
Philadelphia HIV Integrated Planning Council

Meeting Minutes of Thursday, July 10th, 2025

2:00 p.m. – 4:30 p.m.

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

Present: Diane Bourke, Veronica Brisco, Michael Cappuccilli, Keith Carter, Debra D'Alessandro, Nikeshia Deal, Lupe Diaz (Co-Chair), Hal Docmanov, James Ealy, Alan Edelstein, Ariaan Garcia, Gus Grannan, Pamela Gorman, Jeffery Haskins, Nafisah Houston, Stanton Jacinto, Dena Lewis-Salley, Jose Lugo, Alecia Manley, Loretta Matus, Juju Myahwegi, Peggy Neumann, Amy Onorato, Carolyn Rainey, Stacy Smith, Clint Steib, Desiree Surplus (Co-Chair), Evan Thornburg (Co-Chair), Shakeera Wynne

Excused: Sharee Heaven, Nicola D'Souza, Xu Xandro

Guests: Annet Davis, Nakia Lancaster, Ameenah Mccann-Woods, Cameron Schatz, Avis Scott

Staff: Tiffany Dominique, Debbie Law, Mari Ross-Russell, Kevin Trinh, Sofia Moletteri

Call to Order: L. Diaz called the meeting to order at 2:05 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda:

L. Diaz referred to the July 2025 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** K. Carter motioned; L. Matus seconded to approve the July 2025 HIPC agenda via a Zoom poll. **Motion passed:** 14 in favor, 2 abstained. The July 2025 HIPC agenda was approved.

Approval of Minutes (June 11th, 2025):

L. Diaz referred to the June 2025 HIPC meeting minutes and asked for a motion to approve. **Motion:** K. Carter motioned; C. Steib seconded to approve the June HIPC minutes via a Zoom poll. **Motion passed:** 10 in favor, 3 abstained. The June 2025 HIPC meeting minutes were approved.

Report of Co-Chairs:

L. Diaz reminded the Council Members that she would be reaching her term limit in September and they would need a Co-chair. A member needed to have one year of good attendance before they could be eligible for the position.

Report of Staff:

M. Ross-Russell said HRSA had sent a request for contact information from the HIPC members. HRSA wanted to conduct listening sessions to engage the community to ensure they were involved in planning, development, and implementation of HIV care and treatment strategy. M.

Ross-Russell wanted to know if the membership would consent to have their contact information sent to HRSA. M. Cappuccilli asked how the listening sessions would be structured. M. Ross-Russell said it was difficult to predict what the sessions would look like because they lacked information. K. Carter said the HIPC members were volunteers and they had met every requirement asked of them to that point from HRSA. G. Grannan commented that if more was asked of them, they should be compensated for their time. M. Ross-Russell stressed that she was very much aware of their status as volunteers and had advocated on their behalf knowing that. She reminded the HIPC members that historically there had not been paid compensation because receiving paid compensation from the federal government could invalidate a person's benefits. G. Grannan said these benefits now included a work requirement to receive them. J. Lugo stated he was disinterested on whether they received compensation or not. He wanted to know what HRSA had planned to do with the information. T. Dominique said M. Ross-Russell would find more information about this question.

T. Dominique reminded the members they had previously signed a form stating their conflict of interest. She said the members had an opportunity to sign the form again to update their conflict of interest going forward into the Allocations Process.

T. Dominique announced they were planning to have a combined meeting between the Comprehensive Planning Committee (CPC) and the Prevention Committee on July 23rd. She predicted the meeting may be cancelled to make room for the Allocations meetings. She asked the HIPC members to be vigilant for any news they could share in the future. L. Diaz said she had heard that the state had received their budget and it could be a sign that they should be hearing about their funding soon. M. Ross-Russell said HRSA had been sending partial awards because of the continuing resolution. She explained that the state and agencies were getting a partial amount but they did not yet know the total amount. L. Diaz said she would forward the emails where she had received this information to M. Ross-Russell for clarification.

During the week, there was an annual ethics training course. T. Dominique reminded the HIPC members that they were required to attend the ethics training course. She thanked all the members she saw at the training by name. She stated that members who still needed to attend the course could find the registration link in the email sent by K. Trinh.

