Meeting Agenda

VIRTUAL:
Thursday, March 11th, 2026
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (February 12th, 2026)
- Report of Co-Chairs
- Report of Staff
- Action Item
  - 26-27 Fiscal Year Budget
- Discussion Item
  - In-Person Attendance at Meetings
- Committee Reports:
  - Executive Committee
  - Finance Committee – A. Edelstein & K. Carter
  - Nominations Committee – J. Baez
  - Positive Committee – K. C.
  - Comprehensive Planning Committee – D. Dalessandro & S. Wynne
  - Prevention Committee – D. Surplus & J. Ealy
- Other Business
- Announcements
- Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574
VIRTUAL: April 9th, 2026 2pm-4:30pm
Please contact the office at least 5 days in advance if you require special assistance.

HIV Integrated Planning Council

Staff Directory

Tiffany Dominique — Director, Finance Committee, Executive Committee
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Debbie Law — Nominations Committee
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Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website
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Kevin Trinh — Prevention Committee/Minutes & Attendance
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Hybrid: Philadelphia HIV Integrated Planning Council
Meeting Minutes of
Thursday, February 12th, 2026
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: J. Baez, Debra D'Alessandro, T. Burroughs, K. Carter, J. Ealy, A. Edelstein, J. Haskins, P. Mukinay, J. Myahwegi, S. Heaven (Co-Chair), N. Houston, A. Manley, D. Lewis-Salley, C. Rainey, A. Scruggs, S. Smith, D. Surplus, E. Thornburg (Co-Chair), S. Wynne

Excused: M. Gordon, N. D'Souza

Guests: Kathleen Brady (DHH), C. Cousar (NJHPG), T, Dean (Recommended), S. DiBianca (Recommended), S. Ellis (Recommended), K. Fisher (Recommended) J. Flores-Leyva (Recommended), Cheryl Henne (PADOH), S. Jacinto (Recommended), C. Johnson (Recommended), A. Leger (Recommended), J. Lugo (Recommended), M. Mabou (Recommended), Ameenah McCann-Woods (DHH), Nakia Lancaster, A. Onorato (Recommended), P. Neumann (Recommended), Cameron Schatz, Avis Scott (DHH), Sydney Singh (DHH)

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

Call to Order: S. Heaven called the meeting to order at 2:10 p.m.

Introductions: S. Heaven skipped introductions.

Approval of Agenda:
S. Heaven referred to the February 2026 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. Those on Zoom voted by poll and those in person, voted by show of hands. **Motion:** K. Carter motioned; D. D'Alessandro seconded to approve the February 2026 HIPC agenda. **Motion passed:** 15 in favor, 1 abstained. The February 2026 HIPC agenda was approved.

Approval of Minutes (*January 8th, 2026*):
S. Heaven referred to the January 2026 HIPC meeting minutes and asked for a motion to approve. Those on Zoom voted by poll and those in person, voted by show of hands. **Motion:** A. Edelstein motioned; S. Smith seconded to approve the January 2026 HIPC minutes. **Motion passed:** 16 in favor, 2 abstained. The January 2026 HIPC meeting minutes were approved.

Report of Co-Chairs:
S. Heaven congratulated the Office of HIV staff for hosting the town hall events. S. Heaven had been a presenter for the Philadelphia, Pennsylvania counties, and Virtual town halls. She had presented on Housing and accessing housing resources.

Report of Staff:

S. Moletteri said they did finish up their last town hall at the Delaware Wellness Center. They said 4 participants attended the PA town hall event and 2 participants had attended the virtual town hall which was for people who were not able to attend in-person. The PA Town Hall took place on February 4th and had four participants. S. Moletteri said the idea for a virtual town hall was good and they just needed to refine timing in the future such as having the town hall on a weekend where more people could readily attend.

K. Wilson, the OHP intern, would be creating recommendations based on the town halls.

K. Trinh said the Prevention Committee was hosting a Valentine's Day event. T. Dominique said they were using the event to recruit new members.

