2027–2031 Texas HIV Plan

TEXAS
Health and Human Services

Texas Department of State Health Services

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Introduction

119,236 Texans were living with diagnosed HIV in 2024. This number represents only Texans aware of their status. The Texas Department of State Health Services (DSHS) estimates that 23,300 Texans were living with undiagnosed HIV in 2023, the latest year available. Between 2015 and 2023, DSHS estimates that roughly 4,000 to 5,000 Texans acquired HIV annually.

The 2027–2031 Texas HIV Plan draws on the past decade of work by the Texas integrated prevention and care stakeholder group, the Texas HIV Syndicate, and other community stakeholders to develop goals and objectives to address the ongoing HIV epidemic in Texas. The DSHS 2027–2031 Texas HIV Plan expands on work from the prior 2022–2027 plan, through the partnerships and planning products of other Ryan White partners, including the use of Part A resource information, data, and needs assessments.

DSHS developed the Statewide Coordinated Statement of Need (SCSN) portions of this plan through partnerships and data sharing with Ryan White Program Partners across Texas. Elements of the SCSN encompass the resources and needs that Part A, C, and D grantees identified and include direct and indirect input from people living with HIV (PLWH).

This plan integrates the existing Texas HIV continuum of care framework with the Ending the HIV Epidemic (EHE) pillars to provide a structure for developing and implementing the plan's goals and objectives (Table 1).

Table 1: Texas HIV Continuum of Care and EHE Pillar Crosswalk

<table>
<tr><th>Texas HIV Continuum of Care</th><th colspan="2">EHE Pillar</th></tr>
<tr><td>Increase access to HIV prevention efforts for communities and groups most vulnerable to HIV.</td><td>Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP).</td><td rowspan="6">Respond quickly to potential outbreaks to get needed prevention and treatment services to people who need them.</td></tr>
<tr><td>Successfully diagnose all people living with HIV.</td><td>Diagnose all people with HIV as early as possible.</td></tr>
<tr><td>Increase timely linkage to HIV-related treatment for people newly diagnosed.</td><td rowspan="3">Treat people with HIV rapidly and effectively to reach sustained viral suppression.</td></tr>
<tr><td>Increase continuous participation in systems of treatment among PLWH.</td></tr>
<tr><td>Increase viral suppression among PLWH.</td></tr>
</table>

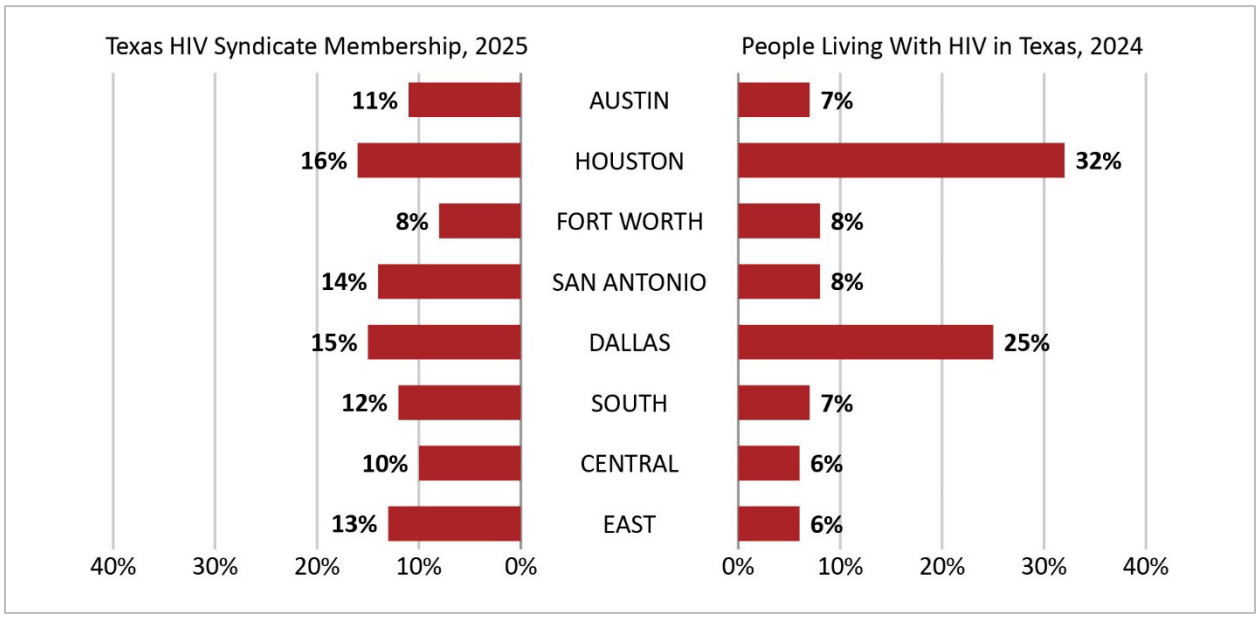
DSHS and its stakeholders developed the goals of the 2027–2031 Texas HIV Plan using epidemiological and treatment data, and community input to address the HIV epidemic in Texas. The overarching goals of the 2027–2031 Texas HIV Plan are:

- A 50 percent reduction in the annual number of Texans who acquire HIV.
- Ensure 90 percent of Texans living with HIV are aware of their status.
- Ensure 90 percent of Texans living with diagnosed HIV are on antiretroviral therapy (ART).
- Ensure 95 percent of Texans who are on ART achieve viral suppression.

Community Engagement and Planning Process

The Texas HIV Syndicate (THS) is the integrated statewide stakeholder group in Texas with roughly 140 members. The group represents eight regions, including two Ryan White Part A Eligible Metropolitan Areas (EMA) (Dallas and Houston) and three Transitional Grant Areas (TGA) (Fort Worth, Austin, and San Antonio). The remaining regions are East Texas, Central and Panhandle, and South Texas. Figure 1 provides a comparison of THS members by region with Texans diagnosed and living with HIV.

Figure 1: Proportion of THS Members Compared to Texans Living with HIV by Region



Source: 2025 Texas HIV Syndicate Demographic Survey, Routine HIV Surveillance data, released July 2025. *Sums may not add up to exactly 100 percent due to whole-percentage rounding.*

DSHS strives to maintain balanced membership relative to communities and areas impacted by HIV. THS connects peers from across Texas to share challenges and knowledge and to develop responses that increase the effectiveness of HIV prevention and treatment efforts.

THS includes representatives from programs receiving Ryan White Parts C, D, and F funding, Ryan White Part A Planning Councils, organizations that receive direct HIV prevention funding from the Centers for Disease Control and Prevention (CDC), organizations that receive Substance Abuse and Mental Health Services

Administration (SAMHSA) funding, and members of impacted communities. People with lived experience make up roughly one in four members of THS.[1]

In developing the 2027–2031 Texas HIV Plan, DSHS drew on the last decade of conversations and input from THS. Additionally, DSHS convened the THS throughout 2025 and 2026 through both in-person and virtual meetings to gather stakeholders' ideas and input. DSHS facilitated discussions focused on specific input in each of the EHE pillars, discussions specific to each of the disproportionately impacted communities, and focused discussions relevant to PLWH.

This plan includes key overarching goals that have emerged over the last five years of HIV planning with the THS and other stakeholder groups:

- A 50 percent reduction in the annual number of Texans who acquire HIV.
- Ensure 90 percent of Texans living with HIV are aware of their status.
- Ensure 90 percent of Texans living with diagnosed HIV are on antiretroviral therapy (ART).
- Ensure 95 percent of Texans who are on ART achieve viral suppression.

DSHS and its stakeholders developed the 2027–2031 Texas HIV Plan using data collected by the DSHS HIV Epidemiology and Surveillance program. Texas requires providers to report all HIV-positive test results, CD4 lab results, and HIV viral load results to the state. As a result, Texas has a robust data system to capture and accurately represent the HIV epidemic across the state.

Additionally, DSHS used needs assessment data captured between 2022 and 2026 to develop the 2027–2031 Texas HIV Plan. These data encompass responses from roughly 3,000 Texans living with, or vulnerable to, HIV.

[1] 2026 Texas HIV Syndicate Member Demographics Survey, unpublished data.

Epidemiologic Overview for Texas, 2015–2024

The snapshots of HIV in Texas presented in this overview provide descriptions of people living with diagnosed HIV in 2015–2024 and the current standings on the critical measures in this HIV Plan. The indicators of progress are:

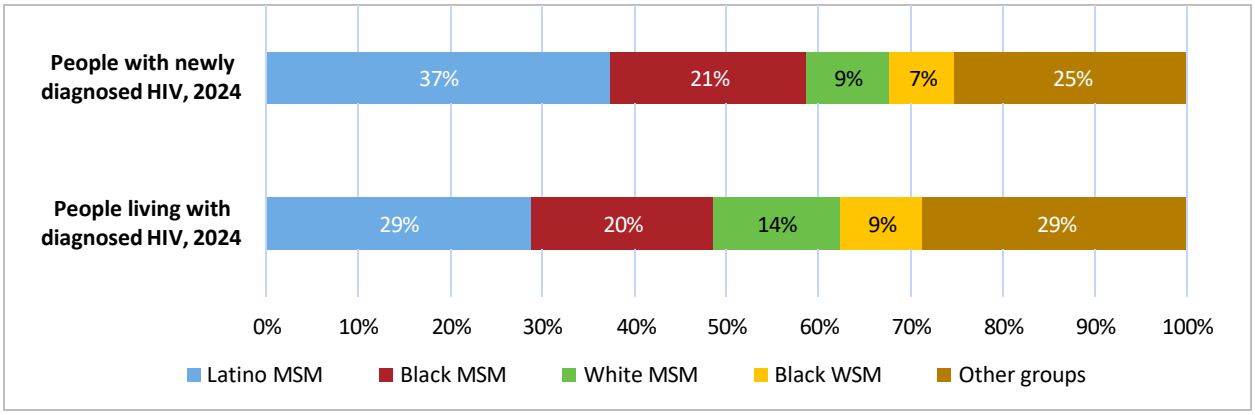
- increasing the proportion of all PLWH who have received a diagnosis to no less than 90 percent by 2031 from a baseline of 84 percent in 2022,
- increasing the proportion of diagnosed PLWH on ART to no less than 90 percent by 2031 from a baseline of 89 percent in 2022,
- increasing the proportion of people on ART who have achieved viral suppression to no less than 95 percent by 2030, from a baseline of 88 percent in 2022, and
- reducing the number of Texans who acquire HIV each year by half from 4,800 in 2022 to no more than 2,400 annually by 2031.

The profile focuses on groups that give the most information on improving services and systems. For example, knowing that high numbers of Latino men who have sex with men (MSM) have unsuppressed viral loads provides more information than knowing there are high numbers of men with unsuppressed viral loads.

Disproportionately Impacted Populations

The Texas HIV Plan identifies four disproportionately impacted populations for priority HIV prevention and treatment action: Latino MSM, Black MSM, White MSM, and Black women who have sex with men (WSM). As Figure 2 shows, members of these groups made up roughly three out of four people living with diagnosed HIV in 2024 and seven out of ten people newly diagnosed in 2024. Latino MSM make up the largest group of each of these two profiles.

Figure 2: Disproportionately Impacted Populations in Texas, 2024

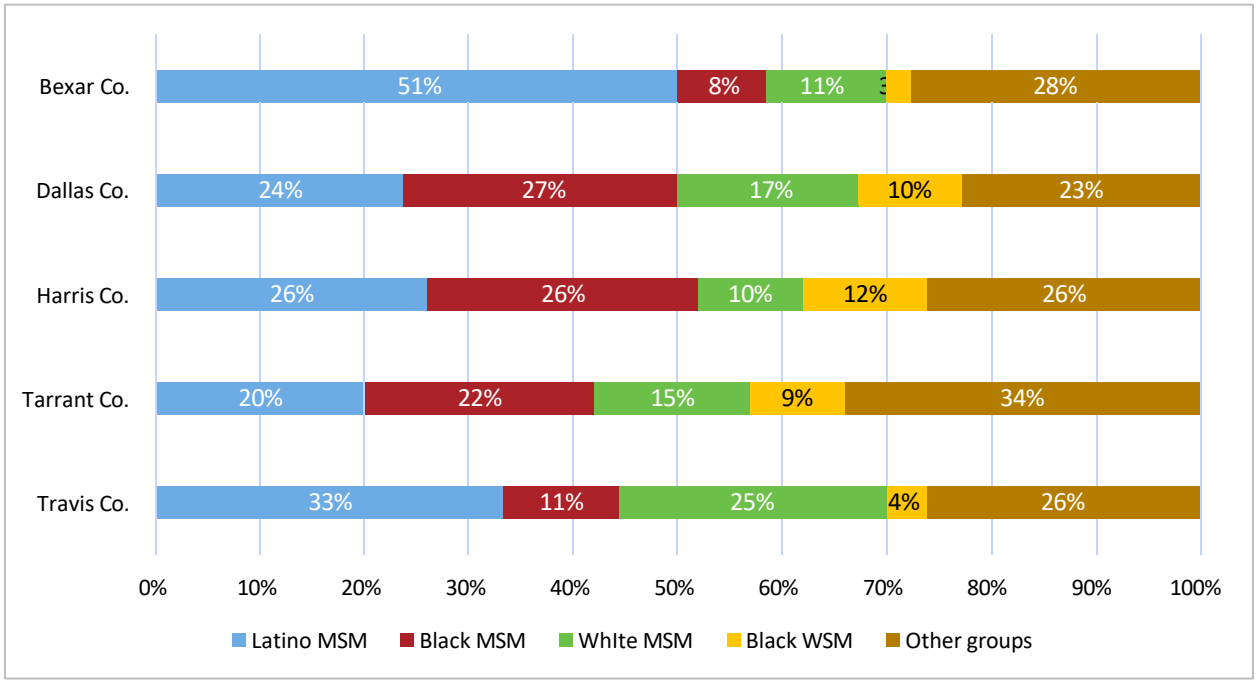


Source: Routine HIV surveillance data, released July 2025. Sums may not add up to exactly 100 percent due to whole-percentage rounding.

Texas has five counties that receive federal EHE funds: Bexar County (San Antonio), Dallas County, Harris County (Houston), Tarrant County (Fort Worth), and Travis County (Austin). In 2024, nearly three out of five individuals with new HIV diagnoses and PLWH in Texas lived in these five counties.

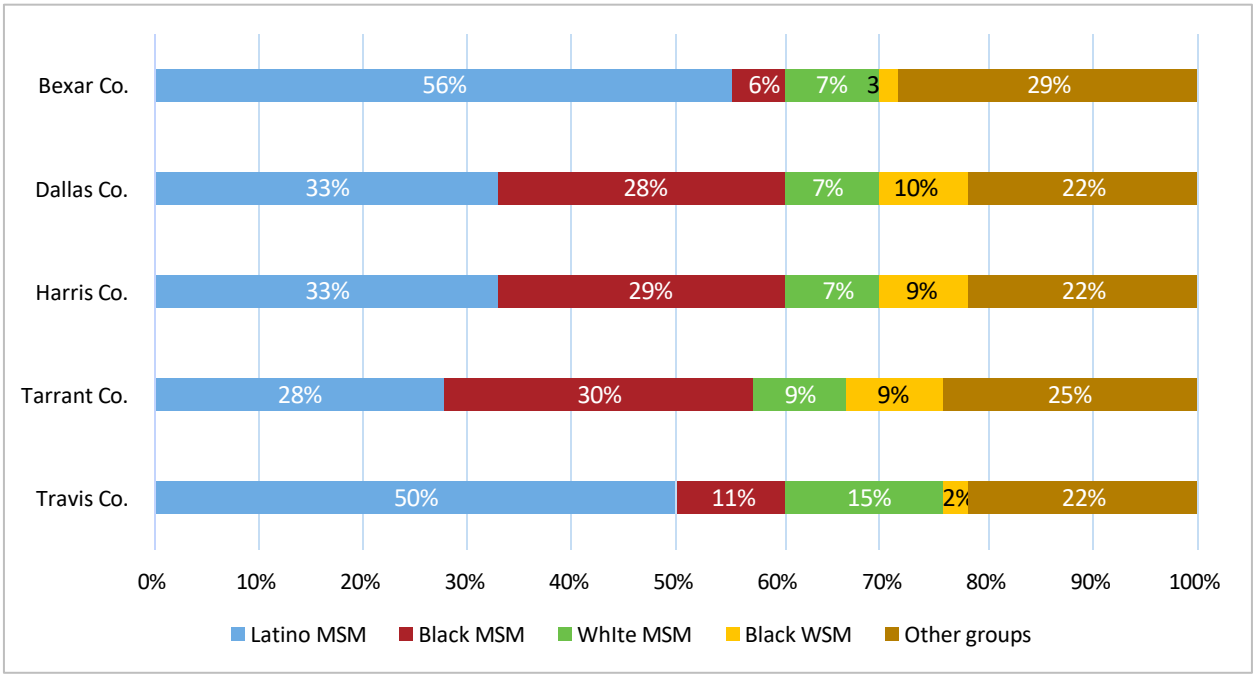
Although communities impacted by HIV differ across counties, the disproportionately impacted populations, identified in Figure 2, accounted for 66 to 78 percent of diagnosed PLWH (Figure 3) and 71 to 78 percent of people with new HIV diagnoses in these EHE counties in 2024 (Figure 4).

Figure 3: Disproportionately Impacted Populations Living with Diagnosed HIV in Texas EHE Counties, 2024



Source: Routine HIV surveillance data, released July 2025. Sums may not add up to exactly 100 percent due to whole-percentage rounding.

Figure 4: Disproportionately Impacted Populations Newly Diagnosed with HIV in Texas EHE Counties, 2024



Source: Routine HIV surveillance data, released July 2025. Sums may not add up to exactly 100 percent due to whole-percentage rounding.

The Big Picture

Between 2015 and 2024, the number of Texans living with diagnosed HIV increased by 39 percent, and by the end of 2024, more than 119,000 Texans were living with diagnosed HIV (Figure 5). The success of treatment drugs that improve the health, extend the lives, and reduce premature deaths in PLWH caused this increase rather than growth in the number of people acquiring HIV.

Around 23,300 people were living with undiagnosed HIV in 2023, and only about 83 percent of people with HIV knew their status.[2]

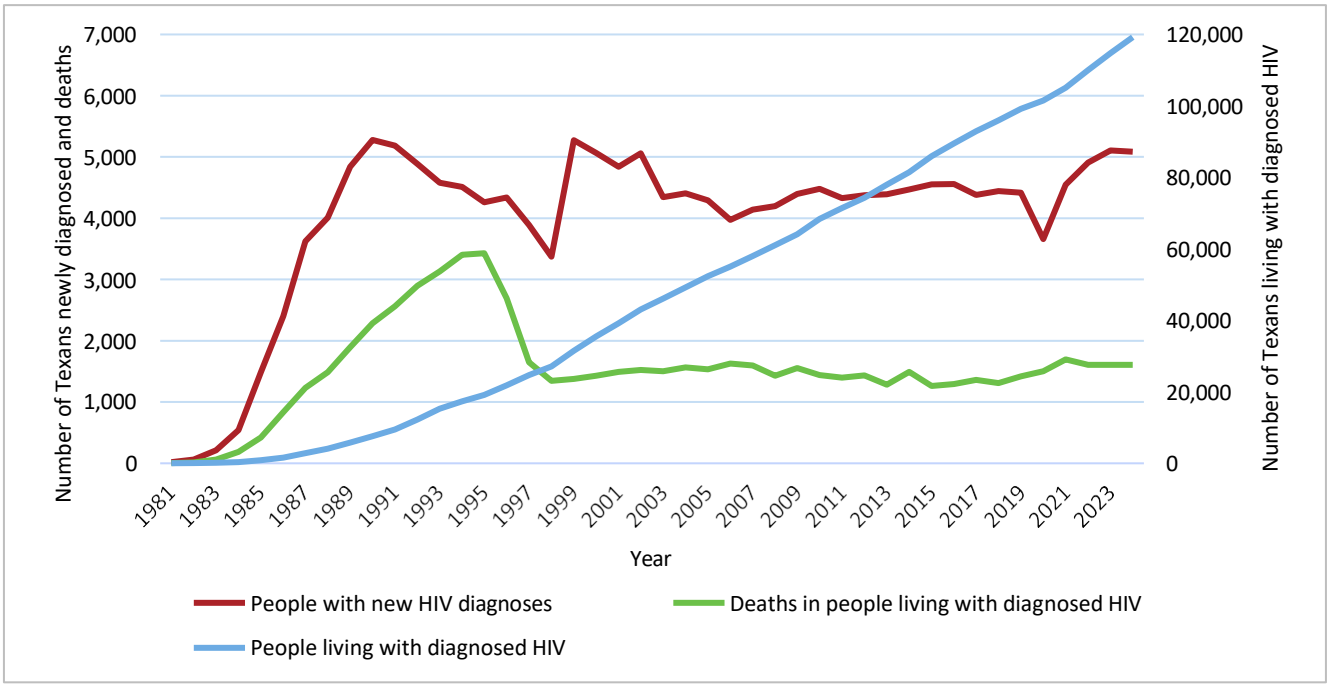
Between 2015 and 2024, 45,662 Texans of all ages received a diagnosis of HIV for the first time. Between 2015 and 2023, an estimated 34,000 Texans acquired HIV.[3] Annual acquisitions were also stable, around 4,800 per year. Figure 5 shows a dip in new diagnoses in 2020, after which the number of diagnoses has risen. However,

[2] Source: Results of CD4 depletion modeling run in January 2025
[3] Acquired HIV is the preferred term for "became infected with HIV."

because the number of acquisitions did not significantly rise, these diagnoses likely identified people living with undiagnosed HIV for an extended period.

Due to effective treatment, the annual number of deaths among people with HIV has remained consistently between 1,400 and 1,600 a year since 1998.[4] Deaths spiked in 2021, rising 13 percent from the prior year, likely due to the COVID pandemic. Still, people with HIV who get early treatment (and stay on treatment) have lifespans relatively close to those of people not living with HIV.[5]

Figure 5: Annual Number of PLWH, the Number of People with New Diagnoses, and the Number of Deaths in PLWH, 1981–2024



Source: Routine HIV surveillance data, released July 2025.

HIV Acquisition in Texas and Progress on the Goal to Cut Acquisition in Half by 2031

People start their journey with HIV by acquiring the virus, so this report starts with HIV acquisition as well. The number of Texans who acquire HIV each year does not match the number of people diagnosed with HIV. Most people have a gap of several

[4] Information on deaths lags two to three years behind information on HIV diagnoses.
[5] Marcus JL, Chao CR, Leyden WA, Xu L, Quesenberry CP Jr, Klein DB, Towner WJ, Horberg MA, Silverberg MJ. Narrowing the Gap in Life Expectancy Between HIV-Infected and HIV-Uninfected Individuals with Access to Care. J Acquired Immune Deficiency Syndr. 2016 Sep 1;73(1):39-46.

years between when they acquire HIV and when they receive an HIV diagnosis. The CDC estimates that about one in four Texans who acquire HIV each year will live three to seven years before diagnosis, and an additional one in four will live more than seven years before diagnosis.[6] People living with undiagnosed HIV miss the life-saving benefits of treatment and are more likely to transmit HIV to others.[7] The gap between when someone acquires HIV and when they receive a diagnosis means that understanding the estimated number, profile, and residence of people acquiring HIV shows where HIV is going in Texas.[8]

How DSHS Estimates the Number of Texans Acquiring HIV

DSHS calculated estimates of HIV acquisitions for 2015–2023 with a CD4 depletion model developed by the CDC.[9] The CD4 depletion model uses the values of the first CD4 test after diagnosis to estimate how long newly diagnosed people have been living with undiagnosed HIV—a low CD4 means someone was living for a longer time with undiagnosed HIV. This allows DSHS to estimate the number of people who acquired HIV as well as the number and proportion of people living with undiagnosed HIV. Learn more about the calculations in the section "Technical Notes and Data Source" in Appendix A.

HIV Acquisition in Texas, 2015–2023

Between 2015 and 2023, an estimated 37,500 Texans 13 and older acquired HIV. Around 4,700 Texans acquired HIV annually over this period, with a rate of about 20 per 100,000 Texans (Figure 6). See the year-by-year profile of Texans acquiring HIV in Appendix A (Table 1).

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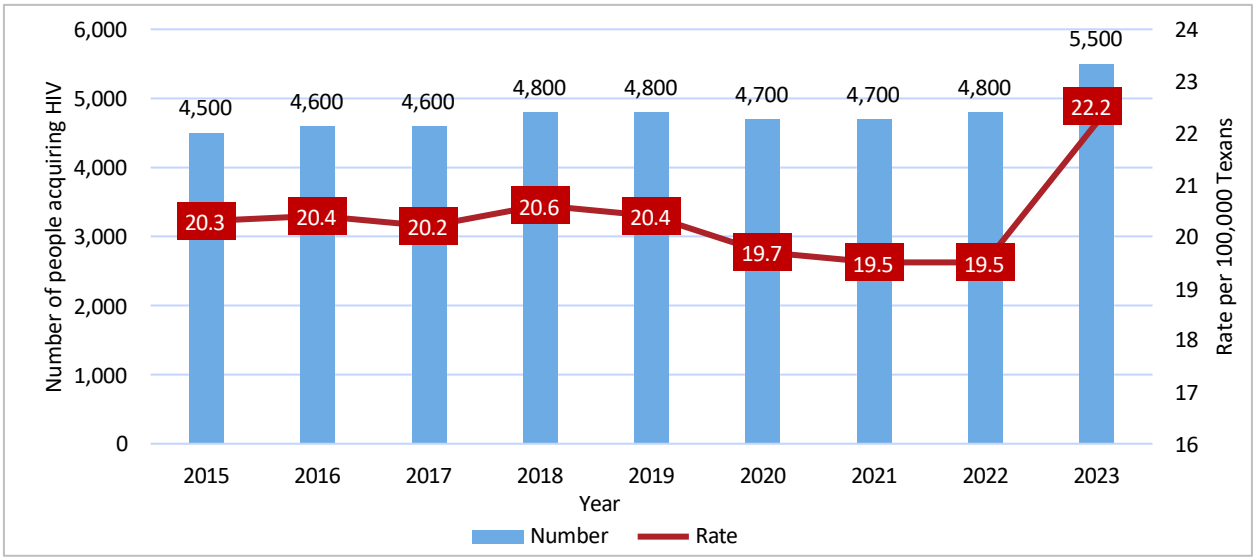
[6] Crepaz, Nicole; Song, Ruiguang; Lyss, Sheryl B.; Hall, H. Irene. Estimated time from HIV infection to diagnosis and diagnosis to first viral suppression during 2014–2018. AIDS 35(13): p 2181-2190, November 1, 2021. | DOI: 10.1097/QAD.0000000000003008

[7] Baxter A, Gopalappa C, Islam MH, Viguerie A, Lyles C, Johnson AS, Khurana N, Farnham PG. Updates to HIV Transmission Rate Estimates Along the HIV Care Continuum in the United States, 2019. J Acquir Immune Defic Syndr. 2025 May 1;99(1):47-54. doi: 10.1097/QAI.0000000000003623. PMID: 39847445; PMCID: PMC11981839.

[8] Dailey AF, Hoots BE, Hall HI, et al. Vital Signs: Human Immunodeficiency Virus Testing and Diagnosis Delays — United States. MMWR Morb Mortal Wkly Rep 2017; 66:1300–1306.

[9] Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. J Acquir Immune Defic Syndr. 2017 Jan 1;74(1):3-9. doi: 10.1097/QAI.0000000000001151. PMID: 27509244.

Figure 6: The Number and Rate per 100,000 Texans Acquiring HIV, 2015–2023



Source: Results of CD4 depletion modeling in January 2025.

HIV acquisition rates among Texans remained stable from 2015 to 2023 (Figure 6).[10]

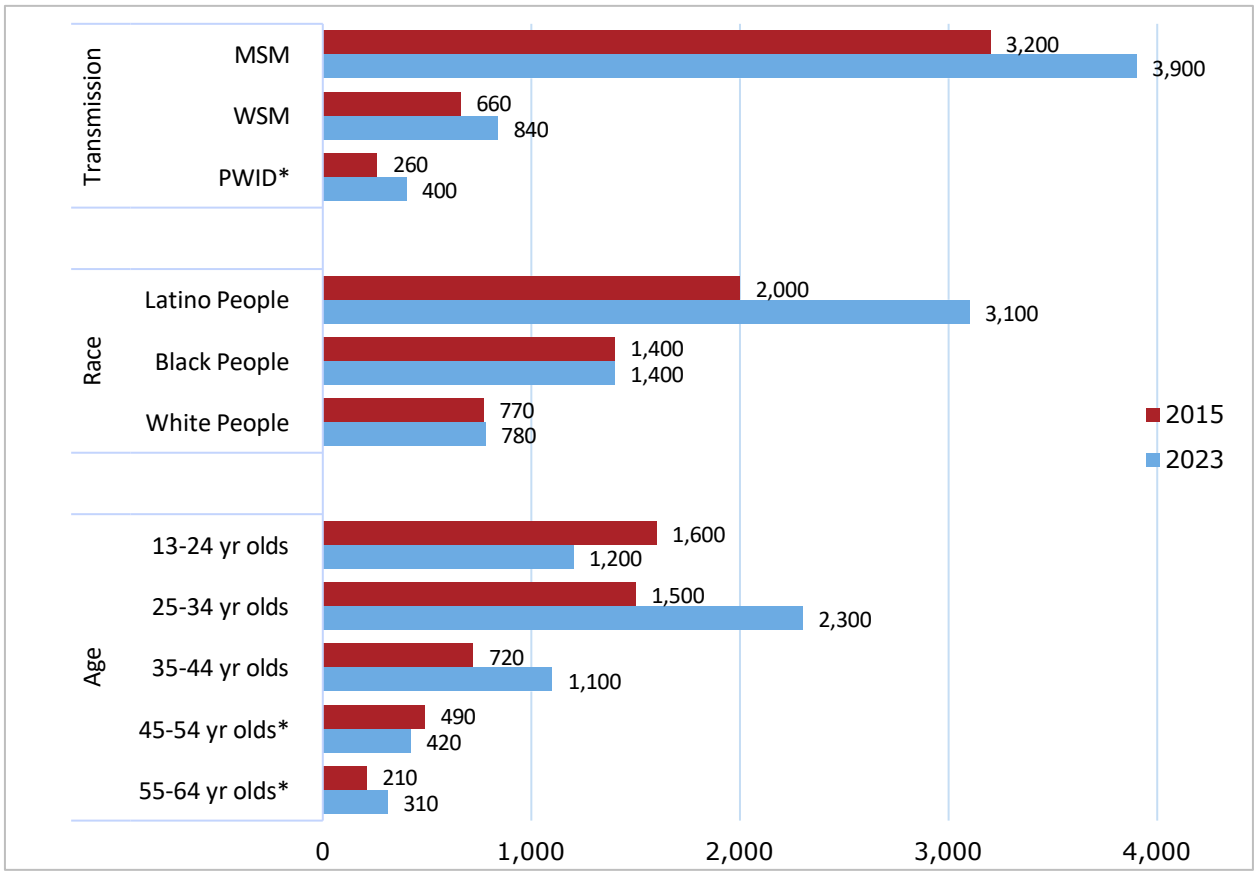
Of the 2023 HIV acquisitions, Figure 8 shows that MSM made up around 71 percent of people acquiring HIV, followed by WSM at 14 percent, and people who inject drugs (PWID) at six percent.

