HYBRID: Comprehensive Planning Committee/Prevention Committee
Meeting Minutes of
Wednesday, June 24th, 2026
2:30 p.m. - 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia, PA 19107

Present: D. D'Alessandro (Co-Chair), S. DiBianca, J. Ealy (Co-Chair), E. Harbaugh, S. Heaven, N. Houston, S. Jacinto, C. Johnson, N. Johnson, M. Mabou, P. Mukinay, J. Myahwegi, K. Williams, S. Wynne (Co-Chair)

Excused: K. Carter, A. Leger

Guests: Laura Silverman (DHH), Jaivon Lewis (ViiV)

Staff: Tiffany Dominique, Elizabeth Fischer, Sofia Moletteri, Kevin Trinh, Kristin Wilson

Call to Order/Introduction: J. Ealy called the meeting to order at 2:36 p.m. and asked for introductions. People introduced themselves in the room and through Zoom.

Approval of Agenda:

J. Ealy referred to the June 2026 Comprehensive Planning Committee (CPC)/Prevention Committee agenda and asked for a motion to approve. **Motion**: D. D'Alessandro motioned; N. Johnson seconded to approve the June 2026 Prevention Committee agenda. Members voted vocally in the room and through Zoom. **Motion passed:** 12 in Favor, 1 abstained. The June 2026 Prevention Committee agenda was approved.

Approval of Minutes (*May 27th, 2026*):
J. Ealy referred to the May 2026 CPC/Prevention Committee Meeting minutes. **Motion**: D. D'Alessandro motioned; J. Ealy seconded to approve the May CPC/Prevention Committee meeting minutes. Members voted vocally in the room and through Zoom. **Motion Passed:** 4 in Favor, 1 abstained. The May 2026 CPC/Prevention meeting minutes were approved.

Report of Co-chairs:
J. Ealy reported that the Prevention Committee would be discussing changes and future speakers.

D. D'Alessandro reported that her attendance would be intermittent due to a leave of absence starting mid-July. She would attend as able.

Report of Staff:
T. Dominique reported that during the emergency HIV Integrated Planning Council (HIPC) meeting, they passed the Fiscal Year 2026/2027 budget. She noted a 3.2% reduction in funding. She said members may see the results of that from the Division of HIV Health (DHH) as it impacts agency contracts.

T. Dominique reported that the Allocations Process would take place from July 20-24th. The first two days would be devoted to information and answering questions. The following days would each be dedicated to one region in the eligible metropolitan area (EMA), starting with the NJ counties and ending with Philadelphia County. She said all the meetings were in-person except

for the FAQ day, which would be held entirely virtually. S. Moletteri provided the registration link and noted that it would be sent out in the next newsletter. T. Dominique noted that there would be no committee meetings outside the Finance Committee in July.

Discussion Items:

~Future Projects for Prevention Committee~

J. Ealy introduced the discussion of the Prevention Committee's future projects. K. Trinh said it would be beneficial for the Prevention Committee to take a more active role in HIPC. He noted that in the past, the Prevention group had special projects, such as reviewing the Integrated Plan. The Prevention group would review the Integrated Plan, have topical discussions, and read through it, in addition to their PrEP work groups.

K. Trinh noted that in the past few months, the Prevention Committee has had presentations on Hepatitis, SNAP benefits, Injection Drugs and HIV Transmission, Apretude, and a history of HIV testing. He asked the committee members to brainstorm activities they would implement using the information they had obtained during the planning year.

T. Dominique added that the PrEP work groups served as a space for providers to come together to discuss service gaps. She also said that the Prevention Committee was already responsible for reviewing the Ending the Epidemic (EHE) plan to ensure it met its goals and targets. She said the committee could monitor DHH's goals and objectives to ensure they hit their targets. She added that the Prevention Committee could also monitor the Center of Excellence and Philly Keep on Loving (PKOL).

K. Trinh said the Integrated Plan wouldn't take effect until January so that changes could be made until then. T. Dominique added that it was a living document. K. Trinh asked the members if they would be interested in reviewing the Integrated Plan during the August Prevention meeting. J. Ealy asked if they would be reviewing it in addition to a presentation. T. Dominique said Merck was presenting in the August Prevention meeting.

