



# **2021 Texas HIV Program Annual Report**

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



**TEXAS**  
Health and Human  
Services

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Texas Department of  
State Health Services

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## Executive Summary

[Texas Health and Safety Code, Section 85.041](#) requires the Texas Department of State Health Services (DSHS) to prepare a report summarizing prevention and treatment services for people with Human Immunodeficiency Virus (HIV) provided or funded by DSHS from January 1 to December 31, 2021.

During 2021, DSHS worked with community partners, stakeholders, and health care providers statewide to make strides toward ending the HIV epidemic in Texas. DSHS worked with partners to raise awareness of HIV in the populations most vulnerable to the virus. DSHS funded prevention programs and initiatives reduced the number of Texans living with undiagnosed HIV and made it easier for Texans to get HIV pre-exposure prophylaxis (PrEP) — a daily pill that prevents HIV. HIV treatment and care services funded by DSHS increased access to life-extending medications and filled critical medical and support services gaps.

DSHS worked with local health departments (LHDs) to reach the partners of people recently diagnosed with HIV to offer testing, counseling, and treatment access. The quality and cost-effectiveness of the services are demonstrated by their high diagnosis rates, high rates of linkage to treatment, and a high proportion of clients with HIV who have suppressed HIV viral loads. People with suppressed viral loads are healthier and have virtually no chance of sexually transmitting HIV to others.<sup>1</sup> The following are DSHS funded HIV prevention and treatment services in Texas:

- **Public Information and Targeted Social Marketing** – DSHS funded a public information campaign to reach specific audiences under the *Greater Than AIDS* brand.
- **Routine HIV Screening in Medical Settings** – Nine service providers performed 170,058 HIV tests, diagnosing 289 people.
- **Focused HIV Testing and Linkage to Medical Care** – 34 service providers performed 57,372 tests, diagnosing 519 people.

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<sup>1</sup> U.S. Centers for Disease Control and Prevention (2020). *Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV*. Accessed July 15, 2022. Accessible at [Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV Transmission | HIV Risk and Prevention | HIV/AIDS | CDC](#).

- **Partner Services for HIV** – Disease intervention specialists at local and regional health departments performed 497 tests for sex and needle-sharing partners of people newly diagnosed with HIV, diagnosing 82 people.
- **Focused Behavior Change Interventions** – 992,675 clients participated in individual, group, and community level activities focused on the groups and communities most vulnerable to HIV.
- **PrEP for HIV** – DSHS funded programs facilitated access to PrEP for 1,525 clients.
- **Texas HIV Medication Program** – This program filled 237,883 prescriptions for life-extending drugs for 22,537 clients, serving around one out of five people living with diagnosed HIV in Texas. The viral suppression rate for these clients served by the program was 80 percent, which is equal to the percentage for all Texans receiving any type of HIV related medical care.<sup>2</sup>
- **Outpatient HIV Medical and Support Services** – Community-based programs served 46,749 clients across the state, serving more than two out of five Texans living with diagnosed HIV. The viral suppression rate for clients receiving DSHS funded medical care was 83 percent, compared to 80 percent for all Texans receiving any type of HIV related medical care.
- **Housing Opportunities for Persons with Acquired Immunodeficiency Syndrome (AIDS)** – DSHS programs provided 1,453 households with housing and supportive services from February 2019 through August 2020.<sup>3</sup> The viral suppression rate for clients receiving these services was 83 percent, compared to 80 percent for all Texans receiving any type of HIV related medical care.

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<sup>2</sup> The population based viral suppression is the suppression rate for people who were in HIV care.

<sup>3</sup> These are the most updated data available. Information on services delivered between September 2020 and August 2021 have not yet been compiled for release.

