Texas HIV Annual Report

As Required By
Texas Health and Safety Code, Section 85.041

Department of State Health Services
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Executive Summary

In accordance with Texas Health and Safety Code, Section 85.041, this report summarizes information on the type, level, quality, and cost-effectiveness of services provided to prevent and treat Human Immunodeficiency Virus (HIV) funded by the Texas Department of State Health Services (DSHS). The report includes overviews of HIV programmatic activities and summaries of findings from analyses of program data from services funded or provided by DSHS from January 1 to December 31, 2015, unless otherwise noted.

By the end of 2015, there were 82,745 Texans known to be living with a diagnosis of HIV infection, an increase of 18 percent over the past 5 years. The increase in the number of people living with HIV (PLWH) is primarily due to the dramatic increase in life expectancy resulting from advances in HIV treatment. The number of new diagnoses has been stable for the past decade, with 4,486 new diagnoses in 2015. Particular subpopulations, including blacks, gay men, and other men who have sex with men (MSM), bear a disproportionate burden of HIV infection in Texas and in the U.S. as a whole.

DSHS works with community stakeholders and providers to strengthen public awareness and prevention, as well as assure that gaps in clinical treatment are filled. The DSHS HIV/STD Program's array of initiatives are intended to reduce the number of undiagnosed HIV infections and increase the number of people with HIV who are successfully treated and thus, virally suppressed. Viral suppression is a key element in HIV prevention as it reduces or eliminates infectiousness.

Targeted Behavior Change Interventions

DSHS-funded programs (16 community-based organizations, 2 universities, 8 local health departments (LHDs), and 4 federally qualified health centers) use evidence-based approaches to reduce the vulnerability to HIV and other sexually-transmitted diseases (STDs) among populations at highest risk of becoming infected. In 2015, 11,530 individuals participated in targeted behavior change interventions:

- 951 persons completed small-group behavior change programs
- 9,765 peers were engaged in community interventions
- 814 were enrolled in intensive group-level interventions

Public Information and Targeted Social Marketing

DSHS has contracted with the Kaiser Family Foundation for a number of public information campaigns intended to reach specific audiences.

- The Great Than AIDS campaign focuses on marketing to black and Hispanic MSM.
- The Speak Out campaign features videos of Texans affected by HIV discussing prevention, which resulted in 886,000 online video views.
- The #AskTheHIVDoc online video series and digital ads were designed to promote dialogue about HIV between gay and bisexual men and health care providers. The campaign resulted in 1.3 million impressions and 234,000 video views.

Other campaigns with localized messages resulted in 1.5 million impressions, 133,000 video views, and the distribution of 57,000 educational resources.

Targeted HIV Testing and Linkage to Medical Care

DSHS-funded programs provide HIV testing and health education to high-risk individuals at places and times that are convenient for the clients. This testing often occurs in non-traditional, non-clinical settings, such as correctional facilities, substance abuse treatment centers, and areas where high-risk individuals congregate. In 2015, 27 contracted service providers (17 community-based organization, 8 LHDs, and 2 universities) tested 62,162 clients resulting in 986 positives. Of those who tested positive, 80 percent had evidence of successful linkage to care.

Routine HIV Screening in Medical Settings

DSHS contracts with hospital emergency departments, community health centers, teen health clinics, LHD STD clinics, and correctional facilities that serve areas of the state will the largest number of PLWH to provide routine HIV screening. In 2015, the 13 contractors performed 133,162 HIV tests, which resulted in 1,522 positives.

Partner Services for HIV

DSHS funds partner services programs at DSHS Health Service Regions and LHDs. These programs involve disease intervention specialists working with newly infected individuals to provide counseling on how to prevent transmitting HIV to others, get them connected to care, and obtain information about potential sex and needle-sharing partners. The specialists use this information to locate and refer partners for examination, treatment, and counseling. In 2015, staff interviewed 2,861 HIV-infected persons, which lead to 6,199 partners being located, counseled, and tested for HIV. This work resulted in 253 new positive persons being identified.

Outpatient HIV Medical and Support Services

In 2015, DSHS contracted with seven administrative agencies to administer federal and state funds to provide medical and social services for HIV-infected Texans who are low-income, uninsured, or underinsured. Services were provided to 40,193 unduplicated clients.

HIV Drug Assistance Program

The Texas HIV Medication Program (THMP) uses federal and state funds to purchase and distribute medications through two programs: AIDS Drug Assistance Program (ADAP) and State Pharmacy Assistance Program (SPAP). ADAP provides HIV-related medications to clients through a network of pharmacies. SPAP provides assistance with deductibles, co-pays, and coinsurance for individuals meeting THMP eligibility criteria enrolled in a Medicare Part D prescription drug plan. THMP also operates a pilot program, the Texas Insurance Assistance Program (TIAP), which provides assistance with premiums, medication co-payments, and coinsurance for eligible persons with HIV. In fiscal year 2015, ADAP provided medications for

205,168 prescriptions to a total of 18,233 unduplicated clients. SPAP and TIAP enabled 134,780 prescriptions to be provided to eligible clients.

Housing for Persons with HIV

The Housing Opportunities for Persons with AIDS program (HOPWA), funded by the U.S. Department of Housing and Urban Development (HUD), provides housing assistance and supportive services to income-eligible PLWH and their households. The 25 HOPWA providers in Texas assisted 817 unduplicated households with various HOPWA services during the 2015 project year.

