



2013 Texas HIV Annual Report

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



**Department of State Health Services
February 2015**

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Executive Summary

As mandated by [Section 85.041 of the Texas Health and Safety Code](#), this report summarizes information on the type, level, quality, and cost-effectiveness of services to prevent and treat Human Immunodeficiency Virus (HIV) funded by the Department of State Health Services (DSHS). The report includes overviews of programmatic activities, and summaries of findings from analyses of program data from services funded or provided by the HIV/STD program from January 1, 2013 through December 31, 2013, unless otherwise noted.

By the end of 2013, there were 76,621 Texans known to be living with a diagnosis of HIV infection, an increase of 22 percent over the number of Texans living with HIV five years ago. This increase is primarily due to advances in the effectiveness of HIV treatment, as well as increases in the number and proportion of persons with HIV who are receiving that treatment. While the number of persons living with HIV is increasing, the number of new diagnoses made every year has been stable over the past decade, with 4,309 new diagnoses in 2013. Blacks¹/African Americans and gay men and other men who have sex with men (MSM) bear a disproportionate burden of HIV infection in Texas, as in the U.S. as a whole.

Once diagnosed, people with HIV must stay on treatment drugs for the rest of their lives. Treatment drugs lower the amount of HIV in the blood of infected persons, also called viral load. Successful treatment is known as viral suppression. Staying virally-suppressed slows the progression of disease and decreases disability, hospitalization, and premature death. People with suppressed viral loads are also much less likely to transmit the virus to others, making effective treatment a key prevention strategy. Reducing new HIV infections in Texas also depends on coordinated efforts to increase awareness of HIV and to provide behavioral prevention services to high-risk groups. Public awareness and prevention efforts reduce the number of persons with undiagnosed HIV infections, and increase the number of persons with HIV who, through sustained treatment, have suppressed viral load. The DSHS HIV/STD program works with community stakeholders and providers to strengthen public awareness and prevention as well as assure that gaps in clinical treatment are filled, all of which reduce the number of undiagnosed HIV infections and increase the number of people with HIV who are virally suppressed.

To raise awareness of HIV as a critical health issue, DSHS works on two fronts: keeping the public informed about HIV and providing information tailored to the needs of persons at high risk for HIV and persons living with HIV. To meet the first need, DSHS distributed approximately 780,000 printed copies of more than 60 different educational titles related to HIV and other sexually transmitted diseases (STDs). DSHS kept more than 6,000 stakeholders and community partners informed of HIV-related news and events through distribution of the web-based *HIV/STD Insider*. To meet the second need, DSHS maintained a stand-alone website called *knowmystatus.org*, which directs users to HIV and STD testing, treatment, and risk-reduction information. In 2013, this website was optimized for mobile viewing. The program continued expansion of a partnership with Kaiser Family Foundation to increase the reach of the national *Greater Than AIDS* campaign in 2013. The campaign focuses on increasing knowledge,

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

reducing stigma, and promoting actions to prevent the spread of HIV. In 2013, the program worked with the Kaiser Family Foundation, local health departments, and local HIV agencies to place targeted campaign messages and conduct community outreach activities in Dallas, El Paso, San Antonio, and Laredo.

To address HIV prevention needs, DSHS provides state and federal funds to contracting community agencies and local health departments for evidence-based programs focused on reducing HIV risk for persons who are HIV-negative, and reducing risk of further transmission for persons living with HIV. Programs include intensive one-on-one counseling, single- and multi-session group programs, and peer-based community interventions. In 2013, 969 persons completed small-group behavior change programs, and 622 peers were trained to lead community interventions. In addition, 277 persons enrolled in intensive behavioral counseling programs; 211, or 76 percent, of these clients were living with HIV.

People can live with HIV infection for many years before they are diagnosed. Using estimation methods from the Centers for Disease Control and Prevention (CDC), DSHS estimates there may be as many as 14,000 Texans living with undiagnosed HIV infection. To reduce undiagnosed infections, DSHS follows a three-pronged strategy: funding community-based HIV testing programs focused on persons at very high risk for HIV; supporting local and regional public health programs to provide testing and referral for the sex and needle-sharing partners of persons with recently diagnosed HIV infections, known as partner services or contact tracing; and providing financial support for HIV screening programs, primarily in emergency medicine settings. In 2013, these combined strategies provided more than 254,000 HIV tests and identified new HIV infections in 1,498 persons.

Persons with HIV infection who stay in treatment live longer, healthier lives and are less likely to transmit HIV. However, treatment for HIV infection is expensive and complex, and many people with HIV lack insurance and have co-occurring health conditions and other life challenges that make access or adherence to treatment very difficult. DSHS assists communities in providing treatment and care for uninsured, low-income persons with HIV through two programs: the Texas HIV Medication Program (THMP) and the HIV Services Program.

DSHS centrally administers the THMP and provides two options for access to HIV treatment drugs. THMP either provides medications through a network of pharmacies to eligible clients, or wraps around Medicare Part D pharmacy benefits by making drug co-payments on behalf of clients while they are in the “donut hole.” During state fiscal year (FY) 2013, the THMP served 18,304 unique clients. The program filled 266,130 HIV drug prescriptions through direct provision of drugs and filled an additional 15,210 prescriptions through co-payments for Medicare Part D beneficiaries.

The HIV Services Program uses a formula to allocate state and federal funds for HIV outpatient treatment and care services to communities across the state. These funds fill local high priority treatment and care gaps, and the HIV Services Program is the payer of last resort. In 2013, these funds supported 52 service providers, including both public hospitals and community-based organizations, to provide outpatient services for more than 34,000 Texas residents with HIV.

The number of HIV-infected persons with a suppressed viral load illustrates the effectiveness of these funded programs in providing care and treatment. In 2011, about 50 percent of the Texans living with HIV were virally suppressed. Just two years later, 54 percent of Texans living with HIV were virally suppressed—an eight percent increase in the proportion of virally-suppressed Texans living with HIV. Since recent science has established that HIV transmission in persons with suppressed viral load is effectively eliminated, these programs make a substantial contribution to reducing new infections, eliminating the treatment costs to the State and communities for these avoided infections.

