

**HYBRID: Comprehensive Planning Committee**  
**Meeting Minutes of**  
**Thursday, March 19th, 2026**  
**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:** K. Carter, D. D'Alessandro (Co-Chair), N. D'Souza, P. Mukinay, J. Myahwegi, S. Wynne (Co-Chair)

**Guests:** A. Leger (Recommended), Laura Silverman (DHH)

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

**Call to Order/Introductions:** D. D'Alessandro asked everyone to introduce themselves and called the meeting to order at 2:06 p.m.

**Approval of Agenda:**

D. D'Alessandro referred to the March 2026 Comprehensive Planning Committee (CPC) agenda and asked for a motion to approve. **Motion: K. Carter motioned; D. D'Alessandro seconded to approve the March 2026 CPC agenda. A Zoom poll was launched. Members attending in person voted through a show of hands. Motion passed: 5 in favor.** The March 2026 CPC agenda was approved.

**Approval of Minutes (February 19th, 2026):**

D. D'Alessandro referred to the February 2026 CPC Meeting minutes. **Motion: K. Carter motioned; S. Wynne seconded to approve the February 2026 CPC meeting minutes. A Zoom poll was launched. Members attending in person voted through a show of hands. Motion passed: 5 in favor.** The February 2026 CPC meeting minutes were approved.

**Report of Co-chairs:**

None.

**Report of Staff:**

S. Moletteri said they were planning on hosting training events in the future. Each event would be focused on a particular topic and would be hosted by the relevant committee. Each training event would be hosted quarterly. The first training event would be focused on understanding the spreadsheets featured in the Allocations Process. The Finance Committee would be hosting the event in April. The event would be for in-person attendants. A light breakfast would be served. S. Moletteri asked for suggestions for future training events. They would be hosting trainings during the 5th week of a month.

K. Carter asked if they were to resume their Allocations Process which occurred over three weeks, with each week focusing on a region. S. Moletteri said they would conduct their Allocations Process as normal as K. Carter had stated. Last year, the HIV Integrated Planning Council had an abbreviated Allocation Process. Due to the delayed timing of the final award, the Allocations Process was shortened to a single week.

T. Dominique reported that there were no updates on the recommendation letters. She resubmitted the applications with adjusted dates to ensure each member retains the full two-year voting eligibility period.

Without this adjustment, time spent waiting for appointment letters would have counted toward their term, reducing their time as voting members.

**Discussion Item:**

***-Condensed Priority Setting Process-***

S. Moletteri explained the Condensed Priority Setting Process. Normally, the Priority Setting Process happened every three to four years over the course of months. During the process, each member would rank services based on how critical they felt the service was to the eligible metropolitan area (EMA). The Condensed Priority Setting Process would reduce the length of this to one meeting. This process would take place between each full Priority Setting Process. Before the meeting, members were asked to select three services on the Office of HIV Planning website (OHP) and explained why they felt these three services felt crucial to them. The Priority Setting Process accounted for 40% of the ranking of services. Databases and surveys such as Client Services Unit (CSU), Medical Monitoring Project (MMP), and the Consumer Survey made up the other portion of the ranking.

Services would be ranked either 1, 5, or 8. A service rated a 1 was considered a service that was needed but not critical to healthcare in the EMA. A service rated an 8 was considered critical to healthcare in the EMA.

S. Moletteri revealed the Priority Setting ranking from 2022 and 2025. 17 members had contributed to the 2025 Priority Setting. D. D'Alessandro asked why there were so many tied services in the 2022 ranking. S. Moletteri replied that there were fewer people voting in 2022 which caused many services to have the same rankings.

The AIDS Drug Assistance Program (ADAP) was the first service to be voted on. D. D'Alessandro noted that ADAP was called the Special Pharmaceutical Benefits Program (SPBP) in PA. ADAP was a state administered program that provided FDA-approved medications for low-income clients with HIV who have no coverage or limited healthcare coverage. ADAP may use program funds to purchase health insurance for eligible clients and for services that enhance access, adherence or monitoring of antiretroviral therapy (ART). In the 2021 Consumer Survey, a survey conducted by the OHP staff, 23% of respondents had indicated they had used ADAP. S. Moletteri said it was worth noting that MMP data from 2018-2022 revealed that 58.9% of people surveyed were fully adherent to ART. For those who missed their ART dose, 17% had said they had a problem with the prescription and 3.9% of those surveyed said it was due to cost.

