

MEETING AGENDA

VIRTUAL:

Thursday, September 18th, 2025

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (August 21st and July 23rd, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Discussion Item
 - Needs Assessment
 - CPC Co-Chair Nomination
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Comprehensive Planning Committee/Prevention Committee meeting is on
TBD

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**VIRTUAL: Comprehensive Planning Committee/Prevention Committee
Meeting Minutes of**

Wednesday, July 23rd, 2025

12:00 p.m. – 2:00 p.m.

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

Present: Keith Carter, James Ealy (Co-Chair), Jeffery Haskins, Loretta Matus, Patrick Mukinay, Juju Myahwegi, Desiree Surplus (Co-Chair), Dena Lewis-Salley, Clint Steib, Shakeera Wynne

Excused: Veronica Brisco, Debra D'Alessandro (Co-Chair), Gus Grannan (Co-Chair), Pamela Gorman

Guests: Laura Silverman (DHH)

Staff: Tiffany Dominique, Sofia Moletteri, Kevin Trinh

Call to Order/Introductions: J. Ealy asked everyone to introduce themselves and called the meeting to order at 12:06 p.m.

Approval of Agenda:

J. Ealy referred to the July 2025 Comprehensive Planning Committee (CPC)/Prevention Committee agenda and asked for a motion to approve. **Motion: K. Carter motioned; J. Haskins seconded to approve the July 2025 CPC/Prevention Committee agenda via Zoom poll. Motion passed: 7 in favor.** The July 2025 CPC/Prevention Committee agenda was approved.

Approval of Minutes (June 25th, 2025):

J. Ealy referred to the June 2025 CPC/Prevention Committee Meeting minutes. **Motion: K. Carter motioned; D. Surplus seconded to approve the June 2025 CPC/Prevention Committee meeting minutes via a Zoom poll. Motion passed: 7 in favor.** The June 2025 CPC/Prevention Committee meeting minutes were approved.

Report of Co-chairs:

J. Ealy reported he learned the cost of YEZTUGO, the treatment presented by Gilead in the previous meeting. Each injection would cost \$14,000 and a person would need two injections per year. J. Ealy said Gilead had a program to reduce the cost to \$8,000, but the price was too high for the average person. K. Carter asked if the pharmacies could dispense YEZTUGO. C. Steib said they were able to order YEZTUGO at his clinic. The clinic staff had special training to administer the new treatment. J. Ealy said his organization was in the process of incorporating the treatment to its list of services.

He said they were looking for potential speakers in the fall and would update the committee members soon.

Report of Staff:

T. Dominique reported that portions of the application had to be rewritten to comply with the executive orders from the White House. Once this was completed, the allocations for FY25/26 would be released. She believed the application was resubmitted within the last few days.

In addition to the report on allocations, T. Dominique would address three questions that were asked in the CPC/Prevention Committee meeting last month. The first question asked about grapefruit's interaction with YEZTUGO. T. Dominique had spoken with M. Leonardos, a member of Gilead, for a follow up to the question. At this time, Gilead did not have an answer but they would soon provide one. The second question asked if there was guidance for people using Naloxone and YEZTUGO in the purpose 4 study. Currently, there was no guidance and the study was still ongoing. The third question asked if more studies would be conducted with Descovy for people who were assigned female at birth (AFAB). M. Leonardos had told T. Dominique that they did not have plans at this time. T. Dominique said she had found an article stating people who were AFAB should use Descovy if they were unable to use TRUVADA. She offered to send the article to members who were interested.

S. Moletteri announced they had posted the Priority Setting results and process online under the Priority Setting tab.

Discussion Item:***-Needs Assessment-***

T. Dominique said conducting the Needs Assessment was a legislative requirement for the Integrated Plan. Due to time constraints, they had discussed having a town hall as a first step for the Needs Assessment. The town hall would serve as a launching point for ideas for focus groups.

