

---

**VIRTUAL: Comprehensive Planning Committee  
Meeting Minutes of**

---

**Thursday, May 15th, 2025**

**2:00 p.m. – 4:00 p.m.**

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

**Present:** Keith Carter, Debra D’Alessandro (Co-Chair), Gus Grannan (Co-Chair), Pamela Gorman, Sharee Heaven, Nafisah Houston, Patrick Mukinay, Clint Steib, Shakeera Wynne

**Excused:**Carolynn Rainey

**Guest:** Kayla Emrick (HPCP), Laura Silverman (DHH)

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

**Approval of Minutes (April 17th, 2025):**

D. D’Alessandro referred to the April CPC minutes. **Motion: P. Gorman motioned; D. D’Alessandro seconded to approve the April 2025 CPC meeting minutes via Zoom poll. Motion passed: 4 in favor; 2 abstained.** The April 2025 CPC minutes were approved.

**Report of Co-chairs:**

None.

**Report of Staff:**

The next CPC meeting would be on June 25th and it would be a combined meeting with the Prevention Committee. The next HIV Integrated Planning Council meeting would also be moved to June 11th. S. Moletteri reported they had an in-person Positive Committee meeting with presenters PA AIDS Law Project and PhillyKeepOnLoving with their Resource Finder. S. Moletteri said the Office of HIV Planning (OHP) had sent out materials from this meeting including access to the resource finder. If a member would want the information, the member could contact OHP staff and they could forward the information.

T. Dominique said there was recently a de-escalation training earlier today. K. Trinh would send the training video and materials to the HIPC members through email.

T. Dominique asked if K. Emrick from the University of Pittsburgh HIV Prevention and Care Project had a report. K. Emrick said she did not have a report and was there to observe their process.

### **Presentation:**

#### ***-Priority Setting-***

S. Moletteri stated they had been conducting their Priority Setting process for a few months and now they were coming to a close in this meeting. They would rate each service 1, 5, or 8, depending on how much of a priority they placed in the service. Scoring 1 meant a service was important to care but not essential and an 8 was considered critical to care. The committee would be using three databases to inform their decisions: the Consumer Survey, Medical Monitoring Project (MMP), and Client Services Unit (CSU). Priority did not impact funding directly but created a focus for HIPC on where they wanted to go forward. Priority Setting scores were used as materials during HIPC's Allocations Process.

S. Moletteri continued with the review and ranking of services. The AIDS Drug Assistance Program (ADAP) was a state-administered program used to provide FDA-approved medications to low-income individuals with no coverage or limited healthcare coverage. ADAP could be used to buy health insurance for eligible clients and for services that enhance access to and monitoring of antiretroviral therapy (ART). Using information from the 2021 Consumer Survey, S. Moletteri described how patients paid for their medication. About 23% of survey respondents reported using ADAP. Other forms of payment were as follows: Medicare Part D (25%), Patient Assistance (6%), Other Insurance (12%), and Out of Pocket (13%). The 2018-2022 MMP data demonstrated that 58.9% were fully adherent to ART. They said the common reasons for missing an ART dose included cost and a problem with the prescription.

D. D'Alessandro wondered how efficient NJ's ADAP program was in comparison to the efficiency of PA's ADAP program. P. Gorman said NJ's ADAP Program had open formulary and was able to cover many medications for their clients. P. Gorman said they did not fund ADAP through Ryan White (RW) Part A.

S. Moletteri launched the poll and, after voting concluded, revealed that 43% rated the service a 1, while 29% rated it a 5 and another 29% rated it an 8.

Child Care referred to intermittent services for children living in the household of people living with HIV (PLWH) with the purpose of enabling those clients to attend medical visits or related meetings or appointments. The 2021 Consumer Survey Data revealed that 7.2% of respondents had used this service in the last 12 months. S. Moletteri noted that informal child care could be provided by a neighbor, family friend, or another person. D. D'Alessandro asked how many respondents were women. T. Dominique said 54.2% of the respondents were over the age of 50 and 58.1% were assigned male at birth (AMAB).

A poll was launched. 62% of the respondents voted to rate the service as a 1. 38% of the respondents voted to rate the service as a 5.

Health Insurance Premium and Cost Sharing Assistance provided clients with health insurance, including dental insurance. The service not only provided cost sharing for dental dental services but also paid health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services (O/AHS) and pharmacy benefits. The 2021 Consumer Survey noted that 11-12% of respondents did not receive medical care because they could not afford the copay or deductible. In Philadelphia, the 2018-2022 weighted data indicated 45.9% of PLWH were below the federal poverty line (FPL).

The committee members were concerned about possible Medicaid cuts. P. Gorman said about half of her clients used Medicaid. This service would only become more important as other funding sources were cut.

After voting had concluded, S. Moletteri revealed that 89% of respondents rated the service as a 5 and the other respondents had rated the service as an 8.

Linguistic Services provided interpretation and translation services, both oral and written to eligible clients. The 2021 Consumer Survey revealed that 1.2% of respondents reported not receiving service in the last 12 months due to language barriers. S. Moletteri noted a limitation within the Consumer Survey. The Consumer Survey was distributed in English and Spanish through providers. T. Dominique said only 7 of the Spanish surveys were returned if a client had a language barrier, they may not have received the survey. In 2023, around 2.4% of households were limited-English speaking. P. Gorman said her organization used tablets with an app to support language access. She said the demand for language services was so great that her organization needed to purchase more tablets. G. Grannan wondered how language services would handle language access for languages other than Spanish and English. P. Gorman said the language access apps and services often had options for a variety of languages. T. Dominique spoke about her experiences and noted that language services could at times have inconsistent quality.

