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**VIRTUAL: Comprehensive Planning Committee/Prevention Committee**  
**Meeting Minutes of**  
**Thursday, March 20th, 2025**  
**2:00 p.m. – 4:00 p.m.**

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

**Present:** Veronica Brisco, Keith Carter, Nicola D’Souza, James Ealy, Pamela Gorman, Gus Grannan (Co-Chair), Jeffery Haskins, Nafisah Houston, Patrick Mukinay, Juju Myahwegi, Carolynn Rainey, Erica Rand, AJ Scruggs, Clint Steib (Co-chair), Desiree Surplus (Co-Chair), Mystkue Woods

**Excused:** Debra D’Alessandro (Co-Chair)

**Guest:** Laura Silverman

**Staff:** Sofia Moletteri, Tiffany Dominique, Kevin Trinh

**Call to Order:** C. Steib called the meeting to order at 2:05 p.m.

**Introductions:** C. Steib asked everyone to introduce themselves.

**Approval of Agenda:**

C. Steib referred to the March 2025 Comprehensive Planning Committee (CPC)/Prevention Committee agenda and asked for a motion to approve. **Motion: K. Carter motioned; J. Ealy seconded to approve the March 2025 CPC/Prevention Committee agenda via Zoom poll. Motion passed: 9 in favor, 2 abstained.** The March 2025 CPC/Prevention Committee agenda was approved.

**Approval of Minutes (February 19th and February 26th, 2025):**

C. Steib referred to the February 2025 CPC minutes. **Motion: K. Carter motioned; P. Gorman seconded to approve the February 2025 CPC meeting minutes via Zoom poll. Motion passed: 9 in favor; 3 abstained.** The February 2025 CPC minutes were approved.

C. Steib referred to the February 2025 Prevention Committee minutes. T. Dominique noted that she previously said in the last meeting they would have the co-chair election today. The required 30-day comment period had not been met and the Prevention Committee would have the co-chair election in their April meeting. **Motion: K. Carter motioned; J. Haskins seconded to approve the amended February 2025 Prevention Committee meeting minutes via Zoom poll. Motion passed: 8 in favor; 4 abstained.** The amended February 2025 Prevention Committee minutes were approved.

**Report of Co-chairs:**

None.

**Report of Staff:**

None.

**Discussion Item:*****-Priority Setting-***

The CPC was joined by the Prevention Committee to continue the Priority Setting Process. Both committees were to rank the importance of each service based on a score. S. Moletteri reminded the committees that they were to rank services regardless of funding status. They assured the committee members that their decision did not affect the service's funding. That would be decided during the Allocations process. S. Moletteri explained the scoring system. Services could be scored either a 1, 5 or 8. A score of 1 represented a service that was considered important to ensure engagement and retention in care but it was not as important as the other services. A score of 5 represented a service that was needed to ensure engagement in care, retention. It was not most essential but also not the least essential. A service with a score of an 8 was considered critical to ensure engagement and retention in care and viral suppression.

Local Pharmaceutical Assistance (LPAP) was the first service to be scored by the committees. It was a program operated by Ryan White HIV AIDS Part A (RWHAP) as a supplemental means of providing ongoing medication assistance. Approximately 91% of RWHAP clients have insurance and about 51.8% were covered by Medicaid. The Recipient had recently requested that all money be moved out of LPAP due to it being a duplicative service of Emergency Financial Assistance (EFA) Pharmacy. K. Carter vocalized that the service should be scored as a 1. He said the service was useful in the past but no longer needed. A. Scruggs believed the service deserved an 8 because the program allowed him to assess medication critical for his health. S. Moletteri clarified that this program was separate from AIDS Drug Assistance Program (ADAP) and its role could be covered by ADAP and EFA-Pharma. S. Moletteri launched a ZOOM poll to gauge the committee members' scores. They tallied the scores and revealed that 64% of the members rated the service as 1 and 36% of them had rated it as a 5.

