

Hybrid: Philadelphia HIV Integrated Planning Council

Meeting Minutes of

Thursday, September 10th, 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, T. Burroughs (Co-Chair), K. Carter, T. Dean, S. DiBianca, H. Docmanov, N. D’Souza, J. Ealy, A. Edelstein, J. Haskins, N. Houston, S. Jacinto, C. Johnson, N. Johnson, A. Leger, J. Lugo, M. Mabou, P. Mukinay, J. Myahwegi, A. Onorato, C. Rainey, D. Singleton, S. Smith, E. Thornburg (Co-Chair), S. Wynne

Excused: S. Heaven (Co-Chair), P. Neumman, D. D’Alessandro

Guests: N. Deal (Recommended), Z. Stoller (Recommended), Charla Cousar (NJDOH), A. Baranoski (Recommended), Alex Wilson (PDPH), Dottie Dowdell (NJHPG), O. Oludipe (Recommended), Ameenah McCann-Woods (DHH)

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

Call to Order/Introductions: T. Burroughs called the meeting to order at 2:07 p.m.

Approval of Agenda:

T. Burroughs referred to the September 2026 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion: K. Carter motioned; S. DiBianca seconded to approve the September 2026 HIPC agenda. Members voted by a show of hands or via a Zoom poll. Motion passed: 20 in favor, 3 abstained.** The September 2026 HIPC agenda was approved.

Approval of Minutes (August 13th, 2026):

T. Burroughs referred to the August 2026 HIPC meeting minutes and asked for a motion to approve. T. Dominique amended the meeting minutes to have A. Edelstein be excused. **Motion: K. Carter motioned; S. DiBianca seconded to approve the amended August 2026 HIPC Meeting minutes. Members voted by a show of hands or through the Zoom poll. Motion passed: 18 in favor, 4 abstained.** The amended August 2026 HIPC Meeting minutes were approved.

Report of Co-Chairs:

None.

Report of Staff:

L. Fischer emailed HIPC members to advise that the October HIPC meeting would take place at 12 pm instead of the usual 2:00 pm. She explained that the meeting was moved to incorporate an ethics training for members. T. Dominique instructed the committee members to disregard L. Fischer’s email. She clarified that the October HIPC meeting would be at 2:00 p.m. and that the Ethics Training would take place during the HIPC meeting.

T. Dominique said the Mayor's Office planned to review the applications in October, but OHP was trying to get it done sooner.

K. Trinh reported that he and J. Lugo tabled at the NJ Gay Pride event on September 6th.

K. Trinh thanked all the members who were rolling off after 8+ years of service. During their time of service, the CPG and Planning Council integrated to form the HIPC; they completed two consumer surveys, facilitated a PrEP Work Group, transitioned to online and hybrid meetings, completed the COVID Survey, successfully submitted two Integrated Plans, crafted the Services One-Pager, and completed four Community Town Halls. He thanked J. Baez, K. Carter, A. Edelstein, and S. Heaven for their commitment to the planning council. S. Moletteri said these members have had various leadership roles and thanked them for their service.

The members thanked the council and the council, in turn, thanked the departing members.

Discussion Items:

~Roles & Responsibilities~

T. Dominique said September started the new planning year. She defined community planning as "A deliberate effort to involve the 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. That public process must provide broadly representative mechanisms for identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts." She said it brought together a variety of expertise to provide community voice, partnership, and collaboration with the health department.

She said HIV Planning allows the community to shape a local HIV care system that reflects the needs and priorities of the Eligible Metropolitan Area (EMA). She said it provided multiple roles and opportunities for input and decision-making for community members who utilize Ryan White HIV/AIDS Program (RWHAP) services and other people living with HIV (PLWH). She said the goal was to capture the community's experience and voice. The three main functions include priority setting, allocations, and the reallocation process, which were all backed by data.

T. Dominique continued that the Needs Assessment had previously involved consumer surveys, townhalls, and currently case manager focus groups. The Needs Assessment identified gaps in services and other practices we can complement. She noted that it was important to include representation from all RWP Parts for priority setting and allocations, specifically by finding ways to supplement funds. Determining the priorities had moved from every 5 years to an annual process. She said it was important that the people most impacted were at the table. It was mandated that 33% of members should be unaligned PLWH.

T. Dominique said there were 52 planning bodies across the country. The size was determined by how many cases exist in an area in a 5-year period. She noted 24 EMAs and 28 Transitional Grant Areas (TGAs), assigned by the number of cases in the area. She said planning councils have more influence than a TGA. The CEO must approve planning council members. In the Philadelphia EMA, the CEO was the Mayor's Office. Planning councils were responsible for

priority setting and allocations. HIV was the only disease burden that required a community planning body.

T. Dominique said that in 2013, the Division of Metropolitan HIV/AIDS Program strongly urged TGAs to maintain planning councils as described in the legislation. She said TGAs' roles now vary by jurisdiction.

