
Comprehensive Planning Committee

Meeting Minutes of

Thursday, April 17th, 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), Pamela Gorman, Gus Grannan (Co-Chair), Patrick Mukinay, Shakeera Wynne

Guest: Luz Cumpa, Kayla Emrick, Nayck Feliz, Mackey Fried, Bryan-Tyler Orr, Blake Rowley, Laura Silverman

Staff: Sofia Moletteri, Tiffany Dominique, Debbie Law, Mari Ross-Russell, Kevin Trinh

Call to Order: D. D’Alessandro called the meeting to order at 2:06 p.m.

Introductions: D. D’Alessandro asked everyone to introduce themselves.

Approval of Agenda:

D. D’Alessandro referred to the April 2025 Comprehensive Planning Committee (CPC) agenda and asked for a motion to approve. **Motion:** K. Carter motioned; D. D’Alessandro seconded to approve the April 2025 Comprehensive Planning Committee agenda via Zoom poll. **Motion passed:** 5 in favor, 1 abstained. The April 2025 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (March 20th, 2025):

D. D’Alessandro referred to the March 2025 CPC/Prevention Committee minutes. **Motion:** K. Carter motioned; D. D’Alessandro seconded to approve the March 2025 CPC/Prevention Committee meeting minutes via Zoom poll. **Motion passed:** 4 in favor; 2 abstained. The amended March 2025 CPC/Prevention Committee minutes were approved.

Report of Co-chairs:

None.

Report of Staff:

S. Moletteri announced the Office of HIV Planning (OHP) staff would be tabling at an event alongside Philly Keep On Loving next weekend. They asked the members to let OHP know of any future events that they could table at to assist with HIV Integrated Planning Council (HIPC) recruitment.

Presentation:

-Priority Setting-

The CPC would be continuing their Priority Setting Process that they had started 2 months ago. The process entailed a description and statistics of a service. After discussion, the members were to rate the services between 1,5 and 8. A lower score indicated that the service was important but not essential. A higher score indicated the service was critical to care in the community.

Medical Transportation was a provision of non-emergency transportation that enabled eligible clients to access core medical and support services. According to the 2021 Consumer Survey Data, 29.7% of respondents report transportation problems as the reason why they missed HIV medical appointments in the past 12 months. 36.44% of survey respondents reported using the service in the last 12 months. According to the Client Services Unit (CSU), the service was the second highest reported need at intake at 59.12% in 2023. An Aging with HIV Focus Group of 49 participants found that over 80% of its participants had used public transportation. As the service was publicly funded, limitations were placed on the service to ensure it was used appropriately. The funding could not be used for direct cash payments to clients, direct maintenance or any cost related to a privately owned vehicle. All trips were to be one-way and the funding was only to be used as a payor of last resort.

K. Carter felt that the service was critical to care in the community. He said he would have benefitted from this service when he was going through cancer treatment. He stated that this service was essential for people who were aging. The CPC members voted on the service and voted as follows: 14% assigned a score of 1, 29% rated it a 5, and 57% scored it an 8.

Housing Assistance provided transitional, short-term, or emergency housing assistance to allow a client to obtain or maintain outpatient/ambulatory health services. The 2021 Consumer Survey Data found that this service was the #1 unmet need. Of the participants who answered the survey 11% reported needing the service but not receiving it. S. Moletteri described the housing situation of the participants. 64.8% rented or own their home. 2.6% of participants were in transitional housing. 1.7% of participants lived in shelter. 0.8% of the participants were staying with their friends or family.

S. Moletteri acknowledged that it was difficult to secure housing through the Housing Opportunities for Persons with AIDS (HOPWA) and Philadelphia Choice Voucher Program. Typically, the waiting list for both programs could be as long as 7 to 8 years. CSU data showed that the service was the 3rd most requested service with 58% of people calling in asking for it. In Philadelphia 2023, over 1/3 households would not be able to comfortably afford the median monthly rent. Between 2018 and 2022, MMP reported 22.5% of those surveyed reported unstable housing or homelessness in the past 12 months.

K. Carter asked if they had data of the percentage of those who rented versus those who owned their homes. M. Ross-Russell answered that the survey had renting and owning a home as a single variable. She explained that they had prioritized learning if the person had insecure housing. Moving forward, M. Ross-Russell said they could include this information depending on the results of the needs assessment. S. Moletteri mentioned that the US Census data for

Philadelphia had revealed that the percentage of people owning their homes versus renting was relatively evenly split.

K. Carter wondered if Philadelphia had property tax abatement for aging adults. D. D'Alessandro answered that Philadelphia did have rent abatement but age alone was not enough to qualify for the program. The person needed to be in a specific income bracket. K. Carter asked if covered housing was being explored as an additional option for people with housing insecurity. G. Grannan suggested building tiny houses that could be affordable. Though he admitted that tiny houses would face problems in their region due to the climate. He said advertising for tiny homes often featured homes in warmer climates such as California where insulating from the cold was not a problem. B. Rowley said there were tax abatements for new construction but it did not shield people from gentrification. K. Carter asked if a property tax abatement would transfer if he were to move to another property. B. Rowley said he believed that the tax abatement only lasted 10 years and the remaining time would not pass onto the next person if they were to move elsewhere. If the new owner could obtain the abatement, they would need to apply for it. B. Rowley said he could not confirm his knowledge was correct and said he would need to explore the topic further for confirmation. K. Carter referred to a presentation that K. Trinh had given last year to the Prevention Committee where it was said that they had enough housing units but not enough affordable housing units.