Latino Texans consistently made up the largest race/ethnicity group, making up about half of Texans acquiring HIV in 2015–2023 (Figures 8). The matching growth patterns in both existing and new HIV diagnoses (Appendix A, Tables 6 and 8) confirm that rising cases among Latino MSM drive the overall increase in acquisitions among the broader Latino population.

The overall profile of Texans acquiring HIV remains unchanged over time. As seen in Figure 8, about 39 percent of Texans acquiring HIV between 2015 and 2023 were 25 to 34 years old, followed by 13 to 24-year-olds (28 percent) and 35- to 44-year-olds (18 percent). Only 10 percent were 45 to 54 years old, and five percent were 55 years old or older when they acquired HIV.

[10] There are some shifts in some categories, including age and race/ethnicity. However, these changes are not statistically significant—the differences are not true changes.

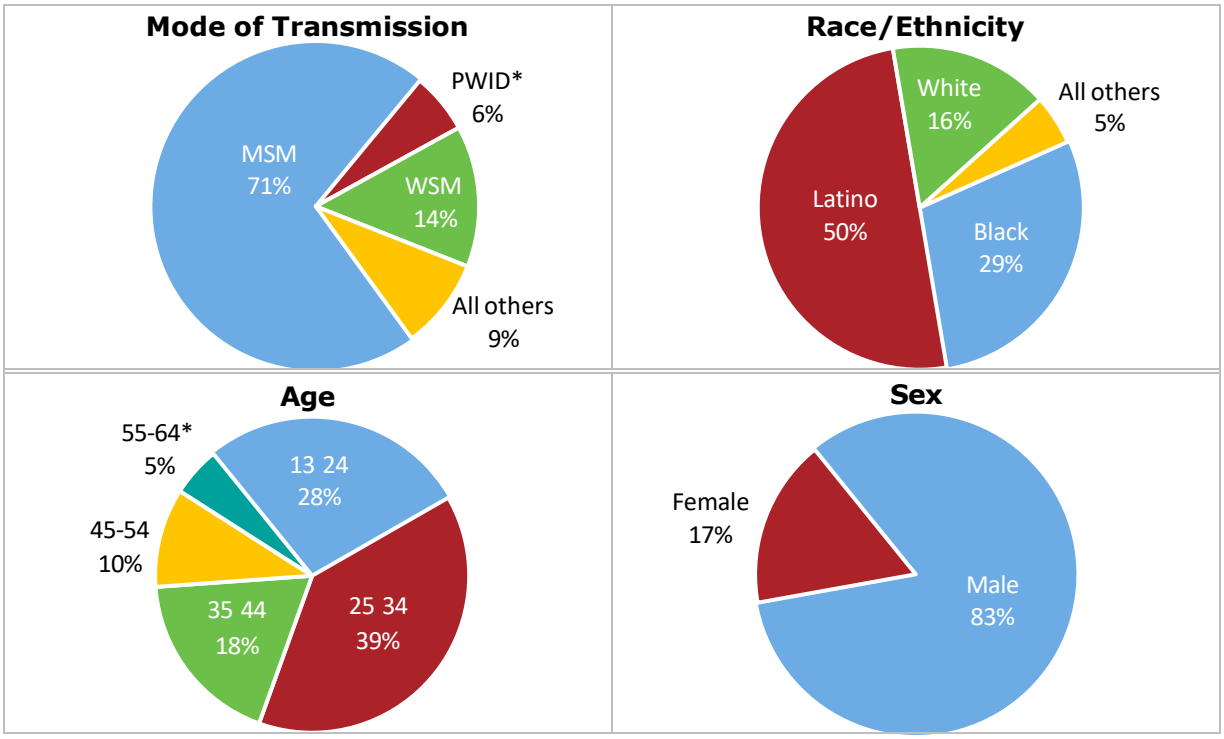
Figure 7: Profiles of Texans Acquiring HIV in 2015 and 2023



**Estimates of HIV incidence, prevalence, and undiagnosed infection with relative standard errors (RSE) ≥30% should be interpreted with caution in alignment with reliability standards from the National Center for Health Statistics..*

Source: Results of CD4 depletion modeling run in January 2025.

Figure 8: Overall Profiles of Texans Acquiring HIV by Transmission, Race/Ethnicity, Age, and Sex, 2015–2023

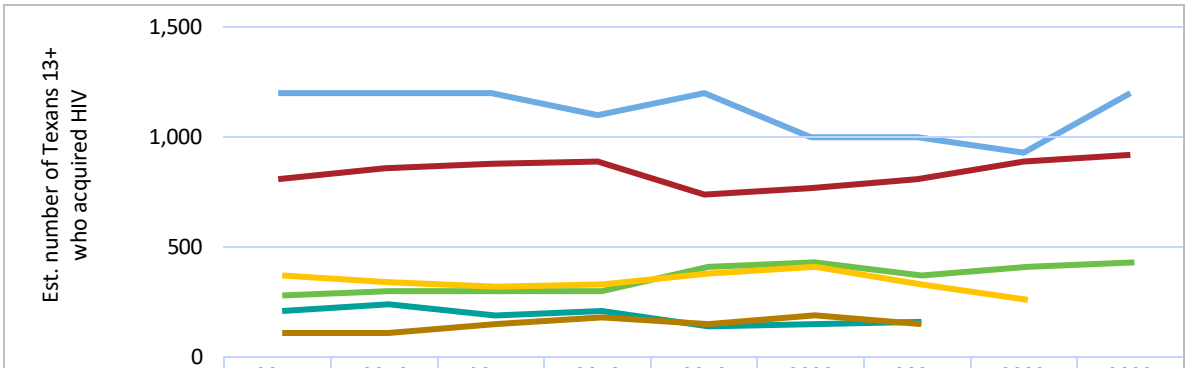


**Estimates of HIV incidence, prevalence, and undiagnosed infection with relative standard errors (RSE) ≥30% should be interpreted with caution in alignment with reliability standards from the National Center for Health Statistics.*
Source: Results of CD4 depletion modeling run in January 2025.

While the CD4 depletion model can provide acquisition estimates at the county level, most counties drop out of this analysis because they have multiple years with estimates too unstable to report, or the estimated number of people acquiring HIV is zero. DSHS provides list of counties reporting no new HIV acquisitions between 2015 and 2023 in Appendix A.

Six counties had stable acquisition estimates across almost all years in the analysis. Five of them are counties that receive federal EHE funding: Bexar (San Antonio), Dallas, Harris (Houston), Tarrant (Fort Worth), and Travis (Austin). El Paso County also estimated stable acquisition. None of these counties showed significant changes over time.

Figure 9: Estimated Annual HIV Acquisition in EHE Counties and El Paso, 2015–2023



	2015	2016	2017	2018	2019	2020	2021	2022	2023
Harris Co.	1,200	1,200	1,200	1,100	1,200	1,000	1,000	930	1,200
Dallas Co.	810	860	880	890	740	770	810	890	920
Tarrant Co.	290	310	310	310	420	440	380	420	440
Bexar Co.	380	350	330	340	390	420	340	270	
Travis Co.	220	250	200	220	150	160	170		
El Paso Co.	120	120	160	190	160	200	160		

Note: Blank cells indicate that the estimate was too unstable to report.
Source: CD4 depletion model run in January 2025.

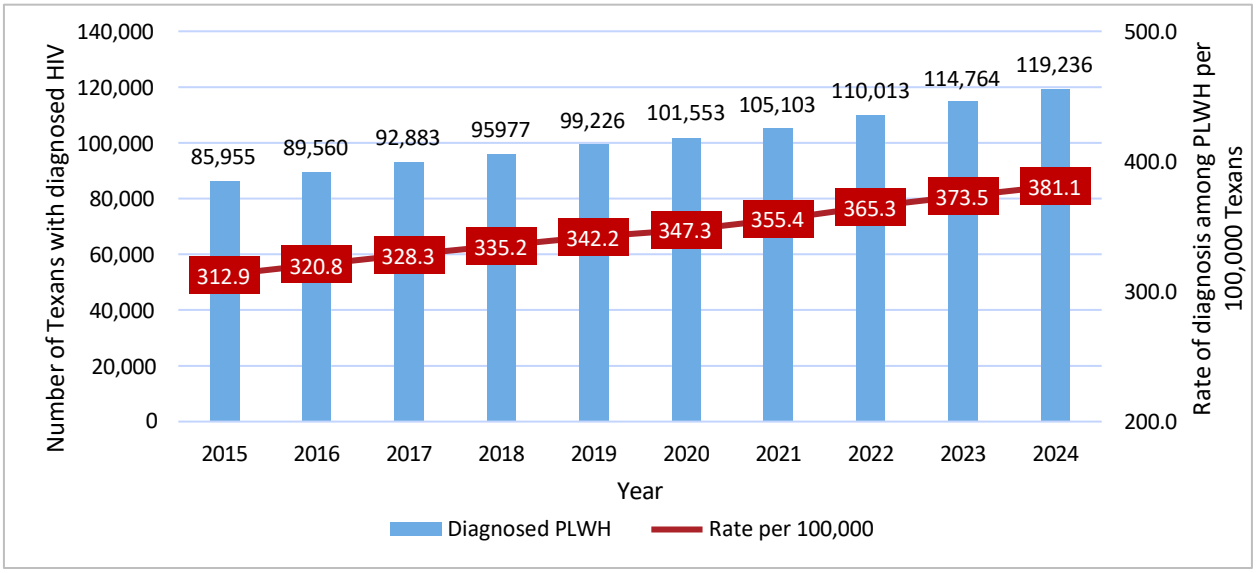
Texans Living with Diagnosed HIV in 2024

DSHS includes a person in the count of diagnosed PLWH if they received a diagnosis of HIV, were alive, and residing in Texas at the end of 2024. It does not matter where a person lived when they received their diagnosis. Reports map geographic distributions according to the last known residence in the year of interest.

Over the past ten years, the number of Texans living with diagnosed HIV increased from 85,955 in 2015 to 119,236 in 2024 (Figure 10). The overall growth rate reached 39 percent over the last decade, averaging about four percent annually (Appendix A, Table 6). Rates, however, rose only 22 percent from 2015 to 2024, about two percent each year. Since the growth in the rate of diagnosed PLWH per 100,000 Texans (22 percent) is a little more than half of the growth rate of the number of PLWH (39 percent), this indicates that the overall population of Texas is growing faster than the number of diagnosed PLWH.[11]

[11] If the diagnosis rate was growing as fast or faster than the growth rate of the number of diagnosed PLWH, this would mean that the number of diagnosed PLWH was growing faster than the general population.

Figure 10: The Number and Rate of Texas Residents Living with Diagnosed HIV, 2015–2024



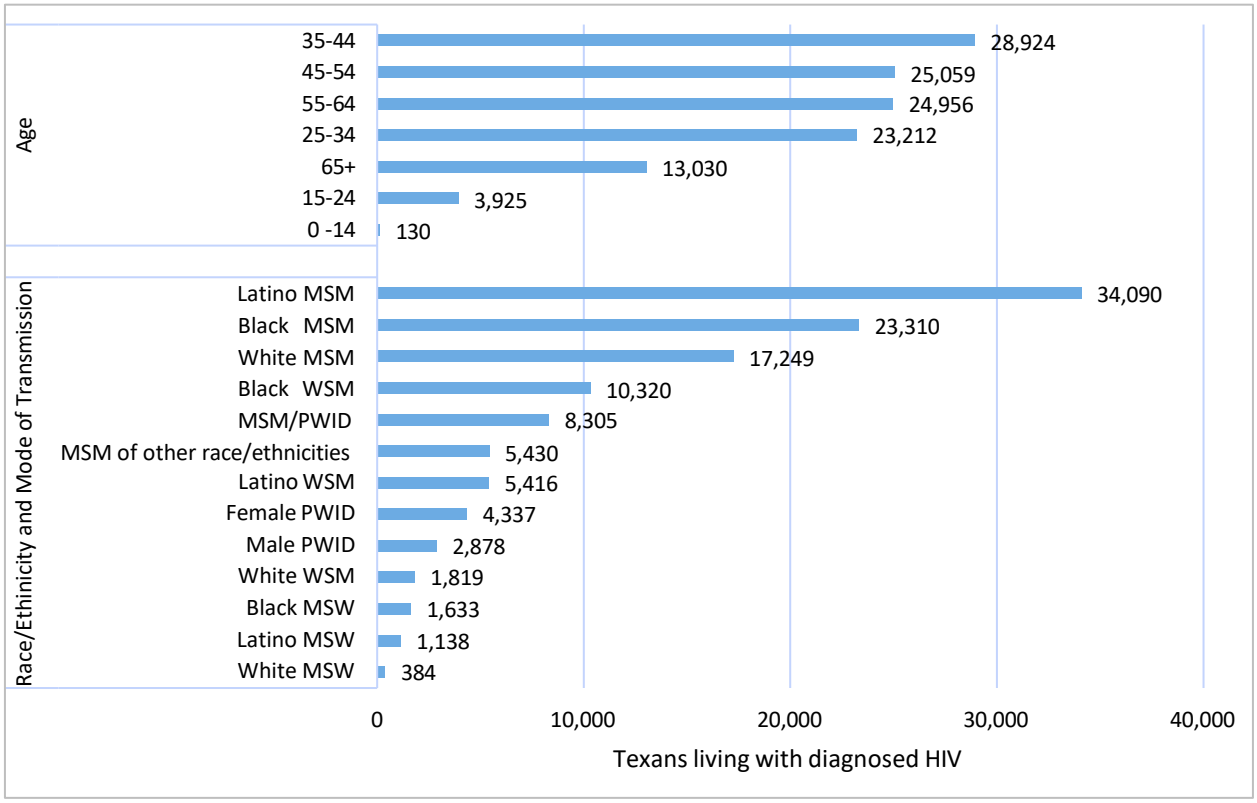
Source: Routine HIV surveillance data, released July 2025.

Figures 11 and 12 show a snapshot of Texans living with diagnosed HIV in 2024. MSM made up about two out of three Texans living with diagnosed HIV in 2024. Latino MSM and Black MSM accounted for about half of Texans living with diagnosed HIV in 2024. The proportion of people 55 and older increased steadily over the years, showing the success of treatment. This population saw no significant increase in the number of acquisitions. See detailed profiles of diagnosed PLWH by year and EHE county in Appendix A.

While the figures in Appendix A help understand the current profile, understanding what drove the 39 percent increase across the years also provides insights. The number of Latino MSM living with diagnosed HIV grew by around 70 percent between 2015 and 2024, increasing by about 14,000 people; the number of Black MSM grew by around 50 percent, increasing by about 8,000. These two groups accounted for about 70 percent of the growth over the past 10 years.

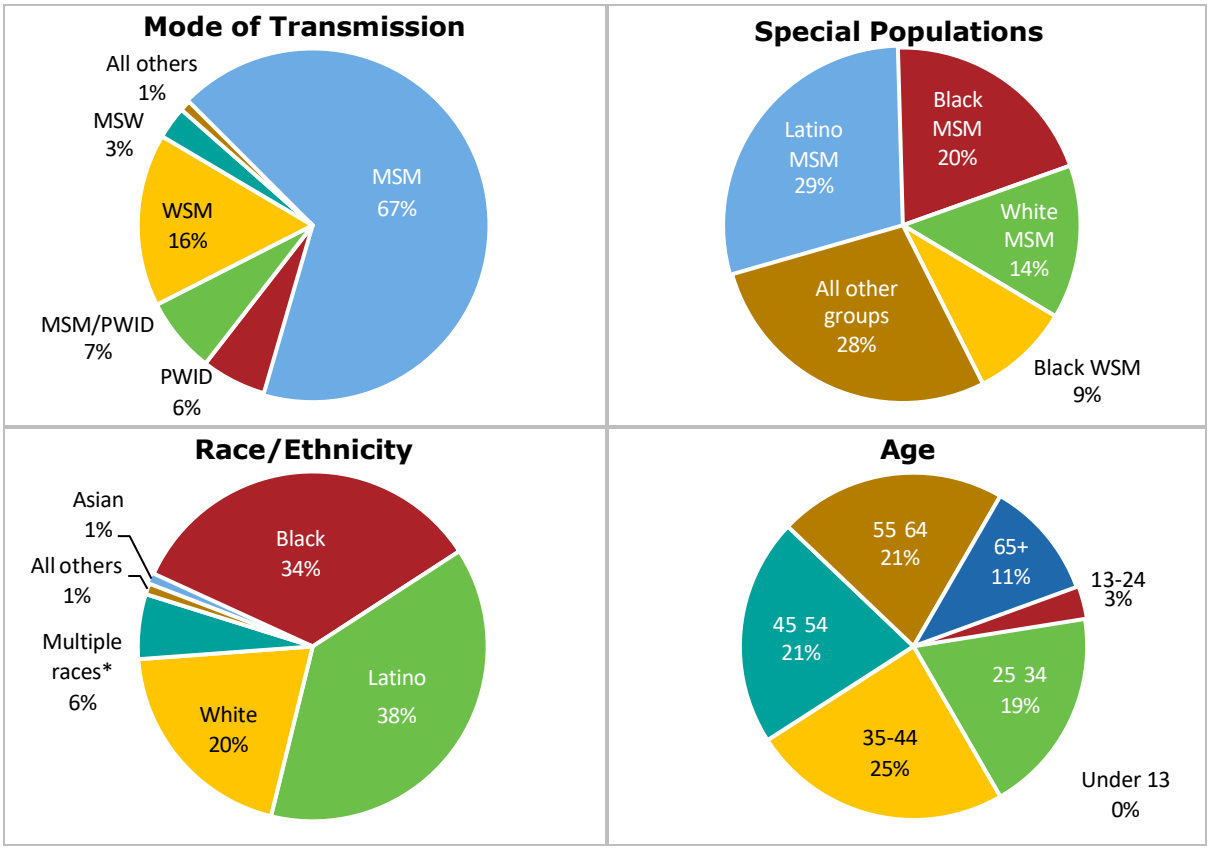
The number of diagnosed PLWH aged 24 or younger decreased by more than 600. This reflects people aging out of the categories, and younger Texans not replacing them by acquiring HIV.

Figure 11: Texans Living with Diagnosed HIV by Age Group, Race/Ethnicity, and Mode of Transmission Groups, 2024



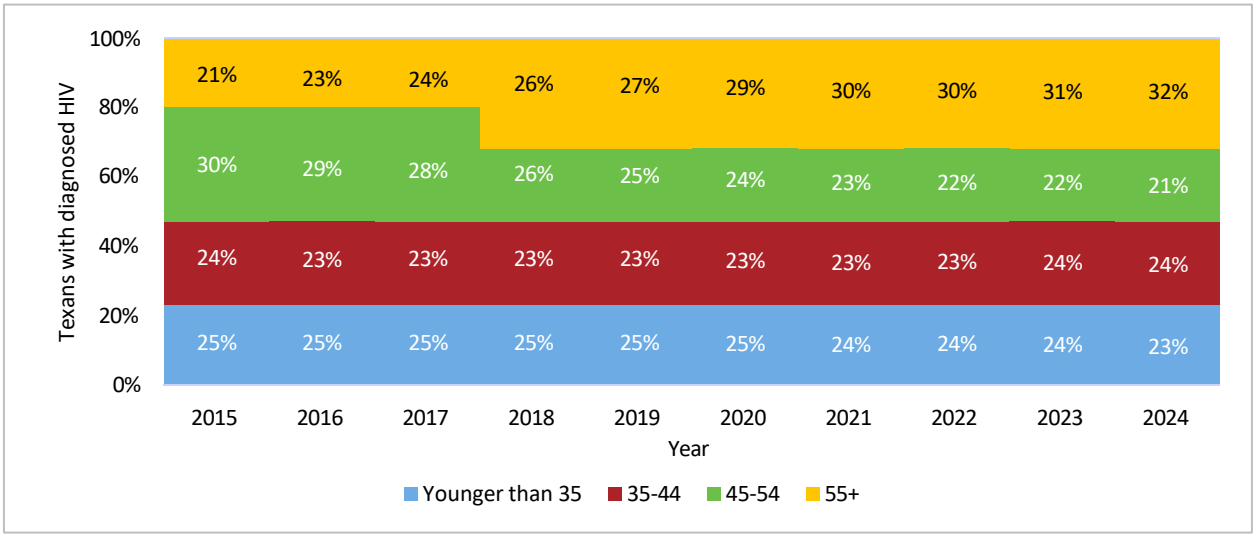
Source: Routine HIV surveillance data, released July 2025.

Figure 12: Profiles of Texas Residents Living with Diagnosed HIV by Selected Characteristics, 2024



**Individuals who identify as multiple races.*
Source: Routine HIV surveillance data, released July 2025.

Figure 13: Proportion of Texans Living with Diagnosed HIV by Age Group

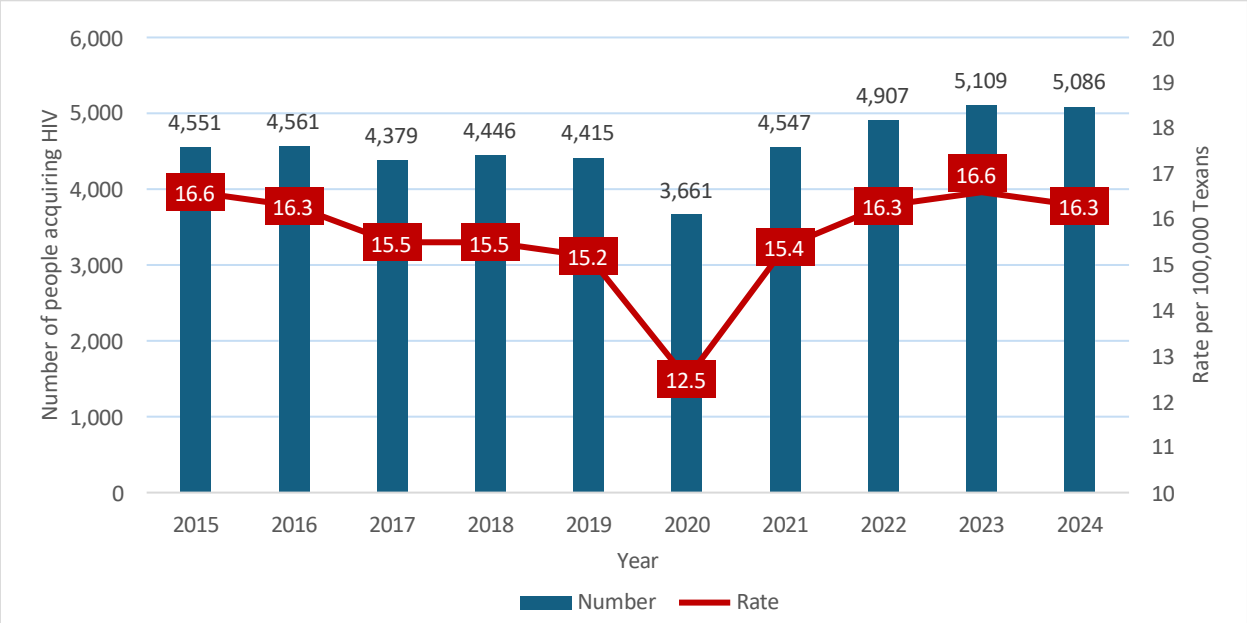


Source: Routine HIV surveillance data, released July 2025. Sums may not add up to exactly 100 percent due to whole-percentage rounding.

Texans with Newly Diagnosed HIV, 2015–2024

Between 2015 and 2024, 45,662 Texans received an HIV diagnosis for the first time. For the first five years, about 4,400 Texans received a diagnosis each year. Diagnoses decreased due to reduced HIV testing in 2020, but the number of people diagnosed each year returned to a higher number of annual diagnoses. However, the number of acquisitions has not significantly increased. The rise in newly diagnosed cases is likely driven by increased testing, which is identifying individuals living with undiagnosed HIV for an extended period.

Figure 14: The Number and Rate per 100,000 Texans with New HIV Diagnoses, 2015–2024

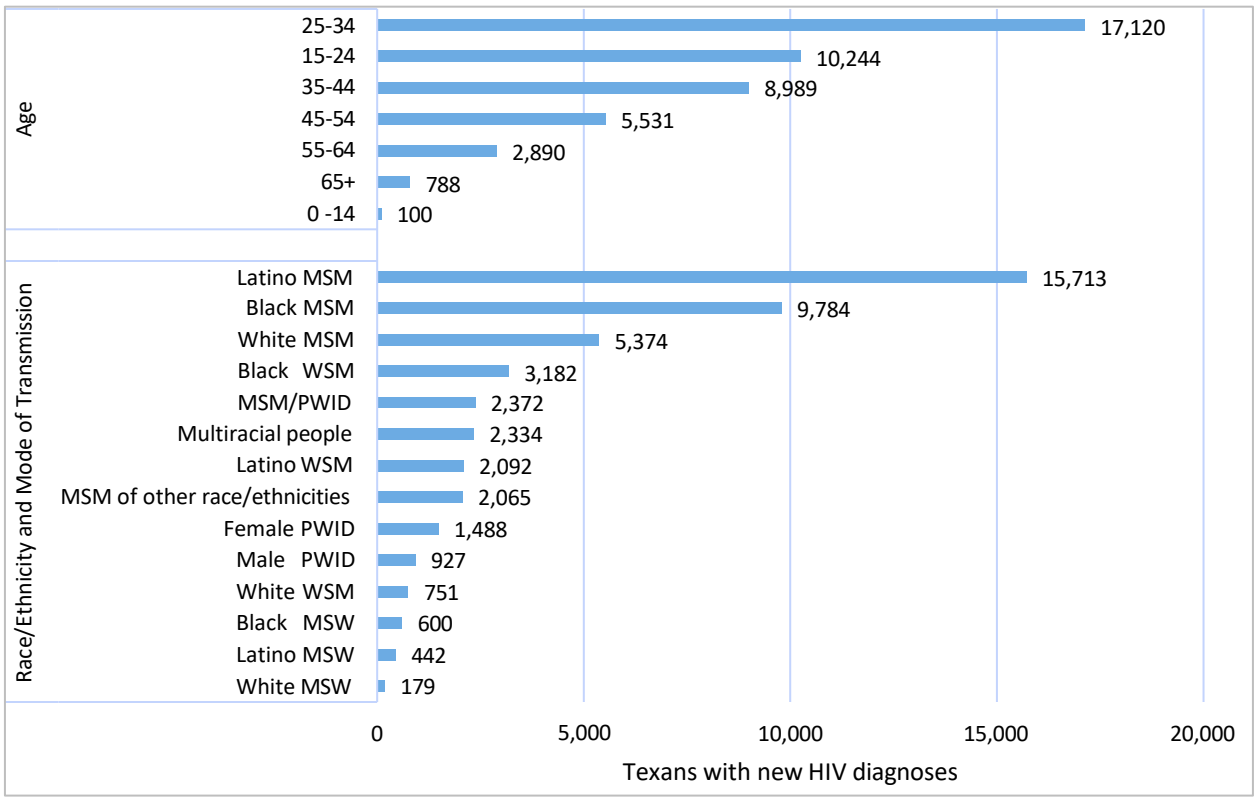


Source: Routine HIV surveillance data, released July 2025

Figure 15 provides a profile of newly diagnosed Texans between 2015 and 2024. Latino MSM made up about one in three Texans with a new diagnosis, with Black MSM making up another 21 percent (Figure 16). Diagnosis trends confirm that MSM continue to bear the highest burden of new HIV acquisitions. Three out of five Texans with new diagnoses are under 35 years old (Figure 17), representing the inverse of age distribution trends among people living with diagnosed HIV.

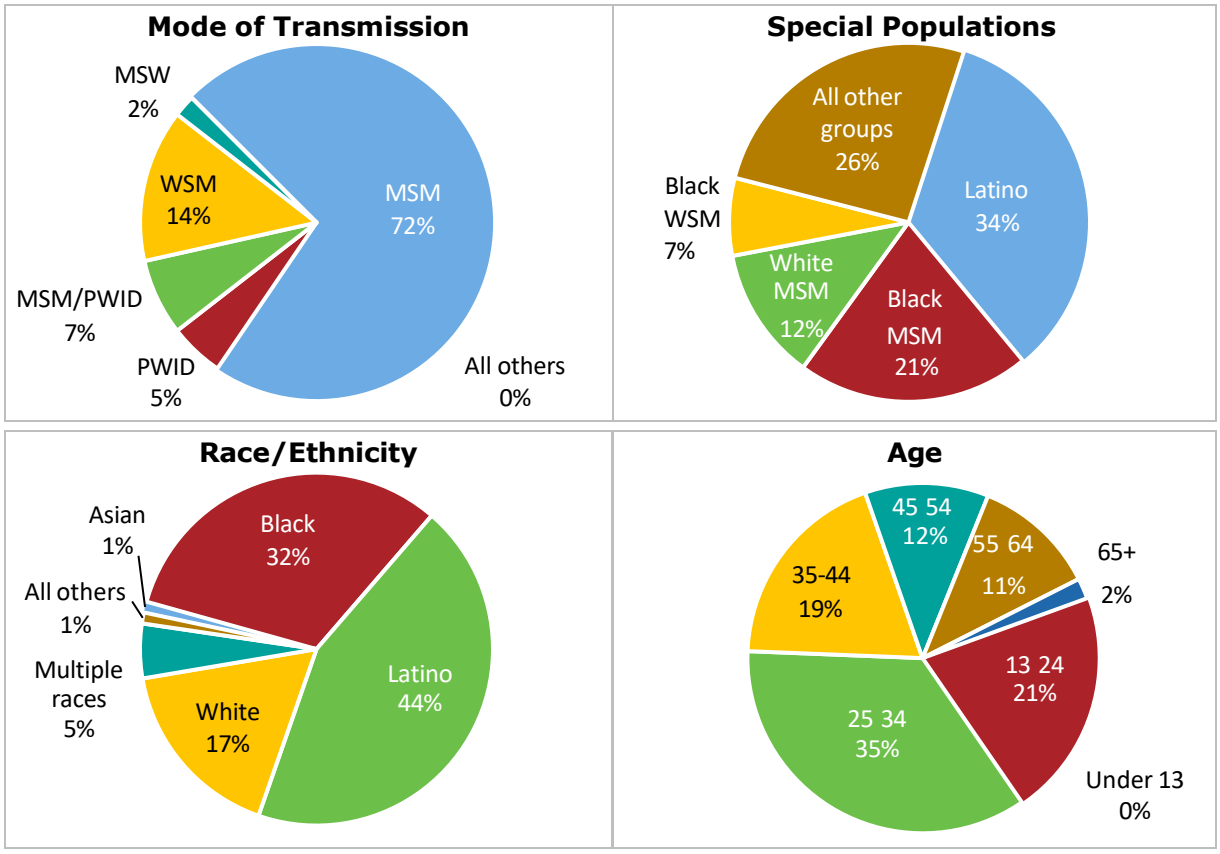
See the detailed table of Texans with new diagnoses in Appendix A.

