HYBRID: Comprehensive Planning Committee
Meeting Minutes of
Thursday, April 16th, 2026
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: K. Carter, D. D'Alessandro (Co-Chair), N. Houston, S. Jacinto, C. Johnson, A. Leger, M. Mabou, P. Mukinay, J. Myahwegi, P. Neuman, A. Onorato

Excused: S. Wynne (Co-Chair)

Guests: Laura Silverman (DHH)

Staff: Tiffany Dominique, Elizabeth Fischer (Intern), Debbie Law, Sofia Moletteri, Kevin Trinh, Kristin Wilson (Intern)

Call to Order/Introductions: M. Mabou asked everyone to introduce themselves and called the meeting to order at 2:13 p.m.

Approval of Agenda:
M. Mabou referred to the April 2026 Comprehensive Planning Committee (CPC) agenda and asked for a motion to approve. **Motion:** K. Carter motioned; A. Onorato seconded to approve the April 2026 CPC agenda. A Zoom poll was launched. Members attending in person voted through a show of hands. **Motion passed:** 9 in favor. The April 2026 CPC agenda was approved.

Approval of Minutes (*March 19th, 2026*):
M. Mabou referred to the March 2026 CPC Meeting minutes. **Motion:** K. Carter motioned; A. Onorato seconded to approve the March 2026 CPC meeting minutes. A Zoom poll was launched. Members attending in person voted through a show of hands. **Motion passed:** 8 in favor, 1 abstained. The March 2026 CPC meeting minutes were approved.

Report of Co-chairs:
None.

Report of Staff:
S. Moletteri said they were hosting a training on April 29th from 9am to 11am. The event would be focused on learning to interpret the finance spreadsheets used during the Allocations Process. Registration would close on April 22nd.

At this time, the HIV Integrated Planning Council (HIPC) was looking for a new co-chair. S. Moletteri said this was an opportune time, as most of the recommended members had become full fledged members. They welcomed any of the CPC members to feel free to nominate themselves for the position during the waiting period. They would elect the next HIPC co-chair in the May HIPC meeting. S. Moletteri then said they were also looking for co-chairs for the other committees. T. Dominique said they had recently sent out a survey to gauge interest in subcommittee membership. She asked the members to answer the survey. She reminded the

members that they could sit on multiple committees and were allowed to test drive a committee before they joined it.

Action Item:
-Finalizing Priorities-
The Priority Setting was a triennial procedure the CPC members performed. Each member ranked each service. While Priority Setting didn't affect where funding was allocated, it informed the HIPC members during the Allocations Process. The Condensed Priority Setting was an abbreviated version of the standard Priority Setting Process. This new process took place annually and transpired across two weeks rather than a few months taken by the standard Priority Setting Process. In the last CPC meeting, the committee members had conducted their Condensed Priority Setting. Members were asked to select three services they deemed were crucial.

S. Moletteri presented the committee members with a graph of the 2025 Priority Setting ranking. They said the rankings had largely stayed the same with the exception of the services they ranked up and deranked. Based on the Condensed Priority Setting, Food Bank Services had gone up in ranking to the second highest ranked while Mental Health Services had deranked from third highest service to the sixth. The AIDS Drug Assistance Program (ADAP) had increased in rank while Substance Abuse had deranked.

During the Condensed Priority Setting Process, the voting members had wanted to prioritize access to services and benefits. Voting members feared that the current political climate would hamper access and reduce benefits. A. Leger voiced that these services provided basic human needs and should be preserved. She referenced National HIV Behavioral Surveillance (NHBS) data saying stress was related to access to medication. M. Mabou agreed and said these basic needs were linked to other facets of their lives.

T. Dominique asked if the members were satisfied with the changes to the ranking including the services which deranked. D. D'Alessandro said services were being cut and they had to adapt. She reminded the other members of the possibility that their final award could be reduced. She said all the services were needed but some services were needed more than others. She said this ranking was more important than ever. K. Carter advised that voting in elections was the most significant thing they could do to reverse the cuts to benefits and services. He advocated not only voting but also registering others to vote. D. D'Alessandro mentioned an organization that would ask people if they had wanted to register to vote while they were getting a physical exam. S. Moletteri agreed that HIPC, as an organization, were bound by limits of their scope.

S. Moletteri called back to A. Leger's comment about medication and stress. They said it was interesting that the members had ranked Medication and Mental Health services higher in the ranking. K. Carter asked why they didn't just recycle their medication. D. D'Alessandro replied that it was a distribution issue. A. Leger added that it was also a liability issue. T. Dominique said distribution of medication was often under strict guidelines. Providers were often barred from giving free samples of medication or even having certain brands on their countertops as it would be seen as favoring one drugmaker over the other.

C. Johnson discussed his concerns about the rising costs of medication. He mentioned that with SPBP being used as a last resort and dwindling public benefits, he was worried about how his clients would be able to access the medication they needed to survive. K. Carter echoed these sentiments and said they needed to share information if they were to cope with fewer resources.

Motion: A. Leger motioned, D'Dalessandro seconded to forward the Priority Setting Ranking list to the HIV Integrated Planning Council with the Comprehensive Planning Committee's recommendation for approval.

C. Johnson: In Favor
M. Mabou: In Favor
N. Houston: In Favor
P. Neuman: In Favor
S. Jacinto: In Favor
A. Onorato: In Favor
P. Mukinay: In Favor
K. Carter: In Favor
D. D'Alessandro: In Favor
A. Leger: In Favor

Motion Passed: 10 in favor. The motion to forward the Priority Setting Ranking to the HIV Integrated Planning Council was passed

After the vote, T. Dominique said they were holding a lottery for those who attended the meeting in-person. The winner of the lottery won a $25 gift card for any vendor in the Reading Terminal Market. K. Carter had won the lottery.

Presentation Item:
-Recommendations Based on the Town Halls-
K. Wilson was an intern from Temple University majoring in Public Health. She worked with the Office of HIV Planning (OHP) staff during the town hall events and created recommendations based on her experience and observations.

Four town hall events were hosted by the OHP staff for each region of the Eligible Metropolitan Area (EMA). Each event focused on receiving feedback from People With HIV (PWH) on how they used and learned about Ryan White (RW) services. The OHP staff wanted to learn where services could be improved and pinpoint existing service gaps.

K. Wilson described disparities in each region starting with the Philadelphia region. Medical Monitoring Project (MMP) and National HIV Behavioral Surveillance (NHBS) data highlighted Philadelphia's racial disparities in HIV diagnoses. Racial disparities were the highest among non-Hispanic Black residents and this was followed by Hispanic/Latinx residents. Housing and poverty remained key barriers to care. She said that housing instability was high among PWH. 31% of women with transexperience reported unstable housing. 65% of women with trans experience reported living below the federal poverty line. 45% of women with trans experience

reported experiencing discrimination. K. Wilson said this demonstrated how social and structural factors could shape access to HIV care and health outcomes.

She explained that these factors influenced health outcomes for PWH. For example, case management allowed PWH's continued engagement in care and facilitates connection to essential resources. She said effective health intervention relied on robust system navigation and client understanding of health.

K. Wilson spoke about Housing, self-advocacy and how these factors affected health outcomes. She said housing instability lowered the rate of treatment adherence and viral suppression among PWH. She highlighted one study in San Francisco that found that PWH with stable housing had a viral suppression rate of 75%. PWH without stable housing had a lower suppression rate of 33%. She observed that the ability to self advocate for themselves was a pivotal factor in a client's experience within their healthcare. K. Carter commented that housing was invaluable for PWH using injectable treatment since they didn't need to worry about their medication being stolen or expiring from poor refrigeration. T. Dominique said San Francisco recognized that they had a housing crisis and that housing had affected numerous facets of a person's life. They had responded by asking for HRSA to send more funding for housing.

During the town hall events, participants were met with various methods meant to collect further care-related information. The first was a demographic survey to understand the pool of participants' age, gender, race/ethnicity, and other information. A second survey asked members about their most valued RW service and why they chose this service. The third survey asked participants how they used RW services. Lastly, participants were broken into groups where they were asked five questions with follow up on their individual needs and care.

About 42 total participants had attended the town halls. 25 were from Philadelphia 11 participants had attended the NJ town hall. Four participants had attended the PA town hall. Two people attended the town hall designated for individuals who were not able to physically attend the other town hall events in in-person. These two participants had participated in previous town halls and were not counted twice in the data analysis.

The participants in the town halls were between the ages of 29-76. Of the participants, 76.7% were over the age of 50. 56.6% of the participants had identified as African American. K. Wilson said most of the information she had presented had come from the Philadelphia town halls because that town hall had the most participants. D. D'Alessandro congratulated the OHP staff members for their recruitment efforts as the participants closely reflected the epidemic. T. Dominique said they would have likely had more participants for the PA town hall but adverse weather had forced to postpone the event to a later date.

K. Wilson highlighted three topics/themes based on her observations: Medical Case Management (MCM), Housing Stability, and Self Advocacy. Barriers to accessing MCM services included complex systems and gaps in coordination and communication. K. Wilson said many participants felt that the role of the case manager was unclear.

She said 63.9% of participants used MCM services in the past year. They found that though most people had used a case manager, participants felt the service was situational. Some participants may feel that they do not need a case manager to meet their needs.

The second key theme was Housing Instability. 27% of participants used Housing assistance services this year. 22% of the participants needed the service but couldn't get it. K. Wilson concluded that there was a demand for the service but these needs were not being met. During the town hall, participants were given a survey to select one service they deemed as most important. Overall, Housing Services was the most selected service in the survey. Barriers to Housing Stability included limited access, lack of awareness for available resources and affordability. K. Wilson said that many participants had questions about housing during the town hall events. Participants wanted to know if they were eligible for certain programs and how to apply for these programs.

