



HIV Task Force Minutes

October 09, 2019

Welcome and Call to Order - Dr. Young – 11:00 am

Dr. Young called the meeting to order. Dr. Young welcomed everybody and stated there are many opportunities with the HIV task force and the need for this group to work together on the issue of HIV. Dr. Young requested everyone go around the table and introduce themselves.

Dr. Young discussed the concern of HIV this year and the rate at which it is growing. She stated that currently, there are 16 HIV cases in Kanawha County. Last year, there were 17 HIV cases and on an average year, we had 14 cases. The current number of 16 is not much higher than previous years. What has changed, is the proportion of PWID in the HIV community. PWID are a vulnerable population with high risk for contracting and spreading HIV. That is the primary concern. Additional concerns to address with the task force includes identifying the at risk population, making sure they are tested for HIV (and hepatitis), and getting individuals the care they need. One challenge as the task force moves forward will be getting to the individuals most at risk, for testing and care. Some of the conversations have already started with the Ryan White program regarding link them in care. Dr. Christine Teague of the Ryan White program stated that one of the HIV cases that was reported left against medical advice and they lost the ability to help them after the patient left the hospital. This highlights some of the challenges for HIV testing and linkage to care. Dr. Young stated it is the goal of the HIV task force to stop the increase the number of HIV cases in all individuals, especially PWID.

Dr. Cathy Slempp offered praise to KCHD for putting together this task force stating this is how we address challenging issues and work together, and she has no doubt that this will make a difference.

Dr. Young laid out the numbers and stated this represents the second geographic location where we are seeing an increase in transmission and ongoing transmission. The Kanawha increase is not a simple extension of Cabell cases. There is transmission occurring within the community. Kanawha County is not the only jurisdiction that has an issue. Dr. Young further stated that it is an important time to reiterate that the substance abuse puts us at risk at those who inject drugs. There has been an increase in numbers of people dealing with addiction that have turned to injecting drugs. Sharing needles is a primary concern for the spread of HIV in this demographic. However, all risk factors must be identified. It is important that all vulnerable communities within the county participate in testing and identification. Linking individuals to care early and lower the risk of complications and additional disease transmission. It is a challenge because you must meet this vulnerable population where “they are”. It is about forming a trusting relationship with those at high risks. Those dealing with addiction cannot be led into recovery if we do not gain their trust and assure them that we care about their needs. With the cases in Kanawha, these were high risk individuals which were identified through the health care system. Some have been identified through outreach testing and others as inpatient admissions for other complications from IDU.

Dr. Young surveyed the group on how to make these services (testing and linkage to care) more available. She states that part of the equation is an increase in HIV testing. KCHD recently received a Greater Kanawha Valley Foundation Grant that will assist in KCHD's ability to do more testing and outreach. Discussion around the partnerships, such as that with Health Right, Covenant House and the Ryan White program can be enhanced for outreach. Education and reducing stigma will be key points. It is essential in combating HIV that all patients with HIV stay on medicine to reduce the risk of disease progression, transmission and drug resistance. Ideally, we will also aim to get individuals battling addiction connected to rehabilitation services. The group discussed how to look at data from law enforcement and EMS, where they see overdoses would be an area to aim for testing. Discussion around the city and county QRT was discussed and how this may be utilized to get PWID into care.

