Community Planning Group Minutes

Holiday Inn Mercy Campus

Des Moines, IA

June 16, 2016

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS **in attendance*					
X	Julie Baker	X	Betty Krones	X	Carter Smith
X	Sue Boley	X	Roger Lacoy	X	Rachel Stolz
X	Colleen Bornmueller	X	Jacob Linduski (proxy) Conner Spinks		Roma Taylor
X	Megan Campbell	X	Darla Peterson	X	Pamela Terrill
X	Tim Campbell	X	Sarah Peterson		Mark Turnage
X	Scott Clair	X	Marty Reichert		Kathy Weiss
	Michael Flaherty		Sonia Reyes-Snyder	X	Darren Whitfield
X	Linnea Fletcher	X	Theresa Schall	X	Patricia Young
X	Gregg Gross	X	Shane Sharer		
X	Holly Hanson	X	Jordan Selha		
X	LeeVon Harris	X	Michelle Sexton		
X	Tami Haught	X	Cody Shafer		
	Tim Kelly	X	Anthony Sivanthaphanith		
Health Department Staff: Elizabeth McChesney, Randy Mayer, Elsa Goldman, Meredith Heckmann		*Guest(s):Sarah Hambright*			

CALL TO ORDER

Colleen Bornmueller called the meeting to order at 9:00 a.m. Colleen asked everyone to take a moment of silence for the victims of the Orlando shooting.

ROLL CALL

Colleen Bornmueller facilitated roll call. Pat Young gave updates about absent members.

TEST AGENDA

Collen asked if there were any additions to be made to the test agenda. No additions were made.

Ground Rules & Agenda Review

Pat reviewed the group agreements, the agenda, and goals of the meeting:

Goal 1: Become updated on the Consumer Needs Assessment

Goal 2: Become updated on the Naloxone Legislation
Goal 3: Discuss the progress on development of the 2017-2021 Comprehensive HIV Plan
Goal 4: Discuss the provision of mental health services in Iowa
Goal 5: Discuss the Iowa hepatitis C epidemiological profile and next steps

Approval of September 10, 2015 Minutes

Colleen facilitated the approval of the September 10, 2015, minutes. No discussions were raised. Tim Campbell motioned to approve the minutes. Cody Schafer seconded the motion. Motion carried.

Review of September 10, 2015 Check-outs

Colleen facilitated the review of the September 10, 2015, meeting checkouts. Overall positive comments centered on all the preliminary work accomplished in preparation for the development of Iowa's HIV comprehensive plan. Members appreciated the background and information shared about drug overdose and the provision of Naloxone.

UNFINISHED BUSINESS

1. **Consumer Needs Assessment**

Holly provided an update on the 2016 HIV Consumer Needs Assessment (CNA). Holly recalled the discussion that occurred at the September CPG meeting about the childhood trauma questions on the CNA. She stated that trauma-informed-care activities will be included in the state's Comprehensive HIV Plan 2017-2021. Holly explained the Adverse Childhood Experiences (ACEs) handout and the results among PLWH in Iowa compared to Iowa's general HIV population from the 2012 Behavioral Risk Factor Surveillance System (BRFSS, see "Adverse Childhood Experiences" handout). Holly stated that Elsa Goldman is writing the report for the CNA and that she will be creating a small group to further analyze the CNA data. Holly opened it up for questions and no questions were raised.

2. **Drug User Health – Overdose Prevention – Naloxone (HIV G1, 02, and VHSP P LT)**

Pat discussed the goals, objectives, and strategies in the current statewide HIV comprehensive plan related to overdose prevention. Randy gave an update on the recent bills passed on drug user health (see "Iowa Code 135" handout). He stated that drug use often starts among people under 30 years old with prescription opioid use and progresses to heroin use and injection of drugs. There is a related increase in hepatitis c infection as a result of injection drug use. Randy described the bills that will allow providers to prescribe Naloxone to family and friends to be able to assist others in risk of overdose. The bills also allows pharmacists to provide Naloxone if someone has a prescription or if there is a statewide standing order, whereby a prescriber like the

state medical director could make the drug available for anyone who fits certain criteria (e.g., people in a position to assist who receive specific training to administer the drug). The law is already in effect, but the Iowa Department of Public Health (IDPH) needs to write Administrative Rules to describe how standing orders would work. Staff from the Iowa Board of Pharmacy will draft the Administrative Rules. The Iowa Pharmacy Association is an important stakeholder, and they are interested in promoting wide availability to naloxone. Randy is asking for input from other stakeholders. The Rules will be drafted by mid-July and could be in place by the end of the year. The part of the bill that would have provided protection from drug-related prosecutions (e.g., possession) for Good Samaritans was not included in the bill. Randy stated that the Good Samaritan clauses are thought to increase use of naloxone and reporting of overdoses to 911/emergency medical personnel, and that there will likely be another bill next year to add this aspect. Pat asked if there were any questions. Megan commented that naloxone could be provided in bulk through a pharmacy or medical provider. Randy stated that there are two forms of naloxone, a nasal spray and an injectable drug (with or without an auto-injector, similar to an epi-pen). A discussion ensued regarding the availability of naloxone.