S. Moletteri asked if there was anything that especially stuck with them from any of the Prevention Committee presentations since January. J. Ealy noted that all the presentations were beneficial and said they had more planned in the future. T. Dominique said Melissa Hopkirk was willing to present again to report on surveillance data. D. D'Alessandro said Melisssa Hobkirk may be able to report on the Viral Hepatitis Elimination Plan.

T. Dominique asked whether there were any presentations the members would benefit from on supportive services. D. D'Alessandro said a presentation on housing could be beneficial, since there have been recent policy changes affecting access. N. Johnson agreed that housing was an issue among PWH. N. Houston added that Substance Use could be an interesting topic to cover. S. Jacinto noted that Mental Health would be an interesting topic to cover. E. Harbaugh said that he had 15+ years of experience in Mental Health and offered to present on the intersectionality of HIV and mental health.

J. Myahwegi said she was interested in a presentation focused on Addiction or Alcohol Addiction. D. D'Alessandro suggested a presentation from the Substance Use Prevention and

Harm Reduction (SUPHR) program. T. Dominique responded that they had previously had a presenter from the Opioid Response Unit (ORU). D. D'Alessandro said she could connect OHP with SUPHR contacts. She asked if the ORU was part of the Mayor's Office. T. Dominique confirmed it was.

T. Dominique asked whether members were interested in a presentation aimed at younger individuals. J. Myahwegi said they would like to see more targeting for younger individuals.

J. Ealy said the most common demographic among new cases was men of color in their mid-to-late thirties. He wondered whether the messages being sent to populations were effective. He suggested looking into what has worked and what hasn't, and finding out why. He noted concern about primary providers making assumptions about their patients instead of asking the patient about their sexual history or activeness. He questioned why primary doctors weren't comfortable discussing HIV or PrEP. S. Moletteri asked J. Ealy to clarify if he was suggesting looking at prevention messaging on a marketing level and interpersonal level. J. Ealy responded that both should be examined. He said that despite having many advances in HIV care, stigma was still very present in society. He suggested a mental health presentation that included stigma as a topic. N. Johnson agreed that stigma would be a beneficial topic to discuss.

T. Dominique said PKOL was the marketing brand that was created for prevention and care resources. She suggested tying PKOL with the Integrated Plan and EHE. S. Moletteri said that in the past PKOL would report to HIPC the number of tests distributed. She said this communication could be worth bringing back.

K. Trinh said that in 2019, the Prevention Committee created an Epidemiologic Profile of young people and their transmission rates. The committee reviewed school health profiles and identified trends in behaviors such as condom use. He noted that at the end of the 2019 meeting, the committee was looking for a Health Resource Center (HRC) representative to speak on the issue. He asked if this would be of interest. J. Ealy said that would be interesting.

T. Dominique noted that we did not have an HRC contact at this moment. She said the Youth Risk Behavior Survey (YRBS), which included this information, released its most recent data on the School District's website. J. Ealy said it would be interesting to look at the data.

S. Jacinto said that his clinic had not had many HIV diagnoses in young people, but there have been more referrals for people interested in PrEP. He said it would be beneficial to encourage better sexual health wellness counseling in the primary care setting. He wondered if there was a way to incorporate HIV testing in a school setting to support high school students who want a non-provider setting for HIV testing or condoms. T. Dominique said HRCs were doing chlamydia and gonorrhea testing. Although the HRCs were not conducting HIV testing, community-based organizations (CBOs) would partner with them to offer testing right outside the schools. She added that condoms were available in the schools. T. Dominique also noted that at one point students were required to have parental consent to visit the HRC, but she did not know the current policy. J. Ealy asked if HRCs would be a beneficial presentation for the Prevention Committee. He encouraged members to find a contact that has experience in this area.

J. Ealy asked whether that would be a good presentation and asked members to find someone to contact to get this to happen.

J. Ealy noted that in his experience, children over 13 years old had the right to their own HIV test without parental consent.

T. Dominique said that in the past, an agency provided HIV testing outside of a school and gave out pizza. She said DHH was under scrutiny by the parents because they provided that agency with the site code. She concluded that parents and agencies might not share the same view of what was allowable for children.