Presentation Items:

-PA Update-

C. Henne, a representative from the PA HIV Planning Group (HPG), gave an update on PA State's Integrated Plan. She said they had finished collecting information for the plan at the end of January. Now they were in the process of reviewing their strategies to determine whether each strategy should be implemented or whether they should change the focus of an activity based on the feedback they received from the community. This, along with their analysis and stakeholder activities, were being compiled and compared with their work plan to determine the direction of their activities. The narratives were being developed based on the information being gathered. She said they would be sending out section 7 of their Integrated Plan soon to be commented on by the end of the week.C. Henne said she hoped to present the workplan in HIPC's April meeting. She would speak about the narratives in the May meeting. Factoring in that the PA HPG needed to concur with the plan before HIPC, it was likely HIPC would not vote on concurrence until June. C. Henne hoped this schedule would allow the HIPC members to digest the information and give their feedback.

There were seven sections to the Integrated Plan. The first section was made public and they had adjusted the section based on the comments they had received. The community engagement & planning process, contributing data set assessment, and situational analysis were in the drafting stage. The workplan was the fifth section of the plan. Monitoring and evaluation of the plan was the next section. C. Henne.said section 6 was likely the most relevant section to HIPC as it ensured the goals of the plan were met. The final section was the letter of consensus from the HPG and HIPC. T. Dominique said they would shift their calendar to ensure their June HIPC meeting would allow them to present the completed plan to the council

-NJ Update-

C. Cousar, a representative from the NJ HPG, said their plan had 122 total activities. Of those activities, 51 activities had been completed. The remaining activities were consolidated and reduced to 38 activities to better align with the 4 pillars of the Ending the Epidemic Initiative. She said they were currently working with a consultant named S. Houston from Pivot Principles LLC. to help develop the new plan. This individual has 20 years of experience working with HIV planning groups. They planned to share more of their plan in June 2026 and hoped HIPC would sign a letter of concurrence.

The NJ HPG had a new work group called the Program Development Subgroup with the intention to create best practices and strategies to solve system level barriers.

The NJ Department of Health recently released a request for application (RFA) for the expansion of harm reduction. Six agencies fall within the NJ Counties. Five of these organizations were funded. The remaining organization was authorized but not funded. One organization was new to their region. At the end of her update, C. Cousar said they were mourning the loss of M. Chavis, a NJ stalwart, who had 39 years of experience in non-profit organizations providing health education.

-DHH Epi Update-

Dr. Brady, the head of the Division of HIV Health (DHH), would present Philadelphia's epidemiological update. She began her presentation with a chart depicting HIV and AIDS diagnoses, deaths and prevalence from 1985 to 2024 in Philadelphia. She said the trend depicted in the chart showed the number of people who died from HIV and AIDS had declined from over 10,000 deaths in 1994 to under 600 deaths in 2024. Similarly, the number of new HIV cases per year has declined from over 600 cases per year to under 400 new cases per year in the last 5 years. Dr. Brady said people with HIV (PWH) were now aging and dying from other causes other than HIV.

The first pillar of the Ending the Epidemic Initiative was "Diagnose." Their goal was to diagnose 98% of all PWH by 2030. A chart on the slideshow depicted the estimated percentage of -PWH who had been diagnosed. Philadelphia had 89.5% of -PWH who were diagnosed in 2023. This was an increase from 88.9% of -PWH who were diagnosed in 2021. The PA Counties had 91.4% of -PWH diagnosed in 2023. Previously, 90.5% of -PWH were diagnosed in 2021 in the PA Counties. The NJ Counties Counties had 85.9% of -PWH diagnosed in 2023. In 2021, 84.8% of -PWH were diagnosed in the NJ Counties. Dr. Brady concluded that while they had not reached their goal, they were progressing steadily toward their goal.

The next graph described the number of HIV diagnoses versus the estimated HIV transmissions in 2023. The graph had two bars for each of the three regions. Dr. Brady explained that bar measuring the actual number of HIV transmissions was greater than the estimated number of HIV transmission, that had meant they were identifying people who were living with HIV who didn't know their status. Philadelphia had 385 cases of HIV transmissions versus the 310 estimated cases. The PA Counties had 140 cases of HIV with an estimated 140 cases of HIV. The NJ Counties had 131 new cases of HIV versus the 110 estimated cases of HIV. Dr. Brady said the number of new HIV transmissions was stable across the eligible metropolitan area (EMA) except in the NJ Counties, where it decreased from 130 to 110 from 2022 to 2023.

