

HIV Collaborative Work Group
Monday, February 4th 2013
25 Van Ness, Conference Room 330A
3:00-5:00 pm

Work Group Members Present: Richard Bargetto, Jackson Bowman, Dean Goodwin, Jose Luis Guzman, Ron Hernandez, Kenneth Hornby, Kevin Hutchcroft, Lee Jewell, Eileen Loughran, Matthew Miller, Mark Molnar, Tracey Packer, Maritza Penagos, Laura Thomas, Channing Wayne

Work Group Members Absent: Ed Chitty

Others Present: Gabriel Ortega

Support Staff Present: Ali Cone, Michael Demayo [Skype], T.J. Lee

Minutes

1. Introductions

The meeting was called to order at 3:09 pm by Kevin Hutchcroft. Everyone introduced themselves and quorum was established.

2. Review/Approve February 4th 2013 DRAFT Agenda

The February 4th 2013 DRAFT Agenda was reviewed and approved by consensus.

3. Introduction of Facilitator Michael Demayo

- Michael Demayo introduced himself and gave the work group an overview of his extensive background in HIV prevention and care.

4. Election of Work Group Co-Chairs - VOTE

- The work group nominated two co-chairs, one from Prevention and one from Care.
 - Ron Hernandez nominated Matthew Miller.
 - Matthew Miller nominated Laura Thomas.
 - **VOTE- Matthew Miller and Laura Thomas elected Co-Chairs by acclamation.**

5. Individual Perspectives on Collaborative Planning

- The work group discussed perspectives on collaborative planning:
 - Mark Molnar noted that increased collaboration is in many ways very logical. The idea of prevention and care working closer together should be happening and in some ways is already happening.
 - Lee Jewell pointed out that in face of healthcare reform, planning is particularly crucial. Because of potentially drastic changes to funding streams, it is increasingly crucial to maximize our dollars and optimize their use.
 - Richard Bargetto expressed concern about the consumer voice getting lost in the process. If there is momentum to consolidate, the work group should consider building a mechanism into the process to ensure that consumer voice is included.
 - Maritza Penagos- how do we honor the specific needs of each community that each council addresses?
 - Jackson Bowman expressed concern that consolidating would change the way prevention has looked and shift the emphasis entirely over to prevention for positives. Prevention is also supposed to keep people negative- we need to ensure that Prevention still serves the HIV negative population.

- Matthew Miller encouraged the work group to look at different levels of collaboration short of integration- the councils don't necessarily have to integrate.
- Tracey Packer emphasized the need to understand each other's councils. We would benefit from understanding each other's languages and perspectives- it is a continuum of services, and both councils want to address health disparities and ensure that people have good care.
- Laura Thomas noted that Prevention and Care have a big commonality- the barriers we're trying to address (discrimination, stigma, economic issues, mental health, substance use, housing etc.) are the same. The communities both councils want to engage are facing the same challenges, and we are better off working together about how to address these systemic challenges.
- Kenneth Hornby spoke to the need for navigation to be a part of this discussion. With the transition to ACA, need to look out for consumers.
- Mark Molnar emphasized the need for the work group to do due diligence on all forms of collaboration. Need to look at multiple options- should not just be an up-down vote.
- Jackson Bowman acknowledged that each Council has different cultures and logistics. It will be a challenge to work together- we need to recognize differences and coordinate accordingly.
- Tracey Packer suggested the work group examine each council's comprehensive plans. Care Council has a 3 year plan- Prevention has a 5 year plan.
 - How could we develop one plan? Examine overlap between plans and develop a planning document.
 - Emphasized the importance of establishing mutual priorities and goals.
- Laura Thomas noted that the EPI profile is already a shared profile in both plans.
- Dean Goodwin brought up that we have competitive grant funding that integrates some planning.

6. Update from HIV Health Care Reform Task Force

- Kevin Hutchcroft updated the work group on the work of the HIV Health Care Reform Task Force:
 - The final product will be a roadmap for providers (expected at the end of March), to be followed by a detailed set of recommendations as the reformed healthcare environment firms up.
 - Focus around 3 case studies: Santa Rosa (which lost all Part A funding), Boston's universal healthcare environment, and the LIHP experience here in San Francisco.
- Tracey Packer-minutes can be found on sfhiv.org and will be distributed to both councils.

7. Discussion of January 28th 2013 HHSPC Meeting

- The work group further discussed impressions from Barbara Garcia's speech and thoughts on collaborative planning:
 - Matthew Miller thinks that reviewing other EMA's models of collaboration would be a good starting point. Review Kevin's presentation, results of POI work group, etc. and see what might work for San Francisco.
 - Conversation was had about the political landscape surrounding this issue, notably around the issue of whether integration is inevitable or if the work group can expect to be able to navigate a middle ground of collaboration short of a merge.
 - Mark Molnar- Barbara Garcia was clear about this being a work group and council decision.
 - The work group discussed the Points of Integration committee, including goals, outcomes, and challenges:
 - Mark Molnar felt POI was not a good experience. Lots of ideas generated, but in the end, not sure where recommendations went. Felt very disempowered- POI felt like it didn't have authority.
 - Particular challenges: different outlooks, purviews, mandate vs. advisory, and policies & procedures of each Council.

- Jackson Bowman spoke to the Prevention side of POI- very frustrating. Prevention council almost disappeared- the way Prevention functions now is very different.
- Channing Wayne acknowledged Barbara Garcia's frustration- we shouldn't have different people asking for the same thing at the same time.
- Laura Thomas suggested we dig into the commonalities and differences between each other's councils, and find out what's possible to manage together.
 - How do we address barriers?
 - E.g. almost all the organizations we're funding are the same. May be providing two different types of services, but still getting money from the same department.
 - Series of Venn diagrams: funding streams, fiscal years, agencies, providers, etc. Come up with strategy to see if we can link them.
- Richared Bargetto noted that at the provider level, they're already unifying. Providers are already dealing with multiple funding streams. It seems that service providers are leading the process and the planners are still thinking about what should we do, and it should be the opposite.

8. Collaborative Work Group Mission and Objectives

- The work group discussed mission and objectives:
 - On the Care side, Steering Committee recommended to approve working agreement, and will go before next Full Council meeting for approval.
 - Mission: The Mission of the work group is to ensure a continuum of HIV services for community members at risk for and living with HIV by planning for increased Council collaboration."
 - None opposed- work group mission unanimously approved.
- The work group determined that nailing down the objectives is too much for this first meeting, but the group discussed priorities.
 - Tracey Packer noted that objectives should be time-phased.
 - Lee Jewell suggested the time frame be determined around the implementation of ACA Jan. 1 2014. The state will be starting to enroll people in state insurance plan in August.
 - Mark Molnar suggested the best thing to do is to build objectives around timeline. Look at context, comprehensive plans, demographics, etc. in the first quarter. Consider matching timeline to ACA.
- The May meeting will serve as a forum to get input from both councils and other stakeholders.

9. Collaborative Work Group Planning Retreat

- The work group decided to have a full day retreat at the end of April or beginning of May (Doodle going out to get consensus).
- In the interim, both council's staff will be sending out information about both councils for homework. Council structure/mission, legislative language, comprehensive plan.

10. Next Meeting Date & Agenda Items

The next HIV Collaborative Work Group Meeting is tentatively scheduled for last week of February or first week of March 2013 (Doodle going out) at 25 Van Ness, Suite 330.

11. Adjournment

The meeting was adjourned at 5:08 pm by Co-Chair Miller.