The OHP staff were looking to have a town hall in each region with 15 to 40 people in attendance. She said they were holding this meeting to determine the specifics of the town hall such as the optimal number of people at each meeting. T. Dominique said recruitment was important to obtain meaningful and thoughtful information. They wanted to know if HIPC should have a status neutral approach. T. Dominique had wanted to hear from the committees how they would want to advertise the town hall and said answering these questions were key to a successful town hall.

K. Carter suggested having the Positive Committee members moderate the town hall since they were the clients using the services. J. Ealy agreed with K. Carter, but was concerned about the funding needed for the town hall. K. Carter and the Positive Committee had identified potential locations for the town hall in their previous meeting. These locations included the William Way LGBT Community Center, The Church of Saint Luke & The Epiphany, and Jefferson Health. S. Moletteri said they had two locations in Philadelphia and a vague idea for a location in New Jersey. They currently did not have a location in the Pennsylvania Counties. K. Carter said if they had the town hall in person, they could have food and refreshments.

T. Dominique said they needed to figure out how they would collect data. J. Ealy asked about the time frame for the town halls. T. Dominique said they were hoping to have the town halls in the

fall or early winter with results and an analysis done by February. She suggested having the town hall to coincide with the week of World AIDS Day. The dates of the town halls were uncertain at the moment. K. Carter said they would need to go through an IRB. T. Dominique said he was correct, but the IRB process would be expedited since they would be collecting data on the service system. *PLEASE NOTE: This was said but upon later review we have learned that because it is a townhall and it is evaluation of RW services the IRB is not required.*

S. Moletteri said the Positive Committee had reviewed the town hall brainstorming worksheet - based off of the priority setting results - in their last meeting, and they answered all the questions included. S. Moletteri had also sent out the worksheet as a Google Form so CPC and Prevention members could respond. They would review each question in the survey and then the answers to each question. The first question asked about the barriers to care. Six members responded that long wait times were the most common barrier to care. Three people each reported paperwork and access/service awareness as barriers to care. S. Moletteri noted that financial security was a common theme throughout the survey.

The second question on the survey asked which priority services members most wanted to explore in depth at a town hall. Six members had voted Housing Assistance as their top service. K. Carter said they had also discussed the social determinants of health and believed housing was a key aspect in promoting health.

T. Dominique said if they were to have a hybrid meeting, they would need to record to help with note taking. If the town hall would be separated into rooms, each room would have someone taking notes. T. Dominique said they needed to be clear they were recording the participants. If they were in a hybrid meeting, they were likely to have a camera and they needed to allow their guests to choose if they would present themselves in front of the camera. T. Dominique said they needed to place time limits on how long people spoke and they needed to communicate when a person's turn to speak was over to ensure all participants were given the opportunity to speak.

Based on the responses, S. Moletteri suggested having a structured listening session in the beginning. They said this could open people to speaking about the various topics in the town hall. K. Carter said it was important for them to communicate the structure and ground rules of the town hall beforehand

The committee looked at question 7. This question asked what would make the town hall interactive and engaging. The survey participants answered, with seven votes, that small group discussions and breakout groups were the most effective ways to create an interactive and engaging atmosphere.

Question 8 asked what shape/tone the town hall should take on. Six members felt the town hall should take on a structured listening session form. S. Moletteri said members had wanted the feeling of self-advocacy and the ability to determine their own lives. K. Carter emphasized that financial independence and literacy were important to reaching this goal.

Question 4 asked if there were any populations that were underserved within each of the priority services. According to the survey, six members felt that transgender individuals were

underserved. Five members felt immigrants and those with limited English proficiency were underserved. K. Carter said they had to remember that heterosexual individuals were a population who needed attention as well. Populations like cisgender women were underserved.

Question 5 asked if there were services not listed in the top 10 that should be explored in a needs assessment/town hall. PrEP and other medications were listed topics that were overlooked. S. Moletteri asked if they had wanted to open the discussion in the town hall to people who were affected by HIV and not just PLWH. The other committee members had agreed they should take a status neutral stance on town hall discussions.