Data on the percentage of newly diagnosed HIV in the EMA showed that Philadelphia had the highest percentage of new HIV diagnoses in the region. 57% of the newly diagnosed with HIV were in Philadelphia while 20.1% were in the PA Counties and 22.2% were in the NJ Counties in 2024. Dr. Brady noted that 68.8% of the estimated new HIV transmissions in 2023 were in Philadelphia. When looking at the number of newly diagnosed by year and place, Dr. Brady concluded that the number of new transmissions were fairly stable. Philadelphia had 393 new cases in 2022 and that number had decreased to 385. The PA Counties had 131 cases in 2022 and

134 cases in 2024. The NJ Counties had 144 cases in 2022 and 148 cases in 2024. Overall, there were 668 new cases in the EMA in 2022 and this figure had decreased to 667 cases in 2024. Dr. Brady indicated they were dissatisfied with the results and were striving to further decrease the number of new cases.

Diving deeper into the data, Dr. Brady described the demographics of the people who were newly diagnosed with HIV in 2024. In the EMA, 20.2% were Non-Hispanic White, 54.7% were Non-Hispanic Black, 19.9% Hispanic, and 2.5% were Asian. Regarding gender, 77.7% were Male, 19.6% were Female, and 2.4% were Transgender. Dr. Brady said most of the newly diagnosed people were young. About 70% of the newly diagnosed were people ages 13 to 39 years old. Dr. Brady said that 54% of newly diagnosed were men who said sex with men (MSM), 6.7% were people who injected drugs (PWID), 1.8% were people who were both MSM and PWID, 20.5% were people who heterosexual (HET) and 16.6% were people who were non-identiable risk (NIR). Dr. Brady explained that people who were NIR were people who were tested positive for HIV but epidemiological follow up could not determine a specific exposure that led to the transmission.

Comparing the data of the overall EMA to Philadelphia, Dr. Brady said Philadelphia had the largest share of the EMA. In Philadelphia, 14.3% of those newly diagnosed with HIV were Non-Hispanic White (NH White), 62.6% were Non-Hispanic Black (NH Black), 18.4% were Hispanic, and 3.4% were Asian. About 77.7% of those newly diagnosed with HIV were Male, 18.4% were Female, and 3.4% were Transgender. Reflecting the overall EMA data, most who were newly diagnosed with HIV were between 13 and 39 years old and accounted for 76.4% of the newly diagnosed. 64.7% of the newly diagnosed were MSM, 6.5% were PWID, 1.6% were MSM/PWID, 16.9% were HET and 10.1% were NIR.

The PA Counties shared similar data in 2024 to Philadelphia. About 54. 5% of the newly diagnosed were NH Black, 20.9% were NH White, and 17.2% were Hispanic. 79.9% of the new cases in the PA counties were Male and 20.2% of cases were Female (sex assigned at birth). Like Philadelphia, most newly diagnosed were between age 13 to 39. About 64.3% of those newly diagnosed were in this age range. Sexual identity and drug usage data revealed newly diagnosed cases in the PA Counties were 45.5% MSM, 27.6% of HET, and 21.5% NIR.

In the NJ Counties, 2024 data revealed that 35.1% were NH White, 34.5% were NH Black, and 26.4% were Hispanic. By gender, 77.7% of new cases were Male, 23.3% were Female (sex assigned at birth). The age distribution in cases were more even compared to the other regions. 56.1% of new cases in the NJ Counties were between the ages of 13 and 39 years old. The 2024 data in NJ revealed that 33.8% of newly diagnosed were MSM, 10.1% were PWID, 23.6% were HET and 29.9% were NIR.

Dr. Brady presented a chart describing the rates of acquiring HIV in 2024 among MSM, PWID, and HET in Philadelphia. MSM had the highest rates with 1,909.8 cases per 100,000 people. This was followed by the PWID population who had 113.8 cases per 100,000 people and at-risk HET who had 24.9 cases per 100,000 people. Dr. Brady said it was obvious to see that MSM had the highest rate of acquiring HIV by far. Non-Hispanic Black people were four times more likely

to acquire HIV, and Hispanic people were three times more likely to acquire HIV compared with non-Hispanic White people.

K. Carter asked what was driving the increase in the number of MSM cases. Dr. Brady said this was a difficult question to answer. Different levels of Pre-exposure prophylaxis (PrEP) uptake among the NH Black and Hispanic MSM population likely determined the high rate of HIV cases among the MSM population. She said there were other socioeconomic factors that influenced the rate of HIV acquisition such as the person's housing status. A. Scruggs said a lack of education and outreach toward Transgender men were to blame for the dismally high rate among MSM. Dr. Brady agreed with A. Scruggs and said they were working to address this problem.

