Memphis Transitional Grant Area 2012-2014 Ryan White HIV/AIDS Program Services Comprehensive Plan

Developed by:
The Priorities and Comprehensive Planning Committee
Ryan White Planning Council

As submitted to the Federal Health Resources Services Administration (HRSA) by the Memphis Area Ryan White Planning Council and the Memphis Ryan White Part A Program Office in compliance with Ryan White HIV/AIDS Treatment Extension Act of 2009.

TABLE OF CONTENTS

Letter of Concurrence……...……5

Acknowledgements……..……15

Introduction……..……...16

Executive Summary……..……..17

Section One: Where are we now?

I. Description of the Memphis Transitional Grant Area (TGA)……..……...20

A. HIV/AIDS Epidemiological Profile…….21
B. Unmet Need Estimate for 2010……..…….….32
C. Early Identification of Individuals with HIV/AIDS (EIIHA)…….....39

II. Description of the current continuum of care in the Memphis TGA…….…..43

A. Ryan White funded – HIV care and services…….43
B. Non Ryan White funded – HIV care and services……43
C. Ryan White funded care/services interaction with Non-Ryan White funded services for continuity of care……....43
D. Service system/continuum of care and affects by state and local budget cuts……..44

III. Description of need……..45

A. Care needs……..45
B. Capacity development needs from disparities……..51
C. Priorities for allocation of funds based on size and demographics of the population…..51

IV. Description of gaps in care and service needs…….52

V. Description of prevention needs ……....54

VI. Description of barriers to care…….54

VII. Evaluation of 2009 Comprehensive Plan……..……..58

Section Two: Where do we need to go?

I. Plan to meet challenges identified in the evaluation of the 2009 Comprehensive Plan…….69

II. 2012 Proposed Care Goals……...69

III. Memphis TGA Continuum of Care……70

IV. Goals regarding individuals *Aware* of their HIV status, but not in care (Unmet Need)…..72

V. Goals regarding individuals *Unaware* of their HIV status (EIIHA)……..73

VI. Proposed coordinating efforts with programs……75

Section Three: How will we get there?

2012-2014 Comprehensive Plan Goals and Objectives ……81

Section Four: How will we monitor our progress?

I. Plan to monitor and evaluate progress in achieving proposed goals and identified Challenges……88

II. Assessment of Early Identification of Individuals with HIV/AIDS (EIIHA) Initiatives…….…89

III. Monitoring and Evaluation Plan……..89
A. Improved use of Ryan White client level data…….……89
B. Site visit monitoring……..……89
C. Use of data in evaluation and service utilization…….…90
D. Measurement of clinical outcomes……90

Appendices

Appendix 1. Ryan White Resource Inventory…….92

Appendix II. Non-Ryan White Resource Inventory……97

List of Figures

Figure 1-1. Counties in the Memphis MSA……..…20

Figure 1-2. Number and Percent of PLWHA by County, Memphis MSA as of 12/31/2010…..21

List of Tables

Table 1-1. PLWHA in the Memphis TGA, 2007-2010…….22

Table 1-2. Epidemiology of the Memphis TGA as of 12/31/2010…….24

Table 1-3. Co-morbidity and co-factors reported among persons living with HIV disease and the general population, Memphis TGA, 2010……27

Table 1-4. Adults without Healthcare Coverage……30

Table 1-5. Memphis TGA 2010 Unmet Need Framework……....33

Table 1-6. Unmet Need in the Memphis TGA, 2008-2010……..36

Table 1-7. Number and Percent of PLWHA Not Receiving Primary Medical Care in the Memphis TGA by County, 2010……..…37

Table 1-8. Unmet Need in the Memphis TGA, 2007-2010……..…37

Table 1-9. Memphis TGA Ryan White Part A/ MAI EIIHA Matrix……...39

Table 1-10. EIIHA HIV Testing and Awareness Data, 2010……...43

Tale 1-11. Trends in fiscal resources as a result of municipal and state budget cuts in HIV related clinical and non-clinical services, Memphis TGA…….…44

Table: 1-12. 2009 Needs Assessment Estimated Service Needs and Gaps……..52

Shelby County Government

MARK H. LUTTRELL, JR.
MAYOR

May 17, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

I am pleased to pledge my support for this 2012 Comprehensive HIV Services Plan, developed by the Memphis TGA Ryan White Planning Council in partnership with the Ryan White Part A Program Office. All eight counties of the Memphis TGA, including Shelby, Tipton and Fayette counties in Tennessee; Desoto, Marshall, Tate and Tunica counties in Mississippi and Crittenden County in Arkansas, benefit from the hard work and dedication reflected in this document.

This Comprehensive Plan guides our community in addressing the needs of the people who are living with and those affected by HIV/AIDS. The Plan provides the format for assuring a continuum of care for quality services that draws upon the rich existing resources of medical institutions and community-based organizations already serving those who are living with HIV/AIDS, as well as the creation of opportunities for new providers to be included in this network. It also allows for the full involvement of the community, in particular those who are clients of HIV services, in the continuous development towards a seamless, quality system of care.

The Memphis area has the unique challenge and opportunity of providing HIV services to citizens across a multistate region. I am proud that the spirit of coordination and collaboration necessary to do this effectively resonates throughout this plan. In this same spirit, I encourage all elected officials, service providers, clients, and concerned citizens to lend their support to this plan and continue to work to ensure access to quality HIV care for all who need it throughout the Memphis TGA.

Sincerely,

Mark H. Luttrell, Jr.
Mayor

VASCO A. SMITH, JR. ADMINISTRATION BUILDING
160 North Main Street, Suite 850 • Memphis, TN 38103 • 901-222-2000 • Fax 901-222-2005
www.shelbycountytn.gov

Shelby County Government

MARK H. LUTTRELL, JR.
MAYOR

May 15, 2012

Dear Colleagues and Community Partners,

It is with great enthusiasm that the Ryan White Part A Program Office provides its support to the goals and objectives laid forth in the 2012 Memphis TGA Ryan White Comprehensive Plan. This office has worked in collaboration with the Memphis TGA Ryan White Planning Council to develop this document that will be used as a roadmap for the delivery of services over the next three years. There has been great consideration taken to ensure the participation of all important stakeholders in the development of this plan - consumers, Ryan White service providers and the community at large - to ensure that it best reflects the input of many voices as we strive to improve the system of care in the Mid-South.

We are hopeful that this document not only guides the work of our program, but will be a useful tool to our many community partners who work to serve HIV positive individuals and their families throughout the Memphis area. We are certain that as we work towards the common goal of unhindered access to high quality medical and support services, it can only be done through our coordination and cooperation. It is the intent that the 2012 Comprehensive Plan will serve a guide in these efforts.

Sincerely,

Dorcas Young

Dorcas Young
Memphis Ryan White Program

Ryan White Program
1075 Mullins Station Road, Room W-274 ♦ Memphis, TN 38134 ♦ 901-222-8277 Fax 901-222-8290

STATE OF TENNESSEE
BUREAU OF HEALTH SERVICES
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING, 1st FLOOR
425 5th AVENUE NORTH
NASHVILLE, TENNESSEE 37243

May 1, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

This letter is written in support of the 2012 Comprehensive Plan developed by the Memphis Transitional Grant Area. The plan goals and objectives that have been developed ensure coordination with the Tennessee Part B ADAP Program and services. The collaborative efforts of all Ryan White parts outlined in the plan ensure that people living with HIV in the Memphis area are provided with essential medical and supportive services. Should you have any questions, please do not hesitate to contact met at (615) 741-7500 or email me at jeanece.seals@tn.gov.

Sincerely,

Jeanece Seals
Director
HIV/AIDS/STD Section

Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Mike Beebe
Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

May 1, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

The Arkansas Department of Health HIV/STD/Hepatitis C Section is pleased to work with the Memphis TGA to enhance and expand services to those affected with HIV/AIDS. We support the Memphis TGA in their endeavors to address the challenges and opportunities of HIV service delivery. The Arkansas Department of Health HIV Services Program further supports the goals and objectives established by the Memphis TGA Planning Council as outlined in the 2012 Comprehensive Plan. Should you have any questions, please do not hesitate to contact met at (501) 661-2408 or email me at tina.long@arkansas.gov.

Sincerely,

Tina Long
Chief, HIV/STD/Hepatitis C Section

MISSISSIPPI STATE DEPARTMENT OF HEALTH

April 26, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young:

The Mississippi State Department of Health Office of STD/HIV is pleased to work with the Memphis TGA to enhance and expand services to those affected with HIV/AIDS. We support the Memphis TGA in their endeavors to address the challenges and opportunities of HIV service delivery. The Mississippi State Department of Health Office of STD/HIV further supports the goals and objectives established by the Memphis TGA Planning Council as outlined in the 2012 Comprehensive Plan. Should you have any questions, please do not hesitate to contact met at (601) 576-7723 or email me at Nicholas.mosca@msdh.state.ms.us. I look forward to developing our relationship to improve health outcomes for those living with HIV/AIDS in Mississippi.

Sincerely,

Nicholas G. Mosca

Nicholas G. Mosca, DDS
Director, Office of STD/HIV

570 East Woodrow Wilson • Post Office Box 1700 • Jackson, MS 39215-1700
601-576-8090 • 1-866-HLTHY4U • www.HealthyMS.com

Equal Opportunity in Employment/Services

EAST ARKANSAS FAMILY HEALTH CENTER, INC.

215 East Bond • West Memphis, Arkansas 72301
Phone: (870) 735-3842 • Administration Fax: (870) 732-1940 • Medical Fax: (870) 735-2451
309 N. 6th Street, Ste. 1 • West Memphis, Arkansas 72301 • Phone: (870) 735-3291 • Fax: (870) 733-0519
102 West Broad • Lepanto, Arkansas 72354 • Phone: (870) 475-2977 • Fax: (870) 475-3440
4102 Memorial Drive • Blytheville, Arkansas 72315 • Phone: (870) 532-6001 • Fax: (870) 532-6008
417 West Main Street • Trumann, Arkansas 72472 • Phone: (870) 483-1025 • Fax: (870) 483-1057

April 20, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

As the HIV/AIDS Program Manager for the East Arkansas Family Health Center, I am pleased to submit a letter of support for the Memphis TGA 2012 Comprehensive Plan. As a Part C grantee, we recognize the importance of ensuring a collaborative effort, as described in the plan, for the provision of much needed services for people living with HIV. We look forward to working with you on the implementation of the plan. Should you have any questions, please do not hesitate to contact met at (870) 735-3291 or email me at lbrisendine@eafhc.org

Sincerely,

Lisa Brisendine
Program Manager

Regional Medical Center at Memphis

May 1, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

It is a pleasure to provide my support for the 2012 Comprehensive Plan for the Memphis TGA. The goals and objectives will focus the important work that Ryan White Part A funds contribute to the Memphis community. Part A's efforts, in coordination with other Ryan White parts, ensure that needed medical and support services are available and accessible for people living with HIV. As a Ryan White Part C grantee, we are most appreciative of the work that you do. Should you have any questions, please do not hesitate to contact met at (901) 545-8949 or email me at bbayless@the-med.org.

Sincerely,

Becky Bayless, LCSW
Manager, Grants Programs

877 Jefferson Avenue Memphis, TN 38103 901.545.7100

Le Bonheur
Methodist Healthcare Family
Children's Hospital

May 1, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

I am pleased to submit a letter of support for the Memphis TGA Ryan White 2012 Comprehensive Plan. As a Part D grantee, we recognize the importance of a strong collaborative effort in meeting the medical and support service needs for people living with HIV in our community. The goals and objectives of the plan ensure that services are planned and provided in a coordinated manner.

Sincerely,

Corey D. Johnson
Executive Director
Le Bonheur Community Health and Well-Being

TENNESSEE AIDS EDUCATION & TRAINING CENTER

May 1, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

As a local performance site funded by the Tennessee AIDS Training and Education Center, we are pleased to provide support for the Memphis TGA Ryan White 2012 Comprehensive Plan. We are committed to providing support for clinical staff at Part-A funded agencies to ensure the delivery of quality HIV care. Please do not hesitate to contact me at (901) 218-0693 or by email at jamie.russell.bell@gmail.com if I may be of further assistance.

Sincerely,

Jamie Russell-Bell

Jamie Russell-Bell, Consultant
Tennessee AIDS Education and Training Center

Tennessee AIDS Education & Training Center/CCC
Vanderbilt Health
at One Hundred Oaks
719 Thompson Lane
Suite 37189
Nashville, TN 37204
Tel. 615.875.5111
Fax 615.875.5115

DELTA REGION
AIDS Education & Training Center
Arkansas Mississippi Louisiana
120 West 5th, Suite 301
Pine Bluff, AR 71601

May 1, 2012

Dorcas Young, MPA
Program Manager
Memphis TGA Ryan White Part A Program
1075 Mullins Station, W270
Memphis, TN 38134

Dear Ms. Young,

As a representative of the Delta Region AIDS Training and Education Center, I am pleased to provide support for the Memphis TGA Ryan White 2012 Comprehensive Plan. We are committed to providing support for clinical staff at Part-A funded agencies to ensure the delivery of quality HIV care. Please do not hesitate to contact me at (870) 535-3062 or by email at dnewby@jccsi.org if I may be of further assistance.

Sincerely,

Derrick Newby

Derrick Newby
Program Administrator
Delta Region AIDS Education and Training Center

ACKNOWLEDGEMENTS

The 2012-2014 Comprehensive Plan includes the work of many contributors committed to improving the HIV system of care in the Memphis TGA. We wish to thank all those that offered their time, talent and input and knowledge in setting goals and objectives that are reflective of a system that strives for quality care for all PLWHA in the TGA. In appreciation of their commitment to the continuous improvement in our delivery system, we wish to acknowledge members of the Priorities and Comprehensive Planning Committee.

Amanda Chandler, *Chair*
Dr. David Collier
Tonya King
Christopher Mathews
Joseph Mitchell
Charles Parr
Robert Wilkins
Andrea Williams
Theresa Williams

We would also like to thank members of the Memphis Area Ryan White Planning Council *(Full and Alternate members as of May 2012)*:

Rev. Melvin Lee, *Co-Chair*
Charles Parr, *Co-Chair*
Theresa Williams, *Vice-Chair*
David Williams, S*ecretary*
Elizabeth Anderson
Rose Blake
William John Blakely
Brandy Bledsoe
Lisa Brisendine
Amanda Chandler
Brenda Clay
Dr. David Collier
Shearlean Dowell
Paul Eknes-Tucker
Lonnie Franklin
Duan Gill
Tonya King
Robin LeBleu
Nicole McCormack
Joseph Mitchell
Christopher Mathews
Sharron Moore-Edwards
Angela McPherson
Victoria Noblett
Elgin Prachett
Mildred Richard
Jimmie Samuels
Chris Sinnock
Marvell Terry
Wendell Wainwright
Benjamin Ward
Robert Wilkins
Andrea Williams
Melissa Wright

In addition, we would like to thank the office staff of the Ryan White Part A Program and Shelby County Health Department:

Dorcas Young, *Program Manager*
Nycole Alston, *Planning Council Coordinator*
Regina Henderson, *Planning Council Clerical Specialist*
Kristen Morrell, *HIV/STD Epidemiologist*
Kristie Hardy
Sylvia Hobbs
Lisa Krull
Kenneth Lewis
Martha Montgomery
Gloria Taylor
Timkiya Taylor
David Weatherford
Nataki Williams

INTRODUCTION

One of the mandates from Ryan White legislation is for all Planning Councils to develop a Comprehensive Plan for the most effective way to deliver medical and supportive services in a designated TGA/EMA. While the Planning Council must set service and resource allocation priorities each grant year, the Comprehensive Plan goes beyond this annual process and serves as a "roadmap" to ensuring a system of quality care over a longer period of time.

The key focus of comprehensive planning is to strengthen the continuum of care to address disparities and bring people into care. The Memphis TGA has developed a Comprehensive Plan while paying careful attention to the HRSA expectations as outlined in the following four questions:

- Where are we now?
- Where do we need to go?
- How will we get there?
- How will we monitor our progress?

It is of great importance to recognize that in light of the rapidly changing environment of HIV services delivery and funding, this Comprehensive Plan is the result of an inclusive planning process. Thus, the plan also incorporates new legislative and programmatic initiatives from the National HIV/AIDS Strategy, the Patient Protection and Affordable Care Act, Healthy People 2020, the Early Identification of Individuals with HIV/AIDS as well as an Evaluation component of the 2009 Comprehensive Plan. For this reason, the Memphis TGA Comprehensive Plan is one that will continually be reviewed and updated to reflect any shift in focus as relates to the development of a high quality continuum of care.

EXECUTIVE SUMMARY

The 2012-2014 Services Comprehensive Plan has been developed as a guide for the Planning Council and other HIV service planners and providers in the Memphis TGA in order to plan for service decisions over the next three years. The Plan strives to set goals that will result in an improved, more efficient and effective HIV service delivery system that is highly collaborative and well coordinated among all stakeholders. This Plan outlines the following vision for the HIV service delivery system:

The Memphis TGA is committed to the development of an ideal continuum of care for HIV services that ensures a flexible system with open access to all persons who need it, has multiple points of entry across both the geographic region and service categories and includes a network of well qualified, trained providers to best meet the needs of those persons both out of care and in care within entire TGA. This system will be distinguished by strong communication, coordination and collaboration between funders, providers and clients in an effors to best maximize resources for provision of client centered services.

In order to move towards this vision, all stakeholders must familiarize themselves with the state of the epidemic in the TGA, characteristics of those living with HIV/AIDS, needs of PLWHA, barriers to services and the availability of resources. This Comprehensive Plan outlines all of these points and provides goals and objectives that take all related issues into consideration.

This region was first awarded Part A funds with the Ryan White Treatment Modernization Act of 2006 and the development of a local Comprehensive Plan for direct submission to HRSA was mandated first in 2009 and again in 2012 for this region. The goals set forth in this plan directly reflect the expectations that HRSA have of all Grantees in development of the Comprehensive Plan. The six goals of the Plan are as follows:

GOAL #1: Reduce new HIV/AIDS infections inside the Memphis TGA by developing strategies to coordinate the provision of services for HIV prevention, including outreach and early intervention services.

GOAL #2: Identify reasons why individuals that know their HIV status are not engaged in care and develop strategies to combat issues.

GOAL #3: Provide capacity building and training to develop unique ways to get communities of color to access and stay in the system of care.

GOAL #4: Increase public awareness and general education of HIV primary health care services, related supportive services and treatment needs of disproportionately affected and historically underserved communities.

GOAL #5: Incorporate strategies that address Quality of Care.

The Priorities and Comprehensive Planning Committee of the Memphis Area Ryan White Planning Council developed objectives and action steps to attain these goals based on information gathered from sources including Needs Assessments, CAREWare and Epidemiology data, Planning Council committee meetings, Quality Management meetings, Assessment of the Administrative Mechanism, Community Forums, Focus Groups, Service Provider Meetings, Statewide Coordinated Statement of Needs documents and HIV resource and funding inventory. In addition to these goals and objectives, the Comprehensive Plan includes an evaluation of the 2009 Comprehensive Plan. Additionally, the Plan presents a connection to the National HIV/AIDS Strategy, the Patient Protection and Affordable Care Act, Healthy People 2020 and Early Identification of Individuals with HIV/AIDS strategies used in the Memphis TGA.

SECTION I:

WHERE ARE WE NOW?

I. Description of the Memphis Transitional Grant Area (TGA)

The Memphis Metropolitan Statistical Area (MSA) is just over 1.3 million people, making it the 41st largest MSA in the nation and the second largest in Tennessee. The total land area, nearly the size of the entire state of Connecticut, is 4,568 square miles with urban as well as isolated rural populations. In December 2006, the Memphis Metropolitan Area was determined to be eligible for funds as a Transitional Grant Area (TGA) under the Ryan White Treatment and Modernization Act of 2006. The Memphis TGA, which mirrors the boundaries of the Memphis MSA, includes eight counties in three states. The City of Memphis, the urban hub of the region, is located in Shelby County, Tennessee and contains approximately 70% of the total TGA population (927,644). DeSoto County, located south of Shelby County in Mississippi, accounts for the second largest population of just over 161,252 persons. The remaining counties include Tipton and Fayette counties in Tennessee; Desoto, Marshall, Tate and Tunica counties in Mississippi: and Crittenden County in Arkansas as shown in Figure 1-1. These counties range in population from 27,000 to 60,000 persons. Half of the TGA population is White, while approximately 44% are Black/African American and 5% are Hispanic.

Figure 1-1. Counties in the Memphis MSA

A high rate of poverty continues to affect the Memphis TGA. Nineteen percent of the population lived below the poverty level in 2009, which is significantly higher than the percentage reported

in the nation (14.3%). The rate of poverty is even higher among female head of household families, with 35% living below the poverty level. In addition, poverty among African Americans within the TGA is significantly higher than the general population, at 30.4%. High poverty rates may be attributed to challenges of lower educational levels, unemployment and low wage service jobs. Nineteen percent of adults over the age of 25 years do not have a high school diploma.

Since 2007, Shelby County Government has been awarded funds from both Part A and Minority AIDS Initiative from the Federal Health Resources Services Administration (HRSA). The Memphis Area Ryan White planning Council is charged with planning the use of and allocation of Part A and MAI funds in order to provide medical and support service to low income, uninsured or underinsured people living with and those affected by HIV/AIDS in this community.

A. HIV/AIDS Epidemiological Profile

In 2009, the HIV infection rate in the Memphis TGA (34.9 per 100,000) remained approximately two times greater than the rate reported in Tennessee (15.3 per 100,000) and the United States (17.4 per 100,000). While new cases of HIV infection are diagnosed each year and life-prolonging medications have become increasingly available, the prevalence rate continues to rise. The Memphis Metropolitan Area consistently reports the highest number of persons living with HIV/AIDS (PLWHA) in Tennessee.

All epidemiological data presented in this section were obtained from the Shelby County Health Department, the Mississippi Department of Health and the Arkansas Department of Health and combined to create the figures. As detailed in Figure 1-2, 7,481 individuals are estimated to be currently living with HIV disease at the end of 2010. Every county within the Memphis TGA reports new and existing HIV/AIDS cases, but the urban hub of Memphis in Shelby County represents the majority of the disease burden. In 2010, 89% (6,639) of the total persons living with HIV/AIDS (PLWHA) resided in Shelby County, and 94% (6,248) of these people lived in Memphis.

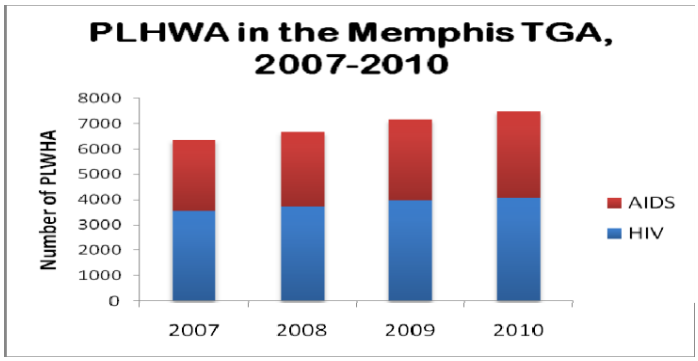
Figure 1-2.

Number and Percent of PLWHA by County, Memphis TGA (as of December 31, 2010)

As shown in Table 1-1, the number of Persons Living with HIV/AIDS (PLWHA) in the

Memphis TGA has risen steadily over the past 3 years. Recent surveillance data estimates a 6% increase in the total persons living with HIV disease between 2009 and 2010.

Table 1-1. PLWHA in the Memphis TGA, 2007-2010



HIV/AIDS Cases

People Living with HIV (not AIDS): **As of December 31, 2010, 4,063 people were living with HIV (not AIDS).** Men represent 65.8% of people living with HIV (not AIDS), and Blacks account for the largest racial group (82.3%), followed by Whites (15.4%) and Hispanics (1.5%). The majority of persons living with HIV infection are evenly distributed between ages 25-54 years of age; individuals aged 35-44 years account for the largest percentage of living HIV cases (28.0%), followed by persons aged 25-34 years (25.9%), and persons aged 45-54 (23.9%). Male-to-male sexual contact is the most frequently reported risk transmission category (35.9%), followed by heterosexual contact (29.5%) and injection drug (3.1%). A large percentage (28.4%) of people living with HIV disease had no identified or reported risk at the time of diagnosis.

Living AIDS Cases: **As of December 31, 2010, 3,418 people were living with an AIDS diagnosis in the Memphis TGA.** The number of persons living with an AIDS diagnosis has increased by approximately 7% since 2009; this represents a critical need for intensive, more costly health services. Men represent 71.1% of people living with AIDS, and Blacks account for the largest racial group (80.8%), followed by Whites (16.2%) and Hispanics (1.9%). Persons aged 45+ represent almost half (49.0%) of all living AIDS cases, followed by persons aged 35-44 (33.1%) and persons aged 25-34 (15.8%). Similar to living HIV cases, male-to-male sexual contact is the most frequently reported transmission category (44.5%), followed by heterosexual contact (30.4%) and injection drug use (5.4%). Almost 17% of people living with AIDS in the Memphis TGA had no identified or reported risk at the time of diagnosis.

New AIDS Cases: While the AIDS incidence in the United States has shown an overall decline since 1993, reported AIDS incidence in the Memphis TGA has not followed the same trend. In 2008, 159 cases were reported, followed by a peak of 204 cases in 2009 and a slight decline to 197 cases in 2010. In 2010, more than two-thirds (69.5%) of these new AIDS cases were male. Blacks overwhelmingly represent the majority of new AIDS cases (84.2%), followed by Whites (10.6%) and Hispanics (1.0%). Over 75% of new AIDS cases are diagnosed among persons between the ages of 15-44 years; approximately 15% of cases are diagnosed between 15-24 years, 27% between 25-34 years, and 33% between 35-44 years. Heterosexual contact represents

36% of new AIDS cases, followed by male to-male sexual contact (29%). Between 2008 and 2010, five new AIDS cases were acquired from injection drug use. Notably, almost 33% of new AIDS cases have no reported or identified risk exposure.

