Mississippi State Department of Health
Communicable Disease
Office of STD/HIV

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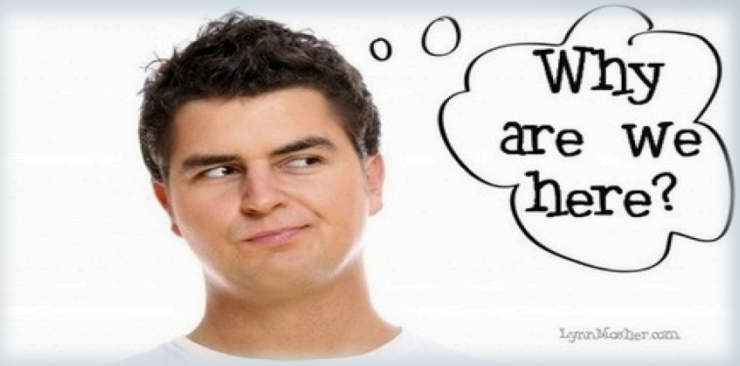
MSDH HIV Prevention and Treatment Services

Objectives

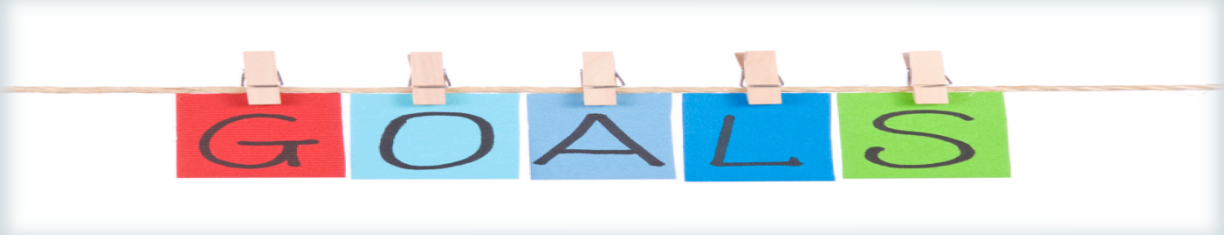


- Discuss MSDH current HIV Prevention Program activities.
- Described MSDH process used to conduct the needs assessment for the 2017-2021 Strategic Plan.
- Articulate the findings and recommendations of the Needs Assessment.
- Discuss Ryan White Part B current Program activities.

Grant PS12-1201

- Mississippi State Department of Health (MSDH) is in the final year of grant PS12-1201: Comprehensive HIV Prevention Programs for Health Departments.

- This was a five year (extended 1 year) CDC awarded grant to address HIV by aligning with one or more of the performance goals of the National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention (NCHHSTP).



The performance goals of the center include:

- ↓ the annual HIV incidence rate in communities where HIV is most heavily concentrated
- ↓ the rate of HIV transmission by HIV-infected persons
- ↓ risky behavior and drug-using behaviors among persons at high risk for acquiring HIV
- ↑ the proportion of HIV-infected people in the US who know they are infected
- ↑ the proportion of HIV –infected persons who are linked to prevention and care services

Categories of Application

There were 3 categories in which the application for funding could have been made:

- Category A: HIV Prevention Programs for Health Departments (core)
- Category B: Expanded HIV Testing for Disproportionately Affected Populations (optional)
- Category C: Demonstration Projects (optional)

MSDH applied for and was awarded Categories A&B.

Category A: HIV Prevention Programs for Health Departments

- **Required Core Components:**
  - HIV Testing
  - Comprehensive prevention with positives-linkage to care, Tx and prevention services, Partners services
  - Condom distribution
  - Policy initiatives

- **Required Activities:**
  - Jurisdictional HIV prevention Planning
  - Capacity Building and Technical Assistance
  - Program Planning , Monitoring and Evaluation, and Quality Assurance

Category A: HIV Prevention Programs for Health Departments

- **Recommended Program Components:**
  - Evidence-based HIV prevention intervention for HIV-negative persons at highest risk of acquiring HIV (biological, behavior and structural)
  - Social Marketing, Media and Mobilization
  - Pre-Exposure Prophylaxis and Non-Occupational Post Exposure Prophylaxis Services (PrEP and nPEP)

Category B: Expanded HIV Testing for Disproportionately Affected Populations

- HIV Testing in Healthcare Settings (required)
- HIV Testing in Non-Healthcare Settings (optional)
- Service Integration (optional)
- Capacity Building and Technical Assistance
- Program Planning, Monitoring and Evaluation and Quality Assurance

Healthcare settings include MSDH's and other clinics.

Non-Healthcare settings include community based organizations (CBO's) and ASO's.