Figure 15: Texans with New HIV Diagnoses by Age Group, Race/Ethnicity, and Mode of Transmission Groups, 2015–2024



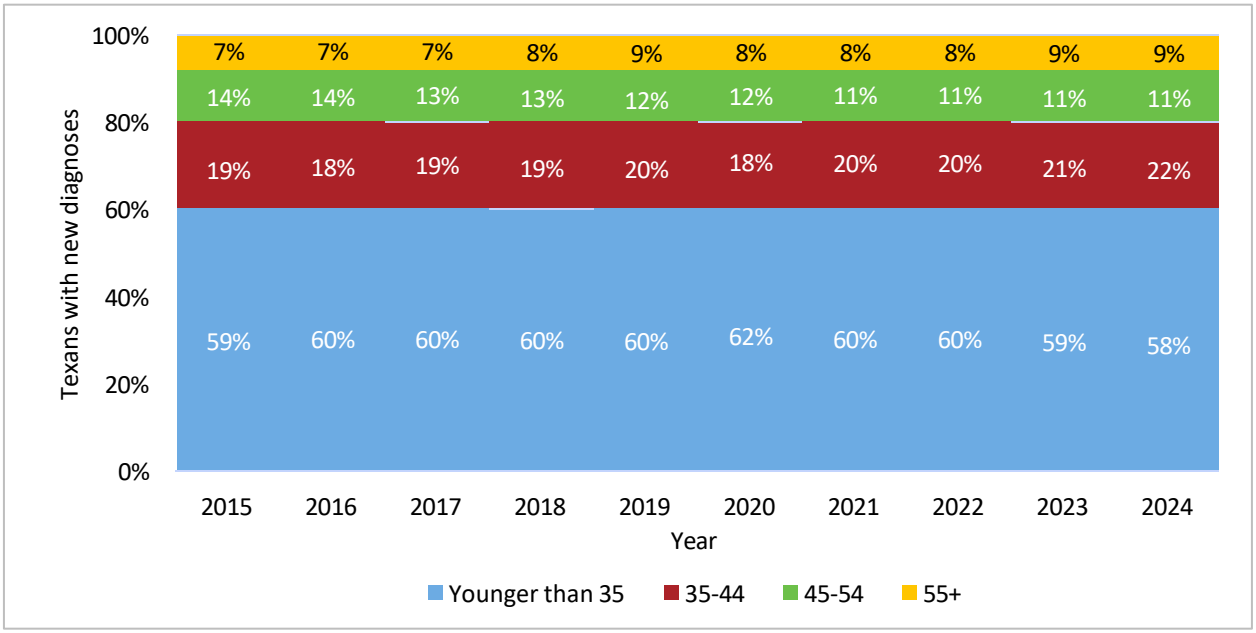
Source: Routine HIV surveillance data, released July 2025.

Figure 16: Profiles of Texas Residents with New HIV Diagnoses in Selected Characteristics, 2015–2024



Source: Routine HIV surveillance data, released July 2025.

Figure 17: Proportion of Texans with New HIV Diagnoses by Age Group, 2015–2024



Source: Routine HIV surveillance data, released July 2025. Sums may not add up to exactly 100 percent due to whole-percentage rounding.

Late Diagnosis in Texas

Analysis of late diagnosis offers important insight into the effectiveness of diagnostic systems in Texas. A hallmark of high-performing testing systems is a low proportion of individuals with delayed diagnosis and delayed linkage to medical care.

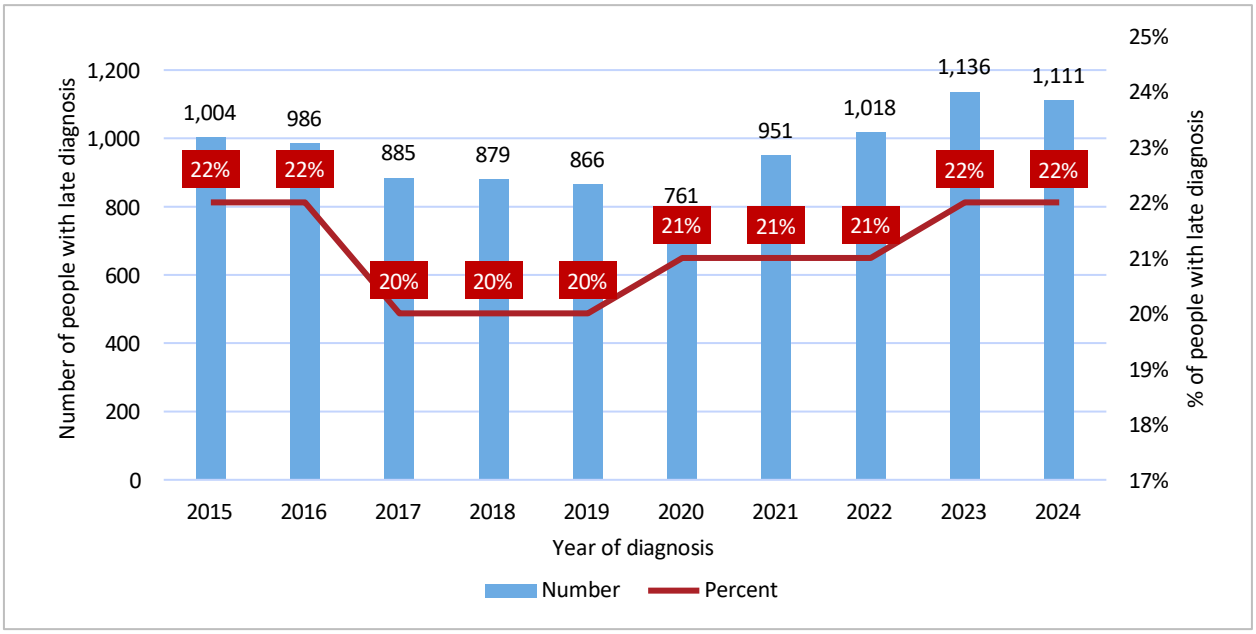
Timely diagnosis and linkage to care shortens the path to treatment for HIV and other health conditions, reduces time to viral suppression, and reduces chances for HIV transmission. DSHS will show information on linkage in the sections on medical care.

The CDC defines late diagnosis of HIV as a person having a stage 3 disease classification (AIDS diagnosis) within three months of first diagnosis. A stage 3 classification or AIDS diagnosis means a person has an extremely low CD4+ T-cell

count (<200 cells/mm³ or <14 percent of total lymphocytes). This threshold applies regardless of viral load or symptoms[12].

A comparison of the number and rate of late diagnoses in 2015 and 2024 may suggest minor change; however, this masks meaningful variation over time. As shown in Figure 18, the number of late diagnoses declined from 2015 to 2019, then increased sharply from 2020 to 2024. Meanwhile, the proportion of late diagnoses among new diagnoses remained stable at approximately 20 to 22 percent.

Figure 18: Number and Percentage of Texans with a Late HIV Diagnosis Out of All Texans with New Diagnoses, 2015–2024



Source: Routine HIV surveillance data, released July 2025

Table 2 shows how many Texans received a new diagnosis of HIV from 2015 to 2024 and how many of those people had a late diagnosis. The table also shows the profile of these two groups as well as the rate of late diagnosis. Because small groups can have unstable rates, DSHS will only look at groups that make up five percent or more of newly diagnosed Texans.

Most groups had a late-diagnosis rate that was similar to the overall rate of 21 percent, but Black MSM and people 15 to 24 years old had rates that were 16 percent or lower. People aged 35 to 64 had rates of 26 percent or higher.

[12] Hall HI, Tang T, Espinoza L. Late Diagnosis of HIV Infection in Metropolitan Areas of the United States and Puerto Rico. AIDS Behav. 2016 May;20(5):967-72. doi: 10.1007/s10461-015-1241-5. PMID: 26542730; PMCID: PMC8666845.

The profile of people with new diagnoses resembled that of people with late diagnoses, with two exceptions. Black MSM made up a lower share of those with late diagnoses compared to their share of people with new diagnoses. Because of this, disproportionately affected populations made up 75 percent of people with new diagnoses, but only about 72 percent of those with late diagnoses.

The second difference was the age-group profile. People 35 and older make up about 40 percent of Texans with new diagnoses, but account for only 60 percent of those with late diagnoses. The proportion of late diagnoses rising with age is a trend DSHS has seen in other Texas profiles and has been observable in many other areas of the U.S.[13] and at the national level.[14]

Table 2: Texans with Newly Diagnosed HIV, Late Diagnosed HIV, the Rate of Late Diagnosis, and the Representation Rate

	Texans with new diagnoses		Texans with late diagnoses		Rate of late diagnoses
	Number	**Percent**	**Number**	**Percent**	**Percent**
Texas	45,662		9,597		21%
Disproportionally affected populations*					
Latino MSM	15,713	34%	3,542	37%	23%
Black MSM	9,783	21%	1,582	16%	16%
White MSM	5,374	12%	1,099	11%	20%
Black WSM	3,181	7%	641	7%	20%
Sex					
Male	37,580	82%	7,779	81%	21%
Female	8,082	18%	1,818	19%	22%
Age at diagnosis					
0–14	100	0%	14	0%	14%
15–24	10,244	22%	907	9%	9%
25–34	17,120	37%	2,997	31%	18%
35–44	8,989	20%	2,458	26%	27%
45–54	5,531	12%	1,855	19%	34%
55–64	2,890	6%	1,059	11%	37%
65+	788	2%	307	3%	39%
Race/ethnicity					
Asian	619	1%	139	1%	22%

[13] Hall HI, Tang T, Espinoza L. Late Diagnosis of HIV Infection in Metropolitan Areas of the United States and Puerto Rico. AIDS Behav. 2016 May;20(5):967-72. doi: 10.1007/s10461-015-1241-5. PMID: 26542730; PMCID: PMC8666845.

[14] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024;29(No. 2). cdc.gov/hivdata/nhss/national-hiv-prevention-and-care-outcomes.html. Published May 2024. Accessed March 21, 2026.

Black	14,778	32%	2,641	28%	18%
Latino	20,036	44%	4,661	49%	23%
White	7,858	17%	1,653	17%	21%
Multi-race	2,334	5%	497	5%	21%
All others	37	0%	6	0%	14%
Mode of Transmission Groups					
MSM	32,936	72%	6,627	69%	20%
MSM/PWID	2,371	5%	472	5%	20%
Male PWID	927	2%	254	3%	27%
Female PWID	1,488	3%	363	4%	24%
MSW	1,303	3%	419	4%	32%
WSM	6,543	14%	1,451	15%	22%
Special Populations					
Latino WSM	2,094	5%	515	5%	25%
White WSM	751	2%	166	2%	22%
Latino MSW	440	1%	174	2%	39%
Black MSW	599	1%	150	2%	25%
White MSW	179	0%	61	1%	34%

Source: Routine HIV surveillance data, released July 2025. Totals and percentages for some subsets may not equal the total number of new diagnoses or 100%, as not all groups within each subset are included.

Texans Living with Undiagnosed HIV in 2023 and Progress Towards Full Diagnosis

The Texas HIV Plan has set a goal for 90 percent of people with HIV to know their HIV status by 2031 from a 2022 baseline of 82.5 percent.

This section reviews profiles and trends in people living with undiagnosed HIV in Texas. DSHS estimates the number of people living with undiagnosed HIV using the same model that estimates the number of people acquiring HIV. Appendix A has data tables on the trends and profiles of Texans living with diagnosed and undiagnosed HIV.

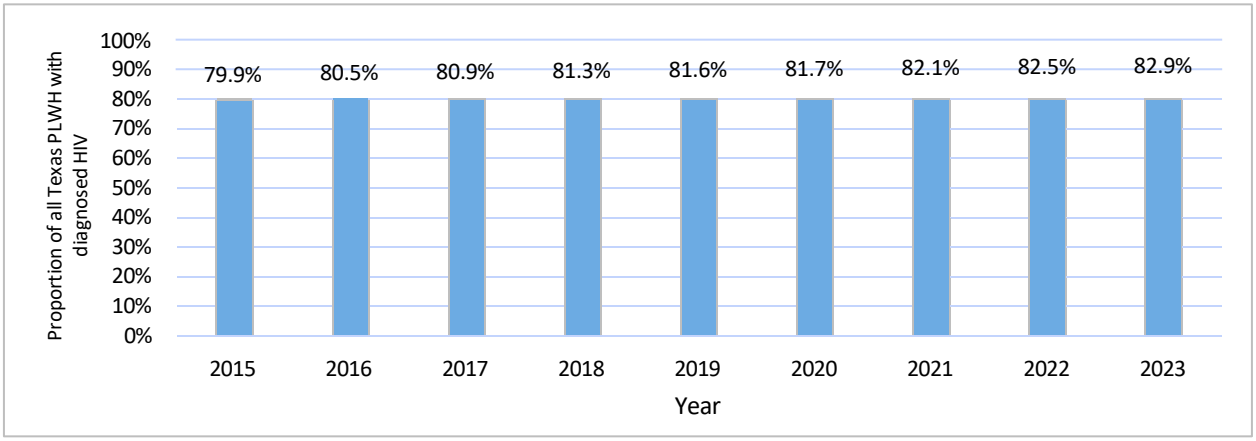
The gap between acquiring HIV and getting a diagnosis can be years long. The CDC estimated that in 2018, about one in four Texans with HIV lived with HIV between three and eight years, and another one in four lived with undiagnosed HIV for more than eight years. National figures show similar gaps.[15]

[15] archive.cdc.gov/#/details?url=https://www.cdc.gov/vitalsigns/hiv-testing/

Between 2015 and 2023, the percentage of Texans with HIV who knew their status rose from 79.9 to 82.9 percent, but since the change is not statistically significant, this means that the rate did not change (Figure 19).

Figure 20 shows that knowledge of status in Texas is lower than the US overall, and that the US increase from 2018 to 2022 was statistically significant, indicating that the change was likely genuine.[16]

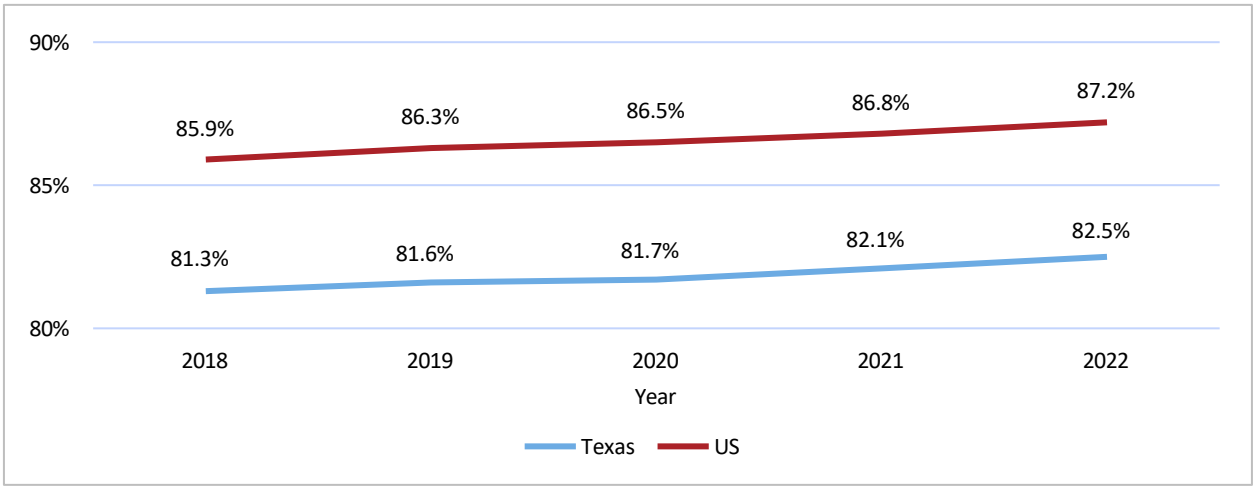
Figure 19: The Proportion of All Texas PLWH with Diagnosed HIV Who Knew Their Status, 2015–2023



Source: CD4 depletion model result run in January 2025.

[16] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024;29(No. 2). cdc.gov/hivdata/nhss/national-hiv-prevention-and-care-outcomes.html. Published May 2024. Accessed May 12, 2026.

Figure 20: Changes in Knowledge of HIV Status in the US and Texas, 2018–2022



Sources: For Texas, the CD4 depletion model result ran in January 2025.
For U.S. figures, see footnote 18 on the previous page.

Although overall knowledge of status has not reached the goal of 90 percent, Table 3 shows that two groups showed statistically significant progress: 13- to 24-year-olds (youth) and MSM. Youth knowledge of status rose from 36.4 percent to 56.3 percent from 2015 to 2023, a growth rate of 55 percent. MSM increased from 77.2 percent to 81.5 percent over the same period, a 6 percent growth rate.[17]

Some groups met the 90 percent goal in 2023: people 45 and older and MSM who inject drugs (MSM/PWID) show at least 90 percent diagnosed. Asian, Black, and White people and female PWID were close to meeting the goal, with between 87 and 89 percent diagnosed.

[17] Though the growth rate of MSM is not as dramatic as the growth for youth, and is smaller than growth rates for Asians, the number of MSM living with HIV is large enough to push the change to statistical significance. Large groups have more stable estimates, which make it easier to detect significant changes. The smaller number of Asian PLWH means the change would have had to be much larger to be statistically significant.

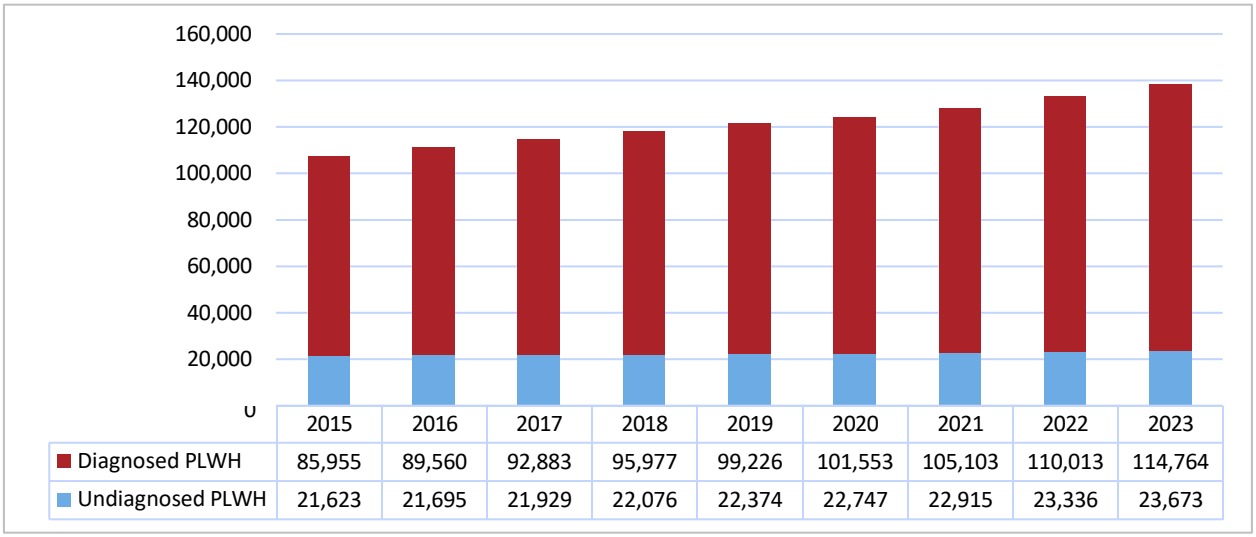
Table 3: Changes in the Percentage of Texans with HIV Who Know Their Status in Selected Groups, 2015–2023

	2015	2017	2019	2021	2023	Change 2015–2023
Overall	80%	81%	82%	82%	83%	4%
Sex						
Male	79%	80%	81%	81%	82%	4%
Female	84%	85%	85%	86%	86%	3%
Current age						
13–24	36%	38%	42%	48%	56%	55%
25–34	71%	71%	70%	70%	71%	1%
35–44	84%	84%	84%	83%	82%	-3%
45–54	91%	91%	90%	90%	90%	-1%
55–64	93%	93%	93%	93%	93%	0%
65+	95%	96%	95%	95%	95%	0%
Race/Ethnicity						
Asian	73%	77%	82%	85%	89%	22%
Black	82%	84%	85%	86%	87%	5%
Latino	74%	75%	76%	76%	78%	5%
White	86%	86%	86%	87%	87%	2%
Multi-race	83%	84%	84%	85%	86%	4%
Mode of Transmission Groups						
MSM	77%	79%	79%	80%	82%	6%
MSM/PWID	88%	89%	89%	89%	90%	2%
Male PWID	89%	89%	88%	87%	86%	-4%
Female PWID	87%	87%	87%	87%	87%	0%
MSW	80%	81%	81%	82%	83%	4%
WSM	83%	84%	85%	85%	86%	3%

Source: Results of CD4 depletion model run in January 2025.

In 2023, it is estimated that 23,300 individuals in Texas were living with undiagnosed HIV, representing a nine percent increase since 2015 (Figure 21). Progress in increasing awareness of HIV status relies on reducing the number of persons living with undiagnosed HIV. Achieving this will also contribute to lowering new HIV acquisitions in Texas, as approximately two out of five transmissions are linked to individuals who remain unaware of their infection.

Figure 21: The Number of Texas Residents Living with Diagnosed and Undiagnosed (est) HIV, 2015–2023



	2015	2016	2017	2018	2019	2020	2021	2022	2023
Diagnosed PLWH	85,955	89,560	92,883	95,977	99,226	101,553	105,103	110,013	114,764
Undiagnosed PLWH	21,623	21,695	21,929	22,076	22,374	22,747	22,915	23,336	23,673

Source: Results of CD4 depletion model run in January 2025.

While the objective is to achieve 90 percent status knowledge across all groups, it is essential for DSHS to implement robust testing strategies in populations with higher numbers of individuals living with undiagnosed HIV, rather than focusing solely on groups with lower percentages of known status. For instance, in 2023, individuals aged 13 to 24 exhibited the lowest status knowledge at 56 percent. Notably, the number of undiagnosed youth declined by approximately 57 percent between 2015 and 2023, from 6,500 to 2,800.

While the percentage of MSM who knew their status was around 82 percent, significantly higher than the rate in youth, the number of MSM with HIV who did not know their status grew from 14,600 to 16,700 during this same period. In 2023, MSM made up the largest proportion of undiagnosed PLWH.

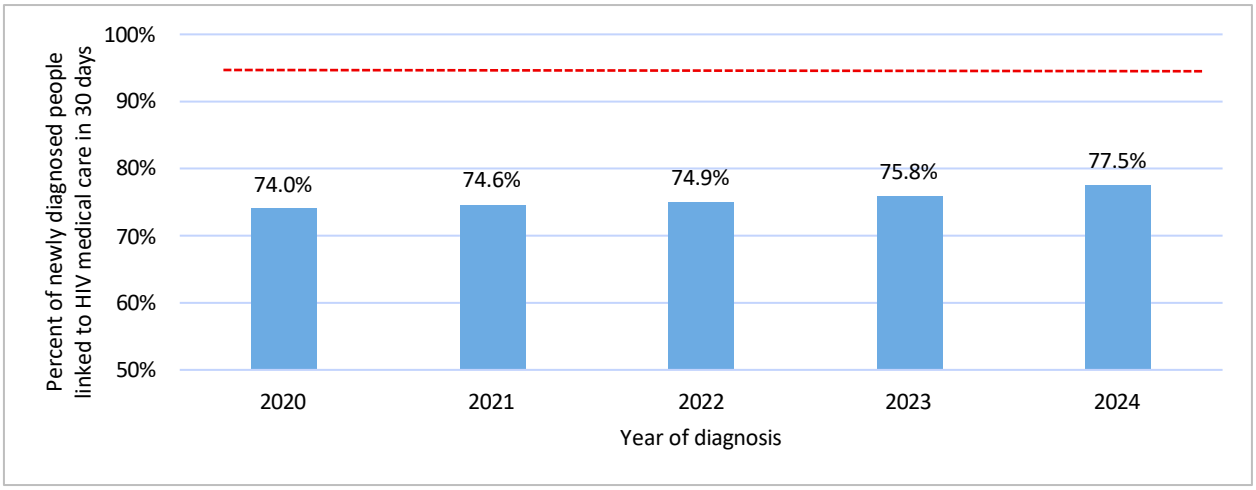
Another group with a high proportion of PLWH who know their status are 55 and older. Despite hitting the 90 percent diagnosis goal, the number of people with undiagnosed HIV has some of the fastest rates of increase.

In 2023, MSM made up about two-thirds of Texans with undiagnosed PLWH, with the next highest group being WSM at 16 percent. Latino people made up almost two in five people with undiagnosed HIV, with Black people at 34 percent. Given the trends in people with newly diagnosed HIV and diagnosed PLWH, it is likely that most of the people in these race/ethnic groups are MSM.

Timely Linkage to HIV Medical Care

The Texas HIV Plan lays out a 2031 goal of 95 percent of newly diagnosed people linked with HIV-related medical care within 30 days. Between 2020 and 2024, the percentage of newly diagnosed people successfully linked within 30 days increased by five percentage points, reaching 77.5 percent, as shown in Figure 22.

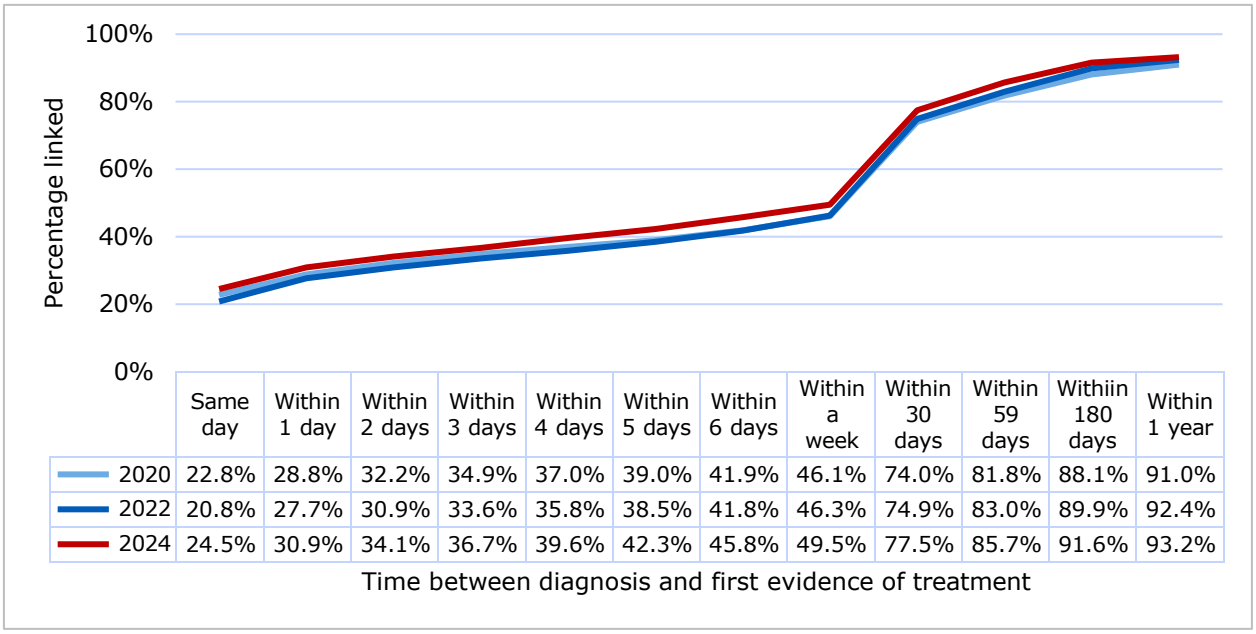
Figure 22: The Proportion of Texans with New Diagnoses Linked to HIV Medical Care Within 30 Days, 2020–2024



Source: Routine HIV surveillance data, released July 2025.

The linkage curve below in Figure 23 shows the influence of rapid start linkage, with about 20 percent to 25 percent of newly diagnosed people having evidence of linkage to HIV medical care on the same day as their diagnosis. By the conclusion of the initial week, nearly 50 percent of Texans with new diagnoses were successfully connected to appropriate care services. There was minor improvement from 2020 to 2024.

Figure 23: Linkage to HIV Medical Care Curve for Texas, 2020, 2022, and 2024



	Same day	Within 1 day	Within 2 days	Within 3 days	Within 4 days	Within 5 days	Within 6 days	Within a week	Within 30 days	Within 59 days	Withiin 180 days	Within 1 year
2020	22.8%	28.8%	32.2%	34.9%	37.0%	39.0%	41.9%	46.1%	74.0%	81.8%	88.1%	91.0%
2022	20.8%	27.7%	30.9%	33.6%	35.8%	38.5%	41.8%	46.3%	74.9%	83.0%	89.9%	92.4%
2024	24.5%	30.9%	34.1%	36.7%	39.6%	42.3%	45.8%	49.5%	77.5%	85.7%	91.6%	93.2%

Source: Routine HIV surveillance data, released July 2025.

Participation in HIV-Related Treatment and Progress Toward Goals for ART Use and Viral Suppression

This section provides information about the number and proportion of diagnosed PLWH who are in HIV-related care, on ART, and have a suppressed HIV viral load. DSHS can use this information to evaluate progress on two goals in the Texas HIV Plan:

- for 90 percent of diagnosed Texans to be on ART by 2031, and
- for 95 percent of people on ART to have a suppressed viral load by 2031.

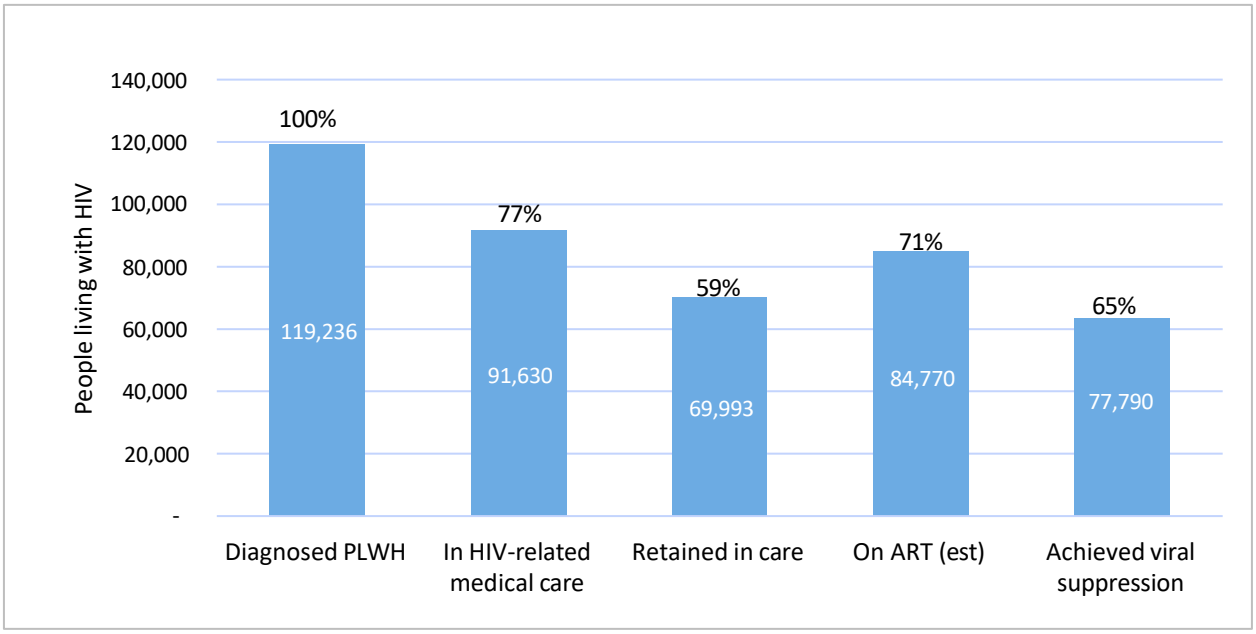
One tool for evaluating treatment participation and outcomes is the HIV Treatment Cascade. The Cascade, also known as the Continuum of Care, depicts where groups of people fall on the stages between HIV diagnosis and viral suppression. Table 4 provides the descriptions of these stages of the HIV Treatment Cascade.