Table 1-2 provides the most recent HIV and AIDS data from the Memphis TGA as it submitted in the Part A federal grant application submitted in 2011. This information is based on surveillance data.

Table 1-2. Epidemiology of the Memphis TGA as of December 31, 2010

Demographic Group/Exposure Category	AIDS Prevalence As of 12/31/10		HIV (not AIDS) Prevalence As of 12/31/10		HIV Disease Prevalence As of 12/31/10	
	AIDS prevalence is defined as the number of people currently living with AIDS as of the date specified.		HIV prevalence is defined as the estimated number of persons living with HIV (not AIDS) as of the date specified.		HIV prevalence is defined as the estimated number of persons living with HIV or AIDS as of the date specified.	
	Number	% of Total	Number	% of Total	Number	% of Total
TOTAL	3418	100%	4063	100%	7481	100%
Gender						
Male	2429	71.1	2668	65.8	5097	68.1
Female	989	28.9	1395	34.2	2384	31.9
Race/Ethnicity						
Black, not Hispanic	2765	80.8	3345	82.3	6110	81.7
White, not Hispanic	555	16.2	628	15.4	1183	15.8
Hispanic	66	1.9	59	1.5	125	1.7
Other Race, not Hispanic	32	0.9	24	0.6	56	0.7
Not Specified	0	0	7	0.2	7	0.1
Current Age (as of 12/31/10)						
0 to 14 years	5	0.1	45	1.1	50	0.7
15 to 24 years	65	1.9	400	9.8	465	6.2
25 to 34 years	541	15.8	1049	25.9	1590	21.3
35 to 44 years	1130	33.1	1134	28.0	2264	30.3
45 to 54 years	1120	32.8	968	23.9	2088	27.9
55 to 64 years	446	13.0	369	9.1	815	10.9
65+ years	109	3.1	87	2.1	197	2.6
Not Specified	2	0.1	11	0.3	12	0.1
Risk Exposure Category						
MSM (Men who have Sex with Men)	1520	44.5	1454	35.9	2974	39.8
Heterosexual	1038	30.4	1197	29.5	2235	29.9
IDU (Injection Drug Users)	184	5.4	125	3.1	309	4.1
MSM & IDU	82	2.4	61	1.5	143	1.9
Mother with/at risk for HIV infection	10	0.3	61	1.5	71	0.9
Other/Hemophilia/Blood Transfusion	11	0.3	13	0.3	23	0.3
Risk Not Reported or Identified	573	16.8	1152	28.4	1768	23.6

*Case counts of less than 5 are not reported due to state confidentiality requirements. Source: Electronic HIV/AIDS Reporting System (EHARS).

(1) Shelby County Health Department, Epidemiology Section. 814 Jef ferson Ave. Memphis TN, 38104.

(2) Mississippi Department of Health, STD/HIV Of fice. P.O. Box 1700 Jackson, MS 39215.

(3) Arkansas Department of Health, HIV/AIDS Registry Section. 4815 W. Markham, Little Rock AR 77205. The HIV/AIDS Registry Section is fully funded by a Cooperative Agreement wi th the Centers for Disease Control and Prevention (CDC).

Disproportionate Impact on Emerging Population

The disproportionate impact of HIV/AIDS on certain populations is discussed below. The epidemic continues to disproportionately impact several populations within the Memphis TGA including the following:

- Black, Non Hispanic
- African Americans Men who have Sex with Men
- Youth Aged 15-24
- Hispanics
- Incarcerated PLWHA
- Homeless

Blacks, Non-Hispanic: Although non-Hispanic Blacks represent only 44.5% of the overall TGA population, they account for 81.7% (6,110) of the total PLWHA population in the Memphis TGA. The HIV disease incidence rate for non-Hispanic Blacks (55.6 per 100,000 population) is almost ten times that reported among non-Hispanic Whites (5.9 per 100,000 population) in 2010. This disparity is less pronounced in the four Mississippi counties, where 61.7% of the reported 455 PLWHA and 47.7% of new HIV disease cases reported in 2010 were non-Hispanic Blacks. Deaths due to HIV disease also demonstrate disparities among racial groups; the mortality rate among non-Hispanic Black individuals (24.5 deaths per 100,000 population) was over ten times greater than the rate among White individuals (2.3 deaths per 100,000 population) in 2009.

MSM: Male-to-male sexual contact was the most commonly reported transmission category (40%) among PLWHA in the Memphis TGA as of December 31, 2010. Non-Hispanic Blacks represented almost 90% of all newly diagnosed HIV infections among MSM in Shelby County during 2010. Although heterosexual contact represented a slightly higher percentage of new AIDS cases than MSM contact between 2008 and 2010, it is important to note that the percentage of newly diagnosed cases with no identified or reported risk was almost 30% during this same period. The high percentage of cases for which no transmission category was identified may be due in part to under-reporting of male-to-male sexual activity due to stigma. Men who have sex with men also report higher risk for co-morbid infections; in Shelby County, HIV positive MSM are at 2.2 times increased risk for contracting co-morbid Syphilis than HIV positive heterosexual men.

Youth aged 15-24: In 2010, youth between the ages of 15-24 years represent 25% of all new HIV disease infections in the Memphis TGA. While the incidence rate among youth in Shelby County has decreased over the past three years, persons aged 20-24 years represent the highest incidence rate compared to all other age groups (102.1 per 100,000); this rate is nearly three times the overall incidence rate in the Memphis TGA. Almost 30% of all persons diagnosed with HIV in the Shelby County jail were between the ages of 20 and 24. Results from the Youth Risk Behavioral Survey (YRBS) conducted in Memphis City Schools reported that almost 30% of all high school respondents did not use a condom during last sexual intercourse, while approximately 15% drank alcohol or used drugs before last sexual intercourse. Over 20% of respondents reported they had never been taught about HIV/AIDS in school.

Hispanics: Hispanics accounted for 1.7% (125) of all PLWHA in 2010 and 3% of all new AIDS

cases in 2008-2010. While this is a relatively small number, the rate of new HIV disease cases among Hispanics in Shelby County has been approximately three times higher than the rate among Whites over the past three years. In addition, the reported number of Hispanics living with HIV/AIDS in the Memphis TGA has increased by approximately 35% between 2007 and 2010.

Incarcerated PLWHA: With a CDC Expanded Testing Initiative in Shelby County Jails, rapid HIV testing is offered to all inmates at the time of intake. During 2008 to 2010, the testing initiative has diagnosed approximately 10% of all new HIV infections in Shelby County each year. Of the 43 newly diagnosed cases identified in 2010, 28 (65%) were Black, not Hispanic males. In addition, 15% of all persons who were newly diagnosed with HIV infection in 2010 and reached by the Shelby County Health Department Disease Investigation Staff (DIS) reported they had been incarcerated in the past 12 months.

Homeless: The Memphis Partners for the Homeless 2010-2011 Homeless Needs Assessment, estimates 8% (605) of homeless adults in Memphis are HIV positive. The 2010 Ryan White Data Report (RDR) reports of Ryan White social service providers indicate that over 9% of consumers lacked permanent housing. Forty-three percent of respondents to the 2009 Needs Assessment indicated they needed emergency housing services, while 30% of these consumers say they never received the service despite their need for it. In addition, 34% of the consumers responding to the 2009 Needs Assessment indicated homelessness as a barrier to care. Homelessness may disproportionately affect youth in the Memphis TGA; a study conducted by the University of Memphis in 2003 revealed that 16% of homeless youth aged 14-23 years tested positive for HIV.

Impact of Co-Morbidities on HIV/AIDS Epidemic

While both the percentage of persons at or below 300% federal poverty level and estimates of uninsured among PLWHA have risen between 2009 and 2010, PLWHA are also increasingly likely to suffer medical and social co-morbidities, as outlined in Table 1-3. One local HIV provider estimated that the annual cost of treating HIV over the course of one year with few complications was $18,202. This amount includes vaccines, laboratory costs and doctor fees totaling $1,793, and HAART medications (Truvada® and Sustiva®) totaling $16,409.

Table 1-3. Co-morbidity and co-factors reported among persons living with HIV disease and the general population, Memphis TGA, 2010

Co-Morbidity	PLWHA		General Population	
	N	Rate* (per 100,000)	N	Rate* (per 100,000)
Tuberculosis	11	145.4	48	5.2
Syphilis	113	1494.1	700	75.5
Gonorrhea	71	938.8	3,480	375.1
Chlamydia	64	846.2	9,981	1,075.9
Acute and Chronic Hepatitis ABC (confirmed)	33	436.3	708	76.3
Co-Factor	**PLWHA**		**General Population**	
	N	%	N	%
Homelessness	605	8%	6,217	.68%
Estimates of Uninsured	1,611	42%	260,000	21%
At or Below 300% Federal Poverty Level	7,260	96%	677,676	53%

*Rates for the general population are calculated using 2010 Census data; rates and percentages for PLWHA co-mororbidity and co-factors are calculated using the total PLWHA Memphis TGA population.

(1) National Electronic Disease Surveillance System (NEDSS): Shelby County Health Department, 2010.
(2)Electronic HIV/AIDS Registry (HARS): Shelby County Health Department, 2010.

STI Rates: According to the Centers for Disease Control and Prevention (CDC), the Memphis TGA ranked first in the country among the 50 largest Metropolitan Statistical Areas (MSAs) in 2009 for incidence of Chlamydia and Gonorrhea, while the and primary and secondary syphilis rate ranked second highest. Sexually transmitted infections (STIs) are known to increase the risk of both transmitting and acquiring HIV, while STIs also disproportionately affect populations who lack access to medical care. The combined impacts of these extraordinarily high rates of STIs add a cost burden and increase the risk of HIV infection within the Memphis TGA. Sexually active adolescents 15 to 19 years of age and young adults 20 to 24 years of age are at a higher risk for acquiring STIs from a combination of behavioral, biological and cultural reasons. High rates of STIs in the Memphis TGA are driven by the increasing rates of these infections among adolescents and young adults.

Syphilis: Syphilis remains a significant problem in the South and in urban areas of the United States. Increases in cases among MSM have occurred and have been characterized by high rates of HIV co- infection and high-risk sexual behaviors nationally. In 2009, the reported primary and secondary (P&S) syphilis rate in the Memphis TGA (14.7 cases per 100,000 population) was over two times the national MSA rate (6.2 cases per 100,000 population). While the P&S syphilis rate has decreased over the past year in Shelby County,

the rate of early latent infection has increased; this indicates that individuals are not being identified and treated as early as possible. Eighty percent of new P&S cases in Shelby County are male, and over half of these male cases identified anal sex as a risk behavior in 2010. In addition, non-Hispanic Blacks report a P&S syphilis rate almost twenty times that of non-Hispanic Whites.

There were 113 co-morbid cases of HIV/syphilis reported in the TGA during 2010, with 700 total cases of syphilis were reported in the general population. The rate among PLWHA (1,494.1 per 100,000) was over twenty times the rate reported in the general population (75.5 per 100,000). Primary and secondary syphilis may be easily treatable with antibiotics; however, treatment for HIV/syphilis co- infection may be more difficult and costly. Patients with HIV may have atypical antibody response to treatment, resulting in the need for repeated testing and follow-up. According to a study sponsored by the CDC, each new syphilis-related HIV infection produces $207,000 in lifetime medical costs. Annual syphilis screening as part of an outpatient primary care visit through a Ryan White provider in the Memphis TGA costs approximately $197.

Chlamydia: In 2009, the reported Chlamydia rate in the Memphis TGA (1,039.7 per 100,000) was over twice the national MSA rate (442.6 per 100,000). Of the 9,981 Chlamydia cases reported in Shelby County in 2010, 73% (7,367) were reported in youth aged 15-24, while the rate reported in adolescents aged 15-19 was five times the total population rate. In 2010, 64 co-morbid cases of HIV/Chlamydia were identified in the Memphis TGA. While the reported Chlamydia rate in the general TGA population is higher than the rate identified in the PLWHA population, this is likely due to gender differences between the two groups.

Approximately 76% of all Chlamydia cases are diagnosed among women, while the majority of the PLWHA population (68%) and newly diagnosed HIV infections (75%) are male.

According to the 2010 CDC Sexually Transmitted Disease Treatment Guidelines, sexually active PLWHA should be screened annually for Chlamydia and gonorrhea, as infection is often asymptomatic and unlikely to be recognized unless testing occurs. Annual Chlamydia screening as part of an outpatient primary care visit through a Ryan White provider in the Memphis TGA costs approximately $215.

Gonorrhea: In 2009, the reported Gonorrhea rate in the Memphis TGA (352.8 per 100,000) was over three times the national MSA rate (110.4 per 100,000). Of the 3,480 Gonorrhea cases reported in Shelby County in 2010, almost 70% were reported in youth aged 15-24 years, while the rate reported in adolescents aged 20-24 years was 4 times the total population rate. In 2010, 71 co- morbid cases of HIV/Gonorrhea were identified in the Memphis TGA. The Gonorrhea rate identified among the PLWHA population (938.8 per 100,000) is over twice the rate reported among the total TGA population (375.1 per 100,000).

Annual gonorrhea screening as part of an outpatient primary care visit through a Ryan White provider in the Memphis TGA costs approximately $215. Uncomplicated gonorrhea is easily treated; however in 2010, CDC revised the recommended treatment regimens for gonorrhea as a result of increasing rates of antibiotic resistance. The antibiotics now used to treat gonorrhea- ceftriaxone, cefixime, and spectinomyicn, are all more expensive than the fluoroquinalones that were previously used, and two of the medications must be administered though injection.

Hepatitis A B, or C Infection: The CDC reports that one-quarter of HIV-infected persons are also infected with Hepatitis C (HCV) and an estimated 50 to 90 percent of persons infected with HIV through injection drug use (IDU) are also infected with HCV. HCV co-infection increases the risk of severe side effects from HIV medications, and co-infection can accelerate the rate at which HCV-related liver disease progresses. In people who have HIV and HCV, costs per patient per year for those under treatment range from $12,000 to $25,000, unless liver transplantation is required, which can cost in excess of $250,000. HIV-infected persons who are seronegative for Hepatitis A and/or Hepatitis B can receive vaccinations to try to prevent acquiring these infections. However, Hepatitis B vaccination is often not completed because it is a 3-injection regimen spaced over several weeks. Furthermore, HIV- infected persons may not respond as well to vaccinations, and may not develop immunity. These patients may need additional vaccinations and monitoring in order to prevent or assess for hepatitis infection.

In Tennessee, labs indicative of Hepatitis A, B, C are reportable to the health department for further classification into acute or chronic disease; however, due to prolonged and intensive case investigation procedures, many cases are not identified in the acute phase. To date, 35 acute Hepatitis A and B cases have been confirmed in Shelby County during 2010, while no acute Hepatitis C cases have been confirmed; less than five of these cases were identified as HIV positive. To more accurately identify the burden of Hepatitis in the general and PLWHA population, all confirmed chronic and acute cases are reported in Table 1-X. In 2010, 708 acute and chronic Hepatitis A,B and C cases were confirmed in the general Shelby County population, while 33 of these cases were identified with co-morbid HIV infection. The rate of confirmed acute and chronic Hepatitis A, B or C infection in the PLWHA population (436.3 per 100,000) is almost six times the rate identified in the general population (76.3 per 100,000).

According to the 2010 RDR, only 2.9% (68) of consumers receiving services from Ryan White medical providers reported themselves as IDU. In addition, TGA epidemiological data indicate approximately 6% (457) PLWHA report IDU as their transmission category; however, less than five cases of newly diagnosed HIV disease in 2010 were due to IDU in the Memphis TGA.

Renal Disease: According to the Regional Medical Center's Adult Special Care Clinic (ASCC), which provides HIV medical care to more than 1,800 PLWHA on an annual basis, renal disease is the largest co- morbidity among its patients. ASCC administrators report that 40 to 50 percent of new patients have proteinuria, a condition in which urine contains an abnormal amount of protein which may be an early sign of renal failure.

Tuberculosis (TB): While the tuberculosis infection rate in Shelby County has decreased over the past three years, the percentage of cases co-infected with HIV has remained relatively stable. In 2010, the reported tuberculosis case rate among PLWHA (145.4 per 100,000) was over twenty times the rate reported in the general population in the Memphis TGA (5.2 per 100,000). Eleven of the 48 cases reported in the TGA in 2010 were co-morbid HIV/TB infections. Over a lifetime, only 10 percent of people with latent TB infection who have normal immune systems will progress to develop active disease. For persons with HIV,

however, that risk is closer to 10 percent of identified cases per year; thus, TB screening for PLWHA is particularly important. The treatment cost for uncomplicated disease can be as low as $2,000 per case. However, treatment of multi-drug resistant TB can easily exceed $250,000.

Prevalence of Homeless

Stable housing is essential for successful treatment of HIV/AIDS. The high prevalence of homelessness and persons experiencing unstable housing conditions significantly increases the cost and complexity of HIV care in the TGA. In 2009, 6,217 people received services from homeless service providers in Memphis and Shelby County; this accounts for approximately 0.7% of the total Memphis TGA population. According to the Memphis Partners for the Homeless 2010-2011 Homeless Needs Assessment, approximately 8% (605) of homeless adults are HIV-infected. Additionally, the 2010 RDRs identify that 9% of clients lack permanent housing.

The out-of-care consumer survey conducted in 2009 by Ryan White funded Early Intervention Service (EIS) providers found that approximately 60% of respondents were living with friends or family, while 5.4% lived in a shelter. These figures are somewhat lower than those who identified housing as a need in the 2009 Needs Assessment; 30% of in-care consumers reported they needed but did not receive housing services, 59% of consumers with interrupted care reported they needed but did not receive housing services, and 35% of out of care consumers reported they needed but did not receive housing services.

The Uninsured

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going health survey system, tracking health conditions and risk behaviors across metropolitan statistical areas and all 50 states. In addition to tracking health conditions and risk behaviors, the BRFSS assesses health care access and coverage among adults aged 18-64 years. Table 1-4 outlines the percentage of adults with no coverage in the Memphis TGA in comparison to Tennessee, Arkansas and Mississippi. 2010 RDRs indicate that lack of health insurance remains a problem for the Memphis TGA with 1,611 PLWHA (42%) receiving medical care reporting no insurance coverage, this is significantly higher than the 20.6% of adults identified in the Memphis TGA BRFSS survey with no health care coverage.

Table 1-4. Adults without Healthcare Coverage

Area	Percentage of adults aged 18-64 with no health care
Memphis MSA	**20.6%**
Tennessee	19.7%
Mississippi	25.8%
Arkansas	26.2%

TennCare, Tennessee's Medicaid program, dropped coverage for 170,000 persons as a result of state budget cuts in 2005; more recent budget cuts occurred in fiscal year 2010-11. These reductions have affected Tennessee residents and PLWHA seeking medical and supportive services through several of the Memphis TGA service providers. One of the

Memphis TGA's largest HIV service providers, the Adult Special Care Clinic (ASCC) at the Memphis Regional Medical Center saw the percentage of HIV patients with TennCare coverage fall from 55 percent to 34 percent in 2006. By the year 2010, the percentage of PLWHA covered by TennCare at ASCC decreased to 27%, while 48% of patients were uninsured.

East Arkansas Family Health Center (EAFHC), the only Ryan White service provider in Crittenden County, reported in the 2010 RDR that 46 percent of its consumers had Medicare or Medicaid coverage, with 47 percent being uninsured, which is significantly higher than the percentage of persons identified with no coverage in Arkansas (26.2%). According to this medical provider, it can take up to six months to determine if new clients are Medicare or Medicaid eligible, during which time clients are missing an essential element of determining their eligibility for Ryan White services.

In North Mississippi, case managers for the four-county area also report that very few HIV-infected clients qualify for state Medicaid benefits. Sacred Heart Southern Missions, a supportive service provider in North Mississippi, reported in its 2010 RDR that 43% of clients had no insurance, while 19% were on Medicaid.

Population Living Below Poverty Level

The Census Bureau's 2009 American Community Survey (ACS) reported 247,638 (19%) people living below the federal poverty level in the Memphis TGA; over half (53%) are living at or below 300 percent of the federal poverty level (FPL). Based on compiled 2010 RDR reports of HIV medical providers in the Memphis TGA, an estimated 80 percent of Ryan White clients are at or below 100 percent of the poverty level, while 96 percent of PLWHA receiving Ryan White funded services are living at or below 300 percent of federal poverty level.

Census figures show that poverty has continued increase within the Memphis TGA since 2005. Racial disparities are apparent; thirty percent of all Blacks within the Memphis TGA were estimated to be below the federal poverty level in 2009 compared to 10% of Whites. The rising poverty rates undoubtedly have a direct impact on the cost and outcomes of HIV health services. In such situations, people who cannot afford healthcare tend to defer medical treatment until their condition acutely worsens or becomes chronic, which leads to care becoming increasingly more expensive.

Impact of Service Delivery on Former Federal, State or Local Prisoners

According to the U. S. Department of Justice, Shelby County is the 10th largest local jail jurisdiction in the country based upon the average daily population of inmates held in local, state and federal correctional institutions. The Shelby County jail logged a total of 55,415 bookings in 2010. The daily average population was 2,699 inmates, of which 86% were male. With a CDC Expanded Testing Initiative in Shelby County Jails, rapid HIV testing is offered to all inmates at the time of intake. In 2010, 17,106 inmates accepted HIV testing at intake and 309 (1.8%) had a positive test. Many of these tests represent duplicate positives, as the jail system is a "revolving door" for repeat offenders; eight-seven percent

of all inmates had prior incarcerations in 2010. Of the 309 positive tests, 43 persons represented new infections.

Over the past three years, 130 newly diagnosed HIV infections have been identified in the Shelby County jail system. Incarcerated individuals have a significant impact on the HIV/AIDS service delivery system for several reasons. Inmates often give false names and incorrect contact information to law enforcement in an effort to make it difficult to find them after release. Locating and providing care to inmates when they are released from jail poses a significant challenge for the Ryan White system. Released former inmates need to be linked to care in order to ensure their future health as well as to prevent HIV transmission. Many transitioning inmates need intensive EIS and medical case management services to be successfully linked to care and remain engaged in medical care. In addition, many former inmates have a history of unemployment and underemployment, and lack of health insurance, and therefore depend on Ryan White services. Many inmates have led impoverished and transient lives, with little or no access to preventive and primary health care services, resulting in costly health, dental, substance abuse and mental health services to stabilize their condition and achieve adherence. The challenges presented in serving former inmates impact all levels of the service delivery system and increase costs for providers and the
local jurisdiction.

B. Unmet Need Estimate for 2010

In the Memphis TGA, it is estimated that 42% of all persons living with a diagnosis of HIV or AIDS are not currently receiving primary medical care, as outlined in Table 1-5. Disease status for PLWHA enrolled in Tennessee, Mississippi and Arkansas Medicaid programs is not available, so a stratified breakdown in the total percentage of persons with HIV disease (not AIDS) or AIDS who are out-of-care is only available for data collected from other sources, as discussed below. When excluding those PLWHA who receive services from Medicaid, it is estimated that 45% of persons living with AIDS and 62% of persons living with HIV disease are out-of-care.

Table 1-5. Memphis TGA 2010 Unmet Need Framework

Population Size		Value	%	Data Sources
Row A	Number of persons living with AIDS (PLWA), as of 12/31/10	3,418		1) HIV/AIDS Reporting System (EHARS): TN, MS, AR, 2010
Row B	Number of persons living with HIV, not AIDS, (PLWH) as of 12/31/10	4,063		1) HIV/AIDS Reporting System (EHARS): TN, MS, AR, 2010
Row C	Total number of HIV+ aware, as of 12/31/10	7,418		1) HIV/AIDS Reporting System (EHARS): TN, MS, AR, 2010
Care Patterns		**Value**		**Data Sources**
Row D	Number of PLWA who received the specified HIV primary medical care in 2010	1,881		1) HIV/AIDS Reporting System (EHARS): TN, MS, AR, 2010 2) Memphis TGA CAREWare, 2010 3) TN/MS AIDS Drug Assistance Program (ADAP) and Insurance Assistance Program (IAP), 2010
Row E	Number of PLWH who received the specified HIV primary medical care in 2010	1,543		1) HIV/AIDS Reporting System (EHARS): TN, MS, AR, 2010 2) Memphis TGA CAREWare, 2010 3) TN/MS AIDS Drug Assistance Program (ADAP) and Insurance Assistance Program (IAP), 2010
Row F	Total number of PLWHA enrolled in TN, MS, AR Medicaid in the TGA counties with pharmacy benefits in 2010	938		1) State of TN TennCare, 2010 2) State of AR Medicaid, 2010 3) State of MS Medicaid, 2010
Calculated Results		**Value**		**Calculation**
Row G	Number/percent of PLWA who did not receive the specified HIV primary medical care in 2010	1,537	45%	Value = A-D Percent = G/A
Row H	Number/percent of PLWH who did not receive the specified HIV primary medical care in 2010	2,520	62%	Value = B-E Percent = H/B
Row I	Number/percent of PLWHA who did not receive the specified HIV primary care in 2010	4,057	55%	Value = G+H Percent = I/C
Row J	Number/percent of PLWHA who did not receive the specified HIV primary medical care, excluding those enrolled in TN, MS, AR Medicaid with pharmacy benefits in 2010	3,119	42%	Value = I-F Percent = J/C

Process for Updating Unmet Need

Unmet Need for HIV Primary Medical Care in the Memphis TGA is defined as no evidence of any of the following four components during calendar year in 2010:

1. viral load testing; or
2. CD4 count; or
3. provision of antiretroviral therapy (ART); or
4. an out-patient medical visit at a Ryan White Service provider.