Program Planning, Monitoring, and Evaluation

In accordance with federal guidance, DSHS carries out community engagement for planning of HIV prevention and care services programs as a way to foster partnerships between stakeholders and DSHS to identify strategies to improve HIV prevention and care outcomes and develop the statewide HIV Plan. DSHS is also responsible for programmatic monitoring and providing technical assistance to contracted agencies that provide HIV prevention services and contracted administrative agencies that oversee HIV services.

Introduction

Texas Health and Safety Code, Section 85.041 requires DSHS to prepare a publicly accessible report each year summarizing data about the type, level, quality, and cost-effectiveness of services provided to prevent and treat Human Immunodeficiency Virus (HIV). The report includes overviews of programmatic activities and analysis of services provided or funded by DSHS from January 1 to December 31, 2015, unless otherwise noted.

Background

Overview of HIV in Texas

By the end of 2015, 82,745 Texans were known to be living with a diagnosis of HIV infection, an increase of 18 percent over the past 5 years.

- More than half reside in the Dallas and Houston metropolitan areas.
- About six to eight percent reside in each of the following: San Antonio, Austin, and Fort Worth.
- Nearly six percent are incarcerated in Texas Department of Criminal Justice, Immigration and Customs Enforcement or federal prison facilities.
- Seventy-eight percent are men, and 59 percent are gay men or men who have sex with men (MSM).
- About one quarter acquired HIV through heterosexual transmission, and about 11 percent acquired it via injection drug use (IDU) (See Appendix A, Figure 1).
- Over half of people living with HIV (PLWH) are 45 years and older.
- About 44 percent of new HIV diagnoses in 2015 were among people ages 15-29 years old.

The increase in the number of PLWH is primarily due to the dramatic increase in life expectancy resulting from advances in HIV treatment. While the number of PLWH is growing, the number of new diagnoses has been stable for the past decade, with 4,486 new diagnoses in 2015.

Blacks are disproportionately affected by HIV, making up 12 percent of the Texas population, but making up about 37 percent of PLWH in Texas (Appendix A, Figure 2). The prevalence rate of HIV among blacks in Texas is about four times higher than the rate in Hispanics, and about five times higher than the rate in whites.

HIV Treatment Cascade

Reducing HIV in Texas requires coordinated and sustained actions to merge HIV prevention and treatment services. These actions can be thought of as a cascade. The goal is to suppress the amount of virus in the blood (viral suppression) through effective medical treatment. In order to achieve this, persons with HIV must first be diagnosed and linked to care, placed on appropriate treatment, and given the supportive care and services to help them stay adherent to treatment. Viral suppression is critical, as it significantly reduces risk of HIV transmissibility.

In 2015, among Texans living with an HIV diagnosis, about 77 percent had at least one HIV-related medical visit, 69 percent had 2 or more medical visits (Appendix A, Figure 3). Fifty nine percent of Texans living with an HIV diagnosis were virally suppressed.

Overview of the DSHS HIV Program

The DSHS HIV/STD Program emphasizes actions to prevent HIV acquisition, enhance awareness and diagnosis, and promote effective linkages to treatment services.

In 2015, DSHS provided financial support for targeted public information efforts to raise awareness of HIV in hard-hit communities and populations. DSHS resources supported focused behavior change programs to reduce risky behavior in adults. It also provided resources for a three-pronged approach to increasing diagnosis through:

- Notification and testing of partners of newly diagnosed persons through contact tracing
- Focused HIV testing programs offering testing and counseling to populations at highest risk
- Support of emergency departments and primary care clinics to integrate routine HIV screening into patient care in areas with high numbers of HIV cases

DSHS also supported intensive programs to link newly diagnosed persons to HIV medical care and provided resources for outpatient medical care, including treatment drugs and supportive care coordination services for low-income, uninsured Texas residents.

Targeted Behavior Change Interventions

Program Description and Goals

DSHS-funded programs use a variety of evidence-based approaches to provide the knowledge, skills, and support to persons at highest risk to reduce their vulnerability to HIV and other sexually-transmitted diseases (STDs).[1] Programs include:

- Intensive, one-on-one counseling
- Single and multi-session group programs
- Peer-based community interventions

These interventions focus on populations at highest risk of becoming infected or infecting others with HIV, especially gay men and other MSM, black heterosexual women, and PLWH. The goals of these interventions are to:

- Increase understanding of HIV risk
- Teach participants to practice risk-reduction skills
- Build attitudes and group standards of behavior that reduce risk for becoming infected with, or passing on, HIV

There are three levels of interventions: individual, group, and community. Each level plays a part in fulfilling the public health goal of reducing the spread of HIV infection in Texas.

[1] Evidence-based interventions have been rigorously evaluated by social scientists and have demonstrated effectiveness in reducing HIV or STD incidence and HIV-related risk behaviors.

Service Providers

DSHS selects service providers through a competitive process. In 2015, DSHS funded 16 community-based organizations, 2 universities, 8 local health departments (LHDs), and 4 federally qualified health centers (FQHCs). These organizations implemented the targeted behavior change interventions discussed above.

Clients Served

In 2015, 951 persons completed small-group behavior change programs, and 9,765 peers were engaged in community interventions. In addition, 814 PLWH were enrolled in intensive group-level interventions.