# 1. Introduction

As required by [Texas Health and Safety Code, Section 85.041](#), DSHS must publish a report summarizing the type, level, quality, and cost-effectiveness of DSHS funded services for HIV. This report covers the following services provided or funded by DSHS from January 1 to December 31, 2021:

- Public Information and Targeted Social Marketing
- Routine HIV Screening in Medical Settings
- Focused HIV Testing and Linkage to Medical Care
- Partner Services for HIV
- Focused Behavior Change Interventions
- Pre-Exposure Prophylaxis (PrEP) for HIV
- Texas HIV Medication Program
- Outpatient HIV Medical and Support Services
- Housing Opportunities for Persons with Acquired Immunodeficiency Syndrome (HOPWA)

## 2. Background

The Human Immunodeficiency Virus/Sexually Transmitted Disease (HIV/STD) Program at DSHS was established in 1991, and the program supports services that prevent HIV acquisition, increases early diagnosis, and promotes participation in treatment. Program funding comes from the state appropriations and federal agencies, including the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and the U.S. Department of Housing and Urban Development (HUD).

At the end of 2021, 102,800 Texans were living with diagnosed HIV, an increase of 12 percent over the past five years.<sup>4</sup> This increase is due to highly effective treatments that lengthen the lifespan of people with HIV<sup>5</sup> rather than increases in the number of people diagnosed each year. The annual number of Texans diagnosed with HIV has remained constant for a decade at about 4,400. In 2021, 4,377 Texans were diagnosed with HIV.<sup>6</sup> Progress in reducing the number of Texans with undiagnosed HIV is shown in the decreased percentage of people with HIV who do not know their status. The proportion of all people in Texas living with HIV who are aware of their status has increased from 79 percent in 2012 to almost 84 percent in 2021.<sup>7</sup>

The COVID-19 pandemic impacted DSHS funded testing programs and HIV medical care patterns for the state, regardless of funding source. DSHS contracted entities provide HIV testing focused on people at very high risk for HIV. In 2020, the number of HIV tests conducted by DSHS focused testing contractors decreased from about 54,000 to about 39,000. However, the number of tests conducted by these contractors rebounded in 2021 to more than 57,000 tests.<sup>8</sup> The number of people in Texas who received HIV related medical care from any source dropped

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<sup>4</sup> DSHS (2022). [Unpublished raw disease surveillance data on people living with HIV and people with new diagnoses of HIV in 2021]. Data from the Enhanced HIV/AIDS Reporting System (eHARS).]

<sup>5</sup> Antiretroviral Therapy Cohort Collaboration. Survival of HIV-positive patients starting antiretroviral therapy between 1996 and 2013: a collaborative analysis of cohort studies. *The Lancet*. Aug; (4): e3e49-356. DOI: doi.org/10.1016/S2352-3018(17)30066-8.

<sup>6</sup> DSHS (2022). [Unpublished raw disease surveillance data on people living with HIV and people with new diagnoses of HIV in 2021]. Data from the Enhanced HIV/AIDS Reporting System (eHARS).]

<sup>7</sup> DSHS (2022). [Unpublished results of an analysis of progress towards HIV testing and treatment goals for all Texans with HIV]. Data from eHARS and multiple sources of treatment information, including Texas Medicaid.

<sup>8</sup> DSHS (2022). [Unpublished raw data on HIV testing reported by agencies contracting with DSHS in 2020 and 2021].

from around 75,000 in 2019 to around 74,000 in 2020. In 2021, the number of people living with diagnosed HIV who were in HIV related care from any source rose to almost 79,000 people.<sup>9</sup> Most importantly, the number and proportion of people living with HIV who had a suppressed viral load increased from about 60,000 people in 2020 to about 63,000 people in 2021. This equates to a rise in viral suppression rates among all Texans with diagnosed HIV from 60.6 percent in 2020 to 62 percent in 2021.<sup>10</sup> People who have suppressed HIV viral load cannot transmit HIV sexually.<sup>11</sup>

Reducing the number of Texans who acquire HIV every year requires action on the four pillars outlined in the United States Department of Health and Human Services multi-agency [Ending the HIV Epidemic](#) initiative.