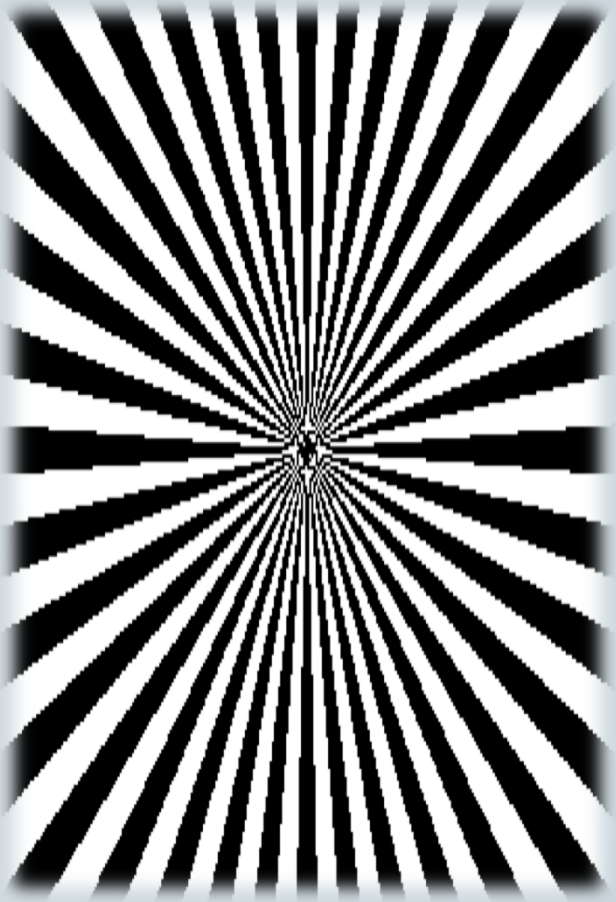
Funding Focus

MSDH incorporated all of the required core components and , activities; all recommended components and most of the optional requirements in the development of the proposal for the grant funding .

- The funding provided for the reduction in HIV transmission by building capacity for Health departments to :
  - Focus HIV prevention efforts in communities & local areas where most concentrated
  - Increase HIV testing
  - Increase access to care & improve health outcomes for people living with HIV by linking them to continuous and coordinated quality care and other needed medical, prevention and social services

Funding Focus

- Increase awareness and educate communities about the threat of HIV and its prevention
- Expand targeted efforts to prevent HIV infection using a combination of effective evidence-based approaches, including biomedical, behavioral and structural
- Reduce HIV-related disparities and promote health equity



Prevention Program Activities

HIV Testing at MSDH Clinics

	1st Half 2016	2nd Half 2016	2016 Total	January 2017
PHD 1	3,430 (0.90%)	3,161 (1.04%)	6,591 (0.97%)	448 (0.67%)
PHD 2	2,572 (0.89%)	2,559 (0.86%)	5,131 (0.88%)	381 (1.57%)
PHD 3	3,639 (0.49%)	2,942 (0.44%)	6,581 (0.47%)	495 (0.81%)
PHD 4	2,914 (0.48%)	2,530 (0.59%)	5,444 (0.53%)	362 (0.83%)
PHD 5	9,144 (0.74%)	8,242 (1.01%)	17,386 (0.87%)	1,181 (0.76%)
CCC	3,474 (1.07%)	2,980 (1.31%)	6,454 (1.18%)	476 (1.47%)
PHD 6	2,765 (0.43%)	2,387 (0.46%)	5,152 (0.45%)	374 (1.07%)
PHD 7	2,528 (0.08%)	1,595 (0.25%)	4,123 (0.15%)	353 (1.13%)
PHD 8	2,235 (1.48%)	1,883 (1.06%)	4,118 (1.29%)	249 (0.80%)
PHD 9	2,616 (0.69%)	2179 (0.46%)	4,795 (0.58%)	333 (0.90%)
Total	**35,317 (0.72%)**	**30,458 (0.82%)**	**65,775 (0.77%)**	**4,652 (0.97%)**

*PHD 5 does not include Crossroads Clinic (percentage) = HIV seropositivity rate

Prevention Program Activities
HIV Testing at non-MSDH Healthcare Sites

	1st Half 2016	2nd Half 2016	2016 Total	January 2017
Central MS Residential Center	103 (0)	95 (0)	198 (0)	25 (0)
Jackson-Hinds CHC	832 (0.2%)	740 (0.3%)	1,572 (0.3%)	108 (0.9%)
Coastal Family CHC	728 (0)	398 (0.8%)	1,126 (0.3%)	85 (0)
GA Carmichael CHC	186 (0)	161 (0)	347 (0)	31 (0)
SEMRHI	475 (0.2%)	391 (0.5%)	866 (0.3%)	71 (0)
Aaron Henry CHC	57 (0%)	9 (22.2%)	66 (3.0%)	0
ASU	85 (0)	169 (0)	254 (0)	15 (6.7%)
JSU	63 (1.6%)	111 (0)	174 (0.6%)	25 (0)
USM	339 (0.3%)	341 (0)	680 (0.1%)	50 (0)
Univ. of MS	49 (0)	15 (0)	64 (0)	0
Substance abuse sites (4) (Catholic Charities, Region I, Region XIV, & Lifecore Health Group)	136 (0)	106 (0)	242 (0)	70 (0)
Total	**3,007 (0.2%)**	**2,530 (0.4%)**	**5,537 (0.3%)**	**455 (0.4%)**