NEW BUSINESS

1. 2017-2021 HIV Comprehensive Plan Development: Progress and Next Steps

Jordan presented an update via Zoom technology on the development of the Comprehensive HIV Plan 2017-2021. Two in-person meetings were held – one to describe where the Iowa HIV epidemic is now and one to recommend the specific activities to accomplish the goals of the plan. Jordan explained that the coordinating committee drafted the overall goals to be in line with the National HIV/AIDS Strategy. Jordan encouraged CPG to reach out to committee members to provide suggestions and to refine the activities. The next steps are to finalize the draft, post it for comment, receive CPG's approval in September, and submit the final draft to HRSA and CDC in September.

2. Setting the Plan Framework

Jordan raised a question about how we should frame the plan and passed the discussion off to Randy to facilitate. Randy stated that there is a challenge from the current chair of NASTAD for all states to use their plan to "end the epidemic." Randy suggested that all states might not be ready to launch such a campaign. He also stated that there was likely only one moment in time for each jurisdiction to launch such an effort, as it involves the Governor's office and many stakeholders. He said he believed that moment should be chosen carefully. Randy provided examples of New York's, San Francisco's, Washington State's, the Fast-Track Cities', and UNAIDS plans. Tami stated that she does not like campaigns that are unrealistic, and that we still need to fight stigma, etc. before and end to the epidemic is possible. Others agreed. Tami said she might be okay with the "Downward Trend" slogan (on Jordan's plan website) but needs time to think about it. Carter suggested using the 90-90-90 slogan but associating it with the 99

counties in Iowa. Others stated that we should use the term “ending HIV” and not “AIDS.” Holly stated that “Downward Trend” is not powerful enough, that we have the tools to make a bigger impact; our slogan should reflect that. Marty echoed Carter’s ideas and stated that our slogan should be 90+ in something (health, care, or control) to keep it positive. Darren proposed “Enhancing access in care, reaching all 99 counties” or “Bridging access in care to reach all 99 counties.” Cody shared the importance of using bold lines and bright colors, and to stay away from subtle color gradients to ensure the campaign is accessible to people with visual impairments. Conner, proxy for Jacob, felt “Ending AIDS” erases the inclusivity of people who are currently living with HIV and that it may increase HIV stigma. Randy and Pat thanked the group for the discussion.

3. Overview of Mental Health Services in Iowa (HIV G4, O3)

Holly introduced Laura Larkin, and explained the importance of mental health care in reducing the impact of HIV. She stated that 23% of consumer needs assessment survey respondents reported having a severe mental illness compared to 3% of Iowa’s general population (as reported in the 2013 BRFSS results). This does not include anxiety or depression. Holly stated we need the expertise of those working in mental health at the Iowa Department of Human Services (DHS). Laura stated that she would be presenting on the regional mental health system (see “Iowa Mental Health & Service System Overview” PowerPoint handout). She explained that DHS works with all parts of the mental health system. Previously, each county had its own mental health system, but they were all different. It was realized this was not the most effective system and the legislators worked to organize mental health services by region. There are now 14 regions that vary in size.

Laura stated that the regions work closely with county agencies and stakeholders to determine what services are needed. They must ensure there is a service network to make services available to all, or they must be able to direct individuals to services elsewhere. Regions must fund individuals 18 years and older, those diagnosed with mental illness and intellectual disability, and those under a given percent of federal poverty level. There are accredited Community Mental Health Centers and Mental Health Service providers across Iowa. Laura listed the core services that regions are required to provide. Laura described peer navigator programs and integrated mental health homes. Regions are also required to be able to serve co-occurring conditions, provide trauma-informed care, and use evidence-based services. Regions are expected to fund additional core services, if funding is available. Laura described some examples, such as the warm-line phone service, 24-hour crisis hotline, sub-acute services, justice-system-involved services, and evidence-based treatment. Laura stated that information about regional mental health services is available on the DHS website. She stated that mental health services are funded by Medicaid, and that most services are managed through the three managed care organizations selected by Iowa Medicaid. A member raised a question about where people who do not have Medicaid receive services. Laura stated that regions may be able

to fund people based on their resources, and an individual's insurance and income level. Holly added that Laura is speaking only about people who receive services through DHS. Laura added that there might be crossover because providers often work in multiple systems. Another member asked if undocumented individuals can receive services. Laura stated that the regions typically deal with citizens but they are aware of services that may be able to serve undocumented individuals.