### **Pillar 1: Diagnose all people with HIV as early as possible.**

People can live with HIV for years before being diagnosed. Delays in diagnosis mean delays in starting life extending treatment. People living with undiagnosed HIV also have the greatest chance of transmitting the virus to others.<sup>12</sup> DSHS estimates that about 44 percent of the HIV transmissions in Texas each year are associated with people who do not know their HIV status.<sup>13</sup> The DSHS goal is for 90 percent of people living with HIV to know their status by 2030.<sup>14</sup> DSHS estimates that 84 percent of all Texans living with HIV in 2021 knew their status; however, this means that about 20,000 Texas residents living with HIV were unaware of their status.<sup>15</sup>

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<sup>9</sup> DSHS (2022). [Unpublished results of an analysis of 2021 progress towards HIV testing and treatment goals for all Texans with HIV]. Data from eHARS and multiple sources of treatment information, including Texas Medicaid.

<sup>10</sup> DSHS (2022). [Unpublished results of an analysis of 2021 progress towards HIV testing and treatment goals for all Texans with HIV]. Data from eHARS and multiple sources of treatment information, including Texas Medicaid.

<sup>11</sup> U.S. Centers for Disease Control and Prevention (2020). [Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV](#). Accessed July 15, 2022. Accessible at [Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV Transmission | HIV Risk and Prevention | HIV/AIDS | CDC](#).

<sup>12</sup> Karpinski J, Rosenberg E, Paz-Bailey G, et al. Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States. *JAMA Intern Med.* 2015;175(4):588–596, accessible at doi:10.1001/jamainternmed.2014.8180

<sup>13</sup> DSHS (2022). [Unpublished results of an analysis of 2021 progress towards HIV testing and treatment goals for all Texans with HIV]. Data from eHARS and multiple sources of treatment information, including Texas Medicaid.

<sup>14</sup> *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. Accessed July 15, 2022. Accessible at [achievingtogethertx.org/](#)

<sup>15</sup> DSHS (2022). [Unpublished results of an analysis of 2021 progress towards HIV testing and treatment goals for all Texans with HIV]. Data from eHARS and multiple sources of treatment information, including Texas Medicaid.

DSHS uses a three-pronged approach to increase the number of people with HIV who know their status:

- Supporting community-based testing programs that focus on people at higher risk of acquiring HIV;
- Helping emergency departments and primary care clinics integrate HIV testing into their routine patient care; and
- Offering testing to the partners of people recently diagnosed with HIV.

In 2021, DSHS funded providers collectively diagnosed 890 people using these strategies. That is about 20 percent of all people diagnosed in 2021.

**Pillar 2: Treat the infection rapidly and effectively to achieve sustained viral suppression.**

Once a person is diagnosed with HIV, treatment must be lifelong. In 2021, seven out of 10 Texans living with diagnosed HIV were in continuous HIV medical care.<sup>16</sup> About 88 percent of people in continuous care had a suppressed viral load, meaning they had extremely low levels of HIV in their bodies. In addition to the health benefits of HIV treatment, there is scientific consensus that treatment also acts as prevention. People with a suppressed viral load cannot sexually transmit HIV to others.<sup>17</sup> DSHS goals are for 90 percent of Texans with diagnosed HIV to be in continuous treatment and for 90 percent of people in continuous treatment to have suppressed viral loads by 2030.<sup>18</sup>

To increase the number of Texans receiving HIV treatment, DSHS administers the Texas HIV Medication Program (THMP). THMP provided prescription medication and insurance assistance to over 22,000 eligible Texans in 2021. DSHS also works with partner agencies to provide HIV related outpatient treatment and supportive services for more than 46,000 low-income Texans.

**Pillar 3: Prevent people from acquiring HIV by using proven prevention interventions, including pre-exposure prophylaxis.**

The overarching goal of all HIV services is to drive down the number of Texans who acquire HIV each year. The estimated annual number of Texans who acquire HIV

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<sup>16</sup> DSHS Texas Unmet Need Project, 2021.