Introduction

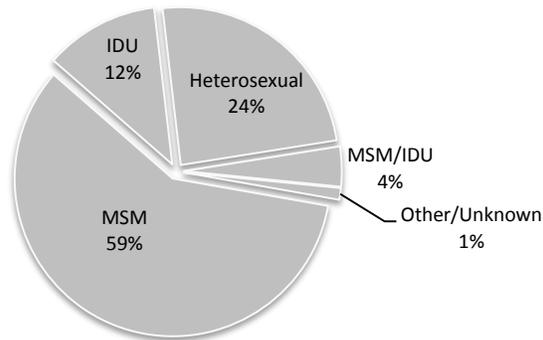
This report summarizes information on the type, level, quality, and cost-effectiveness of HIV services funded by DSHS as mandated by [Section 85.041 of the Texas Health and Safety Code](#). The report includes overviews of programmatic activities and summaries of findings from analyses of data from services funded or provided by the HIV/STD Program from January 1, 2013 through December 31, 2013, unless otherwise noted.

Overview of HIV in Texas

By the end of 2013, 76,621 Texans were known to be living with a diagnosis of HIV infection, an increase of 22 percent over the number of Texans living with HIV five years ago. This increase is primarily due to advances in the effectiveness of HIV treatment, as well as the greater number and proportion of persons with HIV who are receiving treatment. While the number of persons living with HIV is growing, the number of new diagnoses made every year has been stable over the past decade, with 4,309 new diagnoses in 2013.

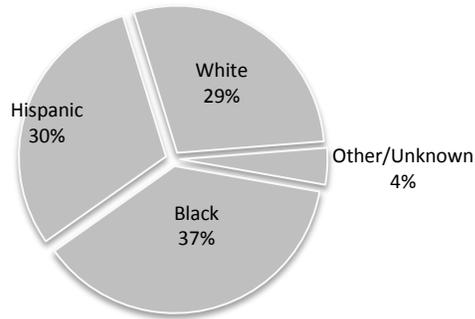
More than half of the Texans living with HIV currently reside in Dallas and Houston. About six to seven percent each live in Fort Worth, Austin, San Antonio, along the US-Mexico border, in East Texas, or are incarcerated in Texas Department of Criminal Justice facilities. About three out of four people with HIV in Texas are men, and more than half of the infections are in gay men and other men who have sex with men (MSM). About one quarter is attributed to heterosexual transmission and about 12 percent is due to injection drug use (IDU) (Figure 1).

Figure 1: Mode of Transmission for Persons Living with HIV in Texas, 2013



As shown in Figure 2, Blacks are disproportionately affected by HIV, making up about 37 percent of Texans living with HIV, although they make up only about 11 percent of the Texas population. The rate of HIV among Blacks in Texas is about four times higher than the rate in Hispanics, and about six times higher than the rate in Whites.

Figure 2: Race/Ethnicity and Sex of Persons Living with HIV in Texas, 2013

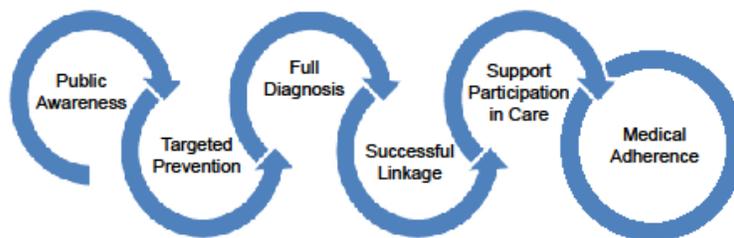


Half of Texans living with HIV are 45 years old and older, which shows the life-extending effects of treatment. At the same time, about 40 percent of the HIV diagnoses made in 2013 were in Texans between the ages of 15 and 29 years old. New diagnoses were primarily among Black and Hispanic gay men and other MSM.

HIV Treatment Cascade

Reducing HIV in Texas requires coordinated and sustained actions to blend HIV prevention and treatment services. These actions can be thought of as a cascade. The goal is viral suppression. In order to achieve this, persons with HIV must first be diagnosed and linked to care, placed on effective treatment, and given the supportive care coordination and services to help them stay adherent to treatments. This model is presented in Figure 3.

Figure 3: HIV Program Overview



As of the end of 2013, there were 76,621 Texans living with a diagnosed HIV infection. Of these, about 75 percent had at least one HIV-related medical visit in that year, but only about 62 percent of all Texans living with diagnosed HIV had two or more medical visits in 2013. A little more than half of all Texans with a diagnosed HIV infection were virally suppressed. Although the number and proportions of Texans with HIV who have suppressed viral loads has been steadily increasing since 2011, all aspects of the cascade must be improved to reduce HIV infections in Texas.

Overview of the DSHS HIV Program

The strategic plan of the DSHS HIV/STD Program emphasizes action to enhance awareness and efficient diagnosis of HIV, as well as effective linkage and treatment services. In 2013, the program provided financial support for targeted public information efforts to raise awareness of HIV in hard-hit communities and populations, and for focused behavior change programs to reduce risky behavior in adults. It also provided resources for a three-pronged approach to increasing diagnosis through:

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

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

Public Information and Targeted Social Marketing

Activities

One of the DSHS HIV/STD Program's core responsibilities is to keep the public informed about HIV and other STDs. In 2013, the program distributed almost 780,000 printed educational and informational materials through the DSHS warehouse. These materials are also on the program website for individuals and agencies to download and distribute. In 2013, the program distributed over 60 different educational titles.

DSHS also distributes the *HIV/STD Insider*, a web-based news and event bulletin that serves as a primary source of program information for the public. In 2013, the program sent 80 *Insider* posts to approximately 6,600 email subscribers.

In addition to the [DSHS HIV/STD webpage](#), the program maintains a stand-alone website called www.knowmystatus.org designed to direct Texans at risk for HIV and other STDs to appropriate testing, treatment, and risk-reduction information. It provides streamlined navigation to testing sites and educational resources. A mirror Spanish-language site is also available. In 2013, the program optimized the website for mobile viewing. Quick Response codes linking to the English and Spanish versions of *knowmystatus.org* are being added to printed HIV and STD pamphlets and posters produced by DSHS.