Mental Health Services were a provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment and counseling services offered to clients living with HIV. The 2021 Consumer Survey data revealed that clients reported suffering from a myriad of mental health conditions: depression (43.64%), anxiety (43.64%) PTSD (13.14%). 37.71% of survey respondents reported using mental health services. 5.93% of survey respondents reported needing but not receiving this service. S. Moletteri noted that people living with HIV (PLWH) were twice as likely to experience mental health conditions. They also noted that viral suppression was lower in those with bipolar disorder and mental health multimorbidity. K. Carter believed this service was important with the current political climate. He said group therapy and telehealth appointments were convenient but one-on-one in-person appointments were important and may fulfill a need that the other two could not. J. Haskins concurred with K. Carter's statements. He said people were aging and he knew some people who would benefit from this service to function well in society.

C. Steib asked when the next Consumer Survey was scheduled. S. Moletteri said the 2021 Consumer Survey was initiated in 2021 and completed in 2022. They said the Consumer Survey

prior to that one was conducted in 2017. This would mean the survey was done every 4-5 years and they were close to a new cycle. C. Steib said that the COVID-19 pandemic must have affected the results of the survey in 2021 and reasoned that the current political climate would impact the 2026 survey. S. Moletteri reflected on how the pandemic had led to an influx of online responses.

S. Moletteri launched the ZOOM poll for Mental Health Services. All members had voted the service as an 8, indicating that they believed the service was critical to care.

Medical Nutritional Therapy included services such as nutritional assessment/screening and nutrition education and counseling. Referring to the 2021, Consumer Survey data, S. Moletteri reported that 39.4% of respondents stated they had high blood pressure. 30% of respondents reported high cholesterol. 13.5% of respondents reported having diabetes. 6.78% of respondents reported not receiving the service. S. Moletteri said it was worth noting that all activities under the service must be pursuant to a medical provider's referral. Activities not provided by a registered/licensed dietitian should be considered Psychosocial Support Services. In the EMA, over half (57.3%) of PLWH were 50+ years old in 2023. Nutritional Services were the least requested service for the 2023 CSU Need intake. J. Ealy asked if the service included food products. S. Moletteri confirmed that this assumption was correct. K. Carter asked how many people over the age of 50 had used the service and if they could break down the usage by age. S. Moletteri replied that they could not provide this information at the time. J. Ealy stated that nutrition was often not prioritized and the rising rate of diabetes at earlier ages demonstrated this. P. Gorman disclosed her conflict of interest as an affiliate of Cooper Hospital and described how people often did not attend their appointments with the nutritionist. She said it was her challenge to persuade clients to utilize nutritional services. J. Ealy described his experience at one of his previous workplaces where a nutritionist appointment would follow the provider's appointments. This would allow clients to see a nutritionist after their provider appointment. A. Scruggs said there was a disconnect between the client and the importance of food and nutrition. He said they should address this issue in more unorthodox ways such as including nutritional information where in activities people already enjoyed such as yoga. S. Moletteri launched the poll for the service. 17% of respondents rated the service as a 1. 67% of respondents rated the service as a 5. 17% of respondents rated the service as an 8.

Substance Abuse Treatment (Outpatient) was a service that included screening, assessment, diagnosis and treatment of substance use disorder. According to the 2021 Consumer Survey, 2.9% of respondents reported that they needed the service but were unable to receive treatment. 20.7% of survey respondents used the service in the last 12 months. About 9.75% of the respondents reported ever being diagnosed with substance use disorder. The services did allow acupuncture therapy if it was included in the documented plan. Syringe access was allowable but syringes were not covered in this service. S. Moletteri said if they considered the mode of HIV transmission, people who injected drugs (PWID) had the highest rate of diagnosis. 2024 was expected to see an increase in newly diagnosed PWID. J. Haskins asked where people could find this service now that more substance abuse agencies were closing. K. Carter said he met with a psychiatrist every Friday. He said PWID needed a strong support system and he was fortunate enough to be able to contact his doctor at any time. He said often PWID were still in an

