

HIV Collaborative Planning Work Group

Thursday, June 20th 2013

25 Van Ness, Conference Room 330A

10:00-4:00 pm

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

Work Group Members Absent: Charles Siron [E], Channing Wayne

Others Present: Bill Blum [DPH HHS], Catherine Newell, Gabriel Ortega

Support Staff Present: Ali Cone, Michael Demayo

Minutes

1. Welcome, Introductions & Announcements – VOTE

The meeting was called to order at 10:10 am by Co-Chair Thomas. Everyone introduced themselves and quorum was established.

- The June 20th 2013 DRAFT Agenda was reviewed and approved by consensus.
- The May 9th 2013 DRAFT Minutes were reviewed and approved by consensus.

2. Public Comment

- None.

3. Presentation- Retreat Overview

- Michael Demayo gave an overview of the goals of the retreat.
- Michael Walked through the packet of materials:
 - CDC/HRSA Letter encouraging jurisdictions to better collaborate.
 - Evaluation Results
 - Group exercise
 - Collaborative Models
 - Membership/Cross-Representation
 - Each group may have representatives from the other or share common members
 - Information
 - Groups may share knowledge and data
 - Specific Projects
 - Groups may collaborate only around specific projects such as the Epi profile, comprehensive plan, or special studies (needs assessments)
 - Joint Meetings
 - Regular meetings, coordinated meetings, subcommittees or task forces, or special forums
 - Prevention/Care Subgroups
 - Prevention and care are subgroups of a larger group
 - Merged Process/Full Integration
 - A single group with a single set of bylaws may meet to plan for both prevention and care

Public Comment: None.

4. Presentation- Three Collaborative Models

- Michael Demayo reviewed the three collaborative models that came out of previous meetings.
 - Model 1: Time-Phased
 - Full integration over time (2 year period)
 - Begin with joint Executive Committee
 - Form Prevention and CARE workgroups/committees
 - Develop a set of goals and objectives related to integration
 - Model 2: Prevention/Care Sub-groups
 - Merged Executive Committee, shared leadership
 - Model 3: Integrated

Public Comment: None.

5. Group Exercise- Refining the Models

- The Work Group broke up into three groups to discuss and refine the collaborative planning models.

Public Comment: None.

6. Break

7. Group Exercise- Refining the Models Continued

8. Lunch

9. Collaborative Model Group Presentation

- Each group presented their model, and the work group discussed the strengths and challenges of each model.
 - Model 1: Phased approach
 - This model would be a phased approach to full integration over the course of a 2 year period.
 - The group emphasized the need for community involvement in the process.
 - Break barrier between HIV + and negative.
 - 3 phases
 - Phase 1: New executive committee- blend of Steering (Care) and Executive Committee (Prevention)
 - Phase 2: Executive Committee with more overlap within committees
 - End of phase 2- restructure from 2 councils to 1. Dissolution of separate councils and formation of new unified council
 - Phase 3- new council would create committee models
 - Model 2: Shared Leadership Model
 - Leadership of both councils would meet together for a year, at which point there would be a re-evaluation.
 - Shared responsibility for deliverables
 - More gradual, incremental change
 - Wouldn't be a change in membership
 - Model 3: Full Integration
 - New mission statement would combine the missions of each Council.
 - The group expressed support for a phased approach to full integration.
 - The Councils would be dissolved and a new council would be created. Neither is absorbing the other.

- Guiding principles would be based around: primary prevention, National HIV/AIDS strategy, SF model of care, Ryan White.
 - Consumer representation- build in mechanism of ensured representation.
- Several work group members expressed fear of loss of HIV positive consumer voice in models 1 and 3.

10. Break

11. Selection of Models for Recommendation to Joint Council – VOTE

- The work group discussed the similarities between Models 1 and 3 and discussed how among the models, there are essentially 2 outcomes: integration (shorter timeline & longer timeline), and the status quo with integrated leadership. The group decided to reframe the models as follows:
 - 1a: Integration (1 year)
 - 1b: Integration (2 years)
 - 2: Integrated Leadership
- The work group decided to present all of the above models to the Councils at the Joint meeting in October, and to choose one model to put forward as a recommendation.
 - In a hand vote, the work group voted to recommend model 1b (phased integration over the course of 2 years). The votes broke down as follows:
 - 1a: 6 votes
 - 1b: 7 votes
 - 2: 1 vote
 - There was a discussion about the single vote for Model 2.
- **Co-Chair Laura Thomas moved to recommend the model of a phased integration (up to 2 years). Co-Chair Miller seconded.**
 - **VOTE – Motion passes. The work group voted to recommend the model of full integration over the course of up to two years.**

Public Comment: None.

12. Evaluation and Closing

13. Adjournment

The meeting was adjourned at 3:53 pm by Co-Chair Thomas.