DSHS staff worked with local health departments and community-based agencies around the state to promote HIV/STD health awareness events during 2013, including World AIDS Day, National Black HIV/AIDS Awareness Day, STD Awareness Month, National HIV Testing Day, and National Latino AIDS Awareness Day.

Since 2009, DSHS has collaborated with the Kaiser Family Foundation to extend the reach of the *Greater Than AIDS* public information campaign in several Texas media markets. During 2013, DSHS collaborated with the Kaiser Family Foundation, local health departments, and community-based agencies to conduct expanded *Greater Than AIDS* activities in Dallas, El Paso, San Antonio, and Laredo. The campaign uses targeted radio, billboard, and print media placements, as well as community engagement activities to increase understanding about HIV, reduce stigma associated with the disease, and encourage actions such as HIV testing and maintenance of care for infected persons. The campaign's primary audience is Black Americans, because they are a disproportionately affected population. *Greater Than AIDS* also offers Spanish-language content and targeted messaging for gay and bisexual men of all races.

The *Greater Than AIDS* campaign partnership extends the impact of state funding by leveraging the Kaiser Family Foundation's collaborative agreements with media companies and other businesses, including Clear Channel Urban and Gospel Radio, Radio One, the National Basketball Association, and Walgreens. DSHS' ongoing partnership with *Greater Than AIDS* gives priority geographic areas the ability to craft unique local strategies for promoting HIV prevention and awareness while offering the scale and sustainability of an established national campaign.

A focus of the partnership during 2013 was the placement of *Greater Than AIDS* messaging designed to remove the stigma of HIV testing among populations at increased risk for infection. Outdoor media was placed in Dallas, San Antonio, and El Paso in June 2013, coinciding with National HIV Testing Day on June 27. Outdoor media augmented transit placements in Dallas. Selected designs targeted Black and Hispanic gay men.

Targeted Behavior Change Interventions

Program Description and Goals

DSHS-funded programs use a variety of evidence-based approaches to provide the knowledge, skills, and support that persons at highest risk need to reduce their vulnerability to HIV and other STDs.² Programs include intensive, one-on-one counseling, single and multi-session group programs, and peer-based community interventions.

These interventions focus on populations at highest risk of becoming infected or infecting others with HIV, especially gay men and other MSM, Black heterosexual women, and persons living with HIV infection. The goals of these interventions are to increase understanding of HIV risk, to teach participants to practice risk-reduction skills, and to build attitudes and group standards of behavior that reduce risk for becoming infected or passing on HIV. There are three levels of interventions: individual, group, and community. Each of these intervention levels plays a part in fulfilling the public health goal of reducing the spread of HIV infection in Texas.

² Evidence-based interventions have been rigorously evaluated by social scientists and have demonstrated effectiveness in reducing HIV or STD incidence and HIV-related risk behaviors.

Individual-Level Interventions

Anti-Retroviral Treatment and Access to Services (ARTAS) is an individual-level, multi-session, time-limited intervention with the goal of quickly linking persons recently diagnosed with HIV to medical care soon after receiving their positive test result. The program encourages clients to establish an effective, working relationship with their providers, which results in sustained treatment and prevented spread of infection.

Comprehensive Risk Counseling Services (CRCS) offers extended one-on-one HIV prevention counseling, primarily to HIV-positive clients with complex risk-reduction needs. It combines risk-reduction counseling and traditional case management to provide ongoing, individualized prevention counseling, support, and service referrals.

Choosing Life: Empowerment! Action! Results! (CLEAR) is an evidence-based health promotion intervention for males and females 16 years and older living with HIV or at high risk for HIV. CLEAR is a client-centered program delivered individually using cognitive-behavioral techniques to change behavior. The intervention provides clients with the skills necessary to make healthy choices for their lives, and the tools to prevent the spread of infection.

Group-Level Interventions

Group-level HIV behavioral interventions are evidence-based and are designed to influence individual risk behavior in a small group setting by changing knowledge, attitudes, beliefs, and improving self-efficacy. These interventions target individuals at high risk and promote skill building and individual behavior change using peer-reinforced information and activities delivered by a trained facilitator. Skills may include how to implement personal decisions to reduce risk and how to effectively negotiate safer behaviors. Additionally, participants learn correct and incorrect use of condoms, and decision-making skills about disclosure of HIV status to friends and family, medical providers, and potential partners. DSHS currently funds two group-level interventions: Healthy Relationships and Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES).

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

Community-Level Interventions

The HIV/STD program funds several scientifically proven community-level interventions for persons at high risk for HIV acquisition or transmission. This included: Healthy Relationships, mPowerment, Popular Opinion Leader, CLEAR, VOICES, community mobilization and condom distribution activities. Community-level HIV behavioral interventions influence individual risk behavior by changing knowledge, attitudes, and beliefs in a defined community. While the typical definition of community has geographic connotations, the communities targeted by these interventions are communities of persons at highest risk of HIV, such as the gay community or

the community of injection drug users. These interventions can reach additional individuals indirectly by using peer networks and community mobilization to promote norms of safer sex and risk reduction. The interventions may have several components, requiring complex coordination and implementation.

Service Providers

DSHS selected service providers through a competitive process. In 2013, DSHS funded 17 community-based organizations, two universities, and seven local health departments. These organizations implemented the targeted behavior change interventions discussed above for individual-level, group-level, and community-level prevention activities.

Clients Served

In 2013, 969 persons completed small-group behavior change programs, and 622 peers were trained to lead community interventions. In addition, 277 persons enrolled in intensive behavioral counseling programs; 211 (76 percent) of these clients were living with HIV.

