

MEETING AGENDA

VIRTUAL:

Wednesday, June 25th, 2025

2:30 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (May 15th and May 20th, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation Items
 - Twice Yearly Injectable PrEP
- ◆ Action Items
 - Priority Setting Recap
 - Needs Assessment
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Comprehensive Planning Committee/Prevention Committee meeting is

July 23rd, 2025 12:00pm-2:00pm

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

**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. 12th 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

VIRTUAL: Prevention Committee

**Meeting Minutes of
Wednesday, May 28th, 2025**

2:30 p.m. – 4:30 p.m.

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

Present: Veronica Brisco, Keith Carter, James Ealy (Co-Chair), Loretta Matus, Jeffery Haskins, Nafisah Houston, AJ Scruggs, Clint Steib, Desiree Surplus (Co-Chair)

Guest: Siegfried Aragona (DHH), Brian Hernandez (DHH), Amy Onorato (CFAR), Harlan Shaw (DHH), Javontae Williams (DHH)

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

Call to Order/Introductions: J. Ealy asked everyone to introduce themselves and called the meeting to order at 2:35 p.m.

Approval of Agenda:

J. Ealy referred to the May 2025 Prevention Committee agenda and asked for a motion to approve. **Motion:** C. Steib motioned; J. Haskins seconded to approve the May 2025 Prevention Committee agenda via Zoom poll. **Motion passed:** 7 in favor. The May 2025 agenda was approved.

Approval of Minutes (April 23rd, 2025):

J. Ealy referred to the April 2025 Prevention Committee Meeting minutes. **Motion:** C. Steib motioned; L. Matus seconded to approve the April 2025 Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 6 in favor. The April 2025 Prevention Committee minutes were approved.

Report of Co-chairs:

J. Ealy reviewed the committee's upcoming agenda items for the next few months. There would be a Co-Chair meeting next Monday. On June 13th, the Prevention Committee would be hosting a meet and greet event. J. Ealy announced June 27th was National Testing Day. He was also excited to say that they could look forward to an engaging Pride month with a myriad of organizations hosting their own events and activities. The Prevention Committee would have a presentation on Lenacapavir. J. Ealy anticipated he would have questions about how Lenacapavir would be paid for because he expected that insurance companies would not cover it. T. Dominique added that the meeting would be a combined meeting with the Comprehensive Planning Committee and they would be reviewing the Priority Setting.

Report of Staff:

M. Ross-Russell reported new legislative responsibilities were being required of the HIV Integrated Planning Council (HIPC) in the future as part of the integrated plan. She notified the committee that they may be asked to comply with certain requirements once or even twice. She said she would reveal more as time went on and invited members to ask her questions at any time.

T. Dominique reminded the committee the HIPC meeting was moved to June 11th. J. Williams said the new Lenacapavir would more than likely be a “Buy and Bill” type medication. It would require medical offices to buy the medication and then bill their patients’ insurance. Smaller offices won’t have the resources to buy a large amount of medication to increase access. He told the committee to ask Gilead how they plan to overcome this challenge. He said it was a big challenge for ViiV with Apretude.

Presentation:

-PhillyKeepOnLoving Update-

B. Hernandez, a member of the Division of HIV Health, described PhillyKeepOnLoving (PKOL) as a type of sexual wellness with the mission to provide sexual wellness products, resources and information to Philadelphians. It was previously exclusively a website in 2019 that Philadelphians could order HIV test kits online from. Since then, the mission of PKOL has expanded. PKOL had worked with several creative partners such as Bandujo, Aloysius & Clark, Saygrid, and Stori Group. These partners help PKOL with the website, public relations and the PKOL podcast. DHH hoped to expand PKOL as more than a website. They wanted PKOL to be a prevention ecosystem. B. Hernandez said PKOL was a way for them to turn strategy into action.

DHH had used digital advertising to promote the PKOL website and to highlight their services. PKOL had provided a TelePrEP program, 24/7 post-exposure prophylaxis (PEP) hotline, and free HIV/STI kits by mail. Ads could be seen on Google Ads/Google Display and various dating apps. The committee members viewed some of the advertising. B. Hernandez said the results demonstrated the advertising was a success. TelePrEP ads on Google Search had received more than half of the impression shares on highly competitive keywords. PEP Campaign ads were shown 326,971 times and drove 16,353 clicks to the PEP page on the PKOL website.

