



HIV Task Force Minutes December 18, 2019

Welcome and Call to Order - Dr. Young – 11:04 a.m.

Dr. Young welcomed everybody and updated the task force on KCHD's second outreach with the University of Charleston Pharmacy Program, CAMC & the Ryan Right program at Booker T. Washington in London, WV. Dr. Young stated they had six people tested and there were zero positives.

With the HIV totals, there was one additional case since the previous meeting for a total of 19 cases. The new case did not identify as an IV drug user and was identified through community efforts.

Dr. Young requested everyone go around the table and introduce themselves.

Sgt Humphreys stated he would provide communication to the deputies for HIV outreach.

Dr. Jake Van Horn, with Cabin Creek Health Systems (CCHS), stated they have not implemented all clinics for Naloxone and the screening of HIV. Dr. Van Horn stated they have streamlined their internal process of Hep A.

Ms. Jessica Beha stated she has been helping Dr. Young with the last two events. Ms. Beha stated she has not done a lot of "hands on" and this has been a wonderful experience and she is excited about continuing to work with Dr. Young. Ms. Beha stated on January 11, 2020, there is a group faith community united, partnered with church to do a pathways for recoveries. It is a free event and gives pastors and community members information on substance abuse disorders. There will be grief and loss training as well as Narcan training.

Ms. Leslie Brooks with PAAC Organization, stated they offer prevention services for youth and young adults. We have a mobile testing lab and got our state certifications and policies up to date. Leslie further stated that they are in two after school programs and at various centers.

Dr. Teague stated when doing rapid testing, if positive, follow up with a second preliminary test. If the second test is positive, then it is reported to the state. When people have positive results stated Dr. Teague, they need to be linked to care whether it be the Ryan White program or another provider and do the regular blood draw. The 20 minutes doing the Oraquick, affords you the ability to engage the person and to be able to explain the process and get them started on medication. If you allow the person to leave right after the blood draw, you'll have to do a lot of work on the back end to get them back in to see you. Some people have moved on.

Dr. Teague stated that you do not have to be a certified technician to do this and that she would be glad to show you the kits and what works, happy to help in any way. While waiting on results with the patient affords an open dissertation, ask them where they are wanting to get their care/treatment. They need to understand, stated Dr. Young, that it is treatable. We need to take that stigma away and let them know they matter. The 20 minutes is very valuable.

Mr. Joe Solomon stated SOAR and Cabin Creek have had a very busy November with Naloxone training. Mr. Solomon stated they have developed a PAAC. They have also trained United Way, Piggly Wiggly on the west side. Once trained, they have a sticker that states, "We carry Naloxone" displayed on their window. Mr. Solomon stated they had a manager save someone in the parking lot using the Naloxone training he had with them. In total, we had 18 reported saves from summer to fall with a zero budget. Mr. Solomon stated he would like to get Naloxone training more places.

Dr. Cynthia Persily, CEO of Highland Hospital stated they treat acute psychiatric need patients. Dr. Persily stated they do HIV testing for all risk factors, do education referrals out. Our biggest problem Dr. Persily stated, is the time in getting results. Highland is interested in rapid testing. Unfortunately, our number of patients who leave programs is high at 74%. Dr. Persily again stated to Dr. Teague, that they would be interested in rapid testing and could put it under their Clia Waiver.

Ms. Brooke Parker, social worker with Kanawha Coalition for Community Health Improvement, stated they are doing their health needs assessment. This is a survey live on Facebook addressing various things. Ms. Parker asked if you could review the survey, please let her know of any gaps they may have missed, and it will be added. This is not only helping the focus for the next three years, but it is part of the accreditation process. It links public health at the community level. Dr. Persily added the coalition is going through the process of becoming a community of excellence. They have now expanded out to the community of excellence. More important, Dr. Persily added, is the process of bringing coalitions together, the culmination of "up front" work and the spring board of a lot of work for later.

Ms. Jane Bostic, special assistant to Mayor Goodwin, stated the Mayor wanted everyone to know that Kevin Johnson, the homeless outreach coordinator is the "boots on the ground". He is our local community organizer who works with many folks who are truly homeless and get them into first housing programs and he can really help in a lot of ways.

Dr. Art Rubin stated the Board of Health support for the HIV Task Force. Dr. Rubin further stated that we do sit at 19 cases for the year and without the work that everyone is doing, it could be far worse. Getting people identified, into housing and to protect them, takes a village. Dr. Rubin stated that the average number of cases is 14 to 16 a year and we had 17 test positive last year.

Dr. Young asked the task force if there was anything else getting into the new year?

With all that is going on with the January legislative session and the current outbreak currently well contained through community partners, our next meeting will be in February. Dr. Young stated that she appreciated everyone's attendance and that if anyone starts seeing their numbers going up, to please let her know.

No further comments and concluded at 11:37 a.m.

Respectfully submitted,



Sherri Young, DO, FAAFP
Executive Director/Health Officer