Special Projects and Programs

Texas Black Women's Initiative

The Texas Black Women's Initiative (TxBWI) is a collective of regional teams created to mobilize communities to work towards ending the disparity of HIV among black women and women of color. It focuses on HIV education, prevention, and care retention, and seeks to influence policy to achieve sustainable and systemic change.

Texas Black Gay Men's Initiative

In 2010, DSHS began a project to increase the leadership and advocacy capacities of black gay men and other MSM in Dallas. The impetus for the initiative was a high rate of HIV infection in the Dallas MSM community. The initiative worked with community members to identify venues where the target population could be reached, to create a resource directory, and to develop partnerships with stakeholders. In 2015, the initiative expanded its focus to include those transgender individuals who are at high risk for HIV infection. Through funding from DSHS, the University of Texas at Austin awarded seven contracts for initiative activities.

Public Information and Targeted Social Marketing

Activities

For some years, DSHS has contracted with the Kaiser Family Foundation (KFF) for its Greater Than AIDS public information campaign. In March 2015, the campaign focused on social marketing to black and Hispanic MSM. A new iteration of the Speak Out campaign was launched, featuring videos of Texans affected by HIV describing their personal experiences and what they were doing to prevent HIV. The video campaign resulted in 886,000 online video views in Texas.

In June 2015, KFF launched the #AskTheHIVDoc online video series. This series was designed to promote dialogue about HIV between gay and bisexual men and health care providers. The videos feature three doctors providing information about HIV prevention and treatment. Targeted

digital ads promoting #AskTheHIVDoc resulted in 1.3 million impressions and 234,000 video views in Texas.

During the latter half of 2015, DSHS supported campaigns with localized messages, including the importance of HIV testing and regular health care, and emphasizing the role of loved ones in health and well-being. These media placements resulted in 1.5 million impressions, 133,000 video views, and the distribution of 57,000 educational resources in Texas.

Targeted HIV Testing and Linkage to Medical Care

Program Description and Goals

DSHS-funded programs focus on providing HIV testing and health education to persons at high risk of HIV infection. These programs offer testing in convenient places and times and offer education that is culturally appropriate and tailored to client needs. Most targeted testing occurs in non-traditional, non-clinical settings, such as correctional facilities, substance abuse treatment centers, and areas where high-risk individuals congregate.

Targeted testing and linkage programs aim to identify 1 previously undiagnosed individual per 100 individuals tested, a 1 percent new positivity rate. The goal is to ensure that at least 95 percent of those who test HIV-positive receive their test results. The standards also call for at least 85 percent of those who test positive for HIV to have a confirmed linkage to HIV-related medical care by following up with patients until the time of their first medical appointment.

Service Providers

DSHS selected 27 service providers through a competitive process, including 17 community-based organizations, 8 LHDs, and 2 university-based programs.

Clients Served

In 2015, these programs performed tests for 62,162 clients. Tables 1, 2, and 3 in Appendix B show the demographic characteristics of these clients, and Tables 4, 5, and 6 in Appendix B show HIV risk factors. Men made up approximately 65 percent of those tested, but accounted for almost 90 percent of those diagnosed with HIV. Testing is targeted at those at highest risk: gay men and other MSM. While MSM represent only 30 percent of tests conducted by contracting providers, almost 66 percent of the positive tests are among this group (Appendix B, Tables 4, 5, and 6).

Outcomes and Effectiveness

In 2015, 986 (1.59 percent) of the tests performed by contracting providers were positive, exceeding the program goal of 1 percent. This is an indicator that the programs were appropriately targeting high-risk individuals. These programs also perform linkage to treatment and care. Of those who tested positive through this program, 80 percent had evidence of an HIV-related medical appointment indicating successful linkage.

Routine HIV Screening in Medical Settings

Program Description and Goals

Routine HIV screening (i.e., testing) in medical settings complements targeted testing and identifies missed opportunities, persons unware of their HIV status, and the risk behaviors associated with HIV transmission. Guidelines from the U.S. Preventive Services Task Force (USPTF) recommend HIV screening for all persons ages 15 to 65 years seen in medical settings, unless they do not consent to the test.[2] Persons with ongoing risk should be tested at least once annually.

Service Providers

The DSHS HIV/STD Program supports routine HIV screening in major medical facilities that serve a large number of racial/ethnic minorities and those who are uninsured or underinsured. In order to best allocate Centers for Disease Control and Prevention (CDC) funds, the program's strategy has been to recruit programs that potentially serve areas of the state with the largest number of PLWH. In 2015, 11 of the 13 DSHS routine HIV screening contractors were located in the 10 Texas counties with the highest case rates (cases per 100,000 populations) or total number of PLWH. Contracting sites included:

- Hospital emergency departments
- FQHCs/community health centers (including primary care and family medicine)
- Teen health clinics
- LHD STD clinics
- Correctional facilities

Clients Served

In 2015, DSHS contractors conducted 133,162 HIV tests through routine screening. Eighty percent of those tests were in community health centers and hospital emergency centers. Of the new positive cases identified by contractors, 63 percent were identified in emergency departments.

Characteristics of those found to be HIV-positive through routine screening are shown in Tables 7 and 8 in Appendix B. The counts and rates for new HIV-positive tests include only those HIV-positive tests that were first-time diagnoses (persons not previously diagnosed) and indicate that:

- About 78 percent of positive tests were found among men.
- Almost 6 out of 10 positive tests were among blacks compared to 2 out of 10 positives among whites and a little more than 1 out of 10 Hispanics.
- The positivity rate among blacks (2.11 percent) was almost two times higher than the rate among whites (1.13 percent), and approximately four-and-a-half times higher than the rate among Hispanics (0.45 percent).