(number) = actual HIV positive tests (percentage) = HIV seropositivity rate

Prevention Program Activities
HIV Testing at Non-Healthcare Sites

	1st Half 2016	2nd Half 2016	2016 Total	January 2017
AIDS Services Coalition - Hattiesburg	225 (0.4%)	160 (0)	385 (0.3%)	2 (0)
MBK LGBT – Gulfport/Biloxi	124 (0)	131 (0.8%)	225 (0.4%)	38 (0)
Southern Health Commission	65 (0)	119 (0)	184 (0)	5 (0)
CARE4ME	not providing testing	224 (0.4%)	224 (0.4%)	35 (0)
Total:	**414 (0.2%)**	**634 (0.2%)**	**1,048 (0.2%)**	**80 (0)**

(number) = actual HIV positive tests (percentage) = HIV seropositivity rate

Prevention Program Activities
Evidence-Based Behavioral Interventions

Name	# Completed 1st Qtr. 2016	# Completed 2nd Qtr. 2016	# Completed 3rd Qtr. 2016	# Completed Total 2016	# Completed January 2017
HIV Positive Individuals:					
CLEAR	18	8	22	51	0
ASC Grace House	1 17	0 8	4 18	8 43	0 0
ARTAS	3	0	1	4	0
SHC	3	0	1	4	0
HIV Negative Individuals:					
3MV	31	46	27	127	5
MBK SHC ASC	16 15 0	30 7 9	0 20 7	56 55 16	0 5 0
Total:	52	54	50	182	5

Prevention Program Activities Condom Distribution

Distribution Type	1st Qtr. 2016	2nd Qtr. 2016	3rd Qtr. 2016	4th Qtr. 2016	2016 Total	January 2017
Distribution to HIV positive individuals	17,465	19,188	16,611	17,053	70,317	1,286
Distribution to HIV negative individuals	462,399	419,316	412,381	329,243	1,623,339	171,014
Overall distribution	479,864	438,504	428,992	346,296	1,693,656	172,300

2016	Lifestyle Male	Sexual Health Kits (8 condoms per kit)	Female Condoms	Trojan Male	Mail-order Condoms
1st Qtr.	386,064	0	5,200	88,600	4,080
2nd Qtr.	416,304	0	8,200	14,000	6,580
3rd Qtr.	336,672	1,000 (8,000)	6,200	86,120	8,960
4th Qtr.	269,136	710 (5,680)	3,800	73,360	9,520
Total	1,408,176	1,710 (13,680)	23,400	262,080	29,140

Prevention Program Activities
HIV Partner Services - All Sites

	CY 2016	January 2017	February 2017	March 2017	1st Qtr Total
1. New cases reported to health department	510	29	32		
2. # newly HIV positive clients offered Partner Services*	500 (98.0%)	29 (100%)	29 (90.6%)		
3. # newly HIV positive clients who agreed to Partner Services*	477 (93.5%)	27 (93.1%)	27 (93.1%)		
4. # partners elicited from newly HIV positive clients	843	39	35		
5. # partners notified by DIS**	653 (77.4%)	26 (66.7%)	22 (62.9%)		
6. # partners receiving an HIV test**	455 (54.9%)	14 (35.9%)	15 (42.9%)		
7. # partners with a newly diagnosed confirmed HIV positive test**	52 (6.0%)	1 (2.7%)	4 (11.4%)		
8. # partners with a newly diagnosed confirmed HIV positive test that received their results**	52 (6.0%)	1 (2.7%)	4 (11.4%)		
9. # HIV + cases linked to care***	433 (85%)				

*The total percentages for 2 and 3 are based on the number of new cases reported.

**The total percentages for 5, 6 ,7 and 8 are based on the number of partners elicited.

***Not able to create PRISM report presently

Strategic Plan

- The 2017-2021 strategic plan was designed to fulfill federal Guidelines for the Ryan White HIV/AIDS Program(RWHAP) and CDC (Prevention grant)to provide essential information to help accelerate progress toward reaching the goals of the National HIV/AIDS Strategy (NHAS).

- The strategy aims to prevent new HIV infections, increase access to care, improve health outcomes, an reduce HIV-related disparities.

NHAS Strategy

National AIDS Strategy (90-90-90)

90% of all people living with HIV will know their HIV status;

90% of all people with diagnosed HIV will receive sustained antiretroviral therapy (ART);

90% of all people on ART will have viral suppression.

