

**Philadelphia Prevention Community Planning Group (CPG)**  
**Meeting Minutes**  
**Wednesday, April 29<sup>th</sup>, 2009**  
**2:30 p.m. - 4:30 p.m.**  
**Office of HIV Planning, 340 N. 12<sup>th</sup> St., Suite 203, Philadelphia, PA 19107**

**Present:** David Acosta (Co-Chair), Yexsy Alicia, Robin Brennan, Robert K. Burns, Marné Castillo, Jennifer Chapman, Terri Clark, Christopher Collins (Co-Chair Elect), Tony Daniel, Tricia Dressel, Rick Feely (Co-Chair), Jeffrey Jenne, Ameenah McCann, Ken McGarvey, Val Sowell, Michelle Teti, Roberta Waite

**Excused:** Ingrid Abrams, Andrea Johnson, Suk Gu Lee, Dionna Samuel

**Guests:** Junnie Cross, Bevin Gwiazdowski, Denette Lienau, Alison Lin, Eleanor Lundy-Wade, June Mayfield, Melvin White

**Absent:** Carmen Diaz, Tyra Johnson

**Staff:** Joseph Ellis, Monica Getahun, Nicole Johns, Debbie C. Law, Michael Milsop

**Call to Order**

R. Feely called the meeting to order at 2:35 pm, at which time all in attendance took a moment to give their introductions. Afterwards, D. Acosta welcomed June Mayfield to the CPG meeting.

**Approval of Agenda**

The CPG briefly reviewed the agenda for the day's meeting. D. Acosta pointed out that J. Lauby's name needed to be removed from the agenda as she was no longer a Co-Chair of the Planning Priorities Committee. **Motion:** With the correction noted, T. Clark moved and M. Castillo seconded to approve the agenda. **Motion Passed:** All in favor.

**Approval of Minutes** (*March 25<sup>th</sup>, 2009*)

The group spent some time reviewing the minutes from their last meeting. **Motion:** Afterwards, R. Brennan moved and T. Clark seconded to approve the minutes. **Motion Passed:** All in favor.

**Report of Co-Chairs**

D. Acosta reported that AACO had been working in conjunction with the CDC to make determinations about the PSO 768 grant for rapid testing. However, he said that he did not want to go into specifics because he believed that J. Mayfield would discuss it at length in her project officer report. He then informed the group that the reading and scoring of applications for the State RFA had been completed and that those which had passed the process would be sent to the Health Commissioner for final approval. He reminded the group that the Philadelphia portion of the request had been a true, competitive RFP while the state portion had only been an RFA, or a continuation of the programs that had been initiated

in the past year. In response to a question by M. White, D. Acosta informed the group that there would not be another Minority AIDS Initiative grant in the current fiscal year.

R. Feely reported that he had joined the Planning Priorities Committee because the group was in need of more individuals to help with the process of prioritizing populations.

**Special Presentation:**

• **Prevention System Update – D. Acosta (AACO)**

D. Acosta directed the group's attention to the handout entitled *2008 Funded Intervention by Target Population*. He explained that the grids in the document listed HE/RR programs in the 2008 – 2009 Philadelphia Prevention System by the populations that they targeted. He said that CTR programs were not included in the document because they targeted all populations. He pointed out to the CPG that CRCS was currently the only program in the system targeting IDU youth. He said that the population's shortage of interventions was the result of either too few proposals or an insufficient amount of those that had seemed capable of carrying out their proposals. As a result, he stressed that programs for young IDUs would have to be expanded in the next version of the prevention system. Additionally, he noted that POL, which had been selected to target positive MSM youth, had been replaced by Community Promise at the request of the agency that ran the program and with the approval of the Health Department. D. Acosta also informed the group that the grid did not include any programs that would be funded by the State through the RFA. He said that he would provide an updated version of the grid after the Health Department learned which agencies would be providing additional services. R. Burns asked that the update to the grid also denote programs that operated under State funding as well as the agencies that ran all of the programs on the list. He said that the additional information would be conducive to many subcommittee discussions. D. Acosta agreed to the request. He then offered to give a more formal presentation to the CPG on the current state of the prevention system after the changes at the state level took effect for the next fiscal year.

D. Acosta informed the group that his presentation would focus on the recent AACO Population Workgroup meetings. He said that the Health Department had convened the meetings in response to the alarmingly high incidence rate in Philadelphia, which increased dramatically after the CDC had revised the system by which it calculated the rates in the nation. The goal of the meetings, he explained, was to identify what program staff and administrators felt to be the top three areas in need of improvement for each population's services. He said that the Health Department would use the suggestions to try and identify any necessary shifts in policy (see handouts for more information).

During the presentation, D. Acosta noted that the third bullet point on the third slide contained incorrect information. J. Jenne confirmed that the information was incorrect and informed the group that the actual number of tests conducted in 2008 was only about 60,000. D. Acosta apologized for the incorrect information and promised to send the correct data to the CPG by the end of the week. M. Castillo asked whether the seropositivity rate of 0.73% represented only new positives. D. Acosta said that the percentage did not represent new positives; however, he offered to provide a breakdown of the data when he sent the corrected

information to the CPG. He also said that he would provide the questions asked of providers at the workgroup meetings at that time.