Summarizing the data, Dr. Brady said that the number of people who were aware of their HIV status was increasing across the EMA, but it was slower than what they would have liked. Awareness of HIV status due to testing was the highest in the PA Counties and the lowest in the NJ Counties. The number of people newly diagnosed with HIV was stable across the EMA between 2022 and 2024. Nearly 60% of the new diagnoses in the EMA were in 2024 were in Philadelphia compared to the nearly 70% of the new transmissions in 2023. The demographics of those newly diagnosed vary significantly across the EMA. One factor that had been consistent among the EMA was that new diagnoses were concentrated in the NH Black and Hispanic population, Cis-gender men, people under the age of 40, and MSM. The highest rate of acquiring HIV was in Philadelphia. K. Carter asked if they could have data on newly diagnosed people in the PA Counties by zip code. He felt that if they had this information, they could more accurately focus their messaging. D. Brady said they currently did not have this information, but they could have this information in the future for the 2024 data. D. D'Alessandro asked how each jurisdiction collected information on newly diagnosed cases. Dr. Brady explained that DHH had disease investigators go to each DHH-funded health site to collect information. That information included the risk information. They had also matched information with other departments. Dr. Brady said generally a lab report or a report of missing information triggered a disease investigation.

The second pillar of the Ending the Epidemic Initiative was "Treat." In the EMA, 28,412 people were diagnosed with HIV. Of the 28. 412 people, 55.3% were NH Black, 21% were NH White, 17.8% were Hispanic, 4.5% were Multirace, 1.3% were American Indian/Alaskan Native (AI/AN), and 0.1% were Asian Pacific Islander. Concerning gender, 70.7% cases were Male, 27.5% were Female, 1.8% were Transgender, and 0.1% were Non-Binary (NB). Dr. Brady said Transgender was likely not representative since their system historically collected sex at birth. Dr. Brady estimated that about 59% of those with HIV were over the age of 50. The transmission risk of people living with HIV in the EMA was 40.7% MSM, 15.2% PWID, 4% MSM/PWID, 31.8% HET, 6.9 No-Reported Risk (NRR), and 1.4% Pediatric.

Across the EMA, 63.6% PWH were in Philadelphia, 21.8% were living in the PA Counties, and 14.6% were living in the NJ Counties. In Philadelphia, 62.6% of PWH were NH Black compared to the 42.6% in the PA Counties and 42.6% in the NJ Counties. In the NJ Counties, 25.7% of PWH in the NJ Counties were Hispanic compared to the 17.2% in Philadelphia and 14.7% in the

PA Counties. 45.9% of PWH in the NJ Counties were 50 years old or older compared to the 57% in Philadelphia and 58% in the PA Counties.

Overall, in 2024, the HIV prevalence rate in the EMA was 1,126.3 people per 100,000. The highest rates were among the NH Black population (1,843.5) and Hispanic/Latinx (1,300.6) populations compared to the NH White population (517.2). Racial /ethnic minorities had the highest rates of HIV across transmission categories. NH Black population (30,591.6 per 100,000) and Hispanic/Latinx (25,394 per 100,000 people) MSM had the highest rates of HIV transmission.

Dr. Brady discussed the HIV Care Continuum in the EMA in 2024. Linkage to care was the lowest in the EMA in Philadelphia. 83.3% of PWH were linked to care in Philadelphia and 68.3% of PWH were in care in that county. Philadelphia had the highest percentage of virally suppressed PWH. Overall, in the EMA, 84.8% of PWH were linked to care, 67.6% were in care, and 60.5% were virally suppressed. Dr. Brady concluded that the data revealed that they need further work if they were to meet their goals in the plan.

Delving deeper into the data for priority populations in the HIV continuum in 2024, Dr. Brady presented a graph depicting four priority populations and their rate of care: PWID, Transgender People Who Have Sex With Men (TSM), Black, Indigenous, and People of Color (BIPOC) HET MSM, and BIPOC HET Women. Linkage to care was the highest in BIPOC HET Women (86.2%). Linkage to care was the lowest in PWID (75%). TSM had the highest receipt of care while PWID had the lowest (60.1%). BIPOC Women had the highest percentage of people who were viral suppressed while the PWID population had the lowest percentage (52.1%).