Ms. Janet Briscoe began by thanking everyone for coming through on the Hep A and Hep C, and now over our concerns with HIV. I think it speaks volumes that you all are at the table to help with the HIV issue. People think that it is the HIV of the 80s, a death sentence. Unfortunately, there is still a stigma regarding HIV. If there wasn't, we would not all be sitting here. We started working at the Covenant House with Hep A and Hep C. Was then called and they stated they have HIV what are we going to do? Basically, through Health Right, Ryan White, and Covenant House (Angie may talk about that), we noticed as we dealt with Hep A, that there are some people that are more at risk that do not have health care. We were able to go to greater Kanawha Valley and get a grant and we are going to use an evidence program to bring people in on some incentive-based projects, either at risk or injected drug users. Maybe use who they can identify with and trust. Ms. Briscoe stated that rapid testing is not an easy project. You must get out in the community, be certified, be accredited for lab services and have a lot of managers. Ms. Briscoe further stated that you do testing outreach through social networking, through service providers that are already in the areas, so that when we go out that we can set up with other projects and be a support system for those in need. We would also like to train, get providers from the communities that may do rapid testing. The gold standard is a blood test, problem being is that the population does not come back immediately. They may never come back for results. There are financial barriers like high deductible and no insurance. The ideal would be have a testing day in each community where people can come in and do rapid testing and link with rapid care. KDHC will look at 10 communities, do faith-based outreach and connect with mayors in other areas. Law enforcement may help identify the homeless. Homeless really need to be tested. We really need to get providers and other health departments to understand rapid testing and get them to work with us. Hopefully reduce some of the barriers. Possibly provide an incentive like a gas card, bus pass, blankets, or help with social needs. When you are in circumstances, like the homeless, testing for HIV is not on the top of the list. We do have agencies that can like to care and social programs. It is an approach that we should try, not to just test, but for some of their other needs as well. With that, I want to say that without the help from all of you, it would not be possible to help, and we are very thankful that you all are at the table. Last topic from Ms. Briscoe was "Naloxone". With Naloxone, it gives the addict another opportunity to get help. We are partnering with the University of Charleston to get Naloxone kits for first responders to use. The plan is to educate family members, friends and then have it on hand in case something happens. Ohio had 10 overdoses in a short period of time. Every county that has seen this, where the rates are high, fentanyl and meth are the combination drugs and we want the opportunity to save more lives and get this out in the community.

Comments from Around the Table

Mr. Matthew Sutton, with City of Charleston, stated he was here to listen, and he thinks it is great, and is hopeful for a positive outcome. Mr. Sutton stated that we need to partner as much as we can and that what happens in other counties affects us all.

Dr. Angie Settle, with Health Right, stated that we could all probably learn a lot about cases through other partners. It takes a lot to get people to come and test. There are so many people you cannot reach, even with gift cards and bus passes. The ones we tested, with no personal details, we just cannot reach. We identified two new ones, and we, as Health Right, do not have the ability to reach everyone. We are reaching out to the right areas. We have had lengthy conversations about how successful we have been with other counties, keeping people in county, leaving the hospital is very easy. We have been in the trenches and it is extremely difficult. We have literally, done all we can do in the East End of Charleston.

Dr. Christine Teague agrees. They (Health Right and Ryan White program) note to have had over 1000 clients that received screening, talked about reduced risk of transmission, and counseled PWID how they are at risk. They used this opportunity to educate these individuals on using bleach to clean their injection equipment and other means they have to reduce their risk. We have only had two people that ended up being positive, but they both left. We have transportation that can take them to the clinic appointments. However, they won't use it. In Cabell, they are taking the "care" to the location. Angie stated that we may have to start thinking like that and get the help to their area. Coming to a clinic is scary to them.

Dr. Christine Teague adds that she is meeting with Dr. Willengburg (an infectious disease physician) in Huntington to discuss what works and does not work. Great job on the East End but not drawing people on the West side of Charleston.

Dr. Angie Settle added "With us (Health Right) being a nonprofit, it gets hard and would be great to have a further assistance with outreach." Dr. Teague has stated that in just the last month, we have had four brand new diagnosis in the hospital. These people did not have access to any of these services. These were sick, physically debilitated people and it is concerning to me. We need to know where the drug activity is and us go to them. Not even sure if we can reach them there.

Dr. Angie Settle stated that they are in the process of putting together a local care team. They would like to reach out to the partners and make sure we are all on board and find out where these people are and who the contacts are. On the hospital side, we are putting a screener together and link them directly to care. For patients that are in-patients, we are asking that they let us know immediately, get them the medication they need, and we need to work with them before they are released so we can know who the networks are. We need an immediate connection from when they are positive to address those folks in order to minimize the additional spread. Dr. Young stated it is hard, and you need confidentiality to work through to get these people the care they need. Angie stated that they have found there is more motivation to get better and get well. However, because of them signing themselves in, they are vulnerable. At times it is not their priority and we need to reach them. They have many other issues, homeless, jobless, etc.

Dr. Christine Teague stated these people are normally homeless and they have their meds stolen. We need to reach them and maybe store their meds for them where they can come to them and get their meds every day.

Dr. Cathy Slemp stated that we have to let them (homeless and PWID) know, they are worth it. Angie replied that they do have coaches that come out and try to do that. Dr. Young stated that at the next meeting, would like to hear from others dealing with the homeless population and see if we can learn from them.