GOALS

- **Reduce New Infections**
- **Increase Access to Care and Improve Health Outcomes for People Living with HIV**
- **Reduce HIV-Related Health Disparities and Health Inequities**
- **Achieve a More Coordinated National Response to the HIV Epidemic**

Needs Assessment

- A consulting firm was hired to develop and conduct the needs assessment over a five week period from June to July of 2016.
- An online link was provided for participants to complete the survey electronically.
- Paper copy surveys were also available for clients that did not have computer access or preferred completing the survey per this option.
- The survey was available in English and Spanish.
- A $10 Walmart gift card was provided as an incentive for survey completion.

Survey Respondents

- Participants were solicited from Non health department clinics and community based organizations.
- There were a total of 319 survey respondents per these sites.
- Interviews Conducted:
  - Key Informant Group
    - RW funded providers i.e. community program directors, SW and physicians
    - HOPWA providers
    - Leadership of non-RW funded organizations
    - Professional from UMMC
    - Public health officials

Survey Respondents

- Focus Groups
  - RW funded medical providers-MD, nurses and administrators
  - Mississippi HIV Planning Council –consumers, providers ,faith based groups, and HIV prevention, education and early intervention staff
  - Case managers and other direct staff-administrators, housing managers, outreach workers and Disease Intervention Specialist (DIS)

Out-of-Care

Persons not currently receiving HIV medical care, with at least 12mths since last visit

Persons dx between 2012 and 2015 that failed to link to care in 6mths, may be in care currently

Persons dx between 2012 and 2015 were linked to care but dropped out of care for at least 6mths, may be back in care

Persons who dropped out for 12mths but are now back in care

Key Findings and Recommendations

- There were a total of eight findings and recommendations.

- <u>Finding #1</u>
  - Efforts to implement the National HIV/AIDS strategy (NHAS) are severely hampered by insufficient federal and state funding.

  Recommendations:

  Develop a coalition of southern states and HIV advocates to advocate for a fair Federal funding formula to account for the burden of HIV in the south.

  Encourage state lawmakers to expand Medicaid funding as allowed under the ACA.

  Seek to expand State funding or prevention programs directed at the general community to enhance awareness, dispel myths and support the public health agenda.

Key Findings and Recommendations

- Finding #2
  - Stigma is a complex and multifaceted phenomenon, which combined with fear of disclosure acts as a significant barrier to encouraging those at high risk from being tested and receiving care in MS.

Recommendations:

Public policy dictates the DOH's responsibilities for surveillance, and must ensure notification of possible exposure will be confidential and that the parties involved will not be prosecuted.

Support evidence-based prevention messages that reduce stigma and educate the general public about HIV and its transmission.

Ensure that all employees of HIV care sites funded with Part B monies receive ongoing training in client-centered care, cultural sensitivity, and HIPAA requirements.

Key Findings and Recommendations

- Recommendations Cont.
  - Ensure that all Ryan White-funded sites have grievance provisions to investigate claims of HIPAA violations and that procedures exist to ensure disciplinary actions are taken against employees found to violate client confidentiality.

  - Support early intervention services that utilize community outreach workers, peer navigators or patient navigators to shorten the timeframe for linkage to care to less than HAB standard, ideally within one week of dx. Peer navigators/community health workers may also serve to help build trusted relationships, support HIV testing, and physically bring new and repeat positives to their clinical apt. for at least six weeks following linkage to care.

Key Findings and Recommendations

- Finding #3
  - Low health literacy levels compound the problem of HIV stigma in MS and require a comprehensive strategy for HIV prevention, education and testing.
  - Recommendations:
    - The statewide educational strategy should promote routine testing for all persons and provide counseling about testing results.
    - Develop innovative strategies to educate mothers, wives, girlfriends and partners of those at risk about creating conversations with loved ones and friends about prevention.
    - Utilize multimedia campaigns (e.g. print, billboards, infographics social media, TV and radio) to educate the general population as well as those at risk for HIV.

Key Findings and Recommendations

- Recommendation Cont.
  - Fund community-based organizations to bring the conversation to faith-based organizations, barber shops, beauty salons, AA and NA groups, and other groups within the community.
  - Initiate a program to improve health literacy for all receiving care and support services under RWHAP.

Key Findings and Recommendations

- Finding # 4
  - As the major coordinating body for HIV funds, the MSDH has an excellent opportunity to encourage collaboration , sharing of evidence-based best practices, and enhancing efforts to reduce mortality rates and increase viral load suppression.
- Recommendations:
  - Coordinate all RWHAP-funded clinics in an expanded, more structured quality management program and utilize the clinical database for frequent reporting of quality indicators.
  - Develop physician collaboratives with nursing and case management.
  - Enhance data systems via the integration of surveillance, ADAP, care and HOPWA data.