Action Items:

-Monitoring of the Administration Mechanism Form Review-

K. Carter said the Finance Committee had met in June to review the Monitoring the Administration form. A. Edelstein explained that the Monitoring the Administration Mechanism was a process conducted by HIPC to assure the Recipient, the Division of HIV Health (DHH), were funding and paying providers in a timely manner. HIPC had outlined and created milestones and goals that the Recipient was to comply with.

Reading from the document, A. Edelstein described the Procurement Process. It was a process where the Recipient was required to present information to HIPC on Requests for Proposals (RFP) and hold discussion for questions and comments. A. Edelstein said the Recipient had not submitted an RFP this year so this requirement was non-applicable. Furthermore, the Recipient was required to have a contract procurement process that was efficient, effective, fair and

inclusive. This requirement was also not applicable for the reason stated above. The Recipient was to make sure the HIPC members were aware of the results of the RFP process. This was not applicable for the reason stated above.

The Recipient was required to present HIPC with the percentage of contracts fully executed within 120 days after the award. A. Edelstein said all the contracts had been executed. If there were obstacles to timely reimbursement, the Recipient was required to provide a summary of the obstacles to the Finance Committee on a quarterly basis. A. Edelstein reported the Recipient had fulfilled this requirement through the quarterly spending reports.

HIPC was to be notified of late invoicing. The Recipient was to provide this information to the Finance Committee on a quarterly basis. The time frame for this requirement was one week after the Notice of Grant Award or of partial award. A. Edelstein reported the Recipient had fulfilled this requirement. The Recipient was to distribute funding in accordance with the approved allocations decisions made by HIPC. The Recipient then was required to submit a copy of the allocations report to HIPC after the report had been submitted to HRSA. A. Edelstein reported this has been completed.

The Recipient was required to have regular reports on service utilization and expenditures by service category. The Recipient would send the report to the Finance Committee and HIPC on a quarterly basis. A. Edelstein reported the Recipient had complied with this requirement. In an event of a reallocation, the Recipient was to make a request to HIPC if the request was greater than 10% of the threshold. The request needed to have a detailed explanation for the shift in funding. Meeting Minutes would serve as a record. A. Edelstein reported the Recipient had complied with this requirement.

The Recipient was required to have a staff member at each committee meeting except when asked not to attend. The meeting minutes would be used to monitor if this requirement was met. A. Edelstein reported the Recipient had complied with this requirement. The Recipient staff member had participated in all Finance committee meetings, 11 HIPC meetings, and all allocation meetings.

During the Allocations meetings, HIPC had created directives and goals the Recipient were to implement. The Recipient was to implement these directives and report the progress to HIPC. Meeting Minutes were to be used to monitor this activity. A. Edelstein reported DHH had complied with this requirement.

Motion: A. Edelstein motioned to approve the Monitoring the Administration Mechanism form with the Finance Committee's Recommendation.

L. Matus: In Favor
C. Steib: In Favor
D. Surplus: In Favor
D. D'Alessandro: In Favor
A. Edelstein: In Favor
L. Diaz: Abstained

E. Thornburg: Abstained
M. Cappuccilli: In Favor
N. Houston: In Favor
V. Brisco: In Favor
A. Garcia: In Favor
D. Lewis-Salley: In Favor
J. Myahwegi: In Favor
S. Smith: In Favor
K. Carter: In Favor
G. Grannan: In Favor
S. Wynne: In Favor
C. Rainey: In Favor
A. Manley: In Favor
J. Haskins: In Favor

Motion Passed: 18 in Favor, 2 abstained. The motion to approve the Monitoring the Administration Mechanism form was passed.

D. Bourke, who was a recommended member, asked what further action she needed in regards to her HIPC application. S. Moletteri replied that no further action was needed from her and they needed to wait for the Mayor's Office to accept her application. They asked D. Bourke to send any questions she had to OHP after the meeting.