The committee rated the service through a poll. About 50% of respondents rated the service as a 5 and the other 50% of respondents had rated the service as an 8.

Non-medical Case Management was a service which aimed to provide coordination, guidance, and assistance to improving access and retention to medical and support services. S. Moletteri said this service was not currently funded Ryan White Part A. P. Gorman, who previously had a presentation on this topic, said Cooper was funded through the state of NJ to provide non-medical case management. S. Moletteri said there was a perception that non-medical case management was for those who didn't need intensive care. S. Moletteri noted that the Aging with HIV focus group a perception of inequitable and inconsistent distribution of aid/resources. S. Moletteri said there had been efforts to increase access and discoverability of services such as PhillyKeepOnLoving's service tool and the Positive Committee's Service Definitions.

The committee voted and S. Moletteri revealed the votes as follows: 44% of respondents rated the service as a 1 and 56% rated the service as a 5.

Rehabilitation Services provided HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis. S. Moletteri said this service was not funded by Ryan White Part A. According to the 2021 Consumer Survey, about 1 in 5 respondents reported using this service in the last 12 months. S. Moletteri noted that older adults with high (40.6%) or moderate risk (23.3%) for falls were more likely to report rehabilitation service use according to a 2015 study. From a 2008-2015 Stanford study, patients who receive early physical therapy were approximately 7-16% less likely to use opioids in the long term. G. Grannan said opioids were effective medicine for pain management. He said to be against opioid use without critical thought could lead to under-prescribing of the medicine. S. Moletteri said a third study showed physical therapy in older adults demonstrated decreased chances for dementia, improved sleep quality and decreased chances of returning to the emergency department after discharge.

According to a quick search, T. Dominique said territories and states can provide funding for rehab under Ryan White Part B. She was unsure of the validity of this, as her search was on ChatGPT which did not offer sources. She added that this service was funded under Ryan White Part D in NJ.

The committee rated the service through a vote. 56% of the respondents rated the service as a 1 and 44% of the respondents rated the service as a 5.

Substance Abuse Service (Residential) were activities provided for the treatment of drug or alcohol use disorders in a residential area. These activities included screening, assessment, diagnosis, and the treatment of substance use disorder. The 2021 Consumer Survey revealed 2.9% of respondents needed the service but were not able to find treatment. About 20.76% of respondents used the service in the last 12 months. 9.75% of respondents reported ever being diagnosed with substance use disorder. S. Moletteri noted that they did not differentiate between residential or outpatient in the Consumer Survey.

S. Moletteri said considering mode of transmission, people who inject drugs (PWID) had the highest rate of diagnosis. The National HIV Behavioral Surveillance (NHBS) found that PWID had the second highest rate of new diagnosis. HIV prevalence among PWID was nearly 5 times that of the overall population. S. Moletteri said that the percentage of people able to access treatment had risen from 46.7% in 2022 to 57.7% in 2024.

G. Grannan said the service was not very effective in reaching its goals. Less than 5% of people who use drugs reach their goal of sobriety while using this service. This often led to many readmissions. P. Gorman said she had heard similar information, adding that recovery was difficult because it was often driven by the person receiving the services.

The committee evaluated the service by vote, with the results as follows: 22% rated it a 1, 44% rated it a 5, and 33% rated it an 8.

Referral for Healthcare and Support Services directed a client to needed core medical and support services in person or through telephone, written or other type of communication. S. Moletteri said this service category was currently funding the Client Services Unit (CSU) Information line. Data obtained from this service was used in Priority Setting. The committee quickly voted on the service category. About 44% of the voters had rated the category as a 1 and 56% of the voters rated the service as an 8.

S. Moletteri said they concluded the Priority Setting Process. At the next meeting, they would review the results of the Priority Setting with the Prevention Committee.

#### **Action Item:**

#### ***-Co-Chair Election-***

G. Grannan reminded the committee he would be reaching his term limit in 6 months and invited members to run for his seat. A member could only have 4 two-year consecutive terms before they were forced to take a reprieve for a year.

S. Moletteri provided an overview of the co-chair election process. Members with a full year of consistent attendance are eligible to self-nominate. Following the meeting, a 30-day period is observed to allow other eligible members the opportunity to consider and submit their own nominations.

D. D'Alessandro had nominated herself at the previous meeting. She said she was the Director of Public Health Training and Technical Assistance at the Health Federation of Philadelphia. Part of her role involved being the Regional Coordinator of eastern activities at the MidAtlantic AIDS Education Center.

After placing D' D'Alessandro in another room, the committee discussed and voted. The committee quickly decided they would unanimously re-elect D. D'Alessandro as co-chair. G. Grannan suggested creating a succession plan while he was still a part of HIPC. He wanted them to train a future candidate.

#### **Other Business:**

None.

#### **Announcements:**

D. D'Alessandro announced the MidAtlantic Training Center would be hosting a training event on June 10th for nursing and social work accreditation. She then announced, as a private citizen and not representing her organization, that ACT UP Philadelphia had an in-person townhall last

Monday. She encouraged committee members to follow them on social media and to get involved.

**Adjournment:**

D. D'Alessandro called for a motion to adjourn. **Motion:** D. D'Alessandro motioned, G. Grannan seconded to adjourn the May 2025 Comprehensive Planning Committee meeting. **Motion passed:** Meeting adjourned at 3:57 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- May 2025 CPC Meeting Agenda
- April 2025 CPC Meeting Minutes