Key Findings and Recommendations

- Finding # 5
  - Given resource constraints, MS does an excellent job with stretching limited resources. Coordination among various other divisions within the DOH and other entities of state government could enhance efforts to serve the needs of PLWH and those at risk for infection.
- Recommendations:
  - Work with PHCA, DMH to encourage better coordination of primary medical and community-based mental health and substance abuse services to PLWH and to provide routine testing for HIV on an opt out basis (e. g., seek to integrate these providers into the HIV provider network).
  - Develop a comprehensive plan with Dept. of Corrections for care and treatment of incarcerated PLWH to ensure those scheduled for release are promptly linked to care in the community.

Key Findings and Recommendations

- Recommendations Cont.
  - Encourage cooperation between state and local health departments and school districts to ensure high school students are provided with evidence-based, age appropriate information about HIV and other sexually transmitted diseases as part of a health education program grounded in the benefits of abstinence, while ensuring that young people who are sexually active (nearly 50% of MS high school students) have information they need to protect themselves from infection or other unintended consequences.

  Work with the State Board of Medical Licensure and the Medical Society to ensure that all physicians abide by rules for reporting all persons who test positive for HIV, and are encouraged to ask their patients about their sexual activity and use of PrEP.

Key Findings and Recommendations

- Finding #6
  - While 38% of MS PLWH live in Jackson MSA , more than half are living in rural areas of the state that are not well served by medical and dental providers, and which lack transportation networks.

  Recommendations:

  Enhance funding to provide transportation services.

  Fund HIV medical providers or FQHCs in areas lacking services(esp. HD 4 and 6), and consider the use of telemedicine services to link to private physicians to infectious disease specialists in Jackson, including UMMC.

  Enhance funding for dental services in rural areas of the State, and work with the PHCA to ensure that FQHCs with dental services are serving PLWH.

Key Findings and Recommendations

- Finding #7
  - The high poverty rate in MS adds to difficulties that PLWH encounter in getting into and staying in care.

Recommendations:

Enhance funding for HOPWA services and for assistance with co-pays, deductibles, and insurance premiums costs to assist PLWH achieve viral load suppression.

Fully fund ADAP to meet comprehensive pharmaceutical needs of PLWH.

Key Findings and Recommendations

- Finding #8
  - Funding shortages for HIV –specific services have been and are likely to continue . To ensure that PLWH receive their fair share of benefits, enhance communication and collaboration between RWHAP and community based providers.

Recommendations:

Enhance referral relationships through the development of formal referral arrangements or MOUs and , with the clients consent, sharing of patient health information.

Seek counsel from non-funded CBOs, ASOs and PLWH on policies that impact prevention and care services delivery.

Establish coalitions to coordinate efforts that maximize HIV testing, linkage and retention in care.

MS HIV Planning Council (MHPC)

The mission of the Mississippi HIV Planning Council is to create a planning partnership with affected communities, service providers, public agencies, funding organizations, and philanthropists, public health professionals and other key stakeholder groups to plan and prioritize HIV prevention efforts for the state of MS with the ultimate goal of eliminating new HIV infections.

The MHPC meets on the first Friday of the last month of the quarter from 10 a.m. until 2 p.m.

For meeting locations, contact the MSDH Office Of STD/HIV.

Accessing Care for PLWH

A Band-Aid Won't Do!

Care and Treatment Division
Ryan White Part B

WHAT is the Program?

FUNDED IN FY 2015 AT

$2.32 BILLION

The HIV Care Continuum

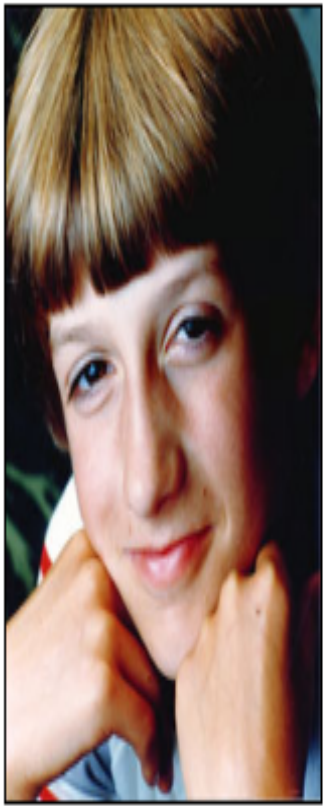
The **HIV Care Continuum** is a model that outlines the stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression and helps policymakers and service providers better support individuals as they move from one stage of care to the next.

The program works with **cities, states, and local community-based organizations** to support a coordinated and comprehensive system of care and treatment across the HIV Care Continuum.

THE RYAN WHITE PROGRAM

The Ryan White HIV/AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Who Was Ryan White?



Ryan White and his mom courageously fought AIDS-related discrimination and helped educate the Nation about his disease.

Ryan White was diagnosed with AIDS at age 13. He and his mother Jeanne White Ginder fought for his right to attend school, gaining international attention as a voice of reason about HIV/AIDS. At the age of 18, Ryan White died on April 8, 1990, just months before Congress passed the AIDS bill that bears his name – the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. The legislation has been reauthorized four times since – in 1996, 2000, 2006, and 2009 – and is now called the Ryan White HIV/AIDS Program.