environment that allowed them access to drugs and they needed this support system to weather the temptations. P. Gorman said she believed the service was important and clients needed seamless access to it. She said Cooper Hospital had integrated addiction medicine with their program because they noticed more clients had substance use issues. P. Gorman said her organization provided a variety of substance abuse treatment services. She believed having different services in one location was the most efficient as most clients would arrive with a myriad of issues that could be treated. J. Ealy said they should keep in mind that sexually transmitted disease risks were intensified when the person was impaired. The members were polled about the importance of the service. E. Rand said it was important to give clients access to insurance so services such as Emergency Financial Services do not have to be expended since they were the payer of last resort. The poll was launched. 8% of respondents voted for the service as a 1. 38% of respondents voted for the service as a 5. 56% of respondents voted for the service as an 8.

Early Intervention Services (EIS) was a combination of services used to identify people who were unaware of their HIV and help them learn about their status. The services used targeted outreach to facilitate testing and then linked those who needed treatment to care. S. Moletteri noted that EIS cannot supplant testing efforts paid by other sources. In 2023, 651 new diagnoses were recorded in the EMA. 20% of individuals within the EMA were concurrently diagnosed with HIV/AIDS in 2023. There was also a notable increase in HIV cases among the following populations: Non-Hispanic (NH) Asian people (+83%), people aged 13-24 (+20%), and men who had sex with men (MSM) (+11%) in the same year. It was estimated that 91.6% of people were aware of their status within the EMA. K. Carter asked if the definition of concurrent status included Hepatitis and other sexually transmitted infections (STI). S. Moletteri confirmed that concurrent status had meant contracting AIDS within the first 3 months. P. Gorman asked if they had data of how many new diagnoses were found from targeted testing versus opt-out testing. S. Moletteri replied that they did not have that information. They mentioned that in the state HPG, there were discussions about how opt-out testing rates were affected by how testing was presented to the patient. P. Gorman and C. Steib described how their workplaces had attempted to normalize opt-out testing and how successful it was in persuading patients to accept testing. Referencing their Epidemiological Infographics, S. Moletteri said they had found higher diagnoses among syringe access service programs. They said targeted testing did seem to work. P. Gorman asked how cuts in the CDC budget would affect future testing. T. Dominique said she would be keeping an eye on how the situation would develop.

The members were polled on ZOOM. 23% of respondents had voted the service as a 5. 77% of respondents had voted for the service as an 8.

Home Health Care services included administration of prescribed therapeutics, preventive/specialty care, and diagnostics testing. Home Health Care activities were required to be related to the client's HIV disease. Referring to the 2021 Consumer Survey data, S. Moletteri said 16% of survey respondents reported using this service in the past 12 months. According to the 2021 Consumer Survey data, 16% of respondents reported using the service in the last 12 months. 5.08% of survey respondents reported needing but not receiving care in the last 12 months. S. Moletteri noted that this service was limited to clients that were homebound. This had

not included inpatient mental health/ substance use treatment facilities. According to the 2023 CSU data, Home Health Care was the second least requested service. S. Moletteri said this service may have increased need as the population of PLWH ages. Over half of the current PLWH population was over 50 years old. S. Moletteri noted that Home Health Care was covered by Medicaid in PA and NJ. K. Carter asked if this service included cleaning services for the client. S. Moletteri answered that the service was more medical related so cleaning would not be included. J. Haskins said the service was useful because it allowed clients to remain in their homes if their condition was not serious enough to require further care.

K. Carter wondered if people knew the service existed. S. Moletteri said they would review the data again to provide an answer later. S. Wynne said she knew the service was funded by Ryan White funding but didn't know that the service was available in the EMA. K. Carter remembered his parents needed this care and they had valued consistent care from the same trusted person. S. Moletteri acknowledged that this was something people wanted but it was difficult to obtain due to high turnover from working conditions. The members were polled through ZOOM. 29% of the votes rated the service a 1. 57% of the vote had gone to rating the service as a 5. 14% of the vote rated the service as an 8.