Special Projects and Programs

Texas Black Women's Initiative

The goal of the Texas Black Women's Initiative is to promote active, engaged, and empowered communities that address the HIV prevention and care needs of Black women in Texas. Beginning in 2007, volunteer teams from across the state conducted activities related to the goal of this initiative. The teams are located in City of Austin, the Beaumont/Port Arthur area, City of Dallas, Fort Worth and Tarrant counties, City of Houston, City of San Antonio and City of Tyler. Since 2012, DSHS has collaborated with the Center for the Elimination of Disproportionality and Disparities (CEDD) at the Health and Human Services Commission. CEDD assumes a leadership role in working with state and federal agencies to decrease or eliminate health and health-access disparities among racial, multicultural, disadvantaged, ethnic, and regional populations. CEDD was instrumental in working with the regional teams on the Minister's Roundtable Project to increase the capacity of Black churches to address health disparities in their communities, especially those disparities related to HIV. DSHS also conducted training, webinars, and organized meetings with the regional teams to focus on community mobilization and the development of new community partnerships with non-traditional partners to build the capacity of diverse local community organizations to address Black women's health. These partners included Black churches, criminal justice agencies, Texas branches of the National Association for the Advancement of Colored People, local hospitals, historically Black colleges and universities, and beauty salons. These activities continued in 2013.

Texas Black Gay Men's Initiative

In the fall of 2010, DSHS began a project to increase the leadership capacities of Black MSM in Dallas. The goal of this project is to increase the ability of Black MSM to represent and advocate for the needs of their community in existing and developing organizations. DSHS has shifted the

focus of this effort in order to achieve a more broad community dialogue on the health needs of Black MSM in Dallas. Several meetings have occurred between DSHS and the community to determine how best to create an effective avenue for the community to respond to Black gay men's HIV and other health concerns. In June 2013, DSHS placed a part-time coordinator in Dallas to:

- Arrange regular community forums to identify key issues and concerns among Black gay men;
- Support strategies that engage and encourage Black gay men to create and implement a community-driven response to HIV and other health concerns;
- Assist community partners with creating effective health promotion and HIV prevention programming for Black gay men;
- Identify resources to assist Black gay men in accomplishing their HIV prevention and other health related goals;
- Identify training opportunities for Black gay men to enhance skills and competencies that will allow this community to establish viable, stable representation across Dallas organizations;
- Foster a dialogue among a broad range of community stakeholders to achieve long-term HIV prevention efforts targeting Black gay men; and
- Support the development of partnerships between Black gay men and local businesses, health care organizations, public institutions and other agencies to achieve long-term improvements in health outcomes for Black gay men.

During ongoing monthly meetings led by the DSHS coordinator, the Black MSM community group discusses issues relevant to the health outcomes of Black gay men. In 2013, the group created and distributed a document for the community outlining considerations when directing prevention messages toward Black MSM. The group is currently focused on developing a virtual community, which maps where black MSM live, go for entertainment and where they access basic resources. The group is also planning an online resource directory intended to foster connections among Black MSM and create a network where Black MSM can quickly locate each other and exchange health information in a place free from stigma and discrimination.

Targeted HIV Testing and Linkage to Medical Care

Program Description and Goals

DSHS-funded programs focus on providing HIV testing and counseling to persons at very high risk of HIV infection, particularly gay men and other MSM and Black women. These programs reduce barriers to HIV testing by offering testing in convenient places and times and by offering education and counseling that is culturally appropriate and tailored to client needs. Most targeted testing occurs in nontraditional, nonclinical settings.

The targeted testing and linkage program aims to identify one previously-undiagnosed individual per 100 individuals tested, a one percent new positivity rate. The program's goal is also to ensure that at least 95 percent of those who test HIV-positive receive their test results. The program standards also call for at least 85 percent of those who test positive for HIV to have a

confirmed linkage to HIV-related medical care by following up with patients until the time of their first medical appointment.

Service Providers

DSHS selected service providers through a competitive process. Providers included 17 community-based organizations, nine local health departments, and three university-based programs.

Clients Served

In 2013, these programs performed tests for 45,763 clients. Tables 1 and 2 show the demographic characteristics of these clients, and Tables 3 and 4 show HIV risk factors. Men made up a little more than half of those tested but accounted for more than four out of five of those found to be HIV infected.

Table 1: Targeted HIV Tests by Race/Ethnicity, Texas 2013

| Race/Ethnicity | Total Tested | %Total | Total Positives | %Positives | Positivity Rate |
|-----------------------|---------------------|---------------|------------------------|-------------------|------------------------|
| White | 11,816 | 26% | 148 | 25% | 1.3% |
| Black | 17,171 | 38% | 226 | 38% | 1.3% |
| Hispanic | 15,351 | 34% | 209 | 35% | 1.4% |
| Other | 1,295 | 3% | 10 | 2% | 0.8% |
| Unknown | 130 | <1% | 1 | <1% | 0.8% |
| Total** | 45,763 | 100%* | 594 | 100%* | 1.3% |

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

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

Table 2: HIV Tests and Positives by Sex and Race/Ethnicity, Texas 2013

| Race/Ethnicity | Male | | | | Female | | | |
|-----------------------|---------------------|----------------|------------------------|--------------------|---------------------|----------------|------------------------|--------------------|
| | Total Tested | % Total | Total Positives | % Positives | Total Tested | % Total | Total Positives | % Positives |
| White | 8,203 | 30% | 140 | 26% | 3,465 | 20% | 8 | 13% |
| Black | 8,506 | 31% | 180 | 34% | 8,438 | 49% | 46 | 72% |
| Hispanic | 10,094 | 36% | 199 | 38% | 5,042 | 29% | 10 | 16% |
| Other | 898 | 3% | 10 | 2% | 386 | 2% | 0 | 0% |
| Unknown | 94 | <1% | 1 | <1% | 28 | 0% | 0 | 0% |
| Total** | 27,796 | 100%* | 530 | 100%* | 17,360 | 100% | 64 | 100%* |

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

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

Testing is targeted at those at highest risk: gay men and other MSM. While this group represents only one in four tests conducted by contracting providers, almost three in four of the positive tests are among MSM. A much smaller group of MSM who also inject drugs (IDU) has an equally high positivity rate. All other risk groups have much lower positivity rates.