[2] http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening

The Test Texas HIV Coalition was founded in 2007 to promote routine HIV screening among health care providers throughout Texas. In 2015, DSHS worked with a contractor to redesign the website to make it more user-friendly. The coalition and website:

- Promote routine HIV screening in medical settings and educate providers about the recommendations for HIV testing and the National HIV/AIDS Strategy[3]
- Provide educational materials and resources for implementing routine HIV screening in medical settings
- Share the latest news, trainings, and best practices supporting routine HIV screening and services

Outcomes and Effectiveness

Texas' overall positivity rate of 11 per 1,000 persons screened exceeds the 1 per 1,000 rate cited by guidelines from the CDC as an indicator of cost-effective screening.[4] When the rate is limited to new positives, it is two times higher than the national guidelines, indicating these sites are well chosen and routine screening is an essential strategy for diagnosing HIV.

Partner Services for HIV

Program Description and Goals

The DSHS HIV/STD Program supports HIV partner services programs at DSHS Health Service Regions (HSRs) and LHDs. In these public health departments, highly trained disease intervention specialists (DIS) provide services with a goal of stopping ongoing disease transmission. The process begins when a DIS receives a report of a newly infected person. The DIS locates the person, refers him or her for examination and treatment, and provides counseling on methods to reduce or eliminate the risk of passing the infection to others. The DIS also elicits the names, addresses, and other locating information of sex and needle-sharing partners. Using field investigation techniques, the DIS locates and refers partners for examination, treatment, and counseling. This process continues with identification of each infected partner.

Service Providers

DSHS funds partner services through its HSRs and the following eight LHDs:

- Austin/Travis County Health and Human Services Department
- Corpus Christi Health District
- Dallas County Health and Human Services
- City of El Paso Department of Public Health
- Galveston County Health District
- City of Houston Health and Human Services Department
- San Antonio Metro Health Department
- Tarrant County Public Health

[3] https://www.whitehouse.gov/administration/eop/onap/nhas

[4] http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

Clients Served

In 2015, DIS staff interviewed 2,861 HIV-infected persons. From those interviews, 6,199 HIV sex/needle-sharing partners and high-risk social network contacts were located, counseled, and tested for HIV. There were 253 new positive persons identified, giving an overall positivity rate of 4 percent. DIS staff also successfully referred 2,667 of 2,861 (93.2 percent) newly identified HIV-infected individuals interviewed to HIV medical care.

During 2015, DSHS received additional federal funding to support the work of DIS staff for data to care initiatives in Dallas County. This work involved the provision of surveillance reports that list clients recently diagnosed with HIV who were not in care within six months of their initial diagnoses and persons who have HIV, but have no evidence of medical care within the prior year. The intent of this initiative is to assist LHDs with reducing the number of untreated individuals and the spread of HIV within their jurisdictions. DIS staff have access to surveillance data and other tools to identify persons and have the requisite skill set to locate and refer persons to medical care. They also worked with health care providers to ensure that persons who had missed medical care appointments were located.

Outpatient HIV Medical and Support Services

Program Description and Goals

A critical mission of the HIV/STD Program is to improve access to quality treatment for HIV-infected Texas residents who are low-income, uninsured, or underinsured. Texas residents with an HIV diagnosis are eligible to receive Ryan White (RW) HIV outpatient medical and support services. [5] However, federal law mandates that the program act as the payer of last resort, meaning that the program pays for eligible services when no other source of payment is available. DSHS applies these same policies to state funds used for HIV medical and support services.

Program goals are to reduce unmet needs for HIV-related medical care, promote consistent participation in care, and maximize the number of persons with a suppressed viral load. The federal Ryan White HIV/AIDS Treatment Extension Act of 2009 specifies that at least 75 percent of funding must be spent on core medical services, such as outpatient ambulatory care and oral health care. The remainder of funding may be spent on supportive services, such as medical transportation and non-medical case management. Funding priorities are determined through local stakeholder processes using epidemiological data, needs assessments, expenditure and utilization data, and assessment of existing community resources.

Service Providers

[5] The Ryan White HIV/AIDS Program is the largest federal program focused exclusively on providing HIV care and treatment services to people living with HIV. Working with cities, states, and local community-based organizations, the program provides a comprehensive system of care for people living with HIV who are uninsured or underinsured. A smaller, but critical portion is used to fund technical assistance, clinical training, and the development of innovative models of care. The legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times: in 1996, 2000, 2006, and 2009. The Ryan White HIV/AIDS Program legislation has been amended with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding core medical services and changes in funding formulas.

In 2015, DSHS contracted with seven administrative agencies (AAs) to administer federal and state funds. AAs oversee needs assessments and service planning, and competitively contract with direct service providers for care and treatment services in local communities. There were 53 direct service providers across Texas receiving state or federal funds for clinical and supportive services in 2015.

Clients Served

During 2015, RW-funded grantees provided services to 40,193 unduplicated clients – almost half of all known PLWH in the state received an HIV-related service.

Table 9 in Appendix B shows that more children aged 2-12 are receiving RW services than are infected. This is because infants exposed to HIV during birth are eligible to receive services. With appropriate medical attention, many are never infected with HIV.