Table 4: Description of the Stages of the HIV Treatment Cascade

Stage	Description	Definition	Source
PLWH	The number of Texans living with diagnosed HIV as of the end of 2024.		Routine HIV surveillance
In HIV-related care	Number of diagnosed people who had at least one episode of care at any time in 2024.	Evidence of care includes CD4 and viral load tests, outpatient clinical visits, and filled ART prescriptions.	Information on CD4 and viral load tests was from routine HIV surveillance; Information on medical visits and filled prescriptions was from Texas Medicaid; and records from the Ryan White program, including the Texas HIV Medication Program
Retained in care	Number of diagnosed people who had at least two care episodes that were at least 90 days apart during 2024.		
On ART (est.)	Number of diagnosed people on ART at any time during the year.	Number of people retained in care OR who had a suppressed viral load as a proxy	
Suppressed HIV viral load	Number of people whose last viral load test of the year had a result of less than 200.		Routine HIV surveillance

In 2024, more than three-quarters of people living with diagnosed HIV were in HIV-related medical care; clinics retained 59 percent in medical care; 71 percent were on ART; and 65 percent had a suppressed HIV viral load (Figure 24).

Figure 24: The 2024 HIV Treatment Cascade

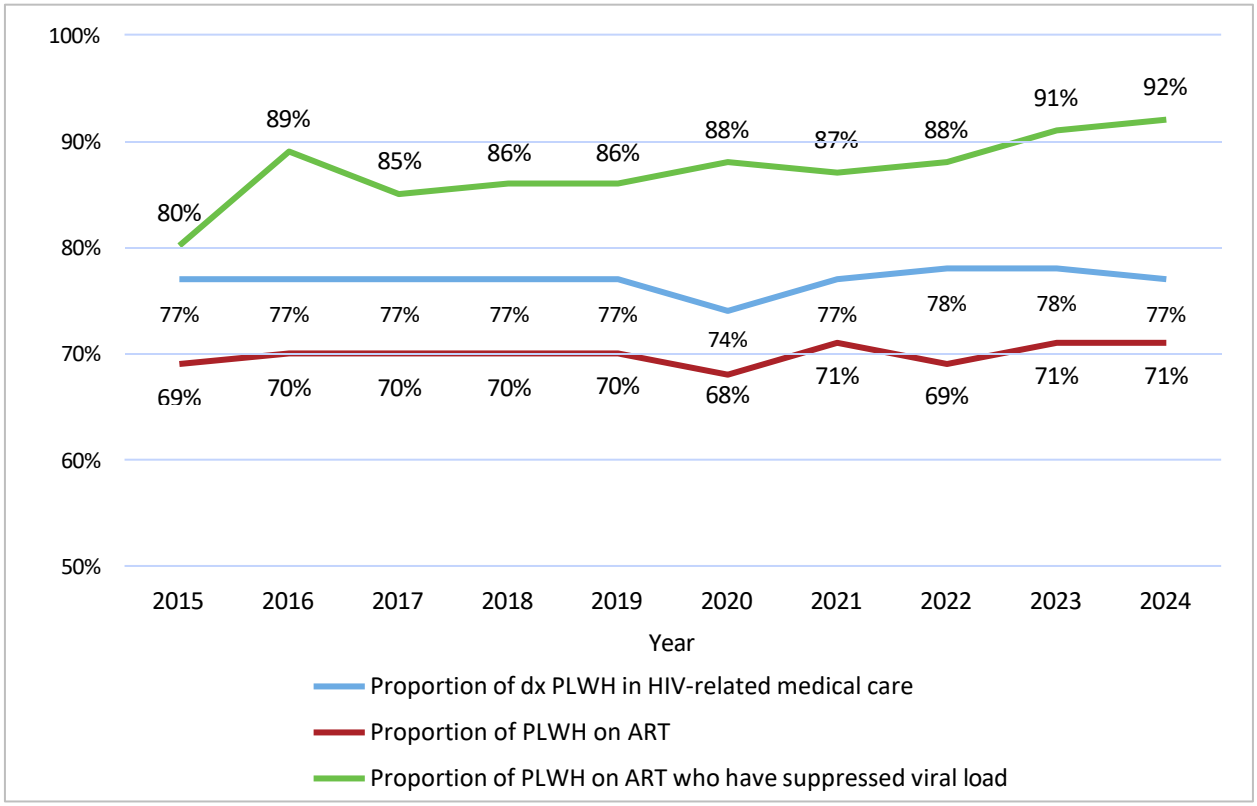


Source: Texas Unmet Need Project available in July 2025.

Figure 25 shows the progress towards the Texas HIV Plan goals. The proportion of diagnosed people on ART has consistently hovered around 70 percent, making little progress towards the goal of having 90 percent of Texans with diagnosed HIV on ART. As outlined in Figure 25, in 2024, about 92 percent of people on ART had a suppressed viral load. This supports the claim that Texas is on track to meet the 2031 goal of 95 percent viral suppression among people on ART.

Getting more people on ART means getting more people in HIV medical care and retaining them in care across time, not just within a single year. The annual percentage of diagnosed PLWH in Texas who are in HIV medical care has hovered around 77 percent since 2015 (Figure 25).

Figure 25: Progress on the Goal of 90 Percent of Diagnosed PLWH on ART and 95 Percent of People on ART Achieving Viral Suppression, 2015–2024



Source: Unmet Need Project, available July 2025.

The results in disproportionately affected populations and geographic areas show mixed trends. White MSM have a higher proportion of diagnosed PLWH in HIV medical care, on ART, and achieving suppressed viral load, but all groups except Black WSM have similar rates of retention, and all groups have levels of viral suppression among those on ART that exceed 90 percent. When compared to the overall results for Texas, Black MSM are less likely to be in care, on ART, or to have a suppressed viral load. Similarly, when compared to overall results for Texas, Black WSM have lower proportions in medical care, on ART, and viral suppression.

Among the EHE counties, Travis and Tarrant Counties have consistently higher rates across all stages of the Treatment Cascades, and Harris County had lower rates across the Cascade, as seen in Table 5. However, in all areas, at least 90 percent of those on ART have viral suppression.

Table 5: 2021 Treatment Cascade and Viral Suppression Results for Disproportionately Affected Populations (DAP) and EHE counties

	Diagnosed PLWH	In HIV medical care	On ART	Retained in care	Suppressed viral load	
		Of diagnosed PLWH	Of diagnosed PLWH	Of diagnosed PLWH	Of diagnosed PLWH	Of those on ART
Texas	119,236	77%	71%	59%	65%	92%
DAP						
Latino MSM	33,310	77%	72%	61%	68%	94%
Black MSM	22,703	75%	68%	61%	61%	90%
White MSM	17,134	81%	77%	61%	72%	94%
Black WSM	10,284	76%	70%	58%	64%	91%
EHE counties						
Texas	119,236	77%	71%	59%	65%	92%
Bexar	8,106	78%	70%	56%	65%	92%
Dallas	21,966	78%	73%	62%	66%	90%
Harris	32,234	75%	69%	57%	64%	92%
Tarrant	7,988	80%	75%	64%	69%	92%
Travis	6,121	81%	75%	60%	69%	92%

Source: Texas Unmet Need Project, available in July 2025.

HIV Prevention, Care, and Treatment Resource Inventory

The Texas HIV Resource Inventory is a collection of state and federal resources aimed at addressing the needs of PLWH and communities vulnerable to HIV. The focus of this inventory is on state and federal funds specifically addressing HIV prevention, care, and treatment in Texas. All financial information provided is for 2024, the last year DSHS was able to collect complete information.

The HIV Resource Inventory of services comprises two parts of the overall inventory. The first section provides a descriptive statewide summary of how DSHS collects resource information: funding sources, communities served, and services provided. The second section of the Resource Inventory, found in Appendix B, presents tables organized by Point on the HIV Continuum, EHE Pillar, Service Provider, Services, and the cost of the service or intervention. The information obtained focuses on direct services to individuals living with HIV and those individuals most vulnerable to HIV. If the service allocation is not available, the inventory includes information on the entire grant award or cooperative agreement and notes that accordingly. The resource inventory tables addressing HIV prevention include organizations and funding for primary prevention, PrEP, and testing and diagnosis. This section represents the Diagnose and Prevent EHE Pillars. Other tables address HIV care and treatment services and fall under the Treat EHE Pillar.

The DSHS HIV Program uses this information, along with the federally required SCSN, to inform the statewide jurisdictional plan. The intended outcome is to create the most accurate understanding of resource allocations and service provision across Texas. Currently, this resource inventory does not include private and foundation funding for HIV.

Information Gathering

Information gathering begins with researching and reviewing government websites, which contain funding information. Staff collect data sets from the following:

- The Health Resources and Services Administration (HRSA): data.hrsa.gov/data/download
- SAMHSA: samhsa.gov/grants-awards-by-state
- CDC: fundingprofiles.cdc.gov/FundingProfiles/FundingQuery

- Housing and Urban Development's Housing Opportunities for Persons Living with AIDS (HOPWA) Awards and Allocations - HUD Exchange

After obtaining grant award information from various websites, staff create a list of recipients. The recipient list includes the following information:

- Information Source,
- Grantor,
- Funding Name and project number,
- Administrator,
- Grantee,
- Fiscal Year Start,
- Fiscal Year End,
- Service Provider,
- Service Provider address,
    - Including city, state, zip, and telephone number
- HIV Service Delivery Area,
- Service or Intervention provided,
- Cost of the service or intervention,
- Contact Person,
- Contact Person Email,
- Contact Person Telephone, and
- Name of Executive Director.

Staff cannot always identify information on the populations served. Staff invite each identified organization to respond to a request for information from Texas DSHS.

DSHS sends a request for information to the Ryan White recipients statewide. The request seeks either a copy of the Consolidated List of Contractors (CLC) or

completion of an Excel workbook that collects the same information as the CLC. For organizations funded by CDC, SAMHSA, or HOPWA, staff send a request for information and a link to a Microsoft Form to each service provider identified on the federal websites as a grantee. DSHS provides information on Ryan White Part B, the AIDS Drug Assistance Program (ADAP), Statewide HOPWA, CDC Integrated HIV Programs for Health Departments, and State General Revenue funds for both HIV prevention, care, and treatment.

On occasion, organizations do not respond or choose not to participate in the collection process. The Request for Information includes the purpose, DSHS' role as the Ryan White Part B grantee, and its responsibility to conduct the Statewide Coordinated Statement of Need process for Texas. The request includes details on the specific grant award, the funding source, and any available information as a reference to the funding. Unfortunately, detailed information on the non-participating grantee's services is not available. Staff include the grant award, project name, funding source, and other project details in the inventory. When an organization does not participate, a gap may arise that may affect local program planning and hinders a complete understanding of service availability.

HIV Services in Texas

Texas' population continues to grow. According to the U.S. Census Quick Facts tool, the state's population is just over 31 million[18], resulting in a diverse mix of communities and individuals. The HIV epidemic in Texas continues to disproportionately affect certain populations; specifically, Black, Latino, and White MSM. Black WSM are also a disproportionately impacted group in Texas. There are areas of the state that identify affected groups, which are particular to their communities and supported by local epidemiology. It is important to develop strategies with a broad range of interventions to engage and support disproportionately impacted communities in participation across the HIV Pillars and the HIV continuum. This is where federal and state funds support interventions and strategies. The Resource Inventory Master Worksheet provides information on provider services or interventions and the populations of focus. This information is not always available.

HIV Prevention

DSHS estimates federal and state grant funds dedicated to HIV prevention through the CDC and SAMHSA, and Texas state revenue funding, at approximately

[18] census.gov/quickfacts/fact/table/TX,US/PST045225

$67,000,000.[19,20,21] These funds include cooperative agreements and grants to DSHS and the City of Houston. Once received, DSHS awards these funds to community-based organizations (CBO) through competitive processes conducted by both the City of Houston and DSHS.

The CDC directly funds 18 community organizations and institutions across Texas. HIV Prevention funds from the CDC focus on access to preventative care, health promotion, and community-based care models to end the HIV Epidemic. In the Funding Opportunity Announcement, CDC specifies the populations to address with the funding. These are the populations that HIV disproportionately impacts. The CDC does not update its funding profiles unless it adds a new funding announcement.

SAMHSA has 19 different grantees with eight different project titles directed at HIV or located at HIV service organizations. SAMHSA funds focus on serving those individuals vulnerable to HIV and individuals living with HIV at risk of substance use or in need of substance use treatment. There are funds and services dedicated to and focusing on communities disproportionately impacted by substance use and HIV. Several SAMHSA projects address engaging populations at high risk for HIV and minority communities. Currently, 23 of the 38 grants explicitly require grantees to focus on disproportionately affected populations. In total, SAMHSA provides approximately $15.5 million to Texas grantees.[22]

HIV Care and Treatment

DSHS undertakes the resource inventory process for a better understanding of what resources come to Texas to serve individuals living with HIV. DSHS is the Ryan White Part B grantee and the ADAP administrator for the state. DSHS allocates additional resources from state revenue funds designated for State Services. In addition to Part B in Texas, there are five (5) Ryan White Part A grantees, five (5) EHE: A Plan for America grantees, 12 Ryan White Part C grantees, eight (8) Ryan White Part D grantees, six (6) Ryan White Part III HIV Capacity Development and Planning Grants, four (4) Special Projects of National Significance, and multiple

[19] Source: SAMHSA Grants Dashboard Compilation of HIV related funding, Accessed September 2024.
[20] Source: CDC, Fiscal Year 2023 Grants Summary Profile Report for Texas, Compilation of Domestic HIV/AIDS, Viral Hepatitis, STI, and TB Prevention, Domestic HIV/AIDS Prevention and Research, Accessed August 2024.
[21] Source: DSHS, HIV Prevention Funding, Funding Amounts by Funding Opportunity, Excel Spreadsheet, FY 2024.
[22] Source: SAMHSA Grants Dashboard Compilation of HIV related funding, Accessed September 2024.

satellite sites for the regional AIDS Education and Training Center. In all, Texas receives roughly $227,000,000[23] across all Ryan White Parts for HIV care and treatment services. An additional $18,018,142[24] provided through state services funds for HIV Care and Treatment.

In 2024, the Texas HIV Medication Program (THMP) provided $128,242,859[25] for medication to qualifying individuals. The Texas Insurance Assistance Program-PLUS (TIAP-PLUS) paid $2,146,667[26] in health insurance premiums, medication copayments, and medication deductibles for qualifying individuals living with HIV. The Texas State Pharmacy Assistance Program (SPAP) aids low-income individuals enrolled in Medicare Part D, and SPAP spent $1,212,380[27] to assist qualifying Texans.

HOPWA seeks to provide stable housing for PLWH to access health care and adhere to HIV treatment. In Texas, DSHS is the grantee for the statewide HOWPA. DSHS funds organizations that administer HOPWA funds in their designated region. In addition to DSHS, five (5) cities, Dallas, El Paso, Fort Worth, Houston, and San Antonio, are direct HOPWA grantees.[28] Texas receives $7,956,941[29] in funding to serve individuals living with HIV.

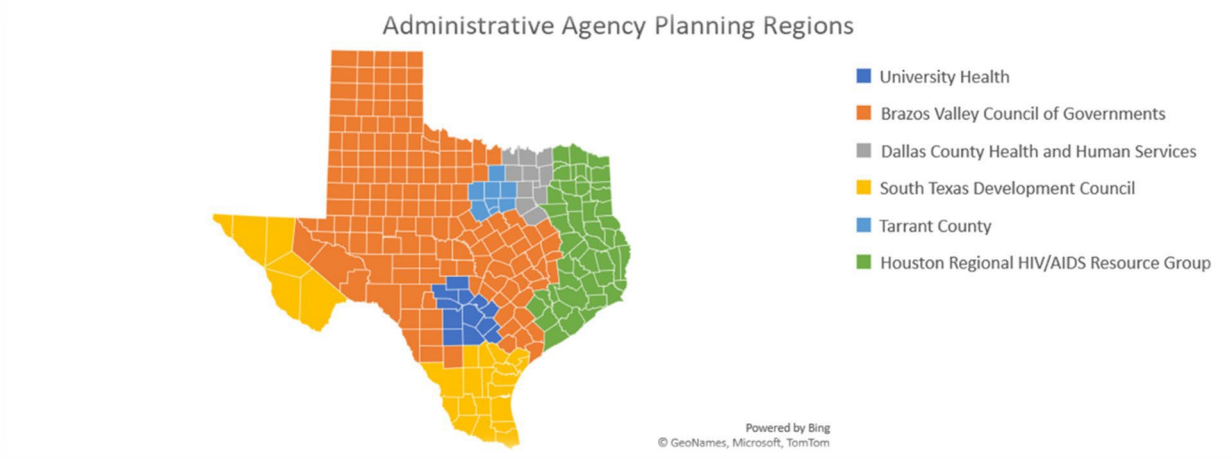
This inventory provides a comprehensive view of the state and federal resources available to individuals and communities in Texas. It helps identify gaps in services, in the communities served, or in areas where services are unavailable. In addition, it can inform decision-making, development of programming, and improve access to services.

[23] Source: HRSA Awarded Grants, HRSA Electronic Handbooks (EHB), Data Downloads, Compilation for Texas, Accessed September 2024
[24] Source: DSHS, 2024-2025 Subcontractor, Data Sheets, September 2024 to August 31, 2025.
[25] Source: DSHS, Internal ADAP Costs CY2024 By HSDA.
[26] Source: DSHS, Internal TIAP Costs CY 2024 By HSDA.
[27] Source: DSHS, Internal SPAP Costs CY 2024 By HSDA.
[28] Source: Awards and Allocations - HUD Exchange, HOPWA Formula to Texas Cities 2024
[29] Source: DSHS, Housing Opportunities for People with AIDS HOPWA Allocations Report, FY 2023-2024.

Assessment of HIV Care and Prevention Service Needs and Barriers

The State of Texas features diverse HIV prevention and care landscapes that depend on regional infrastructure and varied population needs. Because of these vast regional differences, consolidating statewide data risks obscuring local needs and barriers. Therefore, six administrative agencies (AAs) collect essential planning data regionally. These six AAs cover the state of Texas to identify local needs and the barriers for PLWH as demonstrated in Figure 26.

Figure 26: Map of Administrative Agency Planning Regions in Texas, 2026



With the assistance of local stakeholders and PLWH, agencies collected data through local assessments on a rolling basis from 2022 to 2026 to inform HIV prevention and care services in Texas. Assessments examined the unique needs of specific priority populations in different regions, including those most affected by HIV. To collect baseline data on the needs and barriers faced by PLWH, AAs surveyed approximately 3,000 people across the state over this period. Surveyors asked participants about the HIV prevention and care and treatment services they need and the barriers they face.

Methods

To conduct assessments across Texas, AAs coordinated with local service providers and other stakeholders to collect qualitative and quantitative information on the HIV prevention, care, and treatment system through hybrid survey tools, focus groups, and stakeholder interviews. Using convenience and snowball sampling, AAs

recruited participants from various settings across Texas, including rural and urban communities and healthcare organizations, to ensure representation of PLWH in and out of care. To build on the initial survey findings, AAs often conducted focus groups and interviews with special groups to identify common themes related to access to and retention in HIV prevention or care and treatment.

Communities Involved and Participant Engagement

The AAs responsible for HIV care and treatment and prevention across Texas frequently collaborated with external contractors to develop survey instruments. AAs specifically designed these tools to capture the needs and barriers associated with HIV prevention, care, and treatment within their regions. To ensure effective implementation and sampling, most AAs depended on the support of service providers and community organizations operating within their respective HIV Administrative Service Areas (HASAs).

PLWH played an essential role in the assessment process. Their involvement often began in the early stages of planning, where their input helped strengthen sampling strategies and improve the quality of the survey tools. Additionally, PLWH contributed by periodically monitoring sample collection and reviewing final reports. This ongoing engagement helped tailor assessments to address the distinct needs of special populations within each region, ensuring the surveys reflected community-specific challenges and priorities.

Summary of Needs Assessments

Demographic patterns of survey participants across HASAs indicate that Black and White males comprised the majority of participants in most regions, except for the South Texas Development Council (STDC). Given the disproportionate impact of HIV on Latino men, the assessments may underrepresent their needs due to lower participation relative to their share of the population of PLWH in Texas. Most participants were between 25 and 49 years old. This report provides additional demographic details below.

In the assessments across Texas, most areas polled HIV prevention factors, except for the Brazos Valley Council of Governments (BVCOG) and the STDC. Therefore, the North Central and South Borders of Texas need additional investigation regarding prevention services.

HIV Testing and Prevention Services

Assessment findings demonstrate that a considerable portion of HIV diagnoses in Texas take place in primary care and hospital settings. This underscores the critical role of routine and opt-out testing in identifying new cases. The prominence of these settings may also signal a need for the implementation or enhancement of rapid PrEP programs.

Despite these efforts, gaps remain in HIV prevention, with notable deficiencies in awareness and access to postexposure prophylaxis (PEP). Limited resources and outreach intensify these challenges in rural areas. Addressing these gaps requires expanding HIV prevention education to the partners of PLWH, especially those in sero-discordant relationships.

Linkage to Care

Findings related to linkage to care reveal that most individuals newly diagnosed with HIV received linkage to care within weeks. However, delays in linkage persist for certain groups. Specifically, those experiencing financial instability, lacking transportation, and health insurance, or facing denial and mental health challenges at the time of diagnosis often face longer waits before entering care.

Strategies such as warm hand-offs have produced consistently faster entry into care when compared to traditional referral methods. This highlights the importance of supportive, direct transitions in facilitating prompt access to services for newly diagnosed individuals.

HIV Care and Treatment

Retention in care and viral suppression service findings show that HIV primary care (also referred to as HIV doctor, or outpatient ambulatory health service) and medication assistance like ADAP and Local Pharmaceutical Assistance Program (LPAP) ranked consistently among the top three needs of PLWH. Additional services identified as critical to retention and viral suppression included:

- Medical Case Management (MCM) and Non-MCM
- Mental Health Services and Psychosocial Support Services
- Oral Healthcare
- Medical Transportation
- Housing and Emergency Financial Assistance

Although findings show that viral suppression rates were relatively high among those in care, knowledge gaps persist related to viral load status and adherence support, such as limited awareness of the "undetectable = untransmissible" (U=U) campaign.

Many participants reported financial barriers, including a lack of health insurance, high medication costs, and copay costs. Participants statewide reported issues navigating their local HIV care and treatment systems. Participants often report a lack of awareness of available services, confusion about eligibility, and limited provider engagement in referrals.

AA's developed regional priorities; however, statewide themes that emerged include:

- Expand access to HIV medical care and medications.
- Strengthening the system of supportive services.
- Increase service capacity on mental health, oral health, and substance use services.
- Enhance community awareness and service navigation.
- Improve linkage and retention of those out of care and newly diagnosed.
- Increase culturally responsive, stigma-informed service delivery.

Central Texas

The BVCOG administers the HIV care program for 12 HIV Service Delivery Areas (HSDA) that make up the Central and Panhandle areas of Texas.

The service area encompasses the majority of rural Central and North Texas, except for the Austin HSDA. Table 6 presents demographic data for participants collected by the BVCOG assessment. Most participants were males (73 percent), 25–34 years old (35 percent),and identified as white (59 percent). Regarding the populations of focus for the BVCOG area, the survey allowed participants to select multiple identities and found that the majority identified as white (59 percent) or MSM (42 percent).

Table 6: BVCOG Needs Assessment Key Demographics, 2025

	Number	Percent
Sex		
Female	94	27%
Male	257	73%
Ethnicity		
Latino/Latino	13	4%
Race		
Asian	5	1%
American Indian	11	3%
Black or African American	80	22%
Native Hawaiian/Pacific Islander	2	1%
White	210	59%
Only Latino/Latino	60	17%
Age		
0–15	0	0%
16–24	43	12%
25–34	125	35%
35–44	78	22%
45–54	58	16%
55–64	34	10%
65–74	17	5%
75+	2	1%
Population of Focus		
Women of Childbearing Age	63	18%
MSM	149	42%
Men of Color	97	27%
Latino Men	88	25%
White	210	59%
People Who Use Substances	56	16%
Out of Care	14	4%
HIV Medical Care		
Diagnosed <12 months	99	28%
Virally Suppressed	217	61%

Source: BVCOG 2024–2025 Needs Assessment Report "Putting the Pieces Together for Clients in the Central Texas HIV Administrative Service Area – In Care and Out of Care Survey Results."

Participants ranked reported services needed for daily life with HIV in the BVCOG area for 2025, where a higher percentage of respondents indicates a higher need. Overall, the top five services needed by PLWH in Central Texas were HIV medication assistance, HIV medical care, counseling and mental health services, case management, and health insurance assistance. Among the 357 participants, over three out of five participants living with HIV reported that HIV medications and an HIV medical provider were their most pressing needs.

Priorities

To better serve the BVCOG community, the assessment revealed a need to invest in enhancing community awareness of available services, improving access to HIV medication to support adherence, increasing access to supportive services such as housing, emergency financial assistance, mental health, and psychosocial services, and enhancing client engagement.

The BVCOG report established three key themes for their service area to guide their future actions. The themes included improving community knowledge of available services, improving access and retention to HIV medications, and improving access to support services (including mental health, housing, and emergency financial assistance).

Medication assistance remained the top priority for BVCOG participants. Misconceptions regarding the affordability of medication were a significant barrier for many in the BVCOG area, which BVCOG can mitigate by improving the promotion of financial assistance programs such as TIAP-PLUS and other available resources. Addressing misconceptions about affordability and improving understanding of available resources may help reduce the perception of cost as a barrier.

Access to mental health services was a significant need. Considering this, the HSDAs should conduct local evaluations of available mental health services to better understand currently available services, where gaps exist, and whether community members are aware of available services and how to access them. This should include an investigation into the capability of implementing telework services and details on the focus group's support focus.

Housing and emergency financial assistance were among the most frequently reported unmet needs in the BVCOG assessment. Despite the availability of programs like HOPWA, many respondents continue to struggle with accessing stable

housing and urgent financial support. This suggests challenges in awareness, eligibility, or navigation.

In the HSDAs where the assessments identified these services as unmet or difficult to access, staff may conduct a comprehensive review of existing housing programs, including HOPWA and local services to identify where capacity falls short and pinpoint where clients face barriers. For emergency financial assistance, BVCOG should gather more specific data on the types of urgent needs clients face, such as rent, utilities, co-pays, or other financial needs, to ensure that agencies direct clients to the appropriate services.

South Texas

The STDC is responsible for administering HIV-related healthcare services throughout South Texas and West Texas. STDC's four HSDA areas include the El Paso, Laredo, Corpus Christi, and Brownsville HSDA. Table 7 presents the demographics of the 599 participants in the AA's 2024 survey. In the STDC assessment, most participants identified as white (72 percent), Latino (91 percent), male (79 percent), and between the ages of 30–39 (33 percent).

Table 7: STDC Needs Assessment Key Demographics, 2024

	Number	Percent
Gender*		
Female	107	18%
Male	468	79%
Ethnicity		
Latino	537	91%
Non-Latino	52	9%
Race		
White	422	72%
Black	19	3%
Other	148	25%
Asian	1	0%
Age		
0–17	1	0%
18–29	108	18%
30–39	193	33%
40–49	131	22%
50–59	114	19%
60+	41	7%
blank	1	0%
Populations of Focus		
Out of Care	72	12%
Latino Men	435	73%
IDU/Substance Use	61	10%
MSM	416	69%
Youth 13–24	33	6%

** Percentage will not total 100 percent due to variations in survey responses.*
Source: STDC 2023 to 2024 Needs Assessment Report: The South Texas Development Council 2023–2026 Comprehensive Needs Assessment – In care and out of care Client Survey Results

The STDC area of South Texas to West Texas polled PLWH in 2024 to determine the most essential services to PLWH that support access to medication, care retention, and viral suppression. The assessment asked participants to rank each of the listed services, where rank one was the most important, and ten was the least important, within their respective HSDAs. STDC averaged these scores and then reported them in descending order.

The rankings across their assigned HSDAs showed that access to Medications (LPAP) was most essential to the majority of the STDC area. Though the

importance of medication varied between HSDAs. The Laredo and Brownsville area received a ranking of 1.6, followed by Corpus Christi's ranking of 2.6 for medication. The El Paso area ranked medication and Medical Care (Outpatient Ambulatory Health Services) at 3.0.

Continuing differences in the El Paso HSDA include prioritizing insurance access (Rank 4.1), followed by program eligibility assistance (Rank 5.0), and help with substance abuse (5.0). On the surface, the results imply that PLWH in El Paso are prioritizing access to medical services and medication. There is also a possibility that PLWH in this area are more satisfied with local supportive services systems, allowing this group to focus on their HIV care.

The Laredo, Brownsville, and Corpus Christi HSDAs ranked supportive services as their third-most-important need. Specifically, Brownsville and Laredo participants agreed on the importance of housing, case management, and health insurance assistance, as these services received equal rankings of 4.4. However, Corpus Christi participants ranked mental health support 3.4, with a 0.1 difference from the importance of medical care (rank 3.3).

Priorities

There was a recurring theme of difficulty navigating the healthcare system, along with a voiced need for improved access to local resources. The data suggested that individuals who are not in care or have left care could benefit significantly from targeted interventions to address specific obstacles, such as financial assistance, transportation, legal services, nutritional education, and stronger support systems.

Addressing these through comprehensive support services, improving clinic accessibility, and providing education on navigating the healthcare system could lead to improved health outcomes and better integration into consistent care pathways.

Actions

Building on the survey findings, the STDC area conducted focus groups in both English and Spanish to gather qualitative information and further inform necessary actions. This data aims to provide a clarifying validation of the strengths, gaps, and barriers to services in the STDC area.

The key themes present in these groups included enhanced access to mental health, foodbank, and housing services, to improve client knowledge and access of foodbank services, to enhance education materials for case managers, and to

emphasize the importance of transportation resources for care and medication access.

Dallas and Sherman-Denison

The Dallas County Health and Human Services (DCHHS) is responsible for administering care funding in the Dallas and Sherman-Denison HSDAs. DCHHS conducted a status-neutral needs assessment, surveying both PLWH and people vulnerable to HIV. The assessment initially separated participant demographics by serostatus, then further categorized by sex, race/ethnicity, age, and sexual orientation. Table 8 provides key demographics from the survey. The survey collected additional health-related factors, such as housing status, income level, and education that the table does not include.

Table 8: Dallas Needs Assessment Key Demographics, 2024

	PLWH		HIV-	
Sex	**n**	**%**	**n**	**%**
Male	444	66%	678	49%
Female	196	29%	658	48%
Race/Ethnicity				
Black	358	52%	556	40%
Latino	54	8%	197	14%
White	251	36%	566	41%
Asian	11	2%	36	3%
Native Hawaiian/Pacific Islander	9	1%	20	1%
American Indian	3	0%	14	1%
Other	2	0%	5	0%
Age				
0–12	0	0%	0	0%
13–17	0	0%	2	0%
18–24	109	16%	211	15%
25–34	332	49%	527	39%
35–44	141	21%	429	31%
45–64	41	6%	107	8%
55–64	41	6%	58	4%
65+	10	1%	29	2%

Source: DCHHS 2022–2023 Needs Assessment Report: 2022 Dallas EMA/HSDA Status Neutral Assessment – Survey Results.

The DCHHS needs assessment discussed service needs on a status-neutral basis. The report notes the need to expand access to health insurance and improve the sharing of information about HIV services. Without financial assistance from insurance and information on local resources, Dallas community members may forgo needed HIV services or perceive preventative and care measures as unattainable. The assessment highlighted mental health and substance use disorder programs as avenues to reduce transmission and improve retention in care due to the prevalence of co-occurring disorders in PLWH and as methods of prevention for those who are HIV-negative. The findings concluded with a discussion on the benefits of the one-stop shop model in healthcare.