A member brought up the shortage of mental health and substance abuse providers, and asked what we need to do differently to improve the availability of mental health care in the state. Laura stated that sometimes people may be able to be seen sooner, for example, by seeing a therapist before seeing a psychiatrist. Once you are in the system, you can get further assessments and perhaps be seen sooner. There are also organizations that are looking into the scheduling system to get people in sooner. Holly added that there was a lot of discussion in the planning group that mental health services are difficult to access. Holly stated that this is an issue that could be addressed regionally. Laura stated it is important to be clear about what you want and to know the resources in your area. Scott asked how to improve health literacy among individuals. Laura mentioned that mental health homes and providers are helpful in navigating the systems. She stated there a lot of things happening to ease the mental health workforce shortage in Iowa. Telehealth is one example. Darren asked what qualifies individuals for mental health services. Laura stated that there is a wide range of mental health diagnoses in the standard Diagnostic and Statistical Manual of Mental Disorders (DSM) manual and that an individual must be diagnosed by a licensed mental health provider. Laura stated that she will send resources to Holly to disseminate to CPG. Holly praised the DHS mental health 101 training and stated that there were many opportunities to participate in this training. Laura added that there is "youth mental health 101" training, too.

WORKING LUNCH

A photographer and photo booth were present to take pictures to be used in the plan.

4. Hepatitis Action Plan 2017-2021

Pat announced the upcoming work that the CPG will be engaged in regarding the development of Iowa's Hepatitis Action Plan (2017-2021). She introduced Corinna Dan, the Viral Hepatitis Policy Advisor, in the Office of HIV/AIDS and Infectious Disease Policy at Department of Health and Human Services (HHS). Corinna spoke via Zoom and stated that the national plan is much bigger than HHS and that they want to work with stakeholders, community planning groups, and public health providers. The national plan was originally released in 2011 and updated in 2014. The 2011 plan prompted new partners to get involved. There are 22 partners engaged federally to develop the 2017-2021 plan. A community stakeholder plan was also developed. Corinna applauded Iowa's work in the hepatitis c epidemic. Tami asked what the HHS website is and Corinna shared it and the Twitter handle: hhs_viralhep.

5. HCV Epidemiological Profile (VHSP, SG)

Pat stated that Iowa received funds from the Association of State and Territorial Health Officials (ASTHO) to develop an HCV epidemiological profile. She introduced Peter Corcoran, who along with Nicole Kolm-Valdivia and Lena Swander, an IDPH intern, worked on the development of Iowa's HCV epidemiological profile. Peter presented the profile over Zoom. He stated that the purpose of the profile is to document the burden of the disease, inform policy decisions, and provide data to public health professionals, CPG members, and others. Peter reviewed the epidemiological profile (see "Epidemiological Profile of Hepatitis C in Iowa" PowerPoint handout). Pat thanked Peter and announced that there has been an HCV stakeholder group in Iowa who were actively involved in the development of the profile; some being CPG members. They have provided excellent feedback. Pat is planning on resubmitting the profile this month to ASTHO.

Randy announced that the profile was Iowa's first analyses of hepatitis C data at a state level. Given the amount of data entered and analyzed within a short time, he said he thought the profile turned out quite well. He highlighted that there are about 2,000 HCV diagnoses in one year – and compared that to the total number of Iowans living with HIV (about 3,000). He stated that there is an HCV epidemic among baby boomers (those born from 1945 to 1965), high HCV incidence rates (i.e., new infections) among young people, and an injection drug user epidemic. He also stated that the database only had 73 HCV and HIV co-infected individuals, which indicates that there are many missing diagnoses. We know this number should be closer to 10 times this number from conversations with HIV treaters in the state. IDPH will be asking HIV clinics across the state to report co-infected individuals separately to help improve the data. Hepatologists also notified IDPH that HCV is rarely listed as a primary cause of death, and that the numbers of deaths are likely higher than shown in the profile.

