DRAFT

Houston Area HIV Services Ryan White Planning Council

2012 Comprehensive HIV Services Plan
GAPS IN CARE AND OUT-OF-CARE WORKGROUP

12:00 p.m., Wednesday, September 14, 2011
Meeting Location: 2223 W. Loop South, Room #240

AGENDA

I. Call to Order — David Garner, Co-Chair
   A. Welcome
   B. Moment of Reflection
   C. Adoption of the Agenda
   D. Introductions & Ice-Breaker – *What interests you about this workgroup?*

II. Discussion of Workgroup Expectations — David Garner, Co-Chair
   A. Review of Membership Requirements, Voting Rules, and Quorum
   B. Refresher of 2012 Comprehensive Planning Process — Jennifer Hadayia, Health Planner, Office of Support
   C. Review of Relevant 2012 HRSA Guidance
   D. Review of Workgroup Role Description; and Discussion of Overall Workgroup Process
   E. Review of Milestones Timeline; and Ensuring "Synergy"
   F. Introduction to Core Planning Binder

III. Step 1: *Identify Key Questions for Exploration* — Jennifer Hadayia, Health Planner, Office of Support
   A. Review of Trends Related to Workgroup
      1. *Service-Utilization Patterns*
      2. *Out-of-Care*
   B. Mind-Mapping Exercises — Workgroup Members
      1. *Envisioning the Ideal System*
      2. *Brainstorm Key Questions for Exploration*
      3. *Prioritize Research Questions*
      4. *Identify Sources of Information (e.g., reports, plans, coalitions, primary data, etc.)*
   C. Discussion of Data Collection Process

IV. Next Steps — David Watson, Co-Chair
   A. Review of Tasks and Assignments

B. What to Expect at the Next Meeting
C. Meeting Schedule
D. Feedback on Process to Date – *How is it going so far? How can we improve?*

V. Announcements

VI. Adjourn

Houston Area HIV Services Ryan White Planning Council
Office of Support

2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

2012 Houston Area Comprehensive HIV Services Plan
MEMBERSHIP ROSTER
Last Updated 8-Sep-11

LEADERSHIP TEAM

First Meeting: *September 26, 2011, 2:00 PM Room #416*

Co-Chairs:

- Sherifat Akorede, representing Ryan White Planning Council (Ryan White Program Part A)
- Tam Kiehnhoff, representing Ryan White Program Part B
- Cristan Williams, representing City of Houston HIV Prevention Community Planning Group

Members:

1. Roberto A. Andrade, MD, Thomas Street Health Center; Assistant Professor-Infectious Diseases, Baylor College of Medicine-Houston; and Medical Director, AETC-Houston
2. Ray Andrews, Houston Crackdown
3. Melody Barr, Housing Opportunities for People with AIDS (HOPWA)
4. Jeffrey Benavides, Latino Task Force
5. David Benson, Aid to County Commissioner El Franco Lee
6. Ron Cookston, Gateway to Care
7. Roy Delesbore, Texas Department of State Health Services, Region 6
8. David Garner, Houston Ryan White Planning Council; and *Gaps in Care and Out of Care Workgroup Co-Chair*
9. Rodney Goodie, St. Hope Foundation
10. Pam Green RN, Memorial Hermann Hospital System; and *Coordination of Effort Workgroup Co-Chair*
11. Charles Henley, Ryan White Grant Administration
12. Monica James, Gateway to Care
13. Anna Langford, The Houston Regional HIV/AIDS Resource Group
14. Michael Lawson, External Member-Ryan White Planning Council
15. Amy Leonard, Legacy Community Health Services; and *Prevention and Early Identification Workgroup Co-Chair*
16. Sam Lopez, Harris County Jail, representing Serving the Incarcerated and Recently Released (SIRR)
17. Nike Lukan, Chair, African American State of Emergency Task Force; AIDS Foundation Houston
18. Ken Malone, Harris County Hospital District; and *Prevention and Early Identification Workgroup Co-Chair*
19. Aundrea Matthews, PhD Candidate, Rice University
20. Mary Jo May, Chair, Board of Directors, Partners for Community Health
21. Scot More, Coalition for the Homeless of Houston/Harris County

22. Cecilia Smith-Ross, Chair, Houston Ryan White Planning Council; and Founder, Living Without Limits Living Large Inc.
23. Bruce Turner, M-PACT; and *Coordination of Effort Workgroup Co-Chair*
24. Steven Vargas, Association for the Advancement of Mexican Americans (AAMA); and *Evaluation Workgroup Co-Chair*
25. David Watson, Supervisor, Mobile Van Testing Program, Houston Department of Health and Human Services; and *Special Populations Workgroup Co-Chair*

EVALUATION WORKGROUP

First Meeting: *September 6, 2011, 1:00 PM Room #532*

Co-Chairs

- Steven Vargas, Association for the Advancement of Mexican-Americans (AAMA)
- TBD

Members:

1. Ben Barnett, MD, Associate Professor of Medicine, University of Texas Health Science Center
2. Camden Hallmark, Houston Department of Health and Human Services
3. Judy Hung, Ryan White Grant Administration
4. Kevin Jackson, Community Member
5. Anna Langford, The Houston Regional HIV/AIDS Resource Group
6. Sam Lopez, Harris County Jail
7. Ken Malone, Harris County Hospital District
8. Aundrea Matthews, PhD Candidate, Rice University
9. Osaro Mgbere, Houston Department of Health and Human Services
10. Nicholas Sloop, Houston Department of Health and Human Services
11. Erik Soliz, Houston Department of Health and Human Services
12. Bruce Turner, M-PACT
13. Lena Williams, Baylor College of Medicine, Project LEAP

GAPS IN CARE AND OUT-OF-CARE WORKGROUP

First Meeting: *September 14, 2011, 12:00 PM Room #240*

Co-Chairs:

- David Garner, Houston Ryan White Planning Council
- TBD

Members:

1. Jeff Benavides, Harris County Hospital District
2. Januari Leo, Legacy Community Health Services
3. Ken Malone, Harris County Hospital District
4. Charolyn Mosley, Goodwill – Project Hope
5. Cecilia Smith-Ross, Chair, Houston Ryan White Planning Council; and Founder, Living Without Limits Living Large Inc.
6. Cristan Williams, Transgender Foundation of America

PREVENTION AND EARLY IDENTIFICATION WORKGROUP

First Meeting: *September 26, 2011, 2:00 PM Room 240*

Co-Chairs:
- Ken Malone, Harris County Hospital District
- Amy Leonard, Legacy Community Health Services

Members:
1. Sherifat Akorede, Houston Department of Health and Human Services
2. Roy Delesbore, Texas Department of State Health Services, Region 6
3. Pam Green, Memorial Hermann Hospital System
4. Brenda Harrison, Planned Parenthood Gulf Coast
5. Kevin Jackson, Community Member
6. Michael Lawson, External Member-Ryan White Planning Council
7. Nike Lukan, AIDS Foundation Houston
8. Roslyn Rose, Pink Rose-Saving Our Community Kids…Seniors (SOCKS)
9. Robert Smith, External Member-Ryan White Planning Council
10. Simone Woodage, Sex Education for Parents of Teenagers and Preteens (SEFPOT)

SPECIAL POPULATIONS WORKGROUP

First Meeting: *September 26, 2011, 10:00 AM Room #240*

Co-Chairs:
- David Watson, Mobile Van Testing Program, Houston Department of Health and Human Services
- TBD

Members:
1. Ray Andrews, Houston Crackdown
2. Kristina Arscott, Healthcare for the Homeless
3. Michael Bass, AIDS Foundation Houston
4. Jeff Benavides, Latino Task Force
5. (tent) Antoinette Boone, Housing Opportunities for People with AIDS (HOPWA)
6. Morenike Giwa
7. Kevin Jackson, Community Member
8. Sam Lopez, Harris County Jail
9. Scot More, Coalition for the Homeless of Houston/Harris County
10. Maxine Young, AIDS Foundation Houston

COORDINATION OF EFFORT WORKGROUP

First Meeting: *September 26, 2011, 1:00 PM Room #240*

Co-Chairs:
- Bruce Turner, M-PACT
- Pam Green, Memorial Hermann Hospital System

Members:
1. Sherifat Akorede, Houston Department of Health and Human Services
2. Dr. Gayle Alstot, The Center for AIDS Information and Advocacy

3. Dr. Roberto A. Andrade, Thomas Street Health Center
4. Ray Andrews, Houston Crackdown
5. Melody Barr, Housing Opportunities for People with AIDS (HOPWA)
6. Ron Cookston, Gateway to Care
7. Monica James, Gateway to Care
8. Tam Kiehnhoff, Triangle AIDS Network
9. Carin Martin, Ryan White Grant Administration
10. Aundrea Matthews, PhD Candidate, Rice University
11. Ryan Rushing, Walgreens

2012 Houston Area HIV/AIDS Comprehensive Planning Process

Membership Requirements, Voting Rules and Quorum

On 08-22-11, the following was agreed upon at a joint meeting of the Comprehensive HIV Planning and Ad Hoc EIIHA Strategy Committees and by others who have agreed to participate in the 2012 Houston Area HIV/AIDS Comprehensive Planning process:

All Workgroups

Quorum for the Workgroups is defined as:

- *Must be one PWA present, not including a Chair.*
- *At least 3 voting members present (including a chair).*

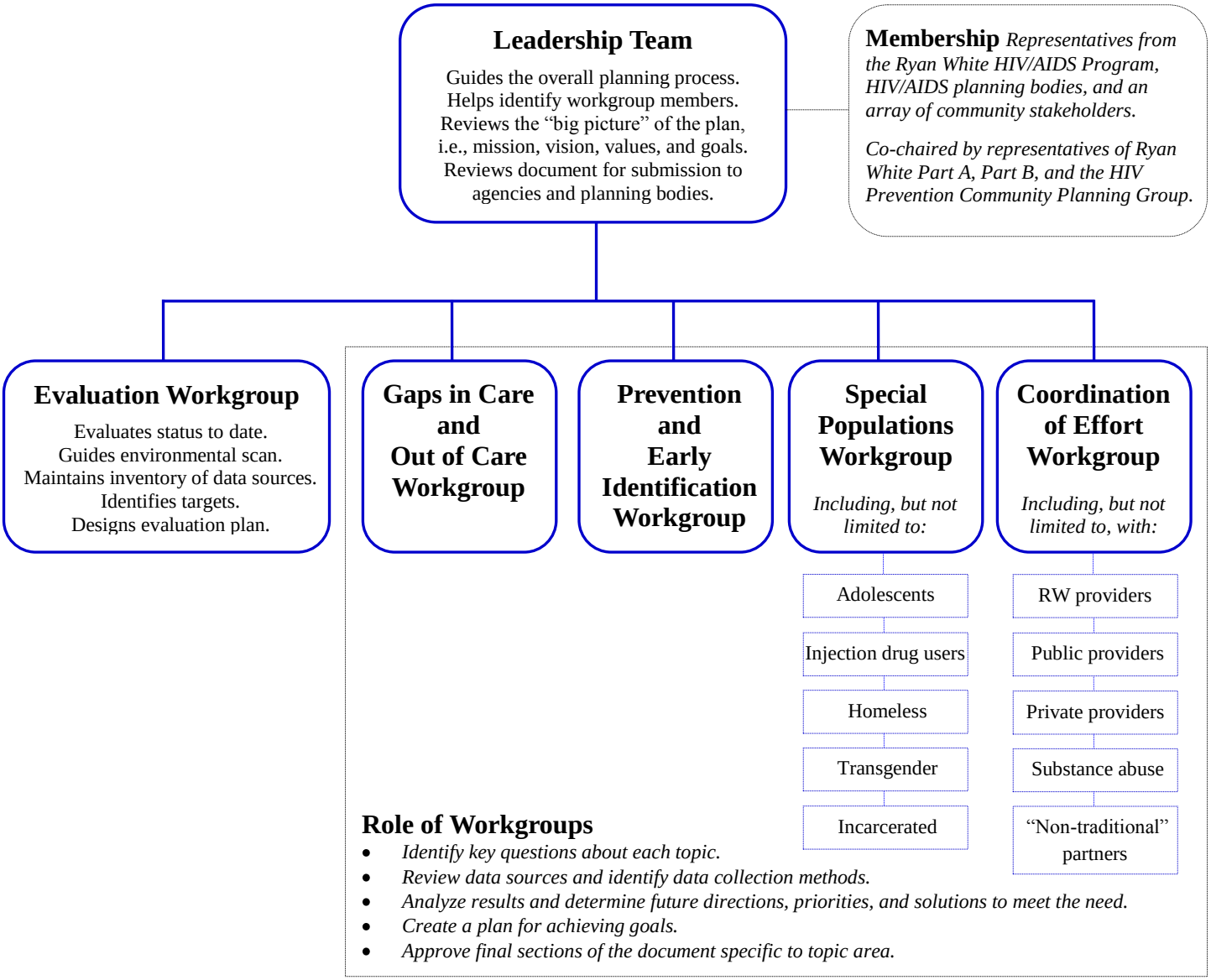
Membership of the Workgroups is defined as follows:

- *No voting at a member's first meeting except for the first meeting of the workgroup.*
- *Each agency gets one vote.*
- *No individual gets more than one vote and proxies are not allowed.*
- *Members must email/call in at least one day in advance, except in an emergency. If a member does not email/call in, they are unexcused.*
- *After 2 unexcused absences, member cannot vote until the next workgroup meeting.*

Members must email Diane Beck (diane.beck@hctx.net) or call the Office of Support (713-572-3724) at least one day in advance, except in an emergency. If a member does not email or call in, they are unexcused.

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

2012 Houston Area Comprehensive HIV Services Plan
ORGANIZATIONAL STRUCTURE



May 20, 2011

HRSA Guidance Regarding Gaps and Out of Care in the 2012 Comprehensive HIV Services Plan

2012 Comprehensive Plan Instructions - Part A

I. *Where are we now?* The purpose of this section is to identify populations in most need of HIV care and services as well as barriers to care, provide an overview of the current state of HIV health care and service delivery, as well as identify progress and shortfalls.

A. Description of the local HIV/A IDS epidemic, at a minimum should include:
- Unmet need estimate for 2010

B. Description of current continuum of care
C. Description of need, at a minimum should include:
- Care needs
- Capacity development needs resulting from disparities in the availability of HIV -related services in historically underserved communities and rural communities

E. Description of gaps in care
G. Description of barriers to care, at a minimum should include current
- Routine testing (including any state or local legislation barriers)
- Program related barriers
- Provider related barriers
- Client related barriers

II. *Where do we need to go?* The purpose of this section is to provide an opportunity to discuss your jurisdiction's vision for an ideal, high quality, comprehensive continuum of care and the elements that shape this ideal system. At a minimum, this section should include the following:

C. Goals regarding individuals *Aware* of their HIV status, but are not in care (Unmet Need)
E. Proposed solutions for closing gaps in care
F. Proposed solutions for addressing overlaps in care

III. *How will we get there?* The purpose of this section is to describe the specific Strategy. Plan, Activities, and Timeline associated with achieving specified goals and meeting identified challenges.

A. Strategy, plan, activities (including responsible parties), and timeline to close gaps in care
B. Strategy, plan, activities (including responsible parties), and timeline to address the needs of individuals *Aware* of their HIV status, but are not in care (with an emphasis on retention in care)
F. How the plan addresses Healthy People 2020 objectives
G. How this plan reflects the Statewide Coordinated Statement of Need (SCSN)
I. Describe how the comprehensive plan addresses the goals of the National HIV/AIDS Strategy (NHAS), as well as which specific NHAS goals are addressed.
J. Discuss the strategy to respond to any additional or unanticipated changes in the continuum of care as a result of state or local budget cuts.

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

2012 Houston Area Comprehensive HIV Services Plan
ROLE DESCRIPTION

Role: **Ad Hoc Workgroups**
Timeframe: **September 2011 – December 2011**

Background

Jurisdictions funded by the Health Resources and Services Administration (HRSA) to provide HIV-related services (a.k.a., the Ryan White HIV/AIDS Program) must have a *Comprehensive HIV Services Plan* in place for their area. The current Houston Area plan expires December 2011, and an updated three-year plan must be submitted to HRSA by May 2012. To achieve this goal, Houston's two HIV planning bodies, the Ryan White HIV/AIDS Program grantees, and other community stakeholders will come together through a series of ad hoc working groups to design solutions and plans for various topics related to HIV care and services, including addressing gaps in care, the needs of certain priority populations, coordination of effort across programs, and the application of new national initiatives.

The development of a Comprehensive HIV Services Plan creates a unique opportunity for all individuals and groups concerned about HIV/AIDS in the Houston area. It allows for service providers, stakeholders, consumers of HIV services, and concerned community members to help determine HIV service priorities as well as help steer the activities of the region's Ryan White HIV/AIDS Programs and planning bodies. Once complete, the plan will serve as guidance for Houston area decision-makers, funders, and service providers as they design and provide HIV services in the future.

Role of the Ad Hoc Workgroups

As noted above, each jurisdiction's comprehensive HIV services plan must outline solutions, strategies, and outcomes for several specific areas of need related to HIV care as outlined in planning guidance from HRSA. These mandatory topics are as follows:

1. Gaps in Care and The Needs of Those Out of Care
2. The Early Identification of People with HIV and Coordination with HIV Prevention
3. The Needs of Special Populations, *including but not limited to*:
    a. Adolescents
    b. Injection Drug Users
    c. Homeless
    d. Transgender
    e. Incarcerated
4. The Need to Coordinate Efforts:
    a. Within Ryan White HIV/AIDS Program providers; and
    b. With Other Types of Providers, *including but not limited to*:
        i. Other Publicly-Funded Providers (e.g., Medicaid, Medicare, SCHIP, VA, WIC, FQHCs, etc.)

ii. Private Providers
iii. Substance Abuse Treatment Programs
iv. "Non-Traditional" Partners

An ad hoc working group will be formed for each of the above *numbered* topic areas. Each Workgroup will be responsible for the following activities relative to their topic:

Step1: Identify key research questions about needs, solutions, and activities; and, as necessary, identify additional data collection requests and opportunities.

Step 2: Review data; and identify future directions, priorities, and solutions.

Step 3: Create a plan for achieving identified goals and ways to measure success; and identify any potential community stakeholders and collaborators to engage.

Products produced by the Workgroups through this process will serve as the "subject matter expertise" on the issue and will be included in the final document as well as integrated into overall plan goals.

Workgroup activities will take place in/between Workgroups meetings occurring September to November 2011. Following that time, Workgroup members may be asked to participate in other planning activities, including the review of draft documents and involvement in the community vetting process, until the plan is complete.

Expectations of Workgroup Members

- Attend Workgroup meetings on a schedule to be determined by the members.
- Review the 2012 Core Planning Binder containing foundational documents for the comprehensive planning process.
- Participate in activities conducted during Workgroup meetings (e.g., Logic Modeling).
- Complete assignments made at Workgroup meetings according to established timelines.
- Provide feedback on Workgroup deliverables.
- Participate in the community vetting process (e.g., surveying, community meetings, etc.).
- Review and provide feedback on draft sections of the plan.

In addition to the above activities, Workgroup Co-Chairs will:

- Facilitate monthly meetings in accordance with Robert's Rules of Order and Open Meeting Law.
- As needed, represent the Workgroup to the Leadership Team and others.
- As needed, fill gaps in the assignments of other Workgroup members.

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

2012 Houston Area Comprehensive HIV Services Plan
MILESTONES TIMELINE

Date[1]	Task
August 22, 2011	Adopt process for 2012 comprehensive planning
September 2, 2011	Confirm Leadership Team, Workgroup members, and Co-Chairs
September 6, 2011	Workgroup meetings begin
September 26, 2011	Leadership Team meetings begin
September 26, 2011	Exploration questions and data sources complete from Workgroups
October 4, 2011	2009 Comp Plan Evaluation process complete with recommendations
October 24, 2011	Data collection complete for Workgroups
November 28, 2011	Logic modeling complete from Workgroups
November 28, 2011	Mission, vision, values, etc. review complete from Leadership Team
December 30, 2011	Draft of Sections II-III complete; reviewed with Workgroups per schedule
January 23, 2012	Approve Sections II-III with Leadership Team
February 7, 2012	Draft of Section IV complete and approved with Evaluation Workgroup
February 7, 2012	Draft of Section I complete
February 2012	Gather input on Sections II-III from community members and stakeholders
February 27, 2012	Sections II-III revised per community input
February 27, 2012	Full draft of plan complete; grantee review; LT review
March 22, 2012	CPG Meeting: Approve 2012 Comp Plan (April 26th Back-Up)
March 26, 2012	LT Meeting: Approve 2012 Comp Plan (April 23rd Back-Up)
March 26, 2012	CHP Meeting: Approve 2012 Comp Plan (April 23rd Back-Up)
April 5, 2012	Steering Committee: Approve 2012 Comp Plan (May 3rd Back-Up)
April 12, 2012	RWPC Meeting: Approve 2012 Comp Plan (May 10th Back-Up)
May 7, 2012	Concurrence letters due
May 21, 2012	2012 Comprehensive Plan due to HRSA

[1] *Dates subject to change; document last updated 09-06-11*

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

2012 Houston Area Comprehensive HIV Services Plan
CORE PLANNING BINDER

TABLE OF CONTENTS

SECTION	DOCUMENT TITLE
I	BACKGROUND
A	2012 Comprehensive HIV Services Plan • AT-A-GLANCE • HRSA "Dear Colleague" Letter: *2012 Comprehensive Plan Instructions for Ryan White HIV/AI DS Program Part A Grants* (May 20, 2011) • Workgroup One-Pager with Meeting Schedule • Role Descriptions • Membership Requirements, Voting Rules, and Quorum • Membership Roster
B	Epidemiological Data • 2011 Houston Area Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning • 2010 Houston Area Integrated Epidemiological Profile for HIV/AIDS Prevention and Care Planning • FY 2011 Ryan White Part A Narrative on Demonstrated Need
C	Needs Assessments • 2011 Houston Area HIV/AIDS Needs Assessment • 2008 Houston Area HIV/AIDS Needs Assessment
D	• 2009 Houston Area Comprehensive HIV Services Plan
II	CURRENT LOCAL & REGIONAL HIV/AIDS PLANS
A	Ryan White HIV/AIDS Programs • Houston Area Continuum of Care • FY 2011 Part A Implementation Plan, including Minority AIDS Initiative (MAI) • FY 2011 Part A *Early Identification of Individuals with HIV/AIDS* (EIIHA) • FY 2010 Part A/B Outcome Measures • 2010 – 2012 Comprehensive Services Plan for the East Texas HIV Administrative Services Area • 2011 City of Houston Housing and Community Development Annual Action Plan (including HOPWA)
B	HIV Prevention • 2010 – 2013 HIV Prevention Comprehensive Plan • Comprehensive HIV Prevention Programs for Health Departments FOA – *Jurisdictional HIV Prevention Planning Application Guidance*

	• 2011 *Enhanced Comprehensive HIV Prevention Planning* (ECHPP) Project Strategy • Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan
C	Texas Department of State Health Services HIV/STD Program • 2010 Texas Integrated Epidemiologic Profile for HIV/AIDS Prevention and Services Planning: HIV/AIDS in Texas • 2008 – 2010 Statewide Coordinated Statement of Need • 2009 – 2011 Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services • 2006 East Texas HIV Prevention Area Action Plan
III	NATIONAL HIV/AIDS GUIDANCE
A	Health Resources and Services Administration (HRSA) HIV/AIDS Bureau • Ryan White HIV/AIDS Program Overviews • 2010 Ryan White HIV/AIDS Program Progress Report
B	National HIV/AIDS Strategy • National HIV/AIDS Strategy for the United States (July 2010) • National HIV/AIDS Strategy – Federal Implementation Plan (July 2010)
C	• Healthy People 2020 Topic Area: HIV – *Summary of Objectives*
D	Affordable Care Act • Presentation: *Ryan White and Health Care Reform* (June 20, 2011)

SOCIODEMOGRAPHIC DATA

The Houston-Area EMA is comprised of six counties and the HSDA includes these six plus four others. The population center of the region is Harris County, with over 80% of the EMA population and nearly 79% of the HSDA population. Outside Harris County most counties are rural with three EMA counties and two HSDA counties reporting 60% or more rural residents. The populations of both the EMA and HSDA are projected to grow at a faster rate than Texas overall, 18% compared to 16% for the state. The fastest growing counties are those adjacent to Harris, and include Montgomery (29%), Fort Bend (27%) and Waller (26%).

In Harris and Fort Bend Counties, minorities make up the "majority" of residents. White/Anglo are the majority in all other counties.

- Hispanics/Latinos make up 30% of the EMA's and HSDA's populations and 32% of the state's.
  - Twenty percent of EMA and HSDA residents were born outside the U. S. This compares to 14% in the state of Texas. These foreign born residents most frequently come from North, Central and South America.
  - Mexico is the most frequent place of foreign birth, accounting for about half of those born outside the U. S.
  - Approximately one-third of EMA and HSDA residents are "linguistically isolated," meaning they speak English less than "very well." The predominant second language is Spanish.
- Non-Hispanic Blacks/African-Americans are 17% of the people in the region compared to 11% in Texas.
- Asians are 5% of the local population and less than 3% of those living in the state. Fort Bend County has the largest percentage of Asian residents.

Both the EMA and the HSDA have higher median incomes than the state overall. Within the EMA, the median income is nearly $47,000 per year and within the HSDA, the median income is $42,000. This compares to just under $40,000 for Texas. Fort Bend ($64,000 per year) and Montgomery ($50,000 per year) have the two highest median incomes as well as the highest levels of educational attainment.

The EMA and HSDA have lower poverty rates than Texas overall, but the poverty rate is higher than found throughout the U. S. The region has approximately 14% poverty; the state has 15.4%, and the U. S. has only 12.4%.

As a state, Texas ranked first in the U. S. in 1998 according to percent of population uninsured (24.5%) and second in size of the uninsured population (4,880,000). In the

10-county area, counties ranged between one-fifth and one-quarter of their populations uninsured. In addition, all of the HSDA counties have full or partial designation as medically underserved areas (MUA). Six entire counties are designated as medically underserved.

- Liberty County, the county with the highest unemployment in the region, has the highest mortality rate of the 10 HSDA Counties, ranking thirteenth in the state of Texas. They have the highest infant mortality rate in the state, and are in the top 15 for cancer, lower respiratory diseases and accidents.
- Fort Bend has the lowest death rate of the ten HSDA counties, ranking 197 in the state.

SURVEILLANCE DATA

At the end of 2007, a total of 19,393 people were living with HIV/AIDS in the Houston HSDA, more than half (11,232; 58%) of whom had an AIDS diagnosis. There were 914 newly reported HIV cases, and 933 new AIDS cases for the year.

There are people living with HIV/AIDS in all 10 HSDA counties with 94% of cases reported in Harris County.

Males have an HIV prevalence rate that is two times higher than that of females, and an AIDS prevalence rate that is three times higher. However, there are indications of an increase in new HIV infections among women, who represent 31% of living HIV cases in both the EMA and HSDA, but only 23% of living AIDS cases.

Blacks/African-Americans have the highest rate of new HIV and new AIDS infections – almost six times higher than the infection rate for Hispanics/Latinos and more than seven times higher than that of Whites/Anglos. More than half of new diagnoses for both HIV and AIDS are among Blacks/African-Americans (55%), followed by Hispanics/Latinos (24%) and Whites/Anglos (19%). Black/African-American women constitute the largest percentage (73%) of newly diagnosed women of childbearing age. Hispanic men are infected with HIV at a rate of more than 4 times that of Hispanic/Latina women, and 4 times higher for AIDS. There is also an increase in new HIV and AIDS diagnoses among Hispanic MSMs.

The 25 to 44 age group has the highest rates of new HIV and AIDS infections. The HIV infection rate among youth aged 13 to 24 is over two times higher than their rate for AIDS diagnoses. Black/African-American youth in particular are disproportionately affected by HIV/AIDS.

Male to male contact accounts for 42% of all HIV/AIDS cases in the HSDA, followed by heterosexual contact (24%) and intravenous drug use. Unreported risk among those with HIV accounts for approximately 28% of new HIV diagnoses and 17% of AIDS diagnoses.

SERVICE UTILIZATION

Service utilization, other than primary care, is evaluated using the CPCDMS system, which includes Ryan White Part A and B data. Utilization patterns on primary medical care, case management, dental care, substance abuse treatment, mental health therapy and counseling and ADAP services are compared to surveillance data on those living with HIV disease. *Please note that the most current epidemic data for this report is 2007 data from DSHS HARS, while service utilization data from the CPCDMS is from 2008*.

PRIMARY MEDICAL CARE:

- White PLWHA are under-represented in primary medical care services.
- Primary care is accessed proportionately by PLWHA of all ages and both genders.

CASE MANAGEMENT:

- White PLWHA is under-represented in case management, while Black PLWHA account for a higher proportion of clients than the regional epidemic.
- Overall, case management utilization is proportional by age and gender.

DENTAL CARE:

- There is a disproportionately higher access of dental care by older adults.
- Black/African-American PLWHA are under-utilizing dental services, while Hispanics are slightly overrepresented among those who use dental services.

SUBSTANCE ABUSE TREATMENT:

- Treatment is under-utilized by Hispanics and disproportionately used more by White PLWHA.
- Adults aged 25-44 tended to utilize this service more, while there is under-representation in substance abuse clients for older adults aged 55+.

MENTAL HEALTH THERAPY AND COUNSELING:

- White PLWHA account for a higher proportion among those utilizing services when compared to their proportion among the epidemic. Noteworthy is that White males account for the largest proportion of mental health clients.
- Black PLWHA are under-represented among those utilizing mental health services.
- From 2006 to 2008, there appears to be a trend towards more rural clients while service utilization decreased for adults aged 25 to 34 and increased for older adults aged 55+.

ADAP:

- Hispanic PLWHA over-utilized ADAP services while White PLWHA appear to be under-represented among ADAP clients when compared to their distribution within the regional epidemic.
- Usage by gender and age group appear to be proportional when compared to the regional epidemic.

UNMET NEEDS ESTIMATES

Identifying people who are aware of their HIV positive status and who are not receiving HIV medical care is a Health Resources Services Administration (HRSA) mandate, and a central focus of regional and national planning. One of the first steps in designing effective interventions is identifying the number and characteristics of those who are out-of-care, known as the "unmet need."

Unmet need for medical care is defined following the HRSA definition such that a PLWHA is said to have unmet need for medical care if there is no evidence of either a CD4 count, a viral load (VL) test or antiretroviral therapy (ART) during the 12 months of interest. If there is evidence of one of these three things being present, the person is considered to have their medical needs met.

As of December 31, 2007, the number of PLWA was 11,358 and the number of PLWH (non-AIDS, aware) was 7,891. The total number of people living with HIV and AIDS in the Houston EMA was 19,249.

The number of PLWA in care was 7,766, or 68% of the total number of PLWA in the Houston EMA as of December 31, 2007. The number of PLWH (non-AIDS, aware) in care was 4,303 (55%) among all PLWH in the EMA. The total number of PLWHA who received HIV primary medical services as of the end of 2007 was 12,069 (63%).

Using the inputs for care patterns obtained, the Houston EMA estimates that 3,592 (32%) of the diagnosed PLWA were not receiving HIV primary medical care. For PLWH, 3,588 (45%) were found to be out-of-care. After combining the two groups, the total number of PLWHA who had unmet need in the Houston EMA through the end of 2007 was 7,180 (37%) among all PLWHA. Please note that estimates provided by TDSHS indicate that the Houston EMA has the highest level of unmet need (37% by their estimates) when compared to other EMAs in the state (Fort Worth 31%, San Antonio 30%, Dallas 26% and Austin 23%).

2011 Houston Area HIV/AIDS Needs Assessment

Executive Summary

Introduction

A needs assessment produces detailed information about service usage for a defined population and, as a result, is an essential tool for planning for service-delivery in a community. Every three years, a needs assessment of People Living with HIV/AIDS (PLWHA) in the Houston Area is conducted. Its purpose is to gather information on the health and human services that PLWHA in Houston use, their potential barriers to services, and their continued areas of service need. The information gathered is then used by Houston Area HIV/AIDS service providers and planning bodies as they make programmatic decisions on how to best meet the needs of PLWHA.

For the 2011 Houston Area HIV/AIDS Needs Assessment, 924 PLWHA were surveyed from the local Health Services Designation Area (HSDA), a 10-county area that includes the counties of Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. Survey participants were queried on 11 topics related to HIV services, including service usage history for both medical and social services, barriers to seeking or receiving services, and co-occurring health conditions. Their responses were analyzed in light of demographic characteristics, risk factors for HIV/AIDS, and other conditions that can impact access to care, such as being homeless, living in a rural setting, or being recently released from the criminal justice system. Focus groups with HIV service providers and an analysis of current HIV/AIDS epidemiological data were also conducted.

Of PLWHA who participated in the needs assessment survey, almost all (95%) resided in Harris County. The majority were also male (67%), Black/African-American (55%), heterosexual (52%), and had at least a high school diploma or GED (80%). Their average age was 45. Nine percent (9%) of participants were homeless, 19% were recently released from jail or prison, 24% had no annual income, and 35% were unemployed. The average length of time being HIV positive was 11 years, and the majority (93%) was currently *in care* for HIV/AIDS.

The Scope: HIV/AIDS in the Houston Area

According to the Centers for Disease Control and Prevention, the Houston Area ranks 13th in the nation among all metropolitan statistical areas for rate of new HIV cases (2009). In Texas, Harris County ranks 11th among all counties for rate of new HIV, but is 1st in the state for the *number* of new people diagnosed with HIV/AIDS as well as for the number of PLWHA (2010).

In 2008 (the last year for which verified local data is available), 1,903 new cases of HIV/AIDS were diagnosed in the Houston Area HSDA, and, of which, over half (54%) were new HIV cases (not yet progressed to AIDS). Men and Blacks/African-Americans had the highest rates of new infection. Men Who Have Sex with Men (MSM) and heterosexual contact accounted for the majority of attributed risk among new cases. Overall, the rate of new HIV cases in the Houston Area is on the rise, while the rate of new AIDS cases is declining.

DRAFT

Also in 2008, there were 20,190 PLWHA in the Houston Area HSDA, and, of which, over half (58%) had progressed to AIDS. Trends among PLWHA mirror those among the newly-diagnosed: men and Blacks/African-Americans had the highest rates, and MSM and heterosexual contact accounted for the majority of attributed risk. However, there were some notable differences: statistical comparison suggests a possible increase in PLWHA who are women and youth (aged 13 to 24 years).

The mortality rate associated with HIV/AIDS in the Houston Area HSDA has remained relatively stable. Most recent estimates place the rate of HIV/AIDS death at 10.5 per 100,000 cases, or 540 deaths annually (2007). Rates of death among PLWHA were highest among men, Blacks/African-Americans, MSM, and heterosexual contact.

The vast majority of and highest rates for new HIV/AIDS cases as well as PLWHA were in Harris County.

The Response: HIV/AIDS Programs in the Houston Area

In the Houston Area, there are four main federally-funded programs dedicated to HIV/AIDS services; together, they represent the continuum of HIV service needs, from diagnosis to end-stage disease:

- The Ryan White HIV/AIDS Program Part A provides federally-defined core HIV/AIDS services in the Houston Eligible Metropolitan Area (EMA). Examples of core services include primary outpatient medical care, case management, and medication assistance. According to recent estimates, 8,262 PLWHA receive services through Part A. Part A is administered by the Harris County Public Health and Environmental Services, Ryan White Grant Administration.
- The Ryan White HIV/AIDS Program Part B provides core HIV/AIDS medical services throughout the HSDA, which includes the EMA. Part B also includes the AIDS Drug Assistance Program (ADAP) and services specifically targeted to the region's rural counties. According to recent estimates, approximately 4,700 PLWHA receive Part B services. Part B is administered by the Texas Department of State Health Services and, locally, by the Houston Regional HIV/AIDS Resource Group.
- The Houston Area HIV Prevention Program provides HIV testing, diagnosis, and linkage to care. They also provide community-wide risk-reduction education and school-based prevention programs. All new cases of HIV/AIDS are reported to the Program as part of mandated disease surveillance and are followed by partner identification/notification efforts. Prevention programs are operated by the Houston Department of Health and Human Services.
- Housing Opportunities for People with AIDS (HOPWA) provides grants to community organizations to help meet the housing needs of low-income PLWHA. Examples of services include rent, mortgage and utility assistance, permanency planning, and community-based residences for PLWHA. HOPWA is administered by the City of Houston Housing and Community Development.

The Need: Key Findings about PLWHA's Experiences with HIV/AIDS Services in the Houston Area

Diagnosis. The 2011 Houston Area HIV/AIDS Needs Assessment aimed to gather information about the entire continuum of HIV services,

DRAFT

which begins at the time of HIV/AIDS diagnosis. Therefore, needs assessment participants were asked about their experience with HIV testing. Overall, "feeling sick" was the most commonly cited reason for seeking an HIV test (25% of respondents), followed by having sex with someone with HIV (19%), testing as part of a routine check-up (19%), and engaging in risky behavior (18%). The most commonly reported location for the HIV test was a public or community clinic (40%), followed by jail/prison (16%). Less than half (48%) said they received information about HIV medical services at the time of their diagnosis, and 19% stated they received no information at all.

First Medical Visit. Needs assessment participants were also asked about the time between their HIV/AIDS diagnosis and their first HIV medical visit. Half (50%) reported seeing a doctor for HIV within 1 month of diagnosis, while 14% waited more than 12 months, and 2% said they had never seen a doctor for HIV. PLWHA who more often reported waiting longer than 12 months to see a doctor for HIV were those with a history of being out-of-care (35% of respondents) or who were still out-of-care (21%) as well as White MSM (19%). The most commonly-cited reason for delaying care was fear (42%), followed by denial (35%) and not feeling sick (34%). As with testing, the most commonly-reported location for the first HIV medical visit was a public or community clinic (54%).

Core Medical Services. There are nine types of services defined as "core services" for PLWHA available through the Houston Area Ryan White HIV/AIDS Programs. Needs assessment participants were asked about their experience seeking each core service. Some participants stated that they did not need the service, but, of those that did, services overall were reportedly "very east to get." The top three accessible and non-accessible core services were ranked as follows:

Top Three "Very Easy to Get" Core Services In the Houston Area

1. Medical Services
2. HIV Medications
3. Case Management

Top Three Core Services That PLWHA "Had Some Difficulty Getting" In the Houston Area

1. Dentist Visits
2. HIV Medications
3. Case management

Though certain core services ranked at the top of both lists, certain subgroups of PLWHA reported divergent experiences. In general, PLWHA who were not in regular HIV care or who were homeless had difficulty accessing services that others perceived as "easy to get."

When assessment participants reported having "some difficulty" accessing a service, they were also asked to identify why, using a list of potential barriers. The three most commonly reported barriers to accessing core services were as follows:

DRAFT

Top Three Barriers to Core HIV Services in the Houston Area

1. Difficulty making or keeping appointments
2. Long wait times
3. Problems with paperwork

In addition, the majority of participants (63%) reported having a case manager or a specific person at a clinic, hospital, or community organization who is responsible for helping them access HIV services.

HIV Medications. A majority of needs assessment participants (78%) reported being on HIV medications at the time of the survey. Hispanics reported HIV medication usage the most while those that were homeless reported it the least. Overall, the most commonly-cited reason for not taking HIV medications was a T-cell count being too high. About one-quarter (26%) of participants reported stopping their HIV medications at some point in time due to side effects. Fifteen percent (15%) reported difficulty paying for medications.

Supportive Services. In addition to the nine core medical services for PLWHA referenced above, there are 14 services designated as "supportive services" available through the Houston Area Ryan White HIV/AIDS Programs. Needs assessment participants were asked to rank up to five of the 14 "supportive services" as the most useful or important. The top three supportive services were as follows:

Top Three Most Useful/Important Supportive Services for PLWHA in the Houston Area

1. Emergency Financial Assistance (EFA), or short-term payments for transportation, food, utilities, or medication
2. Food bank services for food, meals, or nutritional supplements
3. Transportation services to access primary medical care or psychosocial support

Though ranked first in importance for PLWHA, Emergency Financial Assistance was cited as the most difficult-to-access of the supportive services. The top three most difficult-to-access supportive services were as follows:

Top Three Supportive HIV Services That PLWHA "Had Some Difficulty Getting" In the Houston Area

1. Emergency Financial Assistance (EFA), or short-term payments for transportation, food, utilities, or medication
2. Food bank services for food, meals, or nutritional supplements
3. Rental assistance and/or shelter vouchers, or short-term assistance to support temporary and/or transitional housing to access medical care

When assessment participants reported having "some difficulty" accessing a supportive service, they were also asked to identify why,

DRAFT

using a list of potential barriers. The three most commonly reported barriers to accessing supportive services were as follows:

Top Three Barriers to Supportive HIV Services in the Houston Area

1. Not knowing where to get services
2. Not knowing how to get services
3. Was told they were not eligible for the service

Participants were also asked about sources for social support. The most commonly-cited source was family (35% of respondents), followed by other PLWHA (34%) and doctors, nurses, or agency staff (33%).

Co-Occurring Conditions. Needs assessment participants were also asked about the presence of certain other health conditions that could impact their ability to seek HIV care. One quarter (25%) of participants reported Hepatitis C co-infection, 11% reported a history of active TB, and 31% reported taking high blood pressure medication. In addition, a majority of participants (63%) reported having at least one mental health condition during the previous month, with "serious anxiety/tension" reported most often (52%). Participants were also asked about drug and alcohol use. Overall, about one-third (36%) showed an indication of alcohol abuse, 25% reported using marijuana, 21% reported using cocaine, and 5% reported using amphetamines.

Characteristics of People Who Are Out-Of-Care. Though the Houston Area Ryan White HIV/AIDS Programs serve a large proportion of PLWHA, there are still some PLWHA who are not receiving care. Each year, the programs estimate the number of diagnosed PLWHA who are out-of-care using a federal formula and definition and the best available data. This number is commonly referred to as the "unmet need estimate." The current Houston Area unmet need estimate is 49% (or 8,101) of diagnosed PLWHA.

In the 2011 Houston Area HIV/AIDS Needs Assessment, 7% (or 66) participants were out-of-care per federal definitions. Those who fell into this category tended to be male, 45 years of age or older, Black/African-American, and heterosexual. Some notable findings about the out-of-care subgroup are as follows:

- The out-of-care were least likely to have received information about HIV medical services at the time of diagnosis. They were also more likely to delay entry into care for more than 12 months. The most common reason for not being in care was that they "felt fine."
- Those who were out-of-care were more likely to report not having a case manager or to be unsure if they had a case manager.
- Half of those who were out-of-care (50%) reported having no source of social support compared to 19% of all participants.
- Those who were out-of-care were more likely to report emergency assistance (financial, rental assistance, employment) as an important supportive service. They also more frequently reported not knowing where or how to get supportive services as a barrier.

Overall, about one quarter of all needs assessment participants reported stopping their HIV care for one year or more at some point in their history. The most common reason for falling out of care was drug use (50%) followed by losing stable housing (37%) and not wanting to take HIV medications (36%).

A Note on Data and Data Sources

Data produced by the 2011 Houston Area HIV/AIDS Needs Assessment are unique because they reflect the first-hand perspectives of PLWHA in the Houston Area. However, the results were not corroborated with the service-utilization patterns of participants. Therefore, they cannot be used as empirical evidence of actual services sought or received. In addition, needs assessment data reflect only those PLWHA who self-selected to participate in the survey process. According to current estimates, the needs assessment sample is approximately 4% of diagnosed PLWHA in the Houston Area. As a result, it is impossible to ascertain if the results are representative of the Houston Area PLWHA population as a whole. With these caveats in mind, however, the 2011 Houston Area HIV/AIDS Needs Assessment is the most current repository of primary data on the HIV services experiences of PLWHA in the Houston Area. Its results can be used to describe PLWHA's experiences with HIV services and to draw conclusions about ways to potentially increase service access.

The following sources for data were used in this report: Office of the Texas Comptroller, Texas Department of State Health Services, Texas Workforce Commission, U.S. Census Bureau, and the Michael E. DeBakey VA Medical Center.

DRAFT