Priorities

The status-neutral assessment of HIV prevention and care and treatment needs in the Dallas area organized recommendations into five primary categories. The five categories were:

- Broad Health System Strengthening Activities
- Public Health Campaigns on HIV and EHE
- Cultural Humility training, with an emphasis on customer service
- Broader Biomedical Intervention Training and Messaging related to the U=U campaign
- Developing a relationship with community leaders in HIV as a resource to EHE

Actions

According to the initial Status Neutral Needs Assessment design, DCHHS administered the survey first, followed by focus groups, and concluded with key informant interviews among Latino MSM and other disproportionately affected groups, which led to the development of service-area priorities to improve the HIV system of care.

Fort Worth HSDA

Tarrant County Public Health is the administrator for HIV care in Fort Worth HSDA. The majority (68 percent) of needs assessment participants identified as male, with 32 percent identifying as female. Regarding race, Black participants represented 43 percent, White (non-Latino) participants represented 29 percent, Latino participants

represented 21 percent, and the remaining 7 percent identified with another race not listed. The assessment collected age in categories, with most participants aged 35 to 44 (29 percent), followed by those aged 25 to 34 (24 percent). Table 9 presents Tarrant County needs assessment demographics below.

Table 9: Tarrant County Needs Assessment Key Demographics, 2025

	Total	Percent
Sex		
Male	334	68%
Female	158	32%
Race/Ethnicity		
White, non-Latino	184	29%
Black, non-Latino	272	43%
Latino	133	21%
Other	44	7%
Multi	0	0%
Age		
13–24	48	10%
25–34	119	24%
35–44	144	29%
45–64	79	16%
55–64	76	15%
65+	34	7%

Source: Tarrant County Administrative Agency 2025 Needs Assessment – In care, out of care, and newly diagnosed Client Survey Results

TCPH conducted its assessment of needs and barriers in 2025. The assessment asked participants to rank services by importance (1 = most important, 17 = least important). Medical care was the top priority across the three groups (in care, out of care, newly diagnosed). Medication assistance was the second most needed service for those in care and newly diagnosed, and the third most needed service for the out-of-care group. Emergency financial assistance outranked medication access for the out-of-care group. Dental care remained a high priority across the board, particularly for in-care and out-of-care respondents. These shared rankings reinforce the importance of sustained access to core medical services as a foundation of HIV care.

Priorities

TCPH organized findings into thematic categories to detail emerging trends that can inform targeted, data-driven strategies to improve health outcomes for PLWH and strengthen the overall effectiveness of the HIV service delivery system. The themes identified are:

- Expand Access to Essential Supportive Services
- Enhance Behavioral Health, Dental, Nutrition, and Substance Use Services
- Boost Transportation Solutions – Address Transportation Barriers
- Integrating Aging and Geriatric Support

Actions

TCPH conducted focus groups with communities of focus and a provider survey to collect qualitative and quantitative data describing the state of the HIV care system. In addition to the previously described priorities, the aging focus group identified integrating aging and geriatric support services as a priority. While participants expressed confidence in navigating the Ryan White service system, they also noted that as they age, their healthcare needs are becoming more complex.

San Antonio HSDA

University Health Systems (UHS) administers HIV health care in the San Antonio HSDA. Table 10 organizes participants' demographics by sex, ethnicity, age, and race to assist in identifying populations of focus among PLWH. The results of the survey showed that over half (64 percent) identified as male. Regarding ethnicity, over half (53 percent) also identified as Latino. Due to the complexity of distinguishing ethnicity and race, the assessment also includes Latino in the race category, with 21 percent of participants identifying their race as Latino. The age distribution showed that 41 percent were aged 25–34.

Table 10: University Health Needs Assessment Key Demographics, 2023

	Total	Percent
Sex		
Male	271	64%
Female	138	33%
Ethnicity		
Latino	224	53%
Not Latino	195	47%
Age		
13–24	20	5%
25–34	173	41%
35–44	113	27%
45–64	50	12%
55–64	50	12%
65+	18	4%
Race		
American Indian	32	8%
Black	106	25%
Latino or Latino	89	21%
Native Hawaiian	10	2%
Asian	2	0%
White	163	39%
Other	20	5%

Source: San Antonio Transitional Grant Area Health Service Delivery Area 2023 Comprehensive Triennial Needs Assessment - In care and out of care Client Survey Results.

In 2023, the UHS assessment polled participants on HIV viral load and found that 89 percent understand what it means to be "undetectable," and three out of four participants have discussed reaching an undetectable viral load with their provider.

UHS asked respondents whether they knew their HIV viral load, and approximately two out of three (66 percent) reported not knowing their viral load at the time of the survey. Among respondents, 67 percent reported an undetectable viral load, and 47 percent reported their last test was within the past three months.

To detail service needs and access, the UHS assessment organized Ryan White services by need and access categories. The report showed that among services that patients need and can access, 45 percent selected medical case management, 36 percent selected mental health services, 35 percent selected outpatient ambulatory health services, and 31 percent medication assistance (ADAP), as well

as oral health services. Participants indicated that health insurance assistance was challenging to access and that outreach services, while needed, also had access issues.

Priorities

UHS reported the San Antonio TGA recommendations as a list of investigations and evaluations into the capacity and capabilities of specific Ryan White services.

- UHS should investigate oral health service delivery, including capacity and capability to deliver oral health care. Survey respondents cited numerous instances in their comments in which they were unable to access oral health care, including for extended periods.
- UHS should investigate the feasibility of expanding the provider network to more locations outside of the downtown San Antonio area. Survey respondents cited an interest in more providers outside the downtown area.
- UHS should investigate the feasibility of establishing appointment standards to reduce waiting times for clients with confirmed healthcare appointments. Survey respondents cited long appointment wait times numerous times.
- UHS should evaluate the medical transportation service category for ways to expand access. Numerous survey respondents cited the need for medical transportation to attend healthcare-related appointments, especially for those living outside downtown San Antonio.

Actions

The San Antonio TGA implemented the UHS recommendations for an investigation into service quality. The summarized recommendations include an investigation into the delivery of oral health care, an investigation into the feasibility of establishing appointment standards to improve access, an investigation into the feasibility of expanding the provider network beyond downtown, and an evaluation of solutions to expand medical transportation access.

East Texas

The Resource Group (TRG) administers HIV funding and care for the East Texas region. Table 11 shows the overall demographic information for the East Texas TRG assessment. Over half (54 percent) of participants identified as male, with 30 percent identifying as female. Regarding ethnicity, only 11 percent identified as

Latino. Approximately two out of five participants (38 percent) identified as Black, and nearly one out of three participants (32 percent) identified as White.

Table 11: TRG Needs Assessment Key Demographics, 2025

	Total	Percent
Sex		
Female	106	30%
Male	192	54%
Did not answer	58	16%
Latino		
Yes	39	11%
No	253	71%
Did not answer	66	19%
Race		
White	116	32%
Black	137	38%
Latino	29	8%
Asian	1	0%
Pacific Islander or Native Hawaiian	1	0%
Native American	3	1%
Multi	11	3%
Other/NA	60	17%
Age		
18–24	8	2%
25–34	52	14%
35–49	103	29%
50–54	32	9%
55–64	70	20%
65–74	30	8%
75+	3	1%
NA	62	17%

Source: 2025 Eastern HIV/AIDS Administrative Service Area Comprehensive Needs Assessment – Facilitated Client Need Survey Results

Overall, most East Texas HSDAs indicate HIV primary care, or outpatient ambulatory health services (OAHS), as the top priority. Referral for Healthcare Services with ADAP enrollment followed, receiving the top priority for Beaumont, and within the top three of the remaining HSDAs. MCM and Local AIDS Pharmaceutical Assistance (LAPA, also known as HIV medication assistance) ranked approximately third and fourth, respectively, among the most important services,

with LPAP not making the top five in Texarkana. Oral Health follows closely, ranking fourth or fifth among all HSDAs.

Priorities

The TRG assessment results allowed a thorough examination of the challenges that populations of focus experience, as well as challenges faced among organizations that serve PLWH. Listed below are recommendations that staff can address across the East Texas HASA.

- Strategically focus on addressing the barriers that impact access to services.
- Encourage collaboration and the creation of partnerships to pool resources and services for clients and their families.
- Identify practical strategies to strengthen HIV and AIDS research partnership between universities.
- Use findings to develop educational and training models for all constituents, with special attention to the analysis of the full range of risk behaviors and processes.
- Explore the effectiveness of peer education interventions for HIV prevention.
- Add trauma-focused interventions since this population generally has higher traumatic incidents than the general population.

Actions

The results of the East Texas survey suggest that understanding the specific needs of PLWH and using population-specific strategies to implement intervention and prevention programs is essential. Findings convey the need to implement programs to educate consumers about the array of services available. Many respondents were unaware of several services, including health insurance assistance, day treatment, nutritional services, and a food pantry.

TRG will conduct a special study on Marketplace Insurance Understanding, Positive Prevention, and Life Skills Capacity Building in the upcoming fiscal year, using the findings from its 2025 Needs Assessment, to determine next steps for addressing the HIV Epidemic within Eastern HASA.

Houston

The TRG administers DSHS HIV funding in coordination with Harris County Public Health for the Houston HSDA, which includes the Houston EMA. The Houston needs assessment included 95 percent of participants who resided in Harris County at the time of data collection. Most participants were male (69.1 percent), Non-Latino Black (55.3 percent), and heterosexual (55.8 percent). Over 42 percent of participants were aged 50 or older, with a median age range of 35–39 years (Table 12). The average unweighted household income was $17,266, and 68 percent lived below 100 percent of the federal poverty level (FPL). 72 percent of participants were not working, with 28 percent disabled, 20 percent unemployed and seeking employment, and 9 percent retired. Most participants reported relying on Medicaid or Medicare (44.8 percent) or Harris Health System (28 percent), for healthcare coverage.

Table 12: Houston Needs Assessment Key Demographics, 2025

	Total	Percent
Sex		
Female	171	31%
Male	386	69%
Race		
White	62	12%
Black	299	55%
Latino	161	30%
Multi	8	1%
Other/NA	11	2%
Age		
13-17	3	1%
18–24	17	3%
25–34	113	20%
35–49	188	34%
50–54	68	12%
55–64	114	21%
65–74	51	9%
75+	4	1%

The 2025 Houston HIV Care Services Needs Assessment asked participants to indicate which of the 16 funded services* they needed within the past 12 months. Staff analyzed the funded services and assigned a need ranking. At 94 percent, participants reported primary care as the most needed funded service in the

Houston Area, followed by local medication assistance at 80 percent, case management at 73 percent, oral health care at 69 percent, health insurance assistance at 68 percent, and vision care at 58 percent. Primary care had the highest need ranking among core medical services, while ADAP enrollment workers had the highest need ranking among support services.

Priorities

Priorities identified through the 2025 Houston Area HIV Care Services Needs Assessment, and the 2022 HIV Prevention Needs Assessment included expanding access to HIV/STI testing, increasing HIV prevention education and awareness, strengthening rapid linkage to HIV medical care, and improving long-term retention in care and viral suppression outcomes. Participants identified a continued need for PrEP and PEP education, condom access, and healthcare navigation services, as well as supportive services such as medication assistance, case management, oral healthcare, health insurance assistance, housing support, and food assistance. Both assessments additionally identified ongoing barriers related to service awareness, financial challenges, appointment access, provider interactions, eligibility and enrollment systems, and accessibility of HIV prevention and care services

Situational Analysis

Texas is home to more than 119,000 Texans living with diagnosed HIV, and DSHS estimates an additional 4,000 to 5,000 Texans acquire HIV annually.[30] As described in the resource section of this plan, across multiple Ryan White Program Parts, Texas received roughly $227,000,000 in federal funding to support the care and treatment of PLWH.[31] This amount has remained relatively level over time. With the increasing number of Texans diagnosed and living with HIV who require lifesaving support, Texas faces resource challenges.

The community of organizations and individuals responding to the prevention, care, and treatment needs of Texans impacted by HIV has a long history. Over the 40-year history of HIV in Texas, the CBOs at the front lines of the epidemic have grown and continue to provide for the needs of Texans impacted by HIV. The greatest strength of the Texas HIV systems is the history, adaptability, and sophistication of the network of organizations providing direct prevention, care, and treatment for individuals and communities impacted by HIV. These organizations have grown and innovated their approaches to this work as both biomedical prevention and HIV treatment have advanced over the last decade. However, this system faces challenges as the community living with HIV or impacted by HIV continues to grow.

This situational analysis provides a high-level overview of the strengths, challenges, and opportunities across the EHE pillars. DSHS gathered this information through stakeholder input during Texas HIV Syndicate meetings convened in 2025 and 2026. A shortfall of this analysis is that it generalized the unique strengths, challenges, and opportunities of the different cities and regions in Texas.

Prevent

Strengths

With the advent of PrEP over the last decade, several new providers have emerged across Texas. By leveraging 340B programs, these new grassroots organizations have grown into large CBOs that provide community-centered, whole-person approaches to sexual health. As many of these organizations began as grassroots,

[30] Source: Results of CD4 depletion modeling run in January 2025
[31] HRSA Data Warehouse Awarded Grants data, data.hrsa.gov/data/download, accessed March 2026.

community-led responses, they continue to maintain strong ties to the communities they serve and adapt their programming to those communities' changing needs.

An additional strength is the growing use and availability of tele-PrEP programs. The development and use of telehealth services continues to grow to provide access to these services to communities outside of the major metropolitan areas in Texas also impacted by HIV. In line with these telehealth services, Texas continues to adopt innovative HIV and STD testing options through mail-order programs. These approaches provide access to communities that may not feel comfortable using traditional testing programs or, in much of rural Texas, may not have access to walk-in testing services.

Prevention stakeholders across the state have developed comprehensive condom distribution networks that play a critical role in HIV prevention. Through collaboration with the Bexar County Hospital District, DSHS distributes more than two million condoms annually. Innovative distribution strategies, such as mail-order condom programs, extend the reach of these efforts, improving access to prevention resources and supporting reductions in HIV transmission.

Challenges

Limited access to Non-Occupational Post-Exposure Prophylaxis (nPEP) continues to present a significant challenge across the state. Gaps in provider training reduce prescribing capacity, while the lack of financial support mechanisms creates substantial barriers for uninsured and underinsured individuals, limiting access to this critical prevention intervention.[32]

Advances in PrEP have benefited many Texans vulnerable to HIV. However, financial costs can present a challenge for many people who could benefit from PrEP. Texas has a high number of uninsured individuals,[33] which creates financial barriers to using the latest prevention technologies.

Latino and Black communities also have lower use of PrEP in Texas, compared to the growing use among White Texans. Challenges in access and adoption of PrEP in these communities present a missed opportunity to reduce the number of new HIV acquisitions in the state. Moving forward, DSHS will prioritize conducting targeted

[32] Tiruneh, Y.M.; Rachmale, R.; Elerian, N.; Lakey, D.L. Assessing Knowledge, Practices, and Barriers to PrEP and nPEP Prescription Among Texas Healthcare Providers. Healthcare 2024, 12, 2315. doi.org/10.3390/healthcare12222315
[33] Kaiser Family Foundation Health Insurance Coverage by Population, 2024 kff.org/state-category/health-coverage-uninsured/ Accessed May 2026

assessments to identify barriers to biomedical prevention programs and implementing strategies to improve access and uptake within these communities.

While the HIV epidemic in Texas mostly centers in large urban areas, HIV exists all over the state. The large geographic area of Texas and the limited services in less urban areas create challenges in providing prevention services. Texas must find ways to ensure access to HIV and STD prevention strategies for these areas.

Opportunities

Expanding mail-order HIV and STD testing has the potential to broaden reach into underserved communities, particularly non-urban areas. By offering flexible and discreet testing options, this approach can reduce barriers to access, increase testing uptake, and support earlier diagnosis and timely linkage to prevention and care services.

DSHS expects the continued adoption of tele-PrEP to enhance access to HIV prevention services across Texas. This approach can increase PrEP uptake, provide alternative entry points into prevention systems, and contribute to earlier and sustained engagement in preventive care, thereby improving population-level outcomes.

Diagnose

Strengths

In line with telehealth services, Texas continues to adopt innovative HIV and STD testing options through mail-order programs. These approaches provide access to communities that may not feel comfortable using traditional testing programs or, in much of rural Texas, may not have access to walk-in testing services.

The State of Texas and its HIV prevention stakeholders have adopted a status-neutral approach to prevention interventions. By meeting individuals where they are and delivering whole-person care that prioritizes needs beyond HIV status, this approach helps address structural stigma within service systems. As a result, organizations have observed improved client outcomes and increases in testing.

Challenges

As described in the epidemiologic overview, DSHS estimates that roughly 23,000 Texans are living with undiagnosed HIV. While there has been a slight increase in

the annual number of new diagnoses, greater and more focused efforts are necessary to reduce the number of individuals living with undiagnosed HIV.

Challenges in providing testing services in disproportionately impacted communities continue. DSHS attributes most new diagnoses made in focused HIV testing programs to these heavily impacted communities; focused testing remains underused. DSHS will prioritize conducting targeted assessments to identify barriers to accessing testing programs and adapting focused testing strategies to better meet the needs of these communities.

Opportunities

Advancements in mail-order testing for both HIV and STD offer the opportunity to serve new communities and provide effective options for under-resourced non-urban communities. DSHS has a history of supporting mail-order HIV testing and recently expanded its mail-order HIV and STD testing program aimed at helping communities that may struggle to access traditional testing.

Continued expansion of opt-out testing in healthcare settings across the state offers a critical opportunity to increase early HIV diagnosis. Targeted outreach and provider education initiatives will be essential to support adoption, normalize routine testing, and improve identification of undiagnosed individuals.

Treat

Strengths

Organizations across Texas have evolved to improve treatment access for PLWH. Many organizations offer "one-stop" models that allow for Texans living with HIV to access both medical and supportive services, reducing the burdens of complicated service systems.

Programs across Texas have adopted whole-person approaches to providing health care, ensuring that individuals have their needs met holistically rather than simply focusing on HIV-specific medical needs. These approaches increase both retention in HIV medical care and improve the long-term health outcomes for Texans living with HIV.

Challenges

As previously noted, Texas has an increasing number of individuals living with diagnosed HIV. State and local agencies face increasing financial challenges in meeting the needs of these individuals. Organizations and communities struggle to adapt systems to accommodate increasing need.

Timely linkage to care for individuals newly diagnosed with HIV has increased over the last decade, but challenges in coordination persist. Individuals who receive their diagnoses through emergency rooms or general medical practices may face challenges when connecting to HIV care systems.

These challenges heavily impact retention in care for individuals living with HIV, a key strategy to addressing the HIV epidemic in Texas. Different retention rates in disproportionately affected communities reduce the health outcomes for individuals and support forward transmission of HIV. More work is needed to understand the barriers to care in these communities to increase retention.

Opportunities

Texas has seen an increase in the adoption of rapid start programs. Rapid start programs support immediate access to ART for individuals who receive a new HIV diagnosis or who may be returning to HIV medical care. These programs greatly reduce barriers to care and speed time to viral suppression. Leveraging the experience of early adopters of rapid start programs will support the continued expansion of these strategies in clinics across Texas.

PLWH move in and out of care. As discussed in the epidemiological overview, the number of Texas diagnoses with HIV out of care has remained relatively level for many years. HIV care and treatment programs in Texas have begun piloting incentive programs to support return-to-care and retention-in-care strategies. These incentive programs may become a key strategy for reducing the number of Texans out of care.

Disproportionately Affected Communities

The four disproportionately impacted communities in Texas have differing needs based on data from the HIV care continuum. The situational analysis of Texas across the four pillars, when examined through the perspective of these individual communities, demonstrates different points of focus. While all communities will

benefit from general strategies across the continuum and pillars, this section highlights specific challenges for each.

White MSM, while still facing a heavy burden from HIV, demonstrate greater use of prevention and treatment programs, and show better health outcomes compared to other communities. However, this community requires continued focus, and achieving full access demands a greater understanding of existing barriers. White MSM also represent a growing number of people aging with HIV. Ultimately, improving health for this community depends on understanding the unique challenges associated with long-term HIV.

Latino MSM in Texas continue to increase in both HIV acquisition and diagnoses.[34] Latino MSM have the highest number of late diagnoses across all the impacted communities. Late diagnoses may result in worse health outcomes for these individuals and a greater risk of forward transmission when individuals are unaware of their HIV status. Latino MSM also have lower evidence of PrEP use in Texas. As the number of Latino MSM living with HIV increases, the use of PrEP for HIV negative individuals in this community is key to ending increased transmissions. More understanding of the system and barriers to prevention and care is necessary to adapt practices to better serve this community.

Black MSM have shown a slight increase in PrEP use, but supporting this community in accessing PrEP will require further efforts. Black MSM living with diagnosed HIV have lower rates of retention in care when compared to other impacted communities. This lower retention rate has persisted over time, particularly among younger Black MSM. Texas must increase understanding of the challenges this community faces to adapt systems that better support engagement in care.

Communities of Black WSM have shown decreases in both the number of women acquiring and being diagnosed with HIV. While this progress is encouraging, Black WSM continues to have unique challenges for prevention and care programs to understand and address. A point of concern continues to be the lower rates of viral suppression among Black women living with HIV when compared to other impacted communities. Texas must do more work to understand the underlying issues in this community to adapt programs to better support the health outcomes of Black women.

[34] Source: Routine HIV surveillance data, released July 2025.

2027–2031 Goals and Objectives

EHE Prevent Pillar

Prevent Goal 1: ***A 50 percent reduction in the annual number of Texans who acquire HIV.***

Objective: ***Texas will reduce the number of people who acquire HIV each year by 50 percent from the baseline of 4,800 in 2022.***

Objective: ***Texas will reduce the number of Latino people who acquire HIV each year by 50 percent from the 2022 baseline of 2,600.***

Objective: ***Texas will reduce the number of Black people who acquire HIV each year by 50 percent from a baseline of 1,200 in 2022.***

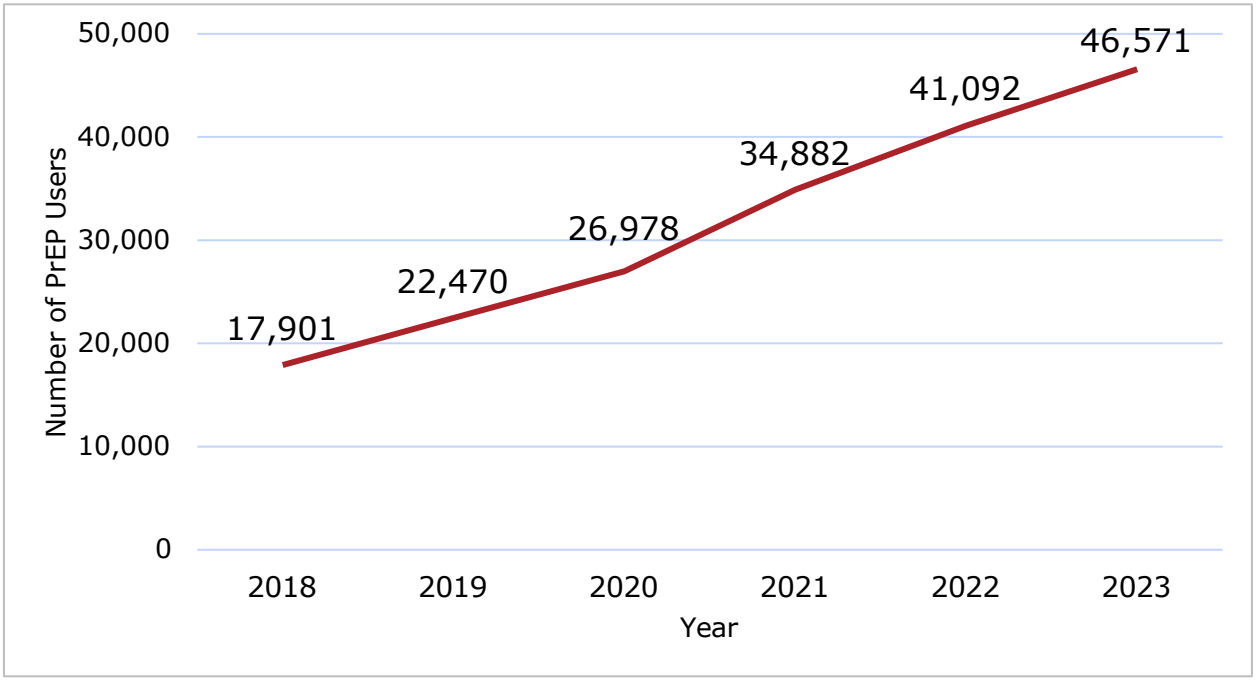
Objective: ***Texas will reduce the number of people who acquire HIV through male-to-male sexual contact by 50 percent from a baseline of 3,400 in 2022.***

Traditional behavioral approaches to HIV prevention, blended with a cutting-edge biomedical approach, could significantly reduce new infections in the groups most heavily impacted by HIV. Research proves that taking specific HIV treatment drugs before infection substantially decreases a person's chances of becoming infected. This approach, known as PrEP, can reduce the likelihood of acquiring HIV.[35] This proactive approach works better than investing in treatment alone, which is reactive and cannot, on its own, reduce the number of new infections.

[35] See CDC Guidance for PrEP cdc.gov/hivnexus/hcp/prep/.

Pre-Exposure Prophylaxis (PrEP)

Figure 27: Texas PrEP Users, 2018–2023



Source: AIDSVu PrEP data tables accessed May 2025.

Figure 27 demonstrates that PrEP use has continued to increase in Texas. 46,571 individuals received a PrEP prescription in 2023, a 160 percent increase in the number of Texans accessing PrEP in the last five years. On average, PrEP use increased by 35 percent annually over the last decade. Another measure of PrEP use is the PrEP-to-need ratio (PNR). PNR is the ratio of PrEP users to the number of people newly diagnosed each year. Lower PNR reflects a greater unmet need for PrEP.

Table 13: Texas PrEP to Need Ratios by Demographics, 2019–2023

	2019	2020	2021	2022	2023
State overall	5.14	7.46	7.73	8.39	9.51
Male	5.84	8.34	8.67	9.48	10.74
Female	1.97	3.02	3.23	3.28	3.76
Age < 24	3.00	4.40	5.13	5.73	5.96
Age 25–34	5.93	8.31	8.38	8.79	9.72
Age 35–44	6.16	9.58	8.99	9.94	11.86
Age 45–54	5.63	7.53	8.14	8.75	10.1
Age 55+	4.77	7.47	7.97	8.85	10.6
Black Texans	1.55	2.41	2.64	3.04	3.38
White Texans	16.65	23.33	23.51	24.48	27.4
Latino Texans	3.61	5.24	5.45	5.78	6.76

Source: AIDSVu PrEP data tables accessed May 2025.

The PNR for Texas has continued to increase over the last five years. White Texans have a PNR almost eight times higher than Black Texans and four times higher than Latino Texans. Similarly, increasing PrEP use among women requires further efforts.

To support the goal of achieving a fifty percent reduction in the number of Texans who acquire HIV annually, DSHS has developed the following objective to increase PrEP use in Texas.

Prevent Goal 2: ***A 25 percent increase in the annual number of Texans who access PrEP from the baseline of (41,092) in 2022.***

Objective: ***Texas will increase the number of Latino Texans who receive a PrEP prescription by 30 percent per year from a baseline of 13,169 in 2022.***

Objective: ***Texas will increase the number of female Texans who receive a PrEP prescription by 30 percent per year from a baseline of 3,237 in 2022.***

Objective: ***Texas will increase the number of Black Texans who receive a PrEP prescription by 30 percent per year from a baseline of 4,447 in 2022.***

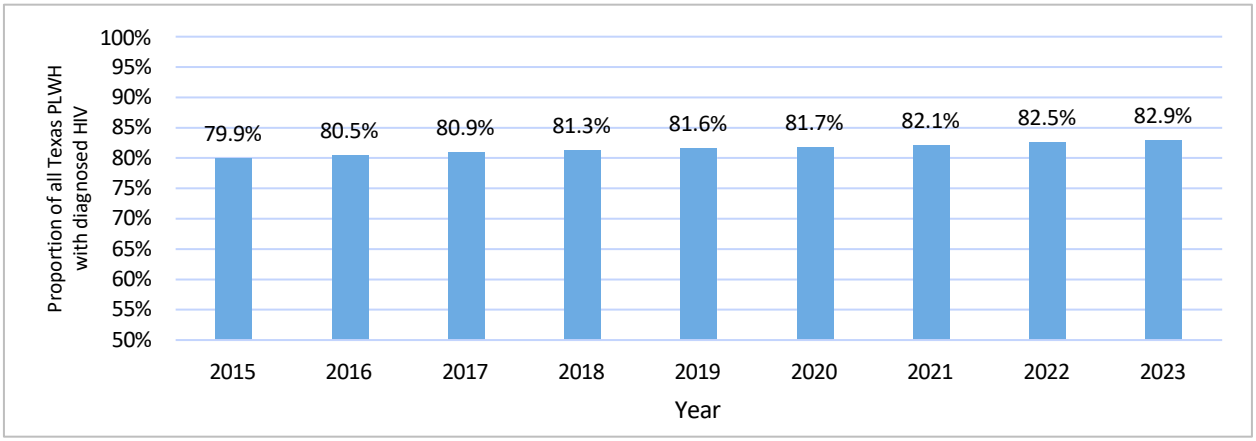
Objective: ***Texas will increase the number of Texans who receive a PrEP prescription by 35 percent per year from a baseline of 41,092 in 2022.***

EHE Diagnose Pillar

Although many people have signs or symptoms immediately following contracting HIV, these symptoms and signs are often mild and very general (e.g., fever, body aches).[36] People who newly acquire HIV rarely seek medical attention for these symptoms or report them to their doctor during medical visits. As a result, people may live with HIV for many years before receiving a diagnosis. During this time, they do not receive the treatment and care they need to protect and improve their health. Reducing the number of Texans with undiagnosed HIV will also help decrease transmission rates. This is because a lower community viral load makes it less likely for the virus to spread. Additionally, studies show that individuals who are aware of their HIV status are more likely to adopt behaviors that reduce the risk of passing HIV to their partners. [37,38,39,40] Figure 28 represents the proportion of all PLWH in Texas who know their status from 2015 to 2023.

[36] Sullivan PS, Fideli U, Wall KM, et al. Prevalence of seroconversion symptoms and relationship to set-point viral load: findings from a subtype C epidemic, 1995-2009. AIDS 2012; 26: 175-84.
[37] Dombrowski JC1, Harrington RD, Golden MR. Evidence for the long-term stability of HIV transmission-associated sexual behavior after HIV diagnosis. Sex Transm Dis. 2013 Jan;40(1):41-5. doi: 10.1097/OLQ.0b013e3182753327.
[38] McFarland W, Chen Y, Nguyen B et al. Behavior, Intention or Chance? A Longitudinal Study of HIV Seroadaptive Behaviors, Abstinence and Condom Use. AIDS Behav. 2012 Jan; 16(1): 121–131. doi: 10.1007/s10461-011-9936-8.
[39] Parsons JT, Schrimshaw EW, Wolitski RJ, Halkitis PN, Purcell DW, Hoff CC, Gomez CA. Sexual harm reduction practices of HIV-seropositive gay and bisexual men: serosorting, strategic positioning, and withdrawal before ejaculation. AIDS. 2005;19 Suppl 1:S13-25
[40] Weinhardt LS, Kelly JA, Brondino MJ, et al. HIV transmission risk behavior among men and women living with HIV in 4 cities in the United States. J Acquir Immune Defic Syndr. 2004; 36:1057-66.