Met need for HIV Primary Medical Care is defined as evidence of any one or more of these three measures during calendar year 2010. The Epidemiology Section at the Shelby County Health Department was consulted to collect and analyze data for the unmet need framework. Four different sources of data were used to determine the level of unmet need in the Memphis TGA: EHARS (Enhanced HIV/AIDS Reporting System), CAREWare, ADAP/IAP lists (AIDS drug assistance program and Insurance Assistance Program) and state Medicaid programs.
All CD4 and viral load labs reported into EHARS (Enhanced HIV/AIDS Reporting System) are included in the framework. Tennessee state law requires laboratories to report all tests indicative of HIV infection, but this regulation does not specifically mandate reporting of CD4 and viral load labs. Most CD4 and viral load labs reported in the state of Tennessee accompany an initial diagnosis of an AIDS patient. The majority of Ryan White service providers report all CD4 and viral load labs from their patients into the CAREWare database. These labs are also included in the framework. The CAREWare system is still in the process of centralization, so to account for any potential gaps in CD4 and viral load reporting, all persons who had an outpatient or ambulatory care visit reported into CAREWare were also included in the framework. After analysis, it was found that the majority of persons with an outpatient exam (95%)
also had a CD4 or viral load lab reported in the same year.

A total list of persons receiving services from ADAP or IAP was also obtained from the Tennessee Department of Health for Shelby, Fayette and Tipton counties to be included in the framework.
Additionally, Mississippi and Arkansas state health departments reviewed ADAP/IAP lists to determine the total number of persons served in states outside of Tennessee.

Since no common, anonymous identifier exists to link these data sources, an algorithm using the clients' last name, first name and date of birth was used for linkage to the Tennessee EHARS database to determine the number of PLWHA receiving any one of the four components required for HIV primary medical care. Persons linked to the EHARS database were categorized as 'in-care' or 'out-of-care,' and demographics of those 'out-of-care' are described.

Finally, persons receiving care through state Medicaid programs are likely not included in the ADAP/IAP, CAREWare or EHARS reporting system. To account for this, the total number of PLWHA submitting pharmacy claims for antiretroviral therapy to Arkansas, Mississippi and Tennessee Medicaid programs are subtracted from the framework. Efforts were made to obtain an identifiable list of these clients to describe demographics through matching to the EHARS database, but it was not acquired due to confidentiality concerns. The Shelby County Health Department is currently working with the Tennessee Department of Health to obtain identifiable lists for future unmet need assessments.

Unmet Need in Calendar Year 2008, 2009 and 2010

Table 1-6 outlines the percent of unmet need among PLWHA for calendar years 2008, 2009 and 2010. As previously stated, disease status for PLWHA enrolled in Tennessee, Mississippi and Arkansas Medicaid programs is not available, so a stratified breakdown in the total percentage of persons with HIV disease (not AIDS) or AIDS who are out-of-care is only available for data collected from other sources. When including PLWHA who have submitted pharmacy claims for ART to state Medicaid programs, it is estimated that 42% of all persons living with a diagnosis of HIV or AIDS are not currently receiving primary medical care in the Memphis TGA; this percentage has remained stable between 41-42% over the past three years.

The data indicates that there are some differences in the level of unmet need between those living with HIV (not AIDS) and those living with AIDS. When excluding those PLWHA who received pharmacy services from Medicaid, it is estimated that 45% of persons living with AIDS and 62% of persons living with HIV disease are out-of-care. The percentage of unmet need among PLWA decreased from 56% in 2008 to 39% in 2009, which has subsequently been followed by an increase to 45% in 2010. In last year's unmet need assessment, it was hypothesized that the majority of this decrease between 2008 and 2009 was due to utilizing a new data source, which included persons receiving ADAP and IAP services. While this data source is also included in the 2010 unmet need framework, epidemiologic data reports recent increases in AIDS incidence. In addition, the percentage of PLWA has increased by 7% between 2009 and 2010, while the percentage of PLWH has only increased by approximately 2% during the same time period. These increases, along with the increase in unmet need among PLWA, indicate challenges with early identification of individuals unaware of their status and retention in primary care. The percent of unmet need among PLWH (not AIDS) increased from 52% in 2008 to 62% in 2009, and has remained relatively stable at 65% in 2010.

Table 1-6. Unmet Need in the Memphis TGA, 2008-2010

	2008	2009	2010
PLWHA*	42%	41%	42%
PLWH	52%	62%	62%
PLWA	56%	39%	45%

*Percentage of Unmet Need among PLWHA includes those enrolled in MS, AR, TN Medicaid programs with pharmacy benefits in 2010.

In 2008, review of the Unmet Need Framework led to the allocation of funding to Early Intervention Services (EIS) for the first time in the TGA, when it was determined that many individuals were not getting linked to care. EIS remains the number four (4) service priority, with both Part A and MAI funding allocated for FY 2012.

The consistently high estimated unmet need rate within the Memphis TGA also was the impetus behind the development of the targeted Public Awareness Campaign first initiated through Minority AIDS Initiative funding in the summer of 2010. The Planning Council developed targeted outreach materials that have saturated areas in the TGA that are most disproportionately affected by HIV/AIDS. The associated HIV Hotline offers individuals

information about available services and provides eligible individuals with a direct linkage into enrollment for Ryan White services.

How Unmet Need Trends are Reflected in Planning and Decision Making

The Unmet Need Framework is used by the Planning Council to prioritize and allocate funding for services. This data is presented to the Planning Council during the Priority Setting and Resource Allocation process. In addition, the Grantee provides monthly updates to the Planning Council with service utilization and client survey data. The Grantee and the Planning Council consider all the available data from these reports in prioritizing and allocating funding for services, and in developing the system of care.

Demographics and Location of PLWHA Not In Care: To determine the demographics and location of people who know their HIV/AIDS status and are not in care, PLWHA were divided into two categories: met and unmet need. Demographics such as race, age and sex were analyzed among persons in the unmet need category, as well as current residence. Eighty percent of the total persons not receiving primary medical care are non-Hispanic Blacks, followed by 17% of White, not Hispanic persons and 2% of Hispanic persons. The majority (68%) of persons identified out-of-care are male, but this is significantly lower than the percentage identified in 2009 (84%). Persons aged 35-44 account for 30% of persons not receiving primary medical care, while persons aged 45-54 represent an additional 30%. The reported transmission risk categories for those not in-care were male- to-male sexual activity (40%), heterosexual activity (29%), injection drug use (5%) and male-to-male sexual activity and injection drug use (2%).

Table 1-7 below shows the number and percent of PLWHA not in care by county (excluding those with TennCare pharmacy benefits). Shelby County accounts for the highest number and percentage of PLWHA who are not receiving primary medical care (90%), followed by Crittenden County (3%) and DeSoto County (3%). The current residence of PLWHA not receiving primary medical care in Shelby County was identified by zip code mapping. The majority of PLWHA not receiving primary medical care are within Memphis city limits, particularly in South Memphis neighborhoods.

Table 1-7. Number and Percent of PLWHA Not Receiving Primary Medical Care in the Memphis TGA by County, 2010

County	PLWHA Out-of-Care	% Unmet Need
Shelby	3,645	89.9%
DeSoto	139	3.4%
Crittenden	125	3.1%
Tipton	50	1.2%
Marshall	45	1.1%
Fayette	25	0.6%
Tunica	21	0.5%
Tate	7	0.2%
Total	**4,057**	**100%**

Trends associated with the past 5 years of unmet need data: Unmet need assessments in the Memphis TGA began in calendar year 2007, which was included in the first Memphis TGA FY2009 grant; thus, only four years of unmet data trends are available. Over the past four years as shown in Table 1-8, unmet need has fluctuated between 41% and 46%. The largest increase was observed between 2007 and 2008, when the unmet need estimate dropped from 46% to 42%. The percentage of unmet need during the past three years has remained stable between 41 and 42%.

Table 1-8. Unmet Need in the Memphis TGA, 2007-2010

	2007	2008	2009	2010
PLWHA*	46%	42%	41%	42%

**Percentage of Unmet Need among PLWHA includes those enrolled in MS, AR, TN Medicaid programs with pharmacy benefits in 2010.*

While efforts have been made to increase linkage and outreach services, the AIDS incidence rate began increasing in 2009 after four years of consistent decline. Additionally, this increase has taken place during declines in reported HIV incidence. While reductions in HIV disease incidence may be testament to successful prevention measures, the increasing AIDS incidence rate indicates that new cases are not being identified as early as possible.
Analysis of demographics and location of PLWHA not receiving primary medical began last year; results from CY2010 are similar to results reported from the unmet need analysis for CY2009, with the exception of gender. Sixteen percent of persons identified to be out-of-care in CY2009 were female, but this has increased to 32% in CY 2010.

Assessment of Service Needs, Gaps and Barriers for PLWHA Not In Care: Both the Memphis TGA Planning Council and Grantee's Office use unmet need trends to identify additional data and information related to barriers to care that are needed to further assess the reasons that PLWHA are not in care. The information obtained from the 2010 Transportation Needs Assessment, the 2011 Housing Needs Assessment and out-of-care client surveys has been used to make adjustments to resource allocations and program activities during the current grant year and for planning for FY 2012 services.

The 2010 Transportation Needs Assessment reviewed the accessibility, reliability, cost and quality of transportation services in the TGA, and developed recommendations for the Grantee, Ryan White service providers, transportation providers and local governments to address the identified deficiencies. The report concluded that public transportation services are available only in the Memphis metropolitan area, and that these services are often difficult to access even when available; bus routes are limited, infrequent and often require transfers. The public transportation system does have some services available for medically fragile clients, but these require advance reservation and only operate within ¾ mile of established bus routes. For clients who have a car or access to a car, the costs associated with fuel and parking fees were identified as a barrier to accessing care. The report also concludes that clients receiving Medicaid/Medicare indicated that the transportation services available through these state programs require 2-5 day advance scheduling, are often not reliable and require additional travel time when there are additional stops for other clients, resulting in missed appointments. Consumers of these services also report concerns that these transportation providers may not

appear to have received adequate training about client confidentiality. Recommendations from the report were used to revise the TGA Standards of Care for transportation services to expand the availability and improve the accessibility of services offered by Ryan White providers.

According to the National AIDS Housing Coalition, housing status is one of the strongest predictors for health outcomes among PLHWA. The 2009 Memphis TGA Needs Assessment identified almost 60% of clients with interrupted care reported needing but not receiving emergency housing services. In response to these findings, the Planning Council coordinated a needs assessment in 2011 to identify barriers affecting clients' ability to access or maintain housing. Respondents most commonly cited low to no income and bad credit as the most common barrier to accessing or maintaining stable housing. Many clients cited housing waitlists as a barrier to accessing housing services. In addition, almost 40% of respondents who had access to a case manager or social worker had not been updated on housing options in the past 12 months. The needs assessment report recommended utilizing Ryan White housing funding to support transitional services for PLWHA, while working with other housing programs to assist clients in obtaining assistance with permanent housing. In addition, recommendations were made to ensure that all Ryan White service providers are informed about available housing services, eligibility criteria and application processes to develop more linkages with other housing programs.

In 2009, the Planning Council and Grantee identified a need to collect information from out-of-care PLWHA on an ongoing basis; the Grantee has developed and implemented a survey for use by EIS programs working with out of care clients. Data from the ongoing EIS surveys conducted with out of care PLWHA are consistent with data from the 2009 Needs Assessment, the 2010 Transportation Study and the 2011 Housing Needs Assessment regarding identified service needs, gaps and barriers for out of care PLWHA. Analysis of the 74 completed surveys administered between October 2009 to August 2010 indicate that 20% of respondents identified transportation as a barrier to accessing care, 20% of respondents did not access care because they didn't feel sick, 15% identified the need for housing, and 23% did not seek care because of stigma. Of the 74 survey respondents, 25 (34%) indicated recent incarceration as a reason for being out of care. Out of care EIS clients identified the following as the services needed to get into care: peer support/mentoring (64%), transportation to core and support services (35%), assistance with referral and linkage to a primary medical care provider (32%) and housing assistance (24%).

C. Early Identification of Individuals with HIV/AIDS (EIIHA)

The strategy of the Memphis TGA to identify individuals with HIV who are unaware of their status reflects the findings of local needs assessments and the National HIV/AIDS strategy which recognizes that there are too many people living with HIV who are not aware of their status, that current publicly-funded HIV testing is insufficient to meet the need for testing, and that public perception that HIV is no longer a problem has resulted in a decreased sense of urgency about HIV. The strategy developed by the Memphis TGA incorporates many of the recommendations of the National HIV/AIDS strategy to better coordinate prevention/care programs and services, to educate and inform people about the threat of HIV, and to reduce stigma and discrimination against people living with HIV. The Memphis TGA Early Identification of Individuals with

HIV/AIDS (EIIHA) strategy will be to use current HIV/AIDS incidence and prevalence data, and available state and local HIV testing data to determine which geographic areas and target populations of the TGA are in need of HIV testing and linkage to medical care services, and to increase awareness about the need for, and the availability of HIV testing.

Identifying Individuals Unaware of Their HIV Status: The Memphis TGA EIIHA Matrix is provided in Table 1-9.

Table 1-9. Memphis TGA Ryan White Part A/ MAI EIIHA Matrix

<table>
<tr><td colspan="10">P1. All Individuals in Memphis TGA who are Unaware of their HIV Status (HIV positive and HIV negative, Tested and Untested, Publicly-Funded and Private Testing)</td></tr>
<tr><td colspan="3">P2. Tested in the Past 12 Months:</td><td colspan="7">P3. Not Tested in the Past 12 Months:</td></tr>
<tr><td colspan="2">P4. Individuals Not Counseled About Results (HIV Positive & Negative)</td><td>T3. Received Preliminary Positive Test Only- No Confirmatory Test</td><td colspan="4">P5. High Risk Individuals</td><td colspan="2">P8. Moderate and Low Risk Individuals</td></tr>
<tr><td>T1. Tested Confidentially</td><td>T2. Tested Anonymously</td><td></td><td>P6. MSM</td><td colspan="3">P7. Heterosexual</td><td>T10. Not Tested in Past 24 Months</td><td>T11. Not Tested in Past 48 Months</td></tr>
<tr><td></td><td></td><td></td><td>T4. Black MSM</td><td>T5. Youth MSM</td><td>T6. Incarcerated</td><td>T7. Black Men</td><td>T8. Black Women Childbearing Age</td><td>T9. Hispanic Men</td><td></td><td></td></tr>
</table>

Barriers to Awareness of HIV Status

Priority Needs of Target Groups: Target groups 1-3 (HIV positive who have Tested Confidentially, Tested Anonymously and Preliminary Positive Test Only) do not have any identified barriers to awareness of their HIV status based on partner notification data from the three State health departments in the TGA, which indicates that 99.2% of newly diagnosed HIV positive individuals were notified of their test result. The TGA does not have anonymous testing, and all individuals with a preliminary positive test received confirmatory testing. The high risk target groups 4-9 (African American MSM, Youth MSM, Incarcerated, African American Men, African American Women of Childbearing Age, and Hispanic Men) each face significant barriers to awareness of their HIV status. Along with the already acknowledged barriers of poverty and lack of access to regular health care, recent research published in the Journal of Clinic Infectious Diseases indicates that emotional barriers to testing and care may in fact be more important than structural barriers. Concerns about others finding out one's status and stigma remain a significant issue, particularly in the more rural areas of the TGA.

Addressing these emotional barriers in addition to ensuring that testing is accessible will be essential to meeting the priority needs of these target groups. Target groups 10-11 (moderate to low risk individuals who have not tested in the past 24 or 48 months) are individuals who may not perceive a need for testing. Increasing awareness about the importance of early detection and treatment and encouraging routine annual testing will be important in addressing the priority needs of these groups.

Cultural Challenges of Target Groups: Stigma and fear of disclosure continue to be identified as barriers to testing and care in the Mid-South for all persons at risk of HIV. In addition, there are other significant cultural challenges faced by the identified target groups. In 2009, the Tennessee State Department of Health HIV Prevention Program conducted 18 focus groups in the Memphis/Shelby County area with a total of 110 MSM, 106 of whom were Black, 1 was White, 1 was Native American and 2 were more than 1 race. Participants in all of the focus groups indicated that they felt HIV testing was important, but many expressed concern about their confidentiality when receiving services at the health department. Many participants indicated that they would prefer to test somewhere other than the health department, but were not aware of other locations where testing was available.
For other target groups, including Youth MSM, African American Men, African American Women of Childbearing Age, and Hispanic Men, lack of awareness and/or concern about their own risk for HIV may be barriers to testing. For Hispanic men, language barriers and concern about immigration status are additional cultural challenges that may prevent them from accessing testing services.

Activities to Address Barriers

Activities to Address Priority Needs of Target Groups: Activities to address the priority needs of the target groups will include ensuring that individuals at risk for HIV are aware of the importance of early detection and treatment through continued efforts of Early Intervention and Outreach services. We will continue outreach activities started in the FY 2011 with the faith community to address concerns about stigma. In addition, we will work to ensure that testing services are available and accessible by updating the testing resource directory, identifying geographic locations where testing is limited, and working to establish collaborative efforts with prevention programs to develop testing in these areas.

Activities to Address Cultural Challenges of Target Groups: Activities to address the cultural challenges of target groups will include identifying and collaborating with agencies that have developed trust and effective working relationships with the different target populations. We will work with the State health departments to develop prevention and EIS-funded test and treat activities with these agencies when possible and to facilitate linkages with other testing programs when it is not feasible. We will continue targeted multi-media and faith-based outreach efforts and develop specific messages about the importance of early detection and treatment for HIV for each of the target populations.

Actions to Facilitate HIV Testing in the TGA

Coordination with Other Organizations to Facilitate Testing: The Memphis TGA will continue to work with agencies and health departments that conduct HIV testing to ensure the availability and accessibility of testing services and to link individuals who test positive to medical care. If it is identified that current testing services do not meet the needs of high risk target populations, the program will work with those agencies and funding sources to either modify or expand those services. The HIV Care Hotline and the hivmemphis.org website will continue to serve as resources for individuals seeking information about available testing services.

Role of EIS in Facilitating HIV Testing: Existing CDC funding supports HIV testing in local health departments in all eight counties of the TGA and in a few community based organizations in Memphis. Through the CDC Expanded HIV Testing Initiative, routine opt-out testing is also conducted in Shelby County at the main jail and women's detention center and in two large hospital emergency departments. Early Intervention Services will be utilized to support HIV testing activities in non-traditional venues for high risk target populations and in high prevalence areas where testing services are not available or easily accessible.

Identifying, Informing, Referring, and Linking

Identifying HIV Positive Individuals Unaware of their HIV Status: Incidence and prevalence data has been used to identify which individuals are at high risk of HIV infection. These target groups, as described in the EIIHA matrix and in the preceding paragraphs, include African American and Youth MSM persons, incarcerated in the Shelby County correctional system, African American Men, African American Women of Childbearing Age and Hispanic Men. Contracts will be developed for EIS and Outreach services with agencies that have demonstrated the ability to effectively reach these target populations.

Informing Individuals of Their HIV Status: As described above, the existing systems for notifying individuals of their HIV status are effective with 99.2% of all persons with a new positive test notified of the result in 2010 and we do not anticipate using Ryan White resources for this activity.

Referring to Medical Care: We have worked to ensure that local health departments and prevention-funded agencies that conduct HIV testing to ensure are aware of available Ryan White resources and have current contact information. We have presented at the Mid-South HIV Coalition on several occasions to provide information about Ryan White services. In addition to EIS services at key points of entry to the care system, we have also established EIS services at agencies that provide Ryan White-funded medical care in order to provide additional support in ensuring that clients who are referred at linked to care. All agencies that are funded to provide EIS services are required to have formal collaborative relationships with agencies that provide testing. We will continue to develop and enhance stronger linkages with prevention-funded testing sites to facilitate a test and treat approach for all persons who test positive. New efforts in FY 2012 will include developing a strategy for informing private physicians about the availability of Ryan White services and the process for referral.

Linking to Medical Care: Both HIV prevention and Ryan White programs have identified test and treatment as the most effective strategy for linking PLWHA to medical care. Every effort will be made to ensure that those who test positive are informed about available medical care, referred to appropriate facilities and provided with linkage support through EIS services. We will continue to work on developing a shared data system that will allow for tracking and follow-up of referral and linkage efforts.

Unaware Estimated Data for CY 2009

Estimated Number of Unaware: Using the estimated back calculation methodology, a total of 1,902 HIV-positive unaware individuals were estimated to be living in the Memphis TGA as of December 31, 2009.

Testing through Local, State and Federal Funds: A total of 32 facilities offer free HIV testing in the Memphis TGA, of which 21 are funded by local, state and federal funding. Of these 21 facilities, 12 receive CDC HIV Expanded and Prevention funding, which requires the Grantees Number of New HIV-Positive Individuals Who Did Not Receive Test Results to report: the total number of tests done, the number of positive tests, the number of new HIV infections, the number of persons with a new HIV infection who received their test result and the number of persons linked to care. *These reports do not provide the number of individuals informed of their status in the event of a negative HIV result.* Several community-based organizations that receive HIV testing funding from the state are required to enter non-identifiable data into a database that does not provide information regarding new infections, referral or linkage to care. Thus, only HIV testing data from the 12 sites receiving CDC Expanded and HIV Prevention funding can be summarized in Attachment 10 according to the grant guidelines.

As outlined in Table 1-10 35,077 tests were conducted among sites receiving expanded HIV testing funding. Of the total 35,077 tests, 691 (2.0%) were positive, and 515 (1.5%) of those were identified as new HIV infections. Of the 515 new infections, 513 (99.6%) were informed of their HIV-positive status, 2 (0.4%) were not informed of their HIV status and 343 (66.7%) were linked to care.

Table 1-10. EIIHA HIV Testing and Awareness Data, 2010

HIV Testing Data in Expanded HIV Testing Facilities*	*N*	*%*
Total Number of HIV Tests Conducted in Expanded HIV Test Site	**35, 077**	**100%**
Number of Positive Tests	**691**	**2.0%**
Number of New Infections	**515**	**1.5%**
Number of New HIV-Positive Individuals Who Received Test Results	**513**	**99.6%**
Number of New HIV-Positive Individuals Who Did Not Receive Test Results	**2**	**0.4%**
Number of New HIV-Positive Individuals Linked to Care	**343**	**66.7%**

*Note: A total of 32 facilities offer free HIV testing in the Memphis TGA, of which 21 are funded by local, state and federal funding. Of these 21 facilities, 12 receive CDC HIV Expanded and Prevention

funding, which requires the Grantees to report: the total number of tests done, the number of positive tests, the number of new HIV infections, the number of persons with a new HIV infection who received their test result and the number of persons linked to care. *These reports do not provide the number of individuals informed of their status in the event of a negative HIV result.* Several community-based organizations that receive HIV testing funding from the state are required to enter non-identifiable data into a database that does not provide information regarding new infections, referral or linkage to care. Thus, only HIV testing data from the 12 sites receiving CDC Expanded and HIV Prevention funding can be summarized in Attachment 10 according to the grant guidelines.

II. Description of the current continuum of care in the Memphis TGA

A. Ryan White funded – HIV care and service inventory (by service category, organized by core and support services)

See Ryan White Service Providers resource inventory provided in Appendix 1.

B. Non Ryan White funded – HIV care and service inventory (organizations and services)

See Non Ryan White Service Provider resource inventory provided in Appendix 2.

C. How Ryan White funded care/services interact with Non-Ryan White funded services to ensure continuity of care

The Memphis TGA Ryan White Program works in coordination with other Ryan White and Non-Ryan White funding sources to ensure that comprehensive strategies are developed to expand the availability of HIV services, reduce duplication of services and decrease unmet need.

Achieving geographic parity of services in underserved areas is a primary goal of the Grantee and the Planning Council when setting priorities and allocating funds. The Planning Council has committees to analyze available information on needs and service gaps and receives technical support from the Ryan White Program staff and the Shelby County Health Department Epidemiologist. By using data from the Priorities and Comprehensive Planning and Evaluation and Assessment Committees, the Memphis TGA is able to develop a comprehensive HIV services plan for the community, including allocation and coordination of resources. Although the Planning Council does not control what agencies apply and receive funding, it does have the authority role in setting priorities for Part A and MAI funds. The Evaluation and Assessment Committee continues to refine its evaluation activities, including assessment of funds distribution, identification of outcome measures for quality management of Part A funds and measuring the cost effectiveness of services. The committee works closely with the Program and Quality Manager, Provider Services Coordinators, Data Analyst, and Fiscal Staff to accomplish this.

D. How the service system/continuum of care has been affected by state and local budget cuts, as well as how the Ryan White Program has adapted

As shown in the Table 1-11, cuts in state Medicaid spending affected several Tennessee residents and PLWHA. While the exact number of PLWHA affected by these changes unknown, data provided by the Office of Healthcare Informatics at TennCare shows the Tennessee Medicaid costs for recipients needing HIV-related services has dropped by approximately 36% between FY 2009-10 and FY2010-11. While the increase in Part B funding during this same time period may help account for the reduction in Tennessee Medicaid funding for PLWHA, an ADAP waitlist is expected before the end of the FY2011-2012.

In Arkansas, Crittenden County experienced a steady increase in the amount paid for Medicaid clinical services for PLWHA over the past three fiscal years. Part B funding expended in Crittenden County has remained relatively stable during this same time period.

Desoto, Marshall, Tate and Tunica counties in Mississippi experienced a fifty percent increase in the total number of dollars spent for clinical services of PLWHA between FY 2008-09 and FY 2009-10. After this substantial increase, almost $250,000 was cut in the FY2010-11 budget.

Tale 1-11. Trends in fiscal resources as a result of municipal and state budget cuts in HIV related clinical and non-clinical services, Memphis TGA

Funding Sources	FY 2008-2009	FY 2009-2010	FY 2010-2011
State Medicaid funding for persons with HIV disease	$20,979,997	$25,957,323	$16,839,108
State Medicaid funding for persons with HIV disease	$20,979,997	$25,957,323	$16,839,108
Tennessee: Shelby, Fayette and Tipton Co.	$20,430,331	$24,880,842	$15,894,784
Mississippi: DeSoto, Tate, Tunica and Marshall Co.	$314,998	$761,180	$517,859
Arkansas: Crittenden Co.	$234,668	$315,301	$426,465

Contingency Planning for Part A Award Increases/Decreases

To prepare for any uncertainties in funding amounts, the Council recognizes the importance of planning for possible changes. In July and August 2011, the Planning Council allocated funding to service categories based on the assumption that funding would remain level in the next fiscal year. The Planning Council also considered the possibilities of both a 5% increase and a 5% decrease in funding and the impact each would have on the ability to provide prioritized services. Allocations based on these potential scenarios were completed during the PSRA process and provided to the Grantee's Office.