<sup>17</sup> Eisinger RW, Diffenbach CW, Fauci AS. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. *J Am Med Assoc.* 2019; (5):451-452. Accessible at [doi.org/10.1001/jama.2019.2945](https://doi.org/10.1001/jama.2019.2945)

<sup>18</sup> *Achieving Together: A Community Plan to End the HIV Epidemic in Texas.* Accessed July 15, 2021. Accessible at [achievingtogethertx.org/](https://achievingtogethertx.org/)

has been stable at about 4,400, but the goal is to cut this number in half by 2030.<sup>19,20</sup> DSHS funds partner agencies to provide a variety of HIV prevention activities. These include one-on-one and group interventions to reduce behavioral risk and programs to help people at high risk for HIV get pre-exposure prophylaxis, a daily medication that prevents HIV. Since the estimated lifetime cost to the health care system for someone diagnosed with HIV in Texas in 2021 was around \$377,413, prevention is essential to improving Texans' health and reducing the overall financial impact of HIV.<sup>21</sup>

#### **Pillar 4: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.**

Disease intervention specialists (DIS) at LHDs and public health regions are the front line of response for people with new HIV diagnoses. These specially trained professionals provide newly diagnosed people with counseling and link them to treatment. They also conduct confidential partner services to provide testing and linkage to care to the sexual and needle-sharing partners of newly diagnosed people.

DSHS also performs disease surveillance and epidemiologic analysis to better understand and respond to the communities and groups bearing the greatest burden of HIV in Texas. Surveillance information is also used to direct resources to areas of highest need and evaluate the impact of funded services.

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<sup>19</sup> The estimated annual number of people acquiring HIV is different from the number of people diagnosed. Half of the people that acquire HIV, will not be diagnosed for three or more years. Half of the people diagnosed in 2021 acquired their infection in 2018 or earlier. Monitoring the leading edge of HIV in Texas means monitoring estimated acquisitions, not diagnoses.

<sup>20</sup> *Achieving Together: A Community Plan to End the HIV Epidemic in Texas*. Accessed July 15, 2022. Accessible at [achievingtogethertx.org/](https://achievingtogethertx.org/).

<sup>21</sup> Estimated using data from Farnham PG, Gopalappa, C et al. Updates of lifetime costs of care and quality-of-life estimates for HIV-infected persons in the United States: late versus early diagnosis and entry into care. *J Acquir Immune Defic Syndr*. 2013; 64(2):183–189. Accessible at [doi.org/10.1001/jamaoncol.2021.4942](https://doi.org/10.1001/jamaoncol.2021.4942). Costs are adjusted to fit the profile of newly diagnosed Texans in 2021 and for inflation.

### 3. Human Immunodeficiency Syndrome (HIV) Services and Initiatives

As discussed previously, this report covers the services provided or funded by DSHS from January 1 to December 31, 2021. HIV services funded by DSHS fall into nine categories:

- Public Information and Targeted Social Marketing
- Routine HIV Screening in Medical Settings
- Focused HIV Testing and Linkage to Medical Care
- Partner Services for HIV
- Focused Behavior Change Interventions
- Pre-Exposure Prophylaxis (PrEP) for HIV
- Texas HIV Medication Program
- Outpatient HIV Medical and Support Services
- Housing Opportunities for Persons with Acquired Immunodeficiency Syndrome (HOPWA)

#### Public Information and Targeted Social Marketing

DSHS funds a public information campaign to reach specific communities with greater vulnerability to HIV under the [Greater Than AIDS](#) brand managed by the Henry J. Kaiser Family Foundation. In 2021, the campaign made placements on digital media platforms to reach groups at higher risk of HIV infection, gay and bisexual men, other men who have sex with men (MSM) and transgender people. The campaign focused on zip codes in Dallas and San Antonio that have a greater number of people living with diagnosed HIV. The messages were in English and Spanish and centered on HIV treatment options, PrEP<sup>22</sup>, and available low-cost treatment services, including the THMP.