Ryan White HIV/AIDS Program

Moving Forward with CARE: Building on 25 Years of Passion, Purpose, and Excellence

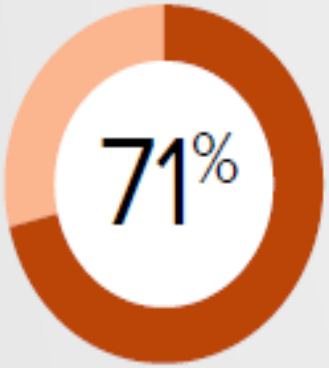
WHO it Serves?

Half a Million LIVING WITH HIV/AIDS

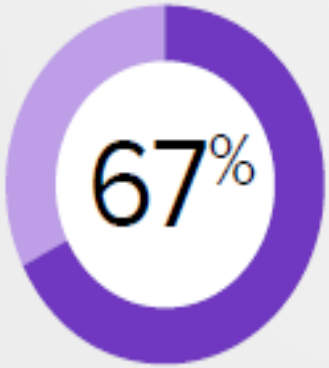
BENEFIT FROM THE PROGRAM ANNUALLY

The program serves more than 500,000 people living with HIV/AIDS in the United States.

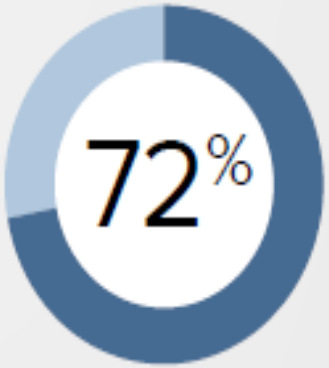
Of the total Ryan White HIV/AIDS Program clients served:



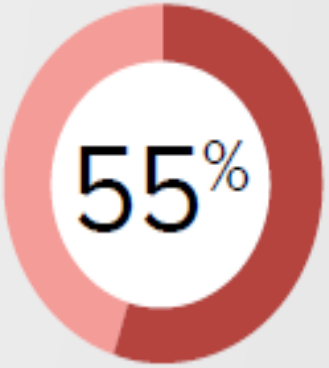
Are from **racial/ethnic minority** populations: 47% Black/African American and 23% are Hispanic



Are at or below 100% of the federal **poverty level** (FPL) and nearly 90% are at or below 200% of the FPL



Have some form of health care **coverage**

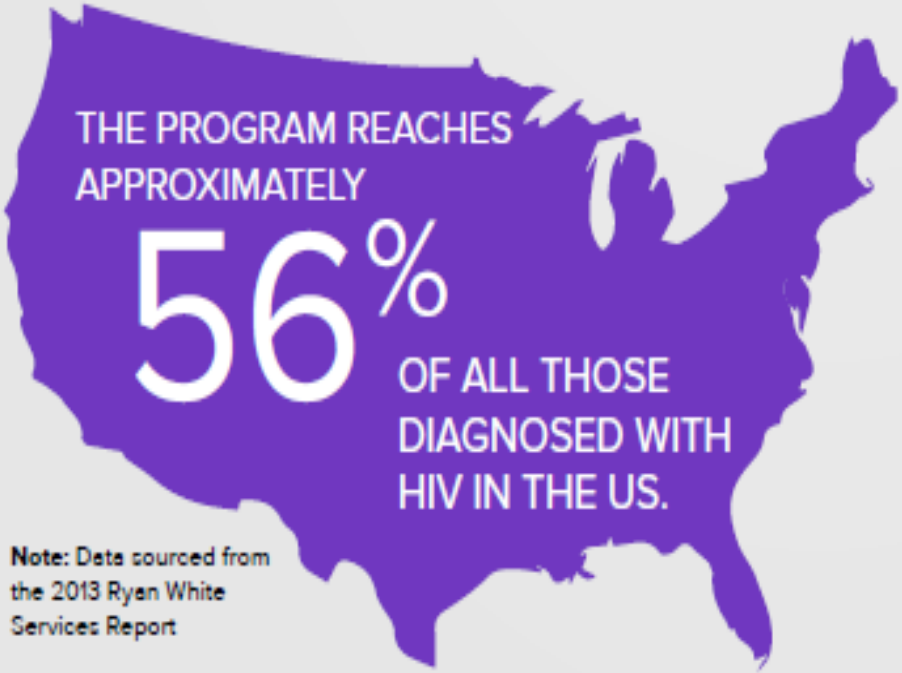


Are between the **ages of 35-54**

Note: Data sourced from the 2013 Ryan White Services Report

IMPACT and GROWTH of the Program

Over the last 25 years, the program has made great strides to move clients along the HIV care continuum. Of the 81% of clients who are retained in care, 78% are virally suppressed.