T. Dominique reemphasized that no other entities like planning councils exist in the United States. She noted that community bodies were typically advisory rather than decision-making. Federally funded nonprofits were sometimes required to include consumers on their planning bodies, and some planning bodies require consumer/community input, but rarely 33% of voting members. She added that almost none have such specific legislative responsibilities.

T. Dominique highlighted that planning councils were designed to meet National HIV/AIDS Strategy goals and strengthen performance along the HIV Care Continuum. She added that the councils must be community-based, feature diverse stakeholders, and actively integrate consumer input into needs assessments and decision-making. She also noted that the planning council should operate as an ongoing, cyclical process that collaborates with the health department and other key stakeholders. The council must utilize data from multiple sources to drive data-based decision-making.

T. Dominique said the three main functions of HIPC were setting priorities, allocating & reallocating resources, and assessing the effectiveness of the administrative mechanism. All these processes must take place annually. Other non-mandated duties include conducting needs assessments, doing comprehensive planning, evaluating the effectiveness of planning activities and care strategies, and doing quality management. She noted that HIPC shares some of the responsibility with the Recipient (DHH). Shared responsibilities include conducting needs assessments, comprehensive planning, evaluating the effectiveness of planning activities and care strategies, and assessing the effectiveness of the administrative mechanism.

T. Dominique added that because community planning was a continuous process, there may be changes, as funding can change and goals may or may not be met. To assess goals, the health departments provide feedback and updates and receive feedback from the planning council.

T. Dominique said care standards and committee involvement happen in Quality Management. HIPC set the minimum requirements for agencies' staff qualifications, client eligibility, roles and responsibilities, and more. They communicated these decisions to the health department.

A. Leger suggested sending these slides to council members.

~Q1 Spending Report~

A. McCann-Woods, a representative from the Division of HIV Health (DHH), said that the first quarter reflected March 1st, 2026 through May 31st, 2026. She said the EMA was underspent by 7% or \$487,530 total. She said vacancies and cumbersome hiring practices in systemwide allocations typically drive underspending. DHH diligently ensured that underspending would be reallocated to direct service categories. She emphasized that it can be hard to fully gauge the

reason for over/under spending since it was only the first quarter. She noted that the spending report would reflect under/overspending by 10%.

A. McCann-Woods said that in Philadelphia County, Case Management was underspent by 17%, likely due to vacancies. Emergency Financial Assistance (EFA) was overspent by 33%. EFA Pharma was underspent by 100% and consistently underspent because clients leveraged other funding sources. EFA Housing was underspent by 84% because clients leveraged other funding sources. Oral Health Care was underspent by 26%, which was expected to level out. Substance Abuse Treatment-Outpatient was underspent by 11% due to vacancies. Food Bank was underspent by 39%, which DHH expected to increase around the holiday season. Housing Assistance was underspent by 42% because clients leveraged other funding sources.

A. Leger asked if EFA Housing and Housing Assistance could be underspent because of access issues as opposed to the needs being met elsewhere. A. McCann-Woods said that could be a reason for the underspending, but it could change beyond the 1st quarter.

C. Johnson asked if EFA Housing included the DEFA grant. A. McCann-Woods responded that DEFA was renamed to EFA, so they were the same.

A. McCann-Woods said there was no overspending in Philadelphia.

A. McCann-Woods continued that EFA Pharma was underspent by 100% due to leveraging other funding sources. EFA was underspent by 73% due to leveraging other funding sources. Housing Assistance was underspent by 76% because it leveraged other funding sources. Oral Health Care was overspent by 22% due to increased utilization. Substance Abuse Treatment - Outpatient was overspent by 10% due to increased utilization. Food Bank was overspent by 37% due to increased utilization. Other Professional Services/Legal Services was overspent by 14% due to increased utilization.

A. Leger asked why Philadelphia was underspent, but PA Counties were overspent in Oral Health Care. A. McCann-Woods said that if there was underspending, operational costs were typically not being spent. She noted that it would most likely level out by the end of the contract period.

M. Mabou added that organizations might try not to go above their budget. A. McCann-Woods said that DHH encourages agencies to use all the funding they receive.

K. Carter asked if utilization costs had increased. A. McCann-Woods said utilization costs had increased. She said the state lifted limitations on dental care procedures and covered only a specific amount of money. She noted that increased utilization costs were not the reason for overspending in the PA Counties.

A. McCann-Woods continued that in the NJ Counties, EFA Housing was underspent by 82% due to leveraging other funding sources. MCM was underspent by 24% due to vacancies. Other Professional Services/Legal Services was overspent by 17% due to increased utilization.

T. Burroughs asked why Professional/Legal Services was overspent. A. McCann-Woods said there had been more legal counsel for housing and tenants' rights.

A. McCann-Woods noted that the Systemwide Allocations were underspent by 10% due to vacancies and decreased utilization. Recipient Allocations were underspent by 49% due to staff shortages.

There was no carry over to report.

