

MEETING AGENDA

VIRTUAL:

Thursday, December 11th, 2025

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (November 13th, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation Items
 - PA Integrated Plan Update
 - NJ Integrated Plan Update
- ◆ Action Item
 - Reallocation Request
- ◆ Committee Reports:
 - Executive Committee
 - Finance Committee – Alan Edelstein & Keith Carter
 - Nominations Committee – Juan Baez
 - Positive Committee – Keith Carter
 - Comprehensive Planning Committee – Debra Dalessandro & Shakeera Wynne
 - Prevention Committee – Desiree Surplus & James Ealy
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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VIRTUAL: January 8th, 2026 2pm-4:30pm

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

Staff Directory

Tiffany Dominique — Director, Finance Committee, Executive Committee
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Debbie Law — Nominations Committee
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Philadelphia HIV Integrated Planning Council

Meeting Minutes of

Thursday, November 13th, 2025

2:00 p.m. – 4:30 p.m.

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

Present: J. Baez, T. Burroughs, D. D'Alessandro, N. D'Souza, J. Ealy, A. Edelstein, J. Haskins, D. Lewis-Salley, A. Manley, J. Myahwegi, P. Mukinay, D. Pinsky, C. Rainey, A. Scruggs, S. Smith, D. Surplus, E. Thornburg, S. Wynne

Excused: M. Gordon, S. Heaven

Guests: Esther Chak, T. Dean (Recommended), H. Docmanov (Recommended), K. Fisher (Recommended), J. Flores-Leyva (Recommended), Cheryl Henne (PADHH), Clyde Johnson (Recommended), J. Lugo (Recommended), S. Jacinto (Recommended), M. Mabou (Recommended), Ameenah McCann-Woods (DHH), A. Ororato (Recommended), D. Singleton (Recommended), Avis Scott (DHH), Sydney Singh, Anna Thomas-Ferraioli (DHH), Mary-Jo Valentino (Imaginary Office), Javontae Williams (Merck)

Staff: Tiffany Dominique, Debbie Law, Sofia Moletteri, Kevin Trinh

Call to Order: E. Thornburg called the meeting to order at 2:09 p.m.

Introductions: E. Thornburg asked everyone to introduce themselves.

Approval of Agenda:

E. Thornburg referred to the November HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** D. Pinsky motioned; A. Manley seconded to approve the November 2025 HIPC agenda via a Zoom poll. **Motion passed:** 11 in favor, 1 abstained. The November 2025 HIPC agenda was approved.

Approval of Minutes (October 7th, 2025):

E. Thornburg referred to the October 7th 2025 HIPC meeting minutes and asked for a motion to approve. **Motion:** D. Pinsky motioned; D. Surplus seconded to approve the October 2025 HIPC minutes via a Zoom poll. **Motion passed:** 9 in favor, 4 abstained. The October 2025 HIPC meeting minutes were approved.

Report of Co-Chairs:

None.

Report of Staff:

S. Moletteri said they were planning four town halls with the purpose of performing a needs assessment for people living with HIV (PLWH). The first town hall was approaching on

December 3rd at Action Wellness. The other two town halls would be in Yeadon, PA and Cherry Hill, New Jersey. The last town hall would be virtual for those who could not attend in-person.

D. D'Alessandro said they needed to prepare for scenarios like if a case manager had decided to accompany a participant to the town hall. The OHP staff agreed they would take the suggestion into consideration.

Presentation Items:

-PA Integrated Plan Update-

C. Hennes, who represented the PA Division of HIV Health, said their next Priority Setting would happen at their next PA HIV Planning Group (HPG) meeting on Wednesday and Thursday. They had been adapting their Priority Process by mirroring HIPC's Priority Process. They had gathered information from the Medical Monitoring Project, CAREWARE, and conversation cafés. Surveys were sent to the voting members of the HPG for their preliminary ranking of the services. The information would be reviewed in a powerpoint presentation at the meeting. Voting members would have an opportunity to change their ranking after the presentation. The PA subcommittees and working groups would create a list of recommendations and would present it to the full HPG. The PA HPG would discuss and alter the list if needed. The list of recommendations would be submitted to the PA Division of HIV Health (DHH) and be implemented in subsequent plans. They would send preliminary information in December. She welcomed any comment on the plan.

-HIV Prevention and Care Resource Finder-

A.Thomas-Ferraioli and M. Valentino would be presenting Philadelphia DHH's new resource tool which would guide consumers towards services they may need. The presentation would begin with an overview of the tool before a demonstration of how it is used. HIPC members were allowed to ask questions after the demonstration. At this time, they were still testing their tool and consumers were unable to access the tool until they removed the password protection.

