



Texas HIV Annual Report

**As Required By
Texas Health and Safety Code Section 85.041**



**Department of State Health Services
June 2016**

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Executive Summary

In accordance with [Section 85.041 of the Texas Health and Safety Code](#), this report summarizes information on the type, level, quality, and cost-effectiveness of services 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, 2014 through December 31, 2014, unless otherwise noted.

By the end of 2014, there were 80,073 Texans known to be living with a diagnosis of HIV infection, an increase of 19 percent in the past five years. Certain individuals, including blacks, gay men, and other men who have sex with men, bear a disproportionate burden of HIV infection in Texas and in the U.S. as a whole.¹

Once diagnosed, people with HIV must stay on treatment drugs for the rest of their lives. These drugs lower the amount of HIV in their blood, also known as their viral load. Successful treatment is known as viral suppression. Staying virally suppressed slows the progression of disease and decreases disability, hospitalization, and premature death. People with suppressed viral loads are also much less likely to transmit the virus to others, making effective drug treatment a key prevention strategy.

Reducing new HIV infections in Texas also depends on coordinated efforts to increase awareness of HIV and to provide behavioral prevention services to high-risk groups. Public awareness and prevention efforts reduce the number of persons with undiagnosed HIV infections, and increase the number of persons with HIV who, through sustained treatment, have suppressed viral load.

DSHS works with community stakeholders and providers to strengthen public awareness and prevention, as well as assure that gaps in clinical treatment are filled, all of which reduce the number of undiagnosed HIV infections and increase the number of people with HIV who are virally suppressed. This is accomplished through a variety of initiatives:

- Targeted behavior change interventions
- Public information and targeted social marketing
- Targeted HIV testing and linkage to medical care
- Routine HIV screening in medical settings
- Partner services for HIV
- Outpatient HIV medical and support services
- HIV drug assistance program
- Housing for persons with HIV
- Program planning, monitoring, and evaluation

¹ In this report, black refers to African Americans and other black persons who may be immigrants, refugees, or individuals who may not identify with African roots.

Introduction

[Section 85.041 of the Texas Health and Safety Code](#), requires the Department of State Health Service (DSHS) to prepare a publically accessible report each year that summarizes data regarding the type, level, quality, and cost-effectiveness of services provided under Chapter 85, Subchapter B of the Texas Health and Safety Code. The report includes overviews of Human Immunodeficiency Virus (HIV) programmatic activities and summaries of findings from analyses of data from services funded or provided by DSHS from January 1, 2014 through December 31, 2014, unless otherwise noted.

Background

Overview of HIV in Texas

By the end of 2014, 80,073 Texans were known to be living with a diagnosis of HIV infection, an increase of 19 percent over the number of Texans living with HIV five years ago.

- More than half reside in Dallas and Houston.
- About six to eight percent reside in each of the following: Fort Worth, Austin, San Antonio, the US-Mexico border, East Texas, and Texas Department of Criminal Justice facilities.
- Seventy-eight percent are men, and more than half are gay men or other men who have sex with men (MSM).
- About one quarter of persons living with HIV (PLWH) acquired HIV through heterosexual transmission, and about 11 percent acquired it via injection drug use (IDU) (See Appendix A, Figure 1).
- Over half of PLWH are 45 years and older.
- About 45 percent of new HIV diagnoses in 2014 were among individuals between the ages of 15 and 29 years old.

The increase in the number of PLWH is primarily due to the dramatic increase in life expectancy because of advances in the effectiveness of HIV treatment. While the number of PLWH is growing, the number of new diagnoses made every year has been stable over the past decade, with 4,405 new diagnoses in 2014.

As shown in Appendix A, Figure 2, blacks are disproportionately affected by HIV, making up 12 percent of the Texas population, but making up about 37 percent of Texans living with HIV. The 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 coordination and services to help them stay adherent to treatments. Viral suppression is critical as it significantly reduces risk of HIV transmissibility.

In 2014, among Texans living with a diagnosed HIV infection, about:

- Seventy-seven percent had at least one HIV-related medical visit.
- Seventy percent had two or more medical visits (Appendix A, Figure 3).
- Half were virally suppressed.

Overview of the DSHS HIV Program

The DSHS HIV/STD Program emphasizes action to prevent HIV acquisition, enhance awareness and efficient diagnosis of HIV, and promote effective linkage and treatment services.

In 2014, 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 the 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).² 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 persons living with HIV infection. 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

² 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.

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

Individual-Level interventions include:

- Anti-Retroviral Treatment and Access to Services (ARTAS) is an individual-level, multi-session, time-limited intervention with the goal of quickly linking persons recently diagnosed with HIV to medical care soon after receiving their positive test result.
- Comprehensive Risk Counseling Services (CRCS) offers extended one-on-one HIV prevention counseling, primarily to HIV-positive clients with complex risk-reduction needs.
- Choosing Life: Empowerment! Action! Results! (CLEAR) is an evidence-based health promotion intervention for males and females 16 years and older living with HIV or at high risk for HIV. CLEAR is a client-centered program delivered individually using cognitive-behavioral techniques to change behavior.

Group-Level interventions include:

- Healthy Relationships is a five-session group intervention that helps HIV-positive clients develop the ability to make decisions about when and to whom they will disclose their HIV-positive status.
- VOICES/VOCES is a one-session group intervention that provides instruction in condom use and safer-sex negotiation to individuals at high risk for HIV infection.

Community-Level interventions include:

- The *Mpowerment Project* is a community-level intervention based on an empowerment model where a core group of 10-15 young gay men design and carry out all project activities. The intervention consists of four integrated activities: formal and informal outreach, “M-groups,” and an ongoing publicity campaign. For formal outreach, teams of young gay men go to locations frequented by young gay men to discuss and promote safer sex, deliver informational literature on HIV risk reduction, and distribute condoms.
- Popular Opinion Leader is a community-level intervention that involves identifying, enlisting, and training key opinion leaders to encourage safer sexual norms and behaviors within their social networks through risk-reduction conversations.
- Community mobilization is the capacity building process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve health, and other needs on their own initiative or stimulated by others.
- Condom distribution activities change the environment so that there is increased availability, accessibility, and acceptability of condom use.

Service Providers

DSHS selects service providers through a competitive process. In 2014, DSHS funded 16 community-based organizations, 2 universities, 8 local health departments, and 4 federally qualified health centers. These organizations implemented the targeted behavior change interventions discussed above.

Clients Served

In 2014, 1,440 persons completed small-group behavior change programs, and 5,110 peers were engaged in community interventions. In addition, 387 PLWH were enrolled in intensive group level interventions.

Between 2013 and 2014, there was an overall 83.4 percent increase of PLWH enrolled in prevention with positives (PWP) interventions (Healthy Relationships, ARTAS, CRCS, and CLEAR). Notably, there was a 150 percent increase of black MSMs enrolled in PWP interventions, and 97 percent increase of Hispanic MSMs enrolled in PWP interventions.

Special Projects and Programs

Texas Black Women's Initiative

The goal of the Texas Black Women's Initiative (TxBWI) is to promote active, engaged, and empowered communities that address the HIV prevention and care needs of black women. Beginning in 2010, volunteer teams conducted activities related to the goal of this initiative. The teams are located in Austin, the Beaumont/Port Arthur area, Dallas, Tarrant County, Houston, San Antonio, and Tyler.

DSHS conducted trainings, webinars, and meetings with the teams to focus on community mobilization and the development of new partnerships to build the capacity of community organizations. These partners included churches, criminal justice agencies, Texas branches of the National Association for the Advancement of Colored People, local hospitals, historically black colleges and universities, and beauty salons.

In 2014, the TxBWI leadership team moved into an advisory role to further empower the teams for community mobilization and provided the teams with toolboxes of available resources.

Texas Black Gay Men's Initiative

In the fall of 2010, DSHS began a project to increase the leadership capacities of black MSM in Dallas with a goal of increasing the ability of black MSM to represent and advocate for the needs of their community in existing and developing organizations. The impetus for this community work was a high rate of HIV infection in the Dallas MSM community. In June 2013, DSHS added a part-time coordinator in Dallas to help with these efforts.

In 2014, monthly meetings led by the DSHS coordinator continued in Dallas. Participants focused on:

- Developing a virtual community, which maps where black MSM live, go for entertainment, and access basic resources so that community outreach could more successfully reach the target audiences
- Creating an online resource directory intended to foster connections among black MSM and create a network for exchange of health information

- Developing commitments to partner with other stakeholders in Dallas to make HIV education more relevant, empowering, and de-stigmatizing for the black MSM community

Public Information and Targeted Social Marketing

Activities

Since 2009, DSHS has contracted with the Kaiser Family Foundation (KFF) to extend the reach of KFF's *Greater Than AIDS* (www.greaterthan.org) public information campaign in several Texas media markets. During 2014, the campaign priority was utilizing targeted social marketing to engage black and Hispanic MSM in HIV/AIDS responses. *Greater Than AIDS* partnership activities are closely coordinated with Dallas County Health & Human Services, the San Antonio Metropolitan Health District, Austin/Travis County Health and Human Services, City of Laredo, and City of El Paso health departments.

During 2014, two rounds of public awareness advertisements (billboards, posters, and other formats) were placed in targeted areas, along with corresponding print and digital placements. Media placements during this period resulted in more than 152 million impressions, 12 million digital impressions, a quarter of a million video views, and 57,700 materials distributed in Texas.

The primary KFF campaign activity in Texas during 2014 was the development and placement of the *Speak Out: Texas* (www.greaterthan.org/campaigns/speak-out/) campaign. This campaign was developed to engage gay and bisexual men in response to the silence and stigma surrounding HIV, as well as the increase in new HIV infections among young gay men in Texas. *Speak Out: Texas* launched in September 2014. *Greater Than AIDS* also placed *I Got Tested* (www.greaterthan.org/campaigns/i-got-tested/) messages in June 2014 to coincide with National HIV Testing Day, an annual observance held on June 27 to promote HIV testing and early diagnosis and treatment for PLWH.

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.

The targeted testing and linkage program aims to identify 1 previously undiagnosed individual per 100 individuals tested, a 1 percent new positivity rate. The program's goal is also to ensure that at least 95 percent of those who test HIV-positive receive their test results. The program 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 service providers through a competitive process. Providers included 17 community-based organizations, 9 local health departments, and 3 university-based programs.

Clients Served

In 2014, these programs performed tests for 47,295 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 a little more than 60 percent of those tested, but accounted for almost 87 percent of those found to be living with HIV.

Testing is targeted at those at highest risk: gay men and other MSM. While MSM represents only 33 percent of tests conducted by contracting providers, almost 72 percent of the positive tests are among this group. See Appendix B, Tables 4, 5, and 6.

Outcomes and Effectiveness

In 2014, 664 (1.4 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 confirmed attendance at their first HIV-related medical appointment.

Routine HIV Screening in Medical Settings

Program Description and Goals

Routine HIV screening in medical settings complements targeted testing and identifies missed opportunities, persons unaware of their HIV status, and the risk behaviors associated with HIV transmission.³ 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.⁴ Persons with ongoing risk should be tested at least once annually.

Service Providers

The HIV 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 2014, 18 of the 23 DSHS routine HIV screening contractors were located in the 10

³ The terms screening and testing are used interchangeably. The 2006 CDC recommendations used the term testing. However, after the April 2013 publication of the United States Preventive Services Task Force Grade A Recommendations, the term screening is used to promote HIV testing as a preventive service.

⁴ <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening>

Texas counties with the highest case rates (cases per 100,000 populations) or total number of PLWH. Contracting sites included:

- Hospital emergency departments
- Urgent care centers
- Federally qualified health centers/community health centers (including primary care and family medicine)
- Family planning and teen health clinics
- Local health department STD clinics
- Correctional facilities

DSHS continues to prioritize counties with the highest prevalence with the goal of decreasing community viral loads.

Clients Served

In 2014, DSHS contractors conducted 253,195 HIV tests through routine screening. Eighty-two percent of those tests were in community health centers and hospital emergency centers. Of the new positive cases identified by contractors, 65 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 75 percent of positive tests were found among men.
- Almost six out of ten positive tests were among blacks compared to two out of ten positives among whites and Hispanics.
- The positivity rate among blacks (2.0 percent) was two and half times higher than the rate among whites (0.8 percent), and five times higher than the rate among Hispanics (0.4 percent).

In addition to contracting with healthcare entities for routine HIV screening, DSHS continues to look for opportunities to support policy and practice guidelines within medical settings that promote routine HIV screening. DSHS works with the Texas/Oklahoma AIDS Education Training Center to identify training needs and methods for implementing CDC and US Preventive Services Task Force guidelines for routine HIV screening in Texas. DSHS developed and presented trainings on topics relevant to implementing routine screening in medical settings at county medical society meetings, advertised in medical professional journals and newsletters, and hosted educational exhibits at medical professional conferences.

In 2014, DSHS and a number of partners formed the Test Texas HIV Coalition. The coalition collaborated with DSHS on a website, <https://testtexashiv.org/>, targeting healthcare providers. This website:

- Promotes routine HIV screening in medical settings and educates providers about the recommendations for HIV testing and the National HIV/AIDS Strategy⁵

⁵ <https://www.whitehouse.gov/administration/eop/onap/nhas>

- Provides educational materials and resources for implementing routine HIV screening in medical settings
- Shares the latest news, trainings, and best practices supporting routine HIV screening and services

Outcomes and Effectiveness

Texas' overall positivity rate of 10 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.⁶ When the rate is limited to new positives, it is three 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 local and regional health departments. Highly trained disease intervention specialists (DIS) provide these 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 Health Service Region offices across the state and the following eight local health departments: 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, and Tarrant County Public Health.

Clients Served

In 2014, DIS interviewed 3,516 HIV-infected persons. From those interviews, 5,530 HIV sex/needle-sharing partners and high-risk social network contacts were located, counseled, and tested for HIV. There were 152 new positive persons identified, giving an overall positivity rate of three percent. DIS also successfully referred 3,238 of 3,516 (92.1 percent) newly identified HIV-infected individuals interviewed to HIV medical care.

⁶ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

During 2014, DSHS received additional federal funding to support the work of DIS for Data to Care initiatives in Dallas County and Austin/Travis County. This work involved the provision of surveillance reports that list clients who were 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 was to assist the health departments with reducing the number of untreated individuals and the spread of HIV within their jurisdictions. DIS 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. These DIS also worked with health care providers and assisted them with ensuring persons who had missed medical care appointments were located.

Dallas County:

- Identified 290 individuals who were previously diagnosed with HIV who were no longer in care in 2014 and linked 39 persons into care
- Fifty three persons were confirmed to already be in care
- One hundred and ninety one persons had moved, were unable to be located, refused care, or were ineligible for services

Austin/Travis County:

- Identified 236 individuals who were previously diagnosed with HIV who were no longer in care in 2014 and linked 25 persons into care
- Thirty nine persons were confirmed to already be in care
- One hundred and forty four persons had moved, were unable to be located, refused care, or were ineligible for services

Outpatient HIV Medical and Support Services

Program Description and Goals

The mission of the DSHS HIV Services 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.⁷ 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

⁷ 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.

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 case management. Note that these funds fill local service gaps, so the services eligible for funding in each area of the state vary. Funding priorities are determined through stakeholder processes using epidemiological data, needs assessments, expenditure and utilization data, and assessment of existing community resources.

Service Providers

In 2014, 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 56 direct service providers across the state receiving state or federal funds for clinical and supportive services in 2014.

Clients Served

During 2014, RW-funded grantees provided services to 37,066 clients – almost half of all known PLWH in the state received a service from one of these providers. A slightly greater proportion of women and Hispanics utilized HIV care services through the RW program compared to the overall population of PLWH in Texas.

Table 9 in Appendix B shows that more children aged 2-13 are receiving RW services than are infected. This is because infants exposed to HIV during birth are eligible to receive services. With quick medical attention, many never become HIV-positive.

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 and about half received medical case management services.

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 treatment through the RW Part B AIDS Drug Assistance Program (ADAP) (see the HIV Drug Assistance Program section below for more information on the ADAP program) or other services that secure medications. DSHS focuses these services on promoting participation of minority HIV- infected persons recently released from the Texas Department of Criminal Justice (TDCJ) or local jails. During the 2013-14 contract period from April 1, 2013, to March 31, 2014, MAI providers enrolled 522 minority PLWH exiting TDCJ facilities or local jails into ADAP.

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 two medical visits at least three months apart during a 12-month period. In 2014, only 70 percent of all Texans known to be

living with HIV were retained in medical care. In contrast, about 86 percent of RW program participants were retained in medical care. This indicates the success that medical case management and other RW services have in keeping clients 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) and the HIV State Pharmacy Assistance Program (SPAP). ADAP provides medications on a monthly basis to clients using a statewide network of more than 500 participating pharmacies. These include hospital, clinic-based, and community-based commercial pharmacies. THMP assisted the ADAP Crisis Task Force in negotiating continued pricing discounts for all antiretroviral medications on the ADAP formulary in 2014. The ADAP Crisis Task Force is a national coalition that negotiates reduced drug prices with pharmaceutical manufacturers for the benefit of all state ADAPs. On average these negotiations result in prices that are less than half of the wholesaler acquisition cost. In 2014 alone, the Task Force saved ADAPs \$300 million in antiretroviral costs.

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 is also operating a pilot program, the Texas Insurance Assistance Program (TIAP), which provides assistance with premiums, medication co-payments, and co-insurance for eligible persons with HIV. 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 2014, ADAP provided medications for 270,958 prescriptions. Each month, THMP added an average of 273 first-time enrollees and served an average of 12,255 clients per month. Across the course of the year, the THMP served 19,594 unduplicated clients. SPAP and TIAP, through paying premiums, deductibles, and co-pays, enabled an additional 126,086 prescriptions to be provided to eligible clients. Taking ADAP and SPAP prescriptions together, the program had a 4.1 percent increase in prescriptions provided from fiscal year 2013 to 2014.

Of the 19,594 clients served by the THMP in fiscal year 2014, 77.7 percent were male, 21.6 percent were female, and 0.7 percent were transgender individuals. ADAP client distribution by race/ethnicity was as follows:

- White, non-Hispanic accounted for 25 percent.
- Blacks accounted for 35 percent.
- Hispanics accounted for 37 percent.
- The remaining three percent were clients from other racial and ethnic groups.

- The largest percentage of clients served by ADAP in fiscal year 2014 were 40 to 49 years old (29 percent).

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](#). The SPAP is cost-effective, as the amount expended to support out-of-pocket costs of these clients is less than if DSHS were providing their drugs through the ADAP. ADAPs may collect full rebates from drug manufacturers on partial payments such as insurance premiums, copayments, and deductibles paid on behalf of their clients. Insured clients order medications through various retail pharmacy networks, which do not have access to reduced 340B drug pricing. This drug rebate program allows ADAPs to minimize their costs for clients receiving insurance assistance, comparable to the savings made available to ADAPs through 340B drug pricing for direct purchasing of medications. Copayments made by the SPAP earn drug manufacturer rebates, generating considerable program income.

Of the clients served by THMP in 2014 with viral load information available, 83 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 tenant-based rental assistance (TBRA); short-term rent, mortgage, and utility payments (STRMU); permanent housing placement (PHP) assistance; and supportive services, including housing case management, basic telephone service, and provision of smoke detectors.

Service Providers

There are 23 HOPWA providers in Texas. These providers integrate the delivery of housing services with the delivery of other HIV-related medical and supportive services.

Clients Served

The 2014 Texas HOPWA program year extends from February 1, 2014 to January 31, 2015. During the 2014 program year, DSHS served 455 households with TBRA, 369 households with

STRMU, and 12 households with PHP services. Of the total 818 unduplicated households served, 755 households (92 percent) received HOPWA-funded supportive services as well.

Outcomes and Effectiveness

By the end of the 2014 HOPWA project year, 98 percent of TBRA households were living in stable housing, well above the 85 percent national goal set by HUD's Office of HIV/AIDS Housing. For STRMU households, 89 percent 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 sponsors reported:

- Ninety percent of HOPWA clients had contact with a primary health care provider.
- Eighty-four percent had medical insurance coverage or medical assistance.
- Eighty percent maintained sources of income.
- Twenty-nine percent secured an income-producing job.

Program Planning, Monitoring, and Evaluation

HIV/STD Prevention and Services Planning

DSHS carries out community-based planning for HIV prevention and care services according to federal guidance. The goal of HIV/STD community planning is to foster a partnership between community stakeholders and DSHS in order to develop a statewide HIV prevention and care plan. The plan provides the building blocks of a coordinated and comprehensive approach to prevention and care that draws on local plans and priorities and identifies community prevention needs. In turn, the plan guides DSHS in the development of implementation plans for prevention and care that DSHS uses to direct resources.

The plan also reflects the priorities of the [National HIV/AIDS Strategy](#). The Texas HIV Plan is being revised, and the updated new plan will be in place by the fall of 2016.

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 HIV services AAs. The AAs, in turn, monitor and provide technical assistance to the providers of HIV-related clinical and supportive services. This monitoring and assistance allows for systematic trainings and policies and strengthens the delivery of services. DSHS completed 47 HIV prevention site visits in 2014.

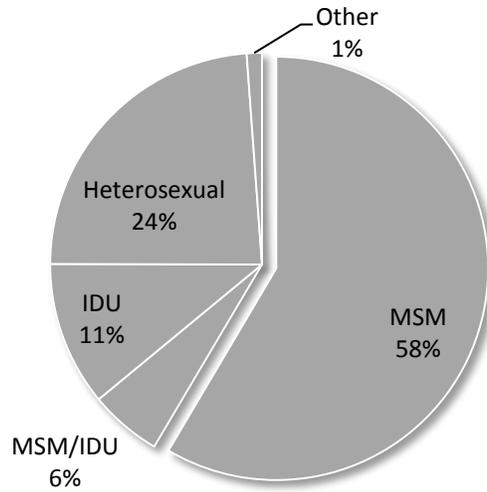
DSHS developed and delivered training on HIV prevention and services issues for state agencies, local health departments, community-based organizations involved in service delivery, and other DSHS staff. Trainings give guidance, clarification, education, and support for entities to assist agencies in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

Conclusion

Through a variety of program initiatives, DSHS works with local health departments, 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 reduction in risk behaviors, reduce undiagnosed HIV infections, and increase the number of Texans living with HIV who have continuous access to treatment.

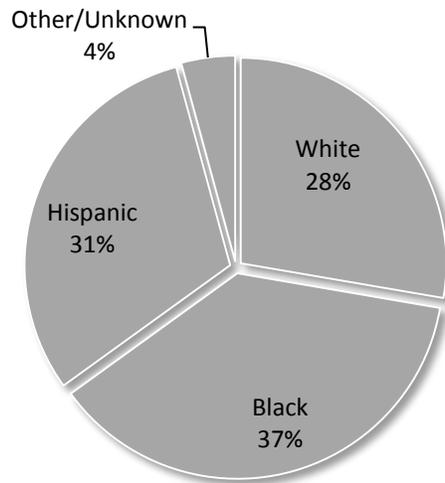
Appendix A: Figures

Figure 1. Mode of Transmission for Persons Living with HIV in Texas, 2014



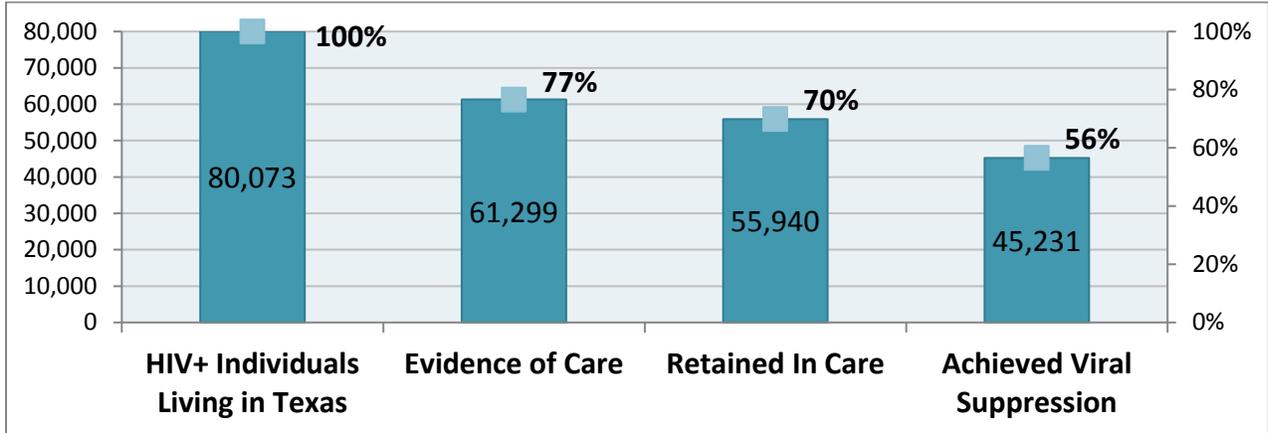
Source: Texas' enhanced HIV/AIDS Reporting System (eHARS), 2014

Figure 2. Race/Ethnicity of Persons Living with HIV in Texas, 2014



Source: Texas' enhanced HIV/AIDS Reporting System (eHARS), 2014

Figure 3. Texas HIV Treatment Cascade*, 2014



* 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 2014 includes the number of HIV positive individuals residing in Texas at the end of 2014. Evidence of Care in 2014 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 2014. 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 2014. Achieved Viral Suppression at end of 2014 includes the number of PLWH whose last viral load test value of 2014 was less than 200 copies/mL.

Sources: Enhanced HIV/AIDS Reporting System as of July 2, 2015, 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 2014

Race/Ethnicity	Total Tested	% Total	Total Positive	% Positive	Positivity Rate
White	11,796	25%	124	19%	1.1%
Black	16,983	36%	241	36%	1.4%
Hispanic	16,887	36%	271	41%	1.6%
Other	1,503	3%	25	4%	1.7%
Unknown*	126	<1%	3	<1%	2.4%
Total**	47,295	100%***	664	100%**	1.4%

* The individual tested selected "unknown."

** Records with no race/ethnicity recorded are not shown here.

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

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 2. HIV Tests and Positives by Race/Ethnicity, Male, Texas 2014

Race/Ethnicity	Total Tested	% Total	Total Positive	% Positive	Positivity Rate
White	8,230	28%	111	19%	1.3%
Black	8,882	30%	194	34%	2.2%
Hispanic	11,485	39%	247	43%	2.2%
Other	1,061	4%	21	4%	2%
Unknown	86	<1%	2	<1%	2.3%
Total*	29,744	100%**	575	100%**	1.9%

*Records with no race/ethnicity and/or sex recorded are not shown here.

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

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 3. HIV Tests and Positives by Race/Ethnicity, Female, Texas 2014

Race/Ethnicity	Total Tested	% Total	Total Positive	% Positive	Positivity Rate
White	3,566	20%	13	15%	<1%
Black	8,101	46%	47	53%	<1%
Hispanic	5,402	31%	24	27%	<1%
Other	442	3%	4	4%	<1%
Unknown	40	0%	1	1%	2.5%
Total*	17,551	100%	89	100%**	<1%

*Records with no race/ethnicity and/or sex recorded are not shown here.

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

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 4. HIV Tests and Positives by Risk Behavior, Texas 2014

Risk Category	Total Tested	% Total	Total Positive	% Positive	Positivity Rate
MSM/IDU	543	1%	31	4.6%	5.7%
MSM	15,516	33%	478	72%	3.1%
IDU	3,670	7%	20	3%	0.5%
Heterosexual	25,812	55%	121	18%	0.5%
Non-Targeted	1,451	3%	6	<1%	0.4%
Unknown	303	<1%	8	<1%	2.6%
Total*	47,295	100%**	664	100%**	1.4%

*Records with no risk category recorded are not shown here.

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

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 5. HIV Tests and Positives by Risk Group, Male, Texas 2014

Risk Category	Total Tested	% Total	Total Positive	% Positive	Positivity Rate
MSM/IDU	543	2%	31	5%	5.7%
MSM	15,516	52%	478	83%	3.1%
IDU	1,990	7%	10	2%	0.5%
Heterosexual	11,150	37%	49	8%	0.4%
Non-Targeted	369	1%	2	<1%	0.5%
Unknown	179	1%	5	1%	3.3%
Total*	29,747	100%**	575	100%**	1.9%

*Records with no risk category and/or sex recorded are not shown here.

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

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 6. HIV Tests and Positives by Risk Group, Female, Texas 2014

Risk Category	Total Tested	% Total	Total Positive	% Positive	Positivity Rate
MSM/IDU	--	--	--	--	--
MSM	--	--	--	--	--
IDU	1,680	10%	11	13%	0.7%
Heterosexual	14,662	84%	71	81%	0.5%
Non-Targeted	1,082	6%	4	5%	0.4%
Unknown	127	1%	3	2%	1.6%
Total*	17,551	100%**	89	100%**	0.5%

*Records with no risk category and/or sex recorded are not shown here.

