

MEETING AGENDA

VIRTUAL:

Thursday, October 17th, 2024

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (September 19th, 2024)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - CAREware
- ◆ Discussion Item
 - Subcommittee Presentation to HIPC
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next Comprehensive Planning Committee meeting is
November 21, 2024 2:00pm - 4:00pm

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia,
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**Comprehensive Planning Committee
Meeting Minutes of
Thursday, September 19th, 2024
2:00 p.m. – 4:00 p.m.**

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Debra D’Alessandro (Co-Chair), Keith Carter, Gus Grannan (Co-Chair), Pamela Gorman, Gerry Keys, Jerome Pipes, Clint Steib, Adam Williams

Guest: Tariem Burroughs, Anh Nguyen, Dorsche Pinsky,Carolynn Rainey, Vanessa Rodriguez, Laura Silverman, Odessa Summers

Staff: Sofia Moletteri, Tiffany Dominique, Kevin Trinh

Call to Order: G. Grannan called the meeting to order at 2:05 p.m.

Introductions: G. Grannan asked everyone to introduce themselves.

Approval of Agenda:

D. D’Alessandro referred to the September 2024 Comprehensive Planning Committee agenda and asked for a motion to approve. **Motion: D. D’Alessandro motioned; G. Keys seconded to approve the September 2024 Comprehensive Planning Committee agenda via Zoom. Motion passed: 6 in favor.** The September 2024 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (June 20th, 2024):

D. D’Alessandro referred to the June 2024 Comprehensive Planning Committee minutes. **Motion: K. Carter motioned; D. D’Alessandro seconded to approve the June 2024 CPC meeting minutes via Zoom. Motion passed: 5 in favor; 1 abstained.** The June 2024 CPC minutes were approved.

Report of Co-chairs:

None.

Report of Staff:

S. Moletteri reported that a combined CPC and Prevention Committee meeting would occur in November due to the holidays. The meeting was also combined because DHH would be presenting an update on the Integrated Plan which had prevention overlap. CPC would begin the priority setting process again since it had been 3 years since the last time it was done. A brief description of the process was given in which the committee ranks and prioritizes services. The first meeting determines how they would be scoring the priorities.

Presentation:

-LEAP and Linkage Programs by Action Wellness-

D. Pinsky introduced herself as the Assistant Director of Client Services. She would be presenting on the Philadelphia Linkage Program (PLP) and Linkage and Engagement After Prison Program (LEAP). She explained that Action Wellness was once known as ActionAIDS and that their mission was to support people affected by and living with AIDS. She said their name and mission had changed in 2016 to expand support to help those with other chronic illnesses. D. Pinsky then provided a list of services provided at Action Wellness. She said they had personnel who would help clients with removing barriers to care.

D. Pinsky explained why they had a jail-based program - an estimated 1 in 7 people living with HIV pass through a correctional detention facility per year. Individuals were ten times more likely to overdose within 2 weeks after release. Additionally, successful linkage to care has been shown to reduce recidivism.

O. Summers introduced herself as the coordinator of the PLP. She described the history of PLP and its history of providing care since 1991. She said incarceration was historically an avenue to identify individuals who were existing without care as well as diagnose those who would only discover they had HIV once they were incarcerated. Their main goal was to link incarcerated individuals to care and then prepare them to plan for medical care upon release.

She said clients were often referred to them and were linked to care based on their needs. O. Summers said that the unique aspect of their program was that they worked with the client while they were incarcerated. She said they were an incentive-based medical care program. She praised Philadelphia's reentry program and said that it should be emulated.

O. Summers explained how the program handled their clients. She said they kept a record of the client's metrics so they could determine if the client showed progress. If a client met their goals, they would be transferred to a less intensive program. If they felt that the client was ready to transition but the client didn't feel the same way, they would hold back the client and retain the client in the program until they felt more confident.

V. Rodriguez was the coordinator of the LEAP program which began its work in 2020. LEAP was a case management program for individuals with a diagnosis of Opioid Use Disorder (OUD) who were taking medication for opioid use disorder (MOUD) and currently incarcerated in or recently released from the Philadelphia Department of Prisons. V. Rodriguez described all the services and supplies that they used to help their clients such as Narcan. K. Carter asked if they provided trans individuals with name changes. D. Pinsky replied that they do not have lawyers, but they were able to support the client through such processes. Post-incarceration, a client was assigned to a Care Outreach Specialist (COS) who accompanied them to medical, behavioral health, and social service appointments. If a client was lost to care, the COS would conduct extensive outreach to reengage the person back into the program.