The website housing the tool was hosted by Bandujo. The Department of Public Health developed and maintains the Resource Finder content in a Wordpress Content Management System. The Imaginary Office designed and built the Resource Finder Tool and integrated it into the PhillyKeepOnLoving (PKOL) website.

The Philadelphia DHH had contacted Imaginary Office with a request to create a public-facing, easy-to-use and vetted resource directory of HIV Care Providers in the Philadelphia area. Prior to the tool, HIV resources were shared through a myriad of unconnected websites. M. Valentino emphasized that the website needed to be mobile-friendly and easily shareable as most users accessed their information through mobile devices. These users may not be familiar with technical health terminology. They acknowledge that there were users who were familiar with technical terminology and would use the website on their desktops. Both groups were accounted for in the making of the website.

The Resource Finder drew from 104 services in the EMA. T. Dominique asked why they had not listed Salem County as one of the locations. A.Thomas-Ferraioli replied that they found that the services were not physically located in Salem County. She welcomed any information that had

contradicted this so they could correct it in their Resource Finder. The tool didn't include service sites where they could not guarantee the accuracy of the information and the service was available. Each service site page on the resource finder included the site name, contact information, list of prevention services, list of care and support services and an alert section letting users know which demographics the site served.

With the overview of the tool completed, M. Valentino demonstrated how the tool would be used. At this time, the tool was not available to the public. The presenters would share the direct link and password after the meeting to access the tool. At the top of the page, the Resource Tool offered an FAQ and a key for the various icons used throughout the tool website. If the user wanted to use the tool in Spanish, the Resource Finder had a button to flip the website to a Spanish version. Users could search for services and filter according to their preferences. Once they found a service they were interested in, users can choose to print information about the service or have the information sent to their phones via text message. The Resource Finder included a glossary for users who weren't familiar with the technical terms. Slang terms were added to the tool to accommodate users with different cultures. A. Thomas-Ferraioli highlighted that the PDPH Health Information Hotline had appeared in every search. She explained that if a user had a search that yielded no results, they didn't want to leave the user with no options. The Health Information Hotline was there to answer any of their questions.

S. Moletteri asked how the search engine had dealt with misspelled words. M. Valentino replied that the engine only could find misspelled words that they had predicted. This was an area that they could improve upon in the future. The presenters reviewed the information on the ACG Health Center in the Resource Finder.

T. Dominique asked if the resource tools were shared EMA-wide. She wondered if this had meant that other services on PKOL would expand to the larger EMA or would it be Philadelphia specifically. If this was not the case, she asked how they would bridge the two for people who associated the site as Philadelphia-specific. A. Thomas-Ferraioli answered that the resources tools were EMA-wide. However, other services on PKOL were still Philadelphia restricted and would continue to be so due to funding restrictions.

T. Dean asked how often the Resource Tool would be updated. A. Thomas-Ferraioli said the tool would be updated every six months. They worked with their subrecipients to get updates. Outside of the 6 month time frame, they would update the information as they receive it. The resource tool didn't include staffing or location hours. The onus was on the service location to keep their own website updated so that clients would know their hours.

T. Dominique asked how they would address clients who felt alienated that the resource tool was Philadelphia-specific. A. Thomas-Ferraioli advised that they promote the tool and let them know the areas that they should be servicing. She said their intention was to allow as many users in the EMA as possible.

M. Valentino opened the presentation to the members to field them for questions and comments. C. Rainey asked if they could promote the tool in their offices. A. Thomas-Ferraioli said they could do this. She then encouraged all the members to email them with as much feedback as they

could provide. Inside the Resource Finder Tool, there was A.Thomas-Ferraioli's email where they could get in contact to send feedback. She said they were working diligently to address the feedback they received but cautioned that they cannot immediately on all feedback.

DHH planned to launch the HIV Prevention and Care Resource Finder early winter 2025.

-Second Quarter Spending Report-

A. Scott, a representative from DHH, would present the Second Quarter Spending Report. She would review spending expenditures exceeding or under-spending their budget by 10%.

In Philadelphia County, Case Management Services was underspent by \$322,035/16%. A. Scott attributed this to staff turnover. Substance Abuse Treatment Services were overspent by \$20,761/11%. The spending was primarily driven by one subrecipient who had a late reallocation during the second spending quarter. It was expected to level out.

Emergency Financial Assistance (EFA) was under spent by \$13,936/61%. EFA Pharma Assistance was underspent by \$64,012/100%. This was also based on demand. EFA Housing was underspent by \$66,502/27%. The EFA services were based on demand and they had received no referrals. Reallocations would be considered if needed. A. Scott said the EFA Housing had lower utilization but they expected this to rise during the holiday season.