-Priority Setting-

S. Moletteri explained the Priority Setting was a process where committee members had ranked each service category from 1 to 8 using data from the Medical Monitoring Project (MMP), Client Services Unit (CSU), and the Consumer Survey. Priority Setting does not affect the funding of services directly. It informs members the importance placed on each service during the Allocations Process.

The Priority Setting results were summarized in a chart by S. Moletteri and presented to the HIPC members. The top five service categories based on MMP, CSU, Consumer Survey, and committee member scores were Housing Assistance, Medical Case Management, Mental Health, Transportation, and Food Bank Services.

The HIPC elected to review each service category that had a significant change in ranking from the last Priority Setting in 2022. S. Moletteri explained the difference in ranking between the Priority Setting in 2022 and 2025.

Direct Emergency Financial Assistance (DEFA) was ranked in #2 in 2022 and was ranked #7 in 2025. While 85% of members had ranked this service as a critical priority, it did not rank higher due to other factors. S. Moletteri attributed the loss in ranking to less reported need in CSU compared to other top-ranked services and no mention of the service category under MMP.

Information & Referral had increased from #19 in 2022 to ranking #13 in 2025. The committee members had felt that the service category was essential for navigation, linkage, and retention in care. 56% of members rated the service as an 8.

The AIDS Drug Assistance Program (ADAP) was ranked #8 in 2022 and #15 in 2025. While the committee saw value in the service, they noted the lower service usage and overlap with insurance/Medicaid. They noted cost and access issues but felt it was not as urgent with other mechanisms covering most people.

Home & Community-Based Health Services was ranked #23 in 2022 and #16 in 2025. Many committee members saw this service category as important to ensure engagement in care and ranked the service category as a 5. There was discussion around its importance for the aging people living with HIV (PLWH) population. They recognized this service as important for helping those with disabilities and supporting social integration for seniors through day treatment.

Legal Services was ranked #5 in 2022 and #17 in 2025. About 75% of committee members ranked this service as a 1/low priority. They acknowledged that there could be potential discrimination threats in the future, but they noted the service was limited under Ryan White (RW) for addressing immigration or minority discrimination.

Translation & Interpretation had ranked #12 in 2022 and #17 in 2025. The service had ranked low in CSU, MMP, and the Consumer Survey. The committee members believed the data could be underrepresented due to language barriers. S. Moletteri noted only seven of the Spanish surveys were returned during the Consumer Survey. The committee members had also noted translation and language apps had variable quality and limitations.

Home Health was ranked #22 in 2022 and #18 in 2025. The service category had low utilization, but the committee members emphasized the growing number of older PLWH. They believed the service was only going to grow in demand given the limitations in coverage for Medicaid.

Health Education/Risk Reduction was ranked #13 in 2022 and had fallen in rank to #19 in 2025. The service had ranked low in CSU. Most committee members had ranked the service as a 5, indicating middling importance compared to the top ranked services. Members felt the service was important for HIV prevention but was not the most critical for PLWH's engagement in care.

Substance Use Residential was ranked #6 in 2022 and had fallen to #20 in 2025. Committee members felt the service was needed but questioned the service category's efficacy and high readmission rates. The discussion favored outpatient models.

Care Outreach was ranked #8 in 2022 and was ranked #22 in 2025. Most of the participants found the service to be essential with 80% of members voting the service as a 5 for PLWH's engagement in care. However, the service was ranked low in CSU, MMP and the Consumer Survey.

The Local Pharmaceutical Assistance Program (LPAP) was ranked #14 in 2022 and had been lowered to a rank of #23 in 2025. The service was recently defunded by the Philadelphia eligible metropolitan area (EMA) and was deemed to be duplicative of ADAP and EFA-Pharma. Members noted other pharmaceutical services were more effective.

Child Care Services was ranked #18 in 2022 and was ranked #24 in 2025. While the service was considered important, the committee members felt the demographics of those who needed the service were not reflective of the EMA's PLWH. Additionally, the program's guidance made receiving child care from a trusted neighbor or friend more difficult.

