



HIV Task Force Minutes

November 13, 2019

Welcome and Call to Order - Dr. Young – 11:06 am

Dr. Young called the meeting to order. Dr. Young welcomed everybody and stated again that there are many opportunities with the HIV task force and stated that HIV is something that cannot be stopped within a year. Dr. Young further stated that we need to plan for the next ten years at least. Instead of roll call, Dr. Young requested everyone go around the table once and introduce themselves and state what they hope to accomplish.

Dr. Young stated that the HIV Task Force now has a tab of its own on the Kanawha-Charleston Health Department website where the agenda and minutes will be posted.

HIV updates, 18 cases diagnosed in 2019, 8 people identified their risk factor as injected drug use. Previous HIV cases reported were 16 total, 6 IDU. These new cases were identified within the healthcare system. It was discussed this is not just a Charleston problem; it is a Statewide issue. Dr. Young expressed her appreciation for the work of the group.

Dr. Young stated that she and Dr. Slemp have discussed the naloxone issue. If we lose people to overdose, we need to have a chance at recovery. Potential legislative amendments to the rules are being reviewed to expand naloxone distribution. EMS cannot distribute, they are looking at that issue as well. We will also work to increase naloxone distribution through the QRTs as they are forming in the City and County.

Mr. Joe Solomon asked if the community groups can dispense naloxone where it is needed. Dr. Slemp answered the group may have further discussion on that topic. Mr. Solomon stated he has been working with SOAR, partnering with pharmacists, and with churches across the city where they are increasing naloxone training and access. Mr. Solomon further stated in South Hills downtown, they train one or two places a week. 54 organizations going into companies and training. If there is a need, they can come to that company for support. Though, there are only a handful of pharmacists available for help. There is a huge need for more pharmacists.

Dr. Young shared with the task force that Kanawha-Charleston Health Department will have their first outreach for HIV testing on November 20th at Christ's Kitchen, in St. Albans, through a grant KCHD received from the Greater Kanawha Valley Foundation Grant. Next testing event will be in December at the Booker T. Washington community center, in London, WV.

Barriers to treatment were discussed. Dr. Teague shared that one specific challenge with individuals who are homeless, it is easy for their medications to get stolen. Dr. Teague is connecting with ID physicians from Cabell to see how they have raised this barrier to treatment. She will be working with Health Right and Covenant House to serve as a repository for medications if needed. KCHD will also build this capacity if needed.

Dr. Jake Van Horn with Cabin Creek Health Systems (CCHS) stated that CCHS consistently outreaches once a month. Dr. Van Horn further stated that they are beginning to plan community screenings for people to come to their community clinics. First screening will be at the administrative building on December 3rd 10:00 a.m. to 1:00 p.m. We are thinking we may make it during evening hours so they can have dinner. Dr. Van Horn stated people interact to sensitive populations. Dr. Van Horn asked that we please spread the word that they are doing outreaches. A big "ask" is that we need to start some level of collective marketing. Throughout communities, people do not know what we are doing. CCHS has started walk in clinics where patients may walk in any time and get screened. In the very near future, CCHS will be treating Hepatitis C.

Ms. Brandi O'Dell, representing Health Right, stated they have been doing multiple testing events, and as of November 12, 2019, 1,329 individuals were tested for HIV and there were two new positives. Additionally, Ms. O'Dell stated that as of November 1st, Health Right partnered with Covenant House to provide on-site clinical services. The clinic will operate two half days per week with the goal to get to 40 hours a week and get increase in health care. They also provide transportation.

Dr. Shelda Martin, physician for CAMC/Ryan White program, stated this was her first meeting with the HIV Task Force and has enjoyed hearing all the collaboration. Dr. Martin stated that 450 people have come into their emergency system this month. 70% are at the CAMC General Division. Dr. Martin explains that often, the patient comes in and they are in withdrawal. Her team at CAMC worked hard to have protocols put in place. Once a patient comes in and does not need to be admitted. They have established protocols for treatment and immediate referral to Cabin Creek (CCHS). For patients needing to be admitted for medical reasons, they will be treated inpatient. Dr. Martin stated there were 32 people treated and referred out of the ER.

Dr. Christine Teague stated that two positions for recovery coaches were just posted last week to connect patients to recovery. Additionally, a position is posted for HIV rapid testing in the ER, to improve immediate connections to care for HIV positive patients. Dr. Martin stated that the biggest barrier would be transportation specific to the facility.

Dr. Art Rubin, on behalf of the KCHD Board of Health, thanked all for participating. Dr. Rubin further stated that the board sees this as another means to try and combat substance abuse in the community. By identifying the abusers through HIV testing, we have a better way of capturing the issues. Dr. Rubin expressed that the KCHD BOH is pleased that Dr. Young is leading this task force.