K. Wilson noted that the Philadelphia school that she attended did not have an HRC, and she didn't know condoms were available in schools. She noted that the only time sexual health was discussed was when the district came to talk about sexual health and provide testing. She emphasized that they did not have accessible condoms within her Philadelphia public school. She noted that the last time testing was available at her school, while she attended, was before COVID. After the pandemic, no one came into the school to discuss sexual health or testing, and sexual education only took place in 9th grade.

J. Ealy asked where prevention marketing would be most impactful. He posed the questions: how do we reach people about protecting themselves, and where do they get their information? He noted that people get their information from social media. S. Moletteri reported that there was a presentation from Partner Services at the HIV Education Summit that discussed how misinformation spread through social media. The health department had been trying to find ways to dispel misinformation.

C. Johnson said the messaging should be more modern because people felt uncomfortable getting the injection from any provider. He noted that it was rare for his agency to see teenagers test positive for HIV, but he has seen many teenagers get reinfected with chlamydia and gonorrhea. He believes people in North Philadelphia were not receiving messaging about PrEP. He suggested that DHH should advertise online or on social media, since these people were likely to use social media. C. Johnson wondered if insufficient messaging could be a reason people were getting reinfected with STIs. He noted that his clinic can test people 14 and older without parental permission.

T. Dominique asked about actionable items for these topics. K. Trinh suggested that the group continue to discuss topics today and revisit actionable items in a future meeting. J. Ealy asked if the group should come back with ideas for the August Prevention Meeting. S. Moletteri suggested pulling the topics that were discussed to create actionable items for the August meeting.

J. Ealy volunteered to find someone to talk to in the schools and asked for members to find other contacts to reach out to. S. Moletteri noted that topics included schools, mental health, and Integrated Plan review. J. Ealy noted that E. Harbaugh offered to present on mental health and N. Johnson offered to present on housing. He asked if any members had connections in the school district they could reach out to. T. Dominique told members to reach out to K. Trinh if they find

any contacts. J. Ealy said he knew someone who could present on breakthrough infections when people were taking PrEP.

Members voted through a Zoom poll to decide what to do in the August Prevention Committee meeting. The results were a tie between a mental health presentation and finalizing the game plan. T. Dominique said they would follow up with E. Harbaugh regarding a mental health presentation.

~Directives and Allocations Prep~

S. Moletteri said that this discussion and voting were to finalize the discussion held during the combined May Prevention and Comprehensive Planning Committee (CPC) meeting regarding directives. She noted that K. Wilson presented her recommendations from the town halls to CPC at a previous meeting, and CPC used those to inform their directives. The recommendations came from the breakout discussions from participants at the townhall. She said there would be a full report at a later date.

S. Moletteri reported that she went through the discussion from the last CPC/Prevention meeting and created potential directives to bring into Allocations. She said that if everyone agrees that the directives reflect their discussion, they could vote to take them to Allocations as recommended by the CPC.

S. Heavens read the first directive. The first directive was as follows: "With insight from the DHH and relevant stakeholders, the [HIPC part/parties responsible] shall develop a document that clearly defines the roles and responsibilities of Medical Case Managers (MCMs) and clients. The document shall also include a glossary for clients of key terms and helpful acronyms. Upon completion, DHH shall distribute the document to appropriate stakeholders and report back to the [HIPC party/parties responsible] on dissemination and any feedback received."

S. Moletteri said relevant stakeholders would be included to ensure the document was both accurate and representative of what MCM responsibilities were. She said work groups could collect feedback from MCMs. The glossary would be created by a subcommittee they had selected during the meeting.

T. Dominique noted that this directive does not have a deadline or timeline because feedback needed to be gathered from stakeholders. S. Moletteri said they could include verbiage for a timeline, but a specific deadline would not serve a purpose in this scenario.

T. Dominique asked whether the directive accurately reflects the conversations CPC had been having regarding MCM. S. Jacinto thought this directive would help set expectations for the relationship between the client and provider. He said he would like to forward this directive to Allocations.