Table 3: HIV Tests and Positives by Risk Behavior, Texas 2013

| Risk Category | Total Tested | %Total Tested | Total Testing Positive | %Positives | Positivity Rate |
|----------------------|---------------------|----------------------|-------------------------------|-------------------|------------------------|
| MSM/IDU | 495 | 1% | 20 | 3% | 4.0% |
| MSM | 13,353 | 30% | 450 | 76% | 3.4% |
| IDU | 3,380 | 7% | 15 | 3% | 0.4% |
| Heterosexual | 25,968 | 57% | 103 | 17% | 0.4% |
| Non-targeted | 1,589 | 4% | 6 | 1% | 0.4% |
| Unknown | 386 | <1% | 0 | 0% | 0.0% |
| Total* | 45,171 | 100% | 594 | 100% | 1.3% |

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

Table 4: HIV Tests and Positives by Risk Group and Sex, Texas 2013

| Risk Category | Male | | | | Female | | | |
|----------------------|---------------------|---------------|------------------------|--------------------|---------------------|---------------|------------------------|--------------------|
| | Total Tested | %Total | Total Positives | % Positives | Total Tested | %Total | Total Positives | % Positives |
| MSM/IDU | 495 | 2% | 20 | 4% | | | | |
| MSM | 13,353 | 48% | 450 | 85% | | | | |
| IDU | 1,916 | 7% | 11 | 2% | 1,463 | 8% | 4 | 6% |
| Heterosexual | 11,517 | 41% | 44 | 8% | 14,451 | 83% | 59 | 92% |
| Non-targeted | 306 | 1% | 5 | 1% | 1276 | 7% | 1 | 2% |
| Unknown | 209 | 1% | 0 | 0% | 170 | 1% | 0 | 0% |
| Total* | 27,796 | 100% | 530 | 100% | 17,360 | 100%** | 64 | 100% |

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

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

Outcomes and Effectiveness

In 2013, 594 of the tests performed by contracting providers were positive (1.3 percent), which is the same as the rate reported in 2012. Of those tests that were positive, 510 were newly-diagnosed infections. This positivity rate exceeds the program goal of a one percent new positivity rate.

The high positivity rate illustrates the effectiveness and efficiency of targeted testing programs. If these programs were testing the general population instead of seeking out high-risk populations, just .04 percent of the tests would likely be positive. In other words, 1,250 tests would have to be administered to find one previously unidentified HIV-infected person. The targeted programs' positivity rate of 1.3 percent means that these programs typically test only 77

persons before finding one person with HIV infection. The positivity rate for these programs is 30 times higher than would be expected if these programs focused on the general population.

These programs also have superior linkage to treatment and care for those who test positive for HIV. Of those who tested positive through this program, over 86 percent had confirmed attendance at the first HIV-related medical appointment, compared to about 79 percent in the overall population.

Routine HIV Testing in Medical Settings

Program Description and Goals

Targeted HIV testing is essential to reaching vulnerable populations. A complementary approach, routine testing, can be used in healthcare settings to assure more complete diagnosis of persons with HIV. Guidelines from the U.S. Preventive Services Task Force (USPTF) recommend HIV testing for all persons ages 15 to 65 years seen in medical settings, unless they do not consent to the test.³ Persons with ongoing risk should be tested at least once annually. DSHS is committed to expanding routine, integrated, and sustainable HIV testing in medical settings by funding demonstration projects and promoting adoption among healthcare providers through peer advocacy.

Service Providers

One of the program's most important strategies is to ensure that routine HIV screening is available in major medical facilities in the 10 Texas counties with the highest prevalence of persons living with HIV (PLWH). In 2013, 22 of the 24 DSHS routine HIV screening contractors served areas of the state that rank in the top 10 by rate (cases per 100,000 populations) or total number of PLWH. DSHS selected these providers because they serve a large number of racial/ethnic minorities and those who are uninsured or underinsured. Medical settings in 48 Texas counties supported routine HIV testing. Contracting sites included hospital emergency departments, urgent care centers, community health centers (including primary care and family medicine), family planning and teen health clinics, local health department STD clinics, federally qualified health centers, and correctional facilities.

Clients Served

In 2013, DSHS contractors conducted 203,008 tests through routine screening, with the majority of those screened being racial or ethnic minorities. Characteristics of those found to be HIV-positive through this screening closely matches the prevalence for Texas, as shown in Tables 5 and 6. About three out of four positive tests were found among men, and three of four were found among Blacks and Hispanics. The positivity rate among Blacks (2.2 percent) was two times higher than the rate among Whites (0.9 percent), and three times higher than the rate among Hispanics (0.5 percent). Emergency departments identify most of the positives, and it is

³ <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening>

difficult for these facilities to track linkage to care. DSHS is testing better methods of using existing data systems to assess true linkage-to-care rates.

In the tables below, the HIV-positive test counts and rates take into account all HIV-positive tests. The counts and rates for new HIV-positive tests include only those HIV-positive tests that were first time diagnoses (i.e., persons not previously diagnosed). The overall positivity rate of 10 positives per 1,000 persons screened far exceeds the rate cited by guidelines from the Centers for Disease Control and Prevention (CDC) as an indicator of productive screening, which is defined as one positive test per 1,000 screened.⁴ When the rate is limited to new positives, it is four times higher than the national guidelines, indicating that these sites are well chosen and that routine testing is a valuable strategy for diagnosing HIV.⁵

Table 5: Clients Receiving Routine HIV Testing Services in Texas by Sex, Texas 2013

| Sex | All Tested | Positive Tests | | New Positive Tests | | Positives Successfully Linked to Care | % Linked to Care |
|--------------|----------------|----------------|-----------|--------------------|---------------------|---------------------------------------|------------------|
| | | Number | Rate | New Positive | New Positivity Rate | | |
| Male | 85,149 | 1,616 | 2% | 667 | 0.8% | 1,157 | 72% |
| Female | 117,841 | 497 | 0% | 166 | 0.1% | 301 | 61% |
| Unknown | 18 | 0 | 0% | 0 | 0.0% | 0 | 0% |
| Total | 203,008 | 2,113 | 1% | 833 | 0.4% | 1,458 | 69% |