Dan Lauffer, CEO Thomas Health Systems, states although Thomas has not made an announcement yet, they have approached the health care facility about expanding at St. Francis Healthcare. St. Francis has a 3.7 level rehabilitation facility and it makes sense in continuing the care. He encouraged testing and referrals for HIV and states It is making the public aware that we have places available and the resources they need. Thomas Health Systems is working with Monica Mason, of the KCEAA, on a QRT program.

Dr. Christine Teague stated that from a screening standpoint that they continue to support. While screening, we are providing naloxone and other preventative services. The vision of the Ryan White program would be helping with the Health Right Clinic at Covenant House. This is an avenue for medication storage for the homeless. At CAMC, the Ryan White Program is

getting ready to provide an early intervention specialist. Of the individuals found to be HIV positive within the healthcare system, some have been very debilitated and some have left against medical advice. The Ryan White program is trying to reach these patients and get them the resources they need and get their medications. Also, working with the legal and privacy officers to get them the help they need. We are also looking at increasing capacity. New cases to be identified I am sure. Ryan White program continues to assist with testing events and provide incentives such as gas cards, bus passes. To address transportation issues, CAMC is looking to work with Uber Health. Ryan White has also recently added a food pantry to their clinic.

Ms. Denise Heflin-Peyton, of CAMC Ryan White Program, stated that in listening to different people here today, we need to set up a streamline for referrals. It is very rare for us to say we cannot see the patient that day.

Dr. Van Horn and Ms. Heflin-Peyton discussed the process of referral and making it user friendly for the patient. Dr. Van Horn had stated that CCHS can go ahead and create a transportation account using our Uber health. Ms. Heflin-Peyton further stated that we probably need to build up a process and make it easier on the patient.

Mr. Solomon stated that CCHS has had some luck with Uber health. He states that it is very easy to use and is for high risk people with challenges who have issues with getting help. The patient does not need to have the technology, it is ordered for them. Ride is given to the appointment. Current model is that the provider pays for it, but it would be perfect if Medicaid would pay for it. Dr. Van Horn stated that they are using the Medicaid approved. Another concern is although HIV is the issue, it is following pretty close to Hepatitis C. One of our challenges getting others screened elsewhere, especially in other rural areas.

Ms. Ellen Allen from Covenant House stated she is a point of contact for the homeless. There is some extra funds coming from the opioids response to focus on people with addiction. Ms. Allen further stated they are representing 22 counties, so it is possible to work with very specific counties.

Dr. Young stated that as the task will continue to work on HIV. As the meetings progress, the group can address additional public health concerns. Dr. Young further stated that she loves that Dr. Slemp is talking about a wide variety of things and thinking about systems. The link to recovery care. In addition, stated Dr. Young, part of the recovery care being "opioids Dr. Van Horn stated that they are doing some management training refreshers and that getting some specialized training is on our list in January 2020 some time. Dr. Van Horn further stated that the plan is to try and build them into their systems within the clinics. Opioids are much bigger. Dr. Martin agrees, further stating if we have 900 providers, just getting everyone trained on opioid abuse disorder, how do you disseminate to the next level? Meth has been a challenge. It seems to be making people more violent and psychotic. Just trying to protect our staff, safety policies and working on how to manage these patients better. Dr. Van Horn stated to the task force that most have gotten information on our November 19th event at 5:30 p.m. We are bringing together treatment and naloxone, discussing treatment and the stigma, what it looks like and that there is hope. Everyone is welcome.

Ms. Jessica Beha stated that Great Rivers is putting out a monthly newsletter. If anyone has something that they would like to put in the newsletter, please let me know. There are approximately 300 readers and we put it on the website.

Ms. Brooke Parker, of CAMC/KCCHI, stated that they are in the middle of their data collection for the Community Health Assessment. This is the first year that we are expanding our health need assessments. Ms. Parker further stated that one of their priority areas is, "community needs health assessment". Her group has a huge mailing list. Ms. Parker as the task force to be on the look out for opportunities to take the assessments that would be helpful.

Ms. Amy Atkins thanked Dr. Young for including them. Ms. Atkins stated that they are going to be working through the Ryan White Program. Ms. Atkins further stated that all the systems that everyone is putting into place will be helpful. She wants help for all who are diagnosed and beyond HIV as well. We are looking forward to knocking down some policy barriers.

Ms. Tina Ramirez stated she attended a conference in Miami, FL on meth. There will be a heroin conference sometime in April, in TN. Additionally, she continues work with Great Rivers/Marshall Health. They have programming on Communities that Care, highlighting the work on opioids in Huntington, WV.

Dr. Slemp stated that seeing folks show up in the ER is showing there are people we are not reaching. We need to determine how can we best help. At the end of the day, we are building systems that can help the community in the long term. Dr. Slemp further stated that this is an area that we can really excel in! It is a great opportunity for us to go to each community. Each community is different. We are good educators for other counties down the road. A joy to "connect" across communities.

Dr. Young called the meeting to adjourn at 12:11 p.m. Next meeting will be in mid-December.

Respectfully submitted,



Sherri Young, DO, FAAFP
Executive Director/Health Officer