Home and Community-Based Health Services was the next service to be rated. The service included mental health, developmental and rehabilitation services. The service provided day treatment and home health aide services for those who needed care at home. S. Moletteri once again noted that over 50% of the PLWH in the EMA were over 50+ years old and would be met with increased demand as the population. P. Gorman said people with intellectual disabilities benefitted from day treatment. Based on her experience at Cooper Hospital, she said people in day treatment programs benefitted from the mental stimulation the program provided. J. Haskins agreed and said his experience working in a day treatment program showed him that this program was useful. He said this would allow people such as seniors to integrate into society more easily. K. Carter said the program could help with the high cost of medical equipment. Another poll was launched. 15% of the voting members rated the service as a 1. 62% of voters rated the service as a 5. 23% of the voting members rated the service as an 8.

Hospice Services included services such as mental health counseling, nursing care, palliative therapeutics, physician services, and room and board. The services were only accessible to clients in the terminal stage of HIV-related illness. In the 2021 Consumer Survey, 6.36% of respondents reported using the service in the last 12 months 2.97% of the 2021 Consumer Survey Respondents reported needing but not receiving the service in the last 12 months. S. Moletteri noted that this service was not extended to those living in skilled nursing facilities or nursing homes. Like with Home Healthcare Services, the demand of this service could increase with the aging HIV population. K. Carter asked if this was covered by the client's insurance. S. Moletteri said RW Part A does not cover Hospice Services within the EMA. J. Haskins believed that it was covered by Medicaid since it generally only covered a short period of time. P. Gorman asked what would be defined as an HIV related illness. S. Moletteri answered that it was determined on a case-by-case basis by the provider. S. Moletteri launched the poll on ZOOM. 23% of voting members rated the service as a 1. 54% of voting members rated the service as a 5. 23% of voting members rated the service as an 8.

Emergency Financial Assistance (EFA) provided limited one-time or short term payments to assist an HRSA RWHAP client with an urgent need for essential items or services to improve health outcomes. EFA funds were restricted from being paid as direct payments. Data from the 2021 Consumer Survey noted that 24.15% of respondents reported using the service in the last 12 months. 10.6% of those respondents reported never having heard of the service. S. Moletteri said that over 1/3 of households in Philadelphia in 2023 would not be able to afford the median monthly rent. In 2023, 22% of individuals in Philadelphia lived below the poverty line. The 2023 National HIV Behavioral Surveillance (NHBS) cycle for transgender women found that 31% of respondents to their survey reported unstable housing. 65% of the NHBS survey respondents were living below the federal poverty line. S. Moletteri reminded the committee members that they had recently reallocated funding the Local AIDS Pharmaceutical Assistance Program (LPAP) to this service due to its versatility. J. Ealy said this program would become more important in the future. The committee agreed with his statement. The committee voted on the service. 8% of voting members rated the service as a 1 and another 8% voted it as a 5. The majority of voters at 85% rated the service as an 8.

S. Moletteri said they had one more service to rate but this would be pushed forward to the next meeting due to time constraints.

#### **Other Business:**

None.

#### **Announcements:**

T. Dominique announced that the federal government was exploring cutting the CDC HIV Prevention budget. She explained that 91% of the federal HIV prevention budget had come from the CDC. T. Dominique acknowledged that there were conflicting reports about what was happening and welcomed any questions on the subject. In the meantime, reminded the group as a planning council there were limits but as individuals there were things they could do and she encouraged the members to reach out to their legislatures and advocacy groups.

J. Haskins announced, as an individual and not representing his organization, that the AIDS Watch in Washington D.C. on March 31st through April 2nd.

#### **Adjournment:**

C. Steib called for a motion to adjourn. **Motion:** K. Carter motioned, J. Ealy seconded to adjourn the March 2025 Comprehensive Planning Committee/Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:50 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- March 2025 CPC Meeting Agenda
- February 2025 CPC Committee Meeting Minutes
- February 2025 Prevention Committee Meeting Minutes