Figure 28: Proportion of All Texas PLWH with Diagnosed HIV Who Knew Their Status, 2015–2023



Source: CD4 depletion model result run in January 2025.

DSHS estimates that while 83 percent of Texans know their status, only 78 percent of Latino Texans living with HIV know theirs. The higher percentage of Latino Texans who are undiagnosed (22 percent for Latinos compared to 17 percent for all Texans) contributes to the disproportionate increase in HIV infections in that community.

Diagnose Goal 1: 90 percent of Texans living with HIV are aware of their status.

Objective: ***Texas will reduce the proportion of Latino Texans living with undiagnosed HIV from a 2022 baseline of 23 percent to no more than 10 percent.***

Objective: ***Texas will reduce the proportion of Black Texans living with undiagnosed HIV from a 2022 baseline of 14 percent to no more than 10 percent.***

Objective: ***Texas will reduce the proportion of Texans aged 25 to 34 living with undiagnosed HIV from a 2022 baseline of 18 percent to no more than 10 percent.***

Objective: ***Texas will reduce the proportion of Texans who receive a late HIV diagnosis from 21 percent in 2022 to no more than 10 percent in 2031.***

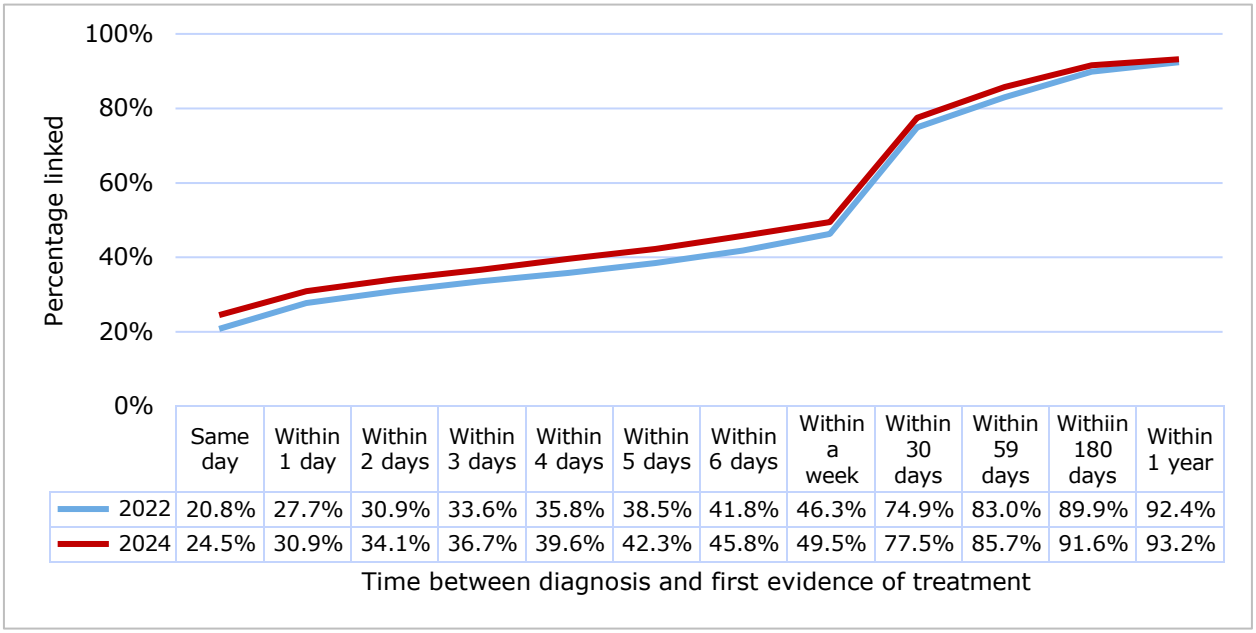
Objective: ***Texas will reduce the proportion of Latino MSM who receive a late diagnosis from 22 percent in 2022 to no more than 10 percent in 2031.***

EHE Treat Pillar

Linkage to Care

Treatment for HIV infection keeps people with HIV healthier longer and reduces deaths, but it is most effective if treatment starts soon after diagnosis. Linkage refers to the time it takes from the person's diagnosis to when they have their first episode of HIV medical care. Figure 29 details the amount of time between diagnosis and first evidence of treatment for PLWH linked to care from 2022 to 2024.

Figure 29: Linkage to HIV Medical Care for Texas, 2022–2024



	Same day	Within 1 day	Within 2 days	Within 3 days	Within 4 days	Within 5 days	Within 6 days	Within a week	Within 30 days	Within 59 days	Withiin 180 days	Within 1 year
2022	20.8%	27.7%	30.9%	33.6%	35.8%	38.5%	41.8%	46.3%	74.9%	83.0%	89.9%	92.4%
2024	24.5%	30.9%	34.1%	36.7%	39.6%	42.3%	45.8%	49.5%	77.5%	85.7%	91.6%	93.2%

Treat Goal 1: ***95 percent of new HIV diagnoses will receive linkage to care within 30 days.***

Objective: ***Texas will increase the proportion of Texans newly diagnosed with HIV linked to medical care within 72 hours of their diagnoses to 50 percent from a baseline of 34 percent in 2022.***

Objective: ***Texas will increase the proportion of Texans newly diagnosed with HIV linked to medical care within 30 days of their diagnoses to 95 percent from a baseline of 75 percent in 2022.***

Retention: Out of Care

Maintaining consistent engagement in care is vital to the success of HIV treatment. Disruptions in treatment and missed appointments are associated with poor prognosis, unsustained viral load suppression, increased mortality, and greater prevalence of co-morbid conditions. These disruptions prove especially critical when establishing treatment.[41,42,43,44,45,46,47]

PLWH may also have untreated mental health or substance use issues, both of which are associated with unmet need for HIV medical care. For PLWH, higher unmet support service needs, such as unstable housing, also increase the risk of falling out of care.

Treat Goal 2: ***90 percent of Texans living with diagnosed HIV diagnoses who are out of care return to care.***

Objective: ***Texas will reduce the number of Texans who are living with diagnosed HIV who are out of care from a baseline of 22 percent in 2022 to no more than 10 percent by 2031.***

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[41] Crawford, TN. Poor retention in care one year after viral suppression: a significant predictor of viral rebound. AIDS Care. 2014;26(11):1393-9. doi: 10.1080/09540121.2014.920076.
[42] Ulett KB, Willig JH, Lin H-Y, et al. The therapeutic implications of timely linkage and early retention in HIV care. AIDS Patient Care STDS. 2009;23:41-49.
[43] Christopoulos KA, Das M, Colfax GN. Linkage and retention in HIV care among men who have sex with men in the United States. Clin Infect Dis. 2011;52(Suppl 2):S214-S222.
[44] Mugavero, MJ, Westfall AO, Cole SR et al. Beyond core indicators of retention in HIV care: missed clinic visits are independently associated with all-cause mortality. Clinical Infectious Diseases 2014;59(10):1471–9
[45] Mugavero MJ, Amico KR, Westfall AO, et al. Early retention in HIV care and viral load suppression: implications for a test and treat approach to HIV prevention. J Acquir Immune Defic Syndr. 2012 Jan 1;59(1):86-93. doi: 10.1097/QAI.0b013e318236f7d2.
[46] Crawford TN, Sanderson WT, Thornton A. Impact of Poor Retention in HIV Medical Care on Time to Viral Load Suppression. Jn Int Assoc Provid AIDS Care. 2014;13(3):242-248.
[47] Tedaldi EM1, Richardson JT, Debes R, et al. Retention in care within 1 year of initial HIV care visit in a multisite US cohort: who's in and who's out? Ann Intern Med. 2012; 156:817-833.

Objective: ***Texas will reduce the number of Black MSM in Texas who are living with diagnosed HIV who are out of care from a baseline of 24 percent in 2022 to no more than 10 percent by 2031.***

Objective: ***Texas will reduce the number of Black WSM in Texas who are living with diagnosed HIV who are out of care from a baseline of 24 percent in 2022 to no more than 10 percent by 2031.***

Objective: ***Texas will reduce the number of Latino MSM in Texas who are living with diagnosed HIV who are out of care from a baseline of 21 percent in 2022 to no more than 10 percent by 2031.***

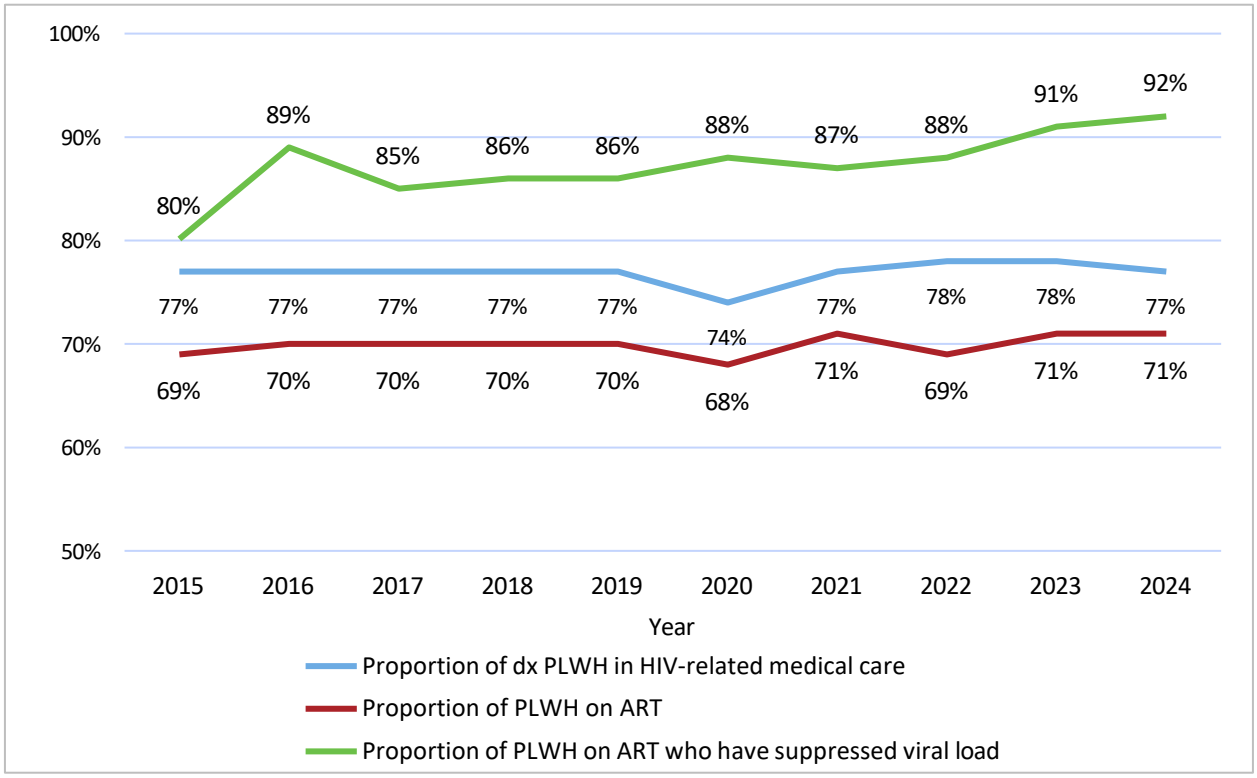
Low viral loads indicate viral suppression (defined as an HIV-1 RNA load of less than 200 copies/ml). Viral suppression allows PLWH to live long, healthy, and productive lives. Increasing the number of Texans with suppressed viral loads also prevents new transmissions of HIV.[48,49] Treatment as prevention (TasP) maximizes the number of PLWH with suppressed viral loads to reduce HIV transmissions.

As seen in Figure 30, Texas has made progress in improving viral suppression among PLWH on ART. Texas has achieved a 12 percent increase in viral suppression over the last decade.

[48] Rodger, A. J., Cambiano, V., Bruun, T., et al. Sexual activity without condoms and risk of HIV transmission in sero-different couples when the HIV-positive partner is using suppressive antiretroviral therapy. JAMA, 2016, 316(2), 171-181

[49] Cohen M Et al. Final results of the HPTN 052 randomized controlled trial: antiretroviral therapy prevents HIV transmission. 8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, Vancouver, abstract MOAC0101LB, 2015.

Figure 30: Progress on the Goal of 90 Percent of Diagnosed PLWH on ART and 95 Percent of People on ART Achieving Viral Suppression, 2015–2024



Source: Unmet Need Project, available July 2025.

Treat Goal 3: ***95 percent of Texans living with HIV who are on ART achieve viral suppression.***

Objective: ***Texas will increase the proportion of Texans living with diagnosed HIV who are on ART and are virally suppressed to 95 percent from a baseline of 88 percent in 2022.***

Objective: ***Texas will decrease the proportion of Black MSM in Texas who are living with diagnosed HIV and are on ART who are virally unsuppressed from a baseline of 14 percent in 2022 to no more than 5 percent in 2031.***

Objective: ***Texas will decrease the proportion of Black WSM in Texas who are living with diagnosed HIV and are on ART who are virally unsuppressed from a baseline of 13 percent in 2022 to no more than 5 percent in 2031.***

Appendix A: Detailed Information on Texans with HIV

People Acquiring HIV

Table 13: Number of HIV acquisitions in Texas by selected groups, 2015-2023

	2015		2016		2017		2018		2019		2020		2021		2022		2023		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Total	4,500		4,600		4,600		4,8005		4,800		4,700		4,700		4,800		5,500		43,000	
Sex																				
Male	3,700	82%	3,800	83%	3,900	85%	4,000	83%	4,000	83%	3,900	83%	4,000	85%	4,000	83%	4,500	82%	35,800	83%
Female	800	18%	800	17%	760	17%	830	17%	810	17%	770	16%	780	17%	860	18%	1,000	18%	7,410	17%
Age at acquisition																				
13-24	1,600	36%	1,400	30%	1,500	33%	1,400	29%	1,300	27%	1,200	26%	1,100	23%	1,000	21%	1,200	22%	11,700	27%
25-34	1,500	33%	1,700	37%	1,700	37%	1,800	38%	1,800	38%	1,900	40%	1,900	40%	1,900	40%	2,300	42%	16,500	38%
35-44	720	16%	770	17%	770	17%	840	18%	910	19%	820	17%	950	20%	1,000	21%	1,100	20%	7,880	18%
45-54*	490	11%	470	10%	460	10%	470	10%	500	10%	480	10%	490	10%	470	10%	420	8%	4,250	10%
55-64*	210	5%	220	5%	200	4%	250	5%	270	6%	240	5%	270	6%	290	6%	310	6%	2,260	5%
Race/ethnicity																				
Black/African American	1,400	31%	1,400	30%	1,500	33%	1,400	29%	1,400	29%	1,400	30%	1,300	28%	1,200	25%	1,400	25%	12,400	29%
Latino	2,000	44%	2,100	46%	2,200	48%	2,300	48%	2,300	48%	2,300	49%	2,500	53%	2,600	54%	3,100	56%	21,400	50%
White	770	17%	840	18%	720	16%	830	17%	810	17%	770	16%	680	14%	730	15%	780	14%	6,930	16%
Mode of transmission groups																				
MSM	3,200	71%	3,300	72%	3,300	72%	3,400	71%	3,400	71%	3,400	72%	3,400	72%	3,400	71%	3,900	71%	30,700	71%
PWID*	260	6%	260	6%	250	5%	310	6%	270	6%	310	7%	280	6%	330	7%	400	7%	2,670	6%
WSM	660	15%	660	14%	630	14%	680	14%	660	14%	630	13%	640	14%	660	14%	840	15%	6,060	14%

**Estimates of HIV incidence, prevalence, and undiagnosed infection with relative standard errors (RSE) ≥30% should be interpreted with caution in alignment with reliability standards from the National Center for Health Statistics.*

Source: Results of CD4 depletion modeling in January 2025

Table 14: 48 Texas counties with no acquisitions from 2015 to 2023

Archer Co.	Foard Co.	Mason Co.
Armstrong Co.	Glasscock Co.	Motley Co.
Baylor Co.	Hamilton Co.	Oldham Co.
Briscoe Co.	Hansford Co.	Reagan Co.
Calhoun Co.	Hardeman Co.	Roberts Co.
Clay Co.	Haskell Co.	San Saba Co.
Cochran Co.	Kent Co.	Schleicher Co.
Coke Co.	King Co.	Sherman Co.
Collingsworth Co.	Kinney Co.	Somervell Co.
Cottle Co.	Knox Co.	Sterling Co.
Crockett Co.	La Salle Co.	Stonewall Co.
Culberson Co.	Lipscomb Co.	Sutton Co.
Dallam Co.	Loving Co.	Throckmorton Co.
Delta Co.	McCulloch Co.	Terrell Co.
Dickens Co.	McMullen Co.	Upton Co.
Fisher Co.	Martin Co.	Wilbarger Co.

Source: Results of CD4 depletion modeling in January 2025

People living with diagnosed HIV.

Table 15: Growth rate and growth profile for groups of dx PLWH in Texas, 2015 -2024

	Rate of growth in the group from 2015 to 2024	Increase in dx PLWH from 2015 to 2024	Percent of the overall increase
Overall	39%	33,281	
Disproportionally impacted group			
Latino MSM	72%	14,288	43%
Black MSM	56%	8,400	25%
White MSM	12%	1,912	6%
Black WSM	31%	2,469	7%
Mode of transmission group			
MSM	49%	26,242	79%
MSM/PWID	1%	96	0%
PWID	12%	770	2%
MSW	39%	952	3%
WSM	36%	5,093	15%
Race/ethnicity			
Asian	89%	641	2%
Black	38%	11,249	34%
Latino	61%	17,355	52%
White	12%	2,509	8%
Multiple races	26%	1,481	4%
Current Age			
0 -14	-56%	-163	0%
15-24	-13%	-570	-2%
25-34	37%	6,303	19%
35-44	41%	8,470	25%
45-54	-2%	-625	-2%
55- 64	76%	10,779	32%
65+	230%	9,087	27%
Sex			
Male	41%	27,608	83%
Female	31%	5,673	17%

Note: This is not a comprehensive list of characteristics, so subgroup totals may not equal to the overall total or 100 percent. This is especially true of the disproportionately affected group, which is limited to populations most heavily affected by HIV.
Source: Routine HIV Surveillance data, released July 2025

Table 16: Texans with dx HIV for the state and EHE counties, 2024

	Texas		Bexar Co		Dallas Co		Harris Co		Tarrant Co		Travis Co	
	No.	**%**	No.	%	No.	%	No.	%	No.	%	No.	%
Total	119,236		8,106		21,966		32,234		7,988		6,121	
Sex												
Male	95,191	80%	6,877	85%	17,988	82%	24,978	77%	6,181	77%	5,368	88%
Female	24,045	20%	1,229	15%	3,978	18%	7,256	23%	1,807	23%	753	12%
Age Groups												
0-14	130	0%	7	0%	21	0%	36	0%	12	0%	4	0%
15-24	3,925	3%	256	3%	595	3%	1,000	3%	315	4%	155	3%
25-34	23,212	19%	1,607	20%	4,357	20%	6,470	20%	1,639	21%	1,288	21%
35-44	28,924	24%	1,989	25%	5,516	25%	7,946	25%	1,921	24%	1,549	25%
45-54	25,059	21%	1,566	19%	4,495	20%	6,794	21%	1,604	20%	1,217	20%
55-64	24,956	21%	1,766	22%	4,713	21%	6,368	20%	1,616	20%	1,281	21%
65+	13,030	11%	915	11%	2,269	10%	3,620	11%	881	11%	627	10%
Race/Ethnicity												
AIAN		0%	4	0%	6	0%	9	0%	4	0%	5	0%
Asian	1,361	1%	55	1%	233	1%	474	1%	106	1%	93	2%
Black	41,046	34%	1,066	13%	9,309	42%	14,967	46%	2,943	37%	1,238	20%
Latino	45,780	38%	2	0%	6	0%	2	0%	5	0%	1	0%
NHPI	29	0%	5,403	67%	6,661	30%	11,003	34%	2,155	27%	2,543	42%
White	23,891	20%	1,163	14%	4,421	20%	4,236	13%	1,721	22%	1,910	31%
Multi-race	7,082	6%	413	5%	1,330	6%	1,543	5%	1,054	13%	331	5%
Mode of Transmission Groups												
MSM	80,079	67%	5,936	73%	15,990	73%	21,409	66%	5,164	65%	4,564	75%
MSM/PWID	8,305	7%	598	7%	1,267	6%	1,534	5%	557	7%	621	10%
Male PWID	2,878	2%	182	2%	291	1%	680	2%	180	2%	95	2%
Female PWID	4,337	4%	247	3%	688	3%	1,091	3%	346	4%	172	3%
MSW	3,371	3%	134	2%	370	2%	1,209	4%	232	3%	72	1%
WSM	19,123	16%	949	12%	3,219	15%	5,974	19%	1,410	18%	560	9%
Missing/Other	1,144	1%	61	1%	141	1%	338	1%	99	1%	38	1%

Source: Routine HIV Surveillance data, released July 2025

Table 17: Rate per 100,000 Texans for dx PLWH by demographics and geographic area, 2024.

	Texas	Bexar Co.	Dallas Co.	Harris Co.	Tarrant Co.	Travis Co.
	Rate	**Rate**	**Rate**	**Rate**	**Rate**	**Rate**
Total	381.1	381	827	643.5	358.1	448.8
Sex						
Male	609.5	650.3	1362.9	1004.4	564.1	767.8
Female	153.4	114.8	297.7	287.7	159.2	113.3
Age Groups						
0-14	2.1	1.7	3.9	3.4	2.7	1.8
15-24	88.2	83.6	156.9	141	99.4	90.9
25-34	510.2	487.2	975.2	843.1	488.1	486.2
35-44	649.8	633.5	1510.3	1082.9	601.7	667.2
45-54	656.0	617.6	1432.6	1097.8	584.6	679.7
55-64	740.6	810.4	1651.1	1230.4	653.6	935.9
65+	298.7	323	687.9	587.9	305.8	393.6
Race/Ethnicity						
AIAN	46.6	79.3	86.1	100.7	51.4	158
Asian	70.3	71.7	114.3	122.1	71.4	74.2
Black	1,031.1	615.5	1557.2	1535.2	711.7	1053.4
NHPI	93.8	422.6	593	487.8	311.2	567.7
Latino	363.3	69.9	527.2	78.5	110	93.8
White	197.5	210.4	648.5	325.5	188.4	299.7
Multi-race	1,296.4	1066.9	3205.4	1985.6	2081.6	1056.3

Source: Routine HIV Surveillance data, released July 2025

People with new HIV diagnoses

Table 18: Texans with new HIV diagnoses by selected characteristics, 2015 - 2024

	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024		Total	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Texas	4,551	100	4,561	100	4,379	100	4,446	100	4,415	100	3,661	100	4,547	100	4,907	100	5,109	100	5,086	100	45,662	
Sex																						
Male	3,716	82%	3,761	82%	3,623	83%	3,658	82%	3,608	82%	3,047	83%	3,767	83%	4,057	83%	4,170	82%	4,173	82%	37,580	82%
Female	835	18%	800	18%	756	17%	788	18%	807	18%	614	17%	780	17%	850	17%	939	18%	913	18%	8,082	18%
Disproportionately Impacted Community																						
Latino MSM	1,441	32%	1,480	32%	1,473	34%	1,466	33%	1,444	33%	1,223	33%	1,608	35%	1,815	37%	1,860	36%	1,903	37%	15,713	34%
Black MSM	989	22%	1,021	22%	1,004	23%	964	22%	917	21%	842	23%	986	22%	979	20%	1,005	20%	1,077	21%	9,783	21%
White MSM	603	13%	601	13%	504	12%	551	12%	527	12%	444	12%	539	12%	557	11%	579	11%	469	9%	5,374	12%
Black WSM	361	8%	337	7%	331	8%	313	7%	338	8%	246	7%	288	6%	279	6%	337	7%	352	7%	3,181	7%
Age at Diagnosis																						
0-14	17	0%	14	0%	11	0%	11	0%	7	0%	11	0%	6	0%	4	0%	9	0%	10	0%	100	0%
15-24	1,138	25%	1,060	23%	1,002	23%	1,029	23%	1,049	24%	866	24%	996	22%	1,015	21%	1,079	21%	1,010	20%	10,244	22%
25-34	1,563	34%	1,709	37%	1,642	37%	1,638	37%	1,607	36%	1,377	38%	1,747	38%	1,932	39%	1,948	38%	1,957	38%	17,120	37%
35-44	870	19%	811	18%	831	19%	836	19%	864	20%	666	18%	930	20%	997	20%	1,077	21%	1,107	22%	8,989	20%
45-54	634	14%	628	14%	560	13%	585	13%	514	12%	447	12%	501	11%	543	11%	558	11%	561	11%	5,531	12%
55-64	261	6%	275	6%	275	6%	275	6%	302	7%	233	6%	286	6%	316	6%	333	7%	334	7%	2,890	6%
65+	68	1%	64	1%	58	1%	72	2%	72	2%	61	2%	81	2%	100	2%	105	2%	107	2%	788	2%
Race/Ethnicity																						
Latino	1,871	41%	1,886	41%	1,873	43%	1,875	42%	1,845	42%	1,542	42%	2,010	44%	2,307	47%	2,392	47%	2,435	48%	20,036	44%
Black	1,508	33%	1,511	33%	1,492	34%	1,451	33%	1,449	33%	1,242	34%	1,460	32%	1,449	30%	1,561	31%	1,655	33%	14,778	32%
White	832	18%	823	18%	734	17%	817	18%	774	18%	638	17%	779	17%	842	17%	869	17%	750	15%	7,858	17%
Asian	67	1%	61	1%	55	1%	79	2%	63	1%	46	1%	57	1%	60	1%	58	1%	73	1%	619	1%
Multi-race	269	6%	277	6%	223	5%	224	5%	280	6%	190	5%	238	5%	243	5%	226	4%	164	3%	2,334	5%
Mode of Transmission Groups																						
MSM	3,276	72%	3,353	74%	3,176	73%	3,190	72%	3,123	71%	2,670	73%	3,335	73%	3,561	73%	3,624	71%	3,628	71%	32,936	72%

	2015		2016		2017		2018		2019		2020		2021		2022		2023		2024		Total	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
MSM/PWID	295	6%	259	6%	284	6%	252	6%	285	6%	190	5%	212	5%	182	4%	203	4%	210	4%	2,371	5%
Male PWID	52	1%	68	1%	63	1%	82	2%	82	2%	80	2%	98	2%	118	2%	148	3%	136	3%	927	2%
Female PWID	139	3%	160	4%	133	3%	140	3%	142	3%	114	3%	155	3%	178	4%	168	3%	159	3%	1,488	3%
MSW	88	2%	75	2%	95	2%	129	3%	115	3%	98	3%	121	3%	194	4%	192	4%	197	4%	1,303	3%
WSM	685	15%	636	14%	617	14%	643	14%	661	15%	495	14%	619	14%	671	14%	767	15%	749	15%	6,543	14%

Source: Routine HIV Surveillance data, released July 2025

Table 19: People in disproportionately affected and special populations living with dx HIV in the five EHE counties, 2024.

	Texas		Bexar Co.		Dallas Co.		Harris Co.		Tarrant Co.		Travis Co.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Latino MSM	34,090	29%	4,112	51%	5,295	24%	8,228	26%	1,601	20%	2,039	33%
Black MSM	23,310	20%	615	8%	5,867	27%	8,476	26%	1,748	22%	697	11%
White MSM	17,249	14%	894	11%	3,691	17%	3,307	10%	1,168	15%	1,516	25%
Black WSM	10,320	9%	248	3%	2,096	10%	3,845	12%	733	9%	255	4%
Latino WSM	5,416	5%	531	7%	718	3%	1,509	5%	239	3%	195	3%
White WSM	1,819	2%	82	1%	168	1%	278	1%	154	2%	70	1%
Latino MSW	1,138	1%	75	1%	97	0%	406	1%	45	1%	29	0%
Black MSW	1,633	1%	36	0%	224	1%	668	2%	112	1%	27	0%
White MSW	384	0%	11	0%	26	0%	75	0%	42	1%	13	0%

Source: Routine HIV Surveillance data, released July 2025

Table 20: Texans with newly diagnosed HV by selected characteristics, 2015- 2024

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Latino MSM	1,441	1,480	1,473	1,466	1,444	1,223	1,608	1,815	1,860	1,903
Black MSM	989	1,021	1,004	964	917	842	986	979	1,005	1,077
White MSM	603	601	504	551	527	444	539	557	579	469
Black WSM	361	337	331	313	338	246	288	279	337	352
Latino WSM	215	181	177	209	178	149	199	252	273	259
White WSM	56	70	65	72	77	59	74	88	95	95
Latino MSW	35	26	26	35	32	24	42	70	74	78
Black MSW	36	30	44	56	60	54	57	80	89	94
White MSW	11	14	19	29	16	10	15	28	18	19

Source: Routine HIV Surveillance data, released July 2025

Texans with undiagnosed HIV

Table 21: Changes in the numbers and profiles of Texans with undx HIV, 2015 -2023

	2015		2017		2019		2021		2023		Change from 2015 to 2023
	No.	%	No.	%	No.	%	No.	%	No.	%	
Texas	21,623		21,929		22,374		22,915		23,673		9%
Sex											
Male	18,074	84%	18,222	83%	18,777	84%	19,327	84%	19,819	80%	10%
Female	3,578	17%	3,584	16%	3,598	16%	3,668	16%	3,784	20%	6%
Age Group											
13-24	7,854	36%	6,866	31%	5,565	25%	4,287	19%	3,113	3%	-60%
25-34	7,008	32%	7,802	36%	8,653	39%	9,270	40%	9,366	20%	34%
35-44	3,838	18%	3,991	18%	4,425	20%	5,053	22%	6,047	24%	58%
45-54	2,665	12%	2,663	12%	2,646	12%	2,768	12%	2,900	22%	9%
55-64	1,100	5%	1,274	6%	1,496	7%	1,687	7%	1,853	21%	68%
65+	216	1%	240	1%	349	2%	442	2%	673	10%	212%
Race/Ethnicity											
Asian	266	1%	254	1%	215	1%	200	1%	162	1%	-39%
Black	6,408	30%	6,333	29%	6,270	28%	6,104	27%	6,114	34%	-5%
Latino	10,039	46%	10,357	47%	10,966	49%	11,737	51%	12,343	38%	23%
White	3,539	16%	3,514	16%	3,535	16%	3,456	15%	3,439	21%	-3%
Multi-race	1,163	5%	1,190	5%	1,205	5%	1,152	5%	1,171	6%	1%
Mode of Transmission Groups											
MSM	15,900	74%	16,173	74%	16,680	75%	17,084	75%	17,407	67%	9%
MSM/PWID	1,151	5%	1,087	5%	1,086	5%	1,027	4%	945	7%	-18%
PWID	862	4%	874	4%	941	4%	1,007	4%	1,131	6%	31%
Male PWID	317	1%	320	1%	363	2%	402	2%	466	2%	47%
Female PWID	577	3%	574	3%	592	3%	601	3%	644	4%	12%
MSW/WSM	3,611	17%	3,632	17%	3,637	16%	3,686	16%	3,809	19%	5%
MSW	612	3%	604	3%	610	3%	619	3%	665	3%	9%
WSM	2,894	13%	2,898	13%	2,919	13%	2,951	13%	3,046	16%	5%

Source: Results of CD4 depletion model run in January 2025.

