

**Houston Department of Health and Human Services  
Bureau of HIV/STD and Viral Hepatitis Prevention**

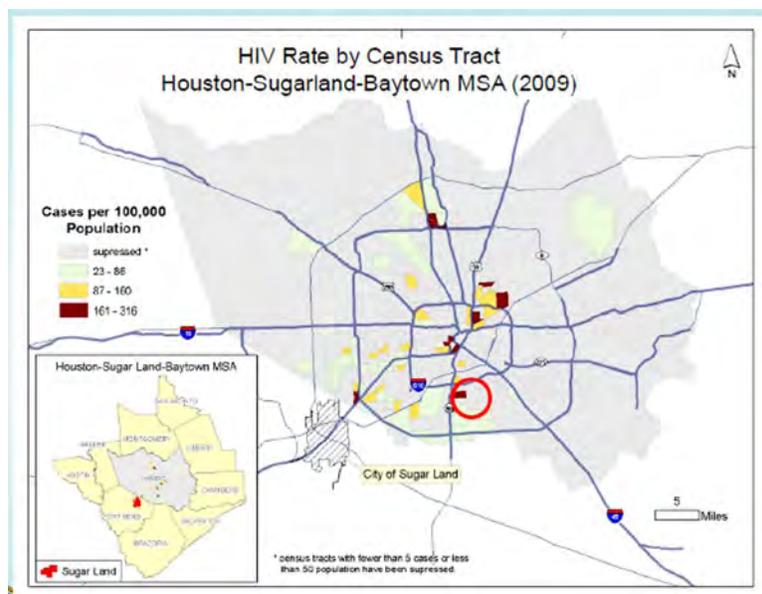
**Enhanced Comprehensive HIV Prevention Planning and Implementation for  
Metropolitan Statistical Areas Most Affected by HIV/AIDS (ECHPP)  
for Houston-Baytown-Sugarland, Texas**

**June 1, 2011**

**Executive Summary**

Through the Centers for Disease Prevention and Control's (CDC) funding announcement PS10-10181, the Houston Department of Health and Human Services (HDHHS) received funding support to develop an Enhanced Comprehensive HIV Prevention Plan that would outline local strategies to achieve the goals outlined in the National HIV/AIDS Strategy.

The map below illustrates the HIV rate by census tract in Houston-Sugarland-Baytown MSA in 2009. At the lower left corner is an area map that includes Houston and surrounding counties. The gray area is Houston/Harris County and it has the most HIV morbidity. The City of Houston accounts for more than 95% of HIV and AIDS cases within Harris County. The number of AIDS cases as of June 30, 2010 is 26,599. The number of reported HIV cases (regardless of AIDS status) among adult and adolescent residents is 17,907. Between 2000 and 2007 in Houston/ Harris County, 37% of those diagnosed with HIV were diagnosed with HIV and AIDS within the same year, indicating that for over a third of Houstonians living with HIV and AIDS, HIV is being detected late in the progression of the disease.



A closer look at HIV/AIDS prevalence in Harris County shows that the epidemic continues to be predominantly among males (74%), specifically among men who have sex with men (43%) and among people of color (70%). The most striking change in the local epidemic over the past decade has been a shift to communities of color. The proportion of HIV-infected Latinos in Harris County is slightly higher than in the United States as a whole, and the new HIV diagnosis rate among African-Americans in Harris County remains much higher than in other racial/ethnic groups.

The Houston MSA ECHPP was developed and assembled from existing area comprehensive and strategic plans related to HIV/AIDS prevention, care, and support administrations. These existing plans were developed and or updated using several mechanisms for community input. Various approaches – mailed surveys, community meetings and provider interviews – ensured that the update process incorporated a wide range of input from HIV and non-HIV segments of the Houston community.

The Houston MSA ECHPP describes the scale up of fifteen (15) primary interventions required to locally achieve the goals outlined in the National HIV/AIDS Strategy. There are an additional eight (8) interventions identified to be maintained at present levels, and finally, one (1) intervention that could be scaled up if there were policy changes at the state or local level, or upon the identification of emerging trends or changes in the populations being impacted by HIV. As outlined in the Houston MSA ECHPP (Appendix D), interventions targeted for increases in resources and/or scale were due to their demonstrated cost effectiveness, or increased benefits to population and patient level health outcomes.

Appendix A in this report documents the flow of federal funding streams originating from various government agencies responsible for the administration and allocation of HIV/AIDS prevention, treatment and other related care services. These funding resources are locally overseen by different fiscal organizations, or administrative agencies and planning bodies. Consequently, the planning and service provision areas are also different.

There is a strong coordinated effort between both care and prevention agencies within Houston/Harris County striving to reduce risky behavior, increase awareness, and increase testing to reduce the spread of HIV. There are established linkages between the CPG and other planning bodies, NGOs, AIDS services organizations (ASOs), and CBOs, providing a network of contact, resources, communication, and referrals between HIV prevention, care and related services. In addition to the numerous HDHHS funded agencies offering HIV Prevention, many other agencies are either directly CDC funded, funded through HRSA, funded through the Substance Abuse and Mental Health Services Administration (SAHMSA), funded through Texas DSHS, or funded through the Texas Commission on Alcohol and Drug Abuse (TCADA). All of these agencies combined offer linkages and referrals that would normally be impossible.

The HDHHS with funding from PS10-10181 ECHPP Phase I is currently collaborating with the Ryan White Part A program in the development and implementation of the Electronic Client-Level Integrated Prevention System (ECLIPS), that will interface and exchange information with the Harris County Public Health & Environmental Services (HCPHES), Centralized Patient Care Data Management System (CPCDMS) in order to ensure referral linkages into HIV primary care.

After implementing ECLIPS in September 2011, the HDHHS will develop and implement linkage between ECLIPS, Rhapsody Connect software and MAVEN data system. The HDHHS is implementing the utilization of Rhapsody Connect software into the existing IT infrastructures of 10 hospital sites across Houston to enhance local laboratory reporting. The ELR project offers HDHHS the opportunity to assist local hospitals in developing the ability to submit electronic data on reportable laboratory results to public health agencies. The implementation of ELR will enable HDHHS to improve the reporting of HIV laboratory data with special emphasis on CD4 test and viral load detection test results from private and public laboratories to state and local health departments and CDC. Through MAVEN data system, ECLIPS will interface with HIV/AIDS surveillance databases, enhancing and ensuring accurate and timely data exchange between HIV Prevention Program and HIV/AIDS Surveillance Program. Development and implementation of linkage between ECLIPS, Rhapsody Connect software and MAVEN data system will be reflected in the ECHPP Phase II proposal.

Undetectable viral loads became reportable by Texas law in January 2010. The Houston Department of Health and Human Services (HDHHS) HIV surveillance program is working with the CDC HIV Community Viral Load Workgroup and the Texas Department of State Health Services (DSHS) to identify best methods for VL collection and analysis. The HDHHS HIV prevention program will continue to work closely with the HDHHS HIV surveillance program to assist with the development of local methods to collect and analyze VL; and will also work with Ryan White Care Services to develop processes to receive de-identified VL reports that will help ensure that all VL values, including undetectable, are reportable to HDHHS.

In collaboration with the CFAR ECHPP Initiative in Houston (Baylor College of Medicine – University of Texas at Houston CFAR) the HDHHS will engage in three local initiatives: 1) conduct a local resource capacity survey, which is designed to obtain information on HIV prevention activities in the Houston/Harris county area from all local HIV testing facilities; 2) using summary data available from HDHHS and the local resource capacity survey previously listed, conduct an effectiveness and cost-effectiveness evaluation; and 3) establish and convene a Scientific Advisory Council to advise HDHHS HIV activities.

To reduce the number of new HIV infections, the HDHHS will implement a combination of activities to include intensifying HIV and STD prevention efforts in five geographic areas within the MSA with high HIV and STD morbidity, which includes; 1) Sunnyside/South Park, 2) Greater Fifth Ward, 3) Acres Homes, 4) Sharpstown/Southwest, and 5) Montrose. This targeted public health and community mobilization effort will be branded as the Strategic AIDS/HIV Focused Emergency Response (SAFER) Initiative. The red circle on the map above indicates the Sunnyside/South Park area of Houston, where ECHPP implementation efforts, (SAFER) Initiative, has already begun. Additionally, through routine and expanded HIV testing the HDHHS will increase the proportion of HIV-infected persons who are aware of their status by 25% in the Houston MSA annually. The HDHHS will also ensure that 85 percent of persons who receive their HIV positive test result are referred to medical care and have a confirmed first visit for care.

The HDHHS also maintains the Houston Community Reentry Network Works Program (CRN); and through a Special Projects Team, Disease Intervention Specialists (DIS) provide HIV/STD prevention services in the County Jail. The City of Houston also receives funds through its HOPWA program to provide housing and other related supportive services to low-income persons with AIDS. Additionally, through community task forces, partnerships, outreach, and testing events, HDHHS successfully targets and reaches people who would never access HIV and other STD services nor seek information due to the stigma, cultural and community fear and discrimination associated with HIV.

The HDHHS receives funding from the Harris County Public Health and Environmental Services (HCPHES) Department (via the Ryan White Treatment Modernization Act) to implement a comprehensive community case management program providing service linkage to HIV-positive individuals, both those newly diagnosed and those who are out of care. With strong coordination and joint strategic planning among the local service linkage network of providers and organizations, this intervention has consistently demonstrated client level benefits including the decreased likelihood of HIV transmission risk behavior and funding support for this strategy will continue to be expanded and increased as it becomes available. Utilization of HDHHS partner services, including the expansion of the web-based self-survey PENSHouston in the Houston MSA has proven to be highly effective in facilitating timely linkages to care for both patients and their previously status unaware partners and contacts.

The HDHHS will continue to identify and link more undiagnosed infections to treatment, facilitate positive behavior change, decrease HIV/STD transmission and incidence, and improve overall individual health outcomes.

Appendix A. Houston/Harris County HIV Funding Streams