Question 6 asked which social determinants of health most shape health outcomes for PLWH in the EMA. Nine members had voted unstable housing as the most significant factor in PLWH's health. Seven members had voted transportation issues as another factor. Seven other members voted food security as a top issue affecting determinants of health.

The committee would review the listening session participant survey form. S. Moletteri said the form had asked each participant for their demographic information and what service they had used in the past month. S. Moletteri said the committees could edit or add questions to this form. J. Ealy felt the form was comprehensive.

T. Dominique asked if the two committees would like another joint meeting. She said the Prevention Committee had already scheduled a speaker in August. S. Moletteri said CPC would be available for a joint meeting. J. Ealy asked if they could postpone the speaker to September, but rescinded his suggestion after learning from T. Dominique that the speaker's presentation had already been postponed once. K. Carter wondered if they could continue the conversation at the next HIPC meeting. T. Dominique said the HIPC schedule was tentative with notice of award looming closer. The committee members agreed they should have a discussion about the town hall before September, when HIPC members would be reaching their term limits. It was also decided to move the town hall discussion to the August 21st CPC meeting and to invite the Prevention Committee members to this meeting.

Any Other Business:

None.

Announcements:

None.

Adjournment:

J. Ealy called for a motion to adjourn. **Motion:** K. Carter motioned, J. Haskins seconded to adjourn the July 2025 CPC/Prevention Committee meeting. **Motion passed:** Meeting adjourned at 1:31 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- July 2025 CPC/Prevention Committee Agenda
- June 2025 CPC/Prevention Committee Meeting Minutes
- Needs Assessment Form

DRAFT

**VIRTUAL: Comprehensive Planning Committee
Meeting Minutes of
Wednesday, August 21st, 2025
2:00 p.m. – 4:00 p.m.**

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

Present: Keith Carter, Debra D'Alessandro (Co-Chair), James Ealy, Pamela Gorman, Gus Grannan (Co-Chair), Nafisah Houston, Patrick Mukinay, Shakeera Wynne

Excused: Juju Myawegi

Guests: Brian Hernandez, Laura Silverman (DHH)

Staff: Tiffany Dominique, Sofia Moletteri, Kevin Trinh

Call to Order/Introductions: G. Grannan called the meeting to order at 2:05 p.m. He skipped introductions.

Approval of Agenda:

G. Grannan referred to the August 2025 Comprehensive Planning Committee (CPC) agenda and asked for a motion to approve. **Motion:** K. Carter motioned; J. Ealy seconded to approve the August 2025 CPC agenda via Zoom poll. Motion passed: 5 in favor. The August 2025 CPC agenda was approved.

Approval of Minutes (July 31st, 2025):

G. Grannan referred to the July 2025 CPC/Prevention Committee Meeting minutes. **Motion:** K. Carter motioned; J. Ealy seconded to approve the July 2025 CPC/Prevention Committee meeting minutes via a Zoom poll. Motion passed: 6 in favor. The July 2025 CPC/Prevention Committee meeting minutes were approved.

Report of Co-chairs:

G. Grannan reported they had completed the Allocations Process for the next fiscal year.

D. D'Alessandro reminded the committee members that they were still looking for a member to take G. Grannan's co-chair position. G. Grannan's membership term would end next month.

Report of Staff:

S. Moletteri reported the Office of HIV Planning (OHP) would be tabling at a teen hygiene health event to recruit new HIV Integrated Planning Council (HIPC) members. They then announced the August Prevention Committee would be canceled. Because of this, the Prevention Committee members had been invited to attend this meeting.

Discussion Item:

-Needs Assessment-

S. Moletteri said the purpose of the meeting was to receive input from the committee members about the details of the Needs Assessment. They said they were to use the Needs Assessment to collect information for HIPC and to generate ideas for focus groups.