Randy asked if there were any questions. Carter asked if there is information about undiagnosed HCV co-occurring conditions and the costs associated with them. Scott added that putting the dollar amounts in the mind of policymakers will help to bring money to prevention programs. Randy highlighted the projected number of people living with HCV in Iowa ranged from a high of just over 100,000 people – much higher than CDC projections. Randy said that they plan to work with Medicaid to get data from them. The current data-sharing agreement that IDPH has with Medicaid doesn't include HCV. Randy stated that the cost of HCV treatment is constantly changing as new drugs are released. Conner acknowledged the importance of having better data on racial disparities and incarcerated people.

Pat stated that the IDPH, with input from the stakeholder group, is planning to create fact sheets and to disseminate information during World Hepatitis Day at the end of July. Pat asked what else would be helpful. Cody added that an online infographic would be beneficial. Theresa asked about information regarding HCV-related deaths and time to diagnosis. She stated that people

often live with HCV for a long time and are often asymptomatic. Randy stated that we can do a match with vital records from IDSS to get better data on deaths. Randy feels that this information will be useful when working with policymakers who are focusing now on the opioid epidemic. Pat stated that the development of the profile will set the framework for developing the new hepatitis state plan. Pat and Randy thanked Peter, Nicole, Lena, and Shane (who did a lot of data entry and clean up) for all of their hard work.

6. National Academy of Medicine; Committee on A National Strategy for the Elimination of Hepatitis B and C

Randy discussed that the National Academy of Medicine (formerly the Institute of Medicine) was commissioned by CDC's Division of Viral Hepatitis to draft a *National Strategy for the Elimination of Hepatitis B and C*. He stated that he is one of three public health professionals on the National Academy of Medicine's committee that is drafting the report. Randy described the process leading up to the development of the strategy. In Phase 1, the committee was to determine whether eliminating hepatitis B and C as public health problems was feasible. They issued a Phase 1 report in which they said elimination was feasible but that it would depend on having considerable resources dedicated to the problem. The main elimination tools are vaccination for hepatitis B and curative treatment for hepatitis C. The Phase 1 report was released last April. Next, the committee will write the national strategy for the country to achieve the elimination goals. The national strategy is expected to be released in early 2017.

7. Advocacy and Policy to Eliminate Hepatitis in the United Sates

Pat introduced Chris Taylor, Senior Director, Hepatitis, at the National Alliance of State and Territorial AIDS Directors (NASTAD). Chris thanked CPG for their work and including hepatitis in their community planning committee. He said that is only one way in which Iowa is a leader in the country. He also applauded IDPH for developing the Hepatitis C Epidemiological Profile, and believes that it will construct a powerful narrative for policymakers. He stated that ASTHO specifically chose Iowa because of the work it had done recently to catch up on HCV case entry and to establish an HCV surveillance system. Lastly, he thanked CPG members who are involved in CHAIN and PITCH for including hepatitis and overdose prevention (i.e., drug user health) in their advocacy efforts.

Chris stated that Iowa has done a good job laying the ground work to address the hepatitis C epidemic. Chris informed CPG of national advocacy efforts and stated that Iowa's state efforts may also be helpful nationally. He stated that advocacy leads to increased interest in HCV in the Obama administration and in Congress, and this may lead to increased funding. Chris mentioned that advocacy is now focusing on removing restrictions on hepatitis C medications imposed by insurance companies and Medicaid programs. He suggested that states many have insightful information about improving the HCV care continuum, such as harm reduction services, syringe access programs, access to overdose medication, coverage of hepatitis C medications, etc. and

that these things should be explored when developing the state HCV strategic plan. Chris stated that states should partner with substance abuse and mental health providers as well as HIV programs to target HCV and HIV co-infected individuals. Advocacy at the White House will focus on educating new government leaders and members of Congress after the next election. Chris believes that we are at a critical point with recommendations and the development of new tools to end both the HIV and HCV epidemics in the United States and the rest of the world.

Chris asked if there were any questions and comments. Randy added that we received CDC's new funding opportunity announcement for viral hepatitis prevention (which funds Shane's position) and asked Chris to explain it and the feedback that has been received from states. Chris stated that CDC's Division of Viral Hepatitis funds the state's current Viral Hepatitis Prevention Coordinator positions, but that the new grant will change the focus substantially beginning later this year when it is implemented. The new grant asks jurisdictions to focus on conducting situational analyses to improve HBV and HCV testing at primary care facilities, community health centers, and substance abuse treatment facilities. Randy added that it seems that CDC wants states to focus more on baby boomers in primary care clinics instead of reaching injection drug users at HIV and STD testing sites. In fact, HIV and STD counseling and testing sites cannot be used to meet the requirements of the grant. In addition, CDC wants states to reach 70% of the epidemic by the end of the 4-year grant. This is problematic because as our epidemiological profile shows, the HCV epidemic is not concentrated in a few urban areas making it seemingly unrealistic to reach CDC's expectations of 70%. Chris added that there are a number of advocacy movements to address CDCs unrealistic expectations. Randy added that while it is true that HCV is concentrated in the baby boomer population, and that not treating this group will cost a lot of money very soon (i.e., in liver transplants and liver cancer treatment), the ongoing transmission is among young injection drug users. Most baby boomers have access to health care and are in health care systems. Those systems need to be the ones to address baby boomers, while public health should focus on the ongoing transmission among those outside the health system. Colleen thanked all of the HCV presenters.