Cumulative results of the media campaign in 2021 included more than 7.1 million impressions with a reach of more than 1.26 million people. In addition, the digital engagements resulted in 224,300 video views, 85,100 clicks to online information

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<sup>22</sup> People on PrEP take a prescription drug that keeps HIV from taking hold in the body. It is only for people who do not have HIV and is appropriate only for people at high risk of acquiring HIV.

resources, 529 social engagements, 161,700 sessions, and more than 196,300 page views from Texas residents to the *Greater Than AIDS* website.<sup>23</sup>

DSHS coordinated with *Greater Than AIDS* staff to provide 28 health agencies and community service providers in Texas with HIV self-test kits and *Stay Connected. Stay Healthy* community toolkits to support outreach.

## **Routine HIV Screening in Medical Settings**

In 2021, DSHS funded nine health care facilities to provide routine HIV screening to their patients. These facilities serve communities with higher numbers of people living with HIV and included five hospital systems, three community health centers/primary care providers, and one teen health clinic. Most of the tests were conducted in the hospital systems' emergency department. Routine screening programs test all consenting people receiving care at the facility rather than only people at higher personal risk for HIV. Because of this, routine HIV screening programs have a higher volume of tests but a lower number of people with new diagnoses compared to testing programs focusing on people with a higher risk for HIV. The information on clients and program outcomes was drawn from unpublished data from the data system used to monitor contractor performance.

In 2021, screening providers performed 170,058 HIV tests with 1,146 clients testing positive for HIV. However, 857 (75 percent) of these clients had been previously diagnosed elsewhere. This is typical of routine screening programs.

DSHS verified that 289 clients had new diagnoses made by the program. About 67 percent of these newly diagnosed clients were linked to HIV treatment within 30 days (195 people). The goal for linking newly diagnosed people to HIV treatment is 90 percent linked within 30 days.

Additionally, 296 of the 857 previously diagnosed clients had not had HIV treatment in the past year, providing an opportunity to help them return to care. Of those clients not in treatment, 57 percent (170 clients) were returned to care within 30 days of their routine screening test, and 68 percent (200 clients) were returned to

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<sup>23</sup> Impressions for digital placements are the number of times an ad is heard or displayed, whether the ad is clicked or not. Audiences may see or hear multiple impressions of the same ad. Reach is the number of people who received impressions of an ad. Reach might be less than impressions because one person can hear or see multiple impressions. Video views are defined differently depending on the platform. YouTube only counts videos viewed 30 seconds or longer, while Facebook counts videos viewed three seconds or longer. Social engagements include reactions, shares, and comments on Facebook only.

care within 90 days of their test.<sup>24</sup> There are no set standards for timeliness of return to care efforts.

## **Focused HIV Testing and Linkage to Medical Care**

Focused testing programs provide HIV testing and health education to people at higher risk of acquiring HIV. Testing is available at provider sites and other places convenient to their clients such as nightclubs, barbershops, or other gathering places. Some programs test in correctional facilities and substance abuse treatment centers. Focused testing programs typically have a lower volume of tests than routine screening programs. However, because they focus on groups with greater personal risk, they identify a greater number of people with new HIV diagnoses and help them enter care. The information on clients and program outcomes was drawn from unpublished data from the data system used to monitor contractor performance.

In 2021, the 34 service providers with focused testing programs included 18 community-based organizations, 12 local health departments (LHDs), one university, two federally qualified health centers, and one health system. These providers performed 57,372 tests, and 783 clients tested positive for HIV. Some of these clients had been previously diagnosed elsewhere. DSHS verified that 519 of the clients with positive test results were newly diagnosed. Of the persons with new diagnoses, 78 percent were linked to HIV related medical care within 30 days of their diagnosis. The goal for linkage of newly diagnosed clients is 90 percent linked within 30 days.

