

**Philadelphia Prevention Community Planning Group (CPG)**  
**Meeting Minutes**  
**Wednesday, October 28<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:** Dawn Acero, David Acosta (Co-Chair), Wesley Anderson, Khadeja Barnes, Wade Briscoe, Arti Chhabria, Terri Clark, Christopher Collins (Co-Chair Elect), Tony Daniel, Antonio Davis, Annet Davis-Vogel, Andrew De Los Reyes, Nicholas Deroose, Tricia Dressel, Rick Feely (Co-Chair), Jeffrey Jenne, Andrea Johnson, Tyreef King, Alison Lin, Ken McGarvey, David Powell, Dionna Samuel, Val Sowell, Roberta Waite

**Excused:** Yexsy Alicia, Marné Castillo, Kai Chandler, Jennifer Chapman, Denette Lienau, Tyrone McQueen, Nicole Quinn, Michelle Teti

**Guests:** Craig Ashley, Robert K. Burns, Marcelo Fernandez-Viña, Quincy Greene, Ronald Lassiter, Brian Lauch, Eric Ligor, Eleanor Lundy-Wade, Nick Meyers, Anthony Oliver, Shalonda Spruill, Alameen Wallace, Melvin White, Jacqueline Whitfield

**Absent:** Robin Brennan

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

**Call to Order/ Introductions**

D. Acosta called the meeting to order at 2:39 pm. Afterwards, each member of the group took a moment to introduce his or herself. D. Acosta then spent some time discussing the roles and responsibilities of each of the CPG subcommittees for the benefits of the new members. Afterwards, D. Law reminded the group that all CPG members also had to join one of the planning body's subcommittees. She then passed around a signup sheet so that all the new members could select a subcommittee.

**Approval of Agenda**

**Motion:** After taking a moment to review the meeting agenda, T. Clark moved and A. Davis seconded to approve the document. **Motion Passed:** All in favor.

**Approval of Minutes** (*September 23<sup>rd</sup>, 2009*)

The members of the CPG spent some time reviewing a draft of the minutes from their last meeting. **Motion:** Afterwards T. Clark moved and T. Daniel seconded to approve the draft of the minutes that was included in handouts. **Motion Passed:** All in favor.

**Report of Co-Chairs**

D. Acosta reminded the group that they had recently received a copy of the Health Department's noncompetitive application to the CDC for continued prevention system funding. He noted that the application detailed the ongoing prevention activities around the city of Philadelphia. He then clarified that the 2010 application would require a letter

of concurrence from the CPG and would be competitive, even though the most recent application had not been. W. Anderson requested that a copy of the application be resent so that all of the new CPG members could review the document. D. Acosta agreed and J. Ellis said that he would forward the email to all of the new members of the CPG.

D. Acosta also reported that he would be attending the next UCHAPS conference in San Francisco in early November. He said that the conference would coincide with the National Prevention Conference, which would also be held in San Francisco. He closed his report by promising to give details from the conferences at the next CPG meeting.

C. Collins apologized to the group for his absence from the September meeting. He explained that he had been in attendance at the CDC's Leadership Conference. He told the group that, in his role as Community Co-Chair, which he would fully assume in January, he would often be working in conjunction with the Leadership Conference.

R. Feely informed the group that he had helped to develop a presentation on Trans populations that had been delivered at the last UCHAPS meeting. He felt that the presentation would help to make the prevention community aware of the need for the CDC to more consistently collect data on the population.

### **Special Presentation**

- **Resource Registry Project** – K. Bulova & G. Fisher, *Pennsylvania Prevention Project (PPP)*

K. McGarvey started his explanation of the Resource Registry Project by reminding the members of the CPG that their primary purpose as a health planning body was to develop the Prevention Plan. He said that a key element of the plan was the CSA (Community Services Assessment), which was comprised of a resource inventory, a needs assessment, and a gap analysis. He stressed the importance of resource inventories, saying that the Statewide CPG had made a list of all prevention services in Pennsylvania, which was available on the Health Department's website, and that the care system had also inventoried all of their services. He told the group that the new Resource Registry Project would compile all of the known prevention and care services into a single, interactive website. Additionally, he said that the new registry would allow providers to determine what their true capacities were for providing services based on their staff's collective skills and experiences and their ratio of staff to clients. He then clarified that the registry was still only in a developmental stage and that the PPP was asking for input on the project from anyone involved with care and prevention services. He also noted that, while participation would not be mandatory for providers, wider involvement with the registry would increase its capabilities. K. Bulova thanked K. McGarvey for his introduction before proceeding with the presentation, which detailed the history, challenges, and goals of the registry as well as a timeline and examples from other states (see handout for more details).

In response to a question by M. White, K. Bulova informed the group that the registry would be available for consumers to use, clarifying that it was not intended solely for providers. N. Deroose asked whether the registry website would interact with other

existing social networking sites. K. Bulova responded that the registry would be linked with other social networking sites such as Facebook in order to attract more individuals to the site. However, she noted that because the registry would contain some needs assessment data, much of its contents could not be moved elsewhere. C. Collins pointed out that there could be some privacy concerns with the registry and asked specifically who would know when an individual on the registry was seeking new employment. K. Bulova replied that job searches were private, clarifying that individuals would be able to select who they wanted to know about their search.