T. Clark asked whether “more funding for mobile testing” included actual mobile testing units, noting that D. Acosta had mentioned earlier that there were other effective methods of testing in non-traditional locations that did not involve mobile units. D. Acosta responded positively; however, he said that the Health Department was primarily running a mobile testing model using agencies that already had mobile testing units. He explained that, due to safety concerns, AACO first had to determine how well the model operated before expanding on the program. In response to a question by A. McCann, he said that providers’ ability to effectively cooperate would determine whether or not the program was successful. He added that the collective had been selected for the model because they already had mobile testing units and were accustomed to non-traditional hours. After the model proved successful, he continued, the Health Department would begin including agencies that did not already have mobile testing units in the project. In response to a question by T. Dressel, he informed the group that increased mobile testing would target all at-risk populations. R. Burns asked how the collective would target all at-risk populations since they were generally focused on MSM. He told the group that the COLOURS organization was funded for African American MSM and, as a result, was not allowed to count any testing they did on other populations. In response, D. Acosta stated that the Health Department counted all tests that were performed. He then told the group that the mobile testing model was still in the early planning stages and that specifics on strategies for it were therefore not yet available.

M. Milsop asked whether the OHP would be able to receive copies of the presentations that OAS and CBH had been requested to deliver to MSM providers. D. Acosta responded positively, adding that he had only received one presentation and that he included the OHP in all correspondence regarding the population workgroup meetings.

J. Chapman asked whether there had been any collaboration between providers in the Hepatitis and HIV prevention systems in targeting IDU populations. D. Acosta informed her that the Health Department Integration Workgroup was in the process of fostering better collaboration between all of the disease prevention systems. However, he said that, while the workgroup was making progress, they had not yet reached their goal of full collaboration. He then noted that CODAP had recently conducted approximately 4,000 tests in drug treatment centers with a final seropositivity rate of nearly 25%. As a result, he stressed the need for better collaboration between Hepatitis and HIV prevention. However, he told the group that two programs newly included in the compendium would target populations at risk for co-infection of HCV and HIV.

- **New CDC Project Officer Introduction – June Mayfield**

J. Mayfield talked with the CPG about her personal background and the current CDC site visit that had brought her to Philadelphia. She told the group that she had been a project officer for approximately six or seven years and that her background was in community planning. She said that she had been the first Community Planning Coordinator for the State of Kentucky and that she had worked at the Health Department for twelve years in the

departments of STD, TB, and HIV prevention. She also said that she had worked for the Georgia CPG for a year before starting with the CDC.

Moving on to the site visit, J. Mayfield informed the CPG that the technical response team was visiting all jurisdictions that had received funding for the testing initiative. She said that the team consisted of a team leader, the project officer, an epidemiologist, and a coordinator, who she said was indicative of the importance of the visit. She reported that the Philadelphia site visit included trips to Temple, Quality Community Health Care, Jefferson, and Health Center 5. She said that the Philadelphia visit had gone well and that the city was in the top tier of jurisdictions that had been visited. She told the CPG that there would be a report on the Philadelphia site visit but that it would take a while because, after each member of the team completed their own part of the report, they had to give the Health Department a chance to respond and make any corrections.

J. Mayfield told the group that there were some complications with the testing initiative funding. She said that, there were unrealistic expectations on the results of the initiative because Congress had provided the money and they did not fully understand how prevention worked. She reported that the funding was only for testing, not interventions, because the CDC had said that they would deliver 1.5 million tests a year with it. Unfortunately, she continued, they had not been able to achieve the goal of 1.5 million tests in the first or second years of the initiative. She felt that the goal could be reached in the third year but, since the initiative was already in its final year, the CDC planned to ask Congress for an extension. She said that they would explain to Congress that programs needed to be sustained in order to work and that they took a while to begin operating at their full potential.

J. Mayfield also gave some details about the new Community Planning Guidance, noting that she was involved in writing the new version of the document. She said that the new guidance would likely be drafted by the end of the year but that, with clearance, the published version would not be released until mid 2010. However, she told the group that a webinar on the guidance was scheduled for June of 2009. She said that, through the last two years of HPLS Conferences, the CDC had received a great deal of feedback about the guidance, which was being used to make some changes in the document. The external workgroup for the guidance, she reported, included Community Co-Chairs, jurisdiction and state Co-Chairs, CBOs, NASDAQ, and PLWHA. She stressed the importance of community planners giving input to the development of the guidance; therefore, she requested that the group send any questions they may have to her so that they could be addressed through the webinar. She stated that the CDC was also trying to add greater flexibility to all of the community planning tools, such as the epi-profile and the CSA. Specifically, she said that there were some issues with the survey tool in the guidance because, since some jurisdictions did not use it, they were at risk of losing the approval of their project officers. She also said that the survey tool might be broken up because its length made it difficult to use.

J. Mayfield told the CPG that she would be making more site visits in the near future for program announcement 4012 and for directly funded programs. As a result, she said that she would try to meet with the CPG again to discuss issues in greater detail in the next few months. However, before concluding her discussion, she said that she would like to hear

more about the Points of Integration Workgroup because the integration of services was currently a major concern with the CDC. She told the group that, in the near future, Philadelphia would likely receive an integrated services visit, which would include project officers from the various disease systems. In closing, she said that the CDC was aware of the fact that prevention resources were dwindling and that they were investigating ways of working with the problem.

R. Burns asked how the guidance defined the community aspect of community planning. He said that he felt as though agencies did most of the planning and that the voice of the community was left out because CPGs were not legislatively mandated. He said that many community members were not a part of the Philadelphia CPG because they were unavailable during the regular meeting time. J. Mayfield responded that each CPG was free to decide how to define its own community involvement. She noted that some jurisdictions had no providers at the table while others were comprised entirely of providers. She clarified that all CPG formats were acceptable to the CDC as long as they had a rich sense of the community and ideas for including its voice in planning discussions. She said that some jurisdictions did not like the CDC's flexibility with community inclusion and so they were working on the matter. However, she noted that, while community planning used to recruit in a variety of ways, dwindling funding for prevention was creating some restrictions. She pointed out that the NASDAQ website provided a listing of all the different community planning models. In closing, J. Mayfield thanked the group for their time and promised to give more details on matters when next she met with the CPG.

**Action Item:**

• **Letter to CBH – Planning Priorities Committee**

R. Feely informed the group that the PPC was in the process of reviewing data to support their developing list of cofactors for prioritized populations. However, he informed the group that CBH had not responded to the OHP's numerous requests for data on mental health. Therefore, he explained, the PPC was seeking the approval of the CPG so that they could write a letter to CBH to formally request the data. M. White informed the group that he sat on the CBH Community Advisory Board. He then offered to investigate whether he could get Nancy Lucas, the CEO of CBH, to speak with the CPG about the matter. T. Daniel and R. Feely thanked M. White for his offer, noting that any help the committee could get with the issue would be appreciated. However, they felt that the letter still needed to be drafted because the data was important and needed promptly. Therefore, R. Feely reiterated that the PPC was asking for permission from the CPG to draft a letter to request necessary information for the development of the next prevention plan from CBH. **Motion Passed:** 16 in favor, none opposed, no abstentions.

**Committee and Workgroup Reports:**

**Monitoring Committee – D. Acosta & R. Feely**

C. Collins reported that, at the last meeting of the Monitoring Committee, the group had decided to enact regular workgroup sessions during CPG meetings so that progress on prioritization work from the subcommittees could continue in the larger group. He said that there would be more changes to the CPG's agenda in the near future to allow more time for prioritization work, such as time limits on discussion items. Additionally, he

noted that the group had changed “What’s New in the Community” to “Research Update” on the agenda to clarify the purpose of the discussion item. D. Acosta pointed out that the CPG Résumé activity was the first scheduled workgroup session for the CPG. However, he felt that there would not be time for the activity at the current meeting. T. Dressel suggested moving work sessions to the top of the agenda at future meetings since they were likely more important than discussion items.

- **Planning Priorities Committee** – *M. Castillo & T. Daniel*

M. Castillo informed the group that T. Daniel was the new Co-Chair of the PPC. She then reiterated that the PPC was researching supportive data for the cofactors of prioritized populations, as had been discussed during the action item. She said that the committee was having trouble finding sufficient data for some of their other ideas for cofactors, such as violence in the home or through hate crimes, because it simply was not documented. As a result she said that the committee might have to drop some of their ideas if they could not find other sources of information to support them. She informed the group that the next PPC meeting was scheduled for May 18<sup>th</sup> and encouraged others to attend.

- **Literature & Education Committee** – *Y. Alicia & J. Chapman*

Y. Alicia reported that the Literature & Education Committee was still in the process of reviewing interventions in order to make recommendations for the next prevention plan. She said that the group was currently looking at programs that targeted IDUs.

- **Nominations Committee** – *R. Brennan & T. Dressel*

R. Brennan informed the group that the Nominations Committee had been unable to meet in April due to scheduling conflicts.

- **Positive Committee** – *S. Hobbs & M. White, Co-Chairs*

M. White reported that, although consumer turnout had not been very high at the Philadelphia Town Hall in March, important data had been gathered from the event.

- **Points of Integration Workgroup** – *N. Shein, Chair*

M. Milsop said that the Points of Integration Workgroup had not been able to meet in the current month. However, he reported that, at their next meeting, the workgroup would begin developing a best practices guide for prevention with positives in addition to monitoring the activities of the Health Department’s integration workgroup.

**Work Session:**

- **CPG Résumé**

**Motion:** As there was insufficient time to properly execute the CPG résumé activity, R. Feely moved and C. Collins seconded to place the item at the top of the agenda for the May CPG meeting. **Motion Passed:** 12 in favor, none opposed, no abstentions.

### **Report of Staff**

N. Johns informed the group that she had sent them a short survey on training activities. She asked that each member of the CPG take the time to complete the survey so that trainings could be improved in the future.

### **Old Business**

None

### **New Business**

T. Daniel asked whether the previously mentioned time limits for agenda items would also be imposed on presentations. He pointed out that the presentations at the current meeting had been too long to allow time for the workgroup activity. R. Feely said that the Monitoring Committee would discuss the matter. D. Acosta felt that time limits should be placed on all aspects of CPG meetings, noting that a discussion item at the last meeting had gone on for far longer than necessary. He felt that the group should start tabling discussion items if they continued for too long.

R. Brennan pointed out that the June meeting of the CPG was currently scheduled for the same day as the Prevention Summit. As a result, the group briefly considered canceling or rescheduling their June meeting. However, D. Law suggested waiting until May to make such a determination. The rest of the group agreed.

### **Research Update**

R. Burns suggested that the CPG request a presentation from PHMC on the Transgender Needs Assessment because some data from the project had been preliminarily released.

### **Announcements**

- T. Clark informed the group that Dining Out for Life was scheduled for the following day, Thursday, April 30<sup>th</sup>.
- R. Brennan announced that the Youth Prevention Summit was scheduled for Saturday, June 20<sup>th</sup>. She said that the planning meeting for the event was taking place the next day at Y-HEP from 1-4 pm.
- R. Burns announced the Amari Project, a new social support project for individuals in same sex couples who had a criminal background.
- R. Feely announced that the Trans-Health Conference was scheduled for June 11<sup>th</sup> through the 13<sup>th</sup>.
- R. Brennan informed the group that a grant had been provided to get LGBT identifying youth working with providers. Therefore, she said that if anyone needed an intern they should contact her.
- Y. Alicia informed the group that the LGBT People of Color Coalition would be marching in a rally on Sunday, May 3<sup>rd</sup>, at Independence Hall

### **Adjournment**

The meeting was adjourned by general consensus at 4:23 pm.

Respectfully submitted,

Joseph Ellis, Staff

**Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*March 25<sup>th</sup>, 2009*)
- 2008 Funded Intervention by Target Population
- Slides from the Population Workgroup Update presentation
- Group Résumé Exercise handout
- OHP Meeting Calendar

# Philadelphia Prevention Community Planning Group (CPG)

Wednesday, April 29<sup>th</sup>, 2009

2:30 – 4:30 p.m.

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**Call to Order**

**Welcome/Introductions**

**Approval of Agenda**

**Approval of Minutes** (*March 25<sup>th</sup>, 2009*)

**Report of Co-Chairs**

**Special Presentation:**

- **Prevention System Update** – *D. Acosta (AACO)*
- **New CDC Project Officer Introduction** – *June Mayfield*

**Action Item:**

- **Letter to CBH** – *Planning Priorities Committee*

**Committee and Workgroup Reports:**

- **Monitoring Committee** – *D. Acosta & C. Collins*
- **Planning Priorities Committee** – *J. Lauby & M. Castillo*
- **Literature & Education Committee** – *Y. Alicia & J. Chapman*
- **Nominations Committee** – *R. Brennan & T. Dressel*
- **Positive Committee** – *S. Hobbs & M. White*
- **Points of Integration Workgroup** – *N. Shein*

**Work Session:**

- **CPG Résumé**

**Report of Staff**

**Old Business**

**New Business**

**Research Update**

**Announcements**

**Adjournment**

**Please contact the office at least 5 days in advance if you require special assistance**

*The next meeting of the CPG will be held on Wednesday, May 27th, from 2:30 – 4:30 pm*

*Office of HIV Planning, 340 N. 12<sup>TH</sup> Street, Suite 203, Philadelphia, PA 19107*

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**Present:** David Acosta (Co-Chair), Robin Brennan, Marné Castillo, Jennifer Chapman, Terri Clark, Christopher Collins (Co-Chair Elect), Jeffrey Jenne, Andrea Johnson, Suk Gu Lee, Ken McGarvey, Dionna Samuel

**Excused:** Ingrid Abrams, Yexsy Alicia, Robert K. Burns, Tony Daniel, Tricia Dressel, Rick Feely (Co-Chair), Ameenah McCann

**Guests:** Sheila Hull, Eleanor Lundy-Wade, Melvin White

**Absent:** Carmen Diaz

**Staff:** Joseph Ellis, Monica Getahun, Nicole Johns, Debbie C. Law, Michael Milsop, Mari Ross-Russell

**Call to Order**

C. Collins called the meeting to order at 2:44 pm. He informed the group that R. Feely was in San Francisco for a meeting. Afterwards, the group took a moment to give their introductions.

**Approval of Agenda**

**Motion:** T. Clark moved and A. Johnson seconded to approve the agenda. **Motion Passed:** All in favor.

**Approval of Minutes** (*February 25<sup>th</sup>, 2009*)

The group spent some time reviewing the minutes from their last meeting. **Motion:** Afterwards, J. Chapman moved and T. Clark seconded to approve the minutes. **Motion Passed:** All in favor.

**Report of Co-Chairs**

C. Collins informed the group that, for the past four days, he had been attending the UCHAPS meeting in Washington DC along with D. Acosta and M. Milsop. He explained that UCHAPS was a coalition of community and governmental representatives from the six directly funded jurisdictions plus DC and Miami that convened in an effort to affect HIV/AIDS funding and policy issues in the United States. He reported that, at the meetings, the group had held a think tank session to discuss how jurisdictions were handling funding cuts. Additionally, he said that they had met with Jeff Crowley, Director of the White House Office of National AIDS Policy, and visited Capitol Hill to talk with senators about increasing HIV/AIDS prevention funding. C. Collins asked whether he had overlooked any details and M. Milsop noted that Pennsylvanian Senator Arlen Specter had voted against increased funding for prevention. J. Jenne urged the group to contact their representatives and senators in support of the public health initiatives in President Obama's budget proposal. To the UCHAPS report, D. Acosta added that the group's emphasis would be focusing on exemplifying the effects of prevention efforts. He explained that,

although prevention was difficult to quantify, the CDC would have to develop economic defenses for it in order to maintain funding. He felt that UCHAPS would be able to clearly detail such defenses. He said that there had also been a great deal of conversation about President Obama's campaign promise to lift the ban on needle exchange. He felt that, though the prospect was exciting, its supporters would have to move cautiously so as not to set off any forceful resistance. He noted that, while clear evidence of the positive effects of needle exchange existed in all major cities, rural areas with IDUs but no needle exchange programs would somehow have to be included in the discussions, which would require some thoughtful planning.

Continuing with his own report, D. Acosta informed the group that the State RFP had been released and that it included a number of interventions that were newly endorsed by the CDC to target at-risk populations in need of services. He then took a moment to list and describe the new interventions, the first of which was START, a program for prison populations. He reminded the group that Philadelphia would be hosting the first training in the nation for the intervention. He also stated that another of the newly-endorsed programs would target IDUs who were positive for both Hepatitis C and HIV, a population which he said was very large in the region but not specifically targeted. Another new intervention he described was STRIVE, which targeted young IDUs who were positive for Hepatitis C but HIV negative. Two other new programs he mentioned would respectively address sexual trauma in consumers and fathers who did not know how to talk to their children about HIV/AIDS, sex, and STIs.

K. McGarvey informed the group that the State RFA had been released, which meant that county municipal health departments could apply for CDC and state funding effective January 2010. He said that the counties of Montgomery, Chester, and Bucks could also request new funds for EBIs and CTR programs. He noted that the state had ensured that providers received a copy of the RFA even though they could not apply for funds directly in hopes that they would collaborate with the health departments and apply as subcontractors.

**Action Item:**

- **New CPG Application** – *Nominations Committee*

R. Brennan stated that she did not recall having prepared a draft of the new application for the CPG to vote on at the last meeting of the Nominations Committee. She said that the group had decided to create a card to collect information on new guests but that they would continue debating whether or not to have non-voting membership. J. Ellis stated that, at the last Nominations meeting, the group had requested that a draft of the application reflecting their decisions be developed for the CPG so that the next round of applicants would not have to use the old version. C. Collins directed the group's attention to the two different drafts of the application that were included in the handouts. He reminded the CPG that, at their last meeting, some members had disagreed with the idea of having two separate applications – one for regular members and one for non-voting members – because they had believed that multiple documents could lead to confusion. M. Ross-Russell explained the difference between the two application drafts, pointing out that one included the option for individuals to apply as non-voting members. She said that, basically, the group had to decide whether they wanted to separate non-voting members from guests.

In response to a question by T. Clark, M. Ross-Russell stated that the CDC defined a non-voting member as anyone who participated in the process but was not a full member. She reminded the group that there was currently no way for the OHP to track such individuals, which was one of

their requirements for the IPR and APR. K. McGarvey stated that he could potentially be considered a non-voting member if the position were established because he did not wish to take up a community seat and he always abstained from voting. R. Brennan notified the group that, even if they decided to formally establish non-voting membership, such applicants would not have to undergo an approval process because they would not receive any privileges from the position.

D. Samuel gave her approval to the February draft of the application, which did not include the option for non-voting membership. She said that, while she agreed with the idea of a guest card, she did not see the need for establishing non-voting members as being separate from guests. M. Ross-Russell pointed out that potentially beneficial applicants were sometimes denied full membership because of over-representation by their organizational affiliations or because they could not commit to the CPG's scheduling demands. If the CPG still wanted such individuals to attend meetings and lend their expertise, she continued, their rejection letters could explain why they were not granted full membership and invite them to attend meetings as non-voting members. She said that following such a procedure would not require the option for non-voting membership to be placed on the application.

R. Brennan questioned the need for the term "non-voting member," noting that such individuals would technically be the same as guests because they could not vote. M. Ross-Russell stated that she only wanted to find a way to get necessary data for the OHP and fuller participation and expertise for the CPG. K. McGarvey informed the group that the state CPG referred to governmental representatives who were not full members as "consultants" in order to acknowledge their expertise. He reiterated that such members were not allowed to vote and did not take up seats for community members. J. Jenne stated that he considered himself as a non-voting member of the CPG. He said that he had applied to the CPG in response to their call for government at the table; however, he always understood that he would not partake in any vote. He told the group that, although he had been signing in as a guest before his membership, he felt that "consultant" would be a better term for non-voting members. D. Law noted that, even though J. Jenne abstained from voting, he had been approved through the normal membership process. C. Collins felt that the term "consultant" might encourage community members to discuss personal experiences at length during CPG meetings, which could disrupt the group's planning processes. As a result, he said that adoption of the consultant title would require some explanation. In response to a question by D. Acosta, M. Ross-Russell informed the group that the only information the OHP required on guests or non-voting members was demographics, affiliations, expertise, and representation.