About 72 percent of the previously diagnosed clients had no HIV care in the previous year. Testing program staff helped 65 percent (124 clients) return to HIV care within 30 days and 78 percent (149 clients) to return to care within 90 days. There are no set standards for timeliness of return to care efforts.

## **Partner Services for HIV**

Partner services programs address two pillars of the federal *Ending the HIV Epidemic* initiative: diagnosing all people living with HIV and responding quickly to potential HIV outbreaks. DSHS funded partner services programs in eight public

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<sup>24</sup> DSHS staff match testing program data to HIV surveillance data. These matched data allow the program to determine if a testing program client was previously diagnosed. It also allows the staff to determine if previously diagnosed clients were in HIV related medical care. The matched data can also be used to determine if, and when people were linked or returned to HIV related care.

health regions and eight LHDs in 2021. Disease intervention specialists from these programs provide newly diagnosed clients with education and linkage to treatment. They also elicit contact information so sexual and needle-sharing partners can receive testing, treatment, and counseling. The information on program activities and testing outcomes was drawn from unpublished data from the data system used to report and monitor public health follow up activities.

In 2021, disease intervention specialists at the local and regional programs interviewed 2,223 people with newly diagnosed HIV, which led to 497 sexual or needle-sharing partners receiving testing for HIV and other sexually transmitted diseases. This work resulted in 82 people receiving a new diagnosis of HIV infection.

## **Focused Behavior Change Interventions**

DSHS funded ten community-based organizations, one university, and two LHDs to use evidence-based approaches to provide people at higher risk of acquiring HIV with the knowledge, skills, and support to reduce their risk. In addition to individual and small group interventions to build knowledge and skills, DSHS also supported community level interventions that use peers to build supportive communities and fight HIV stigma. The information on program activities and clients was drawn from unpublished data from the data system used to monitor contractor performance.

In 2021, 992,675 clients participated in focused behavior change interventions. Of these clients, 992,034 were people engaged in community level interventions; 591 clients completed small group behavior change programs; and 50 clients enrolled in individual level programs to improve participation in HIV related treatment.

## **Pre-Exposure Prophylaxis for HIV**

People at very high risk for HIV can take PrEP medicines daily to lower their chances of acquiring HIV. Daily PrEP reduces the risk of getting HIV by 74 to 99 percent, depending on the behavior that places a person at risk for HIV.<sup>25</sup> In 2021, DSHS funded seven LHDs, five community-based organizations, and two health systems to provide PrEP services. This funding provides access to clinical assessments and medical testing to confirm the appropriateness of PrEP. The funds are also used to promote medication adherence and help clients access drugs

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<sup>25</sup> People at risk for HIV through injection drug use have a 74 percent to 84 percent reduction in risk through PrEP, and people at risk for HIV through sex have a 99 percent reduction in risk. Centers for Disease Control (2019). Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV. Accessed July 20, 2022. Accessible at [cdc.gov/hiv/risk/estimates/preventionstrategies.html](https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html).

through their insurance or patient assistance programs. DSHS funds are not used to purchase PrEP drugs. According to the database used to monitor contractor performance, in 2021, DSHS funded programs facilitated access to at least one PrEP prescription for 1,525 clients.<sup>26</sup>

## **Texas HIV Medication Program**

THMP uses federal and state funds to improve access to medications through three programs: the AIDS Drug Assistance Program (ADAP), the State Pharmacy Assistance Program (SPAP), and the Texas Insurance Assistance Program (TIAP). ADAP provides HIV related medications to clients through a network of pharmacies. SPAP helps with deductibles and copays for eligible clients with Medicare Part D prescription drug plans. TIAP helps with deductibles and copays for eligible clients with private or job related insurance costs.