Note: Data sourced from the 2013 Ryan White Services Report

81%
RETAINED IN CARE

78%
RETAINED IN CARE & VIRALLY SUPPRESSED

HRSA
Ryan White & Global HIV/AIDS Programs

25 YEARS Ryan White HIV/AIDS Program
Moving Forward with CARE: *Building on 25 Years of Passion, Purpose, and Excellence*

What are the PARTS?

A B C D F

- **Part A** provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) which are population centers that are the most severely affected by the HIV/AIDS epidemic. *(Memphis TGA)*

- **Part B** provides grants to states and territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Part B grants include a base grant and the AIDS Drug Assistance Program (ADAP) award. *(MSDH)*

What are the PARTS?

A B C D F

- **Part C** supports outpatient HIV early intervention services and ambulatory care by awarding directly to service providers. *(Ryan White Care Sites)*

- **Part D** grants provide family-centered comprehensive care to children, youth, and women and their families and help improve access to clinical trials and research.

- **Part F** grants support several research, technical assistance, and access-to-care programs including Oral Health Care (HIV/AIDS Dental Reimbursement Program and Community-Based Dental Partnership Program), AIDS Education and Training Center (AETC), Special Projects of National Significance (SPNS), Minority AIDS Initiative (MAI).

What is the MSDH RW Part B Program?

A B C D F

- The **Direct Care Program (DCP)** contracts with provider sites throughout the state to build capacity and stability for core medical and support services for eligible HIV/AIDS clients residing in Mississippi. The DCP also funds district-based Social Work Case Managers who work as agents of MSDH and the Ryan White Part B Program to primarily focus on linking clients to care, re-engaging clients in care and other eligible services (Medical Case Management).

What is the MSDH RW Part B Program?

A B C D F

- The **AIDS Drug Assistance Program (ADAP)** provides medication assistance through the MSDH Pharmacy, which is a direct distribution model to HIV positive individuals who are uninsured or underinsured for their medications.
- The ADAP program assist eligible HIV/AIDS clients with out-of-pocket expenses by waiving co-pays and deductibles.

MISSISSIPPI RW PART B ELIGIBILITY DETERMINATION

Common eligibility criteria for all programs include:

- Must be HIV positive;
- Must have a primary home address in Mississippi;
- Must have household income at/below 300% of the Federal Poverty Level (as per current guidelines);
- If eligible for these services individuals must apply before accessing RW; Medicaid, Medicare, SCHIP, Federal Exchange Marketplace plans, Employer provided Insurance

Part B Eligibility

- The client's insurance eligibility must be determined and documented with the submitted application. This eligibility can be proven or denied by application to the Federal Exchange Marketplace.
- Clients who qualify for a Certificate of Exemption must submit the certificate with their application.
- Client eligibility must be re-certified bi-annually during the months of **April and October**.

General Enrollment Procedures

- Eligibility determination should be made (on complete applications) within seven (7) business days of receipt for all Part B programs; however, fourteen (14) days is the allowable time period.
- Determination letters will be sent out to all applicants informing them of their eligibility status.
- Eligibility status information will also be available in CAREWare for provider verification.

MSDH RW Part B Program

Funded Services

- OAMC (Outpatient Ambulatory)
- Oral Health
- Nutrition
- Mental Health
- Transportation Services
- Medical Case Management
- Non- Medical Case Management
- ADAP
- Home & Community Based Health Services
- EIS
- MAI

How to become a partner of the MSDH Ryan White Part B Program?

Physician Checklist:

- ✓ Contact our MSDH Ryan White Director
- ✓ Schedule a site visit
- ✓ Submit a budget and services to be provided
- ✓ Contract drafted and signatures required
- ✓ BAA (Business Associate Agreement) signed before you can begin providing HIV care through RW

MSDH RW is a Reimbursement Program!

Our Program Database is CAREWare and it is supported by HRSA for all updates and data reporting!

MS Ryan White Providers

Aaron E. Henry Health Center, 662-624-2504 (Clarksdale)(Part C)

DePorres Health Center, 662-326-9232 (Part B) (Marks)

Garfield Clinic, 662-377-5395(Part B) (Tupelo)

Crossroads Clinic North (Delta Regional Hospital), 662-332-1398(Part C/B) (Greenville)

Magnolia Medical Center (Greenwood Leflore Hospital) , 662-459-1207 (Part C/B)

GA Carmichael, 601-859-5213 (Yazoo, Canton, Belzoni) (Part C)

University Medical Center (Adult & Pediatrics),601-815-3120 (Part C/D/B) (Jackson)

Open Arms Healthcare Center, 601-500-7660 (Part B) (Jackson)

Southeast MS Rural Health Initiative (SEMRHI),601-582-2619 (Part C/B) (Hattiesburg)

Coastal Family Health Center, 228-374-4991 (Biloxi, GulfPort, Bay St. Louis, Moss Point, Vancleave) (Part C)

Family Health Center, 601-399-1945 (Laurel) (Part B)