The PKOL Summer of Love was a series of coordinated summer events with the goal of distributing prevention materials and raising awareness of PKOL. DHH had partnered with social media influencers to raise awareness about sexual wellness.

In 2023, DHH had collaborated with low-threshold sexual health sites to develop materials to promote their agencies and services. These health centers included Courage Medicine, BEBASHI, Mazzoni Center, and Health Center 1.

The Funky Junk Campaign was DHH’s “Out-of-Home” campaign to promote the recently developed STI content on the PKOL website through in-person and street advertising across Philadelphia. The campaign ran through March 2025-May 2025 and was promoted during National STI Awareness Month. DHH placed ads at bus shelters, billboards and bars. The campaign was also featured on dating apps. B. Hernandez said they had decided to steer towards a more playful approach to their advertising and presented the committee with some examples.

B. Hernandez showed PKOL’s current projects. One of which was new content on their STI website. Each page on the website contained information about a type of STI. The website was made in collaboration with the Division of Disease Control, Health Center 1, and the Viral

Hepatitis Team. The STI pages contained information on signs/symptoms, treat/prevention and links to resources. DHH developed a PKOL Provider Action Kit which provided guidance and practical advice in delivering care across the continuum of HIV prevention services. In addition to the provider kit, PKOL had a provider portal which offered a technical assistance form, provider kit request form, downloadable PDFs, printable handouts, and links to other resources.

Going forward, DHH PKOL had planned a rebrand for PKOL. They planned to redesign the PKOL website and add more content for PLWH. A resource locator was being created to assist PLWH with finding care. Additional campaigns were being made to inform clients about their status and services available to them. They looked to recruit people from Philadelphia as their models to create a local feel for their advertisements.

T. Dominique asked how they could find the DHH and PKOL podcast. She wondered how many people the podcast had reached. J. Williams replied the podcast could be found on the Keep On Loving YouTube channel, TikTok and Instagram. He then said it was difficult to measure how many listeners the podcast had because they were paused by the Mayor's Office for nearly a year.

A. Scruggs said the advertisements presented did not feature enough trans person representation. The models featured in the advertisements did not visibly present as transgender individuals. Signs such as surgical scars to indicate a person was transgender were not seen. J. Williams said they had focused on racial and age demographics when recruiting. He then said they could improve on recruiting more people of diverse gender backgrounds and would work to incorporate this feedback in the future.

J. Ealy asked if they needed to be a Philadelphia resident or an American citizen to receive PKOL services. B. Hernandez said the person had to be a resident from Philadelphia. Following the meeting, T. Dominique confirmed individuals may continue receiving services as long as they resided in Philadelphia regardless of immigration status.

J. Williams said PKOL had grown substantially throughout the years with collaborations from other departments within the city government. He thanked B. Hernandez and the other city employees for their dedication.

Any Other Business:

None.

Announcements:

J. Haskins announced Philadelphia FIGHT would be hosting their HIV Education Summit at the Philadelphia Convention Center on June 12th.

J. Ealy announced the Pride City Flag raising on Friday and the Pride Festival on Sunday.

A. Onorato said she had a photo voice project depicting women of color with HIV. Their goal was to have an exhibit that they could use to showcase and give a voice to women with HIV. In addition, A. Onorato announced that Penn CFAR Community Advisory Board (CFAR CAB)

were looking for nominations for their 2025 Annual Red Ribbon Awards. The award would recognize persons who made an impact in the community and improve the lives of those with HIV.

T. Dominique said HIPC was still accepting applications until June 1st.

B. Hernandez said DHH had launched a new vending machine at the Mazzoni Center. The vending machine contained harm reduction supplies, sexual wellness items and test kits.

Adjournment:

J. Ealy called for a motion to adjourn. **Motion: J. Haskins motioned, L. Matus seconded to adjourn the May 2025 Prevention Committee meeting. Motion passed:** Meeting adjourned at 3:26 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- May 2025 Prevention Committee Meeting Agenda
- April 2025 Prevention Committee Meeting Minutes