8. Committee Reports

Gay Men's Health Committee (GMHC)

Greg Gross, GMHC Chair, recognized the Gay Men's Health Committee members present at CPG and stated that they had a meeting the day before. They received feedback from providers about the PrEP (Pre-exposure prophylaxis) brochures, made changes, and will be printing them. Pat is initiating a PrEP advisory group. A letter is also being drafted by IDPH to go out with the provider brochures. They are continuing to add information to the website, including information about tobacco cessation and PEP (post-exposure prophylaxis). They had a discussion about where they will go from here. They are ready to plan more strategically about their priorities.

OTHER BUSINESS

Colleen asked if there was other business. Holly Hanson described the Ryan White Part B supplemental grant award process this year. The Part B Supplemental award redistributes funds that were not spent (i.e., unobligated funds) by states and cities in the previous year. This year the pool of funds was very large ($167 million dollars). HRSA, the agency that oversees the Ryan White Program, requested that states apply for the supplemental grant even if they hadn't received it in the past, or they had received small amounts of funding in prior years. Iowa's Ryan White Part B Program applied for $6.9 million dollars, which should go a long way to help the state implement the new Comprehensive HIV Plan. It seems as if Iowa will be awarded the full award, and IDPH and partners have worked hard to come up with creative ways to use the grant money, Holly asked if there were any questions. Randy added that case finding/testing is included. Holly included that there will be seven regional representatives to do outreach to substance abuse, mental health providers, etc. A lot of the other ideas are based off discussion at the round table planning meeting. Randy added that the supplemental funds must be spent in one year, but we are projecting that there will be similar amounts over the next 3 years.

Roger asked if the supplemental grant applies to all Ryan White services and Holly said yes. She explained that we can contract with other organizations in creative ways to meet needs across the state. Roger asked if there is a way to spread the money to all 99 counties and Holly said that we can only provide the money to our current contractors, but the contractors serve all 99 counties. Carter asked if additional employment safety can be included. Holly stated that she will need to know more, but that it is possible. Holly explained the core services requirement of the funds (75% must be spent on core medical services, which does not include support services), but explained that she will be writing for a core services waiver so that we can spend additional supplemental grant money on support services. Conner proposed looking at support services for adult survivors of sexual abuse. Holly said she did write for increased mental health services that can include services for adult survivors.

Randy informed CPG that there are two criminal transmission cases involving PLWH pending right now, and that the trials will take place this summer and fall. He stated that these cases may define how the new law (Iowa Code 709D) will be used. The state and others (e.g., ACLU and Lambda Legal) are monitoring the cases closely. Both cases have had plenty of media associated with them, unfortunately. From what has been described in the media, neither defendant seems to have been charged as one might have expected given the new statute (i.e., as misdemeanors). Two other people have already pled guilty under the new statute, but both people had Hepatitis C, and neither went to trial nor had any publicity associated with them. Both of these involved cases were there was intent to transmit, and were charged as class D felonies.

CHECKOUT COMPLETION

Colleen reminded everyone to complete their checkout forms.

CALL TO THE PUBLIC

Colleen asked the public of they had any comments or questions. Sarah Hambright thanked the group and stated that she learned a lot.

ANNOUNCEMENTS

Pat asked everyone to remember to notify her if they won't be present at CPG and gave a warm farewell to Darren. This was his last meeting as he leaves to take a new position elsewhere.

Pamela thanked everyone for all the work that CPG is doing in HIV and HCV.

Tami announced that there will be a CHAIN meeting after the CPG meeting. She has turned in her resignation as CHAIN committee chair, and stated that they need someone to fill the position – preferably someone living with HIV.

Darren announced that his dissertation will be published next week, and he will provide copies to those who want them.

Next Meeting – September 8, 2016

ADJOURN

Colleen facilitated the motion to adjourn the meeting. Linnea motioned to adjourn.

Respectfully submitted,

Elsa Goldman