Public Health Districts

Northwest Public Health
District I
662-563-5603

Northeast Public Health
District II
662-841-9015

Delta/Hills Public Health
District III
662-453-4563

Tombigbee Public Health
District IV
662-323-7313

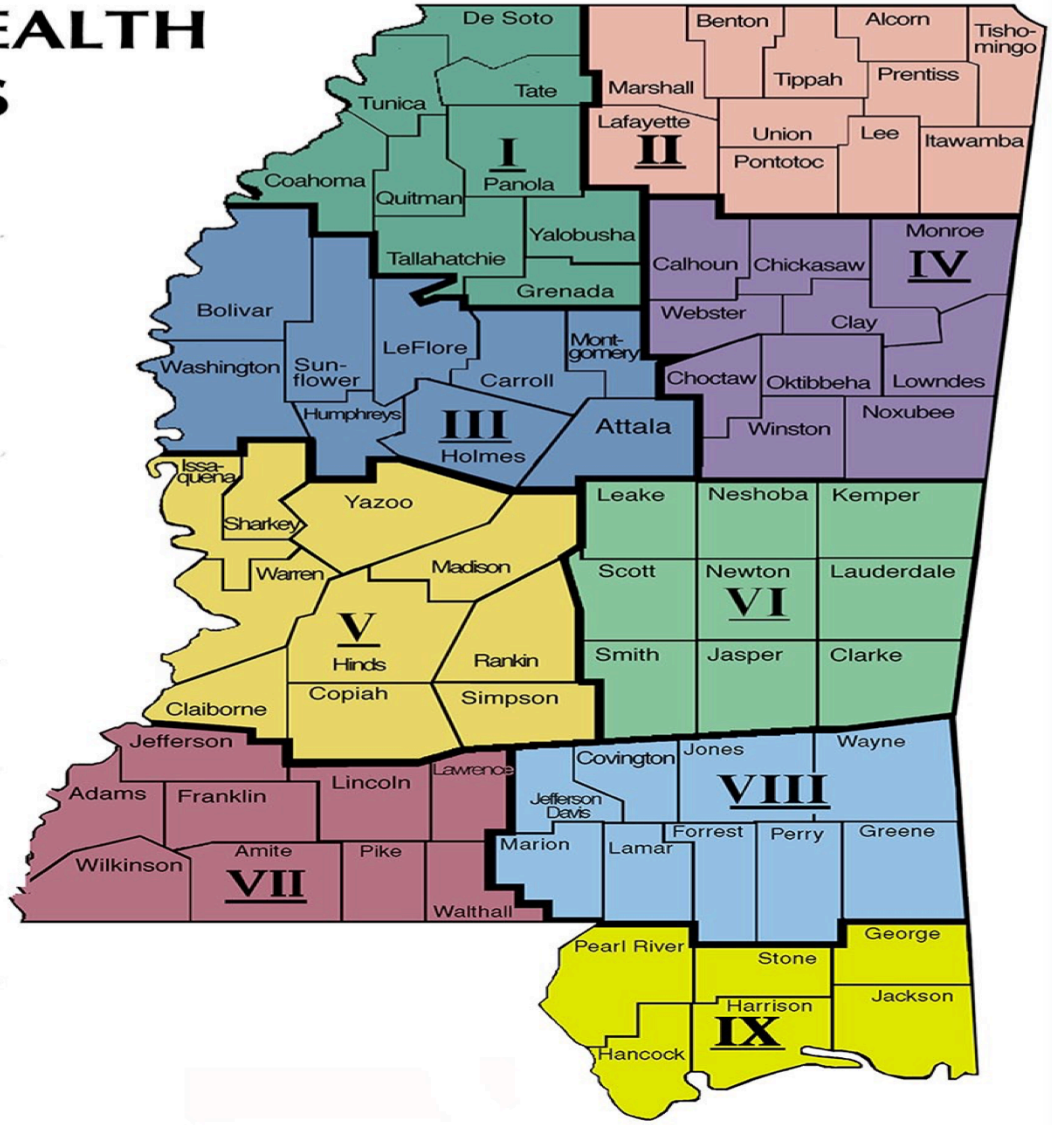
West Central Public Health
District V
601-978-7864

East Central Public Health
District VI
601-482-3171

Southwest Public Health
District VII
601-684-9411

Southeast Public Health
District VIII
601-271-6099

Coastal Plains Public Health
District IX
228-436-6770



Currently, We have NO Ryan White Provider located in Districts IV & VI

Contacts

MSDH STD/HIV Office – Prevention and Treatment

Main Line: 601-362-4879

Fax: 601-362-4782

http://msdh.ms.gov/msdhsite

eva.thomas@msdh.ms.gov

belinda.havard@msdh.ms.gov

Centers for Disease Control (CDC)

https://www.cdc.gov/std/hiv/default.htm

Health Resources & Service Administration (HRSA/HAB)

https://hab.hrsa.gov/about-ryan-white-hivaids-program


Thank
you!