The group briefly considered returning the discussion over the new application to the Nominations Committee. However, R. Brennan did not feel that the matter was best handled by the Nominations Committee because the questions focused on ways to capture data, not just membership. D. Acosta felt that no further discussion was warranted because the previously mentioned guest card for collecting information would do away with the need for a non-voting membership option. **Motion: D. Samuel moved and R. Brennan seconded to approve the initial draft of the new application, which lacked the option for non-voting membership, and to have a guest card drafted to collect the necessary information about non-members at CPG meetings.**  
**Motion Passed: 8 in favor, none opposed, 3 abstentions.**

After the vote, M. White asked whether guests at CPG meetings would have to request the cards to collect their information. As a result, D. Samuel suggested that the agendas mention the cards in order to bring them to the attention of guests.

### **Committee and Workgroup Reports:**

- **Planning Priorities Committee** – *M. Castillo*

M. Castillo reported that, at their last meeting, the Planning Priorities Committee had started to review and revise the cofactors for the city's target populations. She said that they had reviewed the cofactors used by other jurisdictions as well as the processes used in selecting them. In closing, she told the group that the PPC would next review available data to make sure their selected cofactors could be supported.

- **Literature & Education Committee** – *Y. Alicia & J. Chapman*

J. Chapman informed the CPG that the Lit & Ed Committee had started reviewing available interventions to make their recommendations for the next prevention system. She said that OHP staff had compiled binders full of related information to assist in the process. She said that the committee would be reviewing the programs over the course of the coming months and then invited anyone who wanted to assist in the process to join them.

- **Nominations Committee** – *R. Brennan & T. Dressel*

R. Brennan reported that, in addition to briefly discussing the new applications and non-voting membership, the Nominations Committee had spent the bulk of their last meeting reviewing seventeen new applications. She said that the committee had made decisions on all the applicants and that the letters of acceptance or rejection should be sent soon. In closing, she informed the CPG that some of the applications had gotten very low scores from the committee. D. Law added that the committee would next meet on Friday, April 17<sup>th</sup>, from 1:00 – 3:00 pm.

- **Positive Committee** – *S. Hobbs & M. White, Co-Chairs*

M. White informed the group that the Philadelphia Town Hall had recently taken place at Action AIDS. He said that, although turnout at the event had not been very good, he had still been able to distribute information on the Positive Committee.

- **Points of Integration Workgroup** – *N. Shein, Chair*

M. Milsop reported that, at the next meeting of the Points of Integration Workgroup, they would begin to develop their best practices guide for prevention with positives, using the version of the document developed by San Francisco as a model.

### **Report of Staff**

None

### **Old Business**

None

### **New Business**

M. White informed the group that, while meeting with representatives from an agency that provided services for Hispanic and Latino consumers, he had noted that Spanish-speakers rarely attended Positive Committee meetings. In response, he continued, the agency had

requested the formation of a Spanish-speaking version of the Positive Committee to meet the demands of the large and growing population. C. Collins replied that, before such a group was created, Spanish-speakers should first attend the regular Positive Committee meetings with the assistance of translators. M. Ross-Russell stated that, while interpreters could always be made available at the regular Positive Committee meetings, the OHP did not have the resources necessary to start or maintain another version of the committee for any speakers of other languages. However, she said that the office could potentially work with an outside organization to help develop such a group. T. Clark felt that there could be issues other than language barriers that prevented Spanish-speakers from attending the meetings. M. White said that he would be meeting with the agency's representatives again in the near future and that he would report what the CPG had said.

D. Acosta informed the group that, one week following the currently scheduled next meeting of the CPG, the new CDC Project Officer would be in Philadelphia to discuss PSO-178.

**Motion:** D. Acosta moved and M. Castillo seconded to reschedule the next CPG meeting for April 29<sup>th</sup> to allow the new project officer to meet with the group. **Motion Passed:** 8 in favor, none opposed, 3 abstentions. The members of the Lit & Ed Committee briefly considered changing the date of their meeting as well but decided against it after deeming such a move unnecessary.