III. Description of Need

A. Care Needs

In the 2009 Memphis TGA Comprehensive Needs Assessment, there was renewed emphasis regarding the importance of 1) documenting and analyzing unmet need, 2) directly involving

consumers in the planning and implementation of the Needs Assessment, and 3) organizing and reporting findings in a more easily understood format.

The Comprehensive Needs Assessment works hand-in-hand with the Memphis TGA Comprehensive Plan, developed in 2009 by the Memphis TGA Planning Council and Ryan White Program staff. The service priorities and planned activities were developed based on identified needs and in accordance with Comprehensive Plan goals. The Part A and MAI services described in the plan are discussed in detail below:

Outpatient/Ambulatory Health Services

All of the plans for services to be delivered in the Memphis TGA are based on the knowledge that Primary Outpatient/Ambulatory Health Services serve as the foundation for the Ryan White program. Data from the Needs Assessment support the Planning Council's decisions to make Outpatient/ Ambulatory Health Services the number one priority as well as allocate resources to medical care. The ultimate goal of the work done in the Memphis TGA Ryan White program is to engage and retain PLWHA in medical care. As we continue to focus on identification of the estimated 4,502 people who are either unaware of their status or aware of their status and out of care and their subsequent linkages to care, there will be a need for increased resources for Outpatient/ Ambulatory Health Services. The Planning Council recognizes that those PLWHA who have never been in care or are not currently in care will likely have more serious health conditions, resulting in a need for significant resources to cover these costs. A wide array of outpatient medical services are offered through Ryan White funds, including primary medical visits, approved laboratory services (as determined through a locally approved formulary), and specialty care.

Plans for FY12 include continued expansion of primary outpatient medical services into the Mississippi counties within the Memphis TGA. In September 2011, the Memphis TGA began working with a Ryan White Part C program with a satellite clinic in Desoto County, MS to establish Part A services within the TGA. The Grantee's Office also will continue to work with the Mississippi Department of Health to coordinate outpatient services at existing County Health Department locations during FY12. These activities will greatly increase the availability of this essential service to PLWHA living in Mississippi.

The program is committed to providing Outpatient/Ambulatory Health Services in a manner that best coordinates the available resources within the TGA through Part A, Part C and Part D funds. Access to services for women, infants, children and youth (WICY) is significantly increased in the TGA with the Part D funding through the Community HIV Network. These funds also help the TGA ensure that the requirement of meeting a baseline of funding the WICY population is consistently met on an annual basis. Part C funding provides additional resources for primary medical care, as well as Early Intervention Services, which are reportable to HRSA under Outpatient/ Ambulatory Services for these Grantees. It is important to recognize that although no Part B funds are available anywhere in the TGA for outpatient medical care, the commitment of State funds towards the ADAP programs for TGA clients helps to ensure that essential medications are available for eligible PLWHA.

The delivery of Outpatient/Ambulatory Health Services within the Memphis TGA is designed to

meet the needs of all eligible PLWHA with a focus on the special populations described in previous sections of the application. Medical providers are offered numerous, ongoing opportunities for training related to the culturally competent care of Blacks, Hispanics, MSM, Youth, Homeless and the Recently Incarcerated. The unique issues for each of these populations must be considered when seeking to engage and retain them in medical care. The local AETC is committed to collaborating with the Memphis TGA to ensure that providers have access to various trainings to ensure that providers are equipped to meet the varying needs of PLWHA in the TGA. In March 2012, the Tennessee AETC and the Memphis TGA program will co-host the first ever Local HIV Training Conference. Ryan White medical and support service providers, consumers and other community stakeholders will be provided with important updates and information that will help ensure their ability to positively contribute to the goal of a high quality system of care. New and existing medical providers will be encouraged in the RFP process to establish formal agreements and partnerships with mental health, substance abuse, housing and other social service providers to ensure that clients have easier access to services that are essential to retention in primary medical care. Additionally, the program will continue to work with the Shelby County Health Department in the identification of eligible inmates preparing to be released from the jails, in order to quickly engage these individuals in Ryan White care. Currently, Adult Special Care Clinic, the largest Ryan White provider in the TGA, is also responsible for the care of local jail inmates through a contract with Shelby County Government. The Memphis TGA will work to build upon the established relationships among the Shelby County Health Department, ASCC and the correctional system to design programs that provide an effective transition for recently incarcerated individuals back into the community and the health care system.

Medical Case Management (including Treatment Adherence)

Medical Case Management is a key component of engaging and retaining PLWHA in medical care within the Memphis TGA. Medical Case Managers at various sites throughout the TGA enroll eligible clients into services offered by Ryan White Parts A, B, C and D through a collaborative cross-Parts eligibility process established within the TGA. This cross-Parts eligibility process ensures that clients have access to the wide array of services offered within the TGA.

Although eligibility determination is an important element of medical case management, treatment adherence will be the primary focus of the services provided. Treatment adherence includes coordination of medical visits and medication regimens. Unmet need data indicate that an estimated 42% people who are aware of their status are still out of care. The Memphis TGA recognizes that many of the support services that meet immediate needs, such as Emergency Financial Assistance, Food Bank/Home Delivered Meals and Housing, initially engage clients to enter medical care. Intensive Medical Case Management and treatment adherence are most likely to retain clients in medical care.

The funding for this service is in response to increased need for these services as more individuals are brought into care through Early Intervention and Outreach Services funded as part of the EIIHA and Unmet Need strategies. Medical Case Management services are essential in the coordination of medical care for the out of care, recently incarcerated, and youth transitioning into adult care. The transitional nature of these populations require specially

designed services that address identified needs and barriers.

Oral Health Services

Oral Health Services have been identified in the Needs Assessment as one of the services needed but not received at high levels since 2007. More than 90% of individuals surveyed in 2009 expressed the need for this service; with almost half reporting they do not receive it. Good oral hygiene is recognized as a key component to overall positive health for PLWHA. Access to these services promotes adherence to medication and nutrition regimens for PLWHA. The Memphis TGA expects to provide expanded oral health services to an increasing number of clients who are newly diagnosed, were never in care or are returning to care due to increased testing and early intervention services. Changes made in 2010 to services provided in the Memphis TGA through the Tennessee Part B program will increase the reliance of clients on Part A for access to these services.

Through a directive from the Council, providers can offer eligible clients up to $1,500 annually for dental services, with an additional $500 per client available for Emergency Services. Dental providers in the Memphis TGA are reimbursed for dental services that are included on an approved Dental Procedure Formulary. This formulary is updated annually by a Formulary Committee made up of providers and clients who are knowledgeable about services needed for PLWHA.

There are concentrated efforts to expand access to dental services for clients in rural parts of the TGA by increasing the network of providers within these counties. During the past year, the program staff has diligently sought out new dental providers, including those with mobile dentistry capabilities, to meet the needs for access to dental services across the expansive area of the TGA. Mobile dentistry services would be an exciting new element to the Memphis TGA program that could mitigate significant transportation barriers affecting clients in the Memphis TGA.

Medical Nutrition Therapy

Needs Assessment data suggest that 42% of clients who identify as either out of care or never in care express Medical Nutrition Therapy as a service that is needed but not received. Poverty and low health literacy may adversely affect nutrition, which is essential to the overall health of PLWHA. Medical Nutrition Therapy services will consist of nutrition counseling by Registered Dieticians, including at least one provider who will be able to provide mobile services to clients throughout the TGA, including rural areas where the service has been traditionally less accessible. Clients will also have access to nutrition supplements based on the written orders of medical providers. It is expected that through the delivery of quality services uniquely designed and provided based on individual needs that clients will have higher rates of adherence and positive health outcomes.

Food Bank/ Home Delivered Meals

Food Bank/Home Delivered Meals has always been one of the most highly utilized services of the Ryan White program. The high levels of need and utilization are a result of the high levels of poverty that exist within the TGA, making it increasingly difficult for individuals to access basic

necessities. Creating access to Food Bank services has provided a valuable mechanism for identifying and engaging clients who may be out of medical care. Medical Case Managers have routinely been based in Food Bank pickup locations to help set up medical appointments on site. The Memphis TGA expects to continue to use this proven strategy as well as some new ones to ensure that Food Bank services are successfully leading to engagement and retention of clients in primary medical care. The program expects to continue to expand the availability of food vouchers for clients to provide more flexibility for accessing allowable food and hygiene items. New and existing providers have been encouraged to utilize more innovative approaches to how this service is delivered to clients in the TGA, including Home Delivered Meals programs which have not been previously implemented. For eligible newly diagnosed and high risk clients, meal delivery may provide additional opportunities for intensive early intervention and case management services outside of the traditional agency setting. Efforts will be made through the RFP process to identify agencies that can effectively provide Food Bank/Home Delivered Meals in various points of entry throughout the TGA to ensure less restricted access to this service for all eligible PLWHA.

Case Management (Non-Medical)

Non-Medical Case Management activities ensure that clients have access to social support services that are necessary for a client's ability to access and maintain medical care. This service will provide essential support for connecting clients to community resources, such as housing, financial assistance, child care, psychosocial support and transportation. Attention to these immediate everyday needs many times overshadows an individual's ability to engage in medical care. Providing a linkage to these services will increase adherence and health outcomes.

Non-Medical Case Management will not take the place of the Medical Case Management activities described above, but will support these activities. During recent and past surveys and meetings with Memphis TGA clients and providers, there has consistently been great concern regarding the real and perceived duplication of effort that has plagued the system over the years. During the FY10 program year, the Memphis TGA participated in Technical Assistance at both the local and statewide level. The intention was to modify the overall Case Management system in a way that decreases duplication, increases the level of coordination and collaboration among medical and social service providers and reduces the level of barriers to care for clients. The program has continued this type of ongoing coordination through regular meetings with existing providers, ongoing training and quality improvement, regular client input regarding service accessibility, as well through the RFP process.

Early Intervention Services

Early Intervention Services (EIS) are specifically those individuals who are unaware or out of care, support the notion that the majority of clients who both need and are eligible for this service are minorities. As discussed in detail in the Unmet Need and EIIHA sections, EIS will be the foundation for identifying the estimated 1,549 unaware PLWHA in the Memphis TGA, as well as connecting an estimated 2,953 PLWHA who are aware of their status but not in care. Activities implemented in FY12 will continue to build upon existing strategies, such as the Coordinated Care approach to EIS, with providers ensuring that those newly diagnosed and out of care clients have access to services at various entry points in the HIV care system, particularly those points where individuals are likely to be tested and identified as HIV-infected. One agency

that receives EIS funding is conducting HIV testing as part of a collaborative research project with the University of Memphis, School of Public Health which is assessing the HIV testing needs of the homeless. Additionally, Early Intervention Services funding will be used to provide HIV testing in rural Mississippi counties where data shows that there is a great need for these services. As indicated previously in the application, we are developing a contract with a Part C-funded health center to provide EIS services in the Mississippi counties, where free or low-cost HIV testing is currently only available at the local health departments.

Early Intervention Specialists are located at various providers throughout the TGA who are contractually obligated to ensure smooth transitions for the newly diagnosed into medical care. Early Intervention Services provided through the Shelby County Health Department have provided to date the most significant levels of access for newly diagnosed clients. Currently, Ryan White funded Early Intervention Specialists, as well as Medical Case Managers, are located in the Infectious Disease Section of SCHD, which also houses Disease Intervention Specialists responsible both for notifying HIV-infected individuals of their status and for partner notification. The Disease Intervention Specialists work closely with Medical Case Managers and Early Intervention Specialists and are able to enroll clients in care, identify high risk clients at need for EIS services, make appropriate referrals, and ensure linkages to care.

The program intends to expand access to Early Intervention Services throughout the region through development of partnerships with various Mental Health and Substance Abuse providers (both Ryan White and non-Ryan White). It is the expectation that collaborations among Mental Health, Substance Abuse and Early Intervention Services providers will increase the likelihood that some of our highest risk clients will have access to the support necessary for retention in care and medical adherence.

The HIV Hotline, developed and implemented in the summer of 2010 through Minority AIDS Initiative funding, has provided a mechanism for eligible PLWHA to be linked directly to Medical Case Management. An Early Intervention Services staff person is available to link clients who call the hotline requesting medical services directly to those Medical Case managers and other services as requested. The HIV Hotline provides a unique opportunity to link individuals to care who may not seek information in any other way.

One of the signature elements of Early Intervention Services within the Memphis TGA is the use of Peer Advocates. The Memphis TGA encourages providers to employ Peer Advocates to work with those clients who are newly diagnosed or out of care in recognition that PLWHA may be best suited to understand barriers and challenges to medical adherence. For many Peer Advocates, encouraging others to engage in care comes naturally, but certain issues such as boundaries and organizational work norms may prove challenging. Therefore, Peer Advocates are provided ongoing support, training and technical assistance throughout the year to ensure that they are equipped to meet the expectations of high quality service delivery.

Peer Advocates work side by side with Medical Case Managers at the Health Department, HIV Service Organizations in the TGA, and nurses working with the HIV Hotline. The Memphis TGA hopes to expand the use of qualified peers in medical provider settings, where they might be utilized as part of the comprehensive medical team to encourage adherence. In September

2011, the Memphis TGA began to have Peer Support programs expand into the rural counties of the TGA, where past activities have been limited to a single provider. Additionally, the program will continue its work with the Shelby County Jails and Health Department to develop Peer Support programs specially designed for the needs of those recently incarcerated individuals transitioning to Ryan White services.

In addition to the 2009 Comprehensive Needs Assessment, a review of the 2010 Transportation Study report, 2011 Housing Needs Assessment Report, 2010 Ryan White service utilization, 2010 Ryan White cost data, the 2010 RDR reports from service providers and 2010 epidemiological profile of HIV and AIDS incidence and prevalence were also used to identify care needs in the Memphis TGA.. These data provide the essential information about the geographic and demographic characteristics of the PLWHA that need access to core medical services, about the barriers to needed services, indications about the services that are needed to address disparities in access, and the level services needs and cost of providing the services.

As an example, the Transportation Study identified that 35% of consumers surveyed report a need for transportation assistance; of those, 63% report that not all the costs associated with transportation were. The report concluded that more transportation resources were needed and more transportation need to be made available in a variety of forms in order to meet client needs. In addition, the 2011 Housing Needs Assessment surveys indicated that 13% of consumers were homeless and 23% of consumers did not have stable housing; FY 2010 Ryan White Data Report (RDR) indicated 7% of Part A/MAI clients reported having unstable housing. Overall, housing and supportive housing services were most needed for five subgroups of client consumers who were more likely to experience unstable housing; PLWHA with a physical disability, a mental health problem, low income and/or unemployment, a criminal history and those who have experienced a long wait time for housing services. The Planning Council considered these data and recommendations in setting the priority and resource allocation for the transportation and housing service categories as a way to increase access to core medical services.

B. **Capacity development needs from disparities**

The historically underserved populations in the Memphis TGA are the same populations that are disproportionately affected by HIV. The Planning Council reviewed the 2010 epidemiologic profile data presented which show clear disparities in the rates of HIV infection among Blacks. Other data considered include information about the rates of poverty, unemployment, and literacy levels that all continue to affect access to services for so many. The Planning Council used these data to establish service priorities and funding allocations that will provide the essential Outreach, EIS and case management services that are needed to find and connect underserved populations to medical services.

IV. Description of priorities for the allocation of funds based on size and demographics of the population of individuals with HIV/AIDS and needs of individuals with HIV/AIDS

The Planning Council revised the Priority Setting and Resource Allocation (PSRA) process in 2010 in an effort to promote the active participation of all members. More active participation of

consumer members of the Planning Council was considered especially important. A series of training workshops, led by members of the Grantee Staff and the Epidemiologist, were conducted with the Consumer and Affected Committee. In previous years, the Priorities and Comprehensive Planning Committee gathered and reviewed all the data and developed recommendations for priorities and allocations that were presented to the Planning Council for a vote. This year, members of the Priorities and Comprehensive Planning Committee directed the Data Analyst in collecting and presenting data for the Planning Council. The Data Analyst shared the data with the Consumer/ Affected Communities Committee along with the Priorities and Comprehensive Planning committee prior to the data presentation during the June Planning Council meeting.

Needs of the Not In Care Population: As part of the priority setting and resource allocation process this year, the Planning Council utilized data related to the local demographics, epidemiology, service utilization, service costs and expenditures from CAREWare. In addition, data from the 2009 Needs Assessment, the 2010 Transportation Study, 2011 Housing Needs Assessment Report, the 2010 Unmet Need and Unaware Data and from surveys conducted between October 2009- March 2011 EIS clients to determine the needs of out of care PLWHA in the TGA were also used during the PSRA process. The needs of the out of care population identified in these reports indicate that many PLWHA are experiencing multiple barriers to care, which can best be addressed with the intensive support and assistance provided by EIS.

Needs of the Unaware: Data collected for the 2010 Unmet Need and Unaware surveys that estimates, assesses and addresses the needs of the unaware population in the TGA were presented at the June 2011 meeting of the Planning Council. The Grantee's office worked with the three state departments of health to evaluate the availability of HIV testing services and to determine the number of HIV tests that had been conducted through publicly funded testing efforts in calendar year 2010. The Planning Council reviewed these data to determine the need to support HIV testing services in the TGA in order to increase accessibility and availability for populations that are likely to be infected with HIV but unaware of their status. These data were also reviewed to determine the best strategies for educating and informing the unaware about the importance of early detection and treatment for HIV and the availability of testing services.

V. Description of gaps in care and service needs

Over the past three years, three consecutive needs assessments have been conducted for the Memphis TGA to assess service gaps among PLWHA. The Comprehensive Needs Assessment was conducted in 2009, while a Transportation Needs Assessment was completed in 2010, followed by a Housing Needs Assessment in 2011. The Memphis TGA Program is currently working to complete its next Comprehensive Needs Assessment in June 2012.

The 2009 Comprehensive Needs Assessment identified differences in service needs and service gaps among three categories of PLWHA consumer groups. The three groups surveyed were consumers in care (N=160), consumers who had been in care in the previous five years but had at least a 12-month period of interrupted care (N=81), and consumers who are not and have not been in care (N=56). These three groups were surveyed separately so differences in need can be

taken into consideration when determining how services are accessed. Table 1-12 summarizes the survey results below.

Table: 1-12. 2009 Needs Assessment Estimated Service Needs and Gaps

Service Category	% in Care		% Interrupted Care		% Out of Care	
	Need	Need, not Received	Need	Need, not Received	Need	Need, not Received
HIV Doctor	91	1	96	27	N/A	N/A
Dental/Oral Care	93	42	91	58	92	46
Prescription Drug Assistance	88	8	93	36	77	26
Health Insurance Assistance	79	19	88	48	78	19
Medical Case Management	68	8	79	49	61	25
Mental Health Services	43	12	68	43	55	22
Nutrition Therapy	37	16	60	42	57	42
Substance Abuse Treatment-OP	9	3	56	43	36	24
Substance Abuse Treatment-IP	8	2	56	44	34	21
Transportation to Medical Care	51	17	73	45	69	36
Food Pantry	78	12	91	41	82	26
Utility Assistance	63	37	79	59	54	27
Emergency Housing	43	30	77	59	39	35
Support Group	55	20	77	50	70	42
Non-Medical Case Mngt.	46	9	74	50	59	31
Home Health Care	15	6	47	35	38	18
Respite Care	14	9	52	40	60	20
Hospice Services	12	6	44	34	33	15
Treatment Adherence	22	7	50	39	38	22

Source: 2009 Memphis TGA Ryan White Needs Assessment, Consumer Self-Administered Surveys

A summary of key data related to identified service gaps is highlighted below:

Dental/Oral Health Care Services: More than 90% of individuals surveyed expressed the need for this service, with almost half reporting they do not receive it. In response to this need, the grantee contracted two providers in 2011 that provide dental services to Ryan White clients.

Prescription Drug Assistance: Over 70% of respondents reported needing this service, while 26% of out-of-care consumers reported not receiving prescription drug assistance. Arkansas changed the state ADAP eligibility from 500% to 200% of the Federal Poverty Level in 2009, which resulted in many people no longer being eligible for ADAP in Arkansas. Tennessee had a waiting list for ADAP in 2009 and anticipates a new waiting list to be implemented in early 2012.

Medical Case Management: In addition to the coordination of medical care and treatment adherence, Ryan White funded medical case managers have the responsibility for Part A and state ADAP client eligibility certification. Medical case management services are available at all Ryan White funded medical providers and at the Shelby County Health Department, which is a main entry point for individuals who are newly diagnosed. PLWHA who are out of care and those with interrupted care are more likely to report needing but not receiving medical case management; difficulties with system

navigation and documentation requirements for Part A and ADAP eligibility often become barriers to accessing medical case management services.

Mental Health Services: Approximately 50% of consumers reported needing services related to mental health. Those consumers with interrupted care were more likely to report needing and needing but not receiving, mental health services.

Substance Abuse Treatment: Approximately 50% of consumers reported needing services related to substance abuse treatment. Those consumers with interrupted care were more likely to report needing, and needing but not receiving, substance abuse treatment services. The utilization rate of Part A-funded substance abuse treatment is low, but this does not necessarily indicate that consumers do not identify the need for these services. The disparity between the identified need for and utilization of these services may indicate a lack of readiness to access the service.

Food Pantry: This service category is among the most highly utilized within the TGA. With increased efforts to link persons to care, it is expected need for this service will rise. A high service gap rate for PLWHA with interrupted care was reported (41%), but this is much lower among people in-care (12%).

Utility Assistance: Funding allocation for utility assistance during FY 2011 was insufficient to meet need, so allocation of additional funding was approved by the Planning Council. Despite allocations, 37% of people in-care reported needing but not receiving this service. There is currently a $1,000 annual funding cap per consumer, which is often not adequate to meet consumer needs, but allows for more people to receive more assistance from the service.

Transportation to Medical Care: Over half of persons in care reported needing transportation services to medical care, and a higher percentage of need was reported in clients with interrupted care (73%) and those out of care (63%). Among those with interrupted care, 45% reported they did not receive the service. In response to these findings and as part of the 2009 Comprehensive Plan goals and objectives, the Planning Council coordinated a needs assessment in 2010 to identify specific services needs related to transportation. The assessment indicated that additional transportation services are needed, particularly in rural areas. Transportation services provided through Medicaid programs are not always reliable, and consumers expressed concerns about confidentiality. The needs assessment report recommends making different forms of transportation services available, such as bus passes, gas cards, cab vouchers, as well as paying for parking fees. In response to this need, the Planning Council has continued to allocate funds to this service category, and the Grantee's office has revised the guidance for medical transportation service providers to include all forms of transportation; however, the Grantee request to the HRSA Project Officer to use transportation funds for parking fees was denied.

Emergency Housing Services: Almost 60% of clients with interrupted care reported needing but not receiving emergency housing services, while 30% in-care reported needing but not receiving this service. As outlined in the Comprehensive Plan goals and objectives, the Planning Council coordinated a needs assessment in 2011 to identify barriers affecting clients' ability to access or maintain housing. Respondents most commonly cited low to no income and bad credit as the most common barrier to accessing or maintaining stable housing; those who reported an income of $0-300 per month were almost 3 times more likely to experience unstable housing than those who earned more than $900 per month. Many clients cited housing waitlists as a barrier to accessing housing services; 30% of clients' reported that they had been on a housing waitlist at least once in the last 12 months. In addition, almost 40% of respondents who had access to a case manager or social worker had not been updated on housing options in the past 12 months. The needs assessment report recommended utilizing Ryan White housing funding to support transitional services for PLWHA, while working with other housing programs to assist clients in obtaining assistance with permanent housing. Strategies are needed to advertise housing services

available for PLWHA to ensure individuals are aware of housing opportunities. In addition, recommendations were made to ensure that all Ryan White service providers are informed about available housing services, eligibility criteria and application processes to develop more linkages with other housing programs.

VI. Description of prevention needs

As previously mentioned, the Tennessee Department of Health, Mississippi Department of Health and Arkansas Department of Health are recipients of all Grantees for CDC Prevention funding for their respective states/counties within the TGA. The Memphis TGA currently collaborates these Grantees and will continue to support the current prevention activities for emerging populations in the area.

VII. Description of barriers to care

Community Forums, Consumer Input Meetings, Focus Groups, Service Provider Meetings and Existing Documentation from TN, AR and MS: During the Comprehensive Planning process, the Priorities and Comprehensive Planning Committee of the Memphis TGA Planning Council hosted four Consumer Input meetings and three community forums and focus groups across the region to gather input from consumer. In addition, Service Provider meetings and community forums with Ryan White and Non-Ryan White providers along with community stakeholders were held. Participants were asked to share their perspectives on the current barriers affecting a client's ability to access and maintain care. During all meetings, there were consistent ideas between Providers, Consumers and community stakeholders about barriers to receiving services. In addition, the committee reviewed several documents from Tennessee, Arkansas and Mississippi. These documents include: (1) 2009 Memphis TGA Ryan White Needs Assessment, (2)2009 Memphis TGA Early Intervention Survey, (3) 2010 Memphis Area Ryan White Part B HIV/AIDS Care Needs Assessment, (4) 2010 Memphis TGA Youth Assessment, (5) 2010 Ryan White Part A HIV/ AIDS Transportation Needs Assessment Study, (6) 2011 Memphis TGA Housing Needs Assessment, (7) 2012 Tennessee Statewide Coordinated Statement of Need, (8) 2012 Mississippi State Department of Health HIV Care and Treatment Services Needs Assessment and (9) 2009-2010 Arkansas Statewide Coordinated Statement of Need and Comprehensive Plan.