The third theme that K. Wilson had observed at the town hall was self-advocacy. Some participants wanted a case manager to advocate for themselves while others preferred to advocate for themselves. About 8.3% of participants indicated they never needed MCM services. K. Wilson said this had meant that engagement in care varied from person to person. Participants highlighted the need for empowerment, tailored support services, and supports for long-term engagement in care. K. Wilson said the ability to advocate for themselves and ask their case managers the right questions can lead to better engagement in care.

A. Leger and D. D'Alessandro both said that accessing case management and other resources can be difficult. Because of silos, learning about providers and which service they provided could prove to be challenging for the average consumer. T. Dominique said that this issue was often exacerbated by other issues outside of the case manager's control. For example, aging consumers may recall a time when they had more resources and programs. When these consumers reach out to their case managers, they may not know or be able to offer the client the resources they had in the past due to funding cuts. K. Carter asked what was the income and education level of the participants who stated they didn't need case management. S. Moletteri said the participants who said that felt they knew where to go to meet their needs. Some of these participants could either engage with case management for the first time or returned to MCM services if their health worsened. S. Moletteri said they couldn't form a correlation between education and income with MCM usage. T. Dominique added the conversation with statistics about the participants' income levels. About 18.9% of participants had a yearly income of less than $10,000. 19.9% of participants had an income of between $10,000 and $19,999. 10.8% of participants had an annual income between $20,000 and $29,999. 5.4% of participants had an annual income between $30,000 and $39,999. 5.4% of participants had an annual income between $40,000 and $49,999. 21% of participants had an annual income of $50,000 or more. 16% of participants elected not to disclose their income. 2.7% of participants were not sure how much annual income they had.

Equipped with the knowledge gained from her observation at the town hall events, K. Wilson had created three recommendations. The first recommendation asked HIPC and DHH to jointly review and assess DHH's MCM Coordination Project Training for case managers as outlined in the 2023-2024 Directives. K. Wilson hoped HIPC members would review the training to

improve service navigation support, communication with clients, coordination across programs and consistent, client-centered care. She said clients should have access to a guide that defined the case manager's role. N. Houston, a case manager of 14 years, said she needed to explain to her clients her role every time she had a visit with her client. A. Leger said clients normally were only given expectations for themselves. K. Wilson said that because she didn't have access to the MCM training, she couldn't make a more precise recommendation. D. D'Dalessandro said DHH did have a training program that allowed providers to learn from other disciplines.

The second recommendation called for HIPC and DHH to create a clear, user-friendly housing resource guide for PWH. This housing guide could be used to determine eligibility. She recognized they didn't have the power to change eligibility requirements, but they can reduce confusion by helping clients understand the application steps and available services. P. Neuman said that at Cooper, who she represents, they had a client agreement that states the client and the program's rights and responsibilities. The agreement and Cooper brochure explained all services provided under RW services. M. Mabou suggested that the Office of Homeless Services should be involved in this resource since most housing applications had to go through them. K. Wilson said she had interviewed someone from the Office of Homeless Services. The person said that a client needed to be on the street before they were eligible for homeless services. T. Dominique talked about an article she had sent earlier from the Philadelphia Housing Authority (PHA) where it had explained that it was more affordable for the city to buy existing housing rather than construct new housing to meet the needs of those with unstable housing.

The third recommendation called for HIPC and DHH to develop and support initiatives that strengthened self-advocacy skills among PWH. The next steps for this recommendation was to create workshops, peer support groups and educational materials to support health literacy.

D. D'Alessandro said they should create opportunities for providers to work together across different disciplines. K. Carter said it was difficult for clients to understand which provider handled which service. A. Leger said this shouldn't be something the client should be worried about. She said services should be high quality and easy to understand and that clients should not need to know how the service was funded or about the different funding streams. She said all the services collaborating together should be seamless. K. Wilson said self-advocacy was only a temporary balm because services were not as efficient and straightforward as they could be.

K. Wilson concluded her presentation. She said the town halls highlighted some key challenges like navigating services, housing stability and the need for empowerment. She said future recommendations should focus on strengthening case management, improving housing access, and supporting self-advocacy. The goal of these recommendations was to improve access, engagement, and long-term HIV outcomes. She welcomed new recommendations and ideas to improve the quality of life for PWH.

Any Other Business:
None.

Announcements:
K. Carter announced that the Aging and Thriving Symposium would take place on May 5th.

Adjournment:
D. D'Alessandro called for a motion to adjourn. **Motion:** D. D'Alessandro motioned, K. Carter seconded to adjourn the April CPC meeting. **Motion passed:** Meeting adjourned at 4:01 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- April 2026 CPC Agenda
- March 2026 CPC Meeting Minutes