According to the database used to track client eligibility and orders, in 2021, these programs provided 237,883 prescriptions for life-extending drugs, serving about one-fifth of the people living with diagnosed HIV in Texas. ADAP provided 143,494 prescriptions to 20,172 clients.<sup>27</sup> SPAP and TIAP provided 94,389 prescriptions to 2,034 SPAP and 363 TIAP clients.<sup>28,29</sup>

## **Outpatient HIV Medical and Support Services**

DSHS receives state and federal funds to provide HIV medical and supportive services to low income Texas residents who are uninsured or underinsured. The federal funds are awarded to DSHS through the Ryan White HIV/AIDS Program (RWHAP). DSHS awards funds to seven administrative agencies across the state.

In turn, these agencies competitively award the DSHS funds to fill gaps in local HIV treatment and supportive care systems. The eligible services include a variety of outpatient clinical services including primary care, specialty care, behavioral health and substance abuse treatment, and medical case management. Funds may also be used for eligible supportive services such as transportation, housing, and non-medical case management. According to the program database used to track eligibility and delivery of services, in 2021, 46,749 clients across Texas received services from DSHS funded providers.<sup>30</sup>

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<sup>26</sup> These data do not fully reflect services at LHDs. DSHS is currently creating more comprehensive reporting methods.

<sup>27</sup> Texas AIDS Drug Assistance Program Data, 2021.

<sup>28</sup> Thirty seven people participated in more than one program over the year.

<sup>29</sup> SPAP and TIAP Program Data, 2021.

<sup>30</sup> HIV Care and Treatment Program Data, 2021.

The RWHAP grant includes funds for the Minority AIDS Initiative (MAI), a special project to increase access to HIV medications for racial and ethnic minorities. DSHS uses MAI funds to connect people with HIV who are leaving jails and facilities in the Texas Department of Criminal Justice to THMP and local service providers. In 2021, MAI providers enrolled 421 people into THMP.<sup>31</sup>

## **Housing Opportunities for Persons with AIDS**

HOPWA Program is funded by the U.S. Department of Housing and Urban Development. The program provides housing assistance and supportive services to clients and their households. According to the program database used to track client services, between February 2019 and August 2020, 30 providers funded by the HOPWA program assisted 1,453 households.<sup>32,33</sup>

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<sup>31</sup> DSHS Minority AIDS Initiative Quarterly Reports, 2021.

<sup>32</sup> HOPWA Program Data, 2020-2021.

<sup>33</sup> These are the latest data available.

## 4. Quality & Cost-Effectiveness of DSHS Human Immunodeficiency Virus (HIV) Services

Routine HIV screening programs test all consenting patients at a health care facility. They are cost-effective when at least one positive test is found for every 1,000 tests performed.<sup>34</sup> The screening programs funded by DSHS found 6.7 positive test results for every 1,000 tests conducted in 2021, a rate more than six times higher than the cost-effectiveness point.

Effectiveness can also be assessed by comparing the diagnosis rates of DSHS funded programs to the rate in the general population.<sup>35</sup> To be cost-effective, programs must demonstrate a diagnosis rate higher than the general population. The 2021 HIV diagnosis rate for the general population was 0.15 newly diagnosed people for every 1,000 Texans.<sup>36</sup>

Table 1 shows that the 2021 diagnosis rates for DSHS funded programs were 1.7 to 1,114 times higher than the general population rate for 2021.

**Table 1. 2021 HIV Infection Diagnosis Rates per 1,000 People for DSHS Funded Testing Programs Compared to the 2021 General Population Diagnosis Rate**

	Diagnosis Rate per 1,000 People	Times Higher Than General Population
<b>General Population</b>	0.15	--
<b>Routine Screening</b>	1.7	11.5 times
<b>Focused Testing</b>	9.1	61.6 times
<b>Partner Services</b>	169.9	1,114.9 times

<sup>34</sup> U.S. Preventive Services Task Force. Final recommendations statement on Human Immunodeficiency Virus (HIV) infection: Screening. Accessed July 20, 2022. Accessible at [uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening](https://uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/human-immunodeficiency-virus-hiv-infection-screening).