R. Burns recommended mandating that providers sign up for the resource registry if they were the recipients of any government funding. He felt that such mandates would help to keep information updated on provider's websites. K. Bulova said that, while there had been a number of internal discussions about requiring inclusion in the registry in order to receive state funding, there were still some legal concerns blocking such a mandate. R. Feely supported the idea of forcing providers to participate in the registry. However, he noted that, even if the state were able to create such a mandate, many providers received funding directly from the federal government and, therefore, would not be held to the same requirements. K. McGarvey also pointed out that the state was able to create its own mandates by including provisions in its contracts for state funding. K. Bulova stated that the PPP did not want to force anyone to participate because doing so would likely lead to unreliable or incomplete responses. Additionally, she said that, while it would be unrealistic to expect that all providers would want to participate in the project, the PPP was hoping to attract providers with the free marketing that the registry would offer.

D. Samuel asked whether the registry would regularly notify providers of the need to update their information. K. Bulova replied that, while the registry would send reminders to providers, the details of the process had yet to be worked out. M. White asked whether hard copies of the provider registry would be available. K. Bulova replied that the PPP was considering making paper copies of the registry; however, they were uncertain whether such an expense would be worthwhile since the documents would quickly be outdated.

J. Jenne informed the group that the State funded a hotline for information on available HIV services. He said that the hotline had a comprehensive database and asked whether the registry project had been able to access it for their purposes. K. Bulova responded positively and added that the project had been making attempts to access as many databases as possible.

V. Sowell stated that, having been involved in the compilation of a resource guide, she had found that the capacities of providers were often hindered by technical limitations such as lack of access to computers. She clarified that such challenges could make it difficult for the registry to be completely comprehensive. K. Bulova replied that the PPP had considered the possibility that some providers would lack computer access. One likely method of overcoming the obstacle, she explained, was to have providers register with the database at coalition meetings after the site had already become active. She told the group that executive directors and potentially one other individual from organizations

would then be responsible for their information in the registry. V. Sowell replied that, while compiling a resource guide in the past, she had often been able to contact only individuals who were not legally capable of representing an organization.

D. Powell stated that it would be important for the registry to be searchable in many different languages. K. Bulova supported the statement and said that the PPP was working to make the registry as widely accessible as possible. G. Fisher asked the group whether they felt that the results of registry searches made in foreign languages should only include agencies whose services were available in the language of the search. C. Collins responded negatively, saying that it would not make sense to limit the search results as long as agencies clearly listed additional languages in which their services were available. M. Ross-Russell agreed; however, she noted that providers could offer translation services in order to reach a wider clientele.

K. Bulova brought the discussion to a close by thanking the group for their time and offering to send the full version of her presentation to anyone who was interested.

### **Action Item**

- **Co-Chair Election**

R. Feely reminded the group that, at their last meeting, they had been given the call for nominations for their next Community Co-Chair Elect. He then clarified that the elect position had been created in order to provide individuals with the opportunity to more fully learn about the roles and responsibilities of the Community Co-Chair before assuming the position.

D. Law reported that, following the 30-day call for nominations, T. Daniel was the only nominee who had accepted or was eligible for the position. A guest asked the CPG whether it was questionable to have two subsequent Community Co-Chairs who worked for the same organization, as would be the case if T. Daniel were elected. C. Collins responded that all CPG members, including the Co-Chairs, were supposed to represent their communities and not the organizations they worked for. T. Dressel also reiterated that other CPG members had been nominated but were unable or uninterested in the position.

T. Daniel took a moment to review his experiences in HIV prevention in order to help the group make a determination about his eligibility for the Community Co-Chair Elect position (see handout for more details). Afterwards, he removed himself from the room so that the group could vote on his candidacy in private. **Motion Passed: 19 in favor, none opposed, 2 abstentions.**

### **Discussion Item**

- **November and December Meeting Dates**

M. Ross-Russell notified the members of the CPG that their November and December meeting dates were scheduled for the days before Thanksgiving and Christmas respectively. She said that attendance would likely be poor on those dates and suggested that the group reschedule the meetings. D. Acosta proposed moving each of the meetings up by one week,

so that they would take place on the third Wednesday of each month. As no alternative suggestions were made, the group voted on the two proposed dates. **Motion: D. Samuel moved and C. Collins seconded to reschedule the November CPG meeting for Wednesday the 18<sup>th</sup>, from 2:30 – 4:30 pm. Motion Passed: 16 in favor, none opposed, 5 abstentions.** **Motion: C. Collins moved and R. Feely seconded to reschedule the December CPG meeting for Wednesday the 16<sup>th</sup>, from 2:30 – 4:30 pm. Motion Passed: 19 in favor, none opposed, 2 abstentions.**

### **Review Committee and Workgroup Reports**

C. Collins directed the group's attention to the handout containing the written subcommittee reports. He asked the Co-Chairs of all the subcommittees to read their respective reports to the rest of the group and to comment on the information if they felt that anything was incorrect or in need of clarification.

As there was no report for the Monitoring Committee, R. Feely explained that the group was comprised only of the Co-Chairs of the CPG subcommittees and worked to coordinate their various activities. He also noted that the Monitoring Committee only met on an ad hoc basis.

T. Daniel took a moment to read the report from the Planning Priorities Committee's October meeting. He then clarified to the CPG that the PPC was currently engaged in the ongoing process of prioritizing populations for the next prevention plan.

C. Collins informed the group that the Lit & Ed Committee had not met in October because both of their Co-Chairs had been unable to attend the meeting. However, he said that the meeting would be rescheduled for the near future and that the CPG would be notified when a new date was selected. He then explained that the Lit & Ed Committee was currently engaged in the ongoing process of reviewing prevention programs to make determinations about those that would be included in the next prevention plan.

T. Dressel explained that the Nominations Committee reviewed blinded CPG applications to make recommendations for new members. She noted that the committee also dealt with various activities related to CPG membership, such as reviewing attendance. In closing, she said that the Nominations Committee usually only met six times a year unless it was determined that additional meetings were necessary.

M. Milsop took a moment to read the report from the October meeting of the Points of Integration Workgroup. He explained to the CPG that the workgroup was primarily concerned with enhancing collaboration between the care and prevention systems. D. Acosta clarified that the Health Department integration meetings mentioned in the report sought to increase collaboration between the CDC portfolio, namely, the STD, Hepatitis, Tuberculosis, and HIV systems. T. Daniel told the group that he was currently the only non-governmental member of the CPG who was involved with the Points of Integration Workgroup. He stressed the importance of the workgroup and noted that he had learned a great deal about the various systems of health care by attending the meetings. He then encouraged the rest of the CPG members to join the workgroup.

M. White to read the section of the CPG Subcommittees Report pertaining to the Positive Committee. He then explained to the group that the committee worked to keep PLWHA involved in the HIV planning process by contributing to the development of recruitment, needs assessment, and gap analysis activities.

### **Report of Staff**

None

### **Old Business**

None

### **New Business**

D. Acosta informed the group that Angie Alvarado was the CPG's new CDC project officer. He said that A. Alvarado would be at the Office of HIV Planning for a presentation on November 5<sup>th</sup> and encouraged the members of the CPG to come and meet their new project officer. K. McGarvey noted that A. Alvarado was the new project officer for both Pennsylvania and Philadelphia.

### **Research Update**

D. Samuel informed the group that the University of Pennsylvania was seeking a grant to develop a cell phone-delivered intervention for 18 to 24 year old African American MSM. She said that the grant required letters of support and that project would require three community-based focus groups in November or December. She asked the group to contact her if they were interested in writing a letter of support or hosting a focus group.

### **Announcements**

K. McGarvey announced that the new state budget would reduce HIV line items by approximately 22%, which he said would severely impact prevention services in Pennsylvania.

### **Adjournment**

The meeting was adjourned by general consensus at 4:08 pm.

Respectfully submitted,

Joseph Ellis, Staff

### **Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*September 23<sup>rd</sup>, 2009*)
- Slides for the presentation on the Pennsylvania HIV Service Provider Registry
- Biography for Tony Daniel
- CPG Subcommittees Report – October 2009
- OHP Meeting Calendar

# Philadelphia Prevention Community Planning Group (CPG)

Wednesday, October 28<sup>th</sup>, 2009

2:30 – 4:30 p.m.

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**Call to Order**

**Welcome/Introductions**

- **Time Keeper Selection**

**Approval of Agenda**

**Approval of Minutes** (*September 23<sup>rd</sup>, 2009*)

**Report of Co-Chairs** (5 minutes)

**Special Presentation:** (1 hour)

- **Resource Registry Project – Pennsylvania Prevention Project**

**Action Items:** (15 minutes)

- **Co-Chair Election**

**Discussion Item:** (5 minutes)

- **November and December Meeting Dates**

**Review Committee and Workgroup Reports** (5 minutes)

**Report of Staff** (5 minutes)

**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 date of the CPG is **TBD***  
*Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107*  
*(215) 574-6760 • FAX (215) 574-6761 • [www.hivphilly.org](http://www.hivphilly.org)*

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**Wednesday, September 23<sup>rd</sup>, 2009**  
**2:30 p.m. - 4:30 p.m.**  
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**Present:** David Acosta (Co-Chair), Marné Castillo, Jennifer Chapman, Terri Clark, Tony Daniel, Tricia Dressel, Jeffrey Jenne, Ken McGarvey, Dionna Samuel, Val Sowell, Michelle Teti, Roberta Waite

**Excused:** Yexsy Alicia, Robin Brennan, Christopher Collins (Co-Chair Elect), Rick Feely (Co-Chair)

**Guests:** Wesley Anderson Jr., Craig T. Ashley, Victoria Bailey, Arti Chhabria, Wayne Coleman, Junnie Cross, Eleanor Lundy-Wade, Andre Scott, Melvin White

**Absent:** Ingrid Abrams, Andrea Johnson, Suk Gu Lee

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

**Call to Order/ Introductions**

D. Acosta called the meeting to order at 2:42 pm. Afterwards, each member of the group took a moment to introduce his or herself.

**Approval of Agenda**

**Motion:** After taking a moment to review the meeting agenda, T. Clark moved and T. Dressel seconded to approve the document. **Motion Passed:** All in favor.

**Approval of Minutes** (*August 26<sup>th</sup>, 2009*)

The members of the CPG spent some time reviewing a draft of the minutes from their last meeting. T. Dressel noted that, on page three of the minutes, the HIV Prevention Conference referred to in the announcements had taken place in Atlanta, not Montana.

**Motion:** With the correction noted, D. Samuel moved and T. Clark seconded to approve the draft of the minutes that was included in handouts. **Motion Passed:** All in favor.

**Report of Co-Chairs**

D. Acosta started his report by thanking the members of the CPG for their letter of concurrence. He said that the Prevention Application would now be extended until 2011, when both the Prevention Plan and the CDC's grant for prevention services would be renewed. Additionally, he reported that the grantee had received the award for expanded testing in emergency rooms. He said that AACO would make the application available to the CPG after the grantee had submitted the document to the CDC.

### **Discussion Item:**

- **Co-Chair Nomination**

D. Law told the group that, according to their Bylaws, it was time for them to nominate their next Co-Chair Elect. She explained that R. Feely's time as Community Co-Chair would expire at the end of the year, at which time C. Collins would assume the position and vacate that of the Co-Chair Elect. If no new Community Co-Chair were elected, she continued, R. Feely and C. Collins would share the responsibilities of the full position for the next year. D. Acosta reminded the group that the Co-Chair Elect position had been created so that an individual would have time to learn about the Co-Chair responsibilities and to substitute at meetings if necessary. D. Law stated that the group could email their nominations for the position to the OHP within the next few weeks. She noted that individuals were eligible only if they had been CPG members in good standing for at least one year.

### **Workgroup Session**

- **Review of IDU Interventions**

J. Chapman reminded the group that the Lit & Ed Committee had been in the process of reviewing all currently available prevention programs in order to make recommendations about those which would be included in the next Prevention Plan. She reported that the committee had finished their review of programs that targeted IDU populations and was now working through those targeting heterosexuals. In the next few months, she continued, the group would review programs that targeted MSM and PLWHA. She then took a moment to review the factors that the committee had used to make their determinations about the interventions (see handout for more details).

J. Chapman directed the group's attention to the handout containing descriptions of all the IDU programs the committee had reviewed and their decisions about each. She said that the committee was bringing the results of their review to the CPG in order to get feedback from the planning body on their decisions. She clarified that, on the handouts, an "X" meant that the committee had rejected the program, a check meant that the program had been approved, and "W.R." meant "with reservations," which indicated that the committee wanted more information about a program before making a final decision about it. She then informed the group that, in the near future, the Lit & Ed Committee would coordinate a panel discussion with prevention providers in order to get more information about the programs in operation locally. As a result, she asked the group to report any questions about programs that came to them while reviewing the committee's decisions.

D. Acosta asked what the weights were for the factors the committee had used in reviewing prevention programs. T. Clark responded that the committee had not yet assigned weights to their factors. She said that the weighting process would take place after the committee had already reduced their list of potential programs. In response to another question, J. Chapman reported that the committee was reviewing best- and promising-evidence interventions as defined by the CDC's compendium and all locally operating programs. D. Acosta asked whether the committee would also investigate any structural programs, such as needle exchanges. He said that the CDC seemed to be moving towards a level of acceptance for such programs because cognitive behavioral interventions did not appear to be reaching all the targeted populations. He then noted that there were increasing discussions on

microbicides and circumcision and other examples of structural interventions. A. Agha stated that, when the Lit & Ed Committee had last planned their calendar, they left some time for reviewing any programs that did not fit into the three previously stated categories. T. Clark supported the statement, adding that the committee would review structural interventions at that time if they were able to find information on the programs.

M. Ross-Russell stated that the current workgroup session was intended to include the full CPG in the process of reviewing interventions for the next prevention plan. She reminded the group that the current plan gave the grantee a great deal of leeway in selecting programs to target at risk populations. She explained that the CPG had lacked HIV data during the development of the plan, which had made it impossible to allocate a specific percentage of funding to each of the populations. Now that HIV data was available, she said that the planning body could be much more specific in selecting programs for targeted populations. As a result, she concluded, it was important that the full CPG was involved with and understood the steps being taken in the development of the prevention plan. D. Acosta added that the new plan would likely alter the structure of the prevention system significantly. He asked the group to remember that the grantee could only fund programs that were included in the prevention plan. He also pointed out that, occasionally, a program would not receive funding, even if the grantee requested proposals for it, because no providers applied for it.

T. Clark took a moment to review some of the programs that the committee had rejected and their reasons for doing so. She said that CLEAR had been rejected because it was obviously too expensive, calling for eighteen sessions delivered by a licensed therapist. Sniffer, she continued, had been rejected because its target population was intranasal heroin users, a population that was not very large in Philadelphia. She also said that Sniffer was an outdated program. D. Samuel informed the group that the Lit & Ed Committee had rejected DUIT because the control group had reported less unprotected anal sex acts than those in the study. She also said that Community Promise had been rejected because the available data did not show it to be effective. As a result, she asked the group to provide any input they had on the program in order for the committee to gain some understanding of its efficacy. A. Agha reported that no providers of Community Promise had given any information about the program through the prevention provider survey, which obviously could have impacted the committee's decision. D. Acosta asked whether Community Promise would be considered for other populations as the committee continued with their program reviews. D. Samuel replied that the committee would reconsider Community Promise if they were able to acquire more data on it. T. Dressel stated that a program similar to Community Promise was currently being reviewed by PHMC. She offered to share the results of the review with the Lit & Ed Committee when they became available.

D. Acosta asked whether any of the literature being reviewed for the committee's population summaries had been written by program researchers. M. Getahun replied that the information in the summaries was collected mostly from meta-analyses. T. Clark then brought the discussion to a close, saying the committee would try to provide the information in the packet ahead of time for their future reports.

## **Review Committee and Workgroup Reports**

R. Feely directed the group's attention to the handout containing the written subcommittee reports. He asked the CPG to review the document and to comment on the reports if they felt that anything was incorrect or in need of clarification.

### **Report of Staff**

N. Johns directed the group's attention to the orange sheet in the handouts entitled, *Parliamentary Motions Guide*. She said that the document explained how to correctly go about many meeting procedures following Robert's Rules of Order. D. Acosta asked to have the document enlarged and posted on the wall of the meeting room.

### **Old Business & New Business**

None

### **Research Update**

None

### **Announcements**

- M. Castillo informed the group that the William Way Center was hosting an event the following week to celebrate twenty years of ballroom. Additionally, she announced that, on Friday, September 25<sup>th</sup>, the center was hosting a series of workshops directed towards ballroom youth.
- K. McGarvey announced that the State Board of Pharmacy had adopted an amendment that allowed for the non-prescription sale of hypodermic needles. However, he noted that pharmacists still retained the right to refuse the sale of the needles without a prescription.
- D. Acosta announced that October 10<sup>th</sup> was Latino AIDS Awareness Day.
- T. Daniels announced that he was hosting a tea conversation concerning those who had been lost to AIDS on October 4<sup>th</sup>.
- T. Dressel announced that October 11<sup>th</sup> was the annual Outfest Street Fair.

### **Adjournment**

The meeting was adjourned by general consensus at 3:29 pm.

Respectfully submitted,

Joseph Ellis, Staff

### **Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*August 26<sup>th</sup>, 2009*)
- Results of the Lit & Ed Committee's Review of IDU Programs
- CPG Subcommittees Report – August 2009
- Parliamentary Motions Guide
- OHP Meeting Calendar

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Pennsylvania

HIV Service Provider Registry

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**Pennsylvania Department of Health**

**Pennsylvania Prevention Project**

Katharine Bulova

Greg Fisher

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# History of the Registry

- The Registry is an initiative of the Pennsylvania Department of Health and the Pennsylvania Prevention Project
  - It is a response to a CDC and HRSA request for a comprehensive registry/resource inventory of all HIV service providers
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# History of the Registry

- Long-term collaborative effort with the Pennsylvania Community Planning Group (CPG), the Integrated Planning Council and Ryan White funded coalitions to conduct a study on the unmet needs of HIV positive men and women
    - Understanding “unmet needs” includes understanding prevention resources
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# Challenges

- Develop a platform that disseminates information about HIV services available across the state
  - Develop a platform that is marketable, and technologically current enough to appeal to a broad range of consumers/users
  - Integrate a needs assessment data collection within the same platform
-

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# What do other states do?

Electronic/internet based provider information is available across the United States

- ❑ Often out-of-date or incomplete (PDFs, one phone number for the state)
  - ❑ Most lack interactive features
  - ❑ Most lack “real-time” data
-

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The **Best** of other states-

what else is offered on the web:

- Review of curriculums and materials for school education
  - Ability to upload home-grown interventions for review
  - Collaborative listings with other states or agencies
  - Comprehensive up-to-date listings of providers per region
  - Funding and training opportunities
-

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## Goals of the Registry:

- To improve community knowledge of the resources available
  - To gather a comprehensive understanding of services available to community members
  - To facilitate improved coordination of service delivery through information sharing
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# How will we achieve these goals?

