MEETING AGENDA

VIRTUAL:
Tuesday, October 7th, 2025
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (September 11th, 2025)
- Report of Co-Chairs
- Report of Staff
- Presentation Item
  - Roles and Responsibilities
  - PA Integrated Plan Update
- Discussion Item
  - New Member Orientation
  - Needs Assessment
- Committee Reports:
  - Executive Committee
  - Finance Committee – Alan Edelstein & Keith Carter
  - Nominations Committee – Juan Baez
  - Positive Committee – Keith Carter
  - Comprehensive Planning Committee – Debra Dalessandro
  - Prevention Committee – Desiree Surplus & James Ealy
- Other Business
- Announcements
- Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574
VIRTUAL: November 13th 2pm-4:30pm
Please contact the office at least 5 days in advance if you require special assistance.

HIV Integrated Planning Council

Staff Directory

Tiffany Dominique — Director, Finance Committee, Executive Committee
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Debbie Law — Nominations Committee
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Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website
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Kevin Trinh — Prevention Committee/Minutes & Attendance
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Philadelphia HIV Integrated Planning Council
Meeting Minutes of
Thursday, September 11th, 2025
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Juan Baez, Veronica Brisco, Tariem Burroughs, Michael Cappuccilli, Keith Carter, Debra D'Alessandro, Lupe Diaz (Co-chair), James Ealy, Alan Edelstein, Monique Gordon, Pamela Gorman, Jeffery Haskins, Sharee Heaven (Co-Chair), Jose Lugo, Nafisah Houston, Dena Lewis-Salley, Lorett Matus, Patrick Mukinay, Juju Myahwegi, Carolynn Rainey, AJ Scruggs, Stacy Smith, Clint Steib, Shakeera Wynne

Excused: Alecia Manley, Evan Thornburg (Co-chair)

Guests: Dr. Kathleen Brady (DHH), Cheryl Henne, Stanton Jacinto (Recommended), Jose Lugo (Recommended), Ameenah McCann-Woods (DHH), Amy Onorato (Recommended), Sonnet Pelham, Cameron Schatz, Zoe Stoller (Recommended)

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

Approval of Minutes (*August 14th, 2025*):
L. Diaz referred to the August 2025 HIPC meeting minutes and asked for a motion to approve. **Motion:** K. Carter motioned; V. Brisco seconded to approve the August HIPC minutes via a Zoom poll. **Motion passed:** 12 in favor, 1 against, 2 abstained. The August 2025 HIPC meeting minutes were approved.

Report of Co-Chairs:
L. Diaz reported she had attended the 2025 US Conference on HIV/AIDS. She said had the opportunity to meet people from different places in the country. She said they found shared perspectives on the changing political landscape.

Report of Staff:
S. Moletteri said they were having staffing conflicts. Because of this, the Nominations Committee had decided to move their meeting from October 9th to October 7th. S. Moletteri asked the HIPC members if they would also be willing to move their October meeting to the same date. The Nominations Committee meeting would be a hybrid meeting so the Office of

HIV Planning (OHP) could test in-person meetings. The HIPC meeting would remain virtual until next year. The HIPC decided they would determine the date through a ZOOM poll. After voting, S. Moletteri read the results. 68% of HIPC members in attendance were in agreement that the meeting should be moved to October 7th. 20% of HIPC members were indifferent to a change in date. The next HIPC and Nominations Committee meeting would take place on October 7th.

K. Carter asked for more detail about why they were moving meetings to in person. Dr. K. Brady answered that HRSA was requiring in-person meetings. They felt that funding for a large conference room was being wasted if all the meetings were virtual. If HIPC and the OHP did not have in-person meetings, their funding may be reduced.

K. Trinh gave a presentation about the members who were rolling off during this month. He thanked them for their service and dedication. The members who reached their term limits were M. Cappuccilli, L. Diaz, G. Grannan, P. Gorman, L. Matus, and C. Steib. The remaining HIPC members also expressed their gratitude.

Discussion Items:

-PA Integrated Plan-

C. Henne introduced herself, explained that she was from the PA Department of Health (PADOH) and working on the State of Pennsylvania's Integrated Plan. She said this was the third iteration of the Integrated Plan. She described the first plan as being very ambitious with 200 pages of content. The second plan was more focused and was detailed in less than 100 pages. For the third plan, they looked to take the foundation created from their previous iterations and update them. They were currently in the midst of preparing for their Priority Setting process. C. Henne said they were aiming to formalize and standardize their process. They were modeling their process after HIPC's Priority Setting process with S. Moletteri's guidance. The PADOH aimed to release the plan in November and December for comment. C. Henne promised HIPC would be involved in the process to give input.

- Philadelphia EMA Integrated Plan-

Dr. K. Brady said the Philadelphia Eligible Metropolitan Area's (EMA) Integrated Plan was an umbrella document that sets out local recommendations for all HIV care and prevention services. It aimed to streamline the work of planning groups, reduce reporting burden/duplicated efforts, and promote collaboration in use of data and community engagement. The plan was developed to inform program planning, resource allocation, evaluation, and continuous improvement over a 5-year period.

Dr. K. Brady described the federal expectations for the Philadelphia EMA's Integrated Plan. Expectations included coordinating care activities, meeting planning and engagement requirements, improving health outcomes, and demonstrating how local and state plans could align to advance the goals of the National HIV/AIDS Strategy.

Other expectations for the Integrated Plan included promoting a whole-person approach, reducing recipient burden, advancing health through government programs, and leveraging strategic partnerships to prioritize those who were diagnosed but not engaged in care.