Non-Medical Case Management was ranked #20 in 2022 and had lowered in rank to #25 in 2025. The service was viewed as "light touch" support for those not needing intensive help. Members had discussed how it was not currently funded by RW Part A and how Medical Case Management had priority over Non-Medical. They also discussed other avenues such as PhillyKeepOnLoving or CSU, which could help people connect with services and other "light touch support."

Rehabilitation Care was ranked #21 in 2022 and was ranked #26 in 2025. The committee members felt the service was helpful but limited funding had lowered the service priority.

Day or Respite Care was ranked #17 in 2022 and #27 in 2025. The service was underutilized according to the Consumer Survey and had ranked low in MMP and CSU.

G. Grannan reminded the members that his term limit was approaching and invited members. He invited those who were interested to nominate themselves when the time came. He invited all those who were interested in making the decisions like Priority Setting to join them at the next CPC meeting.

Motion: G. Grannan motioned to approve the Priority Setting results.

L. Matus: In Favor
C. Steib: In Favor
D. Surplus: In Favor
D. D'Alessandro: In Favor
A. Edelstein: In Favor
L. Diaz: Abstained
E. Thornburg: Abstained
M. Cappuccilli: In Favor
N. Houston: In Favor
V. Brisco: In Favor
A. Garcia: In Favor
J. Myahwegi: In Favor
S. Smith: In Favor
K. Carter: In Favor
G. Grannan: In Favor
S. Wynne: In Favor

C. Rainey: In Favor
A. Manley: In Favor
J. Haskins: In Favor
P. Gorman: In Favor

Motion Passed: 18 in favor, 2 abstained. The motion to approve the Priority Setting Results was approved.

Discussion Item:

-Final Award & Allocations Schedule-

M. Ross-Russell said the Health Resources and Services Administration (HRSA) had sent notice that the Final Award would be delivered in July. She said they would attempt to schedule all of the allocations meetings in July so they could vote on the final allocations in August.

In anticipation of the Final Award, they had created the three separate budgets for each funding scenario: level funding budget, 5% decrease budget and 5% increase budget. The budgets were based on the amount of funding they received and the budget was determined based on the epidemic in each region.

M. Ross-Russell said that upon completion of the current fiscal years funding, they needed to determine the allocations for the 2026-2027 funding cycle. Historically, they would meet on a regional basis where each week was devoted to each region's allocations. She explained the allocations meetings needed to be abbreviated this year. Once the award was received, the Finance Committee needed to have an emergency meeting to review the current years allocations. M. Ross-Russell had given the HIPC members a choice of how they would abbreviate the Allocations Process. The members could have one day of data review and then decide the allocations on another day with one day for each region, meaning each member from a region would have at least two days of meetings for a total of four days to complete the process. Or the members could have a three days of data review and then make the allocation decisions on the same day. Each day would be elongated. K. Carter said four days would be preferable and he believed it would foster more meaningful discussion.

The OHP staff would email the HIPC members a poll to gauge which dates were most suitable for the Allocations Meetings.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-

None.

-Nominations Committee-

None.

-Positive Committee-

K. Carter said the Positive committee had reviewed the Allocations worksheet and the Priority Setting materials. The next meeting would be on July 21st and would be virtual.

-Comprehensive Planning Committee-

G. Grannan said the CPC had a combined meeting with the Prevention Committee where they conducted the Priority Setting.

-Prevention Committee-

J. Ealy said they had a meeting at the end of June. They had a presentation on YEZTUGO and discussed the Needs Assessment. D. Surplus announced their next meeting would also be a combined meeting with the CPC on July 27th. She thanked all those who attended the Prevention Committee meet'n'greet event.

Other Business:

A. Davis said they were recruiting for a survey on cisgender women, focusing on how they received reproductive, STI-related, and other health information from their healthcare providers. L. Diaz said T. Dominique could help distribute a flyer to potential participants.

Announcements:

None.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion:** D. D'Alessandro motioned, K. Carter seconded to adjourn the July 2025 HIPC meeting. **Motion passed:** Meeting adjourned at 4:04 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- July 2025 HIPC Agenda
- June 2025 HIPC Committee Meeting Minutes
- Monitoring the Administrative Mechanism form