Table 6: Selected Characteristics of Clients Receiving Routine HIV Testing Services, Texas 2013

| Race/Ethnicity | All Tests | Positive Tests | | New Positive Tests | | Positives Successfully Linked to Care | % Linked to Care |
|----------------|----------------|-----------------|-----------------|--------------------|---------------------|---------------------------------------|------------------|
| | | Total Positives | Positivity Rate | New Positive | New Positivity Rate | | |
| White | 45,808 | 425 | 0.9% | 150 | 0.3% | 294 | 69% |
| Black | 54,742 | 1221 | 2.2% | 428 | 0.8% | 842 | 69% |
| Hispanic | 91,751 | 435 | 0.5% | 242 | 0.3% | 301 | 69% |
| Other | 9,091 | 24 | 0.3% | 10 | 0.1% | 16 | 67% |
| Unknown | 1,616 | 8 | 0.5% | 3 | 0.2% | 5 | 63% |
| Total | 203,008 | 2,113 | 1.0% | 833 | 0.4% | 1,458 | 69% |

Special Projects and Programs

⁴ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

⁵ The positivity goal of targeted testing programs is ten times higher because these programs are focused on reaching and testing persons at very high risk. Facility-based screening is a different approach where large numbers of persons at a medical facility are tested without a detailed assessment of personal risk. Targeted programs are more labor intensive due to the counseling offered to the clients, but the higher number of positives per tests makes these programs cost-effective. Targeted programs will not reach each positive person, however, so to boost chances of finding all positives, large scale screening programs with lower costs per test, are a complementary approach. The cost effectiveness of this approach lies in the lower cost per test, since more tests are needed to find a positive client.

DSHS continues to examine opportunities to create policy and practice guidelines within public health that promote routine HIV testing. Efforts include meeting with county and state medical professional organizations, local health departments, and hospital districts. DSHS has an ongoing consultation with the Texas/Oklahoma AIDS Education Training Center to identify training needs and methods for implementing CDC guidelines for routine HIV testing in Texas medical settings.

The Test Texas HIV Coalition, formed by DSHS with a number of partners in 2009, held several meetings and conference calls in the past year. The purpose of these meetings was to:

1. Promote routine HIV testing in medical settings and educate providers about the USPSTF recommendations for HIV testing and the National HIV/AIDS Strategy;⁶
2. Increase the number of physicians and healthcare organizations that offer routine testing according to CDC recommendations;
3. Bring communities together to engage and support them in addressing the HIV epidemic in their areas; and
4. Share best practices and expertise with fellow stakeholders.

To further the goal of educating healthcare professionals about routine HIV testing, DSHS staff presented at county medical society meetings, advertised in medical professional journals and newsletters, and hosted educational exhibits at medical professional conferences.

Outcomes and Effectiveness

The positivity rate of these screening projects, 10 positives per 1,000 tests, greatly exceeds the indicator in national guidelines for successful and productive screening, defined as 1 positive per 1,000 tests.

Partner Services for HIV

Program Description and Goals

The goal of partner services is to stop ongoing disease transmission. By counseling and interviewing recently-diagnosed persons, HIV programs may identify contacts possibly exposed to the infectious agent. This allows programs to locate contacts, offer counseling and testing, and link any infected contacts to treatment services. Linkage to care allows individuals to reduce their viral load through treatment, and thus reduces the likelihood of further spread of disease in the community.

The DSHS HIV/STD program supports HIV partner services programs at local and regional health departments. Highly trained disease intervention specialists (DIS) provide these services. The process begins when a DIS receives a surveillance report of a newly infected person. The DIS locates the person, refers him or her for examination and treatment, and provides counseling

⁶ <http://www.whitehouse.gov/administration/eop/onap/nhas>

on methods to reduce or eliminate the risk of passing the infection to others. The DIS also elicits the names, addresses, and other locating information of sex and needle-sharing partners. Using field investigation techniques, the DIS locates and refers partners for examination, treatment, and counseling. This process continues with identification of each infected partner.

Service Providers

DSHS funds partner services through its regional offices and the following eight local health departments: Austin/ Travis County Health and Human Services Department, Corpus Christi Health District, Dallas County Health and Human Services, City of El Paso Department of Public Health, Galveston County Health District, City of Houston Health and Human Services Department, San Antonio Metro Health Department, and Tarrant County Public Health.

Clients Served

In 2013, DIS interviewed 3,277 HIV-infected persons. From those interviews, 5,362 HIV sex/needle-sharing partners and high-risk social network contacts were located, counseled, and tested for HIV. Among those tested, 155 new HIV-infected persons were identified. In 2013, DIS successfully referred 3,090 of 3,277 (94.3%) new HIV-infected individuals interviewed to medical care.

Special Projects and Programs

In 2013, DSHS routinely provided surveillance reports to the Austin/Travis County and Dallas County health departments. These reports identify health department clients who are recently diagnosed with HIV and are not in care within six months of their initial diagnoses, and persons who have HIV and have no evidence of recent care within the prior year. Evidence of care refers to information such as laboratory test results, prescriptions for HIV medication, or medical appointments on record. The intent of this new initiative is to assist the health departments with reducing the number of untreated individuals and the spread of HIV within their jurisdictions.

Dallas County closed 382 cases in 2013. Of the persons deemed eligible for linkage to care and who were living in jurisdiction, 35 percent were newly linked to care, 33 percent were unable to be located, and 32 percent refused services. Austin/Travis County began the project later than expected and the DIS began working in the program the last quarter of 2013. By December 31, 2013, 16 cases were selected for follow-up and five were closed.

Outcomes and Effectiveness

Partner services programs are highly effective in the identification of new HIV-infected individuals. In 2013, partner services programs identified 155 new positives among the partners notified by the programs, giving an overall positivity rate of 2.9 percent (almost one positive HIV test for every 33 HIV tests done). This is a higher level of case identification than was reported for 2012.

Outpatient HIV Medical and Support Services

Program Description and Goals

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

Program goals are to reduce unmet needs for HIV-related medical care, promote consistent participation in care, and to maximize the number of persons with a suppressed viral load. The federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 specifies that at least 75 percent of funding must be spent on core medical services. The remainder of funding may be spent on supportive services. Note that these funds fill service gaps so the services eligible for funding in each area of the state vary. Funding priorities are determined through stakeholder processes using epidemiologic data, needs assessments, expenditure and utilization data, and assessment of existing community resources.