- The Registry will make information of HIV prevention activities, services, and trainings available to all types of consumers on the internet
  - The Registry will be a constant resource with up-to-date community events, opportunities, trainings, education, and services
  - The Registry will collect needs assessment data for the Department of Health
-

# The Registry Home Page

The screenshot shows a web browser window titled "frmMain : Form" with a "Home/Main" header. In the top right corner, there are buttons for "FAQ" and "Contact US". On the left side, a "Features" section contains buttons for "Grants", "Jobs", "Trainings", "State Events", and "Search PA Resources". Below this is a "Login" section with "Name:" and "password:" labels, input fields, a "Submit" button, and links for "I forgot my password." and "I forgot my login name." The main content area is titled "Welcome" and contains a paragraph about the Pennsylvania Department of Health Registry. Below the welcome message is a "News/Announcements" section with a paragraph of placeholder text. To the right of the news section is a "Search for" section with buttons for "Services", "Grants", "Trainings", and "Jobs". Below the search section is a "Register" button followed by the text "as a worker or agency with the PA Registry". At the bottom right, there is a section for "I am already registered." with the text "I want to" followed by an "Update" button and "my profile."

frmMain : Form

## Home/Main

FAQ Contact US

### Features

Grants

Jobs

Trainings

State Events

Search PA Resources

Login

Name:

password:

Submit

I forgot my password.

I forgot my login name.

### Welcome

Welcome the Pennsylvania Department of Health Registry. This is an initiative of the State Department of Health and the Pennsylvania Prevention Project funded by the Center for Disease Control and Prevention. This registry serves to capture the capacity of HIV service providers across Pennsylvania. Additionally, we hope to enhance capacity of service providers by sharing information on resources, trainings, upcoming events and networking opportunities.

### News/Announcements

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### Search for

Services Grants Trainings Jobs

**Register** as a worker or agency with the PA Registry

I am already registered. I want to **Update** my profile.

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## Registry Use:

### Individuals, Workers and Volunteers

- Maintain job profile
  - Network
  - Job search
  - Access to information locally and statewide
  - Find trainings
  - Find related events
  - Link to your employer to contribute to Agency capacity profile
-

# Individuals

Person Info

Below, please complete your personal history profile. You may update this at any time. We are using this information to create a directory of all HIV service providers in the State of Pennsylvania. The information that you provide allows us to understand our capacities as service providers.

Demographics Certifications Language Skills Education Prevention Expertise 1 Prevention Expertise 2 Medical Training/Ed CurrentEmployment

Last Name  First Name

DOB  Sex  Race:  Hispanic:

mm/dd/yyyy

Email  Personal Phone

Specialized trainings related to HIV service delivery:

Trainings

What groups do you have experience working with?  In what capacity?

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# Registry Use:

## Agencies

- Promote mission and services
  - Promote events and activities
  - Search funding opportunities
  - Conduct local community services assessment
  - Demonstrate capacity with employee roster
  - Network
-

# Agencies

Service Form 3

## Services Provided

Following are five service types marked by five separate tabs: community, healthcare, support, interventions and other.

Please click on each tab and mark the services that your agency offers.

Healthcare | Support | Prevention Expertise 1 | Prevention Expertise 2 | Other

Health Care	Mental Health Services	Nutritional Services	Other Health care
<input type="checkbox"/> General Health Care	<input type="checkbox"/> IV Treatment	<input type="checkbox"/> General_Nutrition	<input type="checkbox"/> Alternative Therapies
<input type="checkbox"/> Attendant Care	<input type="checkbox"/> MA Application	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Holistic Treatment
<input type="checkbox"/> Clinical Trials	<input type="checkbox"/> Medical Equipment Home	<input type="checkbox"/> Meals	<input type="checkbox"/> Massage Therapy
<input checked="" type="checkbox"/> Dental Care	<input type="checkbox"/> Nursing Care_Long Term	<input type="checkbox"/> Nutritional Supplements	<input type="checkbox"/> Pastoral Care
<input type="checkbox"/> DA Treatment	<input type="checkbox"/> Pediatric Care	<input type="checkbox"/> WIC Programs	
<input type="checkbox"/> Experimental Treatment	<input type="checkbox"/> Pediatric Care HIV		
<input type="checkbox"/> General Practice Primary Care	<input type="checkbox"/> Physical Therapy Rehab		
<input type="checkbox"/> Other_HealthCare	<input type="checkbox"/> Prenatal Care		
<input type="checkbox"/> HIV/AIDS Specialization	<input type="checkbox"/> Reproductive Health		
<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Respite Care		
<input type="checkbox"/> Hospice			

# Agencies

Service Form 3 X

## Services Provided

Following are five service types marked by five separate tabs: community, healthcare, support, interventions and other.

Please click on each tab and mark the services that your agency offers.

Healthcare
Support
Prevention Expertise 1
Prevention Expertise 2
Other

What evidenced based interventions have you implemented?

<input type="checkbox"/> BART	<input type="checkbox"/> GetRealAboutAIDS	<input type="checkbox"/> PositiveChoiceVideoDoctor	<input type="checkbox"/> SistertoSisterGroups
<input type="checkbox"/> BeProud	<input type="checkbox"/> HealthyLivingProject	<input type="checkbox"/> Project ARIES	<input type="checkbox"/> SistertoSister individual
<input type="checkbox"/> BriefGroupCounseling	<input type="checkbox"/> HealthyRelationships	<input type="checkbox"/> Project Connect	<input type="checkbox"/> SistersSavingSisters
<input type="checkbox"/> CHOICES	<input type="checkbox"/> HIP	<input type="checkbox"/> Project FID	<input type="checkbox"/> STRIVE
<input type="checkbox"/> CLEAR	<input type="checkbox"/> Holistic Harm Reduction Model	<input type="checkbox"/> Project light	<input type="checkbox"/> START
<input type="checkbox"/> Communal Efectance	<input type="checkbox"/> Lauby	<input type="checkbox"/> Project Respect	<input type="checkbox"/> Street Smart
<input type="checkbox"/> Community Promise	<input type="checkbox"/> Lift	<input type="checkbox"/> Project SAFE	<input type="checkbox"/> SUMIT
<input type="checkbox"/> CondomSkillsEd	<input type="checkbox"/> Light	<input type="checkbox"/> PROMISE	<input type="checkbox"/> Together Learning Choic
<input type="checkbox"/> Cuidate	<input type="checkbox"/> Many Men, Many voices	<input type="checkbox"/> RESPECT Brief Counseling Booster	<input type="checkbox"/> VOICES_VOCES
<input type="checkbox"/> D-UP	<input type="checkbox"/> MIP	<input type="checkbox"/> Safe in the City	<input type="checkbox"/> WHP
<input type="checkbox"/> EXPLORE	<input type="checkbox"/> Mpowerment	<input type="checkbox"/> Safety Counts	<input type="checkbox"/> Willow
<input type="checkbox"/> Female and culturally s	<input type="checkbox"/> PartnershipForHealth	<input type="checkbox"/> SHIELD	<input type="checkbox"/> WomensHealthPromotic
<input type="checkbox"/> FocusOnYouthImpact	<input type="checkbox"/> PersonalizedCognitiveRRR	<input type="checkbox"/> SHLE	<input type="checkbox"/> WomensCoop
	<input type="checkbox"/> PopularOpinionLeader	<input type="checkbox"/> SISTA	

	Description	Target Population
Homegrown DEBI 1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Homegrown DEBI 2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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## Registry Use:

### Department of Health

- To understand community services needs  
(GAP ANALYSIS)
  - To comply with CDC HIV prevention community planning requirements
  - To plan services
  - To fund services
-

# Registry Use: Consumers

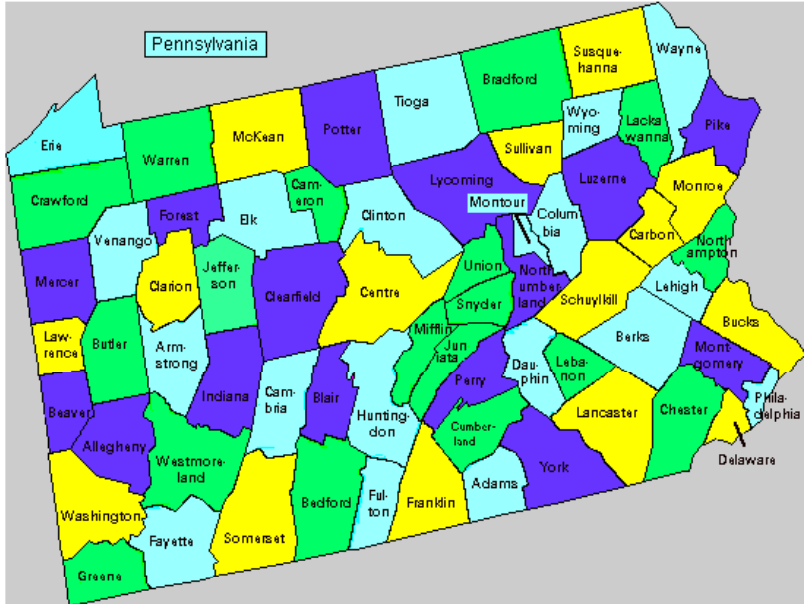
frmSearchResources : Form

## Service Search Page

To find services you may search by zip code or county. Simply enter your search type (zip code), the number of miles you wish to travel and then select the type of service that you are looking for. For a list of all possible service categories, click on the "service categories" link below.

