HIV primary care at least once;</li> <li>20% accessed LPAP at least once; and</li> <li>25% accessed oral health services at least once.</li> </ul> </li> </ul> <p><small>Source:                      RWGA FY 2013 Final Year Outcomes Reports</small></p>	<p><b>Needs Assessment Rankings:<sup>a</sup></b></p> <p>Transportation was defined as "Transportation to/from your HIV medical appointments on a van or with a Metro bus card" in the 2014 Needs Assessment. Results as defined are below:</p> <ul style="list-style-type: none"> <li>55% of respondents reported a need for Transportation services, tying this service with Housing as the 5<sup>th</sup> highest ranked need.</li> <li>The most common barrier reported for Transportation Services was lack of transportation (18% of all reported barriers to this service).*</li> <li>Males, African American PLWHA, and PLWHA age 45+ reported the least difficulty accessing Transportation services</li> <li>Homeless PLWHA, out-of-care, and recently released had the most difficulty accessing Transportation services.</li> </ul> <p><small>*Anecdotally, the initial transportation gap in accessing Transportation services, and the ongoing gap of refilling bus cards was noticed during data collection for the 2011 and 2014 Needs Assessments, and the I/RR and Transgender special studies. However, this particular issue has not been formally measured.</small></p> <p><small>Source:                      2014 Houston Area HIV/AIDS Needs Assessment. Located at:  <a href="http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf">http://www.rwphouston.org/Publications/2014%20Needs%20Assessment%20-%20FINAL%203-13-14.pdf</a></small></p>	<p>This service aligns with the following goals:</p> <p><b>National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015)</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.</li> <li>Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%.</li> </ul> <p><b>The Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Increase the percentage of those aware of their HIV+ status retained in HIV care</li> <li>Increase the percentage of those aware of their HIV+ status with a suppressed viral load</li> </ul> <p><b>The Texas HIV Plan Update for 2014-2015 (2013)</b></p> <ul style="list-style-type: none"> <li>Ensure continuous participation in systems of care and treatment</li> <li>Increase viral suppression</li> </ul> <p><b>Comprehensive HIV Plan (2012-2014):</b></p> <ul style="list-style-type: none"> <li>Increase the percent of RW clients in continuous HIV care to 80%</li> <li>Reduce the proportion of diagnosed individuals who are not in HIV care by 0.8% each year</li> <li>Increase the proportion of RW clients with UVL by 10%</li> </ul> <p><b>Recommendations from the SIRR Study:</b></p> <ul style="list-style-type: none"> <li>Distribute bus passes through EIS at discharge for use as transportation to a community-based HIV care provider.</li> </ul> <p><b>Recommendations from the Transgender Special Study:</b></p> <ul style="list-style-type: none"> <li>Lack of transportation was cited most often (44%) by transgender consumers as a barrier to HIV care. It is recommended that the workgroup explore ways to reduce transportation barriers for this Special Population.</li> </ul>
	CY10	CY11	CY12	CY13	CY14	CY15																				
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