Those top barriers mentioned during the forums, meetings and focus groups with consumers and during forums and meetings with Ryan White Providers, (case managers, social workers, early intervention specialists, peer mentors, administrators, etc.) Non Ryan White Providers and community stakeholders are listed below:

- Transportation availability
- Lack of awareness
- HIV/AIDS stigma/fear
- Low educational levels/Functional illiteracy
- Cultural/religious context
- Low economic status/ Lack of employment
- Availability of HIV service providers in rural areas
- Access/cost of medication
- Lack of compassion from Case Management
- Housing availability/homelessness

- Mental Health/Substance Abuse Issues

2009 Memphis TGA Ryan White Needs Assessment: Findings for the 2009 Needs Assessment revealed barriers to care for PLWHA who were not-in-care. Denial, substance use, fear of disclosure and homelessness were the most frequently reported barriers to care identified by PLWHA who have experienced interruptions in their HIV medical care. Twenty seven percent of PLWHA reported not being "ready to deal with HIV status" (a form of denial) was a barrier to getting into care. Fear of "being identified as HIV positive" (18%), or fear of disclosure, was the second most frequently reported barrier to being in care. Twelve percent reported drug or alcohol use was a barrier to getting into care and 11% identified homelessness as a barrier to getting into care.

2009 Early Intervention Survey: The Memphis TGA 2009 Early Intervention Survey identified several reason individuals are face barriers in accessing care. Analysis of the 74 completed surveys administered between October 2009 to August 2010 indicate that 20% of respondents identified transportation as a barrier to accessing care, 20% of respondents did not access care because they didn't feel sick, 15% identified the need for housing and 23% did not seek care because of stigma. Case managers and support service providers are beginning to work with EIS providers to identify individuals who fail to access regular medical care or who have not been in care at all.

2010 Memphis Area Ryan White Part B HIV/AIDS Care Needs Assessment: Summary of key findings related to barriers to care from the Part B HIV/AIDS Needs Assessment includes:

- Consumers reported inability to pay and lack of information regarding accessing free care (36%), inability to deal with their HIV status (34%) and homelessness (34%) are the most important barriers to accessing, remaining in or returning to HIV medical care.

- Case managers considered fear of being identified as HIV-positive (100%), homelessness (82%), not being ready to deal with their HIV status (82%) and substance abuse problems (76%) as the most important barriers to consumer access to HIV medical care.

- Providers considered fear of being identified as HIV-positive (100%), homelessness (82%), not being ready to deal with their HIV status (82%) and substance abuse problems (76%) as the most important barriers to consumer access to HIV medical care.

- Consumers considered personal motivation (65%) and readiness to deal with one's HIV status (56%) the most important factors associated with their ability to access care.

2010 Memphis TGA Youth Needs Assessment: Youth in the Memphis TGA face unique barriers in accessing HIV care and other needed services. In the 2010 Needs Assessment report developed by the Tennessee Ryan White Part B Planning Group, youth identified several barriers to HIV care including incarceration, substance abuse, fear and anxiety associated with HIV-related stigma. Eighty-one percent of the twenty-seven youth interviewed at St. Jude Children's Research Hospital felt down, worthless or hopeless in past year. Unstable housing also contributed to 22 percent of youth having no place to stay at least once in the past year. Another

26 percent reported experiences with domestic violence. While many youth stated challenges in accessing care, some respondents that had interruption in treatment in the past five years noted favorable factors that facilitated their return back into care. These factors included outreach workers assisting with care, follow-ups from medical case managers and direct help after jail/prison release.

2010 Ryan White Part A HIV/AIDS Transportation Needs Assessment: The transportation special study analyzed current transportation resources, needs and barriers for consumers in the Memphis TGA. Of the 302 consumers from all eight counties surveyed, public transportation was used by almost half at least some of the time and approximately a quarter reported the use of reserved transportation. Twenty percent of consumers surveyed report that they fell out of care at some point in the last year due to transportation barriers. The study also found that even when HIV-related transportation options are available, some consumers face several obstacles in accessing the service due to cost, quality, and reliability of public transportation. In the rural areas of the TGA, particularly northern Mississippi, the length of time required for commuting by public transportation was identified as a significant barrier to care. For rural residents, traveling long distances is a daily reality, but when riding shared transportation (e.g., Medicaid van), multiple long distance stops can create extremely long travel times and increased transportation costs. In some instances, it is an all-day travel event for rural (and urban) residents getting to and from their medical appointments, often with little opportunity to tend to other basic needs, such as obtaining food and water. Recommendations for coordinating transportation services with clients were suggested for the TGA, local governments and the providers.

2011 Memphis TGA Housing Needs Assessment: Housing status is one of the strongest predictors for health outcomes among PLWHA. The Planning Council coordinated a needs assessment in 2011 to identify barriers affecting clients' ability to access or maintain housing. Respondents most commonly cited low to no income and bad credit as the most common barrier to accessing or maintaining stable housing. Many clients cited housing waitlists as a barrier to accessing housing services. In addition, almost 40% of respondents who had access to a case manager or social worker had not been updated on housing options in the past 12 months. The needs assessment report recommended utilizing Ryan White housing funding to support transitional services for PLWHA, while working with other housing programs to assist clients in obtaining assistance with permanent housing. In addition, recommendations were made to ensure that all Ryan White service providers are informed about available housing services, eligibility criteria and application processes to develop more linkages with other housing programs.

2012 Mississippi State Department of Health HIV Care and Treatment Services Needs Assessment: Summary of key findings related to barriers existing for HIV positive individuals in Mississippi includes:

- Stigma
- Confidentiality issues
- Lack of collaboration between HIV service providers
- Inability for HIV-positive individuals to afford their medication on a consistent basis
- Lack of many HIV-positive individuals qualifying for state and local health programs (Medicare, etc.)

- Very little or no transportation services to pick up medication
- Ineligibility for dental care and housing services

2012 Tennessee Statewide Coordinated Statement of Need: The Tennessee Department of Health efforts to analyze the unmet needs in HIV prevention and care were presented in the 2012 Statewide Coordinated Statement of Need. Based on survey responses from HIV positive individuals, service providers and community stakeholders, the following barriers to cares identified: stigma and fear of discrimination, lack of access to health care (especially in rural areas), lack of information about HIV, and poor sense of perceived risk.

2009-2010 Arkansas Statewide Coordinated Statement of Need and Comprehensive Plan: In Arkansas, HIV services program reported barriers to accessing care as the follows:

- Lack of payers for medical care
- Lack of primary care providers with expertise in HIV treatment
- Lack of information about Ryan White funded services in the state
- Lack of access centers to Ryan White funded services in the state
- Stigma related to HIV and fear of disclosure within the African American and Hispanic communities
- Belief that HIV is a "death sentence" and there is nothing that can be done
- Fear of treatment within the African American community
- Very high levels of substance use so people living with HIV who are also actively using are not motivated to seek out medical care

VIII. Evaluation of 2009 Comprehensive Plan

The success and challenges in implementing the Memphis Area Ryan White Planning Council's 2009 Comprehensive Plan goals, objectives and actions steps are detailed in the table below.

Evaluation: Memphis TGA 2009 Comprehensive Plan Goals and Objectives

GOAL #1: Ensure the availability and quality of all core medical services within the Memphis TGA.

Objective 1.1: Identify qualified providers for each of the 13 core medical services as designated by HRSA, and where there are no identifiable or qualified providers available, provide capacity development for new ones.

Action Steps	***Successes/ Challenges***
a) Develop a comprehensive Resource Inventory of all services available in the rural counties within the TGA	Complete Ryan White Provider Directory is available on the www.hivmemphis.org website. Updates are made on a regular basis.
b) Coordinate efforts of increasing access in rural areas with any State Rural Health Office plans	Incomplete Grantee will continue to work on coordinating efforts with providers in rural areas. This action item will remain as part of the 2012 Comprehensive Plan.
c) Train current Ryan White providers on subjects including, but not limited to: • Working effectively with HIV positive clients and their families • Cultural competency • Decreasing stigma • Basic HIV knowledge	Complete Monthly service provider meetings occurred; minutes and presentations are available and on file in the Grantee's Office. AETC trainings have been provided to Ryan White providers. Providers were invited to participate in the March 2012 HIV/AIDS regional conference.
d) Train current non Ryan White providers through community forums on subjects including, but not limited to: • Working effectively with HIV positive clients and their families • Cultural competency • Decreasing stigma • Basic HIV knowledge	Complete Documentation of trainings and training evaluations are available in the Grantee's Office. (i.e. March 2012 HIV/AIDS regional conference and FY 2010-2011 Outreach campaign)
e) Provide regular technical assistance and capacity development to existing providers and, when requested by a provider or deemed necessary, provide additional technical assistance in a timely manner	Complete Made available through Grantee reports. Documentation of assistance was requested by providers and action taken by Grantee.

f) Develop strategies to encourage the participation of new providers, ensuring limited barriers and wide access to information and capacity building efforts where needed	Complete The grantee met with providers regarding FY 2010 and 2011 contracts.
Objective 1.2: Continue the development of a Quality Management program using HRSA designated clinical indicators and expected outcomes.	
Action Steps	***Success/Challenges***
a) Utilize quarterly aggregate outcomes reports for future planning purposes	Complete The Grantee has Quarterly QM performance measure reports for the QM committee.
b) Develop Standards of Care for each core medical service and support service, and update as necessary based on changes in Federal, State or Local mandates and results of outcomes reporting	Complete The Grantee maintains Standards of Care for all funded services.
Objective 1.3: Develop a model of care that includes a local pharmaceutical assistance program that addresses various gaps in the State ADAP programs covering clients in the TGA.	
Action Steps	***Success/Challenges***
a) Create a local pharmaceutical formulary for drugs available to PLWHA within entire TGA.	Complete Local Pharmaceutical Formulary has been documented.
b) Develop a mechanism for adding drugs to formulary as needed	Complete Local Pharmaceutical Formulary policy and procedure has been documented.
c) Review formulary to determine if any changes are necessary	Complete Local Pharmaceutical Formulary policy and procedure has been documented.
Objective 1.4: Develop systems that assure the wide distribution of any RFP for Part A and/or MAI services, as well as timely contracting and reimbursement of service providers.	
Action Steps	***Success/Challenges***
a) Ensure Fiscal Agent has proper systems in place for distribution and accessibility of RFP	Complete This action took place during the FY10 RFPs process issued by Shelby County Government.
b) Assess the administrative mechanisms in place for contracting and rapid disbursement of funding to service providers	Complete Yearly Assessments of the Administrative Mechanism reports are available in the Gran

	Office.
GOAL #2: Eliminate disparities in access to core medical services and support services among disproportionately affected sub-populations and historically underserved communities.	
Objective 2.1: Develop a system that specifically addresses the challenges of transportation within the TGA.	
Action Steps	***Success/Challenges***
a) Identify transportation service providers available to serve in rural counties	Complete The 2010 Transportation Special Study has been reported and includes a resource inventory.
b) Conduct a special study researching barriers to transportation in the rural areas of the TGA	Complete The 2010 Transportation Special Study has been reported.
Objective 2.2: Continue to utilize Minority AIDS Initiative (MAI) funds to develop unique ways to get communities of color to access and stay in the system of care.	
Action Steps	***Success/Challenges***
a) Increase number of bilingual (Spanish speaking) staff and resources available for services for PLWHA and their families	Complete FY10 and FY11 Contracted agencies had bilingual staff or access to language line/PA materials in Spanish.
b) Ensure culturally competent service delivery and provide cultural competence training for all providers of HIV services	Incomplete This action item is in process and will remain as part of the 2012 Comprehensive Plan
Objective 2.3: Ensure that the services provided and allocations of funding adequately address the emergent support service needs of individuals living with HIV/AIDS.	
Action Steps	***Success/Challenges***
a) Conduct at least two forums each grant year where PLWHA discuss emerging needs and barriers to care	Complete The Consumer/Affected Committee has conducted community forums and barriers are addressed during quarterly Consumer Input Meetings.

b) Conduct a special study researching emergency assistance resources and barriers in the TGA	Incomplete This action item will remain as part of the 2012 Comprehensive Plan.
Objective 2.4: Ensure a system that adequately addresses the housing needs of PLWHA in the Memphis TGA.	
Action Steps	***Success/Challenges***
a) Increase coordination and collaboration with HOPWA program and other social service providers addressing housing and/or homelessness	Complete Working relationship has been established and maintained with representative from HOPWA. A 2011 Housing Special Study was created and available on the Grantee's office.
b) Review current and future studies concerning housing resources and barriers in the TGA	Complete The 2011 Housing Special Study provided data to review current and future housing concerns among consumers.
Objective 2.5: Ensure funding levels to Women, Infants, Children and Youth in the Memphis TGA are consistent with HRSA requirements.	
Action Steps	***Success/Challenges***
a) Increase coordination and collaboration with all Ryan White parts to develop service priorities, resource allocation decisions, and models of care for women, infants, children and youth in the TGA	Complete The Grantee provided WICY reports.
GOAL #3: Specify strategies for identifying individuals who know their HIV status but are not in care, informing them about available treatment and services, and assisting them in the use of those services.	
Objective 3.1: Develop a strategy for increasing awareness among clients and the community at large of the availability of Ryan White services.	
Action Steps	***Success/Challenges***
a) Develop a website (www.hivmemphis.org) which will direct PLWHA to available resources in the TGA	Complete The website, www.hivmemphis.org, was launched August 2011 and updated regularly.
b) Develop a public service announcement strategy that includes multiple forms of mass communication	Complete Development of the targeted awareness campaign began in June 2010. The targeted multimedia campaign, "KnowNow.LiveLonger", promoted the HIV Care Hotline through a variety of outlets including bus ads, billboards, flyers, posters, radio ads and the TGA Program and Planning Council website.

c) Ensure all information that is disseminated is appropriately translated into Spanish and other languages as necessary	Complete Know Now. Live Longer fliers and posters are available in Spanish.
Objective 3.2: Develop models of care that focus on the use of peer advocates to assist in getting clients to access and keeping them in care.	
Action Steps	***Success/Challenges***
a) Fully implement the directives for MAI FY08-09 given by the Planning Council concerning use of Early Intervention Services funds	Complete MAI 2009 Priority and Resource Allocation Directives were implemented. The MAI 2009-2010, Part A and MAI 2010 and 2011 Contracts for EIS services were developed using Peer Advocate and Coordinated Care Models.
b) Encourage the use of clients in assessment of consumer needs	Complete Consumer participation occurred in all needs assessment special studies. Consumers were offered training with Planning Council orientation and with Consumer/Affected Committee.
Objective 3.3: Utilize client satisfaction survey information in assessment of needs for services and models of services to be provided as well as the effectiveness of Ryan White services currently provided.	
Action Steps	***Success/Challenges***
a) Develop client satisfaction surveys to be administered to a representative sample of clients receiving services	Ongoing The client satisfaction surveys was developed by the Evaluation Committee in 2009 and forwarded to the QM for final review. Implementation of the survey is planned for FY for 2012.
b) Use data to refine plans for service delivery as necessary	Complete The survey results were reviewed by QM Committee for inclusion in quality improvement activities.
GOAL #4: Include strategies that address the primary health care and treatment needs of those who know their HIV status and are not in care, as well as the needs of those currently in the HIV/AIDS care system.	
Objective 4.1: Develop an enrollment/ eligibility determination process that ensures access to services and reduced barriers.	

Action Steps	***Success/Challenges***
a) Create a streamlined eligibility process with multiple opportunities for flexible documentation	Complete TGA Eligibility Policy and Procedure/Cards has been implemented to assist with the eligibility process.
b) Use a centralized CAREWARE system to aid intra-provider knowledge of client eligibility information for services	Complete The CAREWare centralization has been completed in Grantee's office, BAAs, developing VPN connections for providers.
Objective 4.2: Implement a mechanism by which PLWHA (in care, seeking care, or out of care) and the community at large can provide input concerning the medical and support service needs of PLWHA.	
Action Steps	***Success/Challenges***
a) Host Wellness Forums for consumers (both in care and out care) that focus on topics related to Ryan White service access and provision	The Consumer Committee planned a consumer forum in January 2012 and a pilot of the forum be implemented throughout grant year (Understanding HIV 101 And Planning Council Information) in 2 languages. The Grantee held quarterly consumer input meeting.
b) Develop a mechanism for submission of comments through www.hivmemphis.org	Complete A program email link is available on www.hivmemphis.org site and consumer comment boxes with cards are available at all agencies.
c) Utilize surveys and interviews to assess the needs of people out of care	Complete Several assessments and special studies have been used to evaluate needs of people that are out of care. This includes the 2009 Needs Assessment, 2010 Transportation Special Study report and 2011 Housing Special Study report.
Objective 4.3: Address the impact of low educational levels and poverty on those living with HIV/AIDS and those at risk throughout the TGA.	
Action Steps	***Success/Challenges***
a) Coordinate with existing prevention efforts in the TGA	Complete EIS Contracts and MOUs are in place.
b) Ensure that campaigns will effectively reach those with low literacy levels	Complete PA Outreach campaign materials- posters, postcards, business cards, etc are available.
c) Collaborate with community vocational rehabilitation services	Incomplete

	This action item will remain as part of the 2012 Comprehensive Plan.
d) Provide opportunities for employment of peer advocates	Complete Opportunities are detailed in all providers' EIS contracts.
Objective 4.4: Support existing programs and establish new program(s) to facilitate PLWHA entry into the medical care system upon release from jail/prison. Ensure that such programs address disclosure concerns for soon-to-be released and recently released PLWHA.	
Action Steps	***Success/Challenges***
a) Create a referral system that at a minimum connects those recently released clients to a primary health care provider and state ADAP programs	Complete The Grantee included this action item a part of the EIS contract with Shelby County Health Department.
GOAL #5: Include strategies to coordinate the provision of services for HIV prevention, including outreach and early intervention services.	
Objective 5.1: Support current initiatives seeking to increase prevention and outreach efforts within the faith community.	
Action Steps	***Success/Challenges***
a) Ensure that Planning Council is fully aware of all prevention and outreach initiatives of each State within the TGA	Complete Made available to the Planning Council during the PSRA process, FY 2010-2011 grant application narratives. Prevention and outreach efforts are also in service provider contracts.
Objective 5.2: Increase coordination with other Ryan White programs, other federally-funded HIV service grantees, and other community partners.	
Action Steps	***Success/Challenges***
a) Ensure that the Planning Council includes all mandated membership categories	Complete The Membership Committee review open mandated membership categories during monthly meetings and documentation is available in committee minutes.
b) Encourage participation of community partners including the Mid-South Coalition on HIV/AIDS Planning Council activities	The Mid-South Coalition no longer coordinates Ryan White Part B funding.
c) Identify the availability of alternate funding sources and develop a plan that leverages those resources to support the core continuum	Complete The Grantee provided the Planning Council with PSRA FY 2009-2012 data presentations.

Objective 5.3: Develop models that combine targeted early intervention services, outreach and medical care for PLWHA who are newly diagnosed or out-of-care.	
Action Steps	***Success/Challenges***
a) Integrate special Early Intervention and outreach strategies into plans for services for newly diagnosed and out of care PLWHA	Complete MAI 2009-2010, Part A and MAI 2010 and 2011 Contracts for EIS services were developed using Peer Advocate and Coordinated Care Models. The EIS retention in care reports were presented in PSRA 2011.
b) Increase efforts of Early Intervention Services within key points of entry for PLWHA newly diagnosed or out of care	Complete Efforts were discussed in the FY 2010-2012 RFPs and FY 2010-12 Service Provider Contracts.
GOAL #6: Create a system that reflects strategies for the provision and treatment of Substance Abuse and Mental Health services.	
Objective 6.1: Reduce the stigma associated with substance abuse and mental health issues.	
Action Steps	***Success/Challenges***
a) Continue to provide community education to educate non-Ryan White Substance Abuse and Mental Health providers about effective treatment of HIV positive clients	Complete The Grantee held a HIV/AIDS Network 2012 Conference which included workshop sessions relative to substance abuse and mental health services.
Objective 6.2: Increase collaboration with local SAMHSA grantees to ensure comprehensive care for PLWHA whose needs may be covered by both funding streams.	
Action Steps	***Success/Challenges***
a) Assess the availability and use of SAMHSA funding throughout the TGA	Complete The Grantee utilized available SAMHSA resources in the PSRA Data presentation, grant applications
b) Ensure that SAMSHA Grantees are included in the planning activities related to HIV service delivery	Incomplete This action item will remain as part of the 2012 Comprehensive Plan.
Objective 6.3: Assess the capacity of available substance abuse and mental health services for PLWHA within the TGA and ensure that funding resources are maximized.	

Action Steps	***Success/Challenges***
a) Create a detailed resource inventory, including capacity to serve PLWHA, for substance abuse and mental health services within the TGA	Complete Information is available in the 2009 Resource Directory of the Comprehensive Plan. Updates to the inventory will be included in the 2012 Comprehensive Plan.
b) Create capacity development opportunities for Ryan White and Non-Ryan White substance abuse and mental health providers to serve PLWHA	Complete FY 2010-2012 RFPs. New Mental Health service providers for FY11 and FY12. HIV/AIDS Network 2012 Conference included capacity development opportunities.
Objective 6.4: Develop a case management model that ensures adequate assessment and appropriate referrals for substance abuse and mental health treatment.	
Action Steps	***Success/Challenges***
a) Ensure that all providers have mechanisms in place for referrals to substance abuse and mental health agencies as necessary	Complete Standards of Care for HIV/AIDS medical and support services have been developed and approved to support individuals. Monitoring of service provider policies and procedures has been implemented and review of the policies and procedures occur yearly. Memphis TGA Ryan White Eligibility Policy and Procedure has been implemented.

SECTION II:

WHERE DO WE NEED TO GO?

I. Plan to meet challenges identified in the evaluation of the 2009 Comprehensive Plan

The Memphis TGA has worked to address several of the goals and objectives outlined in the 2009 Comprehensive Plan. Though only a few were not completed, the Grantee and other responsible parties attempted to complete the action steps. The Evaluation and Assessment Committee of the Planning Council made a decision to carry over all goals and objectives noted as incomplete into the 2012-2014 Comprehensive Plan. The Priorities and Comprehensive Planning Committee revised the timelines and included additional responsible entities for each action step not accomplished. Additional indicators will be used to monitor the progress and consider any additional guidance needed from the Planning Council or Grantee.

II. 2012 Proposed Care Goals

2012-2014 Comprehensive Plan of the Memphis Area Ryan White Planning Council's include Care Goals in Section III-How Will We Get There. The plan identifies the six goals accompanied by the objectives and action steps that will be used as a guidance in achieving an ideal continuum of care for HIV services. As assigned by the Ryan White Planning Council, the Priorities and Comprehensive Planning Committee worked to ensure the inclusion of the Health People 2020 Plan, goals of the National HIV/AID Strategy and Affordable Care Act.

The proposed care goals (and objectives) for the 2012-2014 Comprehensive Plan are as follows:

2012-2014 Comprehensive Plan of the Memphis Area Ryan White Planning Council's include Care Goals in Section III-How Will We Get There. The plan identifies the six goals accompanied by the objectives and action steps that will be used as a guidance in achieving an ideal continuum of care for HIV services. As assigned by the Ryan White Planning Council, the Priorities and Comprehensive Planning Committee worked to ensure the inclusion of the Health People 2020 Plan, goals of the National HIV/AID Strategy and Affordable Care Act.

The proposed care goals (and objectives) for the 2012-2014 Comprehensive Plan are as follows:

GOAL #1: Reduce new HIV/AIDS infections inside the Memphis TGA by developing strategies to coordinate the provision of services for HIV prevention, including outreach and early intervention services.

Objective 1.1: Expanded targeted efforts among disproportionately affected underserved communities (including adolescents, men who have sex with men injection drug users, etc.), include coordination with organizations that receive prevention funds.

Objective 1.2: Increase HIV/AIDS transition awareness among subpopulations with service providers, private providers and HIV/AIDS organizations.

Objective 1.3: Increase coordination with other Ryan White Programs, federally-funded HIV service grantees and community partners.

GOAL #2: Identify reasons why individuals that know their HIV status are not engaged in care and develop strategies to combat issues.

Objective 2.1: Ensure a system of care that adequately address the needs for individuals who know their HIV status but are not in care, informing them about available treatment and services, and assisting them in the use of those services**.**
Objective 2.2: Continue to ensure that services provided and allocations of funding adequately address the emergent support service needs of individuals living with HIV/AIDS.

GOAL #3: Provide capacity building and training to develop unique ways to get communities of color to access and stay in the system of care.

Objective 3.1: Develop strategies for increasing awareness among service providers, clients and the community at large of the availability of Ryan White services.

GOAL #4: Increase public awareness and general education of HIV primary health care services, related supportive services and treatment needs of disproportionately affected and historically underserved communities.

Objective 4.1: Implement mechanisms by which PLWHA (in care, seeking care, or out of care) and the community can provide input concerning the medical and support service needs of PLWHA.

GOAL #5: Incorporate strategies that address Quality of Care.

Objective 5.1: Ensure that all Ryan White providers in the Memphis TGA have quality medical and support service programs and technical assistance to assure the efficacy of those services for both the Part A Program and the Minority AIDS Initiative (MAI) Program.

Objective 5.2: Utilize client satisfaction survey information in assessment of needs for services and improvement in services to providers.

Objective 5.3: Ensure strategies for evaluating and improving the effectiveness of Ryan White services and quality medical and supportive services.

III. Memphis TGA Continuum of Care

The goal of the Memphis TGA Ryan White Part A Planning Council is, through its needs assessment and planning processes and through the allocation of funding, to create a seamless continuum of care that addresses the unmet needs of the infected and affected populations of the eight counties it is charged to serve.

The Memphis TGA is committed to the development of an ideal continuum of care for HIV services that ensures a flexible system with open access to all persons who need it, has multiple points of entry across both the geographic region and service categories, and includes a network of well qualified, trained providers to best meet the needs of those persons both out of care and in care within entire TGA. This system will be distinguished by strong communication, coordination and collaboration between funders, providers, and clients in efforts to best maximize resources for provision of client centered services.

The continuum of care for HIV services in the Memphis TGA will be characterized by the following principles:

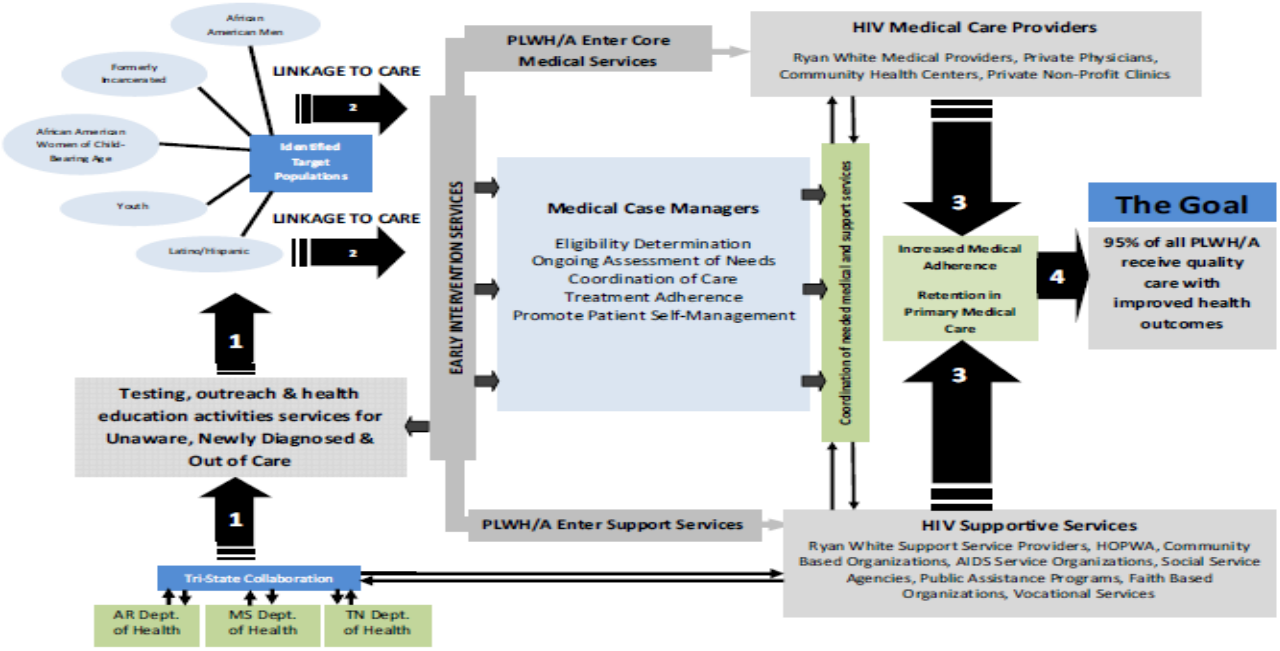
• Treat all people with compassion and respect;
• Ensure equity of access to services for all residents of all counties within the TGA;
• Deliver services in a culturally competent manner;
• Promote creative approaches, and coordination and collaboration among individuals, agencies, and communities;
• Actively seek the input of those out-of-care as a means to broaden access to services; and
• Ensure integration of HIV prevention strategies, as well as strategies addressing substance abuse and mental health treatment into the continuum of care.

In previous years, the continuum of care for HIV services within the Memphis TGA was highly dependent on the work of a limited number of medical case managers to identify and enroll clients into HIV care. This system had advantages in terms of ensuring that all clients who had been enrolled for Part A services were also screened for the State AIDS Drug Assistance Programs for Tennessee and Arkansas, but left an admitted gap in the system for those eligible clients who have limited or no access to medical case management within rural counties of the TGA. Additionally, those social service providers who do not have medical case management as a part of their programs have a limited realm of authority for determining the eligibility of a client for Ryan White services, which has been a barrier for clients who may only need or be eligible for supportive services.

Figure 1-3 contains a graphic illustration of the Memphis TGA HIV/AIDS Continuum of Care. The goal of the continuum of care for the Memphis TGA is threefold:

- to decrease the unmet need of PLWHA
- to get those unaware PLWHA tested and aware of their HIV status
- to increase the number of in-care PLWHA who are achieving positive medical outcomes.

Figure 1-3. Memphis TGA Continuum of Care



The HIV/AIDS Continuum of Care for FY12 focuses on increasing access to the Ryan White system for all PLWHA within the Memphis TGA, as well as a more defined coordination between HIV prevention and care services within the TGA. The continuum links those unaware clients identified through targeted testing and outreach efforts for referral to EIS and/or medical case managers who are able to quickly link eligible PLWHA into the Ryan White system of care. In addition to targeted outreach, the continuum of care depends heavily on Early Intervention Services as a mechanism to get those clients who are newly diagnosed, lost to care and/or otherwise hard to reach engaged and retained in care. While Medical Case Managers still have the primary role of determining eligibility and enrolling clients into Ryan White services, the Memphis TGA has become increasingly strategic in efforts to provide these services at various points of entry within the TGA. There are Medical Case Managers at each medical facility within the TGA (including in Mississippi and Arkansas), as well as the local Health Department. Proposed plans for FY12 include significantly expanding Medical Case Management access to Mississippi clients through a newly identified clinic already serving clients through Ryan White Part C as well as through collaboration with the Mississippi Department of Health The program is also began working to centralize provider access to the CAREWare database during FY11, so that Ryan White Providers medical and support service providers will able to share necessary eligibility, assessment, care plan, and service information of clients, which will result in a more efficient referral and linkage process. It is also important to note that within the continuum of care, core medical and support service providers already work together to ensure ongoing referral and linkage for clients who have varying levels of need.

Minority AIDS Initiative funding for FY 12 has been allocated towards activities which have the primary purposes of identifying, engaging and retaining those minority individuals who are unaware, newly diagnosed or out of care into the HIV Continuum of Care. As noted earlier within the Demonstrated Need Section of this application, over 84% of PLWHA within the

Memphis TGA are minorities; therefore, all of these MAI activities can support the majority of clients eligible for Ryan White services within the TGA.

IV. Goals regarding individuals *Aware* of their status, but are not in care (Unmet Needs)

The Planning Council determined that EIS and Outreach services were needed to address the needs of out of care PLWHA, thus MAI FY 2012 and Part A FY2012 funds were allocated to these two service categories. EIS programs were first developed in 2009 using Peer Mentor and/or Coordinated Care models at the Shelby County Health Department and three other agencies that provide Ryan White core medical and/or supportive services. EIS staff receive referrals from a variety of sources to link out of care clients to medical care, including prevention-funded testing sites, disease intervention specialists and nurses from health department clinics, Medical Case Managers, non-medical case managers and support service coordinators. In CY 2010, 505 unduplicated individuals were provided with EIS services, assisting clients in receiving medical and supportive services.

In 2009, the Planning Council obtained HRSA approval to use MAI FY 2007 and 2008 carryover funding for EIS and Outreach services for the development of an HIV care hotline and targeted awareness campaign intended to assist out of care PLWHA in accessing medical care. As mentioned in earlier sections, the hotline and campaign were developed to increase awareness about the need for early detection and early treatment of HIV, and to link individuals to available services. The services are also intended to address stigma, and were developed with input from consumers; in addition, the hotline employs PLWHA consumer advocates to answer calls, and the campaign features Memphis area PLWHA who have publicly shared their stories about living with HIV.

Development of the targeted awareness campaign began in June 2010; the provider conducted several focus groups with PLWHA and with providers in the TGA. Campaign materials were developed and refined based on the input from these groups. Central to the campaign are the Memphis area PLWHA who have courageously shared their stories of living with HIV and receiving Ryan White services. The targeted multimedia campaign, "KnowNow.LiveLonger", promotes the HIV Care Hotline through a variety of outlets including bus ads, billboards, flyers, posters, radio ads and the TGA Program and Planning Council website. Tracking reports of hotline calls indicate an increase in call volume immediately following news releases, radio ads, and television interviews, with a total of 315 hotline callers indicating that the KnowNow.LiveLonger campaign was the source of information about the hotline. As part of the campaign the Ryan White Program and Planning Council website was redesigned to include local resources and services. The website went live on August 23; website tracking February 2012 shows 4,411 unique visitors, with 5,942 total visits, and 21,679 page views.

V. Goals regarding individuals *Unaware* of their HIV status (EIIHA)

The goals of the Memphis TGA Early Identification of Individuals with HIV/AIDS (EIIHA) strategy are to ensure that individuals with HIV infection who are unaware of their status are educated and informed about the importance of early detection and treatment and provided with

information that will encourage them to make the decision to be tested. The specific goals the Memphis TGA intends to achieve with this strategy include:

1. To promote awareness about the importance of early detection and treatment for HIV.
2. To promote awareness about available HIV testing services.
3. To increase access to and utilization of existing HIV testing services.
4. To expand the availability of HIV testing services to underserved geographic areas and target populations.

Coordination with Other Programs/Facilities/Community Efforts: The Memphis TGA EIIHA strategy with regards to Community Based Organizations (CBOs), private health care providers, and hospitals will be to increase awareness about the need for routine HIV testing and the availability of Ryan White services. The majority of current HIV testing activities at CBOs are funded through CDC prevention through the Tennessee, Arkansas and Mississippi departments of health, with a few organizations receiving SAMHSA (Substance Abuse and Mental Health Services Administration) and/or local HIV/AIDS funding; we currently coordinate with these sites to link newly diagnosed clients to care through EIS. At this time, the Shelby County jails are the only correctional facilities that offer HIV testing to all inmates at the time of booking, funded through the Tennessee Department of Health by the CDC Expanded Testing Initiative. The Memphis TGA will work with CBOs to avoid duplication of testing efforts, and to continue EIS to ensure linkage to care services. The Memphis TGA currently funds EIS positions assigned to the Shelby County jails and will continue to do so.

Coordination with CDC HIV prevention-funded programs and agencies is essential to ensure that there is no duplication of services, and to identify gaps in testing services to geographic areas and among target populations. Thus, the Memphis TGA will continue to work closely with state and local health departments in reviewing data to determine the need for additional HIV testing services targeted toward individuals who are HIV-infected but unaware of their status.
At this time, there does not appear to be a need for additional resources for informing newly diagnosed individuals of their positive HIV test result. In calendar year 2010, there were 378 newly diagnosed HIV positive individuals assigned for case investigation at local health departments the TGA; 375 (99.2%) individuals were notified of their result and interviewed for partner notification by a disease investigation specialist.

The Memphis TGA first established Early Intervention Services (EIS) using Peer Mentor and Coordinated Care models in early 2009 to ensure the timely referral and linkage to care of newly diagnosed individuals, and will continue in efforts to expand both the availability and effectiveness of EIS. An EIS program has been developed at the Shelby County Health Department, working with Disease Intervention Specialists and Medical Case Managers to link newly diagnosed and out of care clients of the STD clinic and the county jails to care. In FY 2011, EIS programs were also funded at medical provider sites, where staff functions as part of a clinical team that assists a newly diagnosed or out of care client in engaging in medical care. Collaborative agreements with HIV counseling and testing sites have been developed with each EIS provider to facilitate the transition from testing to treatment. In addition, the HIV Care Hotline has a peer linkage coordinator who is able to follow-up and provide support to callers that need linkage to medical care and supportive services.

Incorporation of EIIHA in the RFP: The EIIHA strategy, goals and activities, to be funded primarily through EIS and Outreach services, will be clearly identified in the Request for Proposals. Proposers will be required to submit data supporting their capacity to reach and provide services to the specific target populations identified in the EIIHA matrix. EIS proposers will also be required to identify their plans for offering expanded HIV testing services, informing individuals of their results, and referring and linking HIV-infected individuals to medical care. Agencies must submit signed Memorandum of Understanding with HIV counseling and testing sites that outline referral and linkage to care responsibilities with their proposals.

Consideration of ADAP and Other Medication Resources for New Positives: The Memphis TGA will continue to coordinate with Tennessee, Arkansas and Mississippi Part B programs to ensure the availability and accessibility of ADAP and IAP programs. The Memphis TGA Planning Council voted the ADAP service category as the number two (2) service priority, and AIDS Pharmaceutical Assistance (Local) as the number five (5) service priority for FY 2012, in recognition that bringing individuals into care and providing them with access to appropriate medications are imperative. In late 2009 and early 2010, the Tennessee ADAP program had to implement a wait list due to funding shortages. As the Memphis TGA Ryan White Part A Program and the Tennessee Part B Program worked together to resolve the issues, a review of the allocation of Ryan White funding was completed. In order to ensure that medical care and medications are accessible to all eligible clients, the Part A and B Programs determined that Part B funding would focus on providing ADAP, and that Part A funding would be used to provide all other services. The Part A and B programs have also provided additional training to all Medical Case Managers about prescription assistance programs (PAPs) that are available from pharmaceutical companies. The Memphis TGA will continue to work collaboratively with the state Part B programs to ensure adequate funding is available for ADAP, to encourage client application for and use of prescription assistance programs, and to make AIDS Pharmaceutical Assistance (Local) available to provide medications as a bridge for clients as needed until ADAP or PAPs can be accessed.

Addressing Disparities in Access and Services: The Memphis TGA has identified poverty, stigma, lack of information about HIV, and insufficient access to health care insurance and health care services as the primary reasons for health disparities, which affect the minority communities at disproportionate rates. The TGA has worked to address these issues with current and carryover MAI funding through the development of Early Intervention Services, HERR and Outreach programs designed to reach out of care and newly diagnosed PLWHA. As discussed throughout this application, one of the projects of EIS has been the development of an HIV care hotline, staffed by nurses and PLWHA consumer advocates, who are available to answers questions about HIV disease and treatment, provide referrals to local resources, and assist clients with linkage to care. A targeted multimedia public awareness campaign ("Know Now. Live Longer") was developed through Outreach services; the materials were created with input obtained at local consumer and provider input forums, and feature Memphis area PLWHA who have shared their personal stories of living with HIV. The EIIHA strategy will also attempt to address these disparities by using these effective approaches to promoting awareness and education about HIV, increasing access to HIV testing services, and linking individuals to care.

Programmatic, Systemic and Logistical Challenges: The main programmatic, systemic and logistical challenges that the Ryan White program faces in implementing strategies that address the needs of the unaware are the result of overlapping responsibilities for HIV prevention and care services that are funded by multiple sources to different entities that do not have the ability to share protected health information without client consent, and multiple data collection systems that are not standardized.

Facilitating Routine HIV Testing Within the TGA: The Ryan White Program will work to promote awareness of the CDC recommendations for routine HIV testing among health care providers.

VI. Proposed coordinating efforts with programs

The Grantee's office works closely with state and local governments in the planning process, in addition to the work done by the Planning Council,. The collaboration with the three state health departments has resulted in the compilation of TGA epidemiological data, in obtaining ADAP service and funding information, and HIV testing data. The information from these on-going discussions is used to develop contracts with service providers to meet the medical and supportive services needs of TGA consumers in the three states. These collaborative efforts also help to ensure that Ryan White is the payer of last resort, and that services are not duplicated.

Medicaid: As mentioned previously, TennCare is the state Medicaid program in Tennessee. Statewide, it is estimated that 40 percent of PLWHA were TennCare beneficiaries in recent years. According to information received from the TennCare shows that $15,894,784 in benefits were paid for 1,987 PLWHA living in Shelby, Fayette and Tipton counties in 2010. These total expenditures reflect recent cuts made in TennCare as $24,880,842 was expended on PLWHA within these same counties in 2009. Ryan White funded medical providers in the Memphis TGA assess client Medicaid eligibility, and assist clients in applying for Medicaid benefits if they qualify.

Medicaid coverage in Mississippi requires that a person have proof of income eligibility and be determined disabled. Most PLWHA do not qualify for Medicaid until they are in advanced stages of illness and meet the disability requirements. Mississippi does have a Home-Based Program that provides IV therapy and aerosolized pentamidine for medically or chronically dependent HIV-infected patients in their home. Other services paid for PLWHA through Mississippi Medicaid include dental services, vision and hearing services and medical transportation. In 2010, 67 PLWHA received $517,859 in Mississippi Medicaid benefits. The state does not have an IAP, thus PLWHA who do not qualify for Medicare or Medicaid are uninsured and reliant upon Ryan White for services.

In Arkansas, the state Medicaid program also has income eligibility and disability requirements. Based on data provided by the Arkansas Medicaid program, there 78 PLWHA residing in Crittenden County who received health care services in 2010, with a total of $28,210 in benefits paid. The type of services provided to clients includes outpatient medical care and home health services.

Medicare: Under Ryan White's payer of last resort guidelines, all medical providers are required to determine Medicare eligibility for uninsured patients. Eligible patients include U. S. citizens or permanent residents who are 65 or older and who have worked ten or more years in Medicare-covered employment. It may also include those under age 65 who are determined to be

disabled, and those with end-stage renal disease requiring dialysis. The 2010 Ryan White Data Reports (RDR) indicated that approximately 461 of clients served qualified for Medicare.

State Child Health Insurance Program (SCHIP): Ryan White providers currently determine if children infected with HIV are eligible for SCHIP. According to 2010 TGA epidemiological data for the three-state area, there were 122 HIV-infected children, youth and young adults currently under the age of 20 and living with HIV infection in the Memphis TGA who were potentially eligible for SCHIP coverage. State guidelines vary for SCHIP. In Tennessee, the program is open to working families with uninsured children 21 and younger. Ryan White Medical Case Managers in the Memphis TGA cannot complete eligibility determination for SCHIP, but make referrals to appropriate officials in each state.

Veterans Affairs (VA): According to information on the Veteran's Affairs webpage (www.hiv.va.gov) in The State of Care for Veterans with HIV/AIDS report in 2009, the VA is the largest single provider of HIV care in the United States, providing services to over 24,000 HIV positive veterans in 2010. The typical veteran living with HIV is male (97%), average 53 years old and receives antiretroviral medications (80%). In 2010, there were 646 HIV positive veterans living in Tennessee, 372 in Mississippi and 253 in Arkansas.

The VA Medical Center in Memphis operates an outpatient primary care clinic and inpatient hospital, and provides a full array of services for eligible veterans including dental and behavioral health services. Shelby County Government has requested information from the Memphis VA Medical Center about available HIV services and the number of HIV-infected veterans specifically served at their site for the 2008-2011 grant applications and the 2009 Needs Assessment, but has had limited success in receiving the requested information. The Grantee's Office will continue to work to develop a relationship with the Memphis VA Medical Center in order to gain an understanding of PLWHA served by the local VA system.

HOPWA (and other Federal Housing Funds): The Housing Opportunities for People Living with AIDS (HOPWA) funding for the Memphis TGA is administered through the City of Memphis Division of Housing and Community Services (HCD). These funds are used to support eligible PLWHA within each of the eight counties covered by the TGA. According to information provided by HCD, in FY10 over 725 households were provided with assistance for Short Term Rent, Mortgage, and Utility Assistance (STRMU), Tenant Based Rental Assistance (TBRA), supportive housing and other services. In addition to HOPWA funds, HCD also receives funding from the Shelter Plus Care (S+C) program, also through the U.S. Department of Housing and Urban Development (HUD), to assist hard to serve homeless individuals with disabilities and their families ($92,000 in 2009). These individuals primarily include those with serious mental illness, chronic problems with alcohol and/or drugs, and HIV/AIDS or related diseases. The program also leverages these funds received from HUD with its Community Development Block Grant, other resources from local nonprofits, as well as in-kind support. The Ryan White Program continues to work to strengthen its collaboration and coordination with HCD to reduce duplication of effort and maximize available resources within the TGA.

Centers for Disease Control and Prevention (CDC): The Tennessee Department of Health, Mississippi Department of Health and Arkansas Department of Health are all Grantees for CDC

Prevention funding for their respective states/counties within the TGA. The United Way of the Mid-South serves as the local administrative agent for the State of Tennessee for CDC HIV prevention funding to community based organizations in the Tennessee counties within the Memphis TGA and has received $417,000 annually since 2008. HIV prevention education, counseling and testing, and outreach are the three primary services funded by CDC prevention. Approximately 30% of that funding is allocated to HIV prevention services with HIV-infected individuals. As priorities on the Federal level shift, more HIV prevention efforts are expected to focus on prevention and risk reduction activities for those people already diagnosed with HIV.

Currently in Shelby, Fayette and Tipton Counties, nine subgrantees from community-based organizations (CBOs) use CDC funds for outreach, testing and prevention activities. The programs serve 15,795 people in 2010.

The State of Tennessee awarded the Shelby County Health Department (SCHD) $1,066,600 in CDC expanded HIV testing funding for 2011. This funding is primarily used to conduct rapid HIV testing in the Shelby County correctional facilities, which is offered to all detainees at the time of booking. Other activities funded by the CDC Expanded Testing Initiative include HIV testing in the emergency departments at two hospitals in Memphis that serve indigent populations. The Le Bonheur Division of Community Health and Well-Being (also a Part D grantee) conducts the testing in these hospitals and has Peer Navigators that assist those with a positive test with referral and linkage to medical care.

The Arkansas Department of Health (ADH) receives CDC funding for HIV outreach, prevention, and, testing. The HIV Prevention Program funds 6 CBOs providing various prevention services throughout the state. Although there is not a CBO providing services exclusively to clients in Crittenden County, one medical facility, White River Rural Health Center, received $329,409 in funding from ADH in 2011 to provide HIV testing services for several counties, including Crittenden. HIV Testing is available within the TGA for clients at the Crittenden County Health Department.

In 2010, the Mississippi Department of Health (MDH) STD/HIV Bureau provided approximately $432,166 to seven subgrantees in support of prevention efforts. According to the Director of the STD/HIV Care and Services Division, none of the agencies are located within the four Mississippi counties included in the Memphis TGA. As MDH works to expand its prevention services, there are collaborative efforts in place with the G.A. Carmichael Family Health Care Clinic in Canton, MS- a Ryan White Part C Grantee- to extend its Rapid HIV testing services to residents in Tunica County. The Memphis TGA Ryan White Program is currently developing a contract with another Part C-funded health center in north Mississippi to establish outpatient, medical case management and early intervention services. EIS will be utilized to increase both the availability and accessibility of HIV testing services in the four Mississippi counties in the TGA for the identified EIIHA target populations.

Services for Women and Children: In the current fiscal year, the Tennessee Department of Health reports total funding of approximately $4.6 million for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and $183,199 for the Commodity Supplemental Food Program (CSFP) for clients living in Shelby, Fayette and Tipton counties.

The programs are provided to the community via a contract with Shelby County Health Department. Fayette and Tipton County Health Departments are part of the state budget for WIC services, but they are not funded for CSFP services. Tennessee Department of Human Services (DHS) provides food stamps for eligible families in Shelby, Tipton and Fayette counties. Eligible PLWHA are referred to the Health Department and DHS for these services. In fiscal year 2011, $673,375 was allocated for WIC services in Desoto, Tunica, Tate, and Marshall Counties. In Arkansas, data for WIC funding was not available for Crittenden County; however, $74.7 million in WIC funds were awarded to Arkansas Department of Health for the fiscal year 2011. There are no available funds or programs for substance services exclusively for pregnant women in the Memphis TGA.

Other State and Local Social Service Programs: During the Priority Setting and Resource Allocation process, the Planning Council discusses local resources available for clients, in order to maintain Ryan White Programs as the payer of last resort. The Memphis and Shelby County Public Library System administers the LINC 2-1-1 program, which provides information on local resources to the community. Utilizing this service to search for available resources identifies the majority of programs available in the TGA. Available programs for general assistance and vocational rehabilitation through local nonprofits include Metropolitan Interfaith Association, Hope Works, Friends For Life, Sacred Heart Southern Missions, Memphis Food Bank, Hope House, Memphis Light, Gas and Water and others. Although there are a number of programs that offer emergency financial assistance, clothing, food pantry and vocational services, many of them are only able to offer services on a time limited basis and funds are expended quickly. In addition to these community agency programs, many local churches offer food, clothing and other assistance, but these resources are also very limited. Despite the availability of some services in the TGA, the need is far greater than what is available. The Planning Council has continued to allocate funds to service categories such as Emergency Financial Assistance and Food Bank/ Home Delivered Meals in order to meet the substantial needs of clients within the TGA. In line with the eligibility policies of the Memphis TGA, PLWHA are directed to utilize community programs before accessing Ryan White Services for these needs.

Local, State and Federal Public Health Programs: There are ten (10) Federally Qualified Health Centers and several private nonprofit clinics in the Memphis TGA to meet the public health needs of the community. These centers can offer general primary care and pediatric care to the community, but do not offer the specialty care needed by individuals with HIV infection. These public programs also do not have the ability to offer the expensive anti-retroviral medications needed to treat HIV infection or the expensive laboratory tests needed to properly prescribe medications and monitor treatment efficacy. The Ryan White program continues to work to encourage the involvement of these programs in the delivery of HIV services. In March 2012, the Ryan White Part A Program will collaborate with the Part F TN AETC programs to offer HIV training for those health providers currently delivering HIV care, with hopes to encourage some of these other clinics to also take part in the training opportunity.

Local and Federal Funds for Substance Abuse and Mental Health Treatment Services: According to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) website, the three states in the Memphis TGA

received the following amounts in total funding in FY 2009-2010: Tennessee $59,210,940; Arkansas $22,601,152 and; Mississippi $26,173,561. Limited amounts of state level funding, specifically targeting PLWHA with substance abuse and mental health issues, are awarded directly to any service providers located within the Memphis TGA. The 2009 Needs Assessment indicates that over 50% of PLWHA surveyed in the Memphis TGA need substance abuse and mental health services, if those funds were available in the Memphis TGA. As part of the goals set forth in this Comprehensive Plan, the Planning Council will seek to strengthen relationships with mental health and substance abuse providers and to fund services where possible.

SECTION III:

HOW WILL WE GET THERE?

Memphis TGA 2012-2014 Comprehensive Plan Goals and Objectives

GOAL #1: Reduce new HIV/AIDS infections inside the Memphis TGA by developing strategies to coordinate the provision of services for HIV prevention, including outreach and early intervention services.

Objective 1.1: Expanded targeted efforts among disproportionately affected underserved communities (including adolescents, men who have sex with men injection drug users, etc.), include coordination with organizations that receive prevention funds.

Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/ Indicator***
a) Coordinate efforts to reduce the number of new AIDS cases among adolescent and adult heterosexuals, men who have sex with men and adults who inject drugs.	Ongoing	Part A Grantee, Planning Council, Service Providers, and other Community Partners	Evidence of increased linkage and retention in care for out of care and newly diagnosed PLWHA; In+Care Campaign Measures; CAREWare
b) Develop strategies to increase the proportion of new HIV infections diagnosed before progression to AIDS.	Ongoing	Part A Grantee, Planning Council, Service Providers, Quality Management Committee and other Community Partners	Evidence of increased EIS activities; In+Care Campaign Measures; HIV/AIDS Reporting System (EHARS): TN, MS, AR
c) Assist in developing strategies to decrease the proportion of men who have sex with men who reported unprotected sex.	Ongoing	Part A Grantee, Planning Council, Service Providers, and Consumer/Affected Communities Committee other Community Partners	2012-2015 Need Assessment; Potential behavioral survey from providers

Objective 1.2: Increase HIV/AIDS transition awareness among subpopulations with service providers, private providers and HIV/AIDS organizations.

Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/ Indicator***
a) Collaborate with providers and organizations to reduce the number of new HIV diagnoses, the rate of HIV transmission and new AIDS cases among adolescents and adults.	Ongoing	Part A Grantee, Parts B, C, D and F, Service Providers, and other Community Partners	Meeting agendas and minutes from various planning groups coordinating with State prevention plans; 2012-2014 Epidemiology data

			HIV/AIDS Reporting System (EHARS): TN, MS, AR
Objective 1.3: Increase coordination with other Ryan White Programs, federally-funded HIV service grantees and community partners.			
Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/ Indicator***
a) Encourage participation from the faith-based community and other community partners in planning efforts and activities within the TGA.	Ongoing	Part A Grantee, Planning Council	Documentation of increased coordination of planning activities
b) Ensure Planning Council is fully aware of all prevention and outreach initiatives within the Memphis TGA.	Ongoing	Priorities and Comprehensive Planning Committee	Presentations to Planning Council about planned prevention and outreach initiatives
c) Ensure that the Planning Council reflects all mandated membership categories.	Ongoing	Part A Grantee, Membership Committee	Assessment of mandated membership categories during monthly committee meetings
d) Continue to identify available alternative funding sources and develop a plan that leverages those resources to support medical and supportive services.	Annually and Ongoing	Priorities and Comprehensive Planning Committee, Part A Grantee, RW and non-Ryan White Programs	Evidence from review of available funding opportunities
e) Coordinate efforts of increase access in rural areas with TN, AK and MS State Rural Health Office plans.	Ongoing	Part A Grantee, Planning Council	Attendance at Rural Health Office meetings
GOAL #2: Identify reasons why individuals that know their HIV status are not engaged in care and develop strategies to combat issues.			
Objective 2.1: Ensure a system of care that adequately address the needs for individuals who know their HIV status but are not in care, informing them about available treatment and services, and assisting them in the use of those services.			
Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/***

			Indicator
a) Use data from 2012 Needs Assessment to implement service needs for clients.	Annually	Part A Grantee, Priorities and Comprehensive Planning Committee, Evaluation and Assessment Committee, Service providers, Other Community Partners	Evidence of contracts with providers for needed services; CAREWare service utilization data
b) Use data from the In+Care Campaign measures to evaluate retention of patients.	Ongoing	Planning Council, Evaluation and Assessment Committee, Quality Management Committee	In+Care campaign data submissions; Quality Management Committee meeting minutes; HAB measures quarterly reports
c) Develop strategies to increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current HAB measures.	Ongoing	Part A Grantee, Service Providers, Quality Management Committee	Clinical provider quality management and quality improvement reports; HAB measures quarterly reports
Objective 2.2: Continue to ensure that services provided and allocations of funding adequately address the emergent support service needs of individuals living with HIV/AIDS.			
Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/ Indicator***
a) Maintain quarterly Consumer Input Meetings allowing PLWHA opportunities to provide input to grantee staff on current issues, including, but not limited to, barriers to care, service gaps, emerging needs and access to care issues.	Quarterly	Part A Grantee, Consumer/Affected Communities Committee	Documentation of meetings
b) Conduct a special study researching emergency assistance resources and barriers in the TGA.	August 2012 and ongoing	Part A Grantee and Priorities and Comprehensive Planning Committee	Completion of a special study
GOAL #3: Provide capacity building and training to develop unique ways to get communities of color to access and stay in the system of care.			

Objective 3.1: Develop strategies for increasing awareness among service providers, clients and the community at large of the availability of Ryan White services.			
Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/ Indicator***
a) Provide training for improving communication skills and provide cultural competent service training for all service providers of HIV services with clients.	Ongoing	Part A Grantee, Part F AETC, Planning Council, Service Providers, Community Partners	Assessment of the Administrative Mechanism; Documentation of Training; Training Evaluation
b) Increase number of bilingual (Spanish speaking) staff and resources available for services for PLWHA and their families.	Ongoing	Part A Grantee, Service Providers, Community Partners	Documentation of bilingual staff and/or resources
c) Increase available resources for all providers of HIV services (i.e. website updates, information sessions and blog pages).	Ongoing	Part A Grantee, Part F AETC, Community Partners	Documentation of materials distributed; Provider meeting minutes; Website updates; Emails to providers
d) Implement teaching strategies for the community to increase knowledge of HIV/AIDS issues (i.e. Coordinate with existing efforts to reduce the number of perinatally acquired HIV and AIDS cases).	Ongoing	Part A Grantee, Part F AETC, Service Providers, Planning Council, Community Partners	Public service announcements; Website; documentation of AETC training; 2012-2014 Epidemiology data
e) Find new ways to coordinate services with agencies funded by SAMHSA and HOPWA (i.e. collaborate to increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support).	Ongoing	Part A Grantee, Planning Council, SAMSHA and HOPWA grantees and sub grantees, Community Partners	Evidence of SAMSHA and HOPWA representation/input in the planning processes; Documentation of SAMSHA and HOPWA funding inventory in the TGA
GOAL #4: Increase public awareness and general education of HIV primary health care services, related supportive services and treatment needs of disproportionately affected and historically underserved communities.			
Objective 4.1: Implement mechanisms by which PLWHA (in care, seeking care, or out of care) and the community can provide input concerning the medical and support service needs of PLWHA.			

Action Steps	*Timeline*	*Responsibility*	*Evaluation Method/ Indicator*
a) Utilize Peer Mentors to develop a plan for services for newly diagnosed and out of care PLWHA.	Ongoing	Part A Grantee, Planning Council	CAREWare linkage and retention data
b) Use community level approaches through faith-based ministries, non-Ryan White Providers, and other HIV Service Providers to reach PLWHA.	Ongoing	Part A Grantee, Planning Council, Service Providers, Community Partners	Evidence of outreach to non-Ryan White Providers; Website updates; Evidence of coordination of various planning activities with Community Partners
c) Maintain public awareness campaign efforts intended to address stigma and assist those out of care PLWHA in accessing medical and supportive services.	Ongoing	Part A Grantee, Planning Council, Service Providers, Community Partners	Website updates; Public service announcements; Collaboration with non-Ryan White Service Providers and Community Partners
GOAL #5: Incorporate strategies that address Quality of Care.			
Objective 5.1: Ensure that all Ryan White providers in the Memphis TGA have quality medical and support service programs and technical assistance to assure the efficacy of those services for both the Part A Program and the Minority AIDS Initiative (MAI) Program.			
Action Steps	*Timeline*	*Responsibility*	*Evaluation Method/ Indicator*
a) Maintain Quality Management Committee meetings to oversee QM program activities.	Quarterly	Grantee Part A, Quality Management Committee	Documentation of meetings
b) Evaluate the Quality Management indicators applicable to the Memphis TGA services and improvement needs while ensuring quality, accurate and comprehensive data collection.	Quarterly	Grantee Part A, Quality Management Committee	Documentation of meetings; Quality Management Plan; CAREWare data; HAB measures quarterly reports
c) Include consumer members on the Quality Management committee.	Ongoing	Part A Grantee, Quality Management Committee	Quality Management Committee membership

			roster; Documentation of meeting attendance
d) Provide quality improvement and data collection training and technical assistance to TGA providers.	Ongoing	Part A Grantee, Quality Management Committee, Service Providers	Document of training; Training Evaluation; CAREWare data
e) Utilize QM data to develop quality improvement projects via Plan, Do, Study, Act cycles for both core and support services.	Ongoing	Part A Grantee, Service Providers; Evaluation and Assessment Committee, Quality Management Committee	Documentation of PDSA cycles
Objective 5.2: Utilize client satisfaction survey information in assessment of needs for services and improvement in services to providers.			
Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/ Indicator***
a) Use data from client satisfaction surveys for core medical and support services to evaluate the satisfaction with Ryan White services.	Ongoing	Quality Management Staff, Evaluation and Assessment Committee, Service Providers	Documentation of client satisfaction surveys and results
Objective 5.3: Ensure strategies for evaluating and improving the effectiveness of Ryan White services and quality medical and supportive services.			
Action Steps	***Timeline***	***Responsibility***	***Evaluation Method/ Indicator***
a) Ensure that medical and support services are provided according to all current guidelines and standards.	June 2013	Part A Grantee, Evaluation and Assessment Committee , Quality Management Committee	Quality Management Plan; Review of Public Health Service guidelines and local Standards of Care; Quarterly reports of QM activities/ performance measures

SECTION IV:

HOW WILL WE MONITOR OUR PROGRESS?

I. Plan to monitor and evaluate progress in achieving proposed goals and identified challenges

The Memphis TGA Grantee and Planning Council will conduct ongoing monitoring and evaluation of the goals and objectives detailed in this Comprehensive Plan. The monitoring process will include a quarterly review by the Planning Council committees of the evaluation indicators. Quarterly monitoring will help ensure the availability of resources that may be needed and will allow for the revision of action steps in a timely way.

The Planning Council will use the following standing committee work plans to track the process of the action steps detailed in the Comprehensive Plan:

- **Consumer/Affected Communities Committee**
  1. *Goal #1, Objective 1.1, Action Step C:* Develop strategies to decrease the proportion of men who have sex with men who reported unprotected anal sex in the past 12 months.
  2. *Goal #2, Objective 2.2, Action Step B:* Maintain quarterly Consumer Input Meetings allowing PLWHA opportunities to provide input to grantee staff on current issues, including, but not limited to, barriers to care, service gaps, emerging needs and access to care issues.
- **Evaluation and Assessment Committee**
  1. *Goal #2, Objective 2.1, Action Step A:* Use data from 2012 Needs Assessment to implement service needs for clients.
  2. *Goal #2, Objective 2.1, Action Step B:* Use data from the In+Care Campaign measures to evaluate retention of patients
  3. *Goal #5, Objective 5.1, Action Step E:* Utilize QM data to develop quality improvement projects via Plan, Do, Study, Act cycles for both core and support services.
  4. *Goal #5, Objective 5.2, Action Step A:* Use data from client satisfaction surveys for core medical and support services to evaluate the satisfaction with Ryan White services.
  5. *Goal #5, Objective 5.3, Action Step A:* Ensure that medical and support services are provided according to all current guidelines and standards.
- **Priorities and Comprehensive Planning Committee**
  1. *Goal #1, Objective 1.3, Action Step B:* Ensure Planning Council is fully aware of all prevention and outreach initiatives within the Memphis TGA.
  2. *Goal #1, Objective 1.3, Action Step D:* Continue to identify available alternative funding sources and develop a plan that leverages those resources to support medical and supportive services.
  3. *Goal #2, Objective 2.1, Action Step A:* Use data from 2012 Needs Assessment to implement service needs for clients.

4. *Goal #2, Objective 2.2, Action Step B:* Conduct a special study researching emergency assistance resources and barriers in the TGA.

- **Membership Committee**

  1. *Goal #1, Objective 1.3, Action Step C:* Ensure that the Planning Council reflects all mandated membership categories.

Each committee work plan contains three elements used to assist in monitoring various aspects of the proposed goals and action steps:

Timeline: Tracks the specific date and/or timeframe in which each task/activity is implemented and/or completed.

Responsibility: Details the individuals accountable for the implementation, reporting and monitoring of each work plan task/activity.

Evaluation Method/Indicator: Identifies the measurable component used to determine the success, status and/or outcome of each work plan task/activity.

II. Assessment of Early Identification of Individuals with HIV/AIDS (EIIHA) Initiatives

The data identifying individuals with HIV who are unaware of their status represent an important tool in the Memphis TGA's plan to assess gaps in HIV testing, referral and linkage to care. Analysis of HIV testing and partner notification data will be conducted annually to monitor HIV testing access and utilization. It will also show the percentage of newly identified persons referred and linked into care. The data will be provided to the Planning Council on an annual basis as part of the Priority Setting and Resource Allocation process. The effectiveness of Early Intervention Services in linking newly identified PLWHA to care will be evaluated as part of the on-going program and quality management monitoring activities.

III. Monitoring and Evaluation Plan

A. Improved Use of Ryan White Client Level Data

The Memphis TGA utilizes CAREWare for collection of client-level data (CLD) and for required HRSA/HAB data submissions. All Ryan White Part A and MAI-funded service providers use CAREWare to collect and report data. Of the 16 providers, eight are entering data into a central server maintained by the grantee's office; the remaining providers submit client level data on a monthly basis via CAREWare Provider Data Export. Each provider submits their own Ryan White Service Report (RSR) via the Electronic Handbook.

B. Site Visit Monitoring

In 2011, Shelby County Government made substantial progress integrating the National Monitoring Standards into contracting and monitoring efforts. Revisions were made to existing

monitoring process and tools, and site visits were conducted with each service provider. RFP and contract language was reviewed to assure compliance with the requirements of the standards. Provider technical assistance needs are identified through an annual survey, routine monitoring and site visit activities, and from specific requests submitted by providers. Assigned Provider Service Specialists from the Grantee office work with the Contract and Quality Management and Budget coordinators to identify needs and develop plans for addressing technical assistance needs. On-site training and technical assistance is documented and is included in the provider monitoring files.

A provider manual has been developed and is distributed at the beginning of the new grant year. The Provider manual includes essential programmatic and fiscal information from the HRSA HIV/AIDS Bureau, including service category definitions, policy letters, monitoring standards and OMB circulars. The manual also provides information specific to the Memphis TGA, including local standards of care, client eligibility policies and procedures, programmatic and fiscal guidance, information about quality management, the CAREWare user manual and reporting instructions and a listing of on-line resources. The Provider manual is updated during the course of the grant year, as needed, and receives an additional detailed review prior to the start of each new grant year.

Program, fiscal and quality management monitoring of Ryan White service Providers is conducted through both routine monthly monitoring of reports and with on-site visits to facilities where services are provided. Site visit monitoring policy and procedures have been developed and include the use of standardized monitoring and data collection tools, site visit reports that detail all findings and compliance issues, development of recommendations for corrective action and provision of technical assistance and review of corrective action implementation. Site visits are conducted at least once each grant year, but may be more frequent if issues or problems are identified through routine monthly monitoring activities. A second on-site fiscal review is completed within 30 days of the end of the contract period

C. Use of Data for Evaluation and Service Utilization

The Grantee office uses the CAREWare pre-built financial and Ryan White HIV/AIDS Program Data Report (RDR) as well as custom reports that have been developed by the grantee staff to obtain nearly all of the data needed for program and quality management monitoring and evaluation. Each month, reports are run to assess service utilization for unduplicated clients and for client service caps (for EFA and Oral Health). A comprehensive utilization report detailing the number of unduplicated clients for each service category for the month as well as a year to date total is provided monthly to the Planning Council as part of the Grantee report. Data from CAREWare is also used to report outcome measures for the annual progress report and for the annual PSRA data presentation.

D. Measurement of Clinical Outcomes

An aggregate report of HAB performance measures is developed quarterly from CAREWare data and is reviewed at the Quality Management and the Evaluation and Assessment committee meetings and at monthly Provider meeting. Individual provider reports are also run quarterly

and reviewed with the providers to ensure that quality improvement activities are developed and implemented to address deficits that may result in poor clinical outcomes. All clinical service providers are required to have a quality management program and plan that include measurement of HAB performance measures and clinical outcomes.

APPENDIX I: RYAN WHITE RESOURCE INVENTORY

Provider	Narrative	Funded Ryan White Service
Adult Special Care **The Regional Medical Center** 877 Jefferson Ave. Memphis, TN 38109 (901)545-7446	Through the Adult Special Care Center at The Regional Medical Center at Memphis (The MED), HIV-positive patients seek treatment knowing they will receive the highest standard of care. Individualized treatment is available for the whole person, addressing medical, psychosocial, nutritional and financial needs. Patients are provided guidance on how best to access information about the latest HIV-related research, as well as information about HIV-related community events, social activities, support groups, and networking opportunities.	• Outpatient/Ambulatory Health Services • ADAP – local • Medical Case Management (including Treatment Adherence) • Medical Transportation Services • Early Intervention Services • Mental Health Medical Nutrition Therapy
Christ Community Health Services 2953 Broad Ave. Memphis, TN 38112 (901)260-8486	Christ Community Health Services is a Christian non-profit organization focused on fulfilling the physical, spiritual, and emotional needs of the underserved through health centers and outreach programs. Since our founding in 1995, Christ Community has provided high-quality healthcare and services to thousands of patients, caregivers, students, and families in designated geographical areas in Memphis where the needs are greatest.	• Outpatient/Ambulatory Health Services • Medical Case Management (including Treatment Adherence) • Medical Transportation Services • Mental Health • Oral Health Care • Early Intervention Services • Food Bank/Home Delivered Meals
CHOICES 1726 Poplar Ave. Memphis, TN 38174 (901) 274-3550	CHOICES provides comprehensive reproductive healthcare to men, women and teens. We offer reproductive health visits, adoption referrals, colposcopies, fertility assistance, HIV testing and referrals, reproductive health services for people living with HIV/AIDS, birth control, Gardisil vaccinations, lesbian and gay sexual health visits, transgender healthcare, first trimester surgical and medical abortion, training of medical students and advanced nurse practitioners, miscarriage management and comprehensive pregnancy options counseling. The goal of our independent, non-profit clinic is to completely transform the way reproductive healthcare is perceived and provided in our community. Choices' commitment to a patient-centered practice is one of the distinguishing characteristics of the feminist model of healthcare and we are proud to continue providing comprehensive reproductive health services in a safe environment and with respect for individual beliefs.	• Outpatient/Ambulatory Health Services

Cocaine Alcohol Awareness Program 4041 Knight Arnold Memphis, TN 38118 (901)360-0442	CAAP, Inc., an organization offering a wide variety of programs serving a diverse client base, is truly a unique and diverse treatment provider. It is one of the largest behavioral health providers in the State of Tennessee and the only one that has such diversity in funding revenue. Also, CAAP, Inc. is one of the largest Community Based Organizations (CBO) in Tennessee, serving the needs of the community and has relationships with other community based organizations	• Substance Abuse Outpatient Treatment
Community Services Agency 2670 Union Extended, Suite 500 Memphis, TN 38112 (901)222-4200	The primary aim of the Community Services Agency (CSA). is to break the generational cycle of poverty requires changes in attitude, living conditions, education and aspirations of its victims- As part of Shelby County Division of Community Services, The CSA works with non-profit organizations, other branches of government and other governmental agencies and citizen committees to plan and provide programs for low-income residents that emphasize self-help. The CSA now provides Ryan White housing assistance, helping eligible PLWHA who have been denied or are waiting for approval for long-term housing assistance programs. The CSA now provides Ryan White housing assistance, helping eligible PLWHA who have been denied or are waiting for approval for long-term housing assistance programs.	• Case Management (Non-medical) • Housing • Medical Transportation Services
The Crisis Center 1-877-HIV-KNOW	Every day- a phone call away. A life crisis is never planned or scheduled. It comes suddenly, usually the accumulation of stressful circumstances. It might arrive in the form of heavy emotional pain, overwhelming sadness or a sense of hopelessness. It can result from big changes in life such as the loss of a loved one or job- or a diagnosis of HIV. The hotline is staffed by trained volunteers who are able to answer questions about HIV infection, transmission, testing and treatment, and issues related to living with HIV, such as stigma and disclosure. The hotline serves as an important access point into HIV care and supportive services.	• Referral for Health Care and Supportive Services
East Arkansas Family Health Center 215 East Bond Street West Memphis, AR 72301 (870)735-3291	East Arkansas Family Health Center's mission is to provide accessible, comprehensive, and quality healthcare to the community with emphasis toward the traditionally underserved. Provide comprehensive primary healthcare services to the entire family. Services include primary medical, dental, mental health and preventive health services. Services may vary at health center locations. A representative from each health center location can provide additional information regarding local services.	• Outpatient/Ambulatory Health Services • ADAP – local • Medical Case Management (including Treatment Adherence) • Oral Health Care • Early Intervention Services • Food Bank/Home Delivered Meals • Emergency Financial Assistance-Utilities

		• Mental Health • Psychosocial Support • Medical Transportation Services
Friends for Life Corp. 43 North Cleveland Ave. Memphis, TN 38104 901-272-0855	The mission of Friends For Life Corporation is to help persons affected by HIV/AIDS live well. Our comprehensive, client-centered approach includes education, housing, food, transportation, healthcare and healthy life skills training. We strive to enlighten the Mid-South community in a manner that heightens awareness, facilitates acceptance and promotes prevention.	• Food Bank / Home Delivered Meals • Case Management (non-medical) • Oral Health Care • Early Intervention Services • Emergency Financial Assistance-Utilities • Psychosocial Support • Medical Transportation Services
Hope House Daycare, Inc. (901)272-2702	Hope House is a haven, a place of rest, peace, learning and laughter. A place where children whose lives cast with the shadow of HIV can play without accusation, laugh without being condemned, and have the freedom to just be a child. A place their parents and caregivers can depend on, lean on and trust. It's a place where hope lives. Non-medical Case Management and individual and group Psychosocial Support services are available for Ryan White Part A eligible PLWHA.	• Case Management (non-medical) • Psychosocial Support
Memphis Health Center 360 E H Crump Blvd. Memphis, TN 38126 (901)261-2072	The Memphis Health Center, Inc. (MHC, Inc.) was incorporated in 1973 as a 501(c) federally qualified health center with the goal of increasing access to comprehensive primary and preventive healthcare and reducing health disparities in medically underserved areas. MHC initially opened in a storefront in the Metro Shopping Plaza at Crump and Danny Thomas Boulevards. The initial focus of the Center was on preventive medical and dental care. Services include primary care, dental services, and substance abuse/mental health services, which are available directly or via subcontractors. A team at the main site provides primary care.	• Outpatient/Ambulatory Health Services • Medical Case Management (including Treatment Adherence) • Medical Transportation Services

Shelby County Health Department 814 Jefferson Memphis, TN 38105 (901)222-9428	The Shelby County Health Department provides HIV and STD testing services weekdays 8:00 am-4:30 pm. Persons testing positive for HIV are referred directly to an Early Intervention Services peer liaison or Medical Case Manager at the time results are given. Medical Nutrition Therapy services and supplements are also available.	• Medical Case Management (including Treatment Adherence) • Medical Nutrition Therapy • Early Intervention Services • Medical Transportation Services
Mobile Ministry of Dentistry 550 Jefferson Place, Suite 550 Memphis, TN 38105 (901) 337-3285	The Mobile Ministry of Dentistry provides dental services on a mobile unit that has two complete exam and treatment rooms. The unit provides services to eligible individuals through contracts with the Head Start Program for children and with the Memphis TGA Ryan White Part A Program. Because it is mobile, the unit is able to provide services at locations that are easily accessible to public transportation.	• Oral Health Care
Sacred Heart Southern Missions 6050 Highway 161 North Walls, MS 38680 (662)342-3176	Sacred Heart Southern Mission assists the economically disadvantaged through advocacy, social services, affordable low-income housing and educational opportunities in its school and learning centers. Memphis TGA Ryan White eligible clients are provided with essential supportive services that help with adherence to medical treatment.	• Non-Medical Case Management • Food Bank / Home Delivered Meals • EFA - Utility Assistance • Medical Transportation Services
St. Jude Children's Research Hospital 262 Danny Thomas Place Mail Stop # 600 Memphis, TN 38105 (901)595-4645 or (901)595-5067	St. Jude is unlike any other pediatric treatment and research facility. Discoveries made here have completely changed how the world treats children with cancer and other catastrophic diseases. With research and patient care under one roof, St. Jude is where some of today's most gifted researchers are able to do science more quickly. St. Jude researchers are published and cited more often in high impact publications than any other private pediatric oncology research institution in America. St. Jude is a place where many doctors send some of their sickest patients and toughest cases. A place where cutting-edge research and revolutionary discoveries happen every day. We've built America's second-largest health-care charity so the science never stops.	• Outpatient/Ambulatory Health Services • Medical Case Management (including Treatment Adherence) • Mental Health Services • Psychosocial Support Services

State of Tennessee Health Dept. 425 5th Ave. North Nashville, TN 37243 (615)532-2932	The State of Tennessee Department of Health HIV Drug Assistance and Medical Services Programs administer the State ADAP program.	• ADAP – State
The Church on the Square 1567 Overton Park Memphis, TN 38112 (901) 22-3401	The Church on the Square is a non-denominational, spirit-filled, church with a heart for reconciliation. We cross all socio-economic lines, and we have one thing in common. Well really two. We love God and We love people. The Church on the Square has a professional counseling ministry that offers life management programs for people facing challenging life issues, including living with HIV.	• Mental Health • Psychosocial Support • Substance Abuse Outpatient Treatment
Tutwiler Clinic Satellite location in Southaven, MS at the De Soto County Health Department (662)326-9232	The Tutwiler Clinic affirms the dignity of each person and his or her right to quality health care provided in a Christian manner. We seek to enable Clinic patients to become knowledgeable about their health or illness and to participate in their own care to their fullest potential. HIV primary medical care and support services are available for Memphis TGA Ryan White Part A eligible clients at the Southaven location.	• Outpatient/Ambulatory Health Services • Medical Case Management (including treatment adherence) • ADAP – local • Medical Transportation Services

APPENDIX II: NON-RYAN WHITE RESOURCE INVENTORY

Following is a summary, by service category, of community resources providing services to PLWHA in the Memphis TGA. A comprehensive, detailed listing of HIV/AIDS services within the TGA is available on the Memphis TGA Planning Council website (www.hivmemphis.org).

ALCOHOL AND DRUG COMMUNITY SUPPORT SERVICES

Agency	County	City, State	Phone#
8th Street Mission	Crittenden	West Memphis, AR	(870)735-6010
Alcoholics Anonymous	Shelby	Memphis, TN	(901)726-6750
CAAP, Inc.	Shelby	Memphis, TN	(901)367-7550
Christian Counseling Ministries	Desoto	Southaven, MS	(662)253-0232
Communicare	Panola	Sardis, MS	(662)487-2746
Counseling Services of Eastern Arkansas	Crittenden	West Memphis, AR	(870)735-5118
DeSoto Behavioral Health	Desoto	Southaven, MS	(662)349-6658
DeSoto Family Counseling Center	Desoto	Southaven, MS	(662)342-2700
Family Counseling Services of Millington	Shelby	Millington, TN	(901)872-3525
Frayser Family Counseling Center	Shelby	Memphis, TN	(901)353-5440
JB Summers Center	Fayette	Somerville, TN	(901)465-9831
Lakeside	Shelby	Memphis, TN	(901)377-4700
Life Strategies	Crittenden	West Memphis, AR	(870)702-7563
Memphis Gay and Lesbian Community Center	Shelby	Memphis, TN	(901)278-4297
Memphis Recovery Center	Shelby	Memphis, TN	(901)272-7751
Midtown Mental Health Center	Shelby	Memphis, TN	(901)577-0221
Millington Professional Counseling	Shelby	Millington, TN	(901)476-8967
Narcotics Anonymous	Shelby	Memphis, TN	(901)276-5483
New Directions	Shelby	Memphis, TN	(901)346-5497
Pyramid Recovery	Shelby	Memphis, TN	(901)948-4862
Southeast Mental Health Center	Shelby	Memphis, TN	(901)369-1400
The Church On The Square	Shelby	Memphis, TN	(901)522-3401
Victory Center	Shelby	Memphis, TN	(901)794-5683
Whitehaven Southwest Mental Health Center	Shelby	Memphis, TN	(901)259-1920

ALCOHOL AND DRUG RESIDENTIAL PROGRAMS

Agency	County	City, State	Phone#
CAAP, Inc.,	Shelby	Memphis, TN	(901)367-7550
Dozier House	Shelby	Memphis, TN	(901)722-4719
East Arkansas Substance Abuse Program	Crittenden	West Memphis, AR	(870)735-2496
Genesis House	Shelby	Memphis, TN	(901)726-9786
Grace House	Shelby	Memphis, TN	(901)722-8460
Harbor House	Shelby	Memphis, TN	(901)743-1836
Lakeside	Shelby	Memphis, TN	(901)377-4700
Memphis Recovery Center	Shelby	Memphis, TN	(901)272-7751
Moriah House	Shelby	Memphis, TN	(901)522-8819
New Directions, Inc.,	Shelby	Memphis, TN	(901)346-5497
Renewal Place-Salvation Army	Shelby	Memphis, TN	(901)543-8586
Serenity Recovery Center	Shelby	Memphis, TN	(901)521-1131
Synergy Foundation	Shelby	Memphis, TN	(901)332-2227

CASE MANAGEMENT SERVICES

Agency	County	City, State	Phone#
Adult Special Care Center	Shelby	Memphis, TN	(901)545-7446
Case Management, Inc.,	Shelby	Memphis, TN	(901)821-5600
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
Community Health and Well Being (Le Bonheur)	Shelby	Memphis, TN	(901)287-4750
Community Services Agency	Shelby	Memphis, TN	(901)222-4200
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Frayser Family Counseling Center	Shelby	Memphis, TN	(901)353-5440
Friends for Life	Shelby	Memphis, TN	(901)272-0855
Hope House Day Care Center	Shelby	Memphis, TN	(901)272-2702
Jefferson Comprehensive Care System	Jefferson	Pine Bluff, AR	(870)543-2380
LeBonheur Children's Medical Center	Shelby	Memphis, TN	(901)287-5437
Magnolia Medical Clinic	Leflore	Greenwood, MS	(662)459-1207
Memphis Health Center, Inc.,	Shelby	Memphis, TN	(901)261-2000
Mid-State Opportunities	Desoto	Olive Branch, MS	(662)895-4153
Midtown Mental Health Center	Shelby	Memphis, TN	(901)577-0221
Porter Leath Children Services	Shelby	Memphis, TN	(901)577-2500 (901)577-2506
Sacred Heart Southern Missions AIDS Ministry	Desoto	Walls, MS	(662)342-3176
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000
Southeast Mental Health Center	Shelby	Memphis, TN	(901)369-1400
St. Jude Children's Research Hospital	Shelby	Memphis, TN	(901)495-5029
Tutwiler Clinic	Shelby	Memphis, TN	(662)326-9232
University of Tennessee, OB/GYN Clinic	Shelby	Memphis, TN	(901)545-6369
Whitehaven Southwest Mental Health Center	Shelby	Memphis, TN	(901)259-1920
Youth Villages	Shelby	Memphis, TN	(901)251-5000

CHURCH SPONSORED SUPPORTS

Agency	County	City, State	Phone#
8th Street Mission	Crittenden	West Memphis, AR	(870)735-6010
African American Pastors Consortium (AAPC)	Shelby	Memphis, TN	(901)775-2968
Calvary Episcopal Church	Shelby	Memphis, TN	(901)525-6602
Cathedral of the Immaculate Conception	Shelby	Memphis, TN	(901)725-2700
Christian Counseling Ministries	Desoto	Southaven, MS	(662)253-0232
Ecumenical Village	Crittenden	West Memphis, AR	(870)735-1115
First Baptist	Crittenden	West Memphis, AR	(870)735-5241
First Congregational Church (First Congo)	Shelby	Memphis, TN	(901)278-6786
First United Methodist	Tipton	Covington, TN	(901)476-9694
Heart to Heart	Tipton	Covington, TN	(901)476-6528
Holy Trinity Community Church	Shelby	Memphis, TN	(901)320-9376
Interfaith Council on Poverty in Hernando	Desoto	Hernando, MS	(662)429-6646
Mississippi Boulevard Christian Church	Shelby	Memphis, TN	(901)729-6222
Neighborhood Christian Center	Shelby	Memphis, TN	(901)881-6013 (901)881-6013
Northside Church of Christ	Crittenden	West Memphis, AR	(870)735-3394
Prescott Memorial Baptist Church	Shelby	Memphis, TN	(901)327-8479
Sacred Heart Southern Mission AIDS Ministry	Desoto	Walls, MS	(662)342-3176
St. Andrew A.M.E. Church/Project HOPE	Shelby	Memphis, TN	(901)775-2968
Wonder City Ministries	Crittenden	West Memphis, AR	(870)735-3394

DAYCARE SERVICES AND EMERGENCY RESPITE CARE

Agency	County	City, State	Phone#
Hope House Day Care Center	Shelby	Memphis, TN	(901)272-2702

DENTAL SERVICES

Agency	County	City, State	Phone#
Bill Castle, DDS	Shelby	Memphis, TN	(901)685-5008
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
Church Health Center	Shelby	Memphis, TN	(901)272-0003
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Friends For Life	Shelby	Memphis, TN	(901)272-0855
Magnolia Medical Clinic	Leflore	Greenwood, MS	(662)459-1207
Memphis Health Center, Inc.	Shelby	Memphis, TN	(901)775-2000
Mobile Ministry of Dentistry	Shelby	Memphis, TN	(901)337-3285
Joe O'Neal, DDS	Shelby	Memphis, TN	(901)276-7314
University of Tennessee College of Dentistry	Shelby	Memphis, TN	(901)448-6220

EDUCATIONAL RESOURCES

Agency	County	City, State	Phone#
American Red Cross	Shelby	Memphis, TN	(901)726-1690
Area Health Education Centers	Fayette	Somerville, TN	(901)465-6183
Arkansas Managed Care	Crittenden	West Memphis, AR	(870)735-3291
Association of Nurses in AIDS Care (ANAC)	Shelby	Memphis, TN	(800)260-6780
Choices	Shelby	Memphis, TN	(901)274-3550
Covington Office of Professional Care Services	Tipton	Covington, TN	(901)476-2364
Community Health and Well Being (Le Bonheur)	Shelby	Memphis, TN	(901)287-4750
Delta Area Health Education Centers	Crittenden	West Memphis, AR	(870)735-5527
DeSoto County Health Department	Desoto	Hernando, MS	(662)429-9814
Fayette County Health Department	Fayette	Somerville, TN	(901)465-5243
Friends For Life	Shelby	Memphis, TN	(901)272-0855
Girls, Inc.	Shelby	Memphis, TN	(901)523-0217
Heart to Heart	Shelby	Memphis, TN	(901)476-6528
Hope House Day Care Center	Shelby	Memphis, TN	(901)272-2702
Latino Memphis	Shelby	Memphis, TN	(901)366-5882
Memphis Gay and Lesbian Community Center	Shelby	Memphis, TN	(901)278-4297
Memphis Health Center, Inc	Shelby	Memphis, TN	(901)775-2000
Memphis Regional Planned Parenthood	Shelby	Memphis, TN	(901)725-1717
New Directions, Inc.	Shelby	Memphis, TN	(901)346-5497
Parents, Family and Friends of Lesbians and Gays (PFLAG)	Shelby	Memphis, TN	(901)268-2511
Positive Living Center	Shelby	Memphis, TN	(901)247-8321
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000
South Memphis Alliance (SMA)	Shelby	Memphis, TN	(901)946-9582
St. Jude Children's Research Hospital	Shelby	Memphis, TN	(901)495-5029
Tennessee Department of Health	Davidson	Nashville, TN	(800)525-2437
Tipton County Health Department	Tipton	Covington, TN	(901)476-0235

FINANCIAL ASSISTANCE

Agency	County	City, State	Phone#

8th Street Mission	Crittenden	West Memphis, AR	(870)735-6010
Community Services Agency	Shelby	Memphis, TN	(901)222-4200
Delta Human Resource Agency	Fayette	Oakland, TN	(901)465-3201
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Fayette Cares	Fayette	Somerville, TN	(901)465-3805
First United Methodist	Shelby	Memphis, TN	(901)476-9694
Friends for Life	Shelby	Memphis, TN	(901)272-0855
Good Neighbor Center	Crittenden	West Memphis, AR	(870)735-0870
Helping People with AIDS	Pulaski	Little Rock, AR	(501)666-6900
Memphis Light Gas and Water (MLGW)	Shelby	Memphis, TN	(901)528-4788
Mid-State Opportunities	Desoto	Olive Branch, MS	(662)895-4153
MIFA (Metropolitan Inter-Faith Association)	Shelby	Memphis, TN	(901)527-0226
Mississippi Boulevard Christian Church	Shelby	Memphis, TN	(901)729-6222
Northside Church of Christ	Crittenden	West Memphis, AR	(870)735-3394
Partners for the Homeless	Shelby	Memphis, TN	(901)526-9411 (901)526-9413
Sacred Heart Southern Missions AIDS Ministry	Desoto	Walls, MS	(662)342-3176
South Memphis Alliance (SMA)	Shelby	Memphis, TN	(901)946-9582
Southaven Samaritans	Desoto	Southaven, MS	(662)393-6439
Whitehaven Southwest Mental Health Center	Shelby	Memphis, TN	(901)259-1920

FOOD AND NUTRITION SERVICES

Agency	County	City, State	Phone#
8th Street Mission	Crittenden	West Memphis, AR	(870)735-6010
Adult Special Care Center	Shelby	Memphis, TN	(901)545-7446
AIDS Virus Awareness	Shelby	Memphis, TN	(901)789-7123
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Fayette Cares	Fayette	Somerville, TN	(901)465-3805
First Baptist	Crittenden	West Memphis, AR	(870)735-5241
First United Methodist	Shelby	Memphis, TN	(901)476-9694
Friends for Life	Shelby	Memphis, TN	(901)272-0855
Good Neighbor Center	Crittenden	West Memphis, AR	(870)735-0870
Interfaith Council on Poverty in Hernando	Desoto	Hernando, MS	(662)429-7851
Jefferson Comprehensive Care System	Jefferson	Pine Bluff, AR	(870)543-2380
Magnolia Medical Clinic	Leflore	Greenwood, MS	(662)459-1207
Manna House	Shelby	Memphis, TN	(901)726-1142
Memphis Health Center, Inc.	Shelby	Memphis, TN	(901)775-2000
MIFA (Memphis Inter-Faith Association)	Shelby	Memphis, TN	(901)527-0226
Northside Church of Christ	Crittenden	West Memphis, AR	(870)735-3394
Olive Branch Food Pantry	Desoto	Olive Branch, MS	(662)895-2913
Positive Living Center	Shelby	Memphis, TN	(901)247-8321
Sacred Heart Southern Missions AIDS Ministry	Desoto	Walls, MS	(662)342-3176
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000
Southaven Samaritans	Desoto	Southaven, MS	(662)393-6439
Tennessee Department of Health (food stamps)	Davidson	Nashville, TN	(800)525-2437
Tipton Cares	Tipton	Munford, TN	(901)837-1777
University of Arkansas Cooperative Extension Services	Crittenden	Marion, AR	(870)376-6299
WIC (Women Infants and Children)	Shelby	Memphis, TN	(901)544-1341

FUNDING AND FUNDRAISING

Agency	County	City, State	Phone #

Mid-South AIDS Fund	Shelby	Memphis, TN	(901)722-0054
Southwest Tennessee HIV/AIDS Care Consortium	Shelby	Memphis, TN	(901)433-4300

HEALTH DEPARTMENTS

Agency	County	City, State	Phone#
Arkansas Department of Health	Crittenden	West Memphis, AR	(870)735-4334
DeSoto County Health Department	Desoto	Hernando, MS	(662)429-9814
Fayette County Health Department	Fayette	Somerville, TN	(901)465-5243
Marshall County Health Department	Marshall	Holly Springs, MS	(662)252-4621
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000
Tate County Health Department	Tate	Senatobia, MS	(662)562-7121
Tennessee Department of Health	Davidson	Nashville, TN	(800)525-2437
Tipton County Health Department	Tipton	Covington, TN	(901)476-0235
Tunica County Health Department	Tunica	Tunica, MS	(662)363-3910

HOME HEALTH SERVICES

Agency	County	City, State	Phone#
Crossroads Hospice	Shelby	Memphis, TN	(901)382-9292
Hospice Advantage	Shelby	Bartlett, TN	(901)385-2221
Memphis and Shelby County Health Department	Shelby	Memphis, TN	(901)544-7552
Methodist Alliance Hospice	Shelby	Memphis, TN	(901)516-1600
Regional Medical Center at Memphis (Adult Special Care Clinic)	Shelby	Memphis, TN	(901)545-8481 (901)545-7177
Trinity Home Health and Hospice	Shelby	Memphis, TN	(901)767-6767
Visiting Nurses Association	Shelby	Memphis, TN	(901)385-7787

HOTLINES

Agency	County	City, State	Phone#
American Social Health Association			**(800)227-8922**
Alcoholics Anonymous	Shelby	Memphis, TN	**(901)726-6750**
Crisis Center HIV Hotline	Shelby	Memphis, TN	(877)448-5669
Memphis Area Gay Youth (MAGY)	Shelby	Memphis, TN	**(901)335-6249**
Memphis Gay and Lesbian Switchboard	Shelby	Memphis, TN	**(901)278-6422**
Memphis Sexual Assault Resource Center	Shelby	Memphis, TN	**(901)222-4350**
Narcotics Anonymous	Shelby	Memphis, TN	**(901)276-5483**
Spanish Information Hotline (SIDA)			(800)344-7432
Suicide and Crisis Intervention	Shelby	Memphis, TN	**(901)274-7477**
Teen AIDS Hotline			(800)234-8336

HOUSING SERVICES

Agency	County	City, State	Phone#
Community Services Agency	Shelby	Memphis, TN	(901)222-4200
Ecumenical Village	Crittenden	West Memphis, AR	(870)735-1115
First United Methodist	Tipton	Covington, TN	(901)476-9694
Friends for Life/Shelter Plus Care	Shelby	Memphis, TN	(901)272-0855
Memphis Housing Authority	Shelby	Memphis, TN	(901)544-1100
Memphis Inter-Faith Hospitality Network (MIHN)	Shelby	Memphis, TN	(901)452-6446
Metropolitan Inter-Faith Association (MIFA)	Shelby	Memphis, TN	(901)529-4515
Partners for the Homeless	Shelby	Memphis, TN	(901)526-9411 (901)526-9413
Peabody House	Shelby	Memphis, TN	(901)527-3863
Project Safe Place	Shelby	Memphis, TN	(901)725-6911

Salvation Army	Shelby	Memphis, TN	(901)543-8586
Shelby County Housing Authority	Shelby	Memphis, TN	(901)872-0492
Southeast Community Mental Health Center - Housing Developer	Shelby	Memphis, TN	(901)452-6941
St. Jude Children's Research Hospital	Shelby	Memphis, TN	(901)495-5029
Whitehaven Southwest Mental Health Center	Shelby	Memphis, TN	(901)259-1920
YWCA of Greater Memphis, Crisis Shelter	Shelby	Memphis, TN	(901)323-2211

LEGAL SERVICES

Agency	County	City, State	Phone#
Community Legal Center	Shelby	Memphis, TN	(901)543-3395
Legal Aid of Arkansas	Crittenden	West Memphis, AR	(870)732-6370
Memphis Area Legal Services	Shelby	Memphis, TN	(901)523-8822
Positive Living Center	Shelby	Memphis, TN	(901)247-8321

MEDICAL CARE SERVICES

Agency	County	City, State	Phone#
Adult Special Care Center	Shelby	Memphis, TN	(901)545-7446
Choices	Shelby	Memphis, TN	(901)274-3550
Church Health Center	Shelby	Memphis, TN	(901)272-0003
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Health Loop	Shelby	Memphis, TN	(901)515-5500
Infectious Disease Associates	Shelby	Memphis, TN	(901)685-3490
Jefferson Comprehensive Care System	Jefferson	Pine Bluff, AR	(870)543-2380
LeBonheur Children's Medical Center	Shelby	Memphis, TN	(901)287-5437
Magnolia Medical Clinic	Leflore	Greenwood, MS	(662)459-1207
Memphis Health Center, Inc.	Shelby	Memphis, TN	(901)261-2000
Methodist Teaching Practice	Shelby	Memphis, TN	(901)726-8785
Peabody Healthcare Group	Shelby	Memphis, TN	(901)725-0648
St. Jude Children's Research Hospital	Shelby	Memphis, TN	(901)495-5029
The Birthplace at the Regional Medical Center	Shelby	Memphis, TN	(901)545-6100
Tutwiler Clinic	Shelby	Memphis, TN	(662)326-9232
University of Tennessee, OB/GYN Clinic	Shelby	Memphis, TN	(901)545-6369

MEDICATION SUPPORT

Agency	County	City, State	Phone#
Adult Special Care Center	Shelby	Memphis, TN	(901)545-7446
Bioscrip Pharmacy	Shelby	Memphis, TN	(901)725-7828
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Tutwiler Clinic	Desoto	Southaven, MS	(662)326-9232

PSYCHIATRIC/MENTAL HEALTH SERVICES

Agency	County	City, State	Phone#
Adult Special Care Center	Shelby	Memphis, TN	(901)545-7446
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
Christian Counseling Ministries	Desoto	Southaven, MS	(662)253-0232
Communicare	Panola	Sardis, MS	(662)487-2746

Community Health and Well Being (Le Bonheur)	Shelby	Memphis, TN	(901)287-4750
Mid-South Health Systems	Crittenden	West Memphis, AR	(870)735-5118
DeSoto Behavioral Health	DeSoto	Southaven, MS	(662)349-6658
DeSoto Family Counseling Center	DeSoto	Southaven, MS	(662)342-2700
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Family Counseling Services of Millington	Shelby	Millington, TN	(901)872-3525
Frayser Family Counseling Center	Shelby	Memphis, TN	(901)353-5440
JB Summers Center	Fayette	Somerville, TN	(901)465-9831
Lakeside	Shelby	Memphis, TN	(901)377-4700
Life Strategies	Crittenden	West Memphis, AR	(870)702-7563
Lowenstein House	Shelby	Memphis, TN	(901)274-5486
Midtown Mental Health Center	Shelby	Memphis, TN	(901)577-0221
Millington Professional Counseling	Shelby	Millington, TN	(901)476-8967
Porter Leath Children Services	Shelby	Memphis, TN	(901)577-2500 (901)577-2506
Professional Care Services	Fayette	Somerville, TN	(901)465-9831
Professional Counseling	Shelby	Millington, TN	(901)873-0305
Sacred Heart Southern Missions AIDS Ministry	Desoto	Walls, MS	(662)253-1035
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000
Southeast Mental Health Center	Shelby	Memphis, TN	(901)369-1400
St. Jude Children's Research Hospital	Shelby	Memphis, TN	(901)495-5029
The Church On The Square	Shelby	Memphis, TN	(901)522-3401
Whitehaven Southwest Mental Health Center	Shelby	Memphis, TN	(901)259-1920
Youth Villages	Shelby	Memphis, TN	(901)251-5000

SUPPORT SERVICES

Agency	**County**	**City, State**	**Phone#**
Adult Special Care Center	Shelby	Memphis, TN	(901)545-7446
African-American Pastors Consortium	Shelby	Memphis, TN	901)775-2968
Alcoholics Anonymous	Shelby	Memphis, TN	(901)726-6750
Arkansas Delta AIDS Consortia (ADAC)	Crittenden	West Memphis, AR	(870)735-3291
Children and Family Services	Tipton	Covington, TN	(901)476-2364
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
Community Health and Well Being (Le Bonheur)	Shelby	Memphis, TN	(901)287-4750
Community Services Agency	Shelby	Memphis, TN	(901)222-4200
DePorres Health Center	Quitman	Marks, MS	(662)326-9232
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Friends for Life	Shelby	Memphis, TN	(901)272-0855
Holy Trinity Community Church	Shelby	Memphis, TN	(901)320-9376
Hope House	Shelby	Memphis, TN	(901)272-2702
Hospitality HUB	Shelby	Memphis, TN	(901)522-1808
Jefferson Comprehensive Care System	Jefferson	Pine Bluff, AR	(870)543-2380
Manna House	Shelby	Memphis, TN	(901)726-1142
Memphis Area Gay Youth (MAGY)	Shelby	Memphis, TN	(901)335-6249
Memphis Gay and Lesbian Community Center	Shelby	Memphis, TN	(901)278-4297
Memphis Health Center, Inc.	Shelby	Memphis, TN	(901)775-2000
Northeast Arkansas Regional AIDS Network	Crittenden	West Memphis, AR	(870)400-0072
Partners for the Homeless	Shelby	Memphis, TN	(901)526-9411 (901)526-9413
Porter Leath Children Services	Shelby	Memphis, TN	(901)577-2500 (901)577-2506
Positive Living Center	Shelby	Memphis, TN	(901)247-8321
Sacred Heart Southern Missions AIDS Ministry	Desoto	Walls, MS	(662)342-3176
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000

Urban Youth Initiative	Shelby	Memphis, TN	(901)729-3988
Victims Assistance Center of Shelby County	Shelby	Memphis, TN	(901)545-4357
West Memphis Junior Auxiliary	Crittenden	West Memphis, AR	(870)732-2488
Women in Community Services	Shelby	Memphis, TN	(901)544-1341
YWCA of Greater Memphis, Crisis Shelter	Shelby	Memphis, TN	(901)323-2211

TESTING SERVICES

Agency	County	City, State	Phone#
Arkansas Department of Health	Crittenden	West Memphis, AR	(870)735-4334
Choices	Shelby	Memphis, TN	(901)274-3550
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
Community Health and Well Being (Le Bonheur)	Shelby	Memphis, TN	(901)287-4750
DeSoto County Health Department	Desoto	Hernando, MS	(662)429-9814
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Fayette County Health Department	Fayette	Somerville, TN	(901)465-5243
Friends For Life	Shelby	Memphis, TN	(901)272-0855
Life Blood	Shelby	Memphis, TN	(901)522-8585
Memphis Health Center, Inc	Shelby	Memphis, TN	(901)261-2000
Memphis Regional Planned Parenthood	Shelby	Memphis, TN	(901)725-1717
Memphis Sexual Assault Resource Center	Shelby	Memphis, TN	(901)272-2020
New Directions Outreach Office	Shelby	Memphis, TN	(901)346-5497
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000
St. Jude Children's Research Hospital	Shelby	Memphis, TN	(901)495-5029
Tutwiler Clinic	Shelby	Memphis, TN	(662)326-9232

TRANSPORTATION SERVICES

Agency	County	City, State	Phone#
Adult Special Care Center	Shelby	Memphis, TN	(901)545-7446
Arkansas Medicaid Transportation	Crittenden	West Memphis, AR	(888)987-1200
Christ Community Health Services	Shelby	Memphis, TN	(901)271-6000
Community Services Agency	Shelby	Memphis, TN	(901)222-4200
Delta Human Resource Agency	Fayette	Oakland, TN	(901)465-3201
Delta Transportation	Tipton	Covington, TN	(901)475-1269
DePorres Health Center	Quitman	Marks, MS	(662)326-9232
East Arkansas Family Health Center	Crittenden	West Memphis, AR	(870)735-3291
Friends for Life	Shelby	Memphis, TN	(901)272-0855
Jefferson Comprehensive Care System	Jefferson	Pine Bluff, AR	(870)543-2380
Magnolia Medical Clinic	Leflore	Greenwood, MS	(662)459-1207
Memphis Health Center, Inc	Shelby	Memphis, TN	(901)261-2000
Sacred Heart Southern Missions AIDS Ministry	Desoto	Walls, MS	(662)342-3176
Shelby County Health Department	Shelby	Memphis, TN	(901)222-9000
St. Jude Children's Research Hospital	Shelby	Memphis, TN	(901)495-5029
TennCare Transportation	Shelby	Memphis, TN	(901)385-0025
Tutwiler Clinic	Desoto	Southaven, MS	(662)326-9232