Food Bank/Home Delivered Meals were underspent by \$11,724/11%. A. Scott said the service had lower utilization but they expected this to rise during the holiday season. Housing Assistance Services was underspent by \$38,877/15%. This service was based on demand. Other Legal/Professional Services were overspent by \$23,115/16%. A. Scott said the service was overspent due to higher utilization. Transportation Services was underspent by \$4,616/80%. The service had decreased utilization during the quarter. DHH would monitor the service and would reallocate if appropriate.

In the PA Counties, Mental Health Services was underspent by \$21,813/48%. A. Scott said one subrecipient was behind on invoices. She expected this to level out by the end of the contract year. EFA Pharma was underspent by \$27,366/44%. The service was based on demand and reallocations would be considered when appropriate. Food Bank Home Delivered Meals was underspent by \$27,227/66%. The service received lower utilization, but expected higher usage as they approached the holiday season. Other Legal/Professional Services were underspent by \$2,170/20%. This was due to decreased utilization.

D. D'Alessandro asked what was the period for the spending report. A. Scott replied that the spending report covered spending to September 30th. D. D'Alessandro asked how EFA had no referrals during this quarter. A. Scott explained that they leaned into their policies and enforced EFA as a payor of last resort by leveraging other services beforehand.

In the NJ Counties, Ambulatory Health Services (AHS) was underspent by \$250,781/45%. A. Scott explained this was due to operating expenses needing to catch up and instability with personnel. DHH would monitor this service if reallocation was deemed necessary. Case Management was underspent by \$123,900/56%. This was attributed to staff turnover. Mental

Health Therapy/Counseling Services were underspent by \$22,372/26%. This was attributed to sluggish invoicing. DHH would monitor this service in the following quarters. EFA Housing was underspent by \$39,995/67%. The service was based on demand and was underspent due to the above stated reasons in the other regions. Food Bank/Home Delivered Meals was underspent by \$13,838/49%. This was due to decreased utilization. Other Professional/Legal Services was overspent by \$25%. This was due to higher utilization. Transportation Services was underspent by \$25,349/30%. A. Scott said the service had decreased utilization.

After reviewing the county spending, A. Scott moved to review the Systemwide spending. Information and Referral was underspent by \$83,693/27%. Quality Management Activities was underspent by \$46,150/17%. Systemwide Coordination was underspent by \$15,112/14%. Capacity Building was underspent by \$27,428/66%. Planning Council Support was underspent by \$12,892/5%. Grantee Administration was underspent by \$80,014/13%. All Systemwide services were underspent due to staff turnovers and cumbersome hiring practices.

Minority AIDS Initiative (MAI) had an underspending of \$4,100/39% in Quality Management Activities. This was attributed to staff turnover and cumbersome hiring practices. A. Scott reported no carryover in the spending report.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-

A. Edelstein said they reviewed the Second Quarter Spending Report.

-Nominations Committee-

J. Baez said the city government was asking for additional information for the recommended letters. Additionally, they had a discussion about gender regarding the HIPC application.

-Positive Committee-

S. Moletteri said they would have a hybrid meeting next week on November 17th.

-Comprehensive Planning Committee-

The Comprehensive Planning Committee (CPC) had a SNAP benefits presentation from the AIDS Law Project.

The CPC had elected S. Wynne as their new co-chair. Next week, they would discuss the Priority Setting procedure.

-Prevention Committee-

J. Ealy said he may have three speakers for the first three months of next year. He would follow up to see if the speakers were able to attend the future Prevention Committee meetings. He said the Prevention Committee would not meet on December 24th.

Other Business:

E. Thornburg said the Mayor was hosting a World AIDS Day at the city Reception Hall on December 1st.

D. D'Alessandro, as a private citizen and not as a representation of her organization, said ACT UP Philadelphia was hosting a World AIDS Day event in Washington DC.

S. Moletteri reminded the HIPC members that they would have the Philadelphia Town Hall on December 3rd at Action Wellness. This event was for those with lived experience. T. Dominique said she would reach out to the recommended members regarding the requirements sent to them by the Mayor's Office.

Announcements:

None.

Adjournment:

E. Thornburg called for a motion to adjourn. **Motion:** T. Burroughs motioned, J. Ealy seconded to adjourn the November 2025 HIPC meeting. **Motion passed:** Meeting adjourned at 3:32 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- November 2025 HIPC Agenda
- October 2025 HIPC Committee Meeting Minutes