J. Jenne told the group that he had more information on the UCHAPS think tank project, which C. Collins had mentioned in his Co-Chair report. He offered to send the CPG the additional information because he felt that local adoption of the program could invigorate interest and participation in the community planning process. He said that the program seemed to be working well in other jurisdictions that had adopted the program locally. M. Ross-Russell asked whether any RFPs, including Philadelphia's, required providers who received funding to participate in community planning. D. Acosta replied that, while some jurisdictions did hold such a requirement, the RFP in Philadelphia only encouraged participation in community planning. K. McGarvey said that the state did not require participation from funded providers; however, he noted that slots in the State CPG were reserved for specific representatives that they felt were important to the discussions. He pointed out though that the CDC required directly-funded providers to participate in the planning process. M. Ross-Russell suggested checking with the project officer whether all of the directly-funded providers were represented in community planning. She then asked whether the language in the RFP that encouraged participation could be strengthened. M. Milsop noted that some jurisdictions awarded more points to providers that participated in community planning. K. McGarvey said that the state had not made participation in community planning a requirement for funding because they did not want their process to be driven by providers. D. Acosta replied that, while lack of community participation was a concern, so too was a lack of expertise. M. Ross-Russell agreed and pointed out that, although CBOs were one of the CDC representational requirements for the CPG, all of the other requirements were not likely to come from the community. After D. Acosta informed the group that 16 – 18 agencies were funded for prevention in the EMA, J. Jenne noted that having all of them represented in the CPG would certainly boost membership. Returning to the original topic, C. Collins gave his approval for local adoption of the think tank, saying that Philadelphia was struggling with many of the same issues as other jurisdictions that had benefited from the project. D. Acosta pointed out that the think tank would have to be organized and facilitated by an entity outside of the Health Department. M. Milsop informed

the group that some jurisdictions had used the Flowers Heritage Foundation to fund and facilitate local adoption of the project while others had paid for outside facilitators.

**What's New in the Community?** (research, data, topics of concern, etc.)

M. Castillo asked whether anyone could report on the first information session on the Legacy Project. A. Johnson replied that she had volunteered at the event. She said that the event had not seemed very productive because too many individuals in attendance had been more interested in socializing than anything else. She suggested inviting someone from the project to speak to the CPG about their goals and procedures.

D. Acosta gave a brief report on the recent discussion through the AIDS Law Project on the proposed revisions to ACT 148. He said that the event had been well attended but, unfortunately, somewhat one-sided in its presentation of the facts. He said that another meeting could be held in an attempt for a more balanced portrayal of the situation, with routine screening providers discussing the importance of their services. He said that there had been nine or ten perinatal transmissions in the past year that could have been prevented with routine screening. He felt that some people had not understood that the proposed revisions were intended to remove barriers to testing in clinical settings and not to do away with pre- and post-test counseling. K. McGarvey noted that outside facilitators could help the discussions to run smoothly.

M. White asked whether funding was available to train PLWHA to provide counseling and testing services. J. Jenne replied that the grantee only provided such funding to organizations so that they could train their staff. He clarified that, in order for a PLWHA to receive training in testing or counseling, they would have to work or volunteer for an organization. He then offered to send more information to the OHP so that it could be given to the Positive Committee.

**Announcements**

- T. Clark announced that Dining Out for Life would be held on April 30<sup>th</sup>.
- M. White advised the group to contact Philadelphia FIGHT if they were interested in tabling at an AIDS Education Month Event.
- C. Collins announced that, through CHOP, he would be giving two presentations on the ballroom community during AIDS Education Month.

**Adjournment**

The meeting was adjourned by general consensus at 4:20 pm.

Respectfully submitted,

Joseph Ellis, Staff

**Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*February 25<sup>th</sup>, 2009*)
- 1<sup>st</sup> Draft of New CPG Application
- 2<sup>nd</sup> Draft of New CPG Application
- OHP Meeting Calendar

## 2008 Funded Intervention by Target Population

IDU (+) ADULT	HET (+) ADULT	MSM (+) ADULT
CRCS	CRCS	Community Promise
Prison Case Management	Prison Case Management	CRCS
Safety Counts	Safety Counts	Healthy Relationships
Teach	SISTA	Many Men Many Voices
Teach Outside	Teach	Prison Case Management
TEACH Spanish	Teach Outside	Project Respect
TIPS	TEACH Spanish	Teach
		Teach Outside
		TEACH Spanish

HET (+) YOUTH	MSM (+) YOUTH	IDU (+) YOUTH
CRCS	Community Promise	CRCS
Protocol Based Counseling	CRCS	
SISTA	Many Men Many Voices	
Together Learning Choices	Protocol Based Counseling	
	Together Learning Choices	

IDU (-) ADULT	HET (-) ADULT	MSM (-) ADULT
CRCS	Be Proud Be Responsible	Community Promise
HC/PI	CRCS	CRCS
Safety Counts	Healthy Relationships	Many Men Many Voices
TIPS	Protect and Respect	Project Respect
	Project Respect	Support Groups
	RAPP	
	Safety Counts	
	SISTA	
	Support Groups	
	Voices	

HET (-) YOUTH	MSM (-) YOUTH	IDU (-) YOUTH
BART	Be Proud Be Responsible	CRCS
Be Proud Be Responsible	CRCS	
Community Promise	HC/PI	
CRCS	Many Men Many Voices	
HRC	Mpowerment	
PALMS	POL	
Project Respect	Support Groups	
RAPP		
SISTA		
Support Groups		
Voices		

## **Population Work Group Update**

**David Acosta  
Prevention Coordinator**

## **Heterosexual**

Top 3 areas:

1. More funding for mobile testing
2. Better collaboration to target hot spots with other providers and make use of census track data to inform the work
3. Develop innovative and collaborative efforts with other providers

### **More funding for mobile testing**

- AACO currently funds 35 providers for CTR services.
- 4,147,358.00 total funding.
- In 2008 there were 357,047 tests performed with a confirmed sero positivity rate of 0.73%
- 1.2 million of these funds is also being used for expanded testing in ER and health care settings

### **More funding for mobile testing**

- AACO also placed many of its CBO test sites under the City's Public Health Laboratory Director for purposes of state licensure for rapid testing, allowing providers the capacity to test of site.