S. Moletteri reviewed a timeline of the events and the steps needed to complete the Needs Assessment. In June 2025, the committee had decided they would host a town hall as part of the Needs Assessment. In July 2025, the Positive Committee, CPC, and the Prevention Committee had identified possible topic areas using the Priority Setting data.

Today, the committee would be reviewing the draft agenda to ensure the direction of the assessment was correct. J. Ealy asked if the townhall would be exclusively in-person or hybrid. S. Moletteri said they had been having discussions about this topic. If they decide to have the town hall in-person, they need to be mindful of attendants who may not consent to be recorded on camera. K. Carter suggested having the camera centered on only the presenters. D. D'Alessandro suggested having a virtual townhall for all three regions. G. Grannan said some people may not even be comfortable with their voice recorded as they were targets of stigma or discrimination. K. Carter suggested confidentiality forms to determine if a person should be filmed. J. Ealy suggested having a second meeting for each region. Then one meeting would be exclusively in-person while the other would be a virtual meeting. He said he had remembered an event where they placed stickers on people who had not wanted to be filmed. When footage of the event was edited, people with stickers were edited out. P. Gorman said people from New Jersey were less likely to attend the town hall if it was in Philadelphia. She said the committee needed to think of how to incentivize people to attend. For example, people were more likely to attend if they knew there was food being served. K. Carter suggested giving small trinkets to persuade people to attend. S. Moletteri explained that editing people out of the recording might be difficult. Additionally, presentations were not the focal point of the town halls, so keeping the camera only on presentations would also be difficult. The group discussed how 3 additional, virtual, town halls might not be feasible. The group finally decided to host a fourth, "catch-all" virtual town hall where people could attend virtually from all three regions. This would be last and be informed by the previous three, in-person town halls.

For the logistic portion of the Needs Assessment, confirmation of the budget, fiscal sponsorship, locations, catering, agenda, presentation/speakers/facilitators, transportation and analysis plan were in process. For the design material portion of the Needs Assessment, S. Moletteri confirmed they had reviewed and updated the previous surveys. By October or November, they planned to develop materials such as survey tools and flyers. OHP staff wanted to create a data entry tool and have a data entry test. They would then pilot test the survey with the Positive Committee. Upon completion of the test they would then finalize the registration, demographic survey tools and presentations before the town hall. Registration would be required and attendance was anticipated to be capped at 25-32 people per location.

S. Moletteri said the next step was recruiting participants. They thanked all the members for leveraging their connections to recruit participants for the townhall. S. Moletteri would use any existing network and their newsletter to recruit for the townhall. They would encourage DHH and HIPC members to send out flyers to their networks about the town hall.

Between December 2025 and January 2026, they would schedule a walk-through visit at each location to ensure all their needs were going to be met. S. Moletteri said it was preferable that they inspected each location a week before the town hall meeting. They were to send out reminders to participants about their involvement.

Starting in December 2025, they would have the Philadelphia Town Hall first and the other town halls in January. Regretfully, S. Moletteri said they would need to host the town halls during the colder months of the year and this may affect attendance. This was so they could include the results from the town hall within the Integrated Plan.

After each townhall, the OHP staff would enter in the survey information for analysis. They would gather the responses from the feedback survey and hold a staff meeting to discuss the data. Using information from the surveys, they would implement lessons learned in future townhalls and or focus groups. In February 2026, they would analyze the data. By March 2026, they would write their findings into the Integrated Plan and on the OHP website. They would then prepare for the focus groups starting after July 2026. The final step in the Needs Assessment was to send letters to their partners thanking them for their support and ensuring they have a link to the findings.