ADAP had received 7 votes members prior to the meeting on the Priority Setting form. S. Moletteri read the responses of the members who answered the form. Three members felt that ADAP should be ranked higher. One member felt that ADAP was an emerging need and should be a part of the reranking. Four members said the changes to income requirements for SNAP and medication coverage made the service feel more important. Another member said ADAP was a priority for survival.

D. D'Alessandro and A. Leger agreed that ADAP was more important with the changes to income requirements for programs like SNAP. They wanted to prioritize maintaining access to benefits. K. Carter explained that if a person made too much income, they would be barred from using these programs. A. Leger said, as a representative of a local community-based organization, she had begun seeing patients fall out of care due to the income requirements.

T. Dominique said some pharmaceutical companies required a letter of denial from health insurers before they could provide patient assistance programs which could include looking at immigration status.

A. Leger asked why ADAP was included in the Priority Setting process if it was funded through Ryan White Part B, state funding. S. Moletteri replied that they reviewed all service categories regardless of whether they were currently being funded under Part A or not. They noted that at one time ADAP was funded through Ryan White Part A. T. Dominique noted that Local AIDS Pharmaceutical Program (LPAP) was a program that complemented ADAP, but it was recently defunded. K. Carter lamented that consumers were going to be more prudent now that funding has been cut in multiple services. He feared that they may even have to do their own case management. T. Dominique said even though they do not directly fund ADAP, understanding ADAP and how it contributes to viral suppression can help them with their other decisions. In addition, they work with other organizations including state departments.

S. Moletteri brought up a poll on Zoom. Those in-person voted using a slip of paper that was handed to S. Moletteri. Six people voted in the poll. Two people voted the service category as an 8 while four people voted the service as a 5.

Food Bank/Home Delivered Meals refers to the provisions of food items or a voucher to purchase foods. Non-foods items were allowable but were limited to personal hygiene products, household cleaning supplies, and water filtration/purification systems where water safety issues exist. The 2021 Consumer Survey Data said about 32.6% of survey respondents had used this service in the past. S. Moletteri said it was also worth noting that the 2023 CSU data showed that 62% of people who called CSU had requested this service. This was the most requested service in that year. S. Moletteri then talked about food security across the EMA. Philadelphia had a rate of 17.6%. Salem County had a rate of 13.2%. Camden County had a food insecurity rating of 12.7%. Delaware County had a food insecurity rating of 11.5%. They said that five of the six major food at home groups had increased in cost from 2024 to 2025. S. Moletteri noted that food insecurity was likely to be amplified by the changes to SNAP benefits. Even people who met the income requirements could lose their benefits due to paperwork complications. 2018-2024 MMP data suggested that 9.7% of people with HIV (PWH) needed the service but were unable to access the service. In February 2024, DHH conducted a focus group in their Aging with HIV Survey, 80% of the individuals were using SNAP. K. Carter asked if non-Ryan White (RW) food banks were still supplying food. S. Moletteri confirmed this was still ongoing. T. Dominique said that while food banks may still be operating, the cost of food may limit the amount of food.

Five Members had voted for this service category to be reranked in the form before the meeting. One member wrote food was a social determinant of health which was also a priority in addition to medical adherence. Two members cited the rising cost of food as the reason why they voted for Food Banks as one of their top three services. Another member said SNAP changes, food deserts, and the increase of aging populations was another reason to vote for this service. K. Carter said he was the person who wrote the last comment. He wanted to know the exact amount of funding in food stamps that one person and a family of four would receive. S. Moletteri said, in 2026, a person would receive \$31,920 and a family of four would receive \$66,000. They said these numbers used to be higher. K. Carter said they would still need to pay for healthcare and housing.

S. Moletteri launched the poll and accepted votes in-person. Three people voted the service as an 8 and two people voted it as a 5.

Mental Health Services offered clients with HIV services by psychiatrists, psychologists, and licensed clinical social workers. The 2021 Consumer Survey data revealed 43.64% of respondents suffered from depression. 43.64% of respondents suffered from anxiety and 13.14% of respondents reported having PTSD. About 37.71% of respondents reported using mental health services in 2021. 5.93% of respondents reported needing the service but not receiving it. S. Moletteri said it was worth noting that PWH were twice as likely to experience mental health conditions. They said viral suppression was lower in those with bipolar disorder and mental health multimorbidity. S. Moletteri defined mental health

multimorbidity as having more than one mental health condition. S. Moletteri said the EMA's residents had reported more mentally unhealthy days than both state averages. Philadelphia, Delaware, and Salem Counties reported the highest number of mentally unhealthy days in the past 30 days. S. Moletteri said there was a provider shortage of mentally health professionals available and the number of people who need the services, particularly in Salem County and Gloucester County. K. Carter said transportation could be one of the contributing factors to clients needing a service but unable to receive it. MMP data said 11% of PWH needed mental health services but were unable to access it.

Three HIPC members had voted Mental Health Services as one of their top services. One member said it was a social determinant of health which is also a priority in addition to medication adherence. Another member said the service assists with sustaining individuals. Another response stated that the service should be rated higher because it helped individuals maintain housing, finance and medical adherence.

Members like D. D'Alessandro and K. Carter felt Mental Health Services were important because they were interconnected with other facets of life. People at the town hall events mentioned that they would want more accessible group therapy, especially men's groups. S. Moletteri asked the members to vote. Three people voted for the service as an 8. Two people voted the service as a 5.

Health Education and Risk Reduction was the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. The 2021 Consumer Survey data revealed that sexually active participants reported 8.4% of HIV-negative partners were on Pre-exposure prophylaxis (PrEP) and 14.8% were not on PrEP. In their HIV medical care, information about PrEP was offered to 13.6% of the survey respondents. Disclosure support, or training on how to disclose a person's HIV status to their partner was offered to 11.4% of the survey respondents. Condoms and safer sex kits were reported as the most offered harm reduction service by a provider at 27.5%. S. Moletteri said they did ask this question about provider information dissemination and would offer more information on this later.

S. Moletteri said this service cannot be delivered anonymously. The NHBS revealed that awareness of PrEP varied greatly between populations. 88.4% of men who have sex with men (MSM) knew about PrEP and lowest among heterosexual (HET) individuals at 38.5%. T. Dominique said some PWH may feel that they may not need to disclose their status if they are undetectable. K. Carter said they were still missing opportunities to educate people about PrEP and there was still stigma among providers to recommend PrEP.

On the form sent before the meeting, three members had selected Health Education/Risk Reduction as one of their three services. One member said that the service should be ranked higher to increase efforts around prevention. They said this was an opportunity to educate the general population not only on PrEP but also Doxy and Post-Exposure Prophylaxis (PEP). Another person said the service should be ranked higher because medical case managers (MCM) no longer have the capacity to educate clients as they have historically done. Another voter said that the changing medical landscape was a reason to value this service.

S. Moletteri launched the poll and accepted votes. Four people voted the service as a 5 and 1 person voted the service as a 1.

Substance Use Outpatient Services consisted of screening, assessment, diagnosis and treatment of substance use disorder. The 2021 Consumer Survey data said that 2.9% of survey participants needed but did not get substance use (outpatient) treatment. 20.76% of survey participants reported using this service in the last 12 months 9.75% of survey participants reported ever being diagnosed with substance use disorder.

Acupuncture therapy may be allowable under this service category if included in the documented plan. Syringe access was allowable but not the syringes themselves. S. Moletteri said people who inject drugs (PWID) had the second highest rate of new diagnoses in Philadelphia in 2024. In the same year, it was found that PWID had the lowest percentages across the continuum of care.

Three members selected the service as one of their three services. This service was ranked #11 in the 2025 Priority Setting Process. Members said that data supports that injecting drugs leads to the highest risk of HIV transmission. Another member said this service met an emerging need and it needed to be ranked slightly higher.

S. Moletteri launched the poll and started accepting votes. One person voted the service as an 8. Three people. One member voted the service as a 1.

S. Moletteri said they would recalculate the rankings and present the results in April. HIPC would finalize and vote on the Priority Setting in May.

**Any Other Business:**

None.

**Announcements:**

T. Dominique said tomorrow was the last chance to comment on the PA Integrated Plan section that was sent earlier before the meeting.

**Adjournment:**

D. D'Alessandro called for a motion to adjourn. **Motion:** D. D'Alessandro motioned, K. Carter seconded to adjourn the March CPC meeting. **Motion passed:** Meeting adjourned at 3:58 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- March 2026 CPC Agenda
- February 2026 CPC Meeting Minutes