Service Providers

In 2013, DSHS contracted with seven administrative agencies (AAs) to administer federal and state funds. AAs oversee needs assessment and service planning and competitively contract for care and treatment services in local communities. There were 56 direct service providers across the state receiving state or federal funds for clinical and supportive services in 2013.

Clients Served

During 2013, RW-funded providers provided at least one service to 39,326 clients. Almost half of known PLWH were served by one of these providers. A slightly greater proportion of women and Hispanics utilized HIV care services through the RW Program compared to the overall population of PLWH in Texas.

Table 7 shows that more children aged 2-13 are receiving RW services than are infected. This is because infants exposed to HIV during birth are eligible to receive services. With quick medical attention, many never become HIV-positive. If it is established that these children are not living with HIV, they are eligible for a very restricted set of RW services.

Table 7: PLWH and RW Clients by Selected Characteristics, Texas 2013

| Demographics | PLWH | | All Services | | Core Medical Services | |
|----------------------|--------|------|--------------|------|-----------------------|------|
| | Number | % | Number | % | Number | % |
| Male | 59,922 | 78% | 27,590 | 74% | 23,378 | 74% |
| Female | 16,699 | 22% | 9,225 | 25% | 7,874 | 25% |
| Other/Unknown | N/A | | 251 | 1% | 214 | 1% |
| White | 21,838 | 29% | 9,369 | 25% | 7,991 | 25% |
| Black | 28,682 | 37% | 15,372 | 41% | 12,518 | 40% |
| Hispanic | 23,018 | 30% | 11,759 | 32% | 10,474 | 33% |
| Other/Unknown | 3,083 | 4% | 566 | 2% | 483 | 2% |
| 2-12 | 222 | 0% | 346 | 1% | 332 | 1% |
| 13-24 | 3,949 | 5% | 2,493 | 7% | 2,118 | 7% |
| 25-34 | 14,001 | 18% | 7,418 | 20% | 6,443 | 20% |
| 35-44 | 19,691 | 26% | 9,475 | 26% | 8,159 | 26% |
| 45-54 | 24,399 | 32% | 11,569 | 31% | 9,648 | 31% |
| 55+ | 14,359 | 19% | 5,765 | 16% | 4,766 | 15% |
| Total | 76,621 | 100% | 39,326 | 100% | 31,466 | 100% |

Table 8 shows the array of services supported in Texas through state and federal funds and the number of persons receiving these services. As can be seen, more clients received outpatient medical care than any other core service and about half received medical case management services. A client may receive more than one service type.

Table 8: Overview of Services Provided through RW-Funded Providers, Texas 2013

| Core Services | Ryan White Clients (n=39,326) | |
|---|-----------------------------------|-----|
| | Number | % |
| Outpatient/Ambulatory Medical Care (OAMC) | 25,986 | 70% |
| Medical Case Management (including Treatment Adherence) | 17,937 | 48% |
| AIDS Pharmaceutical Assistance (local) | 11,113 | 30% |
| Oral Health Care | 9,293 | 25% |
| Mental Health Services | 2,443 | 7% |
| Medical Nutrition Therapy | 2,128 | 6% |
| Substance Abuse Services - Outpatient | 782 | 2% |
| Early Intervention Services (Parts A and B) | 669 | 2% |
| Insurance Payment | 642 | 2% |
| Medicare/Medicaid Supplement | 173 | 0% |
| Home and Community-Based Health Services | 164 | 0% |

| | | |
|------------------|----|----|
| Hospice Services | 89 | 0% |
| Home Healthcare | 17 | 0% |

Support Services

| | | |
|--|--------|-----|
| Case Management (non-medical) | 18,234 | 49% |
| Medical Transportation Services | 5,609 | 15% |
| Food Bank/Home-Delivered Meals | 5,409 | 14% |
| Outreach Services | 3,161 | 8% |
| Transportation | 1,037 | 3% |
| Other Services | 990 | 3% |
| Health Education/Risk Reduction | 905 | 2% |
| Emergency Financial Assistance | 667 | 2% |
| Psychosocial Support Services | 575 | 2% |
| Legal Services | 523 | 1% |
| Linguistic Services | 189 | 1% |
| Housing Services | 167 | 0% |
| Respite Care | 153 | 0% |
| Treatment Adherence Counseling (non-medical) | 135 | 0% |
| Client Advocacy | 115 | 0% |
| Substance Abuse Services - Residential | 21 | 0% |
| Child Care Services | 5 | 0% |

Special Projects and Programs

The purpose of the RW Minority AIDS Initiative (MAI) is to provide education and outreach services to increase the number of eligible racial and ethnic minorities who have access to treatment through the RW Part B AIDS Drug Assistance Program (ADAP) or other services that secure medications. DSHS focuses these services on promoting participation of minority HIV-infected persons recently released from the Texas Department of Criminal Justice (TDCJ) or local jails. During the 2011-2012 contract period from April 1, 2011, to March 31, 2012, MAI providers enrolled 554 minority PLWH exiting TDCJ facilities or local jails into the ADAP.

Outcomes and Effectiveness

The program’s effectiveness is evident in its ability to retain clients in medical care. One way to measure retention is to examine the proportion of PLWH who have two medical visits at least three months apart during a 12-month period. In 2013, only 61 percent of Texans known to be living with HIV were retained in medical care. About 86 percent of RW program participants were retained in medical care. This indicates the success that medical case management and other RW services have in keeping clients in medical care.

HIV Drug Assistance Program

Program Description and Goals

[The Texas HIV Medication Program](#) (THMP) uses federal and state funds to purchase and distribute medications for the treatment of HIV infection and opportunistic infections for PLWH. To qualify for medications, clients complete an application and must meet eligibility criteria.

Service Providers

The THMP consists of two programs: ADAP and the HIV State Pharmacy Assistance Program (SPAP). The ADAP is the larger of the two programs and provides medications on a monthly basis to clients using a statewide network of more than 500 participating pharmacies. These pharmacies include hospital, clinic-based, and community-based commercial pharmacies. The SPAP provides assistance with deductibles, co-pays, and coinsurance for individuals meeting THMP eligibility criteria and enrolled in a Medicare Part D prescription drug plan.