The presenters moved to receive questions from the committee members. The team mentioned that S. Moletteri had gathered some questions from the co-chairs. There was a question about

substance use / mental health treatment and whether it had been impacted by the current mayoral administration. O. Summers replied that substance abuse treatment had been increasingly more accessible even before the new administration. There had been a push for low barrier access to these healthcare services. There was no change in mental health services. G. Grannan said the mayoral administration had been instructing the police to pick up people who use drugs on the street and were taking them to unknown locations. He asked how they were adjusting their program to accommodate this. D. Pinsky replied that they had similar experiences. She said they did not have special access to knowledge about where the persons were being taken. Their team had reached out to communities with people who use drugs but were unable to get insight or contact with those who were picked up. However, the mechanisms to care for people who used drugs picked up by the new administration had not changed.

The next question asked about the approach to care for persons who were entering the system for the first time and experiencing active addiction. V. Rodriguez said they had an intake specialist who would see the person when they receive a referral for a client. She said they made sure to contact their clients as soon as possible. If the client did not have insurance, they would help the client apply for insurance. V. Rodriguez said they checked in on clients to ensure they were receiving medically assisted treatment (MAT).

The next question asked if they noticed if there were more people who used drugs being taken into prison. O. Summers said they did not have enough information to answer that question at the moment. She said they would not learn about the client's location because of HIPAA protections. D. Pinsky said they did have a questionnaire on discharge that asked individuals using MAT when they last had a dose. O. Summers said the police would remove some clients from MAT as a punitive measure. K. Carter asked if they could receive more information about the client such as their whereabouts if they were placed on the client's list as a contact to bypass HIPAA protections used. O. Summers replied that they could not do this. K. Carter asked if they could visit clients if they were put into the hole, such as solitary confinement. D. Pinsky replied that they could see the client even in solitary confinement.

G. Keys asked about the process for clients who were released suddenly and their process for preventing them from being lost to care. D. Pinsky replied that they would have a case manager who would check in on the client's incarceration status on a weekly basis. They would also keep in contact with the client and ask the client to alert them if something were to happen. If the client was released in the middle of the night or early morning, they could provide support through guidance or a Uber ride. D. D'Alessandro asked about their progress on the waitlist for LEAP. D. Pinsky said that they had created the waitlist because of COVID-19 and they were steadily whittling it down. The waitlist had been the lowest it has ever been and she was optimistic that they would make their way through the waitlist soon.

The next question asked what was their process for providing HIV care within the prisons. O. Summers described their process on how they ensure care was being provided. She said that they often checked in on their clients to ensure they received their medication. She praised the program's HIV care for being responsive and empathetic towards the needs of their clients. G. Grannan asked about their Methadone process and if they collected feedback from their clients.

D. Pinsky said they did collect feedback from their clients and adapted their process to fit the needs of the client. V. Rodriguez said they would often provide language services to their clients and other ways to support their clients' needs.

G. Grannan noted that some people did not respond positively to Suboxone and asked if they served any clients who would need an alternative to Suboxone. D. Pinsky said that if clients were arrested on Methadone, the jails would allow the client to continue their Methadone treatment. She said that as for initiation, the jails were only supplying Suboxone and Vivitrol. She said most clients would choose Suboxone. G. Grannan said there was research that Vivitrol had heightened a person's chance for overdose.

T. Dominique asked if clients were allowed to make collect calls to Action Wellness. And since it is an incentive based project was money given to clients while incarcerated. D. Pinsky said they were not allowed to place money in their clients' accounts. T. Dominique then asked if the severity of LEAP client criminal charges was related to Pennsylvania being a felony conviction state. A felony conviction state punishes a person for murder or manslaughter if a person died during the commission of a crime even if the person had not committed the murder personally. O. Summers said that was not the case and attributed it to a culture where young people were more likely to commit violent crime. G. Grannan suggested it could be due to the type of crimes the Drug Enforcement Administration was willing to prosecute.

K. Carter asked if a person would continue Pre-exposure prophylaxis (PrEP) treatment if they were arrested and sent to jail. D. Pinsky confirmed that they would continue treatment. She said PrEP would not be offered on initiation, but they would happily advocate for those who wanted PrEP.

Other Business:

D. D'Alessandro asked the new members to introduce themselves. T. Burroughs introduced themselves and their background.

Announcements:

S. Moletteri said they were holding an in-person Positive Committee meeting on Monday from 12pm-2pm. They asked those interested to contact them so they could estimate how much food would be needed.

Adjournment:

D. D'Alessandro called for a motion to adjourn. **Motion:** D. D'Alessandro motioned, G. Grannan seconded to adjourn the September 2024 Comprehensive Planning Committee meeting.

Motion passed: Meeting adjourned at 3:32 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- September 2024 CPC Meeting Agenda
- June 2024 CPC Committee Meeting Minutes

DRAFT