In Philadelphia, the percentage of people who had receipt care was 87.6%. The percentage of people who were retained in HIV care was 63.1%. 78.4% of people in Philadelphia were virally suppressed in 2024. Dr. Brady would look at the data for the care continuum by age. She said 82.7% of people who were younger than 50 years old were linked to care in less than a month. For those ages 50-64, the percentage of people who were linked to care was 78.3%. For people over the age of 65, 100% were linked to care. People over the age of 65 had the highest rate of receipt of care at 92.2%. Dr Brady said while this number was high, the challenge they faced was they had 1,259 people over the age 50 who were not virally suppressed. Dr. Brady said that while the rate of viral suppression was low for those for people who were under 50 years old (72.9%), the number of people over 50 years who were not virally suppressed would require closer attention if they ever wanted to meet their goal of 98% suppression by 2030.

Dr. Brady reported on the Medical Monitoring Project (MMP) data to describe mental health in Philadelphia. Based on data, she said the state of mental health in Philadelphia was not reassuring. Among PWH, 17.5% showed symptoms of depression. 15.1 of PWH showed symptoms of severe depression. 18.5% of PWH were binge drinking in the past 30 days. 43.3% of PWH had used non-injection drugs in the last 12 months. 2.9% of PWH had used injection drugs in the last 12 months. Dr. Brady brought MMP Continuum data from 2022. During that year, about 83.8% of people were on Antiretroviral therapy (ART). About 58.8% of those interviewed for MMP had adhered to their prescription. 54.5% of those interviewed had sustained viral suppression. Next to the information on ART was the service usage information.

This data contained the percentage of people who received a service as well as the percentage of people who needed a service but were unable to receive it. Medical Case Management (MCM) had the highest percentage of people who were able to access it. Conversely, housing had the lowest percentage at 14.7%. At 39.%, navigation services was a service clients needed but were unable to receive. In the same category, the AIDS Drug Assistance Program (ADAP) had the lowest percentage at 2.5%. Dr. Brady said these people needing these services may have faced the aforementioned mental health barriers such as depression.

Dr. Brady summarized the system that was created to handle the HIV AIDS deaths. Now that HIV was no longer a death sentence, the system needed to adapt to a care management system that would care for the aging adults. The system needed to address gaps in care and significant barriers along the HIV care continuum. There was an ongoing unmet need for services such as housing, mental health and transportation services.

A. Edelstein asked how Philadelphia had ranked compared to other cities in terms of HIV care. Dr. Brady said Philadelphia was lagging behind other cities because these cities either had more wealth to spend on their services or a smaller population of PWH to care for. Compared to cities in the south, Dr. Brady said Philadelphia had better HIV care comparatively.

In Philadelphia, DHH had a hotline for those seeking Post-Exposure Prophylaxis (PEP). This hotline was housed at their PEP Center of Excellence. Between April 2022 and December 2025 589 people who called the hotline were eligible for PEP. 67.9% of those who called were able to meet their initial PEP visit. 50.4% of those eligible were able to have their follow up PEP visit. 28% of those eligible for PEP transitioned to PEP.

Dr. Brady shared 2024 data about adults with indications for HIV PrEP by race/ethnicity and transmission. Dr. Brady noted that NH Black and Hispanic MSM had the highest at risk population with a PrEP indication. 55.3% of NH Black and 43.9% of Hispanic MSM were at risk of HIV transmission. Dr. Brady reiterated that it was impossible to reach their goal of eliminating the epidemic if they had not dealt with the high risk for transmission in MSM populations.

In Philadelphia, 6,528 people were on PrEP (496 people on PrEP/100,000 people). In the PA Counties, the suburb with the highest number of people on PrEP was Montgomery County at 1,218 people (164 people on PrEP/100,000 people). In the NJ Counties, the area with the highest number of people on PrEP was Camden at 760 people (172 people on PrEP/100,000).

The next chart described PrEP awareness among different populations using 2023-2024 data. The MSM population had the greatest percentage of people with knowledge that PrEP existed (88.4%). The HET population had the lowest percentage (38.5%). The PWID population had a low percentage of people who were aware of PrEP (67.9%). Dr. Brady believed that this was due to the stigma surrounding people who used drugs.