**County Search:**  
Click on a county to find providers and services in that area.

Pennsylvania



The map shows the outline of Pennsylvania, divided into its 67 counties. Each county is labeled with its name and colored differently. The counties shown are: Erie, Warren, McKean, Potter, Tioga, Bradford, Susquehanna, Wayne, Crawford, Forest, Elk, Cameron, Lycoming, Sullivan, Wyoming, Lacksawanna, Pike, Mercer, Venango, Jefferson, Clearfield, Centre, Union, Montour, Luzerne, Monroe, Carbon, Northampton, Lawrence, Butler, Armstrong, Indiana, Cambria, Blair, Huntingdon, Snyder, Northumberland, Schuylkill, Lehigh, Berks, Bucks, Montgomery, Philadelphia, Allegheny, Westmoreland, Bedford, Fulton, Franklin, Adams, York, Lancaster, Chester, Delaware, Washington, Fayette, Somerset, and Greene.

Or

Enter a zip code to search for services in that area:

Select the maximum number of miles willing to travel for the services from that zip code:

Now select the services you are interested in:

Search by zip

---

# Consumers

## Searchable service categories:

- ❑ Education and Prevention
  - ❑ Mental Health Services
  - ❑ Health Care Services
  - ❑ Testing and Screening
  - ❑ Alternative Care
  - ❑ Case Management
  - ❑ Financial Assistance
  - ❑ Housing Assistance
  - ❑ Transportation Services
  - ❑ Additional Services
-

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# Other Registry features

- Funding opportunities
  - Training opportunities
  - Job opportunities
  - State, local and agency event listing
  - News feeds
  - Publications
  - Research
-

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# Timeline for the Registry

Fall 2009



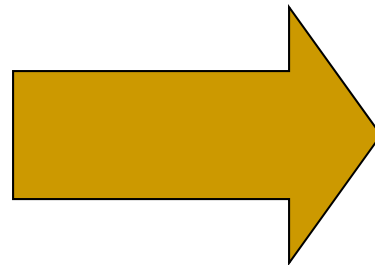
Testing

Winter 2009



Live testing

2010



Registry "Go Live"

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# The Pennsylvania HIV Service Provider Registry is designed for:

- Agencies
  - Coalitions
  - Individuals
  - Volunteers
  - Workers
  - Service providers
  - State Department of Health
  - Pennsylvania
-

## **Biography for Tony Daniel**

For the past eleven years, Tony has made it a personal mission to help stop the spread of HIV infection within his community. With the loss of more than two loved ones to HIV/AIDS, Tony focused several years in peer engagement throughout his high school years with local organizations geared to LGBT youth. While attending Lincoln University, PA, Tony was certified in providing counseling and referrals in hopes of ensuring students had sufficient opportunities in understanding the need for safer sex and getting tested. Tony later worked with Lincoln University, PA in appointing a new Chaplain to the university who would be open and honest with the students with choices they were making. Prior to his personal mission at Lincoln, Tony was involved with local and state initiatives to provide information and prevention messages to Black men who have sex with men throughout New York State. As a young ambassador while in high school on behalf of the Rochester City School District, Tony went on to protest, lobby, and bring grave concern to New York's elected officials. During a meeting with then Senator Hillary Rodham Clinton, Tony spoke passionately on the state of Black gay men and the need of educating educators who would have LGBT students throughout the state.

Since arriving to Philadelphia two years ago, Tony has been active with providing his vision and ideas to community boards, educating youth and peers, establishing non traditional testing sites for mobile testing, and participating in workshops for the LGBT community.

Tony reflects the words of Sydney Poitier's spiritual autobiography, *The Measure of the Man*, "Why have I survived, even prospered? Is it purely random and meaningless; or is there something else to be revealed."

## **CPG Subcommittees Report - October 2009**

### **Monitoring Committee**

- The Monitoring Committee did not meet in October; their next meeting date and time are TBD.

### **Planning Priorities Committee**

- The members of the PPC spent most of their October meeting planning for their presentation at the CPG meeting in November. They reviewed their draft lists of prioritized populations and general cofactors and discussed the thought processes behind their decisions
- Additionally, the committee moved the date of their next meeting to Tuesday, November 10<sup>th</sup>, from 11:00 am – 1:00 pm so that it would not conflict with the Thanksgiving holiday.

### **The Literature & Education Committee**

- The Lit & Ed Committee did not meet in October; they will reschedule their next meeting for sometime in early November.

### **CPG Nominations Committee**

- The Nominations Committee did not meet in October; their next meeting date and time are TBD.

### **The Points of Integration Workgroup**

- At their last meeting, the workgroup spent time planning their presentation on integration efforts in Philadelphia for the All Title Conference.
- Additionally, A. Ricksecker gave a report on the ongoing integration meetings at the Health Department.
- The group scheduled their next meeting for Tuesday, November 17<sup>th</sup>, from 12:00 – 2:00 pm.

### **The Positive Committee**

- In October, the Positive Committee received an educational presentation from Marcelo H. Fernandez-Viña, the Adult Viral Hepatitis Prevention Coordinator.
- The committee also discussed and began planning for outreach and volunteer activities in conjunction with World AIDS Day and the upcoming holidays.
- At their November meeting, the Positive Committee will receive a presentation from Evelyn Torres of the Client Services Unit at AACO on the formal grievance process and other consumer-related information. The committee will also finalize plans for outreach activities.