

sf ema hiv community
planning council

Merger of the
HIV Health Services Planning Council
& the HIV Prevention Planning Council

Add audience
& date of
presentation

TABLE OF CONTENTