Houston Area Integrated HIV Prevention and Care Plan

2022 - 2026

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

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This Integrated Plan would not be possible without the extraordinary gifts of time, expertise, and lived experiences that were shared during 2021-22 focus groups and one-on-one interviews with…

117 individuals who represented Houston area priority populations,
43 students from Texas Southern University,
the faculty at Texas Southern University,
32 stakeholders with expertise in aging, adolescents, the faith community, HIV care and prevention, homelessness, mental health, the incarcerated and recently released, and substance use disorders,
94 HIV prevention and care outreach workers, case managers and case management supervisors,
10 members of the Serving the Incarcerated and Recently Released Partnership of Greater Houston,
117 individuals who attended the 2021 workgroup meetings on Racial and Social Justice Issues,
101 individuals who attended the 2021 workgroup meetings on Quality of Life,
85 individuals who attended six community educational and planning meetings to review and provide feedback on the 2022 Integrated Planning Goals and Objectives,
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689 participants who completed the 49-question paper and electronic survey for the 2022 Houston HIV Prevention Needs Assessment, and others.

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Agency Participation

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

Access Care of Coastal Texas
AIDS Foundation Houston
AIDS Healthcare Foundation
Ambassadors for Christ Youth Ministries
Area Agency on Aging
Association for the Advancement of Mexican Americans
Avenue 360 Health and Wellness
Baylor College of Medicine
Baylor Teen Clinic
Bee Busy, Inc.
Bee Busy Wellness Center
Big Country AIDS Resources
Black Power Liberation and Healing Now
Cenikor Foundation
Change Happens!
Children's Books on Wheels
City of Port Arthur
Coalition for the Homeless
The Council on Recovery
Fort Bend County
Clinical Health Services
Health Department
HIV Prevention
Fundación Latinoamericana de Acción Social
Goodwill Industries of Houston
Gordon Crofoot MD
The Harris Center for Mental Health and IDD
Harris County Public Defender's Office
Harris County Judge's Office
Harris County Public Health
HIV Prevention Program
Ryan White Grant Administration
Harris Health System
HEARTS @ UT Health
HIV and Aging Coalition
Hope Clinic
Houston Area Women's Center
Houston Harm Reduction Alliance
Houston Health Department
Houston HIV Prevention Community Planning Group
Houston Housing and Community Development Department
Houston Recovery Center
Houston Regional HIV/AIDS Resource Group
International Community of Women Living with HIV North America
Johns Hopkins Medicine Maryland
JPS Healing Wings
Latino Commission on AIDS
Legacy Community Health
LGBTQ and Aging Coalition
Link2Labs
Living without Limits, Living Large Inc.
Management Strategies Consulting Group
Montrose Center
MycahOnMic
Network of Behavioral Health Providers
Opioid Response Network
Our Community Circle
Older Women Embracing Life
Paws with Benefits
Positive Women's Network Greater Houston
POZ Impact Radio
Project LEAP and Proyecto VIDA
Ryan White Planning Council
Ryan White Planning Council Office of Support
St. Johns United Methodist Church
St. Hope Foundation
St. Philip Presbyterian Church
Serving the Incarcerated and Recently Released Partnership of Greater Houston
South Central AIDS Education and Training Center
Southern AIDS Coalition
Support group for current and former sex workers [name withheld to protect confidentiality]
Texas Children's Hospital
Texas Department of State Health Services
Texas Health and Human Services Commission
Texas Southern University
Thriveworks Counseling & Psychiatry
University of Houston
University of Texas Medical Branch
ViiV Healthcare
Walgreens

Vision

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

Mission

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

TABLE OF CONTENTS

SECTION I: EXECUTIVE SUMMARY OF INTEGRATED PLAN AND SCSN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section VI: Implementation, Monitoring and Jurisdictional Follow Up

Community partners will work collaboratively with members of the CPG and RWPC, health department staff, local educators and others to implement the goals and objectives of the 2022 Integrated Plan. Activities to monitor, evaluate, and disseminate 2022 Integrated Plan/EHE Plan implementation progress, as well as collect iterative feedback from stakeholders, will be conducted as follows:

- HHD Bureau of Epidemiology staff will update the Houston EMA Care Continuum, and planning body support staff will continue to link it to the RWPC website.
- Planning body support staff will review goals and objectives and inform responsible parties of the status of their assigned tasks. (Beginning January 2023; bi-annually thereafter)
- Both the RWPC and CPG will receive progress updates on 2022 Integrated Plan/EHE Plan goals and objectives (Beginning August 2023; bi-annually thereafter)
- The 2022 Integrated Plan/EHE Plan Evaluation Workgroup will convene on a regular basis to review the status of goals and objectives, provide explanation of outcomes, identify areas of course correction, assess direction of stated goals and objectives, and report findings to the planning bodies (Beginning at the all-day RWPC Orientation in January 2024; annually thereafter)
- Planning body support staff will conduct a document review and archive reports produced by responsible parties containing information about stated objectives and efforts (Beginning at the all-day RWPC Orientation in January 2024; annually thereafter)
- Planning body support staff will compile an evaluation report following the annual Evaluation Workgroup review process and present the report to planning bodies (Beginning at the all-day RWPC Orientation in January 2024; annually thereafter)

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

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

DOCUMENTS SUBMITTED TO MEET CDC AND HRSA REQUIREMENTS:

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

Section II: Community Engagement and Planning Process. See link to the following document:
2022 Houston Area HIV Data Packet provided members of the CPG and the RWPC, as well as all participants in committee and community education and planning sessions, with an efficient, easy way to reference all data used to prepare the 2022 Integrated Plan. Per the Table of Contents, the packet contains a Summary of Group Interviews with All Priority Populations; Summary of Group Interviews with Special Populations; Interviews with Individual Stakeholders by Category of Expertise; the HIV Prevention, Care and Treatment Resource Inventory, the Houston Area Planning Crosswalk 2022-2026, which includes related goals and objectives for national and local HIV and non-HIV comprehensive plans; the Epidemiological Snapshot and more.
2016 - 2021 Roadmap to Ending the Houston HIV Epidemic, Houston's first Ending the HIV Epidemic Plan, which was funded by a grant from AIDS United.
2022 Ending the HIV Epidemic in Houston/Harris County, the CDC funded Houston/Harris County Ending the HIV Epidemic Plan.

Section III: Contributing Data Sets and Assessments. See links to the following documents, many of which provide pre-COVID data due to the unreliability of data during the COVID pandemic:
FY 2021 Crosswalk of National, State and Local Comprehensive Plans was a tool developed for this Plan.
FY 2020 Summary of Service Categories is updated and used annually during the Ryan White *How to Best Meet the Need*, priority setting and allocations process to justify decisions. The first 2 pages provide data on epidemiological trends, unmet need in HIV care and national, state, and local priorities. Starting on page 3, each funded Ryan White service has a separate page of data that includes a 10-year history of allocations and client utilization, current outcomes, needs assessment data and national, state, and local priorities for the service.
2019 Houston Area HIV Epidemiological Profile and the 2021 Houston Area HIV Epidemiological Supplement. This document includes the Executive Summaries from the two epidemiological reports. Complete data is available by using the links to the full reports.

Section V: Goals and Objectives. See links to the following documents:
Houston Area HIV Resource Directory "The Blue Book". Provided free of charge to people with HIV, in English and Spanish. Available online and in hard copy.
Mini Blue Book for the Harris County Sherriff's Office. Pocket sized version of the Blue Book distributed by medical staff to inmates living with HIV, available in English and Spanish.

SECTION II: COMMUNITY ENGAGEMENT AND PLANNING PROCESS

(1) a.b.c.d. Jurisdiction Planning Process, entities involved in the process, role of the Part A Planning Council, Role of Planning Bodies and Other Entities

There are two separate HIV-related planning bodies that work jointly with one another to provide full coverage HIV prevention and care services planning. The prevention planning body is staffed by the City of Houston; the Ryan White HIV/AIDS Program (**RWHAP**), which is administered by Harris County, funds the HIV care planning body. Both planning bodies, as well as RWHAP Part B representatives, were key partners in the development of the 2022-2026 Houston Area Integrated HIV Prevention and Care Services Plan (**2022 Integrated Plan**).

The Houston Area Ryan White Planning Council (**RWPC**) is a 35 – 40 member volunteer HIV care services planning group comprised of community members who have been appointed by the RWHAP Part A Chief Elected Official (Harris County Judge Lina Hidalgo). Council members include consumers, medical and social service providers, and subject matter experts. They are tasked with documenting the needs of people living with HIV (**PLWH**) and determining which HIV medical and support services to fund with Ryan White Part A and Minority AIDS Initiative (**MAI**) dollars in the six-county Houston Eligible Metropolitan Area (**EMA**). The RWPC also serves as the RWHAP Part B planning body and makes recommendations for the allocation of Part B and State of Texas general revenue funds in the 10-county Houston Health Service Delivery Area (**HSDA**), again according to identified consumer need and approved service priorities. When combining Ryan White Parts A and B, MAI and State Services funding, the Council allocated $29,820,129 in 2021 and provided input into special grants related to COVID-19 and Ending the HIV Epidemic (**EHE**). The RWPC also provides input on Ryan White Part A, Part B and State Services Standards of Care for each funded service category and coordinates the development of Epidemiological Profiles, Needs Assessments, and Integrated Plans for the four annual funding sources. See Section III for more information about these documents.

At the time of the development of the EHE and Integrated Plans, 38 Council members were appointed to serve two-year terms. Of these, 17 (45%) of the members were non-conflicted people with HIV and 22 (58%) were people with HIV. Members represented medical providers, including those from Federally Qualified Health Centers (**FQHC**), Community Based Organizations (**CBO**) serving affected populations, housing, homeless, pediatric, youth and other service providers, mental health and substance use disorder providers, local public health agencies, healthcare planning agencies, State Medicaid, State Part B, Ryan White Parts C and D recipients and representatives, prevention experts and formerly incarcerated people with HIV. Members participated in education and planning sessions and, along with the Prevention Community Planning Group (**CPG**), provided final approval of the 2022 Integrated Plan.

Table 1: Comparison of 2019 Houston EMA HIV Prevalence to 2021 RWPC membership, Non-Conflicted PLWH Representation and Total PLWH Representation

	EMA HIV prevalence as of 12/31/19*		Total Appointed Members of the 2021 Ryan White Planning Process* as of 06/01/21		Total Appointed Non-Conflicted Consumer Participants in the 2021 Ryan White Planning Process*		Total Appointed HIV Positive Members of the 2021 Ryan White Planning Process*	
Race/Ethnicity	***No.***	***%***	***No.***	***%***	***No.***	***%***	***No.***	***%***
White, not Hispanic	5,176	17.00%	9	23.68%	6	35.29%	8	36.36%
Black, not Hispanic	14,398	48.00%	16	42.11%	6	35.29%	7	31.81%
Hispanic	9,065	30.00%	9	23.68%	4	23.53%	5	22.72%
Other	1,559	5.00%	4	10.53%	1	05.88%	2	09.09%
Total*	**30,198**	**100%**	**38**	**100%**	**17**	**100%**	**22**	**100%**
Gender	***No.***	***%***	***No.***	***%***	***No.***	***%***	***No.***	***%***
Male	22,736	75.29%	21	55.26%	12	70.59%	17	77.27%
Female	7,462	24.71%	15	39.47%	3	17.65%	3	13.63
Transgender - Female	not available	not available	2	5.26%	2	11.76%	2	09.09%
Total*	**30,198**	**100%**	**38**	**100%**	**17**	**100%**	**22**	**100%**

**This chart includes Ryan White Planning Council members. It does not include additional Affiliate Committee members (non-PC member consumers and individuals) who attended Ryan White Standing Committee, Community Education and Community Planning meetings.*

The Houston HIV Prevention Community Planning Group (CPG) is a volunteer body of up to 35 members selected to represent the demographics of the Houston Area HIV epidemic. The CPG is responsible for prioritizing populations and prevention interventions for the Houston Area that are typically funded with Centers for Disease Control and Prevention (**CDC**) prevention dollars. In 2021/2022, the membership of the CPG included 3 White, 12 African American, 3 Latinx individuals. It also included 10 males, 7 females and 1 transgender female. At least six (33%) were people with HIV. Member expertise included HIV educators, outreach workers, pediatric case managers and adult case managers, as well as college professors, epidemiologists, administrators and more. Members of the CPG also included Ryan White Part C and D recipients and representatives.

Each year, two to three individuals are members of both CPG and the RWPC. When combining the membership of both planning bodies and deducting the two who served on both in 2021, 54 individuals served. Of these, 28 (52%) were people with HIV. Collectively, members represented at least 24 agencies; 8 Task Forces including Youth, Hepatitis C, Sexually Transmitted Infections (**STIs**), African American, Latinx, MSM, Aging and Urban AIDS Ministry; 4 statewide HIV organizations; at least 2 national HIV organizations, the local AIDS Education and Training Center (**AETC**) and RWHAP Parts A – D funded providers and Part F recipients.

Joint RWPC and CPG Trainings: Since 2012, CPG and the RWPC have co-sponsored Project L.E.A.P. (Learning, Empowerment, Advocacy and Participation). This free, 17-week

comprehensive advocacy training course is for individuals living with and affected by HIV in the 10-county area. It is designed to prepare consumers of HIV prevention and care services and others to become active participants in local HIV planning activities by serving on a planning body, such as the RWPC or CPG. Annually, between 20 to 25 individuals graduate. In 2021, 23 (61%) of the 38 Council members were Project L.E.A.P. graduates from various classes.

Ending the HIV Epidemic (EHE) and 2022 Integrated Plan Joint Trainings: In April 2021, the members of CPG and the RWPC designed a series of joint trainings to prepare for the Houston/Harris County EHE Plan and the 2022 Integrated Plan. Information used in the trainings was organized around each of the four pillars described in *Ending the HIV Epidemic: A National Response.* Members of both planning bodies, providers, consumers and other interested individuals were encouraged to attend. The meeting format was as follows:

(1) Describe the pillar;
(2) Identify Houston area services in the 10-county area that address the pillar;
(3) Review data related to the services from sources such as needs assessments, special studies, comprehensive plans and more;
(4) Facilitate dialogue with a panel of front line service providers about ways to strengthen or improve services, with a particular focus on how services successfully or unsuccessfully interface with one another;
(5) Facilitate dialogue with all meeting participants, with special focus on community members who use services, again to discuss ways in which to strengthen or improve services; and
(6) The information gathered through the training sessions was used in the 2021 and 2022 Ryan White *How to Best Meet the Need* process, priority setting, allocations and in the development of the EHE and the 2022 Integrated Plans.

Racial and Social Justice Training: Another layer of discussion that was added to the joint training sessions was a series of meetings to review services through racial and social justice lenses. The Houston HIV community first explored the concept of looking at the response to HIV using a racial, social and intersectional approach in 2016 when Houston received funding from the Ford Foundation and AIDS United to develop *The Roadmap to Ending the HIV Epidemic in Houston (END)*, Houston's first EHE Plan. Although the root causes of racial and social injustice were discussed at length, it was difficult to find tools with which to review services, make change and then measure the impact of the change. As this gap was identified through the sessions, it was decided to build a continuation of the work into the 2022 Integrated Plan. Goals and objectives include: developing tools, which will be implemented within the first 2 years of the Plan, evaluating the usefulness of the tools and integrating the tools into HIV planning processes that go beyond the five year life-span of the Integrated Plan.

Participation in the monthly trainings ranged from 30 to 60 individuals and often included individuals who had never served as a member of the CPG or the RWPC. These meetings served as an effective springboard for further membership and integration into the EHE and Integrated planning process.

One of the things that grew out of the rich discussion about racial and social justice was a desire to create a Fifth Pillar, dedicated to addressing quality of life issues. See Section II, page 18 for more information about this outcome.

Each of the joint training meetings was co-facilitated by a member of CPG and a member of the RWPC. The following individuals attended the meetings:

Table 2: Racial & Social Justice, EHE and Integrated Plan Trainings Attendee Demographics

Meeting Dates: 04/15/21, 04/22/21, 06/23/21, 07/20/21, 08/17/21, 02/24/22

Race/Ethnicity	***No.***	***%***
Asian	10	10.75%
Black, not Hispanic	43	46.24%
Hispanic	20	21.50%
White, not Hispanic	20	21.50%
TOTAL	**93**	**100%**
Gender	***No.***	***%***
Female	49	52.69%
Male	42	45.16%
Transgender – Female	2	2.15%
TOTAL	**93**	**100%**
TOTAL PLWH	**30**	**32.25%**

Table 3: Organizations in Attendance for the Racial and Social Justice, EHE and Integrated Plan Trainings

AIDS Foundation Houston (AFH)	Legacy Community Health
Ambassadors for Christ Youth Ministries	The Montrose Center
Association for the Advancement of Mexican Americans (AAMA)	Positive Women's Network
	Project L.E.A.P.
Black Power Liberation and Healing Now	Ryan White Planning Council (RWPC)
Children's Books on Wheels	South Central AIDS Education and Training Center (AETC)
Fundación Latino Americana de Acción Social	
Goodwill Industries of Houston	St. Hope Foundation
Harris Health System	Texas Southern University
Houston Area Women's Center (HAWC)	University of Texas Medical Branch (UTMB)
Houston Prevention HIV Community Planning Group (CPG)	University of Houston
	Walgreens

Planning in the Era of COVID-19: The impact of COVID-19 on local health departments resulted in significant staff shortages due to labor pools being stretched meeting the community wide need for public health service workers. Hence, a very practical way in which the community divided the work was for the Houston CPG to take the lead in developing the EHE Plan. The Harris County RWPC assumed responsibility for the development of the Integrated Plan. Out of respect for volunteer time, an effort was made to do most of the planning for the EHE Plan in 2020 and 2021 and the Integrated Plan in late 2021 and 2022. The City started by holding workgroup meetings, collecting data and refining goals and objectives. Volunteers from both planning bodies held leadership positions and long-term as well as new volunteers participated in the EHE workgroup meetings. When it was time to start the Integrated Planning process, volunteers from

both planning bodies and many of the new recruits successfully shifted into the Integrated Planning process.

1.e. Jurisdiction Planning Process, Engagement of People with HIV

Data Collection - Houston Area HIV Care Services Needs Assessment: Typically, every three years, a collaboration of the following organizations and groups work together to create an HIV Care Services Needs Assessment:

- Houston Area Ryan White Planning Council (RWPC);
- Houston HIV Prevention Community Planning Group (CPG);
- Harris County Public Health, Ryan White Grant Administration;
- Houston Health Department, Bureau of HIV/STI and Viral Hepatitis Prevention (HHD);
- Houston Regional HIV/AIDS Resource Group;
- Harris Health System (formerly the Harris County Hospital District); and
- People with HIV in the Houston area and RWHAP Consumers.

For the 2020 Houston Area HIV Care Services Needs Assessment, over 589 individuals living with HIV and caregivers provided data through surveys or focus groups, which was used to inform the Ryan White *How to Best Meet the Need*, service priority setting and service category allocations. It was also used to inform the EHE and Integrated Plans. See Section III, page 57 for more information about community needs assessments.

Data Collection - Focus Groups with Priority Populations: Along with the over 500 people with HIV who provided input into the 2020 Needs Assessment, the people with HIV who attended Joint Trainings, EHE and Integrated Planning workgroup meetings, and those who participate regularly in CPG and RWPC meetings, a goal of the 2022 Integrated Plan was to collect information from populations that were selected by CPG or RWPC as priority populations. These populations are:

- Gay or bisexual men who have sex with men, especially those who are Latinx or Black;
- People of transgender experience, especially those who are Latinx/Black and/or under the age of 25;
- People who exchange sex for money, food, or housing;
- People who inject drugs or use methamphetamine or crack cocaine;
- Heterosexual cisgender women of color, especially those living in high HIV or STI prevalence neighborhoods;
- People born outside the United States;
- Youth;
- People who have known persons with HIV as partners;
- People who have experienced intimate partner violence; and
- People with a history of a sexual offense.

Members of the Council staff worked closely with members of the Ryan White Comprehensive HIV Planning Committee and Texas Southern University professors to design questions, layout the format, and identify focus group hosts. We are most grateful to these generous individuals, all of whom donated their time and expertise. Some of the focus group questions were based on

questions used during the EHE data collection processes so that data collected for integrated planning could be analyzed against or merged with data collected for the EHE Plan. Because individuals from priority populations are usually difficult to identify and hesitant to speak with government employees, Council members with lived experience or working relationships with people from priority populations were asked to host focus groups. The focus groups were hosted and facilitated by both the staff member and host. Having the host be a part of the focus group helped to ease anxieties and create room for discussion. Nineteen focus groups were held in locations comfortable, as well as easily accessible to participants. For example, the Health Planner accompanied a volunteer from the Houston Harm Reduction Alliance to a motel to interview small groups of people actively using substances. Another focus group was held at an agency that works with people born outside the U.S. These strategies ensured data collection was inclusive and representative of the current jurisdictional epidemiological profile to best inform data based decision making for the future.

Focus groups included 117 priority population participants and 43 college student participants, for a total of 160 individuals. Each focus group included an average of 8-12 participants. The Ryan White Health Planner and a trained Spanish speaking facilitator led the group for Spanish speaking communities. Focus groups typically lasted one hour and, with the participant's permission, were audio recorded and transcribed to facilitate data analysis. Participation in the focus group was voluntary and participants were incentivized with a ten-dollar restaurant gift card and a boxed lunch or dinner.

Out of respect for confidentiality and not wanting participants to feel forced to share sensitive information about themselves to others in the group, staff created a confidential demographic questionnaire, which was distributed as a handout or accessed through tablets available during the meeting. Demographic data and information that defined inclusion in a particular priority population were only collected by Ryan White staff in written or electronic form. The written demographic forms were kept in a secured, locked bag during the meeting and for transportation and were later stored in a locked, fireproof file cabinet in the Ryan White office. Completion of demographic information was voluntary and did not preclude receipt of incentives. However, all focus group participants chose to complete a demographic questionnaire.

Table 4: Number and Percent of Focus Group Participants Representing Priority Populations

	Yes	%	No	%
Exchanged sex for money, drugs, food, or housing	30	**26%**	87	**74%**
Experienced domestic violence	34	**29%**	82	**70%**
Had Health insurance	56	**48%**	61	**52%**
Have a sexual partner living with HIV	17	**15%**	100	**85%**
Have a sexual partner who is transgender	3	**3%**	113	**97%**
Injected anything other than prescribed medications or insulin	9	**8%**	108	**92%**
Living with HIV	33	**28%**	77	**66%**
Use of crystal meth or crack	19	**16%**	98	**84%**
Were born outside the U.S.	60	**51%**	54	**46%**
Were recently released from jail or prison	2	**2%**	113	**97%**

Table 5: Demographics of Focus Group Participants Representing Priority Populations

Average Monthly Household Income:	$2,066.18	
Race/Ethnicity	***No.***	***%***
Hispanic/Latinx	72	61.53%
Black/African American	31	26.50%
Caucasian/White	9	17.09%
Asian/Pacific Islander	3	2.56%
Multiracial	1	0.85%
Total	**116***	**100%**
Sex at birth	***No.***	***%***
Female	65	55.56%
Male	48	41.03%
Total	**113***	**100%**
Primary Gender Identity	***No.***	***%***
Woman	47	40.17%
Man	42	35.90%
Transgender – Female	16	13.68%
Non-Binary	2	1.71%
Transgender – Male	1	0.85%
Total	**108***	**100%**
Sexual Orientation	***No.***	***%***
Straight/Heterosexual	62	53.00%
Gay/Lesbian	34	29.01%
Bisexual/Pansexual	12	10.26%
Other	6	5.13%
Asexual	2	1.71%
Total	**116***	**100%**
Age	***No.***	***%***
18-24	13	11.11%
25-34	28	23.93%
35-49	42	35.90%
50-54	8	6.84%
55-64	23	19.66%
65-74	2	1.71%
75+	0	0.00%
Total	**116***	**100%**
Number of People in Household	***No.***	***%***
1	35	29.91%
2	32	27.35%
3	12	10.26%
3+	36	30.77%
Total	**115***	**100%**

Number of Dependent Children	*No.*	*%*
0	74	63.25%
1	13	11.11%
2	10	8.55%
3	9	7.69%
3+	3	2.56%
Total	**109***	**100%**

*Numbers do not total to 100% in some columns because a small percentage of participants chose not to answer the question.

The purpose of the focus groups was to uncover unique ways to address HIV prevention and care services for hard to reach priority populations. Questions focused on the unique needs of that priority population as well as best ways to convey HIV information, HIV testing and prevention resources and agency locations, and discuss barriers to be receiving mental health services, substance use, and HIV care. The measure included 26 questions. Interviews with groups of people born outside of the United States led to redesigned goals that include looking at the success of agencies who provide alternative hours of care and possibly amending standards of care to require Ryan White funded agencies to provide similar flexibility.

In an effort to thank the people from priority populations who participated in focus groups, the morning and evening classes of 2022 Project L.E.A.P. picked three populations and developed resource pamphlets for individuals who are transgender, people who use substances and Hispanic women. Students worked with representatives from the populations to create lists of resources, edit the pamphlets and develop systems for distributing the pamphlets. The information from the pamphlets will be incorporated into the next edition of the Houston Area HIV Resource Directory, a directory of services in the 10-county area that have programs specifically related to HIV prevention, treatment and care.

In addition to the priority populations, 43 students from a historically Black college also participated in focus groups. College students were selected as a population of interest due to their lack of knowledge regarding HIV, mental health, and substance use resources. A professor with an interest in HIV hosted focus groups with the students but was not present during the meetings. Students were college juniors or seniors and most fell within the HRSA-defined youth age range of 18-24. The student's lack of basic knowledge regarding HIV, and lack of information regarding HIV, mental health, and substance use resources led to goals that include HIV educational programs with college students.

All focus group data was analyzed by the Ryan White Health Planner and a team of analysts from HHD. Recursive abstraction was the guiding methodology of focus group qualitative analysis. Recursive abstraction involves summarizing pieces of focus group transcripts until themes or patterns emerge. Summarized data were placed in a chart to facilitate theme identification. Student and priority population data were analyzed separately due to the different composition and needs of these groups.

Data Collection - Focus Groups with Service Providers: At least 104 front line workers participated in focus groups of approximately 12-15 people per group. Groups included case

managers (71), case manager supervisors (11), outreach workers (12), and a group of providers that serve the incarcerated and recently released (10). A special effort was made to obtain input from people working on the front lines who customarily do not have an opportunity to share their experience. Case managers and supervisors shared expertise about their organizations and clients served. This offered information about gaps in the system and barriers to care happening on the ground. A number of stakeholders with expertise in STI prevention advocated for condom distribution in Texas jails and prisons. The Serving the Incarcerated and Recently Released (**SIRR**) community group was interviewed, from whom it was learned that sexual relations during incarceration is illegal. Hence, condom distribution by staff is not possible. During a community meeting, it was learned from several individuals who used to work in local jails and prisons that the reason for the law is to bring down the number of sexual assaults. This led to several robust debates and the decision was made to conduct a more formal study of these complex issues.

Data Collection - Stakeholder Interviews: Stakeholders in the 10-county service area were interviewed one-on-one for the most part. Occasionally, a stakeholder requested that another staff person or two join the conversation. The intent was to learn from the stakeholder's professional expertise and make it possible to compare suggestions from stakeholders against the lived experience of individuals in the focus groups. There was an emphasis to identify individuals from fields outside of the HIV field so that information could be collected and opportunities for partnership identified. RWPC staff worked with volunteer members of the Council's Comprehensive HIV Planning Committee to select the fields of interest and identify potential stakeholders to interview. Council members were indispensable because of their ability to introduce staff to a range of interviewees and potential partners. At least one stakeholder was selected for one-on-one interviews for each of the following fields that intersect with the HIV field: adolescents (4), aging (5), coercive violence (2), HIV prevention (4), HIV care (5), homelessness (2), incarceration (1), mental health (5), and substance use disorders (5).

At least 33 professionals participated in one-on-one stakeholder interviews. These were Ryan White-funded and non-Ryan White funded stakeholders. Most often, the Health Planner conducted the interviews, or another trained facilitator if multiple interviews or groups occurred at the same time. For participant convenience, most interviews were conducted virtually. Stakeholder interviews were audio recorded and transcribed to facilitate data analysis.

The purpose of stakeholder interviews was to learn about other areas of expertise and uncover unique ways to partner with subject matter experts to cross-pollinate ideas and models of care and improve HIV prevention and care. Questions were individually tailored for each participant to their unique areas of expertise. To identify common themes across fields of expertise, some identical questions were kept for comparison across groups. There were approximately 10-20 questions for each stakeholder.

To protect participant confidentiality, stakeholders were grouped into their respective fields for data analysis. Focus group data were analyzed by the Health Planner and a team of analysts from HHD. Recursive abstraction was the guiding methodology of focus group analysis. Results were presented as findings from a particular field (i.e. substance use).

One of the most important pieces of information obtained from the stakeholders in non-HIV fields

was that some providers in fields such as mental health, for example, did not know how to refer an individual recently diagnosed to the HIV care system. Hence, one of the goals of this Plan is to partner with the AETC and others to provide instructions to healthcare workers in other fields on how to refer a client to the local HIV system for care. Special attention will be paid to healthcare workers in large institutions and rural areas.

Data Collection - Crosswalk of HIV and Non-HIV Comprehensive Plans: During their interview, each stakeholder was asked if they were aware of a national, state or local comprehensive plan that related to their field of expertise. See Section III for information about the comprehensive plans that were identified and organized within a crosswalk in order to inform the EHE and 2022 Integrated Plans.

Quality of Life Discussions: People with HIV have long advocated for a holistic, human rights approach to the HIV epidemic and for a system of care that measures success in ways beyond simply viral suppression. For people with HIV, viral suppression may not be the most important facet of their treatment. As the country struggles with the economic impacts of COVID, inflation and supply chain shortages, these challenges will be hardest felt by low-income individuals, such as long-term survivors of HIV. Honoring these other needs will contribute to both treatment and quality of life and is the center of these quality of life efforts.

Nationally, over 50% of people with HIV are over the age of 50 and will need support with aging and comorbidities related to both HIV and other health conditions. The needs of these 1.2 million people with HIV must be addressed, especially because people with HIV are aging and living longer. Creating linkages with mainstream services and health providers to prioritize and understand the needs of the aging HIV community is a necessity. Currently, there is no federal strategy to address the aging, sexual health, economic needs and social support of people with HIV.

In March 2022, the CPG and RWPC convened a series of quality of life workgroup meetings to develop a framework of recommendations for the creation of a quality of life pillar for the 2022 Integrated Plan. An important component of the work was centering the voices of people with HIV in such a way that they controlled the process and the ultimate products.

To achieve the above, the process was designed to include a series of virtual and in-person, or hybrid, meetings to allow for participation in light of ongoing concerns about COVID-19. The meetings were led by an experienced facilitator and Black woman with HIV who had built trusting relationships in the community over a number of years.

Eight work group meetings were held, two of which were held with people with HIV only. There were 89 unduplicated participants, not including staff. At least 31 (35%) of the attendees were people with HIV. See Table 6 for demographic information.

Table 6: Attendee Demographics of the Quality of Life Workgroup Meetings
Meeting Dates: 03/31/22, 04/07/22, 04/13/22, 05/05/22, 05/18/22, 05/31/22, 06/07/22, 06/14/22

Race/Ethnicity	***No.***	***%***
Asian	2	2.25%
Black, not Hispanic	58	65.17%
Hispanic	16	17.98%
White, not Hispanic	13	14.61%
Total	**89**	**100%**
Gender	***No.***	***%***
Female	48	53.93%
Male	41	46.07%
Transgender – Female	1	1.12%
TOTAL	**89**	**100%**
TOTAL PLWH	**31**	**34.83%**

Table 7: Organizations in Attendance for the Quality of Life Workgroup Meetings

Access Care of Coastal Texas	Johns Hopkins Medicine Maryland
AIDS Foundation Houston (AFH)	JPS Healing Wings Infectious Disease Clinic
Association for the Advancement of Mexican Americans (AAMA)	Latino Commission on AIDS
	Legacy Community Health
Baylor College of Medicine	Positive Women's Network (PWN)
Big Country AIDS Resources	Project L.E.A.P.
Change Happens!	Ryan White Planning Council (RWPC)
City of Port Arthur	South Central AIDS Education and Training Center (AETC)
Fort Bend County Clinical Health Services	
Fort Bend County Health Department	Texas Children's Hospital
HIV and Aging Coalition	University of Texas Medical Branch (UTMB)
Houston Area Women's Center (HAWC)	ViiV Healthcare
Houston Prevention HIV Community Planning Group (CPG)	Walgreens

Workgroup goals included: (1) Developing an overall quality of life definition to guide future work, goals, outcomes and key activities; (2) Identifying quality of life themes and process for developing future recommendations; and (3) Identifying data collection needs. The workgroup started developing goals and objectives but it was decided to continue these workgroup meetings during the first two years of the 2022 Integrated Plan to ensure it is given the attention and engagement needed.

Quality of life is meant to be a continuation of EHE efforts. As clients move from diagnosis into treatment, quality of life efforts will further ensure they live long, satisfying lives. Quality of life efforts will dovetail with both biomedical approaches and the EHE Plan.

Quality of Life VISION for People Living with HIV	
All people living with HIV will have unfettered and 'hassle-free,' access to a full range of life-extending high quality culturally sensitive, gender affirming care and social support free from all stigma and discrimination that prioritizes our mental, emotional, and spiritual health as well as our financial wellbeing. People living with HIV are "people first" and our quality of life is not defined by our race, gender identity, sexual orientation, HIV status or measured solely by viral suppression.	
Quality of Life THEMES 1. Intersectional stigma, discrimination, racial and social justice, human rights and dignity 2. Overall wellbeing, mental, emotional and spiritual health 3. Aging, comorbidities and life span (can include functionality, cognitive ability, geriatrics) 4. Healthcare services access, care and support 5. Economic justice, employment, stable and safe housing, food security 6. Policy and research	**Quality of Life DEFINITION** *We demand a quality of life that achieves the following:* 1. Ensures that all people living with HIV thrive and live long healthy dignified lives. 2. Recognizes that HIV is a racial and social justice issue and works to dismantle the structural barriers that marginalize and diminish our quality of life. 3. Uplifts our humanity and dignity as human beings; we are people living with HIV and not a public health threat. 4. Values our emotional labor and personal stories as worthy of compensation and meaningfully involves people living with HIV as subject matter experts in all decisions that impact our lives as paid staff and consultants and not just as volunteers. 5. Recognizes that because a large number of people aging with HIV that include those born with HIV, long term survivors and people over the age of 50, we need for accessible services, support and care to ensure that we age with dignity 6. Understands that safe and stable housing, healthcare and financial security are basic human rights. We should not have to live in poverty to be eligible for services. 7. Recognizes that people living with HIV are human beings entitled to live full rich pleasurable sexually active lives without fear of prosecution and understands the importance of social support networks to our overall well-being. 8. Embraces our rich diversity in race, age, gender identity or expression, language, sexual orientation, income, ethnicity, country of origin or where we live and tells the full story of our resilience and not just our diagnosis.

HIV Data Committee: While looking for others with expertise in assessing quality of life issues, the Quality of Life meeting organizers became aware of a number of Houston area institutions that are collecting HIV-related data. Representatives from these different organizations met to describe their data and provide input into the development of tools to assess quality of life. The meeting proved to be a huge success when those outside of the Ryan White system became more aware of other sources of HIV data and vice versa. A second meeting was held on November 10, 2022. See Section III, page 22 for more information on this vital new committee.

Overview of the Community Engagement Process: The following is a timeline of notable events leading up to the publication of the 2022 Integrated Plan:

2016 Funded by the Ford Foundation and AIDS United, the Houston HIV Community publishes *Roadmap to Ending the HIV Epidemic in Houston,* the first Houston area plan – and the first in Texas – that offers recommendations to end the HIV epidemic. Commonly known as *Roadmap*, the plan outlines five core areas including (1) Prevention of HIV, (2) Access to care for those living with it, (3) Social determinants that exacerbate it, (4) Criminal

justice reforms to slow it, and (5) Public policies and funding to manage it.

2019 The *Roadmap*, along with the Ryan White funded *2017 Houston Area Comprehensive HIV Prevention and Care Services Plan*, provide important guidance when the Houston EMA Ryan White Administrative Agency is invited to apply for *Ending the HIV Epidemic: A Plan for America (**EHE**)* funding. The *Test and Treat* program is an action item in the *Roadmap's* Access to Care – Recommendation 1, to enhance the health care system to better respond to the HIV/AIDS epidemic. This vision is also echoed in Houston's *Comprehensive Plan* Goal 3, which seeks to ensure that all people living with or at risk for HIV will have access to early and continuous HIV prevention and care services. With input from the RWPC, the Administrative Agent chooses to focus on broad implementation of *Test and Treat* strategies and intensive care coordination for people with HIV who are newly diagnosed or returning to care. Implementation during subsequent years shall focus on program scale-up and tailoring to meet the linkage, retention, and viral suppression needs of difficult to reach special populations articulated in both local strategic plans. Link to the *Roadmap to Ending the HIV Epidemic in Houston (December 2016)*: https://bit.ly/2016EndHIVRoadmap

The *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning* is published by the Houston Area RWPC and HHD.

A survey is developed by the Houston RWPC and other community partners and used by the Ryan White Office of Support staff to collect data for the *Houston Area HIV Care Services Needs Assessment*, to be published in 2020.

Early 2020 The Greater Houston area begins to see its first COVID-19 cases and Stay-At-Home Orders are issued by local public health authorities.

2021 Members of the CPG and RWPC design a series of joint trainings to prepare for the Houston/Harris County EHE and the 2022 Integrated Plans. Information used in the trainings is organized around each of the four pillars described in the *Ending the HIV Epidemic: A National Response*.

The CPG and RWPC initiate a series of six trainings to look at HIV services through racial and social justice lenses. Participation in the monthly trainings range from 30 to 60 individuals and often includes individuals who had not served on the Prevention Community Planning Group or the Ryan White Planning Council. These meetings serve as an effective springboard for further membership and integration into the EHE and Integrated planning process.

Community engagement for the EHE initiative brings participants from all sectors together to construct the EHE MasterPlan beginning in 2020 through 2022. Community stakeholders answer the call to lead the charge with their valuable expertise, guidance, and voices to define the most effective and innovative ways to achieve health equity and address troubling disparities. To support this effort, the HHD hosts six community meetings during the summer of 2022 to review and reshape the EHE goals and objectives. Link to the Houston EHE Plan website: https://bit.ly/HHD_EHE

2022 Staff from the Ryan White Office of Support and HHD conduct and analyze focus groups

with 117 priority population participants, 43 college students, 71 case managers, 11 case manager supervisors, 12 outreach workers, and 10 providers that serve incarcerated and recently released persons. One-on-one interviews are conducted with stakeholders from each of the following fields that intersect with the field of HIV: adolescents (4), aging (5), coercive violence (2), HIV prevention (4), HIV care (5), homelessness (2), mental health (5), substance use disorders (5), and incarceration (1). At least 33 professionals participate in one-on-one stakeholder interviews. These are Ryan White-funded and non-Ryan White funded stakeholders.

The CPG and RWPC co-host eight workgroup meetings, two of which are held with people with HIV only, in order to design tools to measure quality of life. Over 89 unduplicated participants attend the workgroup meetings. At least 31 (35%) of the attendees are people with HIV.

Two meetings of the HIV Data Committee are held with individuals who collect HIV-related data in order to share information, cross-pollinate ideas and create a Houston area inventory of available data.

The HHD publishes the 2022 HIV Prevention Needs Assessment. Data for the 2022 Houston HIV Prevention Needs Assessment is collected using a 49-question paper and electronic survey. The survey questions include open-ended, multiple choice, and scaled questions addressing three main topics:

- HIV, STIs, and hepatitis C prevention service needs, accessibility, and barriers;
- Prevention behaviors among respondents; and
- Social determinants.

The survey tool is developed by HHD staff, reviewed and approved by the CPG for relevancy, clarity and to ensure the use of non-stigmatizing language. A cover sheet is provided in both the paper and electronic version of the survey that explains the purpose of the survey, ensures anonymity of the respondents, describes planned data uses, and explains consent. The survey and promotional material are translated to Spanish as well to ensure that monolingual Spanish speakers have access to the survey.

Respondents for the 2022 HIV Prevention Needs Assessment are recruited through flyers, word of mouth, print and electronic advertisement via social media, and staff promotion at community events within Houston/Harris County. Inclusion criteria are individuals of negative or unknown HIV status, and people with HIV that live within the Houston/Harris County area. Participants are self-selected and self-identified according to these criteria. Surveys are self-administered in English and Spanish both in paper and electronic formats.

Participation in the needs assessment is voluntary, anonymous, and monetarily incentivized; respondents are advised of these conditions verbally and in writing. On average, the survey takes participants 10 to 15 minutes to complete. No questions in the survey are required to be answered by respondents, as the nature of many of these questions is personal and respondents may not feel comfortable disclosing certain information. In total, 629 surveys are collected between April 2022 to June 2022.

Six community meetings are held to review the data and input described above and to approve the goals and objectives for the 2022 Integrated Plan. In order to make it easy for participants to review the data, Council staff prepare a 313-page packet which contains

important data analysis from documents such as current needs assessments, and more. The data packet is provided electronically or as a hard copy to all who register for one or more of the community meetings. The packet is located on the Council website at: https://bit.ly/InfoPacketDRAFT3_10-07-22.

Table 8: Attendee Demographics of the 2022 Integrated Plan Community Meetings
Meeting Dates: 08/29/22, 09/01/22, 09/06/22, 09/08/22, 09/12/22, and 09/14/22

Race/Ethnicity	***No.***	***%***
Black, not Hispanic	35	51.47%
Hispanic	18	26.47%
White, not Hispanic	15	22.01%
Total	**68**	**100%**
Gender	***No.***	***%***
Male	37	54.41%
Female	29	42.65%
Transgender – Female	1	1.47%
Non-Binary	1	1.47%
Total	**68**	**100%**
Age	***No.***	***%***
18-24	1	1.47%
25-49	30	44.12%
50+	37	54.41%
TOTAL	**68**	**100%**

Table 9: Organizations in Attendance for the 2022 Integrated Plan Community Meetings

AIDS Foundation Houston (AFH)	Latino Commission on AIDS
Ambassadors for Christ Youth Ministries	Mycah on Mic
Association for the Advancement of Mexican Americans (AAMA)	National Latino Commission on AIDS
Bee Busy Wellness Center	Positive Women's Network - Houston Chapter
Change Happens!	Project L.E.A.P.
HEARTS at UT Health	Ryan White Planning Council (RWPC)
Houston Prevention HIV Community Planning Group (CPG)	South Central AIDS Education and Training Center (AETC)
Houston Regional HIV/AIDS Resource Group	Texas Southern University

The Texas Department of State Health Services (**TDSHS**) hosts several statewide community meetings to gather input into the Statewide Coordinated Statement of Need (**SCSN**). Members of the RWPC, staff from the Ryan White Office of Support and other Houston area representatives participate in the meetings and the Houston area data packet is made available to TDSHS staff and others. TDSHS informs the jurisdiction that a request

has been submitted to HRSA/HAB for an extension of the due date for the Statewide Integrated Plan. The outcome of the State's request is unknown at this time.

After members of the RWPC's Affected Community, Comprehensive HIV Planning and Steering Committees recommends it, the full Council approves the goals and objectives and votes to provide a supportive letter of concurrence for the 2022 Integrated Plan. The CPG goes through a similar process and likewise approves a supportive letter of concurrence for the Integrated Plan. See Section VII, pages 85 and 86.

1.f. Key Priorities: Upon compiling data from the focus groups with priority populations, interviews with stakeholders, reviews of prevention and care needs assessments, joint training meetings and other planning processes, members of the CPG and RWPC jointly determine that the 2022 Integrated Plan should address the following priorities over the next five years:

- Ending the HIV Epidemic;
- Access to HIV care and medication;
- Quality of life, including racial and social justice issues;
- Education; and
- Policy issues.

All of the goals and objectives in the 2022 Integrated Plan relate to one or more of these priority areas.

g.1.2.3.4. Updates to Other Strategic Plans Used to Meet Requirements: The jurisdiction is not using portions of another local strategic plan, with the exception of the Houston/Harris County EHE Plan, to meet requirements for the 2022 Integrated Plan.

SECTION III: CONTRIBUTING DATA SETS AND ASSESSMENTS

1. Data Sharing and Use: *(Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.)*

HIV Data Committee: As stated earlier in Section II, the Quality of Life meeting organizers became aware of a number of Houston area institutions that are collecting HIV-related data. Representatives from these different organizations have participated in two meetings to describe their data and provide input into the development of tools to assess quality of life. Please see the following notes from the first meeting, which document the diversity of member expertise and the number of individuals willing to meet on a quarterly basis to share ideas.

NOTES
Greater Houston Area HIV Data Committee Meeting
11:00 a.m., Monday, May 16, 2022
Meeting location: St. Philip Presbyterian Church 4807 San Felipe St, Houston, Texas 77056 and Zoom Teleconference

Venita Ray, Co-Executive Director, Positive Women's Network – USA
Welcomed the following individuals for participating in the first Greater Houston Area HIV Data Meeting. Ray is dedicating her efforts to consumer-centered efforts and is working in partnership with Positive Women's Network, the Houston Ryan White Planning Council, the Houston Prevention Community Planning Group and the Houston Health Department to create a tool that will assess the quality of life for people living with HIV, as defined by people living with HIV (PLWH). Ray is also working with the CDC, HRSA and others on the national level to add a Quality of Life Pillar to the Ending the HIV Epidemic Initiative. She is working with the Houston HIV community to see what that could look like.

Meagan Whisenant, Assistant Professor, Cizik School of Nursing, UT Health
Suggested looking at quality of life by subpopulations and mining billing code data. Quality of life measures developed by experts do not capture what is important to patients.

They are currently doing an exploratory project with 130 Thomas Street Health Center patients divided in all stages of HIV using cancer outcome measures that were updated by clinicians to use for PLWH. The study looks at symptom burden. They are also conducting interviews to collect qualitative data. About 9 months remaining on this project.

Shital Patel, MD, Medical Director, South Central AIDS Education and Training Center (AETC), Assistant Professor, Baylor College of Medicine
Suggested looking at functionality of long term and aging PLWH as part of Quality of Life.

Asked if the data being collected was being translated to service providers to show them what they could be doing re: quality of life. AETC can develop training modules for providers.

Carin Martin, Program Manager, Ryan White Grant Administration, Harris County Public Health
They are data rich. Ryan White Grant Administration oversees the Centralized Patient Care Data Management System (CPCDMS) which is the de-identified Ryan White client database system that collects information on health outcomes, labs, viral suppression, housing, mental health, substance use disorders and more.

Heather Keizman, RN, Project Coordinator, Clinical Quality Improvement, Ryan White Grant Administration, Harris County Public Health
Listed WHO domains. She works with Martin and Chatman on CPCDMS and client satisfaction data. She would like more information on Houston's HIV Medical Monitoring Project (MMP).

Mauricia Chatman, Project Coordinator, Quality Management Development, Ryan White Grant Administration, Harris County Public Health
Currently conducting a Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) pilot project with one agency that is wrapping up now. The findings could be used for provider training. The PROMS project looks at the entire wholeness of the individual and will eventually fold into the Houston Ryan White client satisfaction process.

Tori Williams, Director, Ryan White Office of Support
See the attached examples of data collected by the Ryan White Program and used by the Ryan White Planning Council to design services for people living with HIV in the ten-county area. The

examples are from 2019 because it is pre-COVID and therefore typical.

Marlene McNeese, Co-Chair, Presidential Advisory Council on HIV/AIDS (PACHA) and Deputy Assistant Director, HIV, Hepatitis and STI, Houston Health Department
Suggested inviting two more people to the group: Dr. Imran Shaikh, an epidemiologist from the Houston Health Department, and a housing partner in order to get data on housing.

The HIV Medical Monitoring Project (MMP) is the strongest data source they have. They also have data from their prevention needs assessment, which is currently being updated.

Osaro Mgbere, Ph.D., Epidemiologist/Biostatistician, Houston Health Department
The Houston HIV Medical Monitoring Project (MMP) finds out the needs and unmet needs of PLWH and monitors health outcomes. They collect data on over 3,000 variables, including conducting a one-hour interview with all participants. They collect data on the majority of what has been mentioned today. (Note from Tori: I believe some of the data in MMP comes from PLWH who have private physicians.)

Samira Ali, PhD, MSW, Associate Professor, University of Houston Graduate School of Social Work, Center Director/PI, SUSTAIN COMPASS Coordinating Center
She has a lot of qualitative data on mental health and the well-being of PLWH, as well as a HRSA project on PLWH who are homeless and not virally suppressed. Currently looking at grassroots movement across the south regarding mental health and quality of life.

Andre Harris, Intern, University of Houston Graduate School of Social Work
His focus is advocacy, housing and transportation, especially for people living with sickle cell anemia. How good is a service if people can't access it, get to it, and pay for it?

Gwen Sims, Consultant, Houston Food Bank
She is working on a project that would provide medically tailored meals for people with a chronic illness who do not have access to the foods they need and, in many cases, are too sick to prepare the food.

Next Steps: Send the draft Quality of Life definition/themes to all. Send Quality of Life workgroup invitation to HIV Data Committee members. Create an inventory of Houston area HIV data projects?

Notes prepared by Diane Beck, Ryan White Office of Support.

Planning Crosswalk
A new set of data that the Houston HIV community developed from the guidance for the 2022 Integrated Plan is a crosswalk of national, state and local comprehensive plans from the HIV community, as well as from areas of expertise that intersect with HIV. Follow this link to the current draft of the crosswalk: https://bit.ly/CrosswalkDraft05-10-22. For example, in a one-on-one stakeholder interview with an individual that works in the field of intimate partner violence/coercive violence, it was discovered that there is a 2019 plan from the Texas Council on Family Violence, *Creating A Safer Texas*. The goal to increase prevention efforts with youth and adults and to strengthen partner resources could easily interface with similar goals in the HIV

Integrated Plan, especially because the rate of intimate partner violence among women living with HIV is 55%, which is double the national rate. Over and over, stakeholders and other comprehensive plans expressed a need for making funding more flexible. And, the *2021 STI National Strategic Plan* wishes to expand high-quality affordable STI secondary prevention, including screening, care, and treatment, in communities and populations most impacted by STIs.

Primary Data Systems Used in the Houston Area

The following data sources and data systems are relevant to collecting and maintaining client level HIV prevention, surveillance, and/or care data and are uniquely designed to serve the needs of the Houston Area. Each maintains some capacity to collect and store information relevant to addressing population parameters and some measures of the Houston HIV Care Continuum (**HCC**), and there is significant capacity for expansion and growth for future use. There are currently seven major data systems in place, and each system is administered by specific agencies at the local, state, and national level according to jurisdiction.

- **eHARS.** The Enhanced HIV/AIDS Reporting System (**eHARS**) is a browser-based HIV surveillance system provided by The Centers for Disease Control and Prevention (**CDC**) that is deployed at all state and local health departments. For Houston/Harris County, eHARS is administered by the Houston Health Department (**HHD**) Bureau of Epidemiology; for counties outside of Harris, the system is managed by the Texas Department of State Health Services (**TDSHS**) HIV/STD Prevention and Care Branch. Its purpose is to serve as a comprehensive centralized source for the ongoing, systematic collection and dissemination of data on HIV/AIDS in a local jurisdiction. All evidence of HIV infection and AIDS is entered into the eHARS system using pediatric/adult case reports and laboratory reports. AIDS has been a reportable disease in Texas since 1983 with named HIV reporting mandated in 1999. The law was effectively changed in 2010 to require the reporting of all CD4 counts or percentages and all HIV viral load tests regardless of the result, both positive and negative HIV-DNA or HIV-RNA virologic tests for children under three years of age, and all HIV genotype resistance results. Health departments submit de-identified data electronically to the national HIV/AIDS database at the CDC. The HHD reports Houston's HIV/AIDS surveillance data to both the CDC and the TDSHS. eHARS is the real-time source for HIV and AIDS incidence, prevalence, and mortality among local jurisdictions.
- **THISIS.** TB, HIV, STD Integrated System (**THISIS**) is an electronic disease surveillance system provided by the TDSHS to local health departments for the reporting and management of Tuberculosis (**TB**), Human Immunodeficiency Virus (**HIV**), and all reportable Sexually Transmitted Diseases (**STD**). Its purpose is to enable local STD programs to manage evidence of reportable STDs received from laboratories, health care providers, facilities, and Disease Intervention Specialists (**DIS**). THISIS can serve as a real-time source for STD incidence in a local jurisdiction as eHARS does for HIV/AIDS. THISIS also has the capacity to serve as a case management database for tracking treatment, partner services, and other public health follow-up activities. The HHD utilizes THISIS for STD surveillance in Houston/Harris County, which is administered by TDSHS. The HHD also provides data management of THISIS and currently uses it for case management of public health follow-up of HIV/STD.
- **Evaluation Web.** Formerly the Program Evaluation and Monitoring System (**PEMS**), Evaluation Web is a national web-based client-level HIV prevention data collection system supported by the CDC for the collection of HIV prevention data variables, such as Counseling,

Testing, and Referral (CTR) services. Its purpose is to enable HIV prevention providers and the CDC to monitor and report on HIV prevention service utilization, behavior change outcomes, and attainment of HIV prevention program performance indicators. In the Houston Area, all entities receiving CDC HIV prevention funds either directly or through a contract with a directly funded state or local agency enter data into Evaluation Web through an upload from another data system.

- **ECLIPS.** The Electronic Client-Level Integrated Prevention System (**ECLIPS**) was developed by the HHD as a mechanism for tracking HIV prevention activities including HIV testing and prevention activities, as well as managing the fiscal aspects of contracts. A cornerstone of ECLIPS is its interface with CPCDMS. Through this interface, the HHD can seamlessly track referrals from initial HIV test to engagement in primary medical care for newly-diagnosed people with HIV who were tested by HHD-contract agencies and receive care in the Ryan White system.
- **HEDSS.** The HHD uses the Houston Electronic Disease Surveillance System (**HEDSS**), a system running off Consilience Software's Maven platform, for disease surveillance, case management, and reporting. In January 2010, Texas State Law was amended to require reporting of all viral load and CD4 tests from laboratories. These laboratory results inform prevention and care activities in local jurisdictions as the data is often utilized as a marker of care in the development of the HCC. Currently, the HHD Bureau of Epidemiology receives these test results from several large laboratories and hospital providers via Electronic Laboratory Reporting (ELR). However, neither eHARS nor STD*MIS (TDSHS legacy system for tracking STD surveillance and public health follow-up) can accept ELR in its current format directly. This has necessitated the development of a separate new data platform in order for these tests to be fully collected and analyzed through a modifiable electronic tool, ultimately increasing the quality and capacity of data to inform jurisdictional HIV prevention activities in a timely manner. The HEDSS has the ability to accept ELR for CD4 counts, viral load results, and other HIV-related testing, and it is also being utilized for HIV surveillance investigation tracking. Heeding a nationwide call to produce high quality data and use these data to inform HIV care and prevention activities, service linkage management has also been built into HEDSS to improve monitoring and evaluation of client-level outcomes. Given the flexibility and adaptability of HEDSS, the current builds are not static; they can be modified and improved to meet the demands of the HIV epidemic. The HEDSS will make it possible to better describe CD4 count and viral load trends community-wide and inform HCC measures. As this data system continues to be adapted for multiple diseases and conditions, the public health response in the Houston Area is further streamlined. Additionally, the Maven platform is currently being adopted by the TDSHS for launch of a single Texas-wide system to house HIV/STD surveillance data together with public health follow-up case management data. When this system has been completed by TDSHS, it will replace STD*MIS.
- **TAKE CHARGE TEXAS (TCT).** See below for a description of this regional information sharing system which is used as a centralized data collection system for ADAP and local client data, service details, and agency and staff information for services funded by HRSA's HIV/AIDS Bureau (**HAB**) (i.e., the Ryan White HIV/AIDS Program).
- **CPCDMS.** See below for a description of this Houston EMA/HSDA Centralized Patient Care Data Management System which links all Ryan White HIV/AIDS Program Part A, B, C and D funded agencies on specific data variables, including registration, encounter, medical update information, demographic, co-morbidity, biological marker, service utilization, outcomes

survey, and assessment data for each client served. Its purpose is to manage and produce real-time client level data for tracking service utilization, planning for services, and quality improvement of services for all Ryan White HIV/AIDS Program services community-wide.

Data System Challenges

Houston is uniquely challenged in that HIV prevention and HIV care services are not administered by the same government agency. Harris County Public Health – Ryan White Grant Administration administers Houston Eligible Metropolitan Area (**EMA**) Ryan White Part A and Minority AIDS Initiative (**MAI**) funding, The Houston Regional HIV/AIDS Resource Group (**TRG**) administers TDSHS Ryan White Part B and State of Texas HIV care services funding in the Houston Health Service Delivery Area (**HSDA**), and Houston/Harris County HIV prevention funding is managed by the Houston Health Department (**HHD**). Consequently, the data for care and prevention are managed by separate entities, severely limiting the ability of any agency to locally generate its own HCC. Due to the structure, laws, and policies of HIV reporting within the state of Texas, TDSHS was best equipped to collect data to create the HCC due to its access the most varied sources of data to determine HIV care status. However, like most jurisdictions, surveillance at TDSHS is unable to currently provide data on several special populations like transgender and gender non-conforming individuals or individuals experiencing homelessness. The TDSHS data were produced from Texas *Enhanced HIV/AIDS Reporting System* (**eHARS**), electronic laboratory reports, the *AIDS Regional Information and Evaluation System* (**ARIES**), AIDS Drug Assistance Program (**ADAP**) records, Medicaid, and private payer data systems. The HHD contributes data to eHARS, the HIV surveillance system, which assisted the TDSHS with the generation of the HCC for the Houston EMA.

Despite robust local surveillance and programmatic data systems, Houston/Harris County lacks high quality data on PLWH who are recently released from incarceration. Also lacking are care appointments and prescription data on clients external to the Ryan White system and therefore not captured in CPCDMS or ARIES. The Comprehensive Plan Leadership Team greatly emphasized the need for these data to appropriately inform HIV prevention and care services as well as the HCC. Future collaborations between the local and state jurisdictions might seek to address this limitation and facilitate policies or activities to overcome this limiting factor. One such solution might involve remodeling the local data systems, some of which are flexible to jurisdictional needs, to increase their capacity to collect this information. The HHD has already modified its HEDSS database to capture whether or not HIV service linkage clients were released from incarceration in the past 12 months.

Data Utilization in HIV Prevention

The Houston Health Department's Bureau of HIV/STD and Viral Hepatitis Prevention (**HHD/HIV**) is responsible for monitoring HIV prevention services provided by prevention contractors, with a focus on the core HIV prevention activities of Counseling, Testing, and Referral (**CTR**) and Health Education/ Risk Reduction (**HE/RR**). The HHD/HIV maintains a Contractor Compliance database, *Electronic Client-Level Integrated Prevention System* (**ECLIPS**), for the purpose of monitoring contractor activities and producing service utilization reports as follows:

- **Activity Report:** Monthly activity reports summarize CTR and HE/RR units of service provided per HIV prevention contractor per month as well as track the percent of progress made toward yearly contractor service goals. Examples of activities summarized in these

reports include the number of HIV and syphilis tests provided, and the number of individuals who tested positive for HIV (new or previous), received post-test counseling and were referred to care. The report also indicates the number of interventions delivered to individuals (Individual Level Interventions or ILI) verses groups (Group Level Interventions or GLI), and the number of persons who completed the intended number of intervention sessions.

- **Positivity Report:** Quarterly positivity reports provide linkage to care information for individuals who test positive for HIV. Examples of information provided include status of referral to care and attendance at medical appointment.
- **Budget Report:** A comparison of billed vs. actual CTR and HE/RR units of service provided per HIV prevention contractor is produced quarterly and annually. Cost per unit of CTR and HE/RR service is also generated in the budget report.
- **All Agency Report:** A summary of CTR and HE/RR activities for all HIV prevention contractors is also produced. This report gives a broad overview of service utilization of CTR and HE/RR for the HIV prevention system as a whole.

In addition, the HHD conducts a compliance check of CTR activities reported by HIV prevention contractors compared to data entered into the ECLIPS system described above. Quarterly chart audits are conducted at contractor sites to ensure all data are up to date and accurately entered.

ECLIPS has a built-in report function that produces reports on testing activity, including the number of tests done, in total and by target population; positivity rates; and referral outcomes. HHD/HIV Program Liaisons use these reports for monitoring purposes. These data are also used to provide feedback to agencies on program performance, and to inform quality improvement activities. Quarterly aggregate data are presented at contractor meetings, and progress toward objectives is discussed. When needed, HHD/HIV data is also used to create reports related to special populations, or for other purposes.

Reports on routine testing performance are shared monthly with the Routine Testing Steering Committee. After comparing these reports against HIV surveillance data, additional reports are created that show the number already in care, and those successfully referred to care. These reports are used to guide program improvement both at testing and service linkage programs.

Beginning in 2015, the HHD/HIV received three-year funding from the CDC for an intervention known as “Data to Care”. This intervention utilizes HIV surveillance data to identify, locate, and link people living with HIV into medical care and support services. Data to Care is also used to identify and link those who have never been in care and to re-link those who have fallen out of care. Utilizing the resources provided by this new funding, a new data system was constructed in Maven, a widely used project management and comprehension tool, to improve monitoring and evaluation for all existing HHD/HIV Service Linkage programs. The following enhancements ensure that high-quality programmatic data is available electronically:

- Automated de-duplication;
- Security enhancements, including permissions by role;
- Complex skip logic; and
- Automated workflows to improve the flow and timeliness of cases between staff members.

With the computerized expansion of Service Linkage program data, useful trends can be analyzed and shared with planning bodies which improves strategic long-term planning. Examples include:

- Trends in the number of service linkage referrals by referral source,
- Resources expended to locate and (re-)link clients to care; and
- Changes in the reasons clients report being out of care.

In addition to monitoring the activities of HIV prevention contractors, HHD establishes and assesses minimum HIV prevention performance standards. The purpose of the HIV/STD Prevention Services Standards are to determine the minimal acceptable levels of quality in the delivery of CTR and HE/RR services, as well as provide a measure for the effectiveness of and/or need for HIV/STD prevention services in the jurisdiction. The HHD standards outline methods for measurement, required documentation, and the location of records as proof of documentation in each of the following domains for both CTR and HE/RR services:

1. Staffing and Training
2. Testing Requirements
3. Linkage to Care Requirements
4. PrEP Education Requirements
5. PrEP Referral Requirements
6. HE/RR Requirements
7. Client Referral and Tracking
8. Client Rights/Responsibilities
9. Protocol Based Counseling (**PBC**) Process and Risk Reduction
10. CTR in Non-Traditional Settings
11. CTR in Traditional Settings
12. Prioritization
13. Documentation of Services
14. Recruitment

HHD/HIV uses the following system to monitor HIV prevention contractors regarding standards of care:

- **Liaison Program:** HHD/HIV maintains a program in which one Program Liaison is assigned to each HHD/HIV-funded prevention contractor. The Program Liaison serves as the primary contact for the assigned contractor for all HIV prevention activities including attainment of prevention standards. The Program Liaison provides ongoing technical assistance to contractors to ensure compliance with policies, procedures and guidelines. A quarterly meeting is held between contractors, Liaisons, and HHD/HIV management to discuss changes in policies and procedures or other topics relevant to contract requirements. The Liaison conducts monitoring activities and assesses capacity building needs and opportunities for quality improvement. The Liaison also reviews budgets and monthly invoices for appropriate spending patterns and allowable expenses. Each Liaison regularly monitors and maintains contractor budgets to assess over- or under-spending and ensure that funds are being spent in a timely manner. Routine reports are created to document contractor activities and progress throughout the funding year. HHD Fiscal Management Analysts, in partnership with Liaisons, are responsible for fiscal audits of each HIV prevention contractor to review financial records and ensure overall contract compliance.
- **HHD Quality Council.** The HHD maintains a standing Quality Council that consists of key leadership, including the Public Health Authority and HHD Director. The Council meets quarterly and works in collaboration with the Performance Improvement and Accreditation Team to develop and implement the HHD's Quality Improvement Plan. The Plan chronicles the HHD's overall objectives and outlines an overarching strategy for quality improvement and achievement of the requirements of Public Health Department Accreditation as defined by the Public Health Accreditation Board (**PHAB**). A subcommittee of the Quality Council, the

Quality Assurance Committee, is made up of subject matter experts throughout the HHD who ensure compliance with quality requirements and develop performance measures. Both the Quality Assurance Committee and Quality Council are available in an advisory role to Program Liaisons and monitor audit findings of all Department contractors.

Data Utilization in HIV Care Services

Harris County Public Health Ryan White Grant Administration (**RWGA**) and the Houston Regional HIV/AIDS Resource Group (**TRG**) provide the following utilization reports for Ryan White HIV/AIDS Program Parts A and B, and State Services funding via the *Centralized Patient Care Data Management System* (**CPCDMS**) deployed by RWGA. TRG also uses the Texas Department of State Health Services (**TDSHS**) *Take Charge Texas* (**TCT**) computer system to analyze data that is regularly uploaded from CPCDMS to TCT under a Memorandum of Understanding (**MOU**) between RWGA, TRG and TDSHS. The CPCDMS is used to monitor service utilization of all Ryan White funded core medical and support services in the Houston area. Reports of service utilization are produced and used as follows:

- **Quarterly Report.** Service utilization reports for each Core Medical and Supportive Service are produced quarterly for RWPC review. These reports summarize goals for the number of unduplicated clients to be served per service category, actual numbers of unduplicated clients served per category, and demographic characteristics.
- **Multi-Year Report.** Multi-year service utilization reports are compiled for the RWPC's annual *How to Best Meet the Need* process, during which epidemiological, needs assessment, and service utilization data are reviewed to determine which Ryan White HIV/AIDS Program service categories are needed to meet the needs of people living with HIV in the Houston area. Annual service utilization data reports are also used during the Planning Council's annual Priorities and Allocations process, which allows the RWPC to evaluate trends in service utilization over time. Client level data in the CPCDMS includes the sex, gender, and race/ethnicity of clients, allowing RWPC members to monitor utilization and ensure that services are being utilized by consumers from historically underserved populations and that consumer demographics mirror the demographics of the local HIV epidemic.

In addition to monitoring service utilization, the client level data collected in CPCDMS is an integral part of the development and monitoring of clinical outcomes and performance measures for HIV care services in the Houston area. As the administrator of CPCDMS, RWGA oversees clinical outcomes and performance measure data collection and reporting for Ryan White HIV/AIDS Program-funded service categories in the jurisdiction. Annual clinical chart reviews are conducted at provider agencies and self-administered client satisfaction surveys are collected to supplement these data. The jurisdiction's data collection system is monitored regularly to ensure provider agencies are entering clinical outcomes and performance measures data as required. The following clinical outcomes and performance measures are monitored as part of this system:

- **Clinical Outcomes Measures.** A logic model of initial, intermediate, and long term clinical client outcomes is applied to Houston area HIV care services in the following domains:
    1. Health outcomes such as changes in CD4 counts, viral load, and stage of illness;
    2. KAP (knowledge, attitudes, and practices) outcomes such as changes in service utilization rates and adherence to drug treatment regimens;
    3. Cost-effectiveness outcomes such as utilization of pharmaceutical assistance programs to mitigate costs of medications; and

4. Quality of life outcomes such as increased ability to perform activities of daily living.

Clinical outcomes data are monitored, analyzed, and reported annually to the RWPC and service providers. Additionally, select core outcomes are monitored on a quarterly basis and are incorporated into annual planning for system-wide quality improvement activities.

- **Performance Measures.** HRSA HIV/AIDS Bureau (**HAB**) HIV/AIDS Core Clinical Performance Measures for Adults and Adolescents and the Institute for Health Care Improvement's performance measures for HIV/AIDS quality of care are used to measure performance of service providers. Examples of current performance measures include:
    1. 100% of Ryan White Part A program-funded outpatient/ambulatory care organizations in the system/network will have a wait time of 15 or fewer business days for a Ryan White Part A program-eligible client to receive an appointment to receive outpatient/ambulatory medical care;
    2. 90% of clients will have two or more medical encounters, 90 days apart, in an HIV care setting in the measurement year;
    3. 85% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200);
    4. 90% of retained-in-care clients will be virally suppressed (<200);
    5. Less than 20% of medical case management clients will have more than a 6-month gap in medical care in the measurement year;
    6. 60% of medical case management clients will have a medical case management care plan developed and/or updated two or more times in the measurement year;
    7. Mean of less than 30 days between first ever non-medical case management visit and first every primary medical care visit;
    8. 90% of medical transportation clients will have two or more medical encounters, 90 days apart, in an HIV care setting in the measurement year;
    9. 50% of outreach clients will attend a primary care visit within 3 months of the first outreach visit; and
    10. 85% of health insurance assistance clients for whom there is lab data in the CPCDMS will be virally suppressed (<200).

Performance measures are monitored continuously through annual chart reviews and analysis of data in CPCDMS. Performance measures are revised annually to reflect identified needs, changes to U.S. Department of Health and Human Services guidelines, and best practices. Ryan White HIV/AIDS Program-funded service providers are further required to implement quality improvement projects to better facilitate system-wide attainment of performance measures.

To monitor clinical outcomes and performance measures of HIV care services in the Houston area, the following activities are conducted:

- **Clinical Chart Reviews.** Clinical chart abstractions are performed on an annual basis for each primary medical care and selected health-related service delivery agency. Annual reports summarizing agency level findings are distributed to the respective providers. An aggregate report of jurisdiction-wide findings is shared with all quality management stakeholders. Chart review results are also used to assist in the development of agency-specific quality management plans described below. Agencies review the results from their chart reviews and identify areas in need of improvement. They then develop plans to address identified needs.

- **Quality Management (QM) Plans.** Each Ryan White HIV/AIDS Program-funded service provider must maintain an annual QM plan. The QM plan must include applicable jurisdiction-wide performance measures selected for improvement based on chart review results and clinical outcomes data. Providers are also required to evaluate their internal service delivery systems and processes to identify areas for improvement. Semi-annual updates to the QM plan are required and must include the results of the provider's internal assessment activities. QM efforts are also monitored bi-monthly by the Clinical Quality Improvement (**CQI**) Committee's Primary Care Subcommittee (see below). Technical support and guidance is provided to funded-service providers as they develop and update their QM plans. Annual site visits are conducted at all agencies to evaluate their QM programs and provide technical assistance.
- **Client Satisfaction Surveys.** A client satisfaction survey tool is administered year-round to consumers of Ryan White HIV/AIDS Program services in the Houston area. The survey queries satisfaction with specific services, service providers, and the HCC as a whole. The tool is available in both hard copy and electronic formats, and submission is on-going for "real time" client input. Focus groups with consumers are also conducted at each funded primary medical care agency to solicit additional client satisfaction input. A report of key findings from the client satisfaction process is provided annually to the RWPC for review.

Quality management for Ryan White Part A and the MAI is implemented by the RWGA; and by the TRG for Ryan White Parts B, C, D, and State Services funding. The Houston area also maintains two quality management oversight bodies:

- **Clinical Quality Improvement (CQI) Committee.** The membership of the CQI Committee reflects the diversity of disciplines involved in HRSA defined Core Medical and Supportive Services in the Houston area. Currently, the committee structure consists of Ryan White HIV/AIDS Program-funded providers in the following disciplines:
    1. Two Physicians/One Dentist (one HIV Specialist to serve as Chairperson)
    2. Two Nurses
    3. One Medical/Clinical Case Manager
    4. One Pharmacist
    5. One Nutritionist
    6. Two Program Administrators
    7. One Quality Management Coordinator
    8. One HIV Prevention Specialist
    9. One Data Manager

    The CQI committee is responsible for assisting with the following activities:
    1. Quarterly meetings to review system-wide CQM issues/challenges and the development of strategies to improve care.
    2. Annual meetings to:
        a. Review chart review and clinical outcome measures reports and other relevant data;
        b. Determine system-wide quality initiatives and performance indicators and goals;
        c. Review and recommend revisions to the Standards of Care to reflect current US Department of Health and Human Services Treatment guidelines as well as federal and state regulations for HIV care and services; and
        d. Review and revise assessment and data collection tools/protocols as necessary.
    3. Establish subcommittees as needed to address service specific quality issues.
    4. Plan and develop educational strategies for Ryan White HIV/AIDS Program-funded service providers which may include grand rounds for HIV care and clinical updates

according to federal guidelines.
5. Annually review and update the quality management plan.
6. Provide input into an annual evaluation of the quality management system.

- **Ryan White Planning Council Quality Improvement (QI) Committee.** The QI Committee operates as a standing committee of the RWPC and includes consumers, providers, subject matter experts and others. All annual chart review and client satisfaction survey reports, semi-annual clinical outcomes measures reports, service utilization reports, and annual revisions to standards of care are disseminated to the QI Committee at appropriate intervals during the grant year. Members of the QI Committee collaborate with RWGA quality management staff to address issues identified through the reports described above. Committee members evaluate and share the information with the RWPC, which in turn uses the data to inform the annual *How to Best Meet the Need* process to evaluate and revise local service categories definitions and decide whether currently unfunded service categories should be funded in the upcoming fiscal year to meet emerging needs.

Routine Joint Data Utilization

Though comprehensive jurisdictional HIV services plans are developed only once every five years per federal requirements, planning for HIV prevention and care services is conducted throughout each year through the work of the RWPC and CPG. Data on the HIV system in the Houston area is collected and analyzed for these interim processes as well. Four sources of information about the Houston area HIV system are produced regularly to assist the planning bodies in completing both short-term and long-term planning tasks. These sources are also used by various stakeholders throughout the Houston Area HIV community and include many of the types of data that will be used to monitor progress of the EHE and 2022 Integrated Planning goals:

- **HIV Epidemiological Profile (every three years with annual updates).** The HIV epidemiologic profile describes HIV disease trends in a defined geographic area; as a result, it serves as a source of quantitative data from which HIV prevention and care priorities can be identified based on the burden of disease. Epidemiological profiles describe HIV incidence, prevalence, mortality, socio-demographics, and other disease trends for various populations, including the general population, the HIV-diagnosed population, and the non-diagnosed population (including the status unaware). Since the release of the last Houston Area Comprehensive HIV and Care Services Plan (2017-2021), an HIV epidemiologic profile was constructed in 2019 (jointly produced by the RWPC and HHD) with a jointly produced update in 2020 and 2021. Data captured in the HIV Epidemiological Profile are used to plan and tailor HIV prevention services, design care services during the *How to Best Meet the Need* process, adjust service priorities and allocations, update local HIV Care Continua, identify special and emerging populations, and inform sampling strategies for HIV needs assessment processes.
- **Needs Assessments of People Living with and At-Risk for HIV (every three years).** Conducted as two separate survey processes which are aligned where applicable, the *HIV Prevention Needs Assessment* appraises the needs of the Houston Area undiagnosed population (including the status unaware) for HIV prevention services while the *Houston Area HIV Care Services Needs Assessment* (**NA**) evaluates HIV care service needs, use, gaps, and barriers among the HIV-diagnosed population. Both needs assessments measure perceived general health status, the presence of co-morbidities, history of service utilization, and social determinants factors, such as housing, transportation, social support, healthcare coverage, and

income. The NA also features analyses of data regarded access and health equity concerns for special or emerging populations as determined by the planning bodies and the Comprehensive Planning process. Since the release of the Houston Area Comprehensive HIV Prevention and Care Services Plan (2017-2021), the HIV prevention needs assessment was conducted in 2014 and 2016 and the HIV care needs assessment was conducted in 2020. Data captured in the HIV needs assessment processes are used to design both prevention and care services, adjust HIV prevention and care Standards of Care, create service priorities, and identify gaps and barriers in services that are addressed through programmatic as well as planning and allocation changes.

- **Special Studies (as needed).** When a specific HIV-related topic or population requires additional data or further exploration of available data, a special study may be conducted at the request of the RWPC. Special studies in the Houston area often sample from among a particular special or emerging population in order to reveal details of their disease burden, need for services, or unique barriers encountered. Past examples include *Access to HIV Care among Transgender and Gender Non-Conforming People in Houston* and *Evaluating the Referral Process for HIV Positive Post-Release Offenders*. Previous emphasis on special or emerging populations has evolved to include special studies on HIV service categories to better assess and address barriers to care. In 2014, the special study *Health Insurance Marketplace Enrollment Among Ryan White Consumers* was conducted, which resulted in the release of a health insurance enrollment education document titled *10 Things People Living with HIV/AIDS Need to Know About the Health Insurance Marketplace and Open Enrollment*, as well as a guide for case management staff on effective tools for assisting consumers with enrollment. A second special study conducted in the same year was *Feasibility of a Pilot Project Using Ryan White Health Insurance Funding to Assist Consumers Below 100% FPL with Purchasing Health Insurance*, which projected likely cost and savings scenarios that would be encountered should the local Ryan White program assist consumers below 100% of the federal poverty level and therefore ineligible for the Advanced Premium Tax Credit with the purchase of Affordable Care Act Qualified Health Plans.
- **Summary of Service Category Information (annually for the *How To Best Meet the Need*, Service Priority Setting and Allocations processes).** Updated annually by PC staff, provides complete information for each of the 17 services funded with Ryan White Part A, Part B, Minority AIDS Initiative and Texas State Services dollars. These dollars totaled $30 million in FY 2022. The following link is to the FY 2020 Summary of Service Category Information because the data is from 2019 and pre-COVID and, therefore, more typical: **https://bit.ly/SvcCatInfoSummaries.**

SECTION III: CONTRIBUTING DATA SETS AND ASSESSMENTS

2. Epidemiologic Snapshot: *(Describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan.)*

The Houston Health Department has been detecting molecular clusters since 2018 and has detected 85 molecular clusters, with 5 of those clusters being identified as clusters of high priority (a cluster with 5 or more HIV diagnoses in the past 12 months). Individuals identified through cluster analysis are primarily male (91%), identify as Hispanic/Latinx (42%), are between the ages of 0 - 24 (38%) and are gay and bisexual men (76%). When comparing members in all clusters detected to high priority clusters, we see the following similarities: cluster members are primarily male (91% and 89%, respectively), are primarily between the ages 0 to 24 (38% and 70%, respectively) and are primarily gay and bisexual men (76% and 63%, respectively). A key difference identified between members in all clusters detected to high priority clusters is that members in priority clusters are primarily Black/African American (39% vs. 70%).

Clusters Detected in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2022

	Detected Clusters		Priority Clusters	
	n	**%**	**n**	**%**
Total Clusters	85	100.0%	5	100.0%
Total Cluster Members	267	100.0%	46	100.0%
Sex assigned at birth	**n**	**%**	**n**	**%**
Male	243	91.0%	41	89.1%
Female	17	6.4%	5	10.9%
Race/Ethnicity	**n**	**%**	**n**	**%**
White	34	12.7%	0	0%
Black/African American	104	39.0%	32	69.6%
Hispanic/Latinx	112	42.0%	9	19.6%
Other/Multiracial	17	6.4%	5	10.9%
Current age	**n**	**%**	**n**	**%**
0 - 24[a]	100	37.5%	32	69.6%
25 - 34	81	30.3%	11	23.9%
35 - 44	64	24.0%	*	*
45 - 54	9	3.4%	0	0%
55+	13	5.0%	0	0%
Transmission Risk	**n**	**%**	**n**	**%**
Male-to-male sexual contact (MSM)	204	76.4%	29	63.0%
Person who injects drugs (PWID)	0	0%	0	0%
MSM/PWID	5	1.9%	0	0%
Heterosexual Men	*	*	*	*
Heterosexual Women	7	2.6%	*	*
Other/Unknown	47	17.6%	11	23.9%

Source: Texas eHARS, analyzed by the Houston Health Department

[a] Age group 0-12 years was combined with 13-24 years because 0-12 years category had less than 5 cases and could not be reported

*Cases less than 5 are suppressed

The following information about the Geographic Area is from the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning*. See the following link for the complete document: https://bit.ly/2019EpiProfile

GEOGRAPHIC AREA

"Three of every four Texans living with HIV reside in a major metropolitan area in 2014 – more than half live in the Dallas or Houston areas.
2017-2021 Texas HIV Plan
August 04, 2017

Three specific geographic areas are included in the 2019 Epidemiologic Profile, These three areas represent the federal and state defined geographic service areas for HIV prevention and care planning in the region (**Figure 1**). Together, they cover 9,415 square miles of southeast Texas or 3.5 percent of the state:

- **Houston/Harris County** is the geographic service area for HIV prevention. It is also a stand-alone reporting jurisdiction for HIV surveillance, meaning that all laboratory evidence related to HIV conducted in Houston and/or Harris County must, by law, be reported to the local health authority, which is the Houston Health Department.

- **The Houston Eligible Metropolitan Area (EMA)** is the geographic service area defined by the Health Resources and Services Administration (HRSA) (a division of the U.S. Department of Health and Human Services) for the Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI). EMAs are geographic regions with a population of at least 500,000 people and at least 2,000 total reported Stage 3 HIV (formerly AIDS) cases over the most recent five-year period.

  The Houston EMA includes six counties: Chambers, Fort Bend, Harris (including the City of Houston), Liberty, Montgomery, and Waller.

  The total population of the Houston EMA is over five million people, and there were 3,096 newly reported Stage 3 HIV cases in the Houston EMA in the most recent five-year period (2013-2017).

  The Ryan White HIV/AIDS Program Part A and MAI provide HIV core medical care and support services for HIV-positive residents of the EMA. The Ryan White Grant Administration of Harris County Public Health Services administers these funds. The Houston Area Ryan White Planning Council designs Part A and MAI funded services for the Houston EMA.

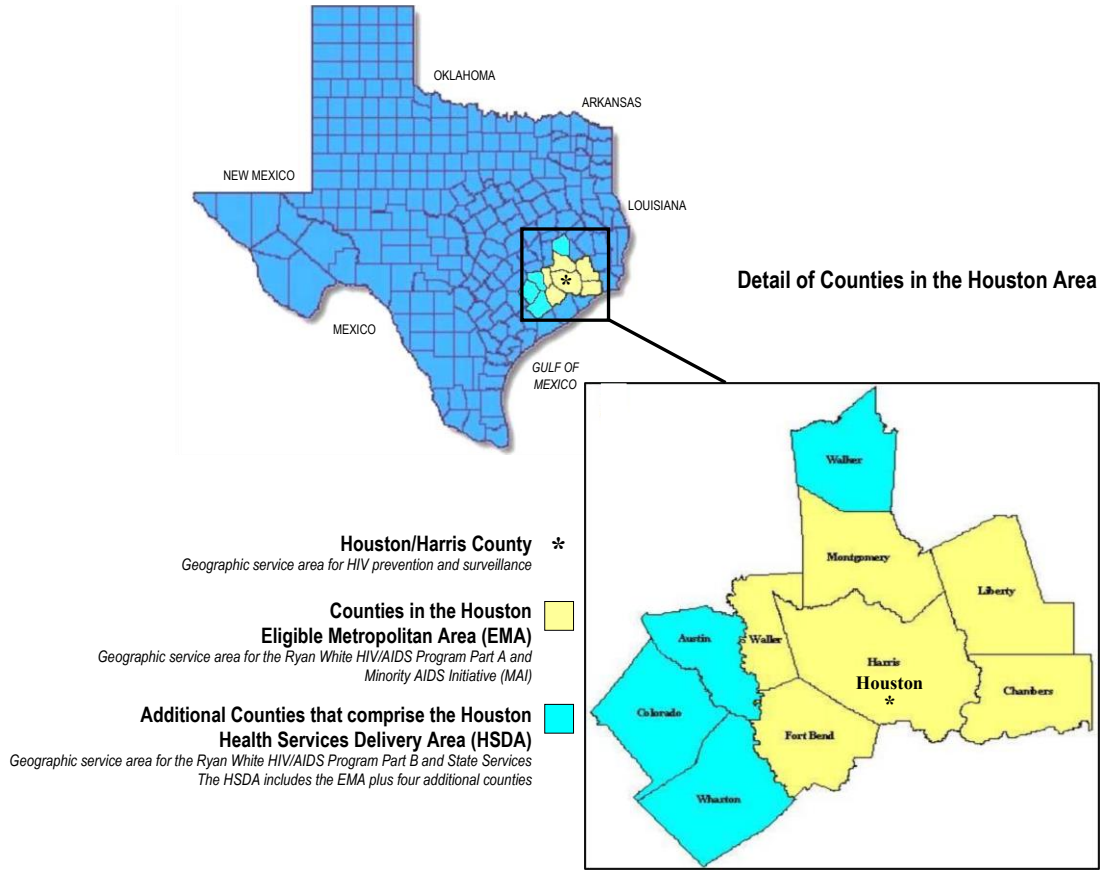
- **The Houston Health Services Delivery Area (HSDA)** is the geographic service area defined by the Texas Department of State Health Services (TDSHS) for the Ryan White HIV/AIDS Program Part B and the Houston Area's HIV-related funds from the State of Texas, or State Services.

  The Houston HSDA includes the six counties of the Houston EMA listed above plus four additional counties: Austin, Colorado, Walker, and Wharton.

  The Ryan White HIV/AIDS Program Part B and State Services provide HIV core medical care and support services for residents with HIV of the HSDA. These funds are administered by the Houston Regional HIV/AIDS Resource Group, Inc. The Houston Area Ryan White Planning Council also designs Part B and State Services funding for the Houston HSDA.

Data are presented in this profile in the most effective way possible. In some cases, presenting the same data points for each of the three geographic areas above would have been duplicative, providing minimal new information due to the residential patterns of the majority of the area's population. This is particularly true given the geographic overlay of the Houston EMA and HSDA. Data on some topics were not available for each of the three geographies. As a result, each chapter of the epidemiologic profile varies in its geographic focus. Data for Houston/Harris County and the Houston EMA are presented throughout this epidemiologic profile. Data for the Houston HSDA are presented in Chapter 6: Special Topics in HIV Epidemiology in the Houston Area under the Rural population.

Figure 1: Houston Area Geographic Service Designations for HIV Prevention and Care Services Planning



This Executive Summary is from the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning*. See the following link for the complete document: https://bit.ly/2019EpiProfile

EXECUTIVE SUMMARY

The *2019 Houston Area HIV Epidemiologic Profile* provides a detailed accounting of HIV in the Houston Area. It includes a summary of the socio-demographic, behavioral, and clinical characteristics that can influence vulnerability to contracting HIV and access to care. The Profile also describes current utilization of the Ryan White HIV/AIDS Program in the Houston Eligible Metropolitan Area (**EMA**) and provides a profile of the out-of-care. Lastly, the profile includes a section on HIV among special populations and co-occurring conditions. Key findings from the document are listed below.

Overall Population

- The Houston EMA includes Chambers, Fort Bend, Harris (including the City of Houston), Liberty, Montgomery, and Waller Counties. The total population is 5,800,581, or 22% of the Texas population. Houston/Harris County remains the EMA's population center with 76.4% of the population. The EMA's population has grown 14.4% since 2010.
- The Houston EMA is 49.6% male and 50.4% female. Estimates indicate that 38,284 individuals in the Houston EMA (0.66%) may be transgender-identified. The Houston EMA is 37.5% Hispanic/Latino, 35.8% White (non-Hispanic), 17.7% Black/African American, and 9% all other race/ethnicity groups. Together, people of color (**POC**) comprise 64.2% of the total EMA population.

New HIV Diagnoses

- *Houston/Harris County*. In 2017, there were 1,120 new diagnoses of HIV (a rate of 24 new HIV diagnoses per 100,000 population).
- *Houston EMA*. In 2017, there were 1,234 new diagnoses of HIV (a rate of 20 new HIV diagnoses per 100,000 population).
- In general, newly diagnosed cases in the Houston Area are male, Black/African American, age 25 to 34, and MSM (male-to-male sexual activity).

Persons Living with HIV

- *Houston/Harris County*. There were 25,132 people living with HIV at the end of 2016 (a prevalence rate of 537 per 100,000 population).
- *Houston EMA*. There were 28,225 people living with HIV at the end of 2017 (a prevalence rate of 398 per 100,000 population).
- In general, living cases in the Houston Area are male, Black/African American, age 45 to 54, and MSM.

HIV and Mortality

- *Houston/Harris County*. 331 people with HIV died in 2016 either from HIV or another cause (a mortality rate of 7 deaths per 100,000 population).
- Deaths among people with HIV in in Houston/Harris County occurred most often among men, Black/African Americans, people age 35 to 44, and MSM.

Overall HIV Trends

- *Houston/Harris County*. Between 2012 and 2016, the number of persons living with HIV increased by 14%. New HIV diagnoses and HIV-related mortality fluctuated but appear to be stabilizing.
- Both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and prevalence than Texas and the U.S. Between the two local jurisdictions, Houston/Harris County rates exceed the EMA's.
- According to the local HIV Care Continuum, there are 28,225 people living with HIV in the Houston EMA in 2017. Among those diagnosed as of 2017, 76% were engaged in HIV medical care, and 68% were retained in HIV care throughout the calendar year. The virally suppressed proportion of all diagnosed PLWH in the Houston EMA in 2017 was 57%.
- Some specific populations in the Houston EMA have been hardest-hit by HIV. MSM, Black/African Americans, and Hispanic/Latinos had the largest numbers of new HIV diagnoses in the EMA in 2018. At the subpopulation level, Black/African American MSM, Hispanic/Latino MSM, and youth of color (ages 13-24) were also hardest-hit.

Ryan White Program Utilization

- In 2018, the Ryan White HIV/AIDS Program Part A, Minority AIDS Initiative (MAI), Part B, and State Services (State of Texas matching funds for HIV care) served 14,579 clients (or 52% of all people living with HIV in the Houston EMA). Slightly higher proportions of Black/African Americans, and Hispanic/Latinos were served by Ryan White than are represented in the HIV-diagnosed population as a whole.
- The five Ryan White services with the largest volume of clients in 2017 were: (1) primary medical care, (2) service linkage, (3) medical case management, (4) local pharmaceutical assistance, and (5) oral health care.
- From 2011 to 2018, the percent of people living with HIV that meet the federal definition of unmet need/out of care has decreased in the Houston EMA, from 28% to 25%. At the same time, the total number of persons diagnosed increased by 30%.

Data for this profile were supplied by the Houston Health Department, the U.S. Census Bureau, Texas Department of State Health Services, and Harris County Public Health Services Ryan White Grant Administration. Data were generated from the Enhanced HIV/AIDS Reporting System (EHARS), Sexually Transmitted Disease Management Information System (STD*MIS), and Centralized Patient Care Data Management System (CPCDMS).

The information presented in this document will be used by the Houston Area Planning Bodies, by the Administrative Agents for federal and state HIV prevention and care services funds, and by others in the community who make recommendations about HIV prevention and care services in the Houston Area. By better understanding HIV in Houston Area and their needs with regards to services, these decision-makers, planners, service-providers, and consumers can make more informed recommendations about services priorities, funding allocations, and quality of care.

This Executive Summary is from the *2021 Epidemiologic Supplement for HIV Prevention and Care Services Planning.* See the following link for the complete document:
https://bit.ly/2021EpiSupplement

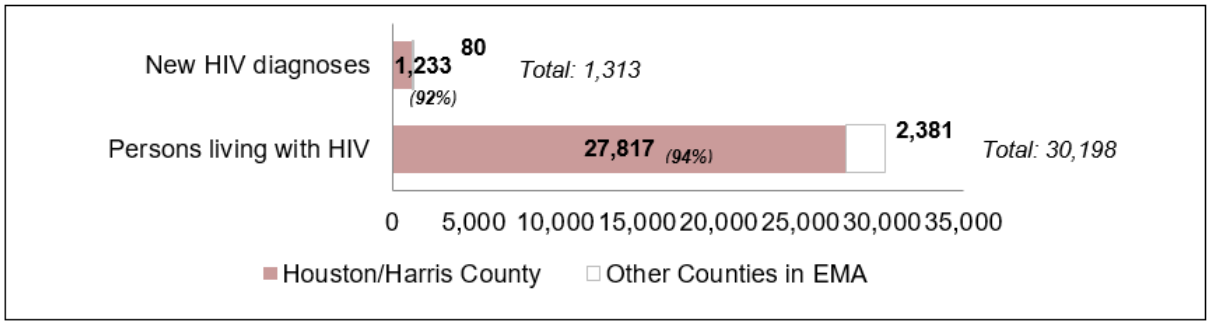
EXECUTIVE SUMMARY

Local communities use data on patterns of HIV, or HIV epidemiology, to better understand who is diagnosed and living with HIV. This helps local communities make informed decisions about HIV services, funding, and quality.

This document is a supplement to the Houston Area's current epidemiological profile of HIV (published in December 2019) and provides updated data on core HIV indicators used in local planning, including new HIV diagnoses and cumulative people living with HIV (HIV prevalence), for the two local jurisdictions of Houston/Harris County and the Houston Eligible Metropolitan Area (**EMA**), a six-county area that includes Houston/Harris County. A summary of key data is shown in **Figure 2** below:

- At the end of calendar year 2019, there were 30,198 diagnosed people living with HIV (**PLWH**) in the Houston EMA, a 4% increase from 2018 (2018 total = 29,078). In 2019, 92% of PLWH resided in Houston/Harris County.
- Also, in 2019, 1,313 new diagnoses of HIV were reported in the Houston EMA, a 3% decrease from 2018 (2018 total = 1,350). At the time of diagnosis, 94% resided in Houston/Harris County.

Figure 2: Number of New HIV Diagnoses and People Living with HIV in the Houston EMA, by County, 2019



Sources: Texas eHARS, as of 12/31/2019
Definitions: New HIV diagnoses = People diagnosed with HIV between 1/1/2019 and 12/31/2019, with residence at diagnosis in Houston EMA. People living with HIV = People living with HIV at the end of calendar year 2019.

- In both Houston/Harris County and the Houston EMA, the rates of new HIV diagnoses and prevalence continue to exceed rates both for Texas and the U.S. The rate of new HIV diagnoses in Houston/Harris County is almost twice the rate for the U.S.
- Compared to the general population in the Houston EMA, PLWH are disproportionately male, Black/African Americans, and ages 45 to 54. There is a larger proportion of people ages 25 to 34 among *new* HIV diagnoses.

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

Data Used in Development of the HIV Care Continuum

Data used to develop the Houston Eligible Metropolitan Area (EMA) HIV Care Continuum (HCC) were requested from the Texas Department of State Health Services (TDSHS), as the Department has access to surveillance and care data for the entire state of Texas, as well as access to the most varied sources of data for establishing evidence of care (e.g., private payer data). At the time of request, the TDSHS was unable to release an estimate of the number of people living with undiagnosed HIV; therefore, the Houston EMA HCC is a diagnosis-based continuum. The Houston Health Department (HHD) is currently in the process of evaluating several methodologies for producing a local estimate of the number of undiagnosed/unaware PLWH that may be applied to a Houston Continuum in the future.

An on-going challenge in developing and utilizing the HCC model is the availability of local and state data on antiretroviral therapy (ART) use. Though many jurisdictions incorporate ART use into their local HCC, these data are not available at the Houston EMA level. While ART prescription data are available for Ryan White Program Parts A and B clients through the Ryan White Grant Administration's (RWGA) *Centralized Patient Care Data Management System* (CPCDMS), there is currently no method for collecting ART prescription data for PLWH in the Houston EMA who are not served through the Ryan White program. Of the 24,979 diagnosed PLWH in the Houston EMA in 2014, roughly half (12,329) received services as unduplicated Ryan White program clients, indicating that the other half the HIV diagnosed population in the Houston EMA would not be accurately represented in any HCC stage using data derived only from CPCDMS.

While TDSHS has attempted measurement of ART use by collecting data available through the *AIDS Regional Information and Evaluation System* (ARIES – a computer system that has now been replaced by *Take Charge Texas*), Medicaid, and 3rd party payers, these data have so far not proven sufficient to establish an accurate count of PLWH prescribed ART. The Ryan White program has attempted to estimate the number of PLWH in the Houston EMA prescribed ART as the number of PLWH retained in HIV care multiplied by the percentage prescribed ART in the CDC's Medical Monitoring Project (MMP), though this methodology is inconsistent with the methodology used to calculate engagement percentages in the remaining stages of the care continuum. As an alternative to applying national estimates to raw local data, the Houston EMA HCC utilizes actual diagnosis-based frequencies from TDSHS for each stage of the continuum, and omits the measure "prescribed ART" in favor of viral suppression as an indicator of medication adherence and the ultimate goal of progression along the HCC. The HHD Bureau of Epidemiology created the Houston EMA HCC, 2012-2014 in alignment with the omission of "prescribed ART". The majority of the measures utilized completely align with the methodology also employed and recommended by TDSHS; however, the Houston EMA HCC measure of retention favors the definition presented in the Integrated Guidance from CDC/HRSA over a different definition created by TDSHS.

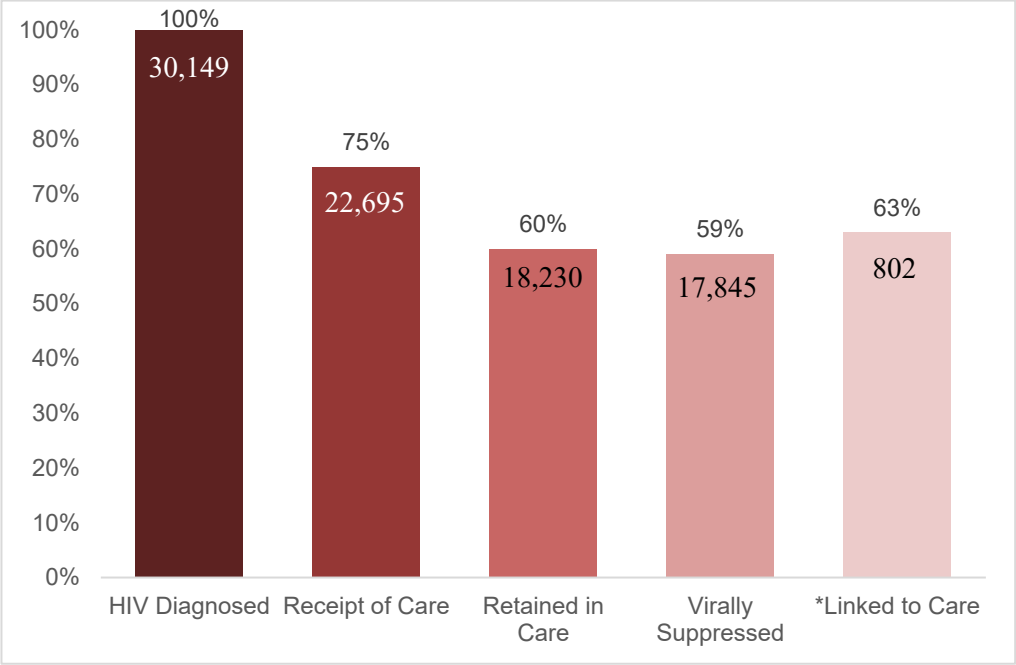
This Houston EMA HIV Care Continuum is from the *2021 Epidemiologic Supplement for HIV Prevention and Care Services Planning.* See the following link for the complete document: https://bit.ly/2021EpiSupplement

THE HOUSTON EMA HIV CARE CONTINUUM

The Houston EMA HIV Care Continuum depicts the number and percentage of people living with HIV in Harris, Fort Bend, Waller, Montgomery, Liberty and Chambers counties at each stage of HIV care, from being diagnosed with HIV to viral suppression then linkage to care. Stakeholders use this analysis to measure the extent to which PLWH have community-wide access to care and identify potential service gaps. The methodology follows the CDC definition for a diagnosis-based HIV care continuum.

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

The Houston EMA HIV Care Continuum, 2019



Methodology of CDC diagnosis-based HIV Care Continuum:
HIV Diagnosed: No. of HIV-diagnosed people ages 13+ residing in the Houston EMA, 2019.
Receipt of Care: No. of HIV-diagnosed people ages 13+ who had a care visit as documented by a CD4 or viral load in 2019.
Retained in Care: No. of HIV-diagnosed people ages 13+ who had at least two care visits documented by a CD4 or viral load at least 90 days apart in 2019
Virally Suppressed: No. of HIV-diagnosed people ages 13+ whose last viral load test of the year was ≤200 copies/mL.
*Linked to Care: No. of HIV-diagnosed people ages 13+ who were linked to care within on month of diagnosis as documented by a CD4 or viral load. *Denominator (1,269): No. of people ages 13+ with newly diagnosed HIV during the calendar year (updated Texas eHARS as of August 2021)
Source: TDSHS HIV Unmet Need Project (incl. eHARS, ELR, ARIES, ADAP, Medicaid, private payer data)

SECTION III: CONTRIBUTING DATA SETS AND ASSESSMENTS

3. HIV Prevention, Care and Treatment Resource Inventory Narrative and Table

Organizations and agencies providing HIV care and prevention services in the jurisdiction. Includes all HRSA Ryan White HIV/AIDS Program (RWHAP) parts and Centers for Disease Control and Prevention (CDC) funding sources. The Resource Inventory table below includes:

- *Organizations and agencies providing HIV care and prevention services in the jurisdiction;*
- *HRSA (including all RWHAP parts) and CDC funding;*
- *Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, the U.S. Department of Housing and Urban Development (**HUD**) Housing Opportunities for Persons with AIDS (**HOPWA**) program, Indian Health Service (**IHS**) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration (**SAMHSA**) programs, and foundation funding; and*
- *Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves.*

Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services with HIV prevention and care service: RWHAP Parts care and treatment funds are either allocated by (Parts A and B) or coordinated with (Parts C and D) the Ryan White Planning Council (**RWPC**). During the RWPC's annual Priority Setting and Resource Allocation (PSRA) processes, substance use/abuse and treatment services subject matter experts participate in *How to Best Meet the Need* workgroup meetings to provide information on local substance use treatment services. Output from these workgroups is used by the RWPC to craft special instructions to the Administrative Agencies to tailor HIV care services to effectively interface with substance use prevention and treatment services in the community. Additionally, multiple Houston area RWHAP Part A and B subrecipients receive SAMSHA Projects of Regional and National Significance funding for projects that serve individuals at-risk for or living with HIV (see Table below, under SAMHSA).

Additionally, per the October 2020 Harris County Operations Review of Public Health, the review recommended Harris County Public Health "establish a Coordinating Council focused on the social determinants of health to…coordinate the activities of agencies around agreed upon health goals for Harris County". This Coordinating Council will also develop an annual County Health Survey. The strategy for coordinating the provision of substance use prevention and treatment services with HIV prevention and care services is for the Ryan White Grant Administration and RWPC to secure seats on or otherwise formally participate with the Coordinating Council and through this mechanism work to strengthen service provision.

Describe how services will maximize the quality of health and support services to people at-risk for or with HIV: The Houston Eligible Metropolitan Area (**EMA**) has an advanced system of care that addresses HIV service needs from diagnosis to end-stage disease. Central to this system is primary medical care. The Harris Health System operates Thomas Street Health Center, a comprehensive primary and specialty care HIV clinic, which is in central Houston. Federally Qualified Health Centers (**FQHC**) offer community-based options for primary care, including

Legacy Community Health in the Montrose area, which has historically served the gay/MSM community; Avenue 360 Health and Wellness in Houston's northwest side, targeting Hispanic/Latinx and African American people with HIV; and St. Hope Foundation (**SHF**) in southwest Houston that focuses on African American people with HIV. Rural people with HIV are served by three FQHCs: two in Fort Bend County and one in Montgomery County operated by SHF and AccessHealth. An HIV clinic at the UT Houston Health Science Center provides primary care services to children with HIV. Complementing these providers is a long-standing coordinated case management system including medical case management services embedded in all primary care programs, clinical case management co-located at behavioral treatment sites, and service linkage located at HIV testing and primary care sites to ensure clients are accessing and retained in care. Eight (8) RWHAP-funded care and treatment subrecipients are also funded for HIV prevention services, including three that are FQHCs.

3.a. Strengths and Gaps: Perhaps the greatest strength of the inventory of HIV care and prevention resources in the jurisdiction is the plain fact that once an individual at-risk for or with HIV touches or is in the local HIV continuum of care, they are consistently able to access and benefit from the prevention and treatment resources available. In 2019, 75% of the 30,198 people with HIV in the Houston EMA accessed HIV medical care, with approximately half of those in care receiving RWHAP-funded services. The Houston EMA's *2020 HIV Care Services Needs Assessment* found that RWHAP-funded services overall were highly accessible. For each funded service category, at least 78% of consumers who indicated needing that service also reported ease in accessing that service, and at least 80% of consumers who indicated needing a Core Medical Service reported ease accessing the service. Among the less accessible funded services were oral health care and health insurance assistance. When asked to describe why they had difficulty accessing these services, respondents most frequently reported barriers related to education and awareness (e.g., not knowing the availability or the location of the service provided), interactions with staff (e.g., lack of correspondence/follow-up) and wait times (e.g., being placed on a wait list). Housing issues (homelessness or intimate partner violence) were cited least often as barriers to funded services.

In so far as gaps in the inventory of HIV care and prevention resources in the jurisdiction, the Houston EMA's *2017-2018 Out of Care Special Study* identified several emerging themes regarding service gaps for people with HIV who were not in HIV medical care, or who had a history of being out of care on multiple occasions. Participants in the special study indicated there is a need in the community for proactive education and service linkage in Houston area emergency departments. Though Ryan White Part A-contracted providers are required to maintain "Point of Entry" (**POE**) agreements with such sites, many local private, rural, or free-standing emergency departments are typically not included in POE agreements. Participants also identified a need for more proactive or "warm hand-off" coordination between pre-discharge planners and Service Linkage Workers (**SLW**)/Medical Case Managers (**MCM**) for those being released from incarceration. Culture shifts for people newly diagnosed with HIV or those new to Ryan White care were reported as contributing to the lack of awareness of services as observed in the 2020 NA. These individuals were not aware of support services available to them as they moved from non-HIV private or public care to the Ryan White care system.

3.b. Approaches and partnerships: The RWPC Office of Support took the lead in compiling the inventory. Using a consultant, all RWHAP, CDC, HOPWA, and SAMHSA funded entities were surveyed, and the services, funding, and priority population(s) served for each entity was collected. The Office of Support also relied upon its Blue Book Resource Guide database, which is updated biennially, to identify other key community agencies that provide services to priority populations (see Other HIV-Community Resources). RWPC support staff compile this comprehensive resource inventory of HIV prevention, testing, care, treatment, and support services available in the Houston EMA and four additional adjacent counties served by RWHAP Part B, which is bound and printed as the Blue Book Resource Guide.

Key partners in gathering resource inventory information included The City of Houston (CDC, HOPWA), Harris County Public Health Ryan White Grant Administration (RWHAP Part A, MAI, EHE), The Houston Regional HIV/AIDS Resource Group (RWHAP Part B and TDSHS care and treatment dollars), SAMHSA funding recipients, and the numerous community-based organizations that provide HIV and related services to individuals at-risk for or with HIV.

3. HIV Prevention, Care and Treatment Resource Inventory

CDC CDBG RWHAP MAI EHE TDSHS HOPWA SAMHSA FQHC CY	Centers for Disease Control Community Development Block Grant Ryan White HIV/AIDS Program Minority AIDS Assistance Ending the HIV Epidemic TX Department of State Health Services Housing Opportunities for Persons With AIDS Substance Abuse Mental Health Services Administration Federally Qualified Health Center Calendar Year			**HIV Continuum of Care (COC)** Step(s) Impacted: 1 = HIV Diagnosis, 2 = Linkage to Care, 3 = Retention in Care, 4 = Antiretroviral Use, 5 = Viral Suppression **Priority Population(s):** a = Transgender, esp. Latinx/Black or ≤ 25 years old; b. = Gay, bisexual MSM, esp. those who are Latinx/Black; c. = People who exchange sex for money, etc.; d. = People who inject drugs or use meth or crack; e. = Heterosexual cisgender women of color; f. = People born outside the United States; g.= Youth; h. = Other (listed)	
Funding Source	**Funding Amount CY 2021**	**Funded Service Provider Agency Red = funded for both Prevention and Care**	**Services Delivered**	**Priority Population/s**	**COC Step(s)**
HIV PREVENTION					
CDC PS18-1802	$267,721	AIDS Foundation Houston	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage	**All**	**1, 2**
CDC PS18-1802	$237,151	AIDS Healthcare Foundation	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage	**All**	**1, 2**
CDBG	$100,000	Bee Busy Learning Academy, Inc.	HIV/STI Prevention School Based Education Program	**g**	**1, 2**
CDC PS18-1802	$98,280	Bee Busy Learning Academy, Inc.	HIV Health Education and Risk Reduction (HE\RR) Services	**All**	**1, 2**
CDC PS18-1803	$237,151	Bee Busy Learning Academy, Inc.	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage	**All**	**1, 2**
CDC EHE PS20-2010	$300,000	Bee Busy Wellness Center, Inc. *FQHC*	Routine/Opt-Out HIV Testing in Healthcare Settings	**All**	**1, 2**
CDC PS18-1802	$204,751	Fundación Latino Americana De Acción Social, Inc.	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage	**a b f**	**1, 2**
CDC PS18-1802	$300,000	Harris Health System	Routine/Opt-Out HIV Testing in Healthcare Settings	**All**	**1, 2**
CDC PS18-1802	$285,120	Legacy Community Health *FQHC*	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage	**All**	**1, 2**
CDC PS18-1802	$267,900	St Hope Foundation, Inc. *FQHC*	Community-Based HIV/STD Counseling, Testing, Referral, and Linkage	**All**	**1, 2**
CDBG	$100,000	Montrose Center	HIV/STI Prevention School Based Education Program	**g**	**1, 2**
CDC PS18-1802	$120,120	Montrose Center	HIV Health Education and Risk Reduction (HE\RR) Services	**All**	**1, 2**

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HIV PREVENTION					
TDSHS	NA	Association for the Advancement of Mexican Americans	Core Prevention: Many Men, Many Voices (3MV)	**b**	**1, 2**
TDSHS	NA	Baylor Teen Health Clinics	Routine Screening	**g**	**1, 2**
TDSHS	NA	Bee Busy Learning Academy, Inc.	Core Prevention	**All**	**1, 2**
TDSHS	NA	Fort Bend County	Core Prevention: PreExposure Prophylaxis (PrEP)	**All**	**1, 2**
TDSHS	NA	Harris County Public Health Services	Core Prevention: PrEP	**All**	**1, 2**
TDSHS	NA	Harris Health System	Perinatal Screening	**c d e f g**	**1, 2**
TDSHS	NA	Legacy Community Health *FQHC*	Core Prevention: MPowerment	**b**	**1, 2**
HIV CARE					
RWHAP Part A	$225,000	AccessHealth *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Non-Medical Case Management	**All**	**2, 3, 4, 5**
RWHAP Part A	$577,888	AIDS Healthcare Foundation	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management	**All**	**2, 3, 4, 5**
RWHAP Part A	$1,012,655	Avenue 360 *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management	**All**	**2, 3, 4, 5**

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Funding Source	**Funding Amount CY 2021**	**Funded Service Provider Agency Red = funded for both Prevention and Care**	**Services Delivered**	**Priority Population/s**	**COC Step(s)**
HIV CARE					
RWHAP Part A MAI	$407,108	Avenue 360 *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management targeted to Black/African Americans and Hispanic/Latinx	**a b e f**	**2, 3, 4, 5**
RWHAP Part A	$4,671,024	Legacy Community Health *FQHC*	Outpatient Ambulatory Health Care including Vision, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management, Medical Nutritional Therapy, Health Insurance Assistance	**All**	**2, 3, 4, 5**
RWHAP Part A MAI	$941,829	Legacy Community Health *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management targeted to Black/African Americans and Hispanic/Latinx	**a b e f**	**2, 3, 4, 5**
RWHAP Part A	$2,787,969	St Hope Foundation, Inc. *FQHC*	Outpatient Ambulatory Health Services including Vision, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management, Clinical Case Management, Medical Transportation	**All**	**2, 3, 4, 5**
RWHAP Part A MAI	$921,412	St Hope Foundation, Inc. *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management targeted to Black/African Americans and Hispanic/Latinx	**a b e f**	**2, 3, 4, 5**
RWHAP Part A	$1,758,640	St Hope Foundation, Inc. *FQHC*	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Non-Medical Case Management, Oral Health	**All**	**2, 3, 4, 5**
RWHAP Part A	$7,751,934	Harris Health System	Outpatient Ambulatory Health Services, Medical Case Management, Local Pharmacy Assistance Program, Emergency Financial Assistance, Outreach, Non-Medical Case Management	**All**	**2, 3, 4, 5**
RWHAP Part A	$80,025	Michael E. DeBakey VA Medical Center	Medical Case Management	**Military veterans**	**2, 3, 4, 5**

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Funding Source	**Funding Amount CY 2021**	**Funded Service Provider Agency Red = funded for both Prevention and Care**	**Services Delivered**	**Priority Population/s**	**COC Step(s)**
HIV CARE					
RWHAP Part A	$154,321	Houston Health Department	Non-Medical Case Management	**All**	**2, 3**
RWHAP Part A	$43,537	UT Health Science Center Houston	Outpatient Ambulatory Health Services, Non-Medical Case Management	**All**	**2, 3, 4, 5**
RWHAP Part A	$526,654	Montrose Center	Clinical Case Management, Substance Use Services, Emergency Financial Assistance	**All**	**2, 3**
RWHAP Part B	$1,290,117	Avenue 360 *FQHC*	Oral Health, Home & Community Based Services	**All**	**2, 3, 4, 5**
RWHAP Part B	$1,028,433	Legacy Community Health *FQHC*	Health Insurance Assistance	**All**	**2, 3, 4, 5**
RWHAP Part B	$1,109,439	St Hope Foundation, Inc. *FQHC*	Oral Health	**All**	**2, 3, 4, 5**
TDSHS State Services	$75,000	Association for the Advancement of Mexican Americans	Non-Medical Case Management	**All**	**2, 3**
TDSHS State Services	$259,832	Avenue 360 *FQHC*	Hospice	**All**	**2, 3, 4, 5**
TDSHS State Services	$175,000	Harris County Sheriff's Office	Early Intervention Services (Harris County Jail)	**All**	**2, 3**
TDSHS State Services	$853,137	Legacy Community Health *FQHC*	Health Insurance Assistance	**All**	**2, 3, 4, 5**
TDSHS State Services	$566,000	Montrose Center	Non-Medical Case Management, Mental Health, Linguistic Services	**All**	**2, 3**
TDSHS State Services	$77,000	St Hope Foundation, Inc. *FQHC*	Mental Health	**All**	**2, 3**
TDSHS State Rebate	$85,576	AIDS Foundation Houston	Medical Transportation	**All**	**2, 3**

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Funding Source	**Funding Amount CY 2021**	**Funded Service Provider Agency Red = funded for both Prevention and Care**	**Services Delivered**	**Priority Population/s**	**COC Step(s)**
HIV CARE					
TDSHS State Rebate	$125,000	AIDS Healthcare Foundation	Referral for Health and Supportive Services	**All**	**2, 3, 4, 5**
TDSHS State Rebate	$75,000	Avenue 360 *FQHC*	Referral for Health and Supportive Services	**All**	**2, 3, 4, 5**
TDSHS State Rebate	$150,000	Harris Health System	Referral for Health and Supportive Services	**All**	**2, 3, 4, 5**
TDSHS State Rebate	$211,918	Legacy Community Health *FQHC*	Health Insurance Assistance, Referral for Health and Supportive Services	**All**	**2, 3, 4, 5**
TDSHS State Rebate	$75,000	St Hope Foundation, Inc. *FQHC*	Referral for Health and Supportive Services	**All**	**2, 3, 4, 5**
RWHAP Part C	$1,026,267	Harris Health System	Mental Health, Outpatient Ambulatory Health Services (including HIV CTR), Oral Health, Substance Use Outpatient Care, Medical Transportation, Non-Medical Case Management, Referral for Health Care and Support Services	**All**	**2, 3, 4, 5**
RWHAP Part C *The Resource Group*	$113,244	Legacy Community Health *FQHC*	Medical Case Management, Non-Medical Case Management, Referral for Health and Supportive Services	**All**	**2, 3, 4, 5**
RWHAP Part D	$371,851	Harris Health System	Outpatient Ambulatory Health Services, Medical Transportation, Medical Case Management, Non-Medical Case Management	**c d e f g**	**2, 3, 4, 5**
RWHAP Part D *The Resource Group*	$343,920	Texas Children's Hospital	Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management, Early Intervention Services, Health Education / Risk Reduction, Referral for Health and Supportive Services, Medical Transportation	**c d e f g**	**2, 3, 4, 5**
RWHAP Part D *TRG*	$130,370	University of Texas Health Science Center Houston	Medical Case Management, Non-Medical Case Management, Referral for Health and Supportive Services, Medical Transportation	**c d e f g**	**2, 3, 4, 5**

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Funding Source	**Funding Amount CY 2021**	**Funded Service Provider Agency Red = funded for both Prevention and Care**	**Services Delivered**	**Priority Population/s**	**COC Step(s)**
HIV CARE					
RWHAP EHE	$157,341	AIDS Healthcare Foundation	Outpatient Ambulatory Health Services, Emergency Financial Assistance	**All**	**2, 3, 4, 5**
RWHAP EHE	$121,602	Avenue 360 *FQHC*	Outpatient Ambulatory Health Services, Emergency Financial Assistance	**All**	**2, 3, 4, 5**
RWHAP EHE	$452,545	Legacy Community Health *FQHC*	Outpatient Ambulatory Health Services, Emergency Financial Assistance	**All**	**2, 3, 4, 5**
RWHAP EHE	$265,273	St Hope Foundation, Inc. *FQHC*	Outpatient Ambulatory Health Services, Emergency Financial Assistance	**All**	**2, 3, 4, 5**
RWHAP EHE	$497,300	Harris Health System	Outpatient Ambulatory Health Services, Emergency Financial Assistance	**All**	**2, 3, 4, 5**
HOPWA City of Houston	$858,049	A Caring Safe Place	Facility Based Housing Assistance, Support Services	**c e f g**	**2, 3**
HOPWA City of Houston	$858,460	Access Care Coastal TX	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services (Galveston, Matagorda, Brazoria Counties)	**All**	**2, 3**
HOPWA City of Houston	$1,004,621	AIDS Foundation Houston	Facility Based Housing Assistance, Support Services	**a b c d f**	**2, 3**
HOPWA City of Houston	$3,045,740	Avenue 360 *FQHC*	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services	**All**	**2, 3**
HIV HOUSING					
HOPWA City of Houston	$263,903	Association for the Advancement of Mexican Americans	Support Services	**a b c d f**	**2, 3**
HOPWA City of Houston	$437,666	Brentwood Community Foundation	Short Term Rental Assistance, Facility-Based Housing Assistance	**a b c d f**	**2, 3**

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HIV HOUSING					
HOPWA City of Houston	$2,000,000	Catholic Charities of the Archdiocese of Galveston-Houston	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services	**All**	**2, 3**
HOPWA City of Houston	$322,060	Goodwill Industries	Support Services (job training)	**All**	**2, 3**
HOPWA City of Houston	$368,551	Houston HELP, Inc.	Facility Based Housing Assistance, Support Services	**a b c d f**	**2, 3**
HOPWA City of Houston	$350,000	Houston SRO Housing	Facility Based Housing Assistance, Support Services	**a b c d f**	**2, 3**
HOPWA City of Houston	$0	Houston Volunteer Lawyers Program	Support Services (public benefits)	**All**	**3**
HOPWA City of Houston	$1,770.967	Montrose Center	Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Support Services	**All**	**2, 3**
HOPWA City of Houston	$132,579	SEARCH, Inc.	Support Services (children)	**g**	**2, 3**
HOPWA City of Houston	$0	The Men's Recenter	Support Services (substance use)	**a b c d f**	**2, 3**
HOPWA TDSHS	$50,000	Access Health *FQHC*	Facility-based Housing, Permanent Housing Placement	**a b c d f**	**2, 3**
HOPWA TDSHS	$371,000	AIDS Foundation Houston	Housing Case Management, Short Term Rental Assistance, Tenant Based Rental Assistance, Permanent Housing Placement	**All**	**2, 3**
SAMHSA HIV					
SAMSHA Projects of Regional and National Significance	$525,000	Houston Recovery Center [with Avenue 360 and Dept. of Family and Community Medicine at Baylor College of Med.]	Project Reach: comprehensive evidence-based services, medical-assisted treatment, intensive outpatient, and trauma services targeting Black and Hispanic/Latinx YMSM	**b**	**2, 3**

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SAMHSA HIV					
SAMSHA Projects of Regional and National Significance	$525,000	Harris Health System at Harris County Jail	Primary Care and Jail Health Medication-Assisted Treatment Project targeting patients with opioid use disorder including services for incarcerated individuals within four months of release	**d**	**2, 3**
SAMSHA Projects of Regional and National Significance	$525,000	Montrose Center	Enhanced Integrated Treatment Program (E-ITP) adding Sexual Health in Recovery (SHIR) targeting gay and bi men and transwomen African American and Latino 18+ years of age or older in Harris County	**a b g**	**2, 3**
SAMSHA Projects of Regional and National Significance	$199,631	University of Texas Health Science Center Houston	The HIV Education, Awareness, Referral and Treatment for Substance Use Disorders (HEARTS) targeting young adults ages 18-30 who are experiencing homelessness, identify as LGBTQ, and are at risk for substance use disorders and HIV	**a b c d g**	**2, 3**
OTHER COMMUNITY HIV-RELATED RESOURCES (BLUE BOOK)					
Other	NA	1-Stop Recovery	Methadone Treatment and counseling for adult opiate addicted persons	**a b c d e f**	**2, 3**
Other	NA	Adult Rehabilitation Services	Opioid treatment program, including maintenance (Methadone, buprenorphine) and counseling	**a b c d e f**	**2, 3**
Other	NA	Bay Area Council on Drugs and Alcohol, Inc.	Substance use screening, treatment referral, assessments, and counseling	**a b c d e f**	**2, 3**
Other	NA	Bay Area Homeless Services	Emergency homeless shelter services, case management, job assistance, transportation to work	**a b c d e f**	**2, 3**
Other	NA	Bay Area Turning Point, Inc.	Crisis shelter for victims of family violence and sexual assault including therapy and victim assistance	**e f**	**2, 3**
Other	NA	Baylor Teen Health Clinics	Primary care, immunizations; testing and treatment for STIs; well adolescent exams; HIV testing, counseling, and referral to treatment; Risk Reduction and Health Education; family planning services; pregnancy testing and referral, postpartum exams, and mental health	**g**	**2, 3**

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OTHER COMMUNITY HIV-RELATED RESOURCES (BLUE BOOK)					
Other	NA	The Bridge Over Troubled Waters, Inc.	Individual counseling and support groups for children and adults, legal advocacy, legal accompaniments, casework, supportive family services and education	**a e**	**3**
Other	NA	Career and Recovery Resources, Inc.	Short-term program of counseling, drug and alcohol abuse education and support services	**c d**	**3**
Other	NA	Casa de Esperanza de los Ninos, Inc.	Foster care for children ages 6 and younger. Specialized medical, psychological, and developmental services for families impacted by HIV and others..	**NA**	**3**
Other	NA	Cenikor Foundation	Inpatient treatment and education to adolescents ages 13-17 and their families. Detoxification services.	**a e f**	**3**
Other	NA	Change Happens!	ACA Navigation, youth (14-19) education on abstinence, pregnancy prevention, HIV and STDs, and positive development, housing, and supportive services (see HOPWA above)	**a e g**	**2, 3**
Other	NA	Christ Clinic	Primary and preventive care, women's health, mental health services, pharmacy and medication assistance, and health education	**e**	**3, 4, 5**
Other	NA	Colby D Healthcare Inc.	Pediatric home care providing skilled and private duty nursing, physical therapy, occupational and speech therapy, respiratory therapy, and durable medical equipment for children with special healthcare needs	**g**	**3, 4, 5**
Other	NA	Community Endowment Foundation	Permanent housing for single persons living with HIV. (12 units)	**b e**	**3**
Other	NA	Covenant House Texas	Emergency crisis shelter for youth 18 to 24, including pregnant and parenting teens with children. Shelter, food, clothing and health screening, family, mental health and substance abuse counseling, HIV program; street outreach and transitional living programs	**a c d g**	**2, 3**
Other	NA	Disability Rights Texas	Legal advocacy for persons with disabilities	**NA**	**3**

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OTHER COMMUNITY HIV-RELATED RESOURCES (BLUE BOOK)					
Other	NA	Fort Bend County Clinical Health Services	Rapid HIV, syphilis tests, chlamydia, and gonorrhea tests.	**All**	**2, 3, 4**
Other	NA	Fundacion Latino Americana De Acción Social, Inc.	HIV, Syphilis, Hep C, Chlamydia and Gonorrhea testing. HIV/STI prevention education and PrEP clinic. Emergency assistance for people living with HIV. Food bank for people living with HIV or cancer. Family support for LGBTQ+. HIV, substance abuse and hepatitis prevention for Latino families and children (ages 10-17)	**a b c d e f**	**1, 2**
Other	NA	Healthcare for the Homeless-Houston	Primary care, psychiatry, mental health and substance abuse counseling, TB and STD testing, vision assistance, health education, case management, pharmacy, and information and referrals	**a b c d e f**	**1, 2, 3, 4**
Other	NA	L-H Transitional Center	Substance use outpatient program providing a comprehensive continuum of care that assists clients in transitioning from more intensive treatment	**d**	**3**
Other	NA	Metro Health Services	Home health care agency providing skilled nursing, home health aide, certified nursing assistant, physical therapy, occupational therapy, speech therapy, medical social worker, personal assistant, durable medical equipment	**NA**	**3, 4, 5**
Other	NA	Michael E. DeBakey Veterans Administration Medical Center	PEP, PrEP, social work, Medical Case Management (see HIV CARE above), chemical dependency outpatient treatment, HIV primary medical care, eye care, pension and compensation assistance, housing assistance for homeless	**c d e h (military veterans)**	**1, 2, 3, 4, 5**
Other	NA	Open Door Mission	30-day intensive and 6-7 month intensive/supportive substance abuse program	**d**	**3**
Other	NA	Planned Parenthood Gulf Coast	HIV and STD testing and counseling, birth control, well-woman and well-man exams, pregnancy testing and information about related services, hormone therapy for transgender patients, vaccines, health screenings and other health care services	**e**	**1, 2, 3**

CDC CDBG RWHAP MAI EHE TDSHS HOPWA SAMHSA FQHC CY	Centers for Disease Control Community Development Block Grant Ryan White HIV/AIDS Program Minority AIDS Assistance Ending the HIV Epidemic TX Department of State Health Services Housing Opportunities for Persons With AIDS Substance Abuse Mental Health Services Administration Federally Qualified Health Center Calendar Year			**HIV Continuum of Care (COC)** Step(s) Impacted: 1 = HIV Diagnosis, 2 = Linkage to Care, 3 = Retention in Care, 4 = Antiretroviral Use, 5 = Viral Suppression **Priority Population(s):** a = Transgender, esp. Latinx/Black or ≤ 25 years old; b. = Gay, bisexual MSM, esp. those who are Latinx/Black; c. = People who exchange sex for money, etc.; d. = People who inject drugs or use meth or crack; e. = Heterosexual cisgender women of color; f. = People born outside the United States; g.= Youth; h. = Other (listed)	
Funding Source	**Funding Amount CY 2021**	**Funded Service Provider Agency** **Red = funded for both Prevention and Care**	**Services Delivered**	**Priority Population/s**	**COC Step(s)**
OTHER COMMUNITY HIV-RELATED RESOURCES (BLUE BOOK)					
Other	NA	Star of Hope	Emergency shelter	**a b c d e f**	**NA**
Other National institutes of Health (NIH)	NA	UT Health-Houston Center for Neurobehavioral Research on Addictions	[Studies] pharmacological and behavioral therapies to reduce drug use, medication clinical trials for chemical dependency, behavioral therapy and/or clinical mgmt.	**d**	**3**
Other	NA	The Normal Anomaly	Positives Organizing Wellness and Resilience (P.O.W.R.)	**NA**	**3**

SECTION III: CONTRIBUTING DATA SETS AND ASSESSMENTS

4.1.2.3.a.b.c. Needs Assessment: *(Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data.)*

	2020 Houston HIV Care Services Needs Assessment	**Houston Health Department 2022 HIV Prevention Needs Assessment**
Methodology	589 participants completed the 54-question paper or electronic survey. Inclusion criteria were an HIV diagnosis and residency in counties in the greater Houston Area. Participants were self-selected and self-identified according to these criteria. Surveys were self-administered in English, Spanish, and large-print formats, with staff and bilingual interpreters available for verbal interviewing.	689 participants completed the 49-question paper and electronic survey. Inclusion criteria were individuals of negative or unknown HIV status, and PLWH that live within the Houston/Harris County area. Participants were self-selected and self-identified according to these criteria. Surveys were self-administered in English and Spanish both in paper and electronic formats.
1) Services people need to access HIV testing, as well as the following status neutral services needed after testing: **1a**. Services people at-risk for HIV need to stay HIV negative (e.g. PrEP, syringe services programs) – Needs **1b.** Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis – Needs	**1)** According to the Ryan White FY2022-2024 grant application, the services needed to access HIV testing include Primary Medical Care, Health Insurance Assistance, and Substance Abuse Services. These services facilitate patients getting tested for HIV. **1a.** See the HIV Prevention Needs Assessment. **1b.** Receipt of passive referral and active linkage activities appears to be positively associated with early linkage to care.	**1)** See HIV Care Needs Assessment. **1a.** Among all 13 services that were listed, STI (gonorrhea, chlamydia, and syphilis) testing and access to free condoms were the most needed services (both 43%), followed by Health Education/Risk Reduction (HE/RR) (41%), and Laboratory HIV Testing (39%). **1b.** See the HIV Care Needs Assessment.
2) Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression – Needs	**2)** The three reported most needed core services by participants were primary care, local medication assistance, and case management. Of all services reported by participants (51%) the #1 barrier to services in the 2016 & 2020 NA was education and awareness. "I didn't know that service was available".	**2)** See HIV Care Needs Assessment (last column.)
3) Barriers to accessing existing HIV testing,	**3)** See HIV Prevention Needs Assessment (next).	**3)** The most common reported barrier types by participants were education

	2020 Houston HIV Care Services Needs Assessment	Houston Health Department 2022 HIV Prevention Needs Assessment
including State laws and regulations, HIV prevention services, and HIV care and treatment service - Accessibility		and awareness (30%), financial barriers (25%), interactions with staff (13%), and accessibility of the services (11%).
a. Priorities	The overall response of RWPC is to continue its focus on Core Medical Services including Oral Health Care, Medical Case Management, medications, and increasing Health Insurance opportunities for HIV positive patients. RWPC is conducting community education outreach to educate consumers on how the HIV care system works, how to navigate within the system, and how to advocate for their service needs.	See Goals & Objectives within this document, Section III.
b. Actions Taken c. Approach	Planned responses to the updated data include individual and system-level interventions designed to decrease stigma and increase access to HIV testing and awareness among "status-unaware" PLWH and the general Houston population. The communication efforts promote HIV testing and awareness as normative behaviors, particularly in high-risk populations. These include Health Education/Risk Reduction activities, Effective Behavioral Interventions, social marketing campaigns such as "Greater than AIDS," "Let's Stop HIV Together," and "Somos Familia." Other efforts involve targeted Counseling, Testing and Referral services in a variety of non-traditional settings such as the County Jail, County Juvenile Detention, Family Planning Clinics, Healthcare for the Homeless Houston clinics and events, CBO's, and other sites in high morbidity zip codes.	Document was released in 2022 hence, actions are to be determined.

4. Needs Assessment: *(Barriers to accessing existing HIV testing, including State laws and regulations).*

Routine testing is available in the Houston Eligible Metropolitan Area (EMA), though opt-out HIV testing has not been implemented consistently throughout the state of Texas. The 88th Texas Legislative session will begin January 2023. Should a state law or regulation present a barrier to routine testing, the state's first coalition of PLWH for HIV advocacy, the Texans Living with HIV Network, is organized to adopt the elimination of such policy barriers as a legislative priority for use in future state legislative sessions. The END HIV Houston Coalition has adopted recommendations to identify clinicians and administrative health professionals to act as champions of routine HIV testing in discussions with Texas lawmakers and to advocate for mandatory opt-out HIV testing legislation.

The biggest legal barrier to prevention activities for people who inject drugs/substances (**PWID**) throughout the state of Texas is that syringe exchange activities are illegal, and has been for well over a decade. In its 87th legislative session the Ruth McClendon Act was introduced which would create a syringe exchange pilot program in seven Texas counties (Bexar, Dallas, El Paso, Harris Nueces, Travis and Webb Counties) but this bill was voted off the Texas House floor. Syringe exchange sites offer a safe space for PWID to obtain the resources they need, such as HIV and HCV testing and linkage to care. In the Houston Area, the Houston Harm Reduction Alliance **(HHRA)** is a local organization that is helping to create, promote and advance policies, programs and practices for PWID.

Under the *2017 Comprehensive Plan*, the HHD and CPG have set educating public officials on changing governmental policies that create barriers to HIV prevention information and tools as annual activities. Other *2017 Comprehensive Plan* activities slated for FY2022 to expand implantation of routine HIV include:

- Disseminating routine testing implementation toolkits as needed to targeted private and non-Ryan White funded providers and FQHC to facilitate linkage to care; and
- Educating providers serving special populations about routine HIV testing and PrEP and promoting inclusion of routine HIV testing and PrEP education in policies, procedures, and practices to facilitate linkage to care.

SECTION IV: SITUATIONAL ANALYSIS

1. The Houston area has historically been an area severely impacted by the HIV epidemic and has received prevention and care funding from the State and federal government for over 30 years. The funding has been essential to create, sustain and enhance a high quality, community-based, comprehensive prevention and care service delivery system for low-income individuals.

People newly diagnosed with HIV in the Houston EMA: Per the Epidemiologic Snapshot, Needs Assessments and other data in Section III, the following describes people living with HIV (**PLWH**) in the Houston Eligible Metropolitan Area (**EMA**):

- New diagnoses are occurring predominately among males, African Americans, Hispanics, and those who reported the exposure category of **MSM**, or Men who have Sex with Men.

- A disproportionate impact of new diagnoses is observed among males, African Americans, youth aged 13-24, and adults aged 25-34.
- Approximately 20% of newly diagnosed individuals also receive an HIV Stage 3 diagnosis within three months of their initial HIV diagnosis. Populations disproportionately impacted by late/concurrent diagnoses in the Houston EMA include Hispanic PLWH and people with injection drug use (**PWID**).
- Although they comprise only 18% if the total Houston EMA population, African Americans accounted for almost half of the diagnosed PLWH in the EMA.
- The rate of African Americans living with HIV is over five times that of Whites and almost four times that of Hispanics.
- The highest prevalence rate by age is in the 45-54 age group.
- By transmission risk, at least 58% of living cases are attributed to MSM, followed by Heterosexual transmission, and transmission by injection drug use (**IDU**).

People at higher risk for HIV in the Houston EMA: Among all populations in the Houston area, people at higher risk for acquiring HIV are more likely to be male and African American, with MSM reported as the transmission risk.

- African Americans are the racial/ethnic group with the highest rates and percentages of HIV diagnosis among both males and females.
- New HIV cases occur predominantly among African American and Hispanic males.
- African Americans aged 15-24 years have over eight times the diagnosis rate of Whites within the same age groups.
- The overall rates of new HIV diagnosis in the Houston EMA has remained relatively stable since 2016.
- The rate of new HIV diagnosis in African American males has decreased overall and there appears to be an increase in new diagnoses among Hispanic IDU and Heterosexual PLWH.

Socioeconomic characteristics of PLWH: The *2020 Houston HIV Care Services Needs Assessment* (**2020 NA**) shows that the mean annual household income of PLWH surveyed was $14,420, with 60% living below the Federal Poverty Level (**FPL**). Comparatively, this annual income is approximately four times lower than the average median household income with an average of 15% living below FPL in the general population of the greater Houston area. Among surveyed PLWH, 36% reported not working due to disability followed by 21% who were currently unemployed but seeking employment. Approximately 32% were uninsured and relied solely on the Ryan White HIV/AIDS Program (**RWHAP**) for services. Further, 32% reported unstable housing, with 11% of participants experiencing homelessness at the time of the survey. Utilization data from FY19 also showed that an estimated 16% of RW-funded clients reported Spanish as the primary language spoken at home.

Emerging populations: Overall, the Houston EMA has experienced at least a 9% decrease in its HIV diagnosis rate since 2013. Notable relative rates of decrease in the HIV diagnosis rate have occurred among females by gender at birth, African American individuals, other non-Hispanic and non-White individuals, and age groups of 0-1, 13-24, and 35-44 years.

The Houston EMA recognizes additional emerging subpopulations which may not yet have the greatest local burden of HIV transmission, or for which epidemiologic data are insufficient to

determine burden, but which have behavioral, socio-economic, or legal circumstances that increase vulnerability to HIV transmission or loss to care. Accurate gender identity for transgender and gender non-conforming individuals is not reflected in most epidemiologic and surveillance data. Often transgender and gender non-conforming individuals are categorized by gender at birth, which does not accurately and adequately demonstrate current risks, needs, and barriers. For this reason, other local data sources such as service utilization and needs assessments are used to evaluate barriers and potential responses to the emerging needs of the transgender and gender nonconforming populations. In 2019, the RWHAP served 222 self-identified and unduplicated transgender clients, or 1.4% of all clients served. Transgender and gender non-conforming individuals comprised 4% of the total sample surveyed in the 2020 NA and were more likely to have been recently released from incarceration and encountered physical or sexual violence in the previous 12 months. Transgender and gender non-conforming consumers also reported experiencing more barriers and difficulty accessing case management, adult day treatment, early intervention services (Harris County jail pre-discharge planning), health insurance assistance, local HIV medication assistance, and outreach services than other respondents. To address these needs and barriers, transgender and gender non-conforming PLWH in the Houston EMA may benefit from additional pre-discharge planning, community initiatives to decrease violence against the transgender community, employment and job training services, housing services including shelters that serve transgender clients, transgender-competency and affirming policies in primary care settings, and additional transportation options when public transportation may be inaccessible or unsafe.

Identified Needs

***Prevention*:** Respondents of the 2022 NA were: primarily between the ages of 25-34 years (51%), primarily White (37%), followed by Black or African American (31%), and Hispanic/Latinx (29%), primarily identified as straight (70%), and primarily single (48%), followed by married or in a domestic partnership (45%). Overall, they mostly reported that they did not need any of 13 prevention services in the past 12 months. Participants that indicated they did need an HIV, STI, or hepatitis prevention service in the previous 12 months were asked if they encountered difficulties accessing services, and if so, they were asked to provide a brief description on the barrier or barriers that they encountered. Among the barriers reported, education and awareness, financial barriers, and interactions with staff at the agency were the most reported barriers. Of the education and awareness barriers, 33% were related to not knowing who to contact for a service, 13% was due to not knowing what the service entails, 4% were due to not knowing the service was available. If interactions with staff was a barrier, 36% were due to provider/staff resistance in providing a prevention service, 18% were due to communication issues with providers/staff, and 18% were due to staff having limited or no knowledge of the prevention service.

Care: In 2019, 75% of the 30,149 individuals diagnosed PLWH in the Houston EMA accessed HIV medical care, with approximately half of those in care receiving Ryan White-funded services. The Houston EMA's 2020 NA found that Ryan White-funded services overall were highly accessible. For each funded service category, at least 78% of consumers who indicated needing that service also reported ease in accessing that service, and at least 80% of consumers who indicated needing a Core Medical Service reported ease accessing the service. Among the less accessible RW-funded services were early intervention services (Harris County Jail pre-discharge planning), oral health care, and health insurance assistance. When asked to describe why they had

difficulty accessing these services, respondents most frequently reported barriers related to education and awareness (particularly not knowing the availability or the location of the service provided), interactions with staff (most often lack of correspondence/follow-up), and wait times (primarily being placed on a wait list). Housing issues (homelessness or intimate partner violence) were cited least often as barriers to funded services. The 2020 NA also analyzed need and accessibility for allowable services not currently RW-funded in the Houston EMA. Among unfunded services, respondents reported the highest need for housing, food bank, and health education/risk reduction, and the lowest accessibility for housing, food bank, and other professional services.

- The three most commonly reported reasons for delayed entry into HIV medical care (> 1 month) among all needs assessment respondents were denial about HIV status, fear of HIV status disclosure, and not knowing of resources available to pay for HIV medical care. Among newly diagnosed respondents, the most commonly cited reasons for delayed entry were denial about HIV status, fear of HIV status disclosure, and cost of HIV medical care.
- Respondents reporting a history of unmet need (falling out of care for any 12-month period since diagnosis) most commonly identified substance abuse, moving/relocating, and having other priorities at the time as primary barriers to retention in care.
- While 87% of 2020 NA respondents reported that they were taking ART medication at the time of the survey, the most commonly cited reasons for not currently taking ART medication were experiencing side effects, missing a refill, or having expired eligibility.

The Houston EMA's *2017-2018 Out of Care Special Study* identified several emerging themes regarding service gaps for PLWH who were not in HIV medical care, or who had a history of being out of care on multiple occasions. Participants in the special study indicated there was a need in the community for proactive education and service linkage in Houston area emergency departments. Though Ryan White Part A-contracted providers are required to maintain "Point of Entry" (**POE**) agreements with such sites, many local private, rural, or free-standing emergency departments are typically not included in POE agreements. Participants also identified a need for more proactive or "warm hand-off" coordination between pre-discharge planners and service linkage workers (**SLW**) and medical case managers (**MCM**) for those being released from incarceration. Culture shifts for newly diagnosed PLWH or those new to Ryan White funded care were reported as contributing to the lack of awareness of services as observed in the 2020 NA. These individuals were not aware of support services available to them as they moved from non-HIV private or public care to the Ryan White Program care system. One participant shared, "I didn't know [about gas cards]. I thought it was like a regular doctor's office. You don't ask for gas at the doctor." Among participants who were out of care while employed, stigma and fear of stigma in the workplace prevented them from accessing or using their employer-sponsored health insurance. Participants who experienced persistent homelessness or housing instability reported entering or returning to care because a knowledgeable peer directed them to support services. However, these participants reported that both they and their peers used support services as survival resources, rather than with the intent of accessing and staying in care. Participants described this as a survival resource cycle for PLWH experiencing homelessness that resulted in consumers accessing care to receive support services for multiple years, but rarely returning for follow-up appointments, not adhering to medications, and experiencing decreasing health and quality of life issues.

General system and social barriers to HIV care services included:

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

Challenges: Geographic and environmental factors such as an EMA area of almost 6,000 square miles, temperatures that often exceed 100ºF in the summer, poor mass transit options, and frequent widespread flooding in low-lying areas create barriers for those who rely on public transportation to access medical care. While 64% of 2020 NA respondents reported having some form of health care coverage, analysis revealed that most health insurance-related barriers occurred because participants were experiencing coverage gaps for needed services or medications and were uninsured or underinsured. Additionally, respondents reported difficulty paying for HIV medications (29%), non-HIV medications (33%) and medications to treat mental health concerns (25%), even when receiving some form of medication assistance. With Houston/Harris County as one of the most ethnically diverse communities in the United States, it is surprising that language barriers are rarely identified as common barriers to care. Per Houston EMA Standards of Care (**SOC**), Ryan White-funded providers are required to have interpretive services available, Spanish bilingual staff, and staff trained in cultural competence available to serve individuals with limited English proficiency.

Strengths: Long-term Centers for Disease Control and Prevention (**CDC**), State and Ryan White funding has enabled the development of an extensive system of services throughout the 10-county area that include: testing, counseling, linkage to care, PrEP and PEP, primary medical care, local pharmacy assistance, medical case management, oral health care, health insurance assistance, substance use disorder, psychiatric, outreach, medical nutritional therapy, medical transportation, referral for healthcare and support services (ADAP eligibility workers) services and more. By bundling services into single contracts, many of the clinic sites provide "one stop shopping" for consumers. Because Ryan White funded primary care clinics have also received CDC, and now EHE funding, the existing care system has been a strong springboard for launching status neutral, Rapid Start Programs with long-term pharmacy assistance and transportation embedded in most of the Ryan White funded clinic locations.

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

1. a. b. c. d. Diagnose, Treat, Prevent and Respond: Thirty-three one-on-one interviews with stakeholders and focus groups with 104 front line workers were conducted. These stakeholders expressed a desire for education for their population of expertise, education for themselves, and a desire for one-stop shopping for their clients. In addition to priority populations themselves

expressing a desire for education, professionals in the field felt that education was a high priority. For example, many stakeholders expressed that education is not prioritized for youth and adolescents. This, along with focus groups with college students, led to the designation of adolescents as a population for inclusion in the Education Council. Further, when asked how to end HIV, many stakeholders identified education as the key. They felt that educating the younger generation was necessary for stopping the spread of HIV.

Non-Ryan White Stakeholders also expressed a desire to know more about HIV, including information on referring clients to the HIV care system. For example, one substance use stakeholder said "At a substance-use treatment center, we need to have more knowledge around HIV, more education around HIV, more processes to assist that individual should they come to us". Additionally, the medical director of a large organization for individuals with mental health issues expressed that he did not know how to refer clients to the local HIV prevention and care system. Thus, one goal of the Integrated Plan is to educate providers in non-HIV fields on the HIV prevention and care system.

a. Diagnose: Hispanic individuals were the only emerging population to experience a relative rate of *increase* of 5.6% in new HIV diagnoses between 2013 and 2018. This relative increase in HIV diagnosis rate may indicate an increasing need for HIV-related prevention and care services tailored to meet the needs of Hispanic and Latinx communities in the Houston EMA. While culturally competent prevention and care services are provided in English and Spanish throughout the EMA, additional adjustments may be needed to ensure services meet the unique challenges of Hispanic and Latinx communities such as geographic isolation; linguistic isolation which may reduce service awareness and access; and difficulties with residency status, immigration barriers, and accessing documentation for verifying eligibility. In response, service linkage workers, outreach workers, case managers, and medical providers must implement linkage, referrals, and care that respond to these needs. Services provided to individuals aged 25-34 years must be tailored to account for employment issues such as availability to attend medical visits, hours of operation, health insurance enrollment and navigation, availability of childcare, and housing concerns.

b. Treat: As stated earlier, since 2021, consumer representatives on the two Houston area planning bodies and others have been working to highlight quality of life issues for those with HIV. Issues related to quality of life include stigma, housing, mental health, aging and other needs related to living and thriving with HIV into old age. The 2020 NA indicates the importance of quality of life issues. Of services that are needed and not funded by Ryan White, the top four include housing and food bank, since quality of life issues cannot be addressed through medical interventions alone.

A number of barriers to care were identified from focus group participants. Some of the most prevalent were transportation, wait-related issues, and clinic hour barriers. Thus, the annual 2023 *How to Best Meet the Need* process will build in a method of looking at data supporting alternative clinic hours. If the data is positive, alternative clinic hours for Ryan-White funded clinics will be encouraged. There will also be a focus on transportation during the *How to Best Meet the Need* process. Extending Lyft accessibility to more clients will be studied, as well as the possibility of reorganizing transportation funds for Ryan White-funded agencies.

c. Prevent: Respondents of the 2022 Houston HIV Prevention Needs Assessment were primarily

between the ages of 25-34 years (51%), white (37%), followed by Black or African American (31%), and Hispanic/Latinx (29%), identified as straight (70%), and single (48%), followed by married or in a domestic partnership (45%). Overall, they mostly reported that they did not need any of 13 prevention services in the past 12 months. Participants that indicated they did need a HIV, STI, or hepatitis prevention service in the previous 12 months were asked if they encountered difficulties accessing services, and if so, they were asked to provide a brief description on the barrier or barriers that they encountered. Among the barriers reported, education and awareness, financial barriers, and interactions with staff at the agency were the most reported barriers. Of the education and awareness barriers, 33% were related to not knowing who to contact for a service, 13% was due to not knowing what the service entails, 4% were due to not knowing the service was available. If interactions with staff was a barrier, 36% were due to provider/staff resistance in providing a prevention service, 18% were due to communication issues with providers/staff, and 18% were due to staff having limited or no knowledge of the prevention service.

d. Response: The Houston Health Department (**HHD**) has a strong history of identifying and responding to local HIV outbreaks. These outbreaks have traditionally been identified through new reports of diagnoses from medical providers, disease intervention specialist (**DIS**) interviews and conversations with people with new or recurring disease diagnosis through public health follow-up, as well as HIV surveillance data to identify patterns that might indicate recent and rapid HIV transmission. In 2010, HIV genotype sequences became reportable in Texas (Texas Administrative Code §97.133). In 2017, the Texas Department of State Health Services (TDSHS) began cluster detection and response activities in collaboration with local and regional health departments. During this time the HHD began responding to HIV molecular clusters identified by TDSHS.

The HHD was awarded funding from the CDC to begin cluster detection and response activities to identify and respond to local active HIV transmission networks specifically within Hispanic/Latinx gay and bisexual men in September 2017. Through the PS17-1711 demonstration project (Project PODER), the HHD was able to develop a dedicated team that were able to utilize modern techniques to detect HIV molecular clusters and respond to recent and rapidly growing HIV molecular clusters that were identified. The Houston Area maintains approximately 19 individuals that comprise the Cluster Committee.

Engagement with community was taken with each step of developing the cluster detection and response (**CDR**) at the HHD to ensure activities conducted were community informed and driven. While the engagement with the Houston area community has been successful, there are still significant concerns about the potential use and misuse of HIV genetic data for HIV criminalization and/or to further justify deportation from community and stakeholders. The political climate around immigration issues around the nation but especially within Houston and Texas, is not ideal for an intervention encouraging populations to utilize public services.

Additionally, the Houston Immigration and Customs Enforcement (**ICE**) office is prolific in arrests (e.g., fourth highest number of arrests in 2019 in the U.S.), which drives community to not seek government services even in dire situations, such as Hurricane Harvey and the COVID-19 pandemic. To overcome concerns about information related to CDR activities being used for HIV criminalization and/or to justify deportation, the HHD continues to educate stakeholders, community, and the HIV workforce about molecular cluster analysis and its lack of capabilities

(e.g., inability to determine directionality, incompleteness of data, etc.). We share results of our internal reviews of HHD practices to safeguard surveillance data and defend against subpoenas related to Texas not having specific HIV criminalization laws. As of August 2020, the HHD has been able to detect a total of 69 clusters within Houston/Harris County. To date, the HHD has responded to 14 clusters and 139 cluster cases within Houston/Harris County.

1.a. Priority Populations*:* Quality of life issues were addressed in stakeholder interviews and focus groups, when priority populations discussed how different services, including housing, mental health and substance use treatment, influences their ability to access and be retained in care. From nineteen focus groups with 117 priority population participants, three priorities were identified: education, reaching people the way they want to be reached, and barriers to care. Education was identified as a priority because of the lack of knowledge expressed by participants regarding mental health, substance use, and HIV care services, as well as prevention services such as PrEP. Participants were asked where they could go in the community to receive mental health, substance use, and other health services, and many groups struggled to name places for care. Regarding PrEP, many participants had heard about it only recently or did not know what it is. However, many participants expressed a desire for further education, particularly Hispanic women and people who use substances. Thus, an opportunity for this education was built into the plan.

Reaching people the way they want to be reached was identified as a priority because many groups expressed a particular way they wanted to receive information. For young college students, this was social media, and for older folks they preferred television ads, flyers, and in-person outreach. One particular group was an excellent example of this principle. When the Health Planner went to a motel to interview people who use substances, these participants expressed a desire for in-person outreach. Thus, as part of a 2022 Project L.E.A.P. class* assignment, students designed a pamphlet with resources relevant to people who use drugs. Students distributed this pamphlet along with hygiene items to people who use drugs at the motel where participants were interviewed. This was a simple way of thanking those who had been interviewed by the Health Planner for sharing their lived experiences and opinions to benefit this Plan.

Project L.E.A.P. students also created and distributed pamphlets with resource lists for Hispanic women and the transgender community. The resources identified in the pamphlets will be incorporated into the *Houston Area HIV Resource Directory* when it is updated and printed in 2023. This directory has been available free of charge to people with HIV since 1995, is in English and Spanish, is updated every other year by Council staff, and is available online and in hard copy throughout the 10-county area. See the following link for the online version of the HIV Resource Directory (informally referred to as The Blue Book): https://bit.ly/21-22BlueBook. A mini version of the Blue Book is also published by Council staff and distributed by medical staff to inmates in local jails and prisons when an inmate living with HIV is about to be discharged. The Harris County Jail mini Blue Book is available in English and Spanish. See the following link for the current English version of the mini Blue Book: https://bit.ly/MiniBB_HCSO-2022.

* *Project LEAP (Learning, Empowerment, Advocacy and Participation). Project LEAP is a free, 17-week comprehensive advocacy training program. Co-sponsored by the RWPC and CPG, and facilitated by Council Office of Support staff, the goal is to train people living with HIV and others so that they become active participants in local planning bodies, such as the Ryan White Planning Council and the Houston Prevention Community Planning Group.*

SECTION V: PLAN GOALS AND OBJECTIVES

The following list includes goals, objectives and activities for the Houston EHE and Integrated Plans and is organized by EHE pillar. Clearly, some goals and activities from each plan intersect, hence the goals for both plans have been merged into one list, but goals for the Integrated Plan are in italics to denote service areas. The justification for each goal is identified within the brackets after the goal. This is considered a "living" document, and it is anticipated that more goals, objectives and indicators will be added to each pillar as EHE and Integrated planning and implementation continues.

Pillar 1: Diagnose

Goal 1A: ***Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.*** **[CP-Healthy People 2030, Rdmap, FTC, NEHE, CP]**

Goal 1A.1: Encourage status awareness through increased screening, diverse non-stigmatizing campaigns, improved hiring practices, and updated accessibility in historically marginalized communities in Houston/Harris County.
[Rdmap, CM-WD/OCB/EA/RAA/AS/MBH/PA/CHS/QAE, CP]

Key Activities:

Legend for Section V

Regular Text = EHE Planning Goal impacting the Houston/Harris County, Texas service area

Italicized Text = Integrated Planning Goal impacting the EMA/HSDA (10-county), Texas service area

Source of Justification for the following goals:

CP = 2017 Houston Area HIV Comprehensive Plan
CP-____ = HIV & Non-HIV Comprehensive Plans
CM = 2021-2022 Community Meetings
EHEPtA = Ryan White Part A EHE Goal
FTC = International Fast Track Cities
FGPP = 2022 Priority Populations Focus Groups
FGP = 2022 Provider Focus Groups
NEHE = 2019 National EHE Plan
NAC = 2020 HIV Care Needs Assessment
NAP = 2022 HIV Prevention Needs Assessment
NHAS = 2021 National HIV/AIDS Strategy
Rdmap = 2016 Houston Area EHE Plan, commonly referred to as *The Roadmap*
ST = 2022 Stakeholder Interview

- Extend health center hours and/or partner with healthcare systems to demonstrate consideration for persons seeking services outside traditional hours. **[CM-RAA/MBH/BMP]**
- Explore a collaborative routine opt-out initiative with hospital emergency room providers outside a policy requirement. **[CM-EA/PA/BMP]**
- Add five (5) nurse operated mobile units offering extended hours and bundled services (e.g., STI, Hepatitis C, PrEP, nPEP, BMI assessment, glucose, immunizations, service linkage, partner services, etc.) to dispatch across Houston/Harris County. **[CM-RAA/BMP]**
- Implement at minimum a yearly multilingual health education and promotion campaign empowering ALL sexually active Houstonians/Harris Countians to insist on initial and routine rescreening for HIV. **[Rdmap, CM-EA/RAA/CHS]**
- Prioritize hiring a diverse and representative staff whom people can trust to administer status neutral services. **[Rdmap, CM-WD/OCB/AS]**
- Pilot HIV and STI home testing kits and develop a protocol for timely, status neutral follow-up, and quarterly evaluation to improve the service delivery. **[CM-OCB/EA/RAA/AS/QAE]**

- Reestablish an annual testing for tickets (e.g., "Hip Hop for HIV") event. **[CM-RAA]**
- Conduct outreach efforts in screening locations near identified areas (e.g., college campuses, barber and beauty shops, shopping centers, and recreational) through ongoing partnerships with community leaders and gatekeepers. **[Rdmap, CM-EA/RAA/QAE/MBH/BMP]**

Goal 1A.2: Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid EHE. [Rdmap, CM-EA/RAA/PA/QAE/BMP]

Key Activities:

- Educate policymakers on the need for statewide mandatory offering of routine opt-out testing. **[Rdmap, CM-EA]**
- Revise policies that institute county-wide age-appropriate comprehensive sexual education that empowers youth to make informed decisions about their health. **[Rdmap, CM-PA/QAE]**
- Advance county-wide policy modifications that require HIV testing and access to care for all arriving persons involved with the justice system and retest prior to facility release with enough medication and linkage to care if need determined. **[Rdmap, CM-PA/RAA/BMP]**
- Update local policies and procedures to implement an electronic automated reminder system and/or modify existing options to send annual screening reminders. **[CM-EA/PA]**
- Conduct provider detailing (e.g., Obstetrician/Gynecologist, General Practitioner, Gerontologist) to promote internal policy changes to incorporate universal screening as a standard practice. **[CM-EA/PA/QAE]**

Key Partners: Health departments, community-based organizations, FQHCs, correctional facilities, community task force, school-based clinics, sexual health clinics, women's health services/prenatal services providers, hospitals, local community members, local correctional institutions, local law enforcement, PWH, shelters, public health professionals, etc.
Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding
Estimated Funding Allocation: $1.8 Million
Outcomes: (reported annually, locally monitored more frequently): Increase number of newly identified persons with HIV and awareness of HIV status; Increase the number of HIV tests conducted in Houston/Harris County; Establish HIV care protocols for persons involved with the justice system.
Monitoring Data Source: EMR data, surveillance data, local protocols and reports

Goal 1B: ***Improve HIV-Related Health Outcomes of All People Being Tested for HIV [QoL]***

Key Activities:

- *Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide whole-person care and treatment for individuals testing for HIV.*
    - *Identify, implement, and evaluate models of care that meet the needs of all people being tested for HIV and ensure quality of care across services.*

- *Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.*
- *Identify, engage, or reengage people with HIV who are not in care or not virally suppressed.*
- *Provide low-barrier access to HIV prevention, care and/or treatment.*
- *Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV.*

- *Identify and address barriers for people who have never engaged in care or who have fallen out of care.*

Key Partners: *Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, sexual health clinics, women's health services/prenatal service providers, hospitals.*
Potential Funding Resources: *CDC HIV Prevention and Surveillance Programs, RWHAP, State and/or Local Funding.*
Estimated Funding Allocation: ***Related to Goal 1A***
Outcomes *(reported annually, locally monitored more frequently) Number of newly identified persons with HIV; Establishment of protocols for HIV/AIDS treatment under incarceration, number of cases linked to care under incarceration.*
Monitoring Data Source: *EMR data, surveillance data, local protocols and reports.*

Goal 1C: ***Increase Knowledge and Understanding of HIV [CM, CP, CP - Viral Hepatitis National Strategic Plan, FGPP, FGP, NAC, NHAS, Rdmap, ST]***

Key Activities:

- *Establish a Houston Area HIV Education Council to provide education for:*
  - *Individuals on prevention, treatment, and care services; and*
  - *Professionals on accurate medical information, training in referring clients to the local HIV prevention and care system, and customer service skills.* ***See Goal 3A*** *for more information. This educational goal will address Diagnose, Treat and Prevent.*
- *Increase knowledge of HIV among individuals and the health workforce in geographic areas disproportionately affected.*

Key Committed Partners: *Southern AIDS Education and Training Center (**AETC**), Texas Southern University (**TSU**), Houston HIV Prevention Community Planning Group (**CPG**) and Ryan White Planning Council (**RWPC**).*
Key Potential Partners: *Representatives from special populations, people with HIV, professional educators, case managers and service linkage workers, large public organizations who work with individuals challenged by substance use disorder and/or mental illness and/or intellectual and developmental disabilities.*
Potential Funding Resources: *CDC, Ryan White, AETC and possibly TSU grant funds already secured to work with community groups such as The Houston Area HIV Education Coalition.*
Estimated Funding Allocations: *$200,000.*
Outcomes: *Increased knowledge among students.*
Monitoring Data Source: *Student pre and post tests.*

Pillar 2: Treat

Goal 2A: Ensure 90% of clients are retained in care and virally suppressed. [CP-Health People 2030, Rdmap, CP, NEHE, FTC]

Goal 2A.1: Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care. [Rdmap, CM-OCB/RAA/EA/MBH/PA/BMP]

Key Activities:

- Increase retention in medical care through rapid treatment initiation.
  - *In FY 2020, the Ryan White Program, in partnership with South Central AETC, Baylor College of Medicine, and Harris County Public Health, launched Rapid Start Treatment Programs at Ryan White funded primary care sites. The next step is to increase outreach to priority populations and launch Rapid Start Treatment Programs at sites other than RWHAP-funded primary care sites.* ***[EHEPtA, 16Rdmap]***
- Offer a 24-hour emotional support and resources line available with trauma informed staff considerate to the fact individuals are likely still processing a new diagnosis. **[CM-RAA/MBH]**
- Health literacy campaign to educate those diagnosed on benefits of rapid start and TasP. **[CM-RAA/EA]**
- Support rapid antiretroviral therapy by providing ART "starter packs" for newly diagnosed clients and returning patients who have self-identified as being out of care for greater than 12 months. **[CM-EA/PA]**
- Expand community partnerships (e.g., churches and universities) to increase rapid linkage and ART availability at community-preferred gathering venues. **[CM-OCB/PA/BMP]**
- Promote after-hour medical care to increase accessibility by partnering with providers currently offering expanded hours, like urgent care facilities. **[CM-RAA]**
- Develop a provider outreach program focused on best HIV treatment-related practices and emphasizing resources options for clients (Ryan White care system) as well as peer-to-peer support resources for providers (e.g., Project ECHO, AETC, UCSF). **[CM-EA/PA]**

Goal 2A.2: Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis. [CM-OCB/RAA/EA/AS/MBH/CHS/PA/QAE/BMP]

Key Activities:

- Develop informative treatment navigation, viral suppression, and whole-health care support program including regularly held community forums designed to maximize accessibility. **[CM-RAA/EA/PA]**
- Partner with providers to expand hours and service location options based on community preferences (after-hours, mobile units, non-traditional settings). **[Rdmap, CM-RAA/BMP]**

- Assess feasibility of expanded telehealth check-in options to enhance accessibility and promote bundling mobile care services (including ancillary services). **[CM-RAA/BMP]**
- Increase the number of referrals and linkage to RW. **[CM-PA/QAE]**
- Increase integration, promotion, and the number of referrals to ancillary services (e.g., mental health, substance use, RW, and payment assistance) through expanded partnerships during service linkage. **[CM-QAE]**
- Increase case management support capacity. **[CM-OCB]**
- Develop system to monitor referrals to integrated health services. **[CM-QAE]**
- Hire representative navigators, promote job openings in places where community members with relevant lived experience gather, and invest in programs such as the Community Health Worker Certification. **[Rdmap, CM-OCB/QAE]**
- Survey users of services to evaluate additional service-based training needs. **[CM-QAE]**
- Conduct provider outreach (100 initial/100 follow-up visits) to improve multidisciplinary holistic health practices including importance of trauma-informed approach, motivational interview-based techniques, preferred language, culturally sensitive staff/setting, behavior-based risk vs demographic/race, and routine risk assessment screenings (mental health, gender-based or domestic violence, need for other ancillary services related to SDOH). **[Rdmap, CM-EA/AS/MBH/CHS/QAE]**
- Build and implement a mental health model for HIV treatment and care that includes routinizing screenings/opt-out integration into electronic health records. **[CM-MBH/PA] [CM-MBH/PA]**
- Source resources for referral/free initial mental health counseling sessions.
- Maintain at least one crisis intervention specialist on service linkage staff. **[CM-MBH]**
- Partner community health workers with local community gathering places (e.g., churches) to recognize and reach individuals who may benefit from support and linkage to resources. **[CM-OCB]**
- Improve value of data to community by promoting inclusive, representative data collection on community selected platforms. **[CM-CHS/PA]**
- Widely share analyses of collected data with emphasis on complete context and value to community, including annual science symposium; Allow opportunities for community to share their stories to illustrate the personal connection. **[CM-BMP]**
- Utilize a reporting system to endorse programs or environments that show training application and effort to end the epidemic. Conduct quarterly quality assurance checks after the secret shopper project established by END. **[CM-QAE]**
- Use the HIV system to fill gaps in healthcare by creating a grassroots initiative focused on social determinants of health. **[CM-AS/PA]**
- Increase access to quality health care through promoting FQHCs to reduce the number of uninsured to under 10% in the next 10 years. **[CM-PA]**
- Revamp data-to-care to achieve full functionality. **[CM-PA]**

Goal 2A.3: Establish organized methods to raise widespread awareness on the importance of treatment. [CM-WD/OCB/CHS/RAA/EA/AS/QAE]

Key Activities:

- Collaborate with CPG to gain real-time public input during meetings on preferred language and promotion of critical messages of Undetectable=Untransmittable (U=U) and Treatment as Prevention (TasP). **[Rdmap, CM-RAA/QAE]**
- Collaborate with CPG to regularly promote diversifying clinical trials. **[Rdmap, CM-CHS/QAE]**
- Increase education and awareness around the concept of U=U and TasP to reduce stigma, fear, and discrimination among PLWH. **[CM-OCB/RAA/EA/AS]**
- Implement community preferred social marketing strategies over multiple platforms to establish messaging on the benefits of rapid and sustained HIV treatment (include basic terminology, updates on treatment/progress advances, and consideration for generational understanding of information). **[Rdmap, CM-RAA/EA/AS]**

Goal 2A.4: Advance internal and external policies related to treatment. [Rdmap, CM-WD/RAA/OCB/EA/MBH/CHS/PA/QAE, CP]

Key Activities:

- Implement and monitor immediate ART with a standard of 72 hours of HIV diagnosis for Test and Treat protocols. **[CP]**
- Revise policies to simplify linkage through use of an encrypted universal technology such as patient portal and/or apps to easily share information across health systems, remove administrative (e.g., paperwork and registration) barriers, incorporate geo-fencing alerts and anonymous partner elicitation. **[CM-RAA]**
- Refresh policies to establish a retention/rewards program that empowers community to optimize health maintenance and encourages collaboration with health department services and resources. **[CM-RAA]**
- Focus on necessary requirements and reduce turnaround time from diagnosis to care (e.g., Change the 90-day window for Linkage Workers). **[CM-OCB]**
- Update prevention standards of care to reflect a person-centered approach. **[CM-WD]**
- Develop standard of treatment and advocate for implementation for those incarcerated upon intake. **[CM-PA]**
- Institute policies that require recurring trainings for staff/providers based on community feedback and focused on current preferred practices (emphasis on status-neutral approach, trauma-informed care, people first-language, cultural sensitivity, privacy/confidentiality, follow-up/follow-through). **[CM-WD/EA/AS/MBH/CHS/QAE]**
- Revise funding processes and incentivize extended hours of operation to improve CBO workflow. **[CM-OCB]**

Key Partners: FQHCs, medical care providers, hospitals, community-based organizations, various professional health care associations, RWGA; TRG; HHD (Potential non-RP partners: RWPC), community task force, urgent care facilities, churches, universities
Potential Funding Resources: RWHAP, CDC HIV Prevention and Surveillance Programs, State Local Funding
Estimated Funding Allocation: $9,081,382

Outcomes: (reported annually, locally monitored more frequently): Increase number of newly identified individuals with HIV linked to care; Increase number of individuals with HIV identified as not in care relinked to care; Increase number of newly identified individuals with HIV linked to care and started on ART within 72 hours of diagnosis; Increase number of individuals with HIV identified as not in care relinked to care and started on ART within 72 hours.
Monitoring Data Source: Surveillance, RWHAP, CPCDMS, CDC testing linkage data

Goal 2B: ***Increase Access to Care and Medication. [CM, NAC, Rdmap, ST]***

Key Activities:

- *Increase access to services that replace or provide identification documents, especially for those who are discharged from jail or prison, people who are experiencing homelessness, and others who lack identification documents. Expand capacity of current providers of identification documents through partnerships with community partners, including Ryan White-funded agencies.*

Key Partners: *Operation I.D., Texas I.D. Connect, The Beacon, Ryan White-funded agencies.*
Potential Funding Resources: *N/A*
Estimated Funding Allocations: *N/A*
Outcomes: *Ten percent more individuals have received identification in a 6-month period.*
Monitoring Data Source: *Agency data on client service utilization.*

Goal 2C: ***Increase access to HIV education, prevention and care services among priority populations. [CM, NHAS, ST]***

Key Activities:

- *Increase individual knowledge of HIV, including HIV prevention and care services information, among individuals with a history of a sexual offense.*
  - *Request the RWPC to create a service definition and allocate funds for one full-time case manager or service linkage worker with lived experience to provide HIV education and case management services to this population. Fund this position from Ryan White Part A, B or State Services funding.*
  - *When releasing the RFP to secure a vendor, give preference to a non-traditional vendor, such as a church, that has a history of working with this population.*
  - *Require the employee to provide quarterly aggregate service utilization and other reports to Serving the Incarcerated and Recently Released Coalition (**SIRR**), CPG and RWPC.*

Key Partners: *SIRR, local churches that work with individuals with a history of a sexual offense, Ryan White-funded HIV discharge planners in the Harris County jail*
***Poten*tial Funding Resources:** *Ryan White Part A or B or State Services funding*
***Estimat*ed Funding Allocations:** *$130,000*
Outcomes: *Case manager/service linkage worker is hired and secures a minimum caseload of 30 individuals within a 12 month period. RWPC incorporates the quarterly reports from the case manager/service linkage worker in its planning process and works to better meet the needs of this priority population.*
Monitoring Data Source: *Quarterly aggregate case management/service linkage reports*

Goal 2D: ***Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive). [CM]***

Key Activities:

- *Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones, which have been interpreted as an incentive and in opposition to Medicaid contracts that prohibit incentives for consumers.*

Key Partners: *Staff from various Ryan-White funded agencies*
Potential Funding Resources: *N/A*
Estimated Funding Allocations: *N/A*
Outcomes: *More clients receive cell phones in a 6-month period.*
Monitoring Data Source: *Agency phone disbursement records*

Pillar 3: Prevent

Goal 3A: ***Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV. [CM, CP, CP - Viral Hepatitis National Strategic Plan, FGPP, FGP, NAC, NHAS, Rdmap, ST]***

Key Activities:

- *Establish a Houston Area HIV Education Council sponsored by AETC, CPG and RWPC to provide education to the following: individuals who need prevention services and providers.*
- *Develop and implement informational programs that are tailored to priority populations and others, and describe HIV risks, options for prevention, testing, care and treatment, mental health and substance use disorder treatment; and HIV-related stigma reduction.*
- *Increase consumer input into developing educational materials about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction.*
- *Increase consumer participation in delivering educational information to individuals and service providers about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction, particularly for priority populations.*
- *Increase education about HIV among people who provide services to those who are at risk or living with HIV.*
- *Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.*
- *Support the transition of health care systems, organizations, and consumers to become more health literate in the provision/receipt of HIV prevention, care, and treatment services.*
- *Provide resources, value-based and other incentives, training, and technical assistance to expand workforce and system capacity to provide or link clients to culturally competent*

and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.

Key Committed Partners: *Southern AETC, TSU, CPG and the RWPC.*

Key Potential Partners: *Representatives from priority and special populations, persons with HIV, professional educators, case managers and service linkage workers, large public organizations who work with individuals challenged by substance use disorder and/or mental illness and/or intellectual and developmental disabilities, for example.*

Potential Funding Resources: *CDC, Ryan White, AETC and possibly TSU grant funds already secured to work with community groups such as The Houston Area HIV Education Coalition.*

Estimated Funding Allocations: *$200,000.*

Outcomes: *Increased knowledge among students.*

Monitoring Data Source: *Student pre and post tests.*

Goal 3B: Achieve 50% reduction in new HIV cases. [CP-Healthy People 2030, Rdmap, NEHE]

Goal 3B.1: Integrate a status neutral approach in HIV prevention services by utilizing proven interventions to reduce new cases. [CM-RAA/MBH/OCB]

Key Activities:

- Develop a continuum of care for those utilizing prevention care services.
- Establish prevention navigators with lived experience of the priority populations to assist engagement and "re"engagement in prevention services. **[CM-OCB]**
- Offer and advocate for ongoing ancillary support options routinely offered during initial engagement. **[CM-RAA/MBH]**
- Tailor proven behavioral, biomedical, and structural interventions, public health strategies, and social marketing campaigns from the Compendium of Evidence-based Interventions and Best Practices for HIV Prevention to the needs of Houston/Harris County.

Goal 3B.2: Improve accessibility, information sharing, and monitoring of PrEP. [Rdmap, CM-EA/RAA/CHS/QAE/OCB]

Key Activities:

- Increase access to PrEP clinical services by integrating PrEP/nPEP into routine services at HHD Health Centers. **[CM-RAA/OCB]**
- Collaborate with medical providers in other specialties to integrate PrEP into routine preventative healthcare. **[Rdmap, CM-EA/RAA/CHS/OCB]**
- Expand PrEP services and hours to increase access including mobile, telehealth (e.g., Mistr, Sistr and Q Care Plus), and non-traditional settings. **[Rdmap, CM-RAA/CHS]**
- Expand access to same-day PrEP for persons HIV negative by providing a 30-day starter pack; utilize non-traditional settings (e.g., faith-based organizations) **[CM-RAA/QAE]**
- Develop purposeful non-stigmatizing awareness messaging that normalizes PrEP and nPEP conversations with care teams. **[CM-EA]**

- Create a PrEP Network information hub to help understand community practices and address challenges. **[CM-EA]**
- Collaborate with local CBOs to develop a 24-hour nPEP hotline and Center of Excellence. **[CM-EA]**
- Develop method of monitoring and reporting PrEP and a Continuum of Care. **[CM-QAE]**

Goal 3B.3: Address social determinants through a multi-level approach that reduces new cases and sustains health equity. [CM-WD/EA/RAA/AS]

Key Activities:

- Increase service provider knowledge and capability to assess those in need of ancillary services. **[CM-RAA/MBH]**
- Provide funded organizations with payment points for linking people to PrEP, keeping appointments, and then linking people on PrEP to housing, transportation, food assistance, and other supportive services. **[CM-RAA]**
- Develop mental health and substance use campaigns to support self-efficacy/resiliency. **[Rdmap, CM-EA/MBH]**
- Health departments partner more with colleges and school districts, Bureau of Adolescent Health to create a tailored strategic plan that better engages adolescent Houstonians/ Harris Countians. **[Rdmap, CM-EA]**
- Revitalize the Youth Task Force and seek funding for adolescent focused initiatives.
- Engage healthcare programs regarding inclusion of all HIV prevention strategies in their curriculums to educate future practitioners (e.g., medical, nurse practitioner, nursing, and other healthcare programs). **[Rdmap, CM-EA/OCB]**
- Reduce stigma and increase knowledge and awareness of PrEP and TasP through a biannual inclusive public health campaign focused on all populations. **[Rdmap, CM-AS]**
- Train the workforce on a patient-centered (i.e., status neutral and trauma informed) prevention approaches to build a quality care system. **[Rdmap, CM-WD/AS/MBH]**

Goal 3B.4: Advance policy gaps through increased education and outreach at all levels. [Rdmap, CM-RAA/AS/PA/QAE, CP]

Key Activities:

- Expand Medicaid in the State of Texas to assist prevention efforts for all Texans, particularly among marginalized communities. **[Rdmap, CM-PA]**
- Update policies to address service gaps by eliminating privacy barriers and expanding prevention clinical services to adolescents under the age of 18. **[CM-PA]**
- Create county-wide policies to implement medically accurate comprehensive sexual education in high schools and colleges/universities that encourages informed decisions. **[Rdmap, CM-PA]**

- Advance policy changes that promote harm reduction strategies for persons who inject drugs (PWID) such as sharps disposal kiosks to address discarded syringes in public locations. **[CM-PA]**
- Advocate for PrEP and nPEP availability over the counter. **[CM-RAA/PA]**
- Overhaul all prevention standards to reflect person-first strategies. **[CM-AS]**
- Reassess policies around the HIV positivity rate. **[CM-QAE]**

Key Partners: Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, community task force, RWPC-OS (*Potential non-RP partners:* TDSHS; AETC; HHS), faith-based organizations
Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, Bureau of Primary Health Care, state and/or local Funding, Minority AIDS Initiative (MAI), SAMHSA, HUD/HOPWA, Federal Office of Rural Health Policy, Indian Health Service; Office on Women's Health, Office of Minority Health, Office of Population Affairs, and other public and private funding sources, etc.
Estimated Funding Allocation: $500,000
Outcomes: (reported annually, locally monitored more frequently): Increase number of providers trained; Increase number of prescriptions for PrEP; Increase the percentage of eligible people successfully referred to PrEP provider to 50% in 5 years.
Monitoring Data Source: Local databases, medical records data, pharmacy records

Goal 3C: ***Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: [CM, FG, FTC, Rdmap, ST]***

- ***Condom distribution in jails and prisons***
- ***Texas becoming a Medicaid Expansion state***

Key Activities:

- *After reviewing documentation both for and against condom distribution, consider the establishment of condom distribution in Texas jails and prisons*
    - *Educate public officials in Texas on the benefits of condom distribution and encourage modification of governmental policies that create access barriers to this effective HIV prevention information and tool.*

Key Partners: *Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, community task force, RWPC-OS (Potential non-RP partners: TDSHS; AETC; HHS), St. Luke's Episcopal Foundation .*
Potential Funding Resources: *NA*
Estimated Funding Allocations: *NA*
Outcomes: *State and local policy changes that create barriers to accessing effective HIV prevention information and tools.*
Monitoring Data Source: *State and local policies.*

Pillar 4: Respond

Goal 4A: Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year. [NEHE]

Goal 4A.1: Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities. [Rdmap, ST, CM-EA/RAA/AS/BMP]

- As of October 18, 2022, the Presidential Advisory Council on HIV/AIDS **(PACHA)** has asked the CDC to direct jurisdictions funded for Cluster Detection Response **(CDR)** activities to adapt their implementation of CDR to account for local conditions, including health data privacy protections and laws criminalizing people living with HIV.

Key Activities:

- Invest in technological solutions that further our partnerships, processes, and mass communication dissemination. **[Rdmap, CM-EA/RAA]**
- Host regularly scheduled community forums, presentations, and webinars with a variety of audiences such as residents, business owners, churches, bars, schools, and politicians. Increase transparency and buy-in by providing accurate information on important topics (e.g., privacy, protection, anonymity, gaps, recommended changes, and best practices). **[CM-EA]**
- Expand the response Community Advisory Board **(CAB)** by incorporating interested participants from various taskforces, internal (e.g., Tuberculosis and HCV) and external stakeholders. **[CM-BMP]**
- Conduct a feasibility study on outsourcing response activities to community partners.
- Provide engaging non-stigmatizing safe spaces that promote information sharing on what is going on in neighborhoods and tailor recommendations. Normalize inclusive discussions and team building activities among residents and community leaders by broadly advertising meetings in multiple locations (e.g., Southwest, Montrose, Third Ward, Fifth Ward) to reduce stigma. Utilize these platforms to spotlight the great work communities are accomplishing to constantly reenergize buy-in. **[CM-RAA/AS]**
- Conduct public health detailing to inform and educate providers about required disease reporting and how to effectively inform their patients. **[CM-AS]**

Goal 4B: ***Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest. [Rdmap, ST, CM-WD/EA]***

Key Activities:

- Build contingency/surge capacity such as venue-based screenings cluster response efforts with existing contracted CBOs (when needed).

- Utilize case data and case studies to train both community partners and the HHD staff on better approaches to effectively respond to clusters, including the role partner services can play. **[CM-WD/EA]**
- Integrate both CDR and time-space analysis to identify clusters.
- Conduct rapid response, ART linkage, and same-day PrEP in cluster investigations through close collaboration with contractors, care providers and other stakeholders.

Goal 4C: Empower effective advocacy and policy changes at the local, state, and federal levels. [Rdmap, ST, CM-EA/PA/RAA]

Key Activities:

- Reestablish the CPG mandate to ensure community engagement and voice is consistently being heard. **[Rdmap]**
- Explore requirements necessary to change laws in the state by assessing current laws and implement annual assessment. **[CM-PA]**
- Examine the effects of HIV criminalization cases in the state to address policy barriers. **[CM-PA]**
- Reevaluate and revise the partner index requirement within the State of Texas.
- Annually assess and provide report on data protection policies and procedures that ensure safeguards and firewalls protecting public health research and surveillance data from access by law enforcement, immigration, and protective services systems. **[CM-EA/PA]**
- Quarterly update the CDR plan in partnership with the community CAB. **[CM-EA/RAA]**

Key Partners: Local community members, PWH, health departments, public health professionals, politicians, churches, businesses
Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, STD Funding, RWHAP, State and/or Local Funding
Estimated Funding Allocation: $500,000
Outcomes: (reported annually, locally monitored more frequently) Revise CDR protocols for cluster detection and response procedures based on community feedback.
Monitoring Data Source: Local protocols and reports

Pillar 5: Quality of Life

Goal 5A: ***Improve Quality of Life for Persons Living with HIV. [CM, CP – Houston Health Department, CP - Viral Hepatitis National Strategic Plan, FGP,FGPP, FTC, NHAS, Rdmap, ST]***

Key Activities:

- *Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.*
  - *Continue to host Quality of Life workgroup meetings that started in Houston on 03/21/22 and were co-hosted by CPG and the RWPC.*
  - Continue to host Racial and Social Justice workgroup meetings that started in Houston on 04/15/21 and were co-hosted by CPG and the RWPC.

- The purpose of both activities is to develop tools that can measure quality of life, integrate these tools into all Houston planning processes and respond appropriately to the results of the data collected through the tools.
- *The long term goal is to share the tools with other communities for comparison and encourage CDC and HRSA to add a fifth pillar that uses a variety of such tools and is dedicated to addressing quality of life concerns.*

Key Partners: *People with HIV, CPG, RWPC, HHD, Houston Area HIV Data Committee (HDC).*
Potential Funding Resources: *HHD.*
Estimated Funding Allocation: *$20,000.*

Goal 5B: ***Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. [NHAS]***

Key Activities: *To be determined (TBD) by RWHAP Quality Management staff.*
Key Partners: *Persons with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, HDC.*
Potential Funding Resources: *N/A.*
Estimated Funding Allocations: *N/A.*
Monitoring Data Source: *Centralized Patient Care Management System (CPCDMS) and Take Charge Texas (TCT) client level data systems.*

Goal 5C: ***Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. [NHAS]***

Key Activities: *TBD by RW Quality Management staff.*
Key Partners: *People with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, HDC.*
Potential Funding Resources: *N/A.*
Estimated Funding Allocations: *N/A.*
Monitoring Data Source: *CPCDMS and TCT.*

Goal 5D: ***Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. [NHAS]***

Key Activities: *TBD by RW Quality Management staff.*
Key Partners: *People with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, Houston area food banks, local churches, HDC.*
Potential Funding Resources: *N/A.*
Estimated Funding Allocations: *N/A.*
Monitoring Data Source: *CPCDMS and TCT.*

Goal 5E: ***Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. [NHAS]***

Key Activities: *TBD by RW Quality Management staff.*
Key Partners: *People with HIV, Ryan White Administrative Agencies, CPG, RWPC, HDC.*
Potential Funding Resources: *N/A.*
Estimated Funding Allocations: *N/A.*
Monitoring Data Source: *CPCDMS, TCT, and employment records.*

Goal 5F: ***Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. [NHAS]***

Key Activities: *TBD by RW Quality Management staff.*
Key Partners: *People with HIV, Ryan White Administrative Agencies, CPG, RWPC, Housing Agencies, HOPWA and other housing funders, HDC.*
Potential Funding Resources: *HOPWA.*
Estimated Funding Allocations: *TBD.*
Monitoring Data Source: *CPCDMS and TCT*

Goal 5G: ***Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data.***

Key Activities:

- *In Spring of 2022, members of the Quality of Life Workgroup met with representatives from Houston area institutions, universities and agencies that collect HIV-related data. The purpose was to assess how much and what kinds of data are being collected, and how it is being used. Workgroup members were especially interested in identifying data that could be used to measure quality of life indicators. Therefore, several additional individuals were invited to participate because of their work in quality of life issues beyond the HIV field. Participants were amazed by the types of data being collected and the fact that very few of the people in the meeting knew each other or were aware of the work that the other was doing.*
    - *Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.*

Key Committed Partners: *HHD/Bureau of HIV, HCPH/RWGA, CPG, RWPC, PACHA, Positive Women's Network – USA and Houston Chapter, Cizik School of Nursing, UTHealth, South Central AETC, Baylor College of Medicine, University of Houston Graduate School of Social Work, Houston Food Bank.*
Potential Funding Resources: *NA*
Estimated Funding Allocations: *NA*

Monitoring Data Source: *CPCDMS, TCT, and other data held by institutions listed above as Key Committed Partners.*

SECTION VI: IMPLEMENTATION, MONITORING AND JURISDICTIONAL FOLLOW UP

The goal of the implementation, monitoring and jurisdictional follow up is to assess successful implementation of the 2022-26 Integrated HIV Prevention and Care Services Plan (**2022 Integrated Plan**) as measured by:

1. Completion of stated goals and objectives; and
2. Annual progress toward the completion of stated goals and objectives.