Table 10 in Appendix B shows the array of services supported in Texas through state and federal funds and the number of persons receiving services. More clients received outpatient medical care than any other core service.

Special Projects and Programs

The purpose of the RW Minority AIDS Initiative (MAI) is to provide education and outreach services to increase the number of eligible racial and ethnic minorities who have access to HIV treatment medications. DSHS focuses these services on promoting participation of minority HIV-infected persons recently released from a Texas Department of Criminal Justice (TDCJ) facility or local jail. During the contract period from April 1, 2014 to March 31, 2015, MAI providers enrolled 888 minority PLWH exiting TDCJ facilities or local jails into HIV medication programming (discussed further below).

Outcomes and Effectiveness

A measure of success for the program is its ability to retain clients in medical care. One way to measure retention is to examine the proportion of PLWH who have 2 medical visits at least 3 months apart during a 12-month period. In 2015, only 69 percent of all Texans known to be living with HIV were retained in medical care. In contrast, 94 percent of RW program participants were retained in medical care.

HIV Drug Assistance Program

Program Description and Goals

The Texas HIV Medication Program (THMP) uses federal and state funds to purchase and distribute medications for the treatment of HIV infection and opportunistic infections for PLWH who meet eligibility criteria. This program is responsible for assisting clients to live longer and healthier lives, and for most, to achieve viral suppression.

The THMP consists of two programs:

- The AIDS Drug Assistance Program (ADAP) provides HIV-related medications to clients using a statewide network of more than 500 participating pharmacies. Because of joint negotiations by state HIV medication programs, THMP receives greatly discounted pricing for all antiretroviral medications on the formulary. On average, these negotiations result in prices that are less than half of the wholesaler acquisition cost.
- The State Pharmacy Assistance Program (SPAP) provides assistance with deductibles, co-pays, and coinsurance for individuals meeting THMP eligibility criteria enrolled in a Medicare Part D prescription drug plan.

THMP also operates a pilot program, the Texas Insurance Assistance Program (TIAP), which provides assistance with premiums, medication co-payments, and coinsurance for eligible persons with HIV. To qualify, clients must meet income eligibility criteria and have employer-provided insurance or have temporary group coverage related to previous employment, as allowed by the Consolidated Omnibus Budget Act (COBRA). The SPAP and TIAP programs are administered through a pharmacy benefits management company with a network of more than 2,000 pharmacies in Texas.

Clients Served

During fiscal year 2015, ADAP provided medications for 205,168 prescriptions. Each month, and the program served an average of 11,040 clients, with an annual total of 18,233 unduplicated clients. SPAP and TIAP, through paying premiums, deductibles, and co-pays, enabled an additional 134,780 prescriptions to be provided to eligible clients.

Of the 18,233 clients served by the ADAP in fiscal year 2015, more than three quarters were male, and less than a quarter were female. Twenty seven percent were 40-49 years old. ADAP client distribution by race/ethnicity was as follows:

- 22.3 percent white, non-Hispanic
- 35.1 percent black
- 39.5 percent Hispanic
- 3.0 percent other racial and ethnic groups

Outcomes and Effectiveness

ADAP is able to provide treatment drugs at a cost significantly below market value, and below the discounts provided through the federal 340B Drug Pricing Program. SPAP is cost-effective, as the amount expended to support out-of-pocket costs for these clients is less than the amount DSHS would expend providing drugs through the ADAP. The THMP is eligible to collect full rebates from drug manufacturers on partial payments such as insurance premiums, co-payments, and deductibles paid on behalf of its clients (what the SPAP does for eligible Medicare Part D clients). Thus, co-payments made by the SPAP earn drug manufacturer rebates, generating considerable program income.

Of the clients served by THMP in 2015, 84 percent had a suppressed viral load. Suppressed viral load is the gold standard of effectiveness for HIV programming, as it indicates both good personal health and reduced chances of further transmission.

Housing for Persons with HIV

Program Description and Goals

The Housing Opportunities for Persons with AIDS (HOPWA) program, funded by the U.S. Department of Housing and Urban Development (HUD), provides housing assistance and supportive services to income-eligible PLWH and their households. The purpose of the program is to establish or better maintain a stable living environment in decent, safe, and sanitary housing to reduce the risk of homelessness and to improve access to health care and supportive services. The Texas HOPWA program provides several housing services, including rental assistance, housing placement, and supportive services.

Service Providers

There are 25 HOPWA providers in Texas that integrate the delivery of housing services with the delivery of other HIV-related medical and supportive services.

Clients Served

During the 2015 Texas HOPWA project year (February 1, 2015 to January 31, 2016), DSHS funding assisted 817 unduplicated households with various HOPWA services.

Outcomes and Effectiveness

By the end of the 2015 HOPWA project year, DSHS exceeded national goals set by HUD's Office of HIV/AIDS Housing related to households that were living in stable, or temporarily stable, housing with reduced risk of homelessness. Both the quantitative and qualitative data demonstrate that HOPWA services increase client access to supportive services and health care, and improve health outcomes. Project providers reported:

- 99 percent of HOPWA clients had contact with a primary health care provider
- 84 percent had medical insurance coverage or medical assistance
- 66 percent accessed or maintained sources of income
- 15 percent secured an income-producing job

Program Planning, Monitoring, and Evaluation

HIV/STD Prevention and Services Planning

DSHS carries out community-based engagement for planning of HIV prevention and care services programs in accordance with federal guidance. The goal of HIV/STD community engagement is to foster partnership between stakeholders and DSHS in order to identify strategies to improve statewide HIV prevention and care outcomes. Stakeholder involvement is

also crucial to the development of the statewide HIV plan. This plan provides the building blocks for a coordinated and comprehensive approach to prevention and care that draws on and supports local planning and priorities. The plan also reflects the priorities of the National HIV/AIDS Strategy.