After extensive discussion, the committee proceeded to a vote. Seventeen percent of members rated the service as a 1, another seventeen percent rated it as a 5, and sixty-seven percent gave it a rating of 8.

Food Bank/Home Delivered Meals referred to the provision of food items such as hot meals, or a food voucher program to purchase food. The service had also included non-food items such as hygiene products, cleaning supplies and water filtration systems. According to the Consumer Survey Data, 32.6% of respondents reported using the service in the last 12 months. CSU data from 2023 indicated that the service was the most requested with 62% of participants reporting that they needed the service. S. Moletteri described the food security rates in Philadelphia, Salem County, Camden County, and Delaware County in 2022. Philadelphia County led with a food insecurity rate of 17.5%. Delaware had the lowest food insecurity rate of the counties mentioned but still had a rating of 9.7%. S. Moletteri mentioned the remaining counties not mentioned had a similar rate to Delaware County. Furthermore, they stated that the current political climate would only worsen the price of food once the tariffs take effect. The DHH Aging with HIV Focus Group revealed that 80% of participants were on SNAP.

K. Carter emphasized the importance of food security and said they would need to weather the storm that was the upcoming months. He remembered his parents were sharecroppers and had taught him that no one should go hungry. T. Dominique said her parents had worked at a food pantry and warned that food security rates were to worsen due to the tariffs.

B. Rowley asked if there had been an inventory of the Federally Qualified Health Centers (FQHC) and ASO's that have food banks on-site. T. Dominique said DHH had created a resource page on their PhillyKeepOnLoving website that allowed people to search for ASO's. She did not

know if the page contained all ASO's or just the ones being funded in Philadelphia. D. D'Alessandro said there were farm-share programs that offered assistance for those who were on SNAP. She said food would be delivered from a farm to an Esperanza site where clients could obtain it from staff members. The program staff members would teach the clients to cook the food they were given.

D. D'Alessandro said she had remembered that a health organization called MANNA would often give food to their clients after an appointment as a way of hospitality. She wondered if they were still giving food. T. Dominique said she had believed they were still giving food during appointments but were more strict with how they distributed food. A client had to register for an appointment before receiving food. D. D'Alessandro said it was understandable since they had to account for who was receiving the food. P. Gorman said this was an unmet need, especially in South New Jersey. D. D'Alessandro said there were some community organizations that offered community fridges that people could use. K. Carter asked if there was an updated list of food pantries. T. Dominique said the Philadelphia government website does list the food pantries in the city. P. Gorman said that South Jersey does have a similar option if a person searched for it online. G. Grannan reminded the committee that many food programs had assumed people had access to kitchens and certain utensils. Many food programs forbade the purchase of hot food.

S. Moletteri launched the poll for the service. After the members had voted the results revealed 20% had rated the service as a 1, 20% had rated the service as a 5, and 60% had rated the service as an 8.

Legal/Other Professional Services had involved professional/ licensed help with legal matters related to HIV, including benefits assistance, power of attorney, wills, permanence planning and tax preparation. According to the 2021 Consumer Survey Data, 8% of respondents reported needing but not receiving this service. This service could not be used for criminal cases. S. Moletteri warned that people with HIV could face further discrimination in the future. They named the ongoing Kennedy v. Braidwood court that would decide whether insurance companies had to cover HIV services such as PrEP. Under the current political administration, S. Moletteri said certain services may be more difficult to access. D. D'Alessandro said pursuing legal action against discrimination based on immigration status or minority status would not be allowable under the current administration using Ryan White funding. S. Moletteri wondered how many discrimination cases that the Legal/Other Professional Services see. K. Carter said they could ask the presenters at the next Positive Committee meeting in May. The Positive Committee meeting would be in-person and would have a presentation centered on educating the meeting attendees on their rights.

The committee rated the service through a ZOOM poll. After the vote, S. Moletteri revealed that 75% of voters had rated the service as a 1 and the rest had voted the service as a 5.

Outreach Services provided a variety of services to help people learn about their HIV status as well as to link or re-engage people to care. The 2021 Consumer Survey Data revealed that 21.9% of respondents had used this service to engage with or re-engage with HIV care. S. Moletteri noted that funding for this service could not be used for HIV counselling. The service targeted

populations known through local epidemiological data to have a disproportionate risk of HIV transmission. S. Moletteri read the rates in each county for a concurrent diagnosis with AIDS and HIV. The NJ Counties had a rate of 1 in 4. Philadelphia County had a rate of 1 in 5. The PA Counties had a rate of 1 in 4 to have a concurrent diagnosis. P. Gorman asked if there was funding from the CDC other than Ryan White funding to support this program. S. Moletteri replied that they did not know the answer to that question. D. D'Alessandro predicted that funding would be reduced for all HIV-related services in the future.