S. Jacinto read the second directive. It was as follows: "[HIPC Party/parties] are to view the onboarding training titles and included activities/objectives as part of the Case Management Coordination Project (funded by DHH in collaboration with the Mid-Atlantic AIDS Education

and Training Center at the Health Federation of Philadelphia) and determine gaps in training within the FY."

S. Moletteri said that while they did have a basic understanding of MCM training, the CPC members discussed wanting to know exactly what the activities or objectives were. She said there was standardized training for the MCM coordination process, but beyond that, the process was not standardized. She said the directive aimed to review those standardized onboarding trainings.

T. Dominique asked the members whether they wanted the directive to focus just on onboarding or to include ongoing training as well. N. Houston said she would like to include ongoing trainings to ensure the MCMs' training was up to date. S. Jacinto agreed.

J. Ealy read through the third directive. The directive was as follows: "The Division of HIV Health (DHH) shall develop and distribute a client-facing infographic for the PKOL website outlining Medical Case Manager (MCM) qualifications, competencies, and core responsibilities/trainings to help clients better understand and trust the Medical Case Management service."

S. Moletteri said this directive came up during the last CPC/ Prevention Committee Meeting as a merging of the first two directives. While the first two directives were in-depth work for HIPC, this directive would be carried out by DHH. The goal was to create an infographic outlining what to expect from an MCM and how to understand their qualifications.

S. Moletteri asked if there were anything else they'd want to include in the infographic and if they liked the idea of it living on the PKOL site. J. Ealy said he thought it was a good idea to be on the PKOL website. N. Houston suggested sending it to providers to put up in their offices. S. Moletteri clarified that N. Houston wanted it on both PKOL and provider offices, which they confirmed was correct.

S. Moletteri read through a non-directive (parking lot), which means it was considered HIPC business or was not ready to be sent to DHH. She said housing was a frequent topic during HIPC meetings. The goal was to share information on housing resources within the HIPC space. She noted that the Poz Committee recently heard a presentation from the Commission on Aging that discussed housing resources for people aged 65+. She said those types of resources would be shared when possible.

S. Moletteri asked if members would like to forward the three directives, reflecting the changes to include the infographic being sent to provider offices and investigating ongoing MCM trainings, to the Allocations process. S. Moletteri noted that investigating the ongoing MCM trainings would be beneficial for those who haven't received onboarding training for many years. T. Dominique highlighted that MCMs had a high turnover rate and it was rare to see someone in the position for decades.

The members voted through a Zoom poll to decide which HIPC subcommittees would be responsible for the first directive. The group voted to assign CPC responsibility for the first

directive, with feedback from both the Prevention and Poz Committees. The group voted that DHH would report findings back to the full HIPC.

The members voted through a Zoom poll to decide which HIPC subcommittees would be responsible for the second directive. The group voted to assign the CPC the responsibility of the second directive.

S. Moletteri asked for any discussion regarding the directives with changes.

Motion: J. Ealy motioned; S. Heaven seconded to forward the outlined directives to the Allocations process, with the recommendation of the Comprehensive Planning Committee.

J. Ealy: In Favor
N. Houston: In Favor
J. Myahwegi: In Favor
N. Johnston: In Favor
S. Jacinto: In Favor
P. Mukinay: In Favor
S. Heaven: In Favor
S. Wynne: Abstain

Motion Passed: 7 in favor. 1 abstained. The motion passed to forward the outlined directives to Allocations, with the recommendation of the Comprehensive Planning Committee.

Other Business:
None.

Announcements:
K. Wilson said June 27th would be National HIV Testing Day. K. Wilson said to follow HIVPhilly on Instagram and Facebook. K. Trinh said the Prevention Committee was still looking for a new co-chair and advised reaching out to him or J. Ealy.

Adjournment
J. Ealy called for a motion to adjourn. Motion: J. Ealy motioned, S. Heaven seconded to adjourn the June 2026 CPC/Prevention Committee meeting. Members voted vocally in the room and through Zoom. Motion passed: All in favor. The meeting adjourned at 4:14 p.m.

Respectfully submitted,
Elizabeth Fischer

Handouts distributed at the meeting:

- June 2026 CPC/Prevention Committee Agenda
- May 2026 CPC/Prevention Committee Meeting Minutes
- “Possible Directives & Discussions for FY2027” Handout