

Philadelphia HIV Integrated Planning Council
Meeting Minutes of
Tuesday, October 7th, 2025
2:00 p.m. – 4:30 p.m.

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

Present: T. Burroughs, J. Baez, D. D'Alessandro, A. Edelstein, J. Haskins, M. Gordon, J. Haskins, S. Heaven, N. Houston, P. Mukinay, L. Matus, J. Myahwegi, D. Lewis-Salley, D. Pinsky, C. Rainey, S. Smith

Excused: J. Ealy, S. Wynne

Guests: N. Deal (Recommended), H. Docmanov (Recommended), S. Jacinto (Recommended), Nakia Lancaster, J. Lugo (Recommended), Ameenah McCann-Woods (DHH), P. Neumann (Recommended), A. Onorato (Recommended), Harlan Shaw (DHH), Avis Scott (DHH), D. Singleton (Recommended), K. Williams (Recommended)

Staff: Tiffany Dominique, Debbie Law, Kevin Trinh, Sofia Moletteri

Call to Order: S. Heaven called the meeting to order at 2:09 p.m.

Introductions: S. Heaven asked everyone to introduce themselves.

Approval of Agenda:

S. Heaven referred to the October HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion: C. Rainey motioned; A. Edelstein seconded to approve the October 2025 HIPC agenda via a Zoom poll. Motion passed: 12 in favor, 2 abstained.** The October 2025 HIPC agenda was approved.

Approval of Minutes (September 11th, 2025):

S. Heaven referred to the September 2025 HIPC meeting minutes and asked for a motion to approve. **Motion: T. Burroughs motioned; C. Rainey seconded to approve the September 2025 HIPC minutes via a Zoom poll. Motion passed: 12 in favor, 1 abstained.** The September 2025 HIPC meeting minutes were approved.

Report of Co-Chairs:

S. Heaven said she had missed L. Diaz who had rolled off as a member last month. S. Heaven reported on the Philadelphia Housing Development Corporation. She said it was a housing event at Temple University with many services for aspiring home owners.

She reported Philadelphia had received their grant for the Housing Opportunities for Persons With AIDS (HOPWA) program. Home funds and block grant funds were partially released and were expected to be fully released soon. She thanked the HIPC members for their time and for their dedication.

Report of Staff:

S. Moletteri reported they had a hybrid Nominations Committee meeting today. They said if members were interested in attending the meetings in-person, they provided lunch and transportation vouchers.

The Office of HIV Planning (OHP) would be tabling at several events in the coming days to recruit new members. On Thursday, they would table the Connecting the Dots event. On Sunday, they would table the OURfest event.

T. Dominique, the new OHP director, noted this was their first meeting without M. Ross-Russell and several of their veteran members who had rolled off. She acknowledged and thanked the eight recommended members who were attending the meeting.

Presentation Items:

-Roles and Responsibilities-

For new and current members, OHP staff would explain the roles and responsibilities of the planning council. Starting with the definition of community health planning, T. Dominique described community as a deliberate effort to involve members of a geographically defined community in an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community as a means toward improving its health status. HIPC includes 9 regions in its eligible metropolitan area (EMA). It consisted of Philadelphia, the NJ region:(Burlington, Camden, Gloucester, & Salem); the PA county region: (Bucks, Chester, Delaware, and Montgomery.)

HIPC members engage with a public process to identify community needs, allocating resources and resolving conflicts when they arise. This was through needs assessments, focus groups, listening sessions and other ways of community input. To ensure people living with HIV (PLWH) were represented, HIPC was required to have a membership of at least 33% PLWH. T. Dominique briefly explained the difference between an EMA and Transitional Grant Area (TGA). EMAs were established by a Chief Elected Official (CEO) and had to have at least 2,000 AIDS cases in the last five years. TGAs were required to have between 1,000 to 1,999 AIDS cases within the last five years. All planning councils (PC) were expected to meet the requirements as specified in the legislation and in HIV/AIDS Bureau (HAB)/Division of Metropolitan HIV AIDS (DMHAP). RW planning was community-based with diverse shareholders including providers and people with lived experience. It was designed to be an ongoing, cyclical process which used data from multiple sources to make decisions. This process required consumer input in the needs assessment and decision making.

RW planning was a collaborative effort between the Mayor/CEO, the Division of HIV Health (DHH)/Recipient, and HIPC. T. Dominique listed the various tasks each group collaborated together on such as quality management and monitoring contracts. D. D'Alessandro asked to define Assessing the Monitoring of the Administrative Mechanism. T. Dominique explained that it was a process HIPC conducted yearly to determine if the Recipient was fulfilling their duties and promises in a timely manner.

-HIPC Refresher-

D. Law thanked all the HIPC for attending the meeting on what was not their regularly scheduled time.

HIPC was once two separate groups before integrating. The Philadelphia Part A Ryan White Planning Council and the Community Planning Group had combined in April 2017 after months of discussion. Under the RWHAP Treatment Extension Act of 2013, funding towards care for primary health care and support services for HIV/AIDS was reauthorized. The goal was to reduce the cost of more costly patient care and increase access and quality of care for those who were underserved. D. Law said underserved communities were populations such as gay/bisexual men, racial/ethnic minorities, people who inject drugs (PWID) and other individuals underserved by health prevention and care systems.

S. Moletteri further elaborated on RWHAP funding. RW Part A was awarded to EMAs and TGAs. Each state has their own planning group in addition to the EMA. RW Part B was awarded to states and the AIDS Drug Assistance Program (ADAP). RW Part C was awarded to early intervention programs. RW Part D gave funding to Dental Services and Women, Infants, Children, and Youth (WICY). RW Part F provided funding for education and training.