~Co-Chair Nominations~

T. Dominique said one co-chair would be rolling off at the end of September, which opens up one position. She said the co-chair should be a person in good standing for the past year. She opened the floor for nominations. T. Burroughs asked if they were self-nominations or nominating a different person. T. Dominique clarified that it could be either.

K. Carter nominated A. Leger. A. Leger declined the nomination and noted that she would like to spend more time in HIPC before taking a leadership position.

J. Lugo nominated himself.

T. Dominique explained that a current committee co-chair was unable to chair the Planning Council. She said the chair would chair the HIPC meetings, participate in a monthly call with a HRSA officer, sign letters, and attend Executive Committee meetings.

S. Moletteri said the nominations process would be open for the next month. T. Dominique said the council would vote on a Co-Chair on October 8th. S. Moletteri said there was a written description of the role and suggested preparing a written speech for the election.

Action Items:

~Reallocation Request~

A. McCann-Woods said the request was “The fiscal year 2026 allocation process resulted in funding cuts that impacted allocations for Recipient-level quality management activities. To avoid staff layoffs, the Recipient is requesting \$28,655. Reallocation will be sourced from EFA Pharma (\$14,328 from Philadelphia and PA Counties) due to low utilization. The recipient projects underspending for this service category will persist.”

A. McCann-Woods continued that in Philadelphia County, the new allocation would be \$34,616. For the PA Counties, the new allocation would be \$37,403. The recipient may allocate up to 5% of the total RW Part A/MAI award to systemwide activities. With this reallocation, the Recipient's systemwide allocation would remain less than 2.5%.

The HIPC voted to forward the reallocation request of \$14,328 from Philadelphia County and \$14,328 from the PA Counties' Emergency Financial Assistance Services to Recipient-level Quality Management Activities, with the Finance Committee's recommendation for approval.

J. Baez: In Favor
T. Burroughs: In Favor
K. Carter: In Favor
T. Dean: In Favor
S. DiBianca: In Favor
H. Docmanov: In Favor
N. D'Souza: In Favor
J. Ealy: In Favor
J. Haskins: In Favor
N. Houston: In Favor
S. Jacinto: In Favor
C. Johnson: In Favor
N. Johnson: In Favor
A. Leger: In Favor
J. Lugo: In Favor
M. Mabou: In Favor
P. Mukinay: In Favor
J. Myahwegi: In Favor
A. Onorato: Abstain
C. Rainey: In Favor
D. Singleton: In Favor
S. Smith: In Favor
E. Thornburg: Abstain
S. Wynne: In Favor

Motion Passed: 22 in favor, 2 abstained. The motion to approve the reallocation request was passed

Committee Reports:

~Executive Committee~

T. Dominique said there would be a meeting in either October or November.

~Finance Committee~

C. Rainey said they reviewed the Spending Report and accepted the reallocation request in September. They accepted new co-chairs C. Rainey and S. Smith.

~Nominations Committee~

J. Baez said Nominations met to review application language, recruitment strategies, and a HIPC exit survey for members who were leaving the council.

~Positive Committee~

K.C. said the Poz Committee would meet on September 15th with a presentation on Aging and HIV from E. Thornburg. The members were asked to bring a friend.

~Comprehensive Planning Committee~

S. Wynne said that last month, CPC discussed the directives from Allocations. Their next meeting was September 17th.

~Prevention Committee~

J. Ealy said the Prevention Committee would meet on September 23rd. K. Trinh said the committee would have a presentation from ExIS. T. Dominique added that it would discuss cluster cases, populations at risk, and prevention strategies. J. Ealy said AIDS View released statistics on the increased number of HIV cases on the East Coast. He said the Prevention Committee was seeking a co-chair.

Other Business:

T. Dominique said OHP would be tabling at the HIV and Aging Workshop. A. Leger would be tabling with the staff at that event. Previously, J. Lugo tabled at the NJ Pride Event. T. Dominique asked members to reach out if they were interested in participating in future tabling events. She said OHP would be tabling at Temple's National Coming Out Week in September.

T. Dominique thanked M. Gordon and J. Haskins for their service to the council.

Announcements:

Tiffany shared details about HIV & Aging Day on Friday, September 18th from 9:30 am - 2:00 pm at the East Passyunk Library on 1025 Mifflin Street.

T. Dominique also shared details of the Progress Fall Panel 2026 — Sick of Red Tape: Medicaid Work Requirements on Thursday, September 24, 2026, from 9:00 am - 12:00 pm at the Community House of Moorestown, 16 E Main St, Moorestown, NJ, 08057.

Adjournment:

T. Burroughs called for a motion to adjourn. **Motion:** K. Carter motioned, J. Haskins seconded to adjourn the September 2026 HIPC meeting. **Motion passed. Meeting adjourned at 3:17 p.m.**

Respectfully submitted,

Elizabeth Fischer, staff

Handouts distributed at the meeting:

- September 2026 HIPC Agenda
- August 2026 HIPC Committee Meeting Minutes