The committee rated the service through a vote. The poll showed that 20% of voters rated the service as a 1 while 80% of voters rated the service as a 5.

Respite Care was a provision of periodic care in community or home-based settings that included non-medical assistance designed to provide care for HRSA RWHAP-eligible clients to relieve the primary caregiver responsible for their day-to-day care. The 2021 Consumer Survey Data revealed that 6.4% of survey respondents had never heard of the service and 8% of respondents had used the service in the past 12 months.

The committee voted on the service. After the votes were collected, the results were that 66% of voters had rated the service as a 1 and 34% of voters had voted the service as a 5.

Psychosocial Support Services provided group or individual support and counseling services to address behavioral and physical health concerns. Some of the services provided included bereavement, caregiver support, child abuse and neglect counseling, and HIV support groups. The 2021 Consumer Survey Data found that 19.5% of survey respondents reported attending support groups in the past 12 months. 8% of the survey respondents reported needing the service but not receiving it. S. Moletteri said it was worth noting that HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of religious denominational affiliation.

S. Moletteri said that older adults with HIV (50+) were more vulnerable to loneliness and social isolation. This was often associated with poor health outcomes. The Aging with HIV Focus group found that a common issue raised by its participants was a shrinking social circle. P. Gorman disclosed her conflict as someone who performs Ryan White site visits. She said one of the unmet needs often voiced to her during her visits was the lack of a support group. B. Rowley asked how many participants were in the Consumer Survey. S. Moletteri believed there were 236 participants in the survey. Most of the participants had answered the survey online due to COVID-19. They added that the Aging with HIV Focus Group had 49 participants.

K. Carter said support groups had helped him and others by allowing them an outlet to speak about issues concerning their lives. G. Grannan reminded the committee that this service was subject to payor of last resort rules. M. Ross-Russell added that all Ryan White services were subjected to payor of last resort rules.

After voting, 40% of the voting members rated the service as a 1 and 60% of the members had rated the service as a 5.

Health Education/ Risk Reduction was a provision of education to clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. The 2021 Consumer Survey revealed 8.4% of sexually active participants had reported that their HIV-negative partner was on PrEP. About 14.8% of respondents with HIV had reported that their HIV negative partner was not on PrEP. In their HIV medical care, information about PrEP was offered to 13.6% of the sample and disclosure support 11.4%. S. Moletteri said condoms and safer sex kits were reported as the most offered harm reduction service by a provider at 27.5%. S. Moletteri said it was also worth noting that the service could not be delivered anonymously. S. Moletteri remembered that information about safe syringe access was one of the least offered to clients. K. Carter said there has been much discussion about PrEP but they should also consider DoxyPEP in the conversation.

S. Moletteri launched the poll to rate the service. The results revealed that 17% of the voting members rated the service as a 1, 67% of voting members rated the service as a 5 and 17% of voting members rated the service as an 8. The CPC members would continue with their Priority Setting Process in their next meeting because of time constraints.

-Co-Chair Nomination-

D. D'Alessandro's term as co-chair was to expire and the CPC was to host an election to choose their next co-chair. The process required a 30-day waiting period to hear comments and allow possible members to decide if they wanted to nominate themselves for election.

D. D'Alessandro described her background. She said she had been mentored by A. Ricksecker who had since retired. D. D'Alessandro served as Director of Public Health Training and Technical Assistance at the Health Federation and as the Regional Coordinator at the MidAtlantic AIDS Education and Training Center in the Eastern PA Region. She added she would run for election again.

K. Carter nominated P. Gorman for co-chair and P. Gorman accepted the nomination. M. Ross-Russell asked if P. Gorman's term limit was reached in 2025. D. Law confirmed that P. Gorman's term limit would be reached in 2025. M. Ross-Russell reminded the members that a term limit was reached after 4 two-year terms. After which, they would need to wait one year before reapplying. She reminded the members that their meetings were open to the public and Members who reached their term limits could still attend meetings but they could not vote. K. Carter asked if returning members would need to wait a year after reapplication to become a co-chair. M. Ross-Russell replied that she would need to read the Bylaws again before she can give a definitive answer.

Other Business:

None.

Announcements:

K. Carter announced PCA was hosting a Men's Wellness Day on May 1st. He had also announced the US Conference was to be held in September in Washington D.C. with a focus on aging and HIV. Lastly, he announced an advocacy group was hosting a 6 week training course in lobby in May.

D. D'Alessandro announced the Health Federation was to host their SURGE Program next week. The program would focus on providers, substance abuse and pregnancy care.

Lastly, T. Dominique announced that OHP would be closing tomorrow for Good Friday.

Adjournment:

D. D'Alessandro called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the April 2025 Comprehensive Planning Committee/Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:57 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- April 2025 CPC Meeting Agenda
- March 2025 CPC/Prevention Committee Meeting Minutes