S. Moletteri described what EMAs and TGAs were. They then explained what Emerging Communities were. These were communities with 500-999 AIDS cases in the last five years.

The purpose of RWHAP was to cover gaps for those who were under/uninsured and uninsurable. RW provided emergency assistance to EMA most severely impacted by the HIV epidemic, but only as a payor of last resort.

D. Law explained the HIPC application process. Potential HIPC members had to submit an application that would be reviewed by the Nominations Committee and forwarded to the CEO. D. Law said they were still awaiting the recommendation letters from the Mayor's Office.

Planning Councils were required to meet certain demographic requirements. They had to have representation from a myriad of providers from various services. The Planning Council needed to reflect the demographics of the epidemic in terms of race/ethnicity. The goal of HIPC was to have a representation of at least 33% of the membership be PLWH. Once accepted into HIPC, members needed to sign documents such as the Confidentiality document, Acknowledgement of Expected Conduct document, and the Annual Conflict of Interest form.

D. Law showed the demographics of the HIPC versus demographics of the HIV epidemic within the EMA. Some categories were close to representation while others were further off. For example, regarding Race/Ethnicity 44% of HIPC members were Black. D. Law acknowledged this did not reflect the 2022 prevalence data which found the epidemic which found that the Black population represented 56% of the epidemic. She said they were recruiting more members and were always striving to meet this goal. S. Moletteri drew attention to the chart depicting gender data. They said due to an executive order, they could only present gender data as either male or female.

The Planning Council was not an advisory board but a legislative authority. The city government needed to collaborate with HIPC if they wanted to pass funding related to the epidemic. The duties of HIPC included conducting a needs assessment, conducting the Priority Setting, allocating funds, developing an integrated Comprehensive Plan, and sending directives to the Grantee/Recipient.

One of the projects that the Recipient and HIPC had collaborated on was the Integrated Plan. The plan based its goals on the Ending the Epidemic Plan with the goal of eliminating HIV. A new iteration of the plan was created every 5 years.

The Priority Setting was an annual process based on HIPC policy and procedures. The process allowed HIPC members to decide which services were most important to PLWH in the EMA. The process does not directly impact how services were impacted but the results did inform members during the allocations process.

The Allocations Process was conducted annually to determine how much RW Part A funding would be used for each service. HIPC members were required to devote at least 75% of funding to core services and the rest to support services. The Allocations Process was conducted in three regions and each region's members allocated the budget for the area they had represented.

K. Trinh reviewed the expectations for the HIPC membership. Each member was to attend at least 1 HIPC meeting and 1 subcommittee meeting per month. If a member could not attend a meeting, they were required to notify the OHP staff to be excused from the meeting. Members were allowed a total of 5 unexcused absences or 3 unexcused absences in a row during the planning year. K. Trinh described each of the subcommittees that members could join. The Finance Committee reviewed the spending reports and approved budgets to forward to HIPC. The Positive Committee was a committee of community members. The Comprehensive Planning Committee set the goals of HIPC and conducted the Priority Setting. The Prevention Committee provided input on the Philadelphia EMA Integrated Plan and reviewed the health department's application for federal HIV prevention funding.

HIPC and each subcommittee meeting was open to the public and documented by the meeting minutes. Meetings were governed by Robert's Rules of Order which dedicated the structure of the meeting and ensured all members had an equal voice.

K. Trinh said if a member was confused by terminology, they could visit the glossary or the FAQ on the OHP website.

S. Moletteri further defined what a conflict of interest was. A conflict of interest was a situation in which a person's decision was influenced by another factor. S. Moletteri said many members might have a conflict of interest and it was important to declare their conflict of interest when it was appropriate.

Discussion Items:
-Needs Assessment-

S. Moletteri said they were planning 4 town halls at three locations within the EMA. The first town halls would be in PA, NJ and Philadelphia Counties. The last town hall would be virtual for those who could not attend in-person. S. Moletteri said they had secured three locations.

S. Moletteri listed the locations they were considering for town hall. The Philadelphia town hall would take place at Action Wellness. The New Jersey town hall would be located at the Cherry Hill Public Library. The PA County town hall would take place at the Delaware County Wellness Center in Yeadon.

The town halls would be structured to be consumer focused. At each town hall meeting, there would be a presentation on housing, benefits, and EFA. The goal of the town halls was to obtain consumer feedback on services. To meet this goal, they would invite consumers instead of providers to ensure consumers felt comfortable giving feedback on services. The town hall participants would be given an opportunity to explain how they interacted with services, similar to HIPC's Consumer Survey in 2021. They would hand out a feedback survey after the town hall.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-

None.

-Nominations Committee-

J. Baez reported they had 17 applications and approved 16 applicants for recommendation to the Mayor's Office in their Open Nominations Process.

-Positive Committee-

S. Moletteri said the Positive Committee would meet on October 20th at 12pm.

-Comprehensive Planning Committee-

D. D'Alessandro said the Comprehensive Planning Committee had reviewed the needs assessment forms for the town hall. The meeting would be combined with Prevention Committee.

G. Grannan had rolled off and they nominated members for their co-chair position. They would vote for co-chair on October 22nd when they meet with the Prevention Committee.

-Prevention Committee-

J. Ealy reported they would have a presentation from the AIDS Law Project at their next meeting. The speaker would explain the changes to SNAP benefits.

Other Business:

None.

Announcements:

None.

Adjournment:

S. Heaven called for a motion to adjourn. **Motion: T. Burroughs motioned, C. Rainey seconded to adjourn the October 2025 HIPC meeting. Motion passed: Meeting adjourned at 3:51 p.m.**

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- October 2025 HIPC Agenda
- September 2025 HIPC Committee Meeting Minutes