S. Moletteri and the committee would review a draft of the town hall agenda. The theme of the content was to empower people to advocate for themselves and to work towards independence. While advocacy was a theme in the town hall, S. Moletteri cautioned that they should not lean into it as assessing need was their priority. Town hall attendants should have information about available services. Any information gathered at the event would be incorporated into the Integrated Plan to better serve the PLWH in the EMA. The key topics/presentations within the town hall would include housing assistance, direct emergency financial assistance, and barriers to care. S. Moletteri said they were thinking of having presentations on Housing Assistance and Direct Emergency Financial Assistance. Barriers to care would be a breakout room discussion topic.

The town hall was to be facilitated by OHP staff, HIPC Co-chairs, and potentially DHH. At the beginning, each participant would be given a questionnaire asking their most priority service and why - everyone would have 30-45 seconds to respond verbally if they chose to do so. This would act as both an “icebreaker” and a way to assess service priorities. There would be three 5-minute presentations. They would have breakout groups to discuss the topic of barriers to care. K. Carter asked if the third presentation could be focused on the change to SNAP/Medicaid or having to retain housing instead of financial literacy and independence. S. Moletteri agreed that this would be a helpful presentation.

P. Gorman said she had experience with HRSA site visits. She said, based on her experience, people were more responsive to a dialog rather than a presentation. She said the community was more likely to generate ideas if they were engaged rather than fed information. S. Moletteri said their introduction portion of the town hall allowed the participants to look at the materials such as priority setting. They said most of the townhall meeting would not be devoted to presentations. P. Gorman suggested having the townhall attendants take the survey again after

they had listened to the presentations. She felt that it would allow them to understand if the participants had retained the information from the presentations.

S. Moletteri next described the structure of the townhall. They would begin with a survey to collect demographic information. The townhall would begin with a 15-minute greeting and section devoted to establishing ground rules. The participant would receive a survey which highlighted the participants' priority services. An icebreaker would follow with each participant explaining why they choose their answer for their top priority service on the survey. S. Moletteri presented the survey to the committee. The question was open ended. K. Carter suggested giving the participants a laptop to answer the questions. S. Moletteri explained that, while potentially helpful, some participants might be uncomfortable answering personal questions on the computer due to either technical issues or distrust in technology. D. D'Alessandro suggested facilitators be available to individuals in the case of literacy challenges. S. Moletteri said that after the initial survey, they would have their presentations and the breakout sessions.

An additional survey would be given during lunch asking the participants about demographic and service needs/barriers. G. Grannan suggested asking the participants whether they were anticipating losing coverage due to spending cuts. J. Ealy agreed and he said they should also avoid trying to lead the participants. G. Grannan said even if the participants replied that they did not know could yield important information.

One question asked whether the participant was late to an appointment due to transportation issues. G. Grannan suggested rephrasing the question to ask if the participant had trouble arriving and leaving their appointment due to transportation issues. J. Ealy asked if telehealth was mentioned in the survey. J. Ealy felt that they should consider questions about telehealth in light of transportation issues. S. Moletteri said they could add it in as a question. D. D'Alessandro suggested adding telehealth to question 11 on the survey.

The last survey asked the participants about funded RW Part A services: whether they used a service in the last 12 months, whether they didn't need a service in the last 12 months, whether they never heard about a service, and whether they tried to use but could not get a service in the last 12 months. The survey mirrored information collected on the Consumer Survey so OHP could have updated results. K. Carter asked how long they expect to finish each survey. S. Moletteri said participants had 10 minutes to fill out the first survey and 15 minutes to share their answers. They then had a 30-minute lunch break to fill out the other two surveys.

Any Other Business:

None.

Announcements:

K. Carter announced the AIDS Law Project of PA was to have a presentation on SNAP Benefit changes. K. Trinh said the presentation was on August 27th at 2pm.

K. Carter added that PCA was having an aging with HIV workshop for six weeks.

Adjournment:

G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, J. Ealy seconded to adjourn the August 2025 CPC meeting. **Motion passed:** Meeting adjourned at 3:58 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- August 2025 CPC Agenda
- July 2025 CPC/Prevention Committee Meeting Minutes

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