HIV Prevention Training and Program Monitoring

DSHS is responsible for programmatic monitoring and providing technical assistance to contracted agencies that provide HIV prevention services and to contracted AA that oversee HIV services. The AAs, in turn, monitor and provide technical assistance to the providers of HIV-related clinical and supportive services at the local level. This monitoring and assistance allows for systematic trainings and best-practices policies and strengthens the delivery of services. DSHS completed 49 HIV prevention site visits in 2015.

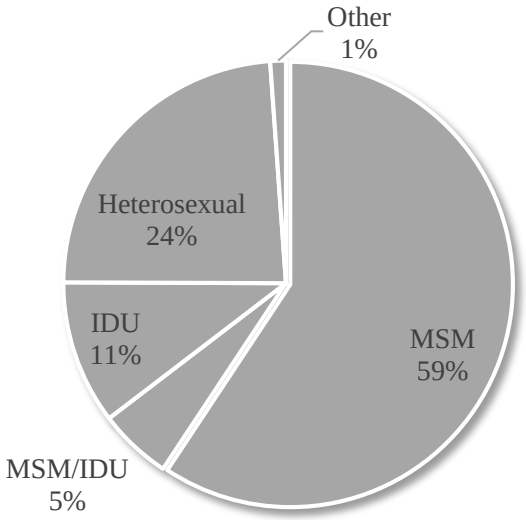
DSHS developed, and delivered training on, HIV prevention and services issues for state agencies, LHDs, community-based organizations involved in service delivery, and other DSHS staff. Trainings give guidance, clarification, education, and support for entities to assist agencies in providing culturally-competent and accurate HIV services for their clients.

Conclusion

Through a variety of program initiatives, DSHS works with LHDs, public hospitals, and community-based organizations to increase awareness of HIV as a health issue and provide information on where to find testing, treatment, and prevention resources to prevent HIV infection through reducing risk behaviors, reducing undiagnosed HIV infections, and increasing the number of Texans living with HIV who have continuous access to treatment.

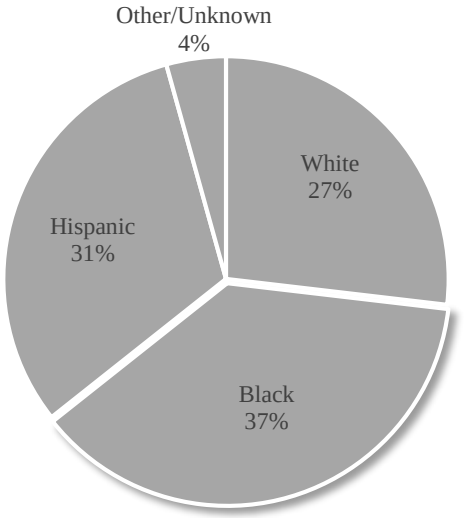
Appendix A: Figures

Figure 1. Mode of Transmission for Persons Living with HIV in Texas, 2015



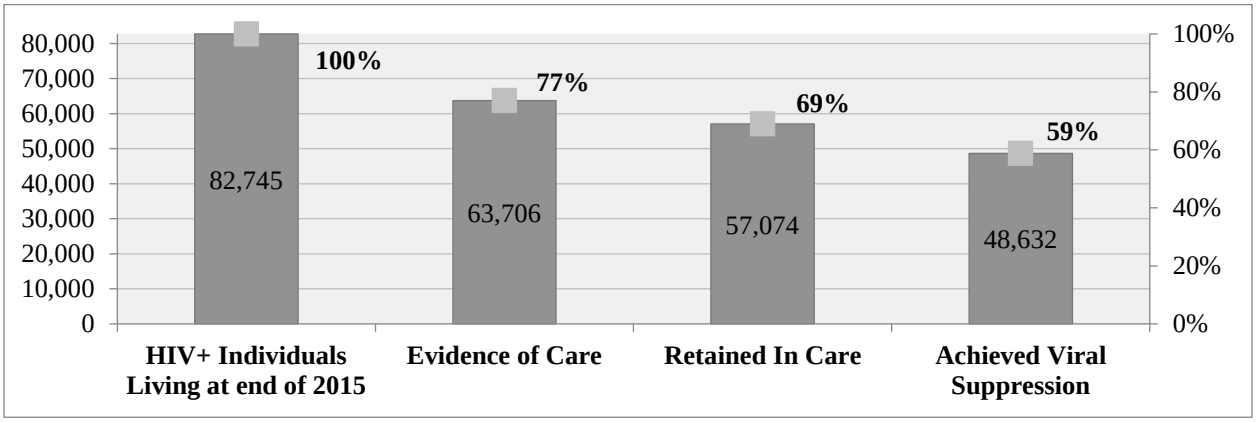
Source: Texas enhanced HIV/AIDS Reporting System (eHARS), 2015
Note: Subtotals may not add to 100 due to rounding of percentages.

Figure 2. Race/Ethnicity of Persons Living with HIV in Texas, 2015



Source: Texas enhanced HIV/AIDS Reporting System (eHARS), 2015
Note: Subtotals may not add to 100 due to rounding of percentages.