Ms. Monica Mason, from the Kanawha County Emergency Ambulance Authority, stated that the paramedics are visiting patients at their homes and possibly link them when they go to get tested. KCEAA was recently awarded a QRT grant and met with the Sheriff's department on how they could collaborate. We are continuing to have boots on the ground. Our CPTS can test within their homes.

Mr. Dan Lauffer added additional support between Thomas Health and the KCEAA CPTS. I think it is exciting and everyone can bring something to the table. With the EMS, they have boots on the ground, they know where to find the patients and maybe sign some agreements so can all come together.

Dr. Young asked Monica to please let everyone know how we can help them. Monica stated that we need to learn the community resources and her team is pretty good with that. Mr. Dan Lauffer stated there are all kinds of things we have found in doing this process. Our teams can help, and we can work together and maybe change a little bit of a scope.

Dr. Cathy Slemp stated the lifetime medical costs for HIV are estimated to be at least \$450,000 per individual (a federal estimate). Christine Teague noted that this is likely to be a low estimate for many, as it was based on 20 years of care. Many current HIV patients are being diagnosed at younger ages. Every case we can prevent can save lives and money.

Ms. Monica Mason mentioned another grant that links public health to fill gaps. We have to be able to prove that there are not only the management and effective, but we have the data to approve. So, part of where we are looking at is how can we help as an agency with QRTs and KCEAA is setting up meetings to fill gaps and if anyone identifies gaps, please let KCEAA know how they can help.

Officer Humphries asked Dr. Young how to alert KCHD or task force members when at risk individuals are identified. Dr. Young stated that we don't need specific names, we want to be respectful, but if you see homeless persons or suspected persons with drug abuse, that is whom we are looking for. We are looking for outreach in general, not just HIV, Hep, etc. While this is about HIV, this is also about helping people.

Officer Humphries stated that he met with United Way and most of the homeless individuals he as spoken with do not want their services. He states that they would rather be left alone and that is sad. We must get to abandon houses and find squatters, so fires do not get out of hand. He further stated that he has met a lot of people and has met a mix of addicted people. Some have financial difficulty, and some are mentally ill.

Mr. Matthew Sutton stated the City of Charleston has just hired an outreach coordinator. He offered to bring him to the next task force meeting. He is very connected, and I am sure he can help in whatever way is needed.

Dr. Young stated that she would come up with something to hand out to the officers.

Ms. Denise Heflin-Peyton, with the Ryan White program stated that we have had a few people, that have been dismissed from inpatient rehabilitation because they no longer meet the criteria.

Mr. Dan Lauffer stated that they were having issues with keeping individuals in inpatient rehabilitation everywhere. Trying to get Medicaid to understand takes a little bit of time.

Dr. Cathy Slempp said that in addition to opioid addiction treatment, there is a whole other way to treat methamphetamine addiction. Education is needed. Patients are coming into the hospital and are very sick. Often, these patients present to the ICU with endocarditis, sepsis or skin infections. Other issues need addressed. We need effective treatment of mental health to combat substance abuse.

Dr. Young stated that we are losing the opportunity to treat addiction by not addressing mental health issues as well as being able to provide adequate rehabilitation services for addiction. It is hard for someone to come forward and say they have a drug problem. Once they get that out, they are looking for someone to trust. If we just pass them on, then we do not earn their trust. They are thinking that they just laid out their soul and then they were passed on to someone else.

Dr. Cathy Slempp stated they are partnering with five other states on the quality of care for drug addiction. High quality care.

Dr. Young asked if anyone else has anything else to discuss. Dr. Young further stated that this meeting has been very helpful, and we need to keep meeting and reach out to others.

Dr. Cathy Slempp stated it is exciting that this has been identified early. Action is really the key. Dr. Young gave her thanks for helping and that she is a good mentor for her. Dr. Young also acknowledged the importance in getting everyone to the table and thanked everyone who was able to attend.

Next meeting is set for November 13, 2019 at 11:00 a.m. in the first-floor conference room. Dr. Young asked to send suggestions on who else to invite to join the HIV Task Force. It is bigger than just HIV. People need to realize that this task force is looking into a lot of issues. Please email me with suggestions you all may have.

12:05 meeting adjourned.