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

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 7. Clients Receiving Routine HIV Screening Services in Texas by Sex, Texas 2014

Sex	All Tested	Positive Tests: Number	Positive Tests: Rate	New Positive Tests	New Positive Tests: Rate	Linked to Care: Positives Linked	Linked to Care: Percent Linked
Male	106,481	1,847	1.7%	570	0.5%	1,313	71%
Female	145,012	599	0.4%	189	0.1%	343	57%
Unknown	1,702	10	0.6%	0	0.0%	0	0%
Total	253,195	2,456	1.0%	759	0.3%	1,656	67%

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 8. Selected Characteristics of Clients Receiving Routine HIV Screening Services, Texas 2014

Race/Ethnicity	All Tests	Positive Tests: Total Positives	Positive Tests: Rate	New Positive Tests	New Positive Tests: Rate	Linked to Care: Positives Linked	Linked to Care: Percent Linked
White	63,016	527	0.8%	157	0.2%	354	67%
Black	70,172	1,423	2.0%	379	0.5%	960	67%
Hispanic	104,918	450	0.4%	201	0.2%	303	67%
Other	12,468	44	0.4%	17	0.1%	30	68%
Unknown	2,621	12	0.5%	5	0.2%	9	75%
Total	253,195	2,456	1.0%	759	0.3%	1,656	67%

Source: Texas' HIV Testing Reporting Database, Texas Department of State Health Services, HIV Prevention Data and Evaluation Team, 2014.

Table 9: PLWH and RW Clients by Selected Characteristics, Texas 2014

Demographics	PLWH Number	PLWH Percent	All Services: Number	All Services: Percent	Core Medical Services:	Core Medical Services:
Male	62,723	78%	27,590	74%	23,378	74%
Female	17,350	22%	9,225	25%	7,874	25%
Other/Unknown	N/A	--	251	1%	214	1%
White	22,184	28%	9,369	25%	7,991	25%
Black	29,895	37%	15,372	41%	12,518	40%
Hispanic	24,607	31%	11,759	32%	10,474	33%
Other/Unknown	3,387	3%	566	2%	483	2%
2-12	208	0%	346	1%	332	1%
13-24	4,057	5%	2,493	7%	2,118	7%
25-34	14,917	19%	7,418	20%	6,443	21%
35-44	19,763	25%	9,475	26%	8,159	25%
45-54	24,976	31%	11,569	31%	9,648	30%
55+	16,144	20%	5,765	16%	4,766	17%
Total	80,073	100%*	37,066	100%*	31,466	100%*

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

Source: AIDS Regional Information and Evaluation System (ARIES), Department of State Health Services, 2014.

Table 10: Overview of Services Provided through RW-Funded Providers, Texas 2014

Core Services	Number	Percent
Outpatient/Ambulatory Medical Care (OAMC)	27,159	69%
Medical Case Management (including Treatment Adherence)	17,714	45%
AIDS Pharmaceutical Assistance (local)	11,108	28%
Oral Health Care	9,524	24%
Mental Health Services	2,363	6%
Medical Nutrition Therapy	1,996	5%
Substance Abuse Services - Outpatient	865	2%
Early Intervention Services (Parts A and B)	745	2%
Insurance Payment	302	1%
Medicare/Medicaid Supplement	163	<1%
Home and Community-Based Health Services	144	<1%
Hospice Services	84	<1%
Home Healthcare	15	<1%
Support Services	Number	Percent
Case Management (non-medical)	18,914	48%
Medical Transportation Services	5,962	15%
Food Bank/Home-Delivered Meals	5,344	14%
Outreach Services	2,814	7%
Health Education/Risk Reduction	1,541	4%
Other Services	984	3%
Emergency Financial Assistance	655	2%
Legal Services	458	1%
Psychosocial Support Services	454	1%
Linguistic Services	222	1%
Housing Services	179	<1%
Treatment Adherence Counseling (non-medical)	166	<1%
Client Advocacy	114	<1%

Respite Care	69	<1%
Substance Abuse Services - Residential	29	<1%
Transportation	12	<1%
Child Care Services	2	<1%

Source: AIDS Regional Information and Evaluation System (ARIES), Department of State Health Services, 2014.