The Texas HIV Treatment Cascade

Table 22: Results of 2024 Texas HIV Treatment Cascade for selected groups

	Diagnosed PLWH	In HIV-related medical care		Retained in care		On ART			Achieved viral suppression		
	No.	No.	% of dx PLWH	No.	% of dx PLWH	No.	% of dx PLWH	% of in care	No.	% of dx PLWH	% on ART
Overall	119,236	91,630	77%	69,993	59%	84,770	71%	93%	77,790	65%	92%
Disproportionately Affected Populations											
Latino MSM	33,310	25,782	77%	20,416	61%	24,073	72%	93%	22,526	68%	94%
Black MSM	22,703	17,006	75%	12,354	54%	15,380	68%	90%	13,814	61%	90%
White MSM	17,134	13,832	81%	10,413	61%	13,131	77%	95%	12,406	72%	94%
Black WSM	10,284	7,860	76%	5,937	58%	7,237	70%	92%	6,602	64%	91%
Sex at Birth											
Female	24,045	18,543	77%	14,244	59%	17,117	71%	92%	15,569	65%	91%
Male	95,191	73,087	77%	55,749	59%	67,653	71%	93%	62,221	65%	92%
Current Age											
Younger than 13	93	81	87%	74	80%	77	83%	95%	67	72%	87%
13-24	3,962	3,271	83%	2,304	58%	2,828	71%	86%	2,547	64%	90%
25-34	23,212	18,140	78%	13,217	57%	16,254	70%	90%	14,749	64%	91%
35-44	28,924	22,054	76%	16,463	57%	20,127	70%	91%	18,203	63%	90%
45-54	25,059	18,885	75%	14,583	58%	17,627	70%	93%	16,254	65%	92%
55-64	24,956	19,536	78%	15,629	63%	18,635	75%	95%	17,293	69%	93%
65+	13,030	9,663	74%	7,723	59%	9,222	71%	95%	8,677	67%	94%
Race/ethnicity											
Asian	1,361	1,028	76%	766	56%	973	71%	95%	947	70%	97%
Black	41,046	30,647	75%	22,661	55%	27,858	68%	91%	24,984	61%	90%
Latino	45,780	34,988	76%	27,835	61%	32,575	71%	93%	30,227	66%	93%
White	23,891	19,014	80%	14,210	59%	17,900	75%	94%	16,765	70%	94%
Multi-racial	7,082	5,913	83%	4,499	64%	5,430	77%	92%	4,835	68%	89%
Other groups	76	40	53%	22	29%	34	45%	85%	32	42%	94%
Mode of transmission groups											
MSM	80,079	62,293	78%	47,446	59%	57,760	72%	93%	53,421	67%	92%

	Diagnosed PLWH	In HIV-related medical care		Retained in care		On ART			Achieved viral suppression		
	No.	No.	% of dx PLWH	No.	% of dx PLWH	No.	% of dx PLWH	% of in care	No.	% of dx PLWH	% on ART
PWID	7,215	5,038	70%	3,858	53%	4,592	64%	91%	4,078	57%	89%
MSM/PWID	8,305	6,453	78%	5,088	61%	5,945	72%	92%	5,232	63%	88%
MSW/WSM	22,494	17,041	76%	12,965	58%	15,740	70%	92%	14,430	64%	92%
Other	1,065	747	70%	590	55%	678	64%	91%	576	54%	85%

Source: Texas Unmet Need Project, available in July 2025

Technical Notes and Data Sources

Measures using Routine HIV Surveillance Data

Disease surveillance is at the heart of a public health system. It is used to monitor disease trends over time, to detect disease outbreaks, and to increase our knowledge of risk factors that contribute to disease development. Surveillance data *is information for action*.

By law, medical providers and laboratories in Texas must report medical information and test results that show that someone is living with HIV. You can find out more about these requirements here. Laboratories report not only HIV test results but also viral load and CD4 test results. These reports include information like the person's name, address, and some limited demographic information like their sex, race/ethnicity, age, and the mode of transmission, which is the most likely way the person acquired HIV, such as injection drug use or sex with male or female partners. DSHS continuously updates and improves the completeness and quality of surveillance information, so it provides the most up-to-date and accurate information on the geographic and demographic profile of people living with HIV. You can learn about how DSHS improves surveillance information here.

Surveillance reports and data are confidential and protected by law. They can only be used to provide aggregate statistical reports and to support required confidential public health activities to notify people with HIV about their test results and work with them to make sure their partners know that they may have been exposed to HIV. When public health workers confidentially notify the newly diagnosed person's partners, they never give the names or any other information about the person with HIV that could identify them.

When DSHS provides information about HIV in Texas, they can only provide summary statistics and tables that cannot be used to identify people living with HIV. This means that if requests for information about a group or geographic location would result in a description of a very small number of people, that information will not be released in a way that could be used to identify them. A table will have blanks, or statistics will not be included.

This profile includes information on people living with diagnosed HIV, which is a count of people who have been diagnosed with HIV and who are alive and living in Texas as of the end of 2025. People living with diagnosed HIV may have been diagnosed in another state or country, but if they are alive and living in Texas, they will be included in this report. Geographically, counts of people living with diagnosed HIV are classified by current residence and not where they were living when they were diagnosed. Counts include people living with all stages of HIV, including AIDS. When age is reported, it will be their age in the year being reported on; for 2022, it will be their age in 2022, for 2023, it is age in 2023 and so on.

There is also information on people with new diagnoses of HIV in Texas from 2015 to 2024. This includes all people with a diagnosis date in these years. Geographic analysis shows counts by where people resided at the time of diagnosis, which may not reflect their current residence. Place and time of diagnosis should not be interpreted as where or when they acquired HIV. When age is reported, it refers to the age at diagnosis.

The CD4 depletion model and estimating the number of people with newly acquired HIV, people living with undiagnosed HIV, and the percentage of people with HIV who know their status.

The CD4 depletion model was created by the Centers for Disease Control and Prevention (CDC) to estimate acquisitions, the number of people living with undiagnosed HIV, and the proportion of people with HIV who know their status. The algorithm can make estimates for selected demographic groups and counties. The algorithm is run once a year using a special data file that is pulled from routine Texas HIV surveillance data but cannot be run until 12 months after the closure of the surveillance file. Estimates are rounded to the hundredth place. The latest year available is for 2023.

All estimates in this model include a measure called a relative standard error (RSE), which shows how stable the estimate is. The RSE runs from 0 to 1.0, and the higher the RSE, the greater the chance that the estimate is too high or too low. Estimates that have an RSE of 0.30 to 0.49 should be interpreted with caution and estimates with an RSE of 0.5 or higher are not reported. Smaller groups are more likely to have high RSE.

Finally, estimated acquisitions for each group or area are calculated separately, so the totals of subgroups may not add up to the overall total for Texas. This is especially true of the estimates for each Texas county. The total population estimate of acquisitions is very stable, but year-by-year results, especially for smaller counties, may not be reported, so the sum of the county estimates is lower than the total estimate for Texas.

The Texas HIV Treatment Cascade

Information on data sources and techniques is included in the report's section on HIV medical care.

Appendix B: Texas Prevention Care and Treatment Resource Inventory

Texas Financial Resource Information

This section describes the resources available for HIV prevention and treatment in Texas. DSHS has made considerable attempts to collect and provide as complete a picture of available resources as possible. DSHS recognizes gaps in the information provided and continues to work to improve the collection of financial data. The degree of detail available for each funding stream varies. As a result, organizations will appear in multiple categories.

Funder	**Fund description**
DSHS HIV Prevention	Centers for Disease Control and Prevention (CDC) and Texas General Revenue funds administered by the DSHS HIV/STD Prevention Program.
CDC Direct	CDC funds granted to AIDS services organizations or community-based organizations. Administered by CDC.
SAMHSA Direct	Substance Abuse and Mental Health Services Administration (SAMHSA) funds granted to community-based organizations. Administered by SAMHSA.
State Funds	Texas General Revenue funds administered by DSHS programs.
Ryan White Part A	Ryan White Part A funds administered by the Health Resources and Services Administration (HRSA).
Ryan White Part B	Ryan White Part B funds administered by HRSA.
Ryan White Part C	Ryan White Part C funds administered by HRSA.
Ryan White Part D	Ryan White Part D funds administered by HRSA.
State Services	Texas General Revenue funds administered by the DSHS HIV Care Program.

HIV Prevention and Diagnosis

HSDA	Organization	Service	Funder
Andrews	Andrews County Health Department	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
Amarillo	City of Amarillo	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
Austin	Austin Public Health (APH)	Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	DSHS HIV Prevention
	Central Texas Community Health Centers	Routine HIV screening	
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
	Texas Health Action Austin	Focused HIV/STD testing in non-clinical settings	
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
	Vivent Health	Focused HIV/STD testing in non-clinical settings	
Beaumont	Baptist Hospital of Southeast Texas	Routine HIV screening	DSHS HIV Prevention
	Fort Bend County Public Health	Routine HIV screening	
Corpus Christi	Costal Bend Wellness Foundation	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
Dallas	Abounding Prosperity	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Focused HIV testing	CDC Direct
		Evidence based intervention	
		Condom distribution	
	AIDS Healthcare Foundation	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
	Dallas County Hospital District (Parkland)	Routine HIV screening	DSHS HIV Prevention
	Prism Health North Texas	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Focused HIV testing	CDC Direct
		Condom distribution	

HSDA	Organization	Service	Funder
		Evidence based intervention	
	Resource Center of Dallas, Inc.	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
	Texas Health Action Dallas	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
	UT Southwestern Medical Center	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
El Paso	Alliance of Border Collaboratives	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
	Centro San Vicente	Routine HIV screening	DSHS HIV Prevention
	City of El Paso	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
Fort Worth	AIDS Outreach Center	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
	Health Education Learning Project	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
	Tarrant County Hospital District (JPS)	Routine HIV screening	DSHS HIV Prevention
	Tarrant County Public Health	Routine HIV screening	DSHS HIV Prevention
Galveston	Galveston County Health District	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
	The University of Texas Medical Branch (UTMB)	Routine HIV screening	DSHS HIV Prevention
Harlingen	Valley AIDS Council	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
Houston	Association for the Advancement of Mexico American (AAMA)	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
	Fundacion Lationamericana De Accion Social, Inc.	PrEP	CDC Direct
		Routine screening	
		Condom distribution	
		Evidence based intervention	
	Harris County Public Health	Routine HIV screening	DSHS HIV Prevention

HSDA	Organization	Service	Funder
	Houston Area Community Services dba Avenue 360	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
	Legacy Community Health Services	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
	The Montrose Center	Focused HIV testing	CDC Direct
		Condom distribution	
		Evidence based intervention	
Laredo	City of Laredo Health Department	Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	DSHS HIV Prevention
	People with Ideas of Love Liberty (PILLAR)	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
Lubbock	City of Lubbock	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
Nacogdoches	Brown Family Health Center	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
San Antonio	Alamo Area Resource Center	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
	Beat AIDS Coalition	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention
		Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	
	San Antonio AIDS Foundation	Express HIV/STD/HCV testing in clinical settings, PrEP and nPEP	DSHS HIV Prevention
Sherman Denison	Denton County Public Health	Routine HIV screening	DSHS HIV Prevention
Tyler	Special Health Resources for Texas, Inc. Tyler	Focused HIV/STD testing in non-clinical settings	DSHS HIV Prevention

HIV Care and Treatment

HSDA	Organization	Service	Funder
Abilene	Dignity Health Management Center	Case Management (non-medical)	State Services
		Emergency Financial Assistance	State Services
		Facility-Based Housing Assistance	DSHS HOPWA
		Food Bank and Home Delivered Meals	State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
		Housing Services	DSHS HOPWA
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part B
		Oral Health Care	State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Permanent Housing Placement	DSHS HOPWA
		Referral for Health Care and Supportive Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Amarillo	Panhandle AIDS Support Organization	Case Management (non-medical)	State Services
		Emergency Financial Assistance	State Services
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
		Housing Case Management	DSHS HOPWA
		Linguistic Services	State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part B

HSDA	Organization	Service	Funder
		Case Management (non-medical)	Ryan White Part B
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Permanent Housing Placement	DSHS HOPWA
		Psychosocial Support Services	State Services
		Referral for Health Care and Supportive Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Austin	AIDS Healthcare Foundation – Austin	Local AIDS Pharmaceutical Assistance	Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
		Medical Transportation	Ryan White Part A
Austin	AIDS Services of Austin (Vivent Health)	Early Intervention Services	Ryan White Part A
		Food Bank and Home Delivered Meals	Ryan White Part A
		Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	Ryan White Part A
		Health Insurance Premium and Cost Sharing Assistance	State Services
		Linguistic Services	Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Medical Nutrition Therapy	Ryan White Part A
		Medical Transportation	Ryan White Part A
		non-medical Case Management	Ryan White Part A
		Oral Health Care	Ryan White Part A
			Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part A

HSDA	Organization	Service	Funder
			Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part B
		Referral for Health Care and Support Services	State Services
Austin	ASHwell/Wright House Wellness Center	Emergency Financial Assistance	Ryan White Part A
		Health Insurance Premium and Cost Sharing for Low Income individuals	Ryan White Part A
		Linguistic Services	Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Medical Transportation	Ryan White Part A
		non-medical Case Management	Ryan White Part A
Austin	City of Austin	Linguistic Services	Ryan White Part A
		Medical Transportation	Ryan White Part A
		Housing Services	HOPWA Direct
Austin	Community Action of Central Texas	Facility-Based Housing Assistance	DSHS HOPWA
		Housing Case Management	DSHS HOPWA
		Project Sponsor Administration	DSHS HOPWA
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
		non-medical Case Management	Ryan White Part A
			State Services
		Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Food Bank and Home Delivered Meals	Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	State Services
			Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation Services	State Services
		Outpatient/Ambulatory Health Services	State Services

HSDA	Organization	Service	Funder
		Referral for Health Care and Supportive Services	State Services
Austin	CommUnityCare dba David Powell	Local AIDS Pharmaceutical Assistance	Ryan White Part A
			Ryan White Part B
			State Services
		Early Intervention Services	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part A
			Ryan White Part B
		Linguistic Services	Ryan White Part A
		Medical Transportation	Ryan White Part A
			State Services
		Mental Health Services	Ryan White Part A
			Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part A
			Ryan White Part B
			State Services
		Referral for Health Care and Supportive Services	State Services
Austin	MHMR C.A.R.E. Program	Linguistic Services	Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Medical Transportation	Ryan White Part A
		non-medical Case Management	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
		Substance Abuse Services (Residential)	Ryan White Part A
Austin	Project Transitions	Housing Services	Ryan White Part A
		Linguistic Services	Ryan White Part A
		Medical Transportation	Ryan White Part A
Austin	Texas Health Action	non-medical Case Management	Ryan White Part A
		Early Intervention Services	Ryan White Part A

HSDA	Organization	Service	Funder
			State Services
		Emergency Financial Assistance	Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Mental Health Services	Ryan White Part A
			Ryan White Part B
			State Services
		Referral for Health Care and Supportive Services	State Services
Beaumont	Baptist Hospital of Southeast Texas	Emergency Financial Assistance	Ryan White Part B
		Housing Case Management	DSHS HOPWA
		Housing Services	DSHS HOPWA
		Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			Ryan White Part C
		Medical Transportation	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Permanent Housing Placement	DSHS HOPWA
		Project Sponsor Administration	DSHS HOPWA
		Referral for Health Care and Support Services	Ryan White Part C
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Beaumont	Legacy Community Development Corporation	Housing Case Management	DSHS HOPWA
		Permanent Housing Placement	DSHS HOPWA
		Project Sponsor Administration	DSHS HOPWA
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Beaumont	Legacy Community Health Services	Oral Health Care	State Services
Bryan College Station	Project Unity	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Facility-Based Housing Assistance	DSHS HOPWA
		Health Insurance Premium and Cost Sharing Assistance	State Services

HSDA	Organization	Service	Funder
		Housing Case Management	DSHS HOPWA
		Local AIDS Pharmaceutical Assistance	State Services
		Medical Case Management (including Treatment Adherence)	State Services
			Ryan White Part B
		Medical Transportation Services	Ryan White Part B
		Mental Health Services	Ryan White Part B
			State Services
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Permanent Housing Placement	DSHS HOPWA
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Concho Plateau	Shannon Business Services dba Shannon Supportive Health Services	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		non-medical Case Management	State Services
		Emergency Financial Assistance	State Services
		Facility-Based Housing Assistance	DSHS HOPWA
		Food Bank and Home Delivered Meals	State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
		Housing Case Management	DSHS HOPWA
		Housing Information Services	DSHS HOPWA
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part B
		Oral Health Care	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Permanent Housing Placement	DSHS HOPWA

HSDA	Organization	Service	Funder
		Referral for Health Care and Supportive Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Corpus Christi	Coastal Bend Wellness Foundation	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		non-medical Case Management	State Services
		Early Intervention Services	Ryan White Part B
			Ryan White Part C
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Facility-Based Housing Assistance	DSHS HOPWA
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Health Education/Risk Reduction	Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
			Ryan White Part C
		Housing Case Management	DSHS HOPWA
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
			Ryan White Part C
		Medical Transportation	Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part B
		Oral Health Care	Ryan White Part B
			Ryan White Part C
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part C
			Ryan White Part B
			State Services
		Outreach Services	Ryan White Part C

HSDA	Organization	Service	Funder
		Permanent Housing Placement	DSHS HOPWA
		Referral for Health Care and Supportive Services	Ryan White Part B
			State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Dallas	Prism Health of North Texas	Local AIDS Pharmaceutical Assistance	Ryan White Part A
			Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part A
		Emergency Financial Assistance	Ryan White Part B
		Food Bank and Home Delivered Meals	Ryan White Part B
		Health Education/Risk Reduction	Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
			Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
			Ryan White Part A
		Medical Transportation	Ryan White Part B
		Mental Health Services	Ryan White Part A
		Oral Health Care	Ryan White Part A
			Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part A
			Ryan White Part B
			State Services
		Outreach Services	Ryan White Part B
		Referral for Health Care and Support Services	Ryan White Part A
			Ryan White Part A
			Ryan White Part B

HSDA	Organization	Service	Funder
			State Services
Dallas	AIDS Healthcare Foundation – Dallas	Local AIDS Pharmaceutical Assistance	Ryan White Part A
			Ryan White Part B
			State Services
		Case Management (non-medical)	Ryan White Part B
			State Services
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
			Ryan White Part A
		Medical Transportation Services	Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part A
		non-medical Case Management	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
			Ryan White Part B
			State Services
		Outreach Services	Ryan White Part A
		Referral for Health Care and Support Services	Ryan White Part A
			Ryan White Part B
			State Services
		Substance Abuse Services (Residential)	Ryan White Part A
Dallas	AIDS Services of Dallas	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part B
			State Services
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Housing Services	Ryan White Part B
		Medical Transportation Services	Ryan White Part B
			State Services

HSDA	Organization	Service	Funder
		Referral for Health Care and Supportive Services	Ryan White Part B
			State Services
Dallas	CAN Community Health Dallas	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		Medical Case Management (including Treatment Adherence Services)	State Services
			Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Referral for Health Care and Support	Ryan White Part B
			State Services
	City of Dallas/Fresh Start Housing Program	Housing Services	HOPWA Direct
		Housing Case Management	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
	Dallas County Health and Human Services	Emergency Financial Assistance	Ryan White Part B
		Health Education Risk Reduction	Ryan White Part B
		Medical Transportation	Ryan White Part B
		Outreach Services	Ryan White Part B
Dallas	Dallas County Hospital District	Local AIDS Pharmaceutical Assistance	Ryan White Part A
			Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part B
			State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
			Ryan White Part A
		Medical Transportation	Ryan White Part B
		Mental Health Services	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
			Ryan White Part B
			State Services
		Outreach Services	Ryan White Part A
		Referral for Health Care and Support Services	Ryan White Part A
			Ryan White Part B

HSDA	Organization	Service	Funder
			State Services
		Substance Abuse Services (Residential)	Ryan White Part A
Dallas	Legacy Cares	Food Bank and Home Delivered Meals	State Services
		Housing Services	State Services
		Referral for Health Care and Supportive Services	State Services
Dallas	Legacy Counseling Center, Inc.	Food Bank Home Delivered Meals	Ryan White Part B
			Ryan White Part A
		Housing Services	Ryan White Part A
		Mental Health Services	Ryan White Part A
		non-medical Case Management	Ryan White Part A
		Referral for Health Care and Support Services	Ryan White Part A
		Substance Abuse Outpatient Care	Ryan White Part A
Dallas	Legal Hospice of Texas	Other Professional Services	Ryan White Part A
		Referral for Health Care and Support Services	Ryan White Part A
			Ryan White Part B
			State Services
Dallas	Parkland Health System	Local AIDS Pharmaceutical Assistance	Ryan White Part C
		Early Intervention Services	Ryan White Part C
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part C
			Ryan White Part D
		Outpatient/Ambulatory Health Services	Ryan White Part C
			Ryan White Part D
Dallas	PWA Coalition of Dallas, Inc. dba AIDS Services of Dallas	Food Bank and Home Delivered Meals	Ryan White Part A
			Ryan White Part B
			Ryan White Part B
		Housing Services	Ryan White Part A
			Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			Ryan White Part A
		Medical Transportation	Ryan White Part B
			Ryan White Part A

HSDA	Organization	Service	Funder
		non-medical Case Management	Ryan White Part A
			Ryan White Part B
		Referral for Health Care and Support Services	Ryan White Part A
			Ryan White Part B
Dallas	Resource Center of Dallas	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		Case Management (non-medical)	Ryan White Part B
			State Services
		Food Bank and Home Delivered Meals	Ryan White Part A
			Ryan White Part B
			State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
			Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	State Services
			Ryan White Part B
		Oral Health Care	Ryan White Part A
			Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part A
			Ryan White Part B
			State Services
		Referral for Health Care and Support Services	Ryan White Part A
			Ryan White Part B
			State Services
El Paso	Centro de Salud Familiar La Fe, Inc.	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
			State Services
			Ryan White Part B

HSDA	Organization	Service	Funder
		Health Insurance Premium and Cost Sharing Assistance	State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part B
			State Services
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			Ryan White Part C
			State Services
		Referral for Health Care and Supportive Services	State Services
		Transportation	Ryan White Part B
El Paso	City of El Paso	Housing Services	HOPWA Direct
El Paso	South Plains Community Action Association Project CHAMPS	non-medical Case Management	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
		Housing Case Management	DSHS HOPWA
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part B
			State Services
		Oral Health Care	State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Permanent Housing Placement	DSHS HOPWA
		Referral for Health Care and Supportive Services	State Services

HSDA	Organization	Service	Funder
		Tenant-Based Rental Assistance	DSHS HOPWA
Fort Worth	AIDS Healthcare Foundation – Tarrant County	Facility-Based Housing Assistance	DSHS HOPWA
		Housing Case Management	DSHS HOPWA
		Permanent Housing Placement	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
		Early Intervention Services	Ryan White Part A
		Emergency Financial Assistance	Ryan White Part A
		Food Bank and Home Delivered Meals	Ryan White Part B
		Medical Transportation	Ryan White Part B
		Oral Health Care	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part A
		Referral for Health Care and Supportive Services	State Services
		Local AIDS Pharmaceutical Assistance	Ryan White Part A
Fort Worth	AIDS Outreach Center	Early Intervention Services	Ryan White Part A
		Emergency Financial Assistance	Ryan White Part A
		Food Bank and Home Delivered Meals	Ryan White Part A
		Health Insurance Premium and Cost Sharing Assistance for Low income	Ryan White Part B
			State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Medical Nutrition Therapy	Ryan White Part A
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part A
			Ryan White Part B
		non-medical Case Management	Ryan White Part A
		Oral Health Care	Ryan White Part A
			Ryan White Part B
		Psychosocial Support Services	Ryan White Part A
		Referral for Health Care and Supportive Services	State Services
Fort Worth	CAN Community Health	Local AIDS Pharmaceutical Assistance	Ryan White Part C

HSDA	Organization	Service	Funder
			Ryan White Part D
		Early Intervention Services	Ryan White Part C
		Emergency Financial Assistance	Ryan White Part C
			Ryan White Part D
		Health Insurance Premium and Cost Sharing for Low Income	Ryan White Part C
		Housing Services	Ryan White Part D
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part C
			Ryan White Part D
		Medical Transportation	Ryan White Part C
			Ryan White Part D
		Mental Health Services	Ryan White Part C
			Ryan White Part D
		non-medical Case Management	Ryan White Part C
		Oral Health Care	Ryan White Part C
		Other Professional Services	Ryan White Part D
		Outpatient/Ambulatory Health Services	Ryan White Part C
			Ryan White Part D
		Psychosocial Support Services	Ryan White Part C
		Referral for Health Care and Support Services	Ryan White Part D
		Substance Abuse Services (Residential)	Ryan White Part D
Fort Worth	Mother's Milk Bank of North Texas	Other Professional Services	Ryan White Part D
Fort Worth	Salvation Army: Maybee Social Services Center	Emergency Financial Assistance	Ryan White Part A
		Facility-Based Housing Assistance	DSHS HOPWA
		Food Bank and Home Delivered Meals	Ryan White Part A
		Housing Services	Ryan White Part A
			HOPWA Direct
		Permanent Housing Placement	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Fort Worth	Tarrant County	Oral Health Care	Ryan White Part B
Fort Worth	Tarrant County Hospital JPS	Local AIDS Pharmaceutical Assistance	Ryan White Part A
		Emergency Financial Assistance	Ryan White Part A

HSDA	Organization	Service	Funder
			State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Medical Nutrition Therapy	Ryan White Part A
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part A
		Oral Health Care	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
			State Services
		Referral for Health Care and Supportive Services	State Services
Fort Worth	Tarrant County Public Health Preventive Medicine Clinic	Local AIDS Pharmaceutical Assistance	Ryan White Part A
		Emergency Financial Assistance	Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Mental Health Services	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
		Referral for Health Care and Supportive Services	State Services
Fort Worth	Tarrant County Samaritan Housing, Inc.	Emergency Financial Assistance	Ryan White Part A
		Food Bank and Home Delivered Meals	Ryan White Part A
		Medical Transportation	State Services
		non-medical Case Management	Ryan White Part A
		Psychosocial Support Services	Ryan White Part A
		Referral for Health Care	State Services
Galveston	Access Care of Coastal Texas	Emergency Financial Assistance	Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	State Services
		Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Medical Transportation	Ryan White Part B
		Permanent Housing Placement	DSHS HOPWA
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA

HSDA	Organization	Service	Funder
		Tenant-Based Rental Assistance	DSHS HOPWA
Galveston	Coastal Health and Wellness	Referral for Health Care and Support Services	State Services
	University of Texas Medical Branch	non-medical Case Management	Ryan White Part B
			Ryan White Part D
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			Ryan White Part D
		Mental Health Services	Ryan White Part B
			Ryan White Part C
		Oral Health Care	Ryan White Part D
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Outreach Services	Ryan White Part C
		Referral for Health Care and Support Services	State Services
			Ryan White Part C
Harlingen	Valley AIDS Council	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		non-medical Case Management	State Services
		Early Intervention Services	State Services
			Ryan White Part B
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Facility-Based Housing Assistance	DSHS HOPWA
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Health Education/Risk Reduction	State Services
			Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	State Services
			Ryan White Part B
		Housing Services	Ryan White Part B
			State Services
		Housing Case Management	DSHS HOPWA
		Medical Case Management (including Treatment Adherence Services)	State Services
			Ryan White Part B

HSDA	Organization	Service	Funder
		Medical Transportation	Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part D
			Ryan White Part C
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part D
			Ryan White Part C
			Ryan White Part B
			State Services
		Permanent Housing Placement	DSHS HOPWA
		Referral for Health Care and Supportive Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Houston	AIDS Healthcare Foundation - Houston	Emergency Financial Assistance	Ryan White Part A
			Ryan White Part C
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		Mental Health Services	State Services
		non-medical Case Management	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
		Outreach Services	Ryan White Part A
		Referral for Health Care and Supportive Services	State Services
Houston	Association for the Advancement of Mexican Americans, Inc.	non-medical Case Management	State Services
Houston	Avenue 360 Health and Wellness, Inc.	Local AIDS Pharmaceutical Assistance	Ryan White Part A
		Emergency Financial Assistance	Ryan White Part A
		Hospice Services	State Services

HSDA	Organization	Service	Funder
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		non-medical Case Management	Ryan White Part A
		Oral Health Care	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part A
		Outreach Services	Ryan White Part A
		Referral for Health Care and Supportive Services	State Services
		Hospice Services	State Services
Houston	BlackHawk	Medical Transportation	Ryan White Part A
Houston	City of Houston	Housing Services	HOPWA Direct
Houston	Houston Health Department	non-medical Case Management	Ryan White Part A
Houston	Fort Bend Family Health Center, Inc.	Local AIDS Pharmaceutical Assistance	Ryan White Part A
		Emergency Financial Assistance	Ryan White Part A
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
		non-medical Case Management	Ryan White Part A
		Outpatient/Ambulatory Health Services	Ryan White Part A
Houston	Harris Health System	Local AIDS Pharmaceutical Assistance	Ryan White Part A
			State Services
		Early Intervention Services	Ryan White Part C
		Emergency Financial Assistance	Ryan White Part A
			Ryan White Part D
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part C
			Ryan White Part D
			Ryan White Part A
		Medical Transportation	Ryan White Part C
			Ryan White Part D
		non-medical Case Management	Ryan White Part A
			Ryan White Part C
			Ryan White Part D
		Outpatient/Ambulatory Health Services	Ryan White Part D

HSDA	Organization	Service	Funder
			Ryan White Part A
		Outreach Services	Ryan White Part A
		Psychosocial Support	Ryan White Part D
Houston	Legacy Community Health Services	Referral for Health Care and Supportive Services	State Services
			State Services
			Ryan White Part B
			Ryan White Part C
		Health Insurance Premium and Cost Sharing Assistance	State Services
			State Services
			State Services
			Ryan White Part A
			Ryan White Part B
		Local AIDS Pharmaceutical Assistance	Ryan White Part A
			State Services
		Emergency Financial Assistance	Ryan White Part A
			State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
			Ryan White Part C
		Medical Nutrition Therapy	Ryan White Part A
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part C
			State Services
		non-medical Case Management	Ryan White Part A
			Ryan White Part C
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part A
			State Services
		Outreach Services	Ryan White Part A
Houston	Metropolitan Transit Authority (bus pass vendor)	Medical Transportation	Ryan White Part A
Houston	Montrose Counseling Center	Emergency Financial Assistance	Ryan White Part A
			Ryan White Part B

HSDA	Organization	Service	Funder
		Health Education Risk Reduction	Ryan White Part B
		Linguistic Services	State Services
		Medical Transportation	Ryan White Part B
		Mental Health Services	Ryan White Part D
			State Services
		non-medical Case Management	Ryan White Part A
			State Services
		Outreach Services	Ryan White Part B
		Referral for Health Care and Supportive Services	State Services
		Substance Abuse Outpatient Care	Ryan White Part A
Houston	Saint Hope Foundation, Inc.	Referral for Health Care and Supportive Services	State Services
		Local AIDS Pharmaceutical Assistance	Ryan White Part A
			Ryan White Part B
		Mental Health Services	State Services
		non-medical Case Management	Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Oral Health Care	Ryan White Part B
			Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
Houston	Texas Children's Hospital	non-medical Case Management	Ryan White Part D
		Health Education and Risk Reduction (HE/RR)	Ryan White Part D
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part D
		Medical Transportation	Ryan White Part D
		Oral Health Care	Ryan White Part D
		Outreach Services	Ryan White Part D
Houston	University of Texas Health Science Center, Houston	Medical Case Management (including Treatment Adherence Services)	Ryan White Part D
		Medical Transportation	Ryan White Part D