In the 2022 guidance for integrated HIV prevention and care services planning, the Health Resources and Services Administration (**HRSA**) and the Centers for Disease Control and Prevention (**CDC**) require that a process and plan be in place to monitor and evaluate progress toward Plan goals and objectives. This emphasis on evaluation is reflective of a *national* trend toward increased accountability, careful monitoring, constant re-evaluation of how scarce HIV resources are allocated, and the impact these resources are having on the HIV epidemic.

When determining its approach to the 2022 Integrated Plan, the Houston Area Ryan White Planning Council (**RWPC**) and Houston HIV Prevention Community Planning Group (**CPG**), i.e. the two Houston area HIV planning bodies, as well as local partners, consumers, and others will continue working together to determine measures that will be employed to provide evaluation activities throughout the integrated planning process. They will continue to ensure that the resulting process will adhere to SMART (Specific, Measurable, Achievable, Realistic, and Time-Phased) criteria with clear quantifiable measures of the anticipated impact on the Houston area HIV epidemic.

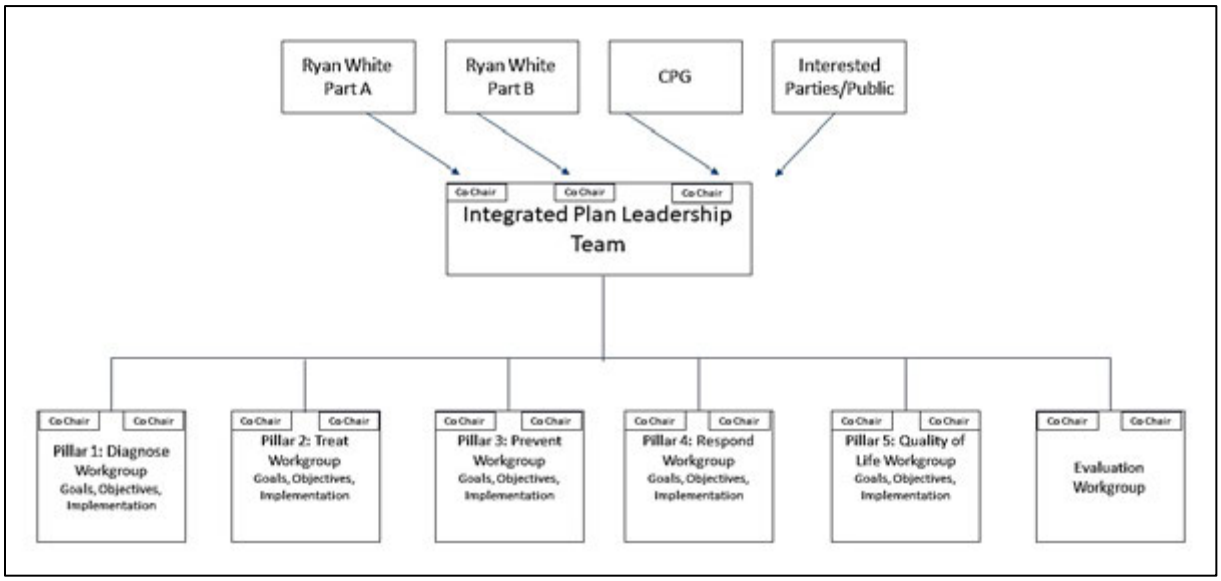
- **Planning Principles.**
  1. Each goal will list the responsible parties, potential non-responsible collaborative partners, and the timeframe for completion; and
  2. Terminology used in goals, objectives, activities, and benchmarks will be standardized and/or defined.

- **Integrated Plan Evaluation Workgroup.** Each of four workgroups will collaborate with the responsible parties to implement the goals, objectives and activities and to develop SMART criteria for each goal. The Integrated/EHE Plan Evaluation Workgroup will oversee all evaluation-related components of the planning process. Evaluation Workgroup membership will include subject matter experts in epidemiology, disease surveillance, research methods, strategic planning, and HIV-related outcome measures in prevention and care, consumers, as well as planning body and agency representatives. The Integrated/EHE Plan Evaluation Workgroup will convene on a regular basis to review the status of goals and objectives, provide explanation of outcomes, identify areas of course correction, assess direction of stated goals and objectives, and report findings to the planning bodies regularly. The workgroup members and planning body staff will work with the responsible parties to make adjustments before the next evaluation period.

Activities to monitor, evaluate, and disseminate 2022 Integrated Plan/EHE Plan implementation progress, as well as collect iterative feedback from stakeholders, will be conducted as follows:

- HHD Bureau of Epidemiology staff will update the Houston EMA Care Continuum, and planning body support staff will continue to link it to the RWPC website.
- Planning body support staff will review goals and objectives and inform responsible parties of the status of their assigned tasks. (Beginning January 2023; bi-annually thereafter)
- Both the RWPC and CPG will receive progress updates on 2022 Integrated/EHE Plan goals and objectives (Beginning August 2023; bi-annually thereafter)
- The Integrated/EHE Plan Evaluation Workgroup will convene on a regular basis to review the status of goals and objectives, provide explanation of outcomes, identify areas of course correction, assess direction of stated goals and objectives, and report findings to the staff and planning bodies (Beginning at the all-day RWPC Orientation in January 2024; annually thereafter)
- Planning body support staff will conduct a document review and archive reports produced by responsible parties containing information about stated objectives and efforts (Beginning at the all-day RWPC Orientation in January 2024; annually thereafter)
- Planning body support staff will compile an evaluation report following the annual Evaluation Workgroup review process and present the report to planning bodies (Beginning at the all-day RWPC Orientation in January 2024; annually thereafter)
- Planning body support staff will update the 2022 Integrated Plan Dashboard detailing progress on stated goals and objectives, which will be featured on the RWPC website (Beginning February 2024; annually thereafter)

Figure 1: Structure for Implementing, Monitoring and Evaluating the 2022 Integrated Plan



As indicated in the above diagram, the Comprehensive Plan Leadership Team will be led by three co-chairs representing Ryan White Part A, Part B and the CPG. Goals and activities described in the 2022 Integrated Plan will be implemented by various partners and staff from the Houston Health Department (**HHD**), Harris County Public Health (**HCPH**), CPG and RWPC. All planning goals and activities will be monitored by one of the following workgroups: Diagnose, Treat, Prevent, Respond and Quality of Life. Figure 1 is a depiction of the structure that will be used to make decisions regarding revisions and improvements to the plan. Workgroups will monitor

activities. The Evaluation Workgroup will collect and evaluate data to measure the results of each activity. Workgroups will send their recommendations to the Integrated Plan Leadership Team, which will make final decisions based up recommendations received.

To support robust attendance and engagement in the process, all Integrated Planning Workgroup members, including planning body and community members, will receive email reminders of upcoming meetings at least one week prior to meeting, with additional email reminders sent the business day before to each meeting. Each reminder will include an agenda, minutes from the previous meeting, and a packet of materials that would be covered in the upcoming meeting. Employees of the planning bodies will provide staff support to the Workgroups and Leadership Team.

A survey will be conducted with Workgroup and Leadership Team membership mid-way through the Comprehensive Plan development process to assess personal and professional representation from priority populations and organizations.

Figure 2: Example of a Monitoring Checklist from the 2017-2021 Comprehensive Plan

Strategy to Address the Needs of Special Populations

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status & Brief Progress Narrative
Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity.	RWGA; TRG; HHD	*Potential non-RP partners:* RWPC	Annually	RWGA staff; TRG staff; HHD staff; volunteers	HIV prevention and care services clients	Standards of Care modified		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Review and revise client satisfaction survey tool to measure provision of culturally and linguistically appropriate services.	RWGA; TRG		2018	RWGA staff; TRG staff;	HIV prevention and care services clients	Resulting method and measurement		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Educate providers serving special populations about routine HIV testing and PrEP, and promote inclusion of routine HIV testing and PrEP education in policies, procedures, and practices to facilitate linkage to care.	HHD; CPG; RWPC	*Potential non-RP partners:* TDSHS – rural areas; AETC	Annually	HHD PrEP Coordinator ; HHD CPG support staff; RWPC-OS; Project PrIDE; possibly Gilead Project FOCUS if not COI	Private providers; special populations	Education materials developed/used; list of providers educated; increase in routine testing		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Partner with SIRR to develop a process for tracking linkage for recently released PLWH.	TRG; RWGA	*Potential non-RP partners:* SIRR; HCSO	2019	TRG staff (ARIES); SIRR members; RWGA staff (CPCDMS and QM)	Incarcerated and recently released	Tracking process in place; any necessary adjustments made to ARIES/CPCDMS		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status & Brief Progress Narrative
Explore feasibility of cooperation between RWGA and HCD to provide assisted living facility service aging PLWH.	RWGA; RWPC	*Potential non-RP partners:* HCD	2018	RWGA staff; RWPC-OS; HCD staff; volunteers	Aging PLWH; homeless PLWH	Report exploring feasibility created		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate.	RWPC; HHD	*Potential non-RP partners:* TDSHS	2017 *Include as needed in each Epi Profile*	RWPC-OS; HHD staff	Special populations for which data are available	Completed continuums		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Train PrEP providers and prevention workers on best practices for educating and promoting PrEP among special populations.	HHD		Annually	HHD staff; Project PrIDE	PrEP providers & prevention workers; HIV negative individuals in special populations	Training occurred; increased testing of members in special populations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Expand distribution of HIV testing and PrEP information and resources to healthcare providers. *(See also: Prevention and Early Identification Strategy)*	HHD; CPG	*Potential non-RP partner:* Task Forces	Annually	HHD CPG support staff; HHD Task Force liaisons; volunteers	HIV negative and status unaware in high-incidence areas	Information distributed; New diagnoses in high-incidence areas decreased		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Coordinate a workgroup to develop and secure funding for tailored public service announcements for each special population educating the community on the benefits of Treatment as Prevention.	RWPC; CPG	*Non-RP partners:* Actors for PSAs; Community partners	2020	RWPC-OS; actors; community partners (distribution and possibly to help fund)	Special populations, PLWH	PSAs created		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training. *(See also: Coordination of Effort Strategy)*	RWGA; TRG		2017	RWGA staff; TRG staff	Youth, homeless PLWH	List of best practices compiled; training occurred		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. *(See also: Gaps in Care Strategy)*	RWPC; RWGA	*Non-RP partners:* City of Houston; Homeless Coalition; homeless services providers	2018	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Provide training to DIS staff on data collection for transgender and other special population clients.	HHD	*Potential non-RP partners:* TDSHS	Annually	HHD staff	Special populations (especially transgender)	Training provided		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Collaborate with City of Houston Housing and	RWPC	*Potential non-RP partners:* HCD	2018	RWPC-OS	HOPWA/housing clients;	HOPWA care continuums created;		☐ Complete (C)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status & Brief Progress Narrative
Community Development Department on development of a local Housing Unmet framework and local Housing Care Continuums, including special populations to the extent feasible. *(See also: Gaps in Care Strategy)*					homeless PLWH	engagement and retention activities developed and implemented		☐ In Progress (P) ☐ Not Initiated (NI)
Explore additional Need Assessment activities (including utilization of local data systems) to assess causes of loss to care among special populations.	RWPC; HHD		2018	RWPC-OS; HHD staff; ECLIPS	Special populations; Out of Care PLWH	Report of causes for loss to care for PLWH in special populations		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)
Train surveillance staff to enhance data collection on transgender community.	HHD	*Potential non-RP partners:* HHD Surveillance Bureau	TBD	HHD staff; HHD Surveillance Bureau staff	MSM, transgender	Training provided; sex/gender field in data reports includes transgender		☐ Complete (C) ☐ In Progress (P) ☐ Not Initiated (NI)

December 1, 2022

Dear Project Officers, Colleagues, and Community Members:

The Houston Ryan White Planning Council (RWPC), the planning body for Ryan White Part A, Part B and Texas State Services funding is pleased to announce **concurrence** with the following submission by Harris County Public Health/Ryan White Grant Administration in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan.

The Texas Department of State Health Services (TDSHS) has been meeting with representatives from the greater Houston area as they prepare the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026. TDSHS has requested an extension of the SCSN submission deadline. The RWPC will provide a letter of concurrence for that plan once the State completes it.

The Houston RWPC has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning body concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and Program guidance.

The 2022 Integrated Plan is a collaborative project of the organizations listed below. The Plan represents coordination across multiple funding streams and programs, including DHAP funding for HIV prevention services in Houston/Harris County; HAB Ryan White Program Part A funding for HIV care and treatment services in the Houston Eligible Metropolitan Area (EMA); and HAB Ryan White Program Part B and Texas Department of State Health Services State HIV Services funding for HIV care and treatment services in the Houston Health Service Delivery Area (HSDA). Moreover, the Plan encompasses cooperative planning within the Houston Area HIV prevention and care system, and between the local HIV system and other local, state, and national health and social service sectors.

The planning body approved the Plan submission to the CDC and HRSA in November 2022 and verifies that it describes how programmatic activities and resources are to be allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. The planning body **concurs** that the Plan submission fulfills requirements put forth by the Funding Opportunity Announcement PS12-1201 and Ryan White HIV/AIDS Program legislation and program guidance.

The signature below **confirms** the concurrence of the Houston Ryan White Planning body with the 2022 Integrated HIV Prevention and Care Plan.

Sincerely,

Crystal Renee Starr

Crystal Renee Starr, Chair
Houston Ryan White Planning Council

HOUSTON

YOUR TRUSTED COMMUNITY PLANNING GROUP SINCE 1994

December 1, 2022

CDC
Grants Management Officer
Grants Management Branch, Procurement and Grants Office
Funding Opportunity Announcement PS12-1201
Centers for Disease Control and Prevention, MS E-15
2920 Brandywine Road, Room 300
Atlanta, GA 30341-4146

Dear Project Officers, Colleagues, and Community Members:

The Houston Community Planning Group (CPG), the Houston area planning body for CDC's Division of HIV/AIDS Prevention (DHAP), is pleased to announce **concurrence** with the following submission by the Houston Health Department Bureau of HIV/STD Prevention in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan.

The Texas Department of State Health Services has been meeting with representatives from the Greater Houston Area as they prepare the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026, but has requested an extension on the date for submitting the State Plan. Hence, CPG will provide a letter for that plan at a later date.

The Houston CPG was reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning body concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and Program guidance.

The 2022 Integrated Plan is a collaborative project of the organizations listed below. The Plan represents coordination across multiple funding streams and programs, including DHAP funding for

HIV prevention services in Houston/Harris County; HAB Ryan White Program Part A funding for HIV care and treatment services in the Houston Eligible Metropolitan Area (EMA); and HAB Ryan White Program Part B and Texas Department of State Health Services State HIV Services funding for HIV care and treatment services in the Houston Health Service Delivery Area (HSDA). Moreover, the Plan encompasses cooperative planning within the Houston Area HIV prevention and care system, and between the local HIV system and other local, state, and national health and social service sectors.

The planning body approved the Plan submission to the CDC and HRSA in October 2022 and verifies that it describes how programmatic activities and resources are to be allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. The planning body **concurs** that the Plan submission fulfills requirements put forth by the Funding Opportunity Announcement PS12-1201 and Ryan White HIV/AIDS Program legislation and program guidance.

The signature below **confirms** the concurrence of the HIV Prevention Community Planning Group with the 2022 Integrated HIV Prevention and Care Plan.

Sincerely,

Sincerely,

Ivan Prater
Governmental Co-Chair

11/28/2022
Date

Dominique Quinn
Community Co-Chair

11/28/2022
Date

APPENDIX 1: HOUSTON AREA 2022 INTEGRATED HIV PREVENTION AND CARE PLAN

CY 2022 – 2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Legend: 22 IP = 2022 Integrated Plan

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section I: Executive Summary of Integrated Plan and SCSN	*Purpose:* To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission Tips for meeting this requirement 1. Be sure to write the summary with enough detail to ensure the reader understands how you have met Integrated Plan requirements. 2. If you are using a combination of new and existing materials, be sure to describe how submitted materials relate to each other.		
1. Executive Summary of Integrated Plan and SCSN	Provide an overall description of the Integrated Plan, including the SCSN, and the extent to which previous/other plans/SCSNs inform this plan/SCSN, or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.	*New material required*	
a. Approach	Describe approach to preparing the Integrated Plan submission (e.g., updated previously submitted plan, integrated sections of existing plans or other documents, developed an entirely new plan, etc.).	*New material required*	
b. Documents submitted to meet requirements	List and describe all documents used to meet submission requirements, including existing materials and newly developed materials used for each requirement.	*New material required*	**22 IP:** Pg. 6, Paragraph 3

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section II: Community Engagement and Planning Process	*Purpose:* To describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. Review of the HIV National Strategic Plan and the updated HIV strategy, when released. 2. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. 3. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements. 4. The community engagement process should reflect the local demographics. 5. The planning process should include key stakeholders and broad-based communities that include but are not limited to: people with HIV, funded-service providers, and stakeholders, especially new stakeholders, from disproportionately affected communities. See *Appendix 3* for required and suggested examples of stakeholders to be included. 6. Explain how the jurisdiction will build collaborations among systems of prevention and care relevant to HIV in the jurisdictions (e.g., behavioral health and housing		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	services). 7. Include community engagement related to "Respond" and support of cluster detection activities.		
1. Jurisdiction Planning Process	Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans such as the EHE plan. Please be sure to address the items below in your description	*New material required* 2016 - 2021 Roadmap to Ending the Houston HIV Epidemic 2022 Ending the HIV Epidemic in Houston/Harris County	**22 IP:** Pgs. 7 - 22
a. Entities involved in process	List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See *Appendix 3* for list of required and suggested stakeholders	*New material required*	**22 IP:** Pgs. 7 - 22
b. Role of the RWHAP Part A Planning Council/ Planning Body (not required for state-only plans)	Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	Existing structures and decision making processes	**22 IP:** Pgs. 7 - 22
c. Role of Planning Bodies and Other Entities	Describe the role of CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the	Existing structures and decision making processes	**22 IP:** Pgs. 7 - 22

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.		
d. Collaboration with RWHAP Parts – SCSN requirement	Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.	Existing structures and decision making processes	**22 IP:** Pg. 21
e. Engagement of people with HIV – SCSN requirement	Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.	Combination of new and old data **Houston 2022 HIV Data Packet:** https://bit.ly/InfoPacketDRAFT3_10-07-22	**Data Packet:** Pgs. 1-52 **22 IP:** Pgs. 7 - 22
f. Priorities	List key priorities that arose out of the planning and community engagement process.	Existing structures and decision making processes	**22 IP:** Pg. 22
g. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan as a result of updates	N/A	N/A

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	assessments and community input. 4. Any changes made to the planning process as a result of evaluating the planning process.		
Section III: Contributing Data Sets and Assessments	<u>*Purpose:*</u> To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps in the service delivery system. This section fulfills several legislative requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. *Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county*. 2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements. 3. Include both narrative and graphic depictions of the HIV-related health disparities in the area including		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	information about HIV outbreaks and clusters. 4. The data used in this section should inform both the situational analysis and the goals established by the jurisdiction. 5. Appendix 4 includes suggested data resources to assist with this submission including the Epidemiologic Snapshot		
1. Data Sharing and Use	Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.	**FY 2020 Summary of Service Categories**: https://bit.ly/SvcCatInfoSummaries	**Summ. of Service Categories**: Pgs. 1-3 **22 IP**: Pgs. 22 - 34
2. Epidemiologic Snapshot	Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction which uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction showing burden of HIV in the jurisdiction.	**2019 Houston Area HIV Epidemiological Profile:** https://bit.ly/2019EpiProfile and the **2021 Houston Area Epidemiological Supplement:** https://bit.ly/2021EpiSupplement	**2019 Profile:** Pgs. 11-15 **2021 Supplement:** Pgs. 3-5 **22 IP:** Pgs. 35 - 42

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
3. HIV Prevention, Care and Treatment Resource Inventory	Create an HIV Prevention, Care and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address **all** of the following information in order to be responsive: • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. • Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services. • Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves. • Describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.	*New material required*	**22 IP:** Pgs. 43 - 56
a. Strengths and Gaps	Please describe strengths and gaps in the HIV prevention, care and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools such as	*New material required*	**22 IP:** Pgs. 44

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	injectable antiretrovirals, and other environmental impacts.		
b. Approaches and partnerships	Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	*New material required*	**22 IP:** Pgs. 45
4. Needs Assessment	Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including: 1. Services people need to access HIV testing, as well as the following status neutral services needed after testing: a. Services people at-risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs 2. Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression – Needs 3. Barriers to accessing existing HIV testing, including State laws and regulations, HIV prevention services, and HIV care and treatment service – Accessibility	**Houston 2022 HIV Data Packet:** https://bit.ly/InfoPacketDRAFT3_10-07-22	**Data Packet:** pg. 220 **22 IP:** Pgs. 57 - 59
a. Priorities	List the key priorities arising from the needs assessment process.	*2021 material*	**22 IP:** Pg. 58
b. Actions Taken	List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	*New material*	**22 IP:** Pg. 58

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
c. Approach	Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in *Appendix 3.*	*New material*	**22 IP:** Pg. 58
Section IV: Situational Analysis	Purpose: To provide an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities. This snapshot should synthesize information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III. Tips for meeting this requirement 1. New or existing material may be used; however, existing material will need to be updated if used. 2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN. 3. Jurisdictions may submit the Situational Analysis submitted as part of their EHE Plan to fulfill this requirement. *However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.* If using EHE plans to fulfill this requirement, be sure to include updates as noted below.		
1. Situational Analysis	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues impacting populations disproportionately	*New material*	**22 IP:** Pgs. 59 - 66

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections. The situational analysis should include an analysis in each of the following areas: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them *Please note jurisdictions may submit other plans to satisfy this requirement, if applicable to the entire HIV prevention and care service system across the jurisdiction*		
a. Priority Populations	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.	*New material* **Houston HIV Resource Guide "The Blue Book":** https://bit.ly/21-22BlueBook and the **Mini Blue Book for the Incarcerated:** https://bit.ly/MiniBB_HCSO-2022	**22 IP:** Pg. 66

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section V: 2022-2026 Goals and Objectives	*Purpose:* To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding. Tips for meeting this requirement: 1. *Recipients may submit plans (e.g., EHE, Getting to Zero, Cluster and Outbreak Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care delivery system and geographic area*. 2. Goals and objectives should be in SMART format and structured to include strategies that accomplish the following: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them 3. The plan should include goals that address both HIV prevention and care needs and health equity.		
1. Goals and Objectives Description	List and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent and respond to HIV. Be sure the goals address any barriers or needs identified during the planning process. There should be at least 3 goals and	*New material*	**22 IP**: Pgs. 67 - 79

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	objectives for each of these four areas. See *Appendix 2* for suggested format for Goals and Objectives. *Please note jurisdictions may submit other plans to satisfy this requirement as long as they include goals that cover the entire HIV prevention and care service delivery system and geographic area.*		
a. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made as a result of analysis of data.	N/A	N/A
Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up	*Purpose:* To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases: 1. Implementation 2. Monitoring 3. Evaluation 4. Improvement 5. Reporting and Dissemination Tips for meeting this requirement 1. This requirement may require the recipient to create some new material or expand upon existing materials. 2. Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process. 3. If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	taken to accomplish each of the 5 phases.		
1. 2022-2026 Integrated Planning Implementation Approach	1. Describe the infrastructure, procedures, systems or tools that will be used to support the 5 key phases of integrated planning to ensure goals and objectives are met	*New material*	**22 IP:** Pgs. 80 - 84
a. Implementation	2. Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdictions Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding.	*New material*	**22 IP:** Pgs. 80 - 84
b. Monitoring	3. Describe the process to be used for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination. *Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.*	*New material*	**22 IP:** Pgs. 80 - 84

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
c. Evaluation	4. Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts analysis of the performance measures and presents data to the planning group.	*New material*	**22 IP:** Pgs. 80 - 84
d. Improvement	5. Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made.	*New material*	**22 IP:** Pgs. 80 - 84
e. Reporting and Dissemination	6. Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation and improvements made to the plan.	*New material*	**22 IP:** Pgs. 80 - 84
f. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions made based on work completed.	N/A	N/A
Section VII: Letters of Concurrence	Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction. See Appendix 6 for a sample		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	Letter of Concurrence.		
1. CDC Prevention Program Planning Body Chair(s) or Representative(s)		*New material*	**22 IP:** Pg. 86 - 87
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)		*New material* *The Part A and Part B Planning bodies are the same*	**22 IP:** Pg. 85
3. RWHAP Part B Planning Body Chair or Representative		*Same as 2 above*	**22 IP**: Pg. 85
4. Integrated Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.	*Same as 1 and 2 above*	
5. EHE Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.	*Same as 1 and 2 above*	