Dr. Brady presented a chart depicting the PrEP to need ratio for each region. The higher the number, the more the need for PrEP was being met in that region. In Philadelphia, there were 16.8 persons using PrEP for every person newly diagnosed with HIV. Chester County had the highest ratio with 36.5 persons using PrEP for every person being newly diagnosed with HIV.

2018-2022 MMP revealed that 51.3% of PWH had talked to a physician, nurse, or other health care worker about how to prevent HIV or other STDs. About 40.7% of PWH received free condoms.

The "Respond" referred to how DHH and other health agencies would respond to epidemics and clusters of transmissions. The pillar would address gaps in care and direct funds towards where it was needed. Dr. Brady talked about the Expanded Interventional Surveillance Project (ExIS Project). This was a CDC funded project with the goal of identifying missed opportunities to prevent HIV in Philadelphia.
Dr. Brady talked about the PWID outbreak in 2016 to 2019/ She said they had intervened in the epidemic and the number of new diagnosed cases of HIV had decreased from 93 cases in 2019 to 31 cases in 2024.

-Integrated Plan Update by the Division of HIV Health-
Dr. Brady quickly reviewed the goals of DHH's Integrated Plan. The first goal was to diagnose all people with HIV as early as possible. They hoped to diagnose 98% of persons with HIV by 2031. The second goal was to increase the number of access points for evidence-based harm reduction services. The third goal was to increase access to HIV-related prevention services in priority populations by 2031.

DHH's Treatment goals were to have 98% of people with HIV be virally suppressed by 2031 and to re-engaged 95% of people with HIV who were out of care. By 2031, they wanted their priority populations to reach viral suppression in 98% of PWH.

Dr. Brady talked about DHH's Prevention goals. In their plan, they hoped to prevent new transmissions using proven biomedical interventions. They hoped to increase the number of access points for evidence-based harm reduction services. They then planned to increase access to HIV-related prevention services in priority populations.

For their Respond pillar, they sought to identify and investigate clusters and respond to all HIV outbreaks. They hoped to ensure data sharing with the PA and NJ Departments of Health. In their Cross-Cutting Pillar, they looked to increase access points for HIV prevention care, and supportive services for priority services to achieve the four pillars. Dr. Brady said they would strengthen the capacity of the health department staff and other providers by delivering targeted technical assistance and workforce development initiatives.

Looking forward into the future, Dr. Brady said they would be receiving feedback on their plan between now and April 12th. They would have another meeting on May 14th where DHH would present their updated plan which incorporated feedback from the public. From there, HIPC would vote on the plan. If no letter of concurrence was given, DHH would continue to update the plan until HIPC voted to give a letter of concurrence.

Discussion Item:
-Third Quarter Spending Report-

Dr. Brady said there might be a slight error in the amount of carryover in the spending report of $39,000.

A. Scott would review the Third Quarter Spending Report. The report was the reconciliation of total invoices forwarded to DHH through November 30th, 2025. The report indicated an 8%/$1,338,561 underspending. A. Scott attributed the underspending to vacancies and cumbersome hiring practices in the Systemwide allocations. She said DHH would ensure the underspending would be reallocated to direct services.

Starting with Philadelphia County, A. Scott reviewed underspending in three service categories. MCM had an underspending of $336,925/11%. This was due to staff vacancies. Emergency Financial Assistance Pharmaceutical (EFA Pharma) had an underspending of $96,018/100%. This was due to decreased utilization and the Recipient enforcing their payor of last resort policy. EFA Housing had an underspending of $36,525/31% for the same reasons as EFA Pharma.

Professional/Legal Services was the only service category that was overspent in Philadelphia. This service category had an overspending of $22,642/11% due to higher utilization.

The PA Counties had underspending in three service categories. EFA Pharma had an underspending of $92,641/100. This was due to decreased utilization and the enforcement of payor of last resort policies. Food Bank Services were underspent by $13,637/22%. This was attributed to lower utilization. Transportation Services were underspent by $162,075/45%. This was due to decreased utilization. However, A. Scott noted they had observed higher utilization in the second quarter.

Professional/legal Services in the PA Counties were overspent by $2,253/14%. Like Philadelphia, this was due to higher utilization.

In the New Jersey Counties, EFA Housing was underspent by $43,225/52%. This was due to lower utilization and enforcement of payor of last resort policies. Transportation Services were underspent by $43,822/35%. This was due to decreased utilization.

The NJ Counties had overspending in Professional/Legal Services by $11,361/17%. This was due to higher utilization.