The role of the Planning Council in the EMA's Integrated Plan was to provide input on its development. The Recipient, the Division of HIV Health (DHH), would review, analyze, and present data from needs assessments and listening sessions to the Planning Council. DHH would then receive input from the planning council and prioritize resources to those at highest risk for HIV transmissions and acquisition based on the input. As part of the Integrated Plan submission, jurisdictions must provide a signed letter from the planning body documenting concurrence, non-concurrence, or concurrence with reservations.

There were seven sections to the Integrated Plan. The first was the introduction and executive summary. Section II described the community engagement and planning process. Section III was about contributing data sets and assessments. This section used data to determine how HIV affected communities and what services were needed by the communities. Barriers to care and gaps in coverage were also identified in this section. Section IV described the situational analysis portion of the plan. During this section, DHH would provide an overview of the strengths, challenges and needs impacting the population disproportionately affected by HIV and its resulting health disparities.

Section V detailed the coordinated goals and objectives of the plan in 2026 to 2031. It explained the coordinated approach for all HIV prevention and care funding and addressed focus areas for scaling up efforts to end the epidemic. Section VI covered implementation, evaluation and reporting/dissemination. DHH wanted to not only implement the plan but also to monitor and improve the plan. Section VII was the letter of concurrence. This section describes how the planning body was involved. It was important that HIPC understood and agreed with the plan.

Dr. K. Brady revealed the schedule for HIPC's participation in the Integrated Plan. This HIPC meeting would be the first step in the process, where HIPC received an overview of the plan and asked any questions. The next meeting would take place on February 12, 2026 and would focus on reviewing the goals and objectives. The third meeting would be centered around concurrence.

Dr. K. Brady asked if HIPC had any questions. D. D'Alessandro asked how often they had to update the plan. Dr. K. Brady replied they had new guidance every 5 years, though, the plan could be updated at any time if needed. No additional questions were asked.

Action Item:
-Co-Chair Election-
T. Dominique reported that in the time between the last HIPC meeting in August to this date, no one had nominated themselves for election. HIPC members had nominated C. Steib and K. Carter. C. Steib would be reaching his term limit this month. K. Carter had declined because he was reaching his term limit in a year.

T. Dominique reminded the HIPC members that a person elected as a HIPC co-chair would be required to leave all their subcommittee co-chair positions. J. Haskins was nominated by another member and he declined the nomination.

S.Heaven said the co-chair position was a serious responsibility. She said the co-chair needed to be unbiased and able to facilitate the meetings. They work with HRSA and the Recipient to ensure HIPC was in compliance with the ByLaws. L. Diaz said the role was very educational and the position allows them to learn from others. A. Scruggs was nominated and declined the nomination. He said he had too many responsibilities to take on another role. T. Burroughs was nominated but had not met the one year requirement to be considered.

The HIPC members had decided they would postpone the election to next month since they did not have any candidates.

Committee Reports:
-Executive Committee-
None.

-Finance Committee-
None.

-Nominations Committee-
M. Cappuccilli said the committee members had decided to move their next meeting to October 7th. During the meeting, they had a discussion about the recommendation letters. At this time, the recommended members had not received their letters and there was concern they would not have enough voting members and members eligible for leadership positions. M. Cappuccilli said they had discussed having an ex-officio position that would allow former members to return in order to vote if they didn't have enough votes. Another option was to allow recommended members the ability to have a provisional vote.

The Nominations Committee reviewed membership attendance. For members who needed to reapply before the end of the month, the committee had voted to extend their membership by 30 days. In the Open Nominations meeting, they would review the applications of these members.

In the next few months, they would have an orientation for recommended members.

-Positive Committee-
K. Carter said the Positive Committee had met on the second Monday of each month. Their next meeting would be on September 15th and would be virtual.

-Comprehensive Planning Committee-
S. Moletteri said the committee had been working on the needs assessment. They would be meeting next Thursday with the Prevention Committee on September 18th. The CPC and Prevention Committee was reviewing materials and processes for the upcoming town halls (as part of HIPC's needs assessment activities) in all regions to gather information about current needs. S. Moletteri presented the survey tools they would be using. The Philadelphia town hall would be at Action Wellness. They would be working on finding locations for New Jersey and the PA Counties.

D. D'Alessandro said they were looking for a new co-chair to take G. Grannan's position. D. D'Alessandro said they had one candidate so far.

-Prevention Committee-
J. Ealy confirmed they would have a combined meeting with CPC next week. J. Ealy reported the HIV prevention drug from Merck would not be FDA approved for seven to nine months.

Other Business:
None.

Announcements:
T. Dominique announced M. Ross-Russell was retiring and that this would be her last HIPC meeting. M. Ross-Russell said it was a pleasure working with the OHP staff, DHH, and the HIPC members. K. Carter thanked M. Ross-Russell for more than 30 years of service. Likewise, the other HIPC members expressed similar feelings and congratulations.

D. D'Alessandro announced that her organization's funding, after being cut significantly, was being restored to 2025 flat funding levels. A. Scruggs announced they were having a symposium and ball called "HIV is not a Crime."

T. Dominique announced a symposium will be held at PHMC called "Connecting the Dots" in October.

J. Ealy reminded the members that the date was September 11th and he took a moment to remember those lost on this day..

Adjournment:
L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the September 2025 HIPC meeting. **Motion passed:** Meeting adjourned at 3:42 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:
- September 2025 HIPC Agenda
- August 2025 HIPC Committee Meeting Minutes