Figure 3. Texas HIV Treatment Cascade*, 2015



* Reducing HIV in Texas requires coordinated and sustained actions to merge HIV prevention and treatment services. These actions can be thought of as a cascade. The goal is to suppress the amount of virus in the blood (viral suppression) through effective medical treatment. In order to achieve this, persons with HIV must first be diagnosed and linked to care, placed on appropriate treatment, and given the supportive care coordination and services to help them stay adherent to treatments. Viral suppression is critical as it significantly reduces risk of HIV transmissibility.

"HIV+ Individuals Living in Texas" at end of 2015 includes the number of HIV-positive individuals residing in Texas at the end of 2015. "Evidence of Care in 2015" includes the number of PLWH with at least one: medical visit, anti-retroviral therapy prescription, viral load test, or CD4 (cluster of differentiation 4) test in 2015. "Retained in Care" includes the number of PLWH with at least two visits or labs, at least three months apart or suppressed at end of 2015. "Achieved Viral Suppression at end of 2015" includes the number of PLWH whose last (or only) viral load test value of 2015 was less than 200 copies/mL.

Sources: Enhanced HIV/AIDS Reporting System as of July 2, 2016, Medicaid, AIDS Regional Information and Evaluation System (ARIES), AIDS Drug Assistance Program (ADAP), and private payers.

Appendix B: Tables

Table 1. Targeted HIV Tests by Race/Ethnicity, Texas 2015

Race/Ethnicity	Total Tested	% Total	Total Positive	% Positive***	Positivity Rate****
White	15,782	25.4	192	19.5	1.22
Black	20,255	32.6	382	38.7	1.89
Hispanic	23,497	37.8	365	37.0	1.55
Other	2,355	3.8	41	4.1	1.74
Unknown*	273	0.4	6	0.6	2.20
Total**	**62,162**	**100.0**	**986**	**99.9**	**1.59**

* Recorded as "unknown."
** Records with no race/ethnicity recorded are not shown here.
*** Percent totals do not sum to 100 percent due to rounding.
****Positivity rate is per 100.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015. Slight discrepancies in Tables 1-6 due to missing data (18 "sex at birth," 2 male "risk behavior").

Table 2. Targeted HIV Tests and Positives by Race/Ethnicity, Male, Texas 2015

Race/Ethnicity	Total Tested	% Total***	Total Positive	% Positive	Positivity Rate****
White	11,033	27.1	175	19.8	1.59
Black	11,656	28.7	313	35.4	2.69
Hispanic	16,100	39.6	351	39.7	2.18
Other	1,642	4.0	39	4.4	2.38
Unknown*	219	0.5	6	0.7	2.74
Total**	**40,650**	**99.9**	**884**	**100.0**	**2.17**

* Recorded as "unknown."
** Records with no race/ethnicity recorded are not shown here.
*** Percent totals do not sum to 100 percent due to rounding.
****Positivity rate is per 100.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015. Slight discrepancies in Tables 1-6 due to missing data (18 "sex at birth," 2 male "risk behavior").

Table 3. Targeted HIV Tests and Positives by Race/Ethnicity, Female, Texas 2015

Race/Ethnicity	Total Tested	% Total	Total Positive	% Positive	Positivity Rate***
White	4,747	22.1	17	16.7	0.36
Black	8,595	40.0	69	67.6	0.80
Hispanic	7,390	34.4	14	13.7	0.19
Other	712	3.3	2	2.0	0.28
Unknown*	50	0.2	0	0.0	0.00
Total**	**21,494**	**100.0**	**102**	**100.0**	**0.47**

* Recorded as "unknown."
** Records with no race/ethnicity recorded are not shown here.
***Positivity rate is per 100.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015. Slight discrepancies in Tables 1-6 due to missing data (18 "sex at birth," 2 male "risk behavior").

Table 4. Targeted HIV Tests and Positives by Risk Behavior, Texas 2015

Risk Category	Total Tested	% Total***	Total Positive	% Positive	Positivity Rate****
MSM/IDU	625	1.0	41	4.2	6.56
MSM	18,593	29.9	644	65.4	3.46
IDU	3,088	5.0	18	1.8	0.58
Heterosexual	29,017	46.7	137	13.9	0.47
Non-Targeted	1,289	2.1	8	0.8	0.62
Unknown*	9,550	15.4	137	13.9	1.43
Total**	**62,162**	**100.1**	**985**	**100.0**	**1.58**

* Recorded as "unknown."
** Records with no risk behavior recorded are not shown here.
*** Percent totals do not sum to 100 percent due to rounding.
****Positivity rate is per 100.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015. Slight discrepancies in Tables 1-6 due to missing data (18 "sex at birth," 2 male "risk behavior").

Table 5. Targeted HIV Tests and Positives by Risk Behavior, Male, Texas 2015**

Risk Category	Total Tested	% Total	Total Positive	% Positive	Positivity Rate***
MSM/IDU	625	1.5	41	4.6	6.56
MSM	18,593	45.7	644	72.9	3.46
IDU	1,680	4.1	13	1.5	0.77
Heterosexual	13,029	32.1	53	6.0	0.41
Non-Targeted	273	0.7	4	0.5	1.47
Unknown*	6,448	15.9	128	14.5	1.99
Total**	**40,648**	**100.0**	**883**	**100.0**	**2.17**

* Recorded as "unknown."
** Records with no risk behavior recorded are not shown here.
***Positivity rate is per 100.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015. Slight discrepancies in Tables 1-6 due to missing data (18 "sex at birth," 2 male "risk behavior").