Clients Served

During FY 2013, the THMP added a monthly average of 271 first-time enrollees and served a monthly average of 10,879 clients. Across the course of the year, the THMP served 18,304 unduplicated clients. ADAP provided medications for 266,130 prescriptions. The SPAP, through paying deductibles and co-pays, provided medications for an additional 115,210 prescriptions. Taking ADAP and SPAP prescriptions together, the program had a 4.25 percent increase in prescriptions provided from FY 2012 to 2013.

Of the 18,304 clients served by the THMP in FY 2013, 76 percent were male, 23 percent were female, and one percent were transgendered individuals. ADAP client distribution by race/ethnicity was as follows: White, non-Hispanic accounted for 17 percent; Blacks accounted for 36 percent; and Hispanic clients accounted for 42 percent. The remaining five percent were clients from other racial and ethnic groups. The largest percentage of clients served by ADAP in FY 2013 were 30 to 39 years old (28 percent).

Special Projects and Programs

Working with the national ADAP Crisis Task Force, the THMP assisted in negotiating continued pricing discounts for all antiretroviral medications on the ADAP formulary in calendar year 2013. The THMP continues to offer online educational training for case managers who help individuals apply for medication assistance in Texas. The training focuses on how to submit a complete ADAP application, highlights common problems experienced with incomplete applications, and shows how Texas ADAP fits in among other programs such as Medicare, Medicaid, and private health insurance.

Outcomes and Effectiveness

The THMP is able to provide treatment drugs at a cost significantly below market value, and below the discounts provided through the federal [340B Drug Pricing Program](#). The SPAP delivers further savings by wrapping around insurance coverage rather than providing drugs directly. The SPAP co-payments can also be submitted to drug manufacturers for rebates, a practice that created a significant supplemental funding stream for the program in 2013.

Of the clients with viral load information available and served by the THMP in 2013, 79 percent had a suppressed viral load. Suppressed viral load is the gold standard of effectiveness for HIV programming, as it indicates both good personal health and reduced chances of further transmission.

Housing for Persons with HIV

Program Description and Goals

The Housing Opportunities for Persons with AIDS (HOPWA) program, funded by the U.S. Department of Housing and Urban Development (HUD), provides housing assistance and supportive services to income-eligible PLWH and their families. The purpose of the program is to establish or better maintain a stable living environment in decent, safe, and sanitary housing to reduce the risk of homelessness and to improve access to health care and supportive services. The Texas HOPWA program provides tenant-based rental assistance (TBRA); short-term rent, mortgage, and utility payments (STRMU); permanent housing placement (PHP) assistance; and supportive services.

Service Providers

There are 23 Texas HOPWA providers covering all 26 HIV service delivery areas. These providers integrate the delivery of housing services with the delivery of other HIV-related medical and supportive services.

Clients Served

The 2013 Texas HOPWA program year extends from February 1, 2013 to January 31, 2014. During the 2013 program year, DSHS served 441 households with TBRA, 470 households with STRMU, and 12 households with PHP services. Of the total 923 unduplicated households served, 907 households (98 percent) received HOPWA-funded supportive services as well. DSHS also assisted an additional 796 family members residing with the HOPWA clients. The majority of HOPWA clients received housing case management (96 percent) and had a housing plan (98 percent).

Outcomes and Effectiveness

By the end of the 2013 HOPWA project year, 97 percent of TBRA households were living in stable housing, well above the 85 percent national goal set by HUD's Office of HIV/AIDS Housing. For STRMU households, 98 percent were living in stable and temporarily stable housing with reduced risk of homelessness combined. Broken out, 48 percent of STRMU households were stable and 50 percent of STRMU households were temporarily stable with reduced risk of homelessness. Furthermore, 14 clients who were provided stable housing had been classified as chronically homeless⁷, of which three were veterans. An additional 24 veterans received HOPWA housing assistance. Both the quantitative and qualitative data demonstrate that HOPWA services increase client access to supportive services and health care, and improve health outcomes. Project sponsors reported 99 percent of HOPWA clients had contact with a primary healthcare provider; 83 percent had medical insurance coverage or medical assistance; 90 percent maintained sources of income; and 28 percent secured an income-producing job. Project sponsors also reported that many clients receiving housing assistance through the HOPWA program showed improved compliance with medication and better adherence to medical and counseling appointments. They also experienced increased access to supportive services.

Program Planning, Monitoring, and Evaluation

HIV/STD Prevention and Services Planning

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

The plan structure draws on both the treatment cascade, described in the introduction of this report, and a socio-ecological framework. This framework recognizes that an individual's behavior takes place in the context of a social and physical environment that surrounds the person. By using this framework, the plan reflects the need for HIV activities to take place across the many levels of social and physical environments. The plan also reflects the priorities of the [National HIV/AIDS Strategy](#). The framework was revised in 2013 and includes implementation details.

HIV Prevention Training and Program Monitoring

⁷ HUD adopted the federal definition, which defines a chronically homeless person as either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.

The HIV/STD program staff is responsible for programmatic monitoring and providing technical assistance to contracted agencies providing HIV prevention services and to HIV services AAs. The AAs, in turn, monitor and provide technical assistance to the providers of HIV-related clinical and supportive services. This monitoring and assistance allows program staff to create more systematic trainings and policies to strengthen the delivery of services.

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

In 2013, program staff and contracted training providers presented in-person and online training and technical assistance on a variety of topics. These topics include effective HIV counseling and testing, standards for HIV case management, presentation and facilitation skills, use of patient assistance programs, conducting comprehensive risk counseling services, administration of housing grants, customizing and implementing group and community level interventions, assisting clients in obtaining insurance, and putting theories of behavior change into HIV practice.

Staff completed 40 HIV prevention site visits in 2013, including seven programmatic monitoring reviews and 33 technical assistance visits.

Conclusion

Through a variety of program offerings, the HIV/STD program at DSHS works with local health departments, public hospitals, and community-based organizations to increase awareness of HIV as a health issue and provide information on where to find testing, treatment, and prevention resources to prevent HIV infection through reduction in risk behaviors, to reduce undiagnosed HIV infections, and to increase the number of Texans living with HIV who have continuous access to treatment.