<sup>35</sup> A diagnosis rate shows the number of clients who were newly diagnosed by the testing program and does not include clients who were previously diagnosed.

<sup>36</sup> The 2021 diagnosis rate was from the Texas Enhanced HIV/AIDS Reporting System (eHARS), 2021.

Another measure of the quality and cost-effectiveness of testing programs is the linkage rate, which measures the percentage of newly diagnosed clients who enter HIV related care within 30 days of their diagnosis. People with timely linkage have a better chance of achieving viral suppression within the first few months of treatment. In 2021, DSHS funded focused testing and routine screening programs achieved linkage rates of 78 percent and 67 percent, respectively.<sup>37</sup> Testing programs also helped previously diagnosed clients who had fallen out of treatment to return to care. In 2021, these programs helped 349 Texans return to treatment within 90 days of their contact with the testing program.

DSHS evaluates HIV outpatient and support services by measuring viral suppression levels in clients. DSHS programs serve low income and uninsured or underinsured clients, which are groups with historically poor health outcomes. The clients are also predominantly racial and ethnic minorities that are groups with long-standing health disparities.<sup>38</sup> Clients in cost-effective programs should have viral suppression levels at least as high as the rate for all people living with diagnosed HIV who are in HIV related care.

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<sup>37</sup> DSHS Focused Testing and Routine Data and eHARS, 2021.

<sup>38</sup> [NCHHSTP Social Determinants of Health](#). Centers for Disease Control and Prevention. Accessed July 19, 2022.

Table 2 shows that viral load suppression rates among clients of DSHS funded programs were better than the 62 percent viral suppression rate for all Texans living with HIV.<sup>39</sup>

**Table 2. Viral Suppression Rates for Texans Served by DSHS in HIV Related Medical Care, 2021**

<b>Population Group</b>	<b>Viral Load Suppression Rate</b>
<b>All Texans in HIV related care from any source (serves as comparison)</b>	80%
<b>DSHS Funded Outpatient HIV Treatment Services Clients</b>	83%
<b>Texas HIV Medication Program Clients</b>	80%
<b>Housing Opportunities for People with AIDS</b>	83%

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<sup>39</sup>Information on viral suppression rates in the program was provided by DSHS Unmet Need Project, which annually updates descriptions of participation in treatment and viral suppression for people living with HIV. Population viral suppression information was from the Texas Enhanced HIV/AIDS Reporting System (eHARS), 2021.

## Conclusion

The HIV programs supported by DSHS have made progress in reducing the number of Texans with undiagnosed Human Immunodeficiency Virus (HIV) infections and have increased the number of people living with HIV who are on treatment and have suppressed viral loads.

With ongoing efforts to increase access to effective prevention, improve early diagnosis, and promote participation in treatment, it is possible to decrease the number of people who acquire HIV every year. To improve Texans' lives and reduce the financial impact of HIV, it is imperative that Texas build on the progress achieved over the past decade.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
AIDS	Acquired Immunodeficiency Syndrome
ADAP	AIDS Drug Assistance Program
CDC	Centers for Disease Control and Prevention
DIS	Disease Intervention Specialist
DSHS	Department of State Health Services
eHARS	Enhanced HIV/AIDS Reporting System
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for Persons with AIDS
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
LHD	Local Health Department
MAI	Minority AIDS Initiative
MSM	Men Who Have Sex With Men
PLWH	People Living With HIV
PrEP	Pre-Exposure Prophylaxis
RWHAP	Ryan White HIV/AIDS Program
SPAP	State Pharmaceutical Assistance Program

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STD	Sexually Transmitted Disease
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TDCJ	Texas Department of Criminal Justice
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THMP	Texas HIV Medication Program
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TIAP	Texas Insurance Assistance Program
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