In the Systemwide Allocations, Systemwide Coordination was underspent by $16,274/10%. Quality Management Services were underspent by $50m189/12%. Capacity Building was underspent by $40,498/65%. These services were underspent due to staff vacancies.

A. Scott said they had underspending in three service categories in their carryover. EFA Pharma had an underspending of $72,587/54%. This was due to decreased utilization and the enforcement of payor of last resort policies. EFA Housing had an underspending of $267,894/100%. This was due to the same reason as EFA Pharma. Food Bank Services had an underspending of $34,726/21%.

A. Edelstein asked what was the driving force behind the higher utilization of Professional/Legal Services across the EMA. A. Scott said they do not have a definite answer at this time. A. McCann-Woods said they hypothesized the increased spending could be because the service provider had hired more staff to support persons across multiple regions. S. Moletteri asked if this was a trend they predicted would continue in the future. A. McCann-Woods said they expected this trend would continue. She said they would document this in the Recipient Considerations portion of the Allocations Process.
M. Mabou expressed grievances about the housing situation. They said the decreased utilization in EFA Housing would continue since many landlords in Philadelphia were refusing to participate in the city's eviction program.They said landlords do not want to get a rental license and this was causing clients to give up on pursuing EFA Housing services. A. McCann-Woods said they recognized that this was a problem in their city. S. Ellis said landlords would be more willing to participate in the program if they were held accountable for breaking the law. If a landlord faced the risk of losing their business license. T. Dominique said this was an issue that was larger than the scope of HIPC. A. McCann-Woods said she shared S. Ellis' frustrations. Much of being a landlord required trusting the landlord to be reputable and this could be difficult to enforce. A. McCann-Woods said landlords needed to show their license number when they want to participate in the city's programs. This presented a roadblock since landlords may not want to obtain a license to rent property in order to avoid additional fees.

Action Item:
-Reallocation Request-
A. Edelstein presented the Reallocation Request from DHH. The request was one that the planning council had routinely approved each year when the fiscal year ended in February. The Recipient was requesting permission to reallocate any remaining underspending on the following direct service categories: EFA, Food Bank, Medications, Oral Health Care, and Medical Transportation Services. At this time, DHH was uncertain about the exact amount of underspending they had due to late invoicing and would not know the exact amount until May or June.

The Reallocation Request was discussed at the last Finance Committee meeting in the previous week and was forwarded to HIPC with a recommendation for approval.

Motion: A. Edelstein motioned to approve the Reallocation Request with the Finance Committee's recommendation for approval.

A. Manley: In Favor
C. Rainey: In Favor
D. Surplus: In Favor
E. Thornburg: Abstained
S. Heaven: Abstained
J. Baez: In Favor
P. Mukinay: In Favor
S. Smith: In Favor
T. Burroughs: In Favor
D. D'Dalessandro: In Favor

S. Wynne: In Favor
A. Edelstein: In Favor
K. Carter: In Favor
J. Myahwegi: In Favor
J. Haskins: In Favor

Motion Passed: 13 in favor, 2 abstained. The motion to approve the Reallocation Request was passed.

Committee Reports:
-Executive Committee-
T. Dominique said they discussed the changes to the Integrated Plan and policy changes that may prohibit words they are familiar with discussed in any plan presented by the stakeholders.

-Finance Committee-
None.

-Nominations Committee-
None.

-Positive Committee-
K. Carter said the Poz Committee had a discussion about the town halls. Next week, they will have a meeting on February 17th. In addition to his report, K. Carter said DHH would have a focus group for people over the age of 50. The focus group study will take place next week. He asked the HIPC members to contact A. Wilson for more information. Participants would be compensated $100 for their time.

-Comprehensive Planning Committee-
D. D'Alessandro said they would be meeting next week on the following Thursday.

-Prevention Committee-
Last Month, the Prevention Committee had a presentation from J. Ealy on the history of HIV testing. D. Surplus said the Prevention Committee would be hosting their Friday the 13th Valentine's Day event tomorrow. Later in the month, they will have a presentation on Apretude from ViiV.

Other Business:
None.

Announcements:
None.

Adjournment:
S. Heaven called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the February 2026 HIPC meeting. **Motion passed:** Meeting adjourned at 4:34 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2026 HIPC Agenda
- January 2026 HIPC Committee Meeting Minutes