Table 6. Targeted HIV Tests and Positives by Risk Behavior, Female, Texas 2015**

Risk Category	Total Tested	% Total***	Total Positive	% Positive	Positivity Rate****
MSM/IDU	--	--	--	--	--
MSM	--	--	--	--	--
IDU	1,408	6.6	5	4.9	0.36
Heterosexual	15,988	74.4	84	82.4	0.53
Non-Targeted	1,003	4.7	4	3.9	0.40
Unknown*	3,095	14.4	9	8.8	0.29
Total**	**21,494**	**100.1**	**102**	**100.0**	**0.47**

* Recorded as "unknown."
** Records with no risk behavior recorded are not shown here.
***Percent totals do not sum to 100 percent due to rounding.
****Positivity rate is per 100.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015. Slight discrepancies in Tables 1-6 due to missing data (18 "sex at birth," 2 male "risk behavior").

Table 7. Clients Receiving Routine HIV Screening Services in Texas by Sex at Birth, Texas 2015

Sex	All Tested	Positive Tests: Number	Positive Tests: Rate**	New Positive Tests: Number	New Positive Tests: Rate**	Linked to Care: Positives Linked	Linked to Care: Percent Linked***
Male	58,546	1,187	2.03	200	0.34	958	80.7
Female	74,611	335	0.45	73	0.10	256	76.4
Unknown*	5	0	0.00	--	--	--	--
Total	**133,162**	**1,522**	**1.14**	**273**	**0.21**	**1,214**	**79.8**

* Recorded as "unknown."
**Positivity rate is per 100.
***Percent positive of that subgroup linked to care.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015.

Table 8. Clients Receiving Routine HIV Screening Services in Texas by Race/Ethnicity, Texas 2015

Race/Ethnicity	All Tested	Positive Tests: Number	Positive Tests: Rate**	New Positive Tests: Number	New Positive Tests: Rate**	Linked to Care: Positives Linked	Linked to Care: Percent Linked***
White	27,164	308	1.13	46	0.17	245	79.9
Black	40,364	850	2.11	112	0.28	673	79.2
Hispanic	42,299	189	0.45	63	0.15	168	88.9
Other	9,157	33	0.36	18	0.20	27	81.8
Unknown*	14,178	142	1.00	34	0.24	101	71.1
Total	**133,162**	**1,522**	**1.14**	**273**	**0.21**	**1,214**	**79.8**

* Recorded as "unknown."
**Positivity rate is per 100.
***Percent positive of that subgroup linked to care.

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2015.

Table 9: PLWH and RW Clients by Selected Characteristics, Texas 2015

Demographics	PLWH Number	PLWH Percent	All Services: Number	All Services: Percent	Core Medical Services: Number	Core Medical Services: Percent
Male	64,897	78%	30,052	75%	26,370	75%
Female	17,848	22%	9,824	24%	8,601	24%
Other/Unknown	N/A	--	317	1%	282	1%
White	22,222	27%	9,502	24%	8,214	23%
Black	31,009	37%	16,732	42%	14,181	40%
Hispanic	25,937	31%	13,324	33%	12,321	35%
Other/Unknown	3,577	4%	635	2%	537	2%
0-9	139	<1%	368	1%	332	1%
10-19	628	<1%	376	1%	225	1%
20-29	10,800	13%	6,014	15%	4,709	13%
30-39	17,964	22%	8,874	22%	7,884	22%
40+	53,214	64%	24,561	61%	22,103	63%
Total	**82,745**	**100%***	**40,193**	**100%***	**35,253**	**100%**

* Percent totals may not sum to 100 percent due to rounding.

Sources: AIDS Regional Information and Evaluation System (ARIES), Department of State Health Services, 2016 and Texas HIV Surveillance Report, 2015 Annual Report, Department of State Health Services, 2016.

Table 10: Overview of Services Provided through RW-Funded Providers, Texas 2015

Ryan White Clients	**(n=40,193)**	
Core Services	**Number**	**Percent**
Outpatient/Ambulatory Medical Care (OAMC)	28,128	70%
Medical Case Management (including Treatment Adherence)	18,157	45%
AIDS Pharmaceutical Assistance (local)	10,770	27%
Oral Health Care	9,675	24%
Mental Health Services	2,226	6%
Medical Nutrition Therapy	1,485	4%
Substance Abuse Services - Outpatient	881	2%
Early Intervention Services (Parts A and B)	776	2%
Home and Community-Based Health Services	120	<1%
Hospice Services	54	<1%
Support Services	**Number**	**Percent**
Case Management (non-medical)	18,824	47%
Medical Transportation Services	6,145	15%
Food Bank/Home-Delivered Meals	5,391	13%
Outreach Services	2,385	6%
Health Education/Risk Reduction	1,624	4%
Housing Services	1,584	4%
Emergency Financial Assistance	805	2%
Legal Services	490	1%
Psychosocial Support Services	397	1%
Linguistic Services	229	1%
Respite Care	139	<1%
Treatment Adherence Counseling (non-medical)	91	<1%
Substance Abuse Services - Residential	21	<1%
Child Care Services	13	<1%

Source: AIDS Regional Information and Evaluation System (ARIES), Department of State Health Services, 2016.