Better collaboration to target hot spots with other providers and make use of census track data to inform the work

- AACO Is currently working with CBOs doing mobile testing to develop and implement a collaborative model for testing and outreach.

Better collaboration to target hot spots with other providers and make use of census track data to inform the work

- 2 meetings have been held & another one took place on April 6<sup>th</sup>. At that meeting a model for outreach targeting hot spots and using census track data developed by YOACAP working with David Metzger was presented and adopted by AACO as a model for outreach and collaboration for targeted testing

Develop innovative and collaborative efforts with other providers

- Models for this already exist among providers, the Collective (Mazzoni, GALAEI, ASIAC)
- AIDS Education Month (Philadelphia Fight)
- NALAD Testing Day (Congreso, GALAEI, APM, PPP)

MSM

- Develop new creative strategies outside of current list of DEBIs
- Research best practices in different areas and adapt to Philadelphia
- Develop strategies to collaborate with other systems including mental health and substance abuse

Develop new creative strategies outside of current list of DEBIs

- AACO already allows through its RFP process the opportunity for agencies to propose innovative prevention strategies outside of the CDCs EBI menu
- 8 % of total prevention funding is targeted to innovative prevention efforts. (CPG set aside instructions to the grantee)

CPG Set Aside

- During the 2007-2008 planning cycle, the CPG reviewed and approved the decision to create a special funding pool that would be set aside for any provider willing to try an innovative program to address the unique concerns of populations at high risk for HIV.

Research best practices in different areas and adapt to Philadelphia

- AACO is currently gathering information from UCHAPS member cities on all programming targeting MSM
- Results will be presented to MSM work group for discussion and if appropriate follow up with jurisdiction for additional info so as to translate and or adapt best practices locally if possible

Develop strategies to collaborate with other systems including mental health and substance abuse

- AACO has asked OAS and CBH to give a presentation to MSM providers .
- First would be an orientation to both the MH and SA system which identifies available services, as well as how to access them.
- An update from the DBH LGBT Initiative will also be offered as a starting point for further work to develop collaborations with these systems for client services and referral

## Youth

- Make use of nontraditional access points to provide testing and prevention services to youth.
- Work with and establish coordinated conversations with other stake holders i.e., SDP, JJC, B&G Clubs, etc.,
- Improve collaboration and communication among youth HIV prevention providers including better ways to promote agencies and their services

## Youth

- Make use of nontraditional access points to provide testing and prevention services to youth.
- In 2006 AACO used state funds obtained through State Senator Hughes to establish prevention programs in the JJS, DHS, E3 Centers

## Youth

- Work with and establish coordinated conversations with other stake holders i.e., SDP, JJC, B&G Clubs, etc.,
- AACO will begin engaging other partners to convene a youth HIV prevention work group to assess, discuss and implement HIV/STI prevention strategies as appropriate across systems

## Youth

- Improve collaboration and communication among youth HIV prevention providers including better ways to promote agencies and their services
- This is a process that must be provider driven

## IDU & Trans Work Groups

- Meeting date has been set for the IDU work group (Wednesday, May 13, 2009 at the Office of HIV Planning, 340 N. 12th Street, from 9:30 to 11:30 AM
- While not one of the primary populations a work group to explore how to better reach trans populations will be convened in the summer of 2009. The meeting will look at identifying local barriers, challenges, and success in providing HIV prevention services to trans populations

**Thank You**

**Q & A**

## Group Resume Exercise

*Purpose of Exercise: To demonstrate the depth and breadth of experience and expertise within the CPG membership, in order to foster group knowledge and trust.*

1. CPG will divide into groups of 4-6 members (guests are welcome to participate).
2. Within the groups, identify a facilitator, recorder and reporter.
  - a. Facilitator will help the group through the process of developing the resume
  - b. Recorder will write the resume up on the newsprint (record the conversation)
  - c. Reporter will share the group resume with the whole CPG
3. The resume should include any information that showcases the group's ability to be great community planners. Including:
  - a. Educational backgrounds (degrees, workshops, etc.)
  - b. Total years of professional experience (including the fields of work/study)
  - c. Positions held by the individuals
  - d. Skills related to community planning or HIV prevention
  - e. Communities represented either through personal identity or work/volunteer experience
  - f. Affiliations (community groups, national organizations, etc.)
  - g. Publication credits (journals, essays, newspapers, etc.)
  - h. Any special talents or hobbies
4. The resume can be presented in any manner or form, as determined by the group. Be as creative as you want to be.
5. Each small group will have 20 minutes to complete the exercise.
6. The small groups will share their group resumes with the full CPG.

*Examples of items for a group resume:*

*Over 45 years of work in HIV prevention*

*Degrees in Education, Public Health and Social Work*

*Expertise in health planning, epidemiology, behavioral health, substance abuse treatment*

*Research published in international journal*

*Presented at national HIV conference on local HIV prevention research*