HSDA	Organization	Service	Funder
		non-medical Case Management	Ryan White Part D
		Outpatient andAmbulatory Health Services	Ryan White Part D
			State Services
		Referral for Health Care and Supportive Services	State Services
Houston	Veterans Affairs Medical Center, Houston	Medical Case Management (including Treatment Adherence Services)	Ryan White Part A
Laredo	City of Laredo Health Department	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		non-medical Case Management	State Services
		Early Intervention Services	Ryan White Part B
			Ryan White Part C
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Facility-Based Housing Assistance	DSHS HOPWA
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Health Education Risk Reduction	Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
		Home and Community-Based Health Services	State Services
		Housing Case Management	DSHS HOPWA
		Housing Information Services	DSHS HOPWA
		Housing Services	State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
			Ryan White Part C
		Medical Transportation	Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part C
		non-medical Case Management	Ryan White Part B
			Ryan White Part C

HSDA	Organization	Service	Funder
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Outreach Services	Ryan White Part B
		Outreach Services	Ryan White Part C
		Permanent Housing Placement	DSHS HOPWA
		Referral for Health Care and Supportive Services	State Services
		Resource Identification	DSHS HOPWA
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Lubbock	South Plains Community Action Center	non-medical Case Management	Ryan White Part B
			State Services
		Emergency Financial Assistance	State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
		Medical Case Management (including Treatment Adherence Services)	State Services
			Ryan White Part B
		Mental Health Services	Ryan White Part B
			State Services
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			Ryan White Part B
			State Services
		Referral for Health Care and Supportive Services	State Services
Nacogdoches	Brown Family Health Center, Inc.	non-medical Case Management	Ryan White Part B
		Emergency Financial Assistance	Ryan White Part B
		Food Bank and Home Delivered Meals	State Services

HSDA	Organization	Service	Funder
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
		Housing Case Management	DSHS HOPWA
		Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation	State Services
		Mental Health Services	State Services
			Ryan White Part C
		Oral Health Care	State Services
			Ryan White Part B
		Outpatient/Ambulatory Health Services	State Services
			Ryan White Part C
		Project Sponsor Administration	DSHS HOPWA
		Referral for Health Care and Support Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Permian Basin	Basin Assistance Services	non-medical Case Management	Ryan White Part B
			State Services
		Emergency Financial Assistance	State Services
		Food Bank and Home Delivered Meals	State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			Ryan White Part B
		Housing Case Management	DSHS HOPWA
		Linguistic Services	State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation Services	Ryan White Part B
			State Services
		Oral Health Care	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Permanent Housing Placement	DSHS HOPWA

HSDA	Organization	Service	Funder
		Referral for Health Care and Supportive Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
San Antonio	Alamo Area Resource Center	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		Case Management (non-medical)	Ryan White Part B
			State Services
		Early Intervention Services	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Facility-Based Housing Assistance	DSHS HOPWA
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
		Housing Case Management	DSHS HOPWA
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
		Medical Transportation Services	Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Permanent Housing Placement	DSHS HOPWA
		Referral for Health Care and Supportive Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Substance Abuse Outpatient Care	Ryan White Part B
			State Services

HSDA	Organization	Service	Funder
San Antonio	B.E.A.T. AIDS	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		non-medical Case Management	Ryan White Part B
			State Services
		Early Intervention Services	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Medical Case Management (including Treatment Adherence Services)	State Services
			Ryan White Part B
		Medical Transportation Services	Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Referral for Health Care and Supportive Services	Ryan White Part B
			State Services
		Substance Abuse Outpatient Care	Ryan White Part B
			State Services
San Antonio	Bexar County University Health System	Local AIDS Pharmaceutical Assistance	State Services
		non-medical Case Management	State Services
		Emergency Financial Assistance	State Services
		Food Bank and Home Delivered Meals	State Services
		Medical Case Management (including Treatment Adherence Services)	State Services
		Medical Transportation Services	State Services
		Mental Health Services	State Services
		Outpatient/Ambulatory Health Services	State Services
		Referral for Health Care and Supportive Services	State Services
		Substance Abuse Outpatient Care	State Services

HSDA	Organization	Service	Funder
San Antonio	CentroMed	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		non-medical Case Management	Ryan White Part B
		Emergency Financial Assistance	Ryan White Part B
		Health Education and Risk Reduction	Ryan White Part C
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Mental Health Services	Ryan White Part B
			Ryan White Part C
		Outpatient/Ambulatory Health Services	Ryan White Part C
			Ryan White Part B
		Referral for Health Care and Supportive Services	Ryan White Part B
San Antonio	City of San Antonio	Housing Services	HOPWA Direct
San Antonio	San Antonio AIDS Foundation	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		Case Management (non-medical)	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
		Medical Transportation Services	Ryan White Part B
			State Services
		Mental Health Services	Ryan White Part B
			State Services
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
			Ryan White Part B

HSDA	Organization	Service	Funder
		Referral for Health Care and Supportive Services	State Services
San Antonio	University Health System FFACTS Clinic	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Emergency Financial Assistance	Ryan White Part B
		Food Bank and Home Delivered Meals	Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Nutrition Therapy	Ryan White Part B
		Medical Transportation Services	Ryan White Part B
		Mental Health Services	Ryan White Part B
		non-medical Case Management	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Referral for Health Care and Supportive Services	Ryan White Part B
		Substance Abuse Outpatient Care	Ryan White Part B
Sherman Denison	Your Health Clinic	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Case Management (Non-Medical)	Ryan White Part B
			State Services
		Early Intervention Services	State Services
		Emergency Financial Assistance	Ryan White Part D
			State Services
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Health Education and Risk Reduction (HE/RR)	State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
		Housing Case Management	DSHS HOPWA
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
			State Services
			Ryan White Part D
		Medical Transportation	Ryan White Part D
			Ryan White Part B

HSDA	Organization	Service	Funder
		Mental Health Services	Ryan White Part B
		Oral Health Care	Ryan White Part D
			Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part D
			Ryan White Part B
			State Services
		Outreach Services	Ryan White Part D
			State Services
		Permanent Housing Placement	DSHS HOPWA
		Referral for Health Care and Supportive Services	State Services
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
Temple	United Way of the Greater Fort Hood Area	non-medical Case Management	State Services
			Ryan White Part B
		Emergency Financial Assistance	State Services
		Food Bank and Home Delivered Meals	State Services
		Health Insurance Premium and Cost-Sharing Assistance for Low-Income	Ryan White Part B
		Medical Transportation Services	State Services
		Oral Health Care	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
Texarkana	East Texas CARES	Health Insurance Premium and Cost Sharing Assistance	State Services
		Permanent Housing Placement	DSHS HOPWA
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA
	Special Health Resources for Texas, Inc.	Housing Case Management	DSHS HOPWA
		Permanent Housing Placement	DSHS HOPWA
		Project Sponsor Administration	DSHS HOPWA
		Short-Term Rent, Mortgage, Utility	DSHS HOPWA
		Tenant-Based Rental Assistance	DSHS HOPWA

HSDA	Organization	Service	Funder
Tyler Longview	Special Health Resources for Texas, Inc.	non-medical Case Management	Ryan White Part B
		Emergency Financial Assistance	Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
		Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation	Ryan White Part B
		Mental Health Services	State Services
			Ryan White Part C
		Oral Health Care	State Services
			Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
			Ryan White Part C
		Referral for Health Care and Support Services	State Services
		Substance Abuse Outpatient Care	State Services
Uvalde	Maverick County Hospital District (MCHD)	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		non-medical Case Management	State Services
		Emergency Financial Assistance	State Services
		Food Bank and Home Delivered Meals	Ryan White Part B
			State Services
		Health Insurance Premium and Cost Sharing Assistance	State Services
			Ryan White Part B
		Local AIDS Pharmaceutical Assistance	State Services
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation Services	State Services
		Mental Health Services	Ryan White Part B
		Oral Health Care	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Referral for Health Care and Supportive Services	State Services

HSDA	Organization	Service	Funder
Uvalde	United Medical Centers	non-medical Case Management	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
			State Services
		Food Bank and Home Delivered Meals	State Services
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
			State Services
		Local AIDS Pharmaceutical Assistance	State Services
		Medical Case Management (including Treatment Adherence Services)	State Services
		Medical Transportation	State Services
		Mental Health Services	Ryan White Part B
			State Services
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Referral for Health Care and Supportive Services	State Services
Victoria	Thomas Adam Kasper, M.D.	Health Insurance Premium and Cost Sharing Assistance	State Services
		Local AIDS Pharmaceutical Assistance	State Services
		Medical Transportation Services	State Services
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Referral for Health Care and Supportive Services	State Services
Victoria	Victoria County Health Department dba HARP of Victoria	Local AIDS Pharmaceutical Assistance	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
			State Services

HSDA	Organization	Service	Funder
		Food Bank and Home Delivered Meals	State Services
			Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	State Services
		Medical Case Management (including Treatment Adherence Services)	State Services
			Ryan White Part B
		Medical Transportation	Ryan White Part B
			State Services
		Mental Health Services	State Services
		non-medical Case Management	State Services
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services
		Referral for Health Care and Supportive Services	State Services
Waco	Waco-McLennan County Public Health District	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		non-medical Case Management	Ryan White Part B
			State Services
		Emergency Financial Assistance	Ryan White Part B
		Food Bank and Home Delivered Meals	State Services
			Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
		Medical Case Management (including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation	State Services
			Ryan White Part B
		Oral Health Care	Ryan White Part B
			State Services
		Outpatient/Ambulatory Health Services	Ryan White Part B
			State Services

HSDA	Organization	Service	Funder
		Referral for Health Care and Supportive Services	State Services
			State Services
Wichita Falls	Nortex Regional Planning Commission	Local AIDS Pharmaceutical Assistance	Ryan White Part B
		Emergency Financial Assistance	Ryan White Part B
		Food Bank and Home Delivered Meals	State Services
			Ryan White Part B
		Health Insurance Premium and Cost Sharing Assistance	Ryan White Part B
		Medical Case Management (Including Treatment Adherence Services)	Ryan White Part B
		Medical Transportation	Ryan White Part B
		Oral Health Care	Ryan White Part B
		Outpatient/Ambulatory Health Services	Ryan White Part B
		Referral for Health Care and Supportive Services	Ryan White Part B

Appendix C: 2027-2031 Texas HIV Plan Workplan

Prevent Goal 1: A 50 percent reduction in the annual number of Texans who acquire HIV.

Objective 1: Texas will reduce the number of people who acquire HIV each year by 50 percent from the baseline of 4,800 in 2022.

Strategy 1	Expand and strengthen access to condom distribution networks across diverse communities and service settings.
Responsible Parties	DSHS, community-based organizations (CBOs), RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	Distribute a minimum of 2,000,000 condoms annually across all settings.

Strategy 2	Increase PEP awareness and access, including activities with clinicians, non-clinical CBOs, and people at risk for HIV.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	• Develop an educational series for clinical providers on prescribing PEP. • Develop guidelines for establishing practice agreements for organizations to implement PEP services. • Develop a resource inventory for PEP to include financial resources.

Strategy 3	Support and promote social marketing, educational campaigns, and social media messages focused on HIV prevention, awareness, and other topics, focused on relevant audiences.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Establishment and implementation of new social marketing campaigns.

Strategy 4	Increase outreach, relationships, and referrals to non-traditional CBOs serving disproportionately impacted communities.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, and HIV prevention contractors.
Performance Measures	Development of a resource list of non-traditional CBOs identified by and connected with HIV prevention contractors.

Objective 2: Texas will reduce the number of Latino people who acquire HIV each year by 50 percent from the 2022 baseline of 2,600.

Strategy 1	Improve prevention program outcomes through increased understanding of the prevention needs and challenges among Latino MSM in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	• Focus group and needs assessment reports documenting input and challenges from Latino Texans. • Establishment of a Latino MSM workgroup within the Texas HIV Syndicate.

Objective 3: Texas will reduce the number of Black people who acquire HIV each year by 50 percent from a baseline of 1,200 in 2022.

Strategy 1	Improve prevention program outcomes by increasing understanding of the prevention needs and challenges faced by Black women in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	Focus group and needs assessment reports documenting input and challenges from Black women in Texas.

Strategy 2	Improve prevention program outcomes by increasing understanding of the prevention needs and challenges among Black MSM in Texas.

Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Focus group and needs assessment reports documenting input and challenges from Black MSM in Texas.

Objective 4: Texas will reduce the number of people who acquire HIV through male-to-male sexual contact by 50 percent from a baseline of 3,400 in 2022.

Strategy 1	Support and promote social marketing, educational campaigns, and social media messages focused on the MSM population.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	Establishment and implementation of new social marketing campaigns.

Prevent Goal 2: A forty-five percent increase in the annual number of Texans who access PrEP from the baseline of 41,092 in 2022.

Objective 1: Texas will increase the number of Texans who receive a PrEP prescription by 35 percent per year from a baseline of 41,092 in 2022.

Strategy 1	Identify non-traditional CBOs, substance use disorder providers, and social media organizations to partner with to expand PrEP awareness.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Development of a resource list of non-traditional CBOs identified by and connected with HIV prevention contractors.

Strategy 2	Support the implementation of biomedical prevention services through providers offering comprehensive HIV, STD, and HCV testing in community clinics.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	• Number of new and recurring PrEP prescriptions supported through DSHS prevention activities. • Screened 90 percent of people testing negative for HIV for PrEP Eligibility. • Referred 85 percent of people screened and determined eligible for PrEP to PrEP.

Strategy 3	Support and promote social marketing, educational campaigns, and social media messages focused on HIV PrEP awareness and access.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Establishment and implementation of new social marketing campaigns.

Strategy 4	Identify non-traditional CBOs, substance use disorder providers, and social media organizations to partner with to expand PrEP awareness.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Development of a resource list of non-traditional CBOs identified by and connected with HIV prevention contractors.

Objective 2: Texas will increase the number of Latino Texans who receive a PrEP prescription by 30 percent per year from a baseline of 13,169 in 2022.

Strategy 1	Improve PrEP program outcomes through increased understanding of PrEP access and challenges among Latino MSM in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	• Establishment of a Latino MSM workgroup within the Texas HIV Syndicate. • Focus group and needs assessment reports documenting input and challenges from Latino Texans.

Objective 3: Texas will increase the number of female Texans who receive a PrEP prescription by 30 percent per year from a baseline of 3,237 in 2022.

Strategy 1	Improve PrEP program outcomes through increased understanding of PrEP access and challenges among Women in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Focus group and needs assessment reports documenting women's input and challenges in Texas.

Objective 4: Texas will increase the number of Black Texans who receive a PrEP prescription by 30 percent each year from a baseline of 4,447 in 2022.

Strategy 1	Improve PrEP program outcomes through increased understanding of PrEP access and challenges among Black MSM in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Focus group and needs assessment reports documenting input and challenges from Black MSM in Texas.

Strategy 2	Improve PrEP program outcomes through increased understanding of PrEP access and challenges among Black WSM in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate.
Performance Measures	Focus group and needs assessment reports documenting input and challenges from Black WSM in Texas.

Strategy 3	Identify non-traditional CBOs, black-serving organizations, and social media organizations to partner with to expand PrEP awareness.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate
Performance Measures	Development of a resource list of organizations identified by and connected with HIV prevention contractors.

Diagnose Goal 1: 90 percent of Texans living with HIV are aware of their status.

Objective 1: Texas will reduce the proportion of Latino Texans living with undiagnosed HIV from a 2022 baseline of 23 percent to no more than 10 percent.

Strategy 1	Support routine opt-out HIV screening in areas of Texas with high HIV prevalence.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.
Performance Measures	Conduct 140,000 opt-out HIV screenings in health care settings per year.

Strategy 2	Support focused HIV testing for disproportionately impacted communities in high HIV prevalence areas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.
Performance Measures	Proportion of focused HIV tests provided to Latino Texans.

Objective 2: Texas will reduce the proportion of Black Texans living with undiagnosed HIV from a 2022 baseline of 14 percent to no more than 10 percent.

Strategy 1	Support routine opt-out HIV screening in areas of Texas with high HIV prevalence.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.
Performance Measures	Conduct 140,000 opt-out HIV screenings in health care settings per year.

Strategy 2	Support focused HIV testing for Black communities in high HIV prevalence areas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.

Performance Measures	Proportion of focused HIV tests provided to Black Texans.

Objective 3: Texas will reduce the proportion of Texans aged 25 to 34 living with undiagnosed HIV from a 2022 baseline of 18 percent to no more than 10 percent.

Strategy 1	Support routine HIV testing in areas of Texas with high HIV prevalence and a large number of Texans ages 25-34.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.
Performance Measures	Proportion of focused HIV tests provided to Texans aged 25 to 34.

Objective 4: Texas will reduce the proportion of Texans who receive a late HIV diagnosis from 21 percent in 2022 to no more than 10 percent in 2031.

Strategy 1	Support routine opt-out HIV screening in areas of Texas with high HIV prevalence.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.
Performance Measures	Conduct 140,000 opt-out HIV screenings in health care settings per year.

Strategy 2	Support the expansion of opt-out HIV screening in health care settings through outreach and provider education.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.
Performance Measures	Documented outreach to local clinical providers to educate and encourage the adoption of routine screening.

Objective 5: Texas will reduce the proportion of Latino MSM who receive a late diagnosis from 22 percent in 2022 to no more than 10 percent in 2031.

Strategy 1	Support focused HIV testing for Latino communities in high HIV prevalence areas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV prevention providers.
Performance Measures	Proportion of focused HIV tests provided to Latino Texans.

Treat Goal 1: 95 percent of new HIV diagnoses will receive linkage to care within 30 days.

Objective 1: Texas will increase the proportion of Texans newly diagnosed with HIV linked to medical care within 72 hours of their diagnoses to 50 percent from a baseline of 34 percent in 2022.

Strategy 1	Increase the number of HIV medical providers in Texas who have implemented rapid start programs.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers, and South-Central AIDS Education Training Center.
Performance Measures	• Proportion of DSHS-funded medical providers who have established rapid start protocols and programs. • Number of rapid start trainings offered to HIV medical providers annually.

Objective 2: Texas will increase the proportion of Texans newly diagnosed with HIV linked to medical care within 30 days of their diagnoses to 95 percent from a baseline of 75 percent in 2022.

Strategy 1	Ensure people with diagnosed HIV receive linkage to or reengage in care immediately, but no later than 30 days following diagnosis.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers, and South-Central AIDS Education Training Center.
Performance Measures	90 percent of people with a positive HIV test will receive linkage to HIV medical care within 30 days.

Treat Goal 2: 90 percent of Texans living with diagnosed HIV who are out of care will return to care.

Objective 1: Texas will reduce the number of Texans who are living with diagnosed HIV who are out of care from a baseline of 22 percent in 2022 to no more than 10 percent by 2031.

Strategy 1	Ensure people with diagnosed HIV who are out of care are reengaged in care immediately, but no later than 30 days following initial contact.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers.
Performance Measures	90 percent of people living with HIV will be reengaged in HIV medical care within 30 days.

Strategy 2	Support and promote social marketing, educational campaigns, and social media messages focused on HIV care and access.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers.
Performance Measures	Establishment and implementation of new social marketing campaigns.

Strategy 3	Improve return to care efforts through qualitative studies of people living with HIV who are out of care.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers.
Performance Measures	A longitudinal assessment design to collect qualitative information on the experiences of people living with HIV who leave medical care.

Objective 2: Texas will reduce the number of Black MSM in Texas who are living with diagnosed HIV who are out of care from a baseline of 24 percent in 2022 to no more than 10 percent by 2031.

Strategy 1	Promote the use of provider-based return-to-care efforts, prioritizing Black MSM through model

	programs that leverage native electronic health record data.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers.
Performance Measures	The number of community-based clinics implementing in-house return-to-care programs for Black MSM.

Objective 3: Texas will reduce the number of Black WSM in Texas who are living with diagnosed HIV who are out of care from a baseline of 24 percent in 2022 to no more than 10 percent by 2031.

Strategy 1	Promote the use of provider-based return-to-care efforts, prioritizing Black Women through model programs that leverage native electronic health record data.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers.
Performance Measures	The number of community-based clinics implementing in-house return-to-care programs for Black Women.

Objective 4: Texas will reduce the number of Latino MSM in Texas who are living with diagnosed HIV who are out of care from a baseline of 21 percent in 2022 to no more than 10 percent by 2031.

Strategy 1	Promote the use of provider-based return-to-care efforts, prioritizing the Latino population through model programs that leverage native electronic health record data.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, Texas HIV Syndicate, HIV Prevention providers.
Performance Measures	The number of community-based clinics implementing in-house return-to-care programs for the Latino population.

Treat Goal 3: 95 percent of the number of Texans who are on ART who achieve viral suppression.

Objective 1: Texas will increase the proportion of Texans who are living with diagnosed HIV on ART and virally suppressed to 95 percent from a baseline of 88 percent in 2022.

Strategy 1	Support and promote social marketing, educational campaigns, and social media messages focused on HIV care and access.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	Establishment and implementation of new social marketing campaigns.

Strategy 2	Develop and disseminate best-practice models for the use of incentives to support retention and adherence in HIV medical care.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	• Identification of promising practice models for the use of incentives in HIV retention care. • Number of organizations utilizing incentives in promoting HIV retention in care.

Strategy 3	Develop and disseminate best-practice models for the use of peer navigators to support retention and adherence in HIV medical care.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	• Identification of promising practice models for the use of peer navigators. • Identify a baseline number of providers currently utilizing peer navigators for retention in care support.

Strategy 4	Identify and disseminate modernized models for implementing support groups to promote social support for people living with HIV.

Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	Identification of models of support groups that promote social connection and improve health outcomes.

Objective 2: Texas will decrease the proportion of Black MSM in Texas who are living with diagnosed HIV and are on ART who are virally unsuppressed from a baseline of 14 percent in 2022 to no more than 5 percent in 2031.

Strategy 1	Improve viral suppression outcomes through increased understanding of health care challenges and solutions for Black MSM in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	Focus group and needs assessment reports documenting input and challenges from Black MSM in Texas.

Objective 3: Texas will decrease the proportion of Black WSM in Texas who are living with diagnosed HIV and are on ART who are virally unsuppressed from a baseline of 13 percent in 2022 to no more than 5 percent in 2031.

Strategy 1	Improve viral suppression outcomes through increased understanding of health care challenges and solutions for Black Women in Texas.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, and CDC recipients.
Performance Measures	Focus group and needs assessment reports documenting input and challenges from Black Women in Texas.

Respond Goal 1: Respond quickly to potential clusters or outbreaks.

Objective 1: Texas will annually monitor the effectiveness of the Cluster Detection and Response (CDR) Plan.

Strategy 1	Update the Texas HIV CDR Plan each year.
Responsible Parties	DSHS
Performance Measures	Completion of the updated CDR Plan

Strategy 2	Collaborate with the Texas HIV Syndicate on the Texas CDR Plan through an annual update presentation.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, and Texas HIV Syndicate.
Performance Measures	Annual presentation of the updated plan to the Texas HIV Syndicate.

Objective 2: Texas will coordinate CDR activities across relevant programs to enhance collaboration and effectiveness.

Strategy 1	Maintain a cross-programmatic CDR team within DSHS
Responsible Parties	DSHS
Performance Measures	Monthly internal CDR coordination meetings.

Strategy 2	Enhance collaboration, education, and communication between the DSHS CDR program, local and regional health departments, and other necessary stakeholders.
Responsible Parties	DSHS, CBOs, RWHAP Part A recipients, RWHAP Part B recipients, EHE recipients, CDC recipients, and Texas HIV Syndicate.
Performance Measures	Conduct six statewide CDR calls annually to provide updates to key stakeholders on CDR activities.

Appendix D: 2027-2031 Texas HIV Plan Concurrence Letters

July 17, 2026

To whom it may concern,

The Texas HIV Syndicate (THS), the integrated HIV prevention and care stakeholder group for Texas, concurs with the Texas Department of State Health Services 2027-2031 Integrated HIV Prevention and Care Plan. THS consists of over 140 members representing communities impacted by HIV and organizations responsible for responding to the HIV epidemic in Texas.

The THS has reviewed the 2027-2031 Integrated HIV Prevention and Care Plan submission to the Centers for Disease Control and the Health Resources and Services Administration to verify that the goals and objectives described in the plan adequately address the HIV epidemic in Texas and the needs of the most disproportionately affected people and communities with the highest rates of HIV.

The signatures below confirm the concurrence of the Texas HIV Syndicate with the 2027-2031 Texas HIV Plan.

Thank you,

Pedro Coronado
Community Co-Chair

Sha'Terra Johnson
Institutional Co-Chair

Frank Rosas
Community Co-Chair

Gary R®erts
Community Co-Chair

Dear Texas Department of State Health Services (DSHS) - HIV/STD Section:

The Ryan White Planning Council Dallas concurs with the 2027-2031 Texas HIV Plan submission by the Texas Department of State Health Services (DSHS) in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV Prevention (DHP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2027-2031.

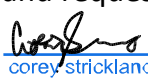
The Ryan White Planning Council Dallas planning body has reviewed the 2027-2031 Texas HIV Plan submission to the CDC and HRSA to verify that it describes how the goals and objectives identified in the plan will direct future efforts, including programmatic activities and the allocation of resources being allocated to the most disproportionately affected people and communities and geographical areas with high rates of HIV.

The Ryan White Planning Council Dallas concurs that the 2027-2031 Texas HIV Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

The Ryan White Planning Council Dallas received the 2027-2031 Texas HIV Plan draft in March 2026 and initiated its review. In concert, the Ryan White Planning Council Dallas conducted multiple sessions to ensure that the 2027-2031 Texas HIV Plan goals and objective aligned with those established in the Dallas EMA/HSDA's 2026-2031Integrated HIV Prevention and Care Plan.

The Ryan White Planning Council Dallas Members provided commentary and made a recommendation to include the plan review, update and reports as an agenda item at the Ryan White Planning Council's Evaluation Committee's meeting on a quarterly basis. This action establishes opportunity to address questions and concerns in real time.

The quarterly plan review will be conducted to ensure that the goals and objectives for both plans (jurisdiction and State) are in alignment and coordinated efforts for the jurisdiction's responses and requests for resources may be attained promptly.

Signature:  corey strickland (Jul 22, 2026 08:08:24 CDT) Date:

Naomi Green, Ryan White Planning Council Chair
Corey Strickland, Ryan White Planning Council Vice Chair
Yolanda Bell, Ryan White Planning Council Vice Chair

Dear Department of State Health Services (DSHS):

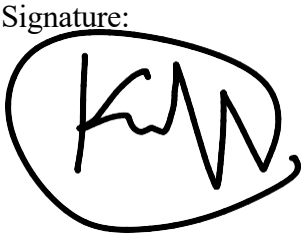
The HIV Planning Council ***concurs*** with the following submission by the Department of State Health Services in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV Prevention (DHP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2027-2031.

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

The HIV Planning Council reviewed the Integrated Plan and voted with their named concurrences in both virtual and in-person settings.

The Austin Area HIV Planning Council coordinates with DSHS through regular communication and meetings to share goal and objective information that guides the Austin Area's Integrated Plan. In addition, the Ryan White Part B Planner, who maintains a standing member on the HIV Planning Council, informs state-provided efforts to collaborate in HIV prevention and care efforts.

The signature(s) below confirms the ***concurrence*** of the HIV Planning Cody with the Integrated HIV Prevention and Care Plan.

Signature: 

Date: 07/21/2026

HIV Planning Council Chair

San Antonio Area HIV Health Services Planning Council
4502 Medical Drive, MS# 45-2 Corporate Square, Suite 200,
·san Antonio, TX 78229
Planning Council Support: (210) 644-1360

July 21, 2026

Texas Department of State Health Services (DSHS)
Austin, Texas

Dear Texas Department of State Health Services,

On behalf of the San Antonio Ryan White Part A Planning Council (Planning Council), I, Joe "Jase" Clower, Co-Chair of the Planning Council, formally submit our concurrence with reservations regarding the 2027-2031 Texas HIV Plan.

The Planning Council recognizes and appreciates the substantial effort invested in developing a statewide plan that aligns with national strategies, strengthens coordination across jurisdictions, and reaffirms Texas's commitment to ending the HIV epidemic. We value the continued partnership between DSHS and local planning bodies and remain committed to supporting a unified statewide response.

However, our concurrence is accompanied by the following reservations, which we believe warrant further clarification and refinement:

- Concerns regarding the plan's excessively ambitious objectives, particularly in areas where current infrastructure, workforce capacity, and resource allocation may not support the projected outcomes
- Insufficient explanation of how the plan addresses key social determinants of health that significantly influence treatment access, retention in care, and persistent disparities across communities
- Absence of targeted initiatives for the highest-risk populations, specifically **MSM,** Latino individuals, and males aged 25-34, who represent a substantial proportion of new diagnoses within our jurisdiction

San Antonio Area HIV Health Services Planning Council
4502 Medical Drive, MS# 45-2 Corporate Square, Suite 200,
San Antonio, TX 78229
Planning Council Support: {210) 644-1360

To strengthen the plan's effectiveness and ensure equitable impact statewide, the Planning Council respectfully requests additional detail on how DSHS intends to address these gaps, including opportunities for local planning bodies to provide input during future revisions or implementation phases. We also encourage the inclusion of measurable strategies tailored to disproportionately affected populations, as these will be essential for achieving meaningful progress.

Despite these reservations, the Planning Council remains fully committed to collaboration with DSHS. We look forward to continued partnership as we work collectively to ard the shared goal of ending the HIV epidemic in Texas.

Sincerely,

Joe "Jase" Clower
Planning Council Co-Chair

July 21,2026

Dear Project Officers, Colleagues, and Community Members:

The Houston Ryan White Planning Council (RWPC), the legislatively mandated planning body for the Houston Eligible Metropolitan Area (EMA) responsible for Ryan White Part A planning and coordination with Ryan White Part B and Texas State Services, is pleased to announce its **concurrence** with the submission by the Texas Department of State Health Services (TDSHS) in response to the guidance set forth for health departments and HIV planning groups funded by the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (DHP) and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) for the development of the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), for Calendar Years 2027–2031.

The Houston RWPC has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the populations and communities disproportionately affected by HIV and to the geographic areas with the greatest burden of HIV. The Planning Council concurs that the Integrated HIV Prevention and Care Plan fulfills the requirements set forth in the CDC Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

The Houston RWPC provided input throughout the planning process through participation in the Integrated Planning Committee, review of epidemiologic and needs assessment data, community engagement activities, public comment opportunities, and formal review of the final draft plan. Following discussion and review, the Planning Council voted to approve concurrence with the submission during its July 2026 meeting.
As the local Ryan White Part A planning body, the Houston RWPC collaborates with the Texas Department of State Health Services, Harris County Public Health, the Houston Health Department, Ryan White Part B, and other funded recipients to ensure coordination of HIV prevention, care, treatment, and support services across the Houston EMA and the State of Texas. This collaboration supports alignment of statewide and local planning efforts and promotes an integrated, data-driven response to the HIV epidemic.
The signature below confirms the concurrence of the Houston Ryan White Planning Council with the 2027–2031 Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN).

Sincerely,

Tana E. Pradia

Tana Pradia, Chair
Houston EMA Ryan White Planning Council

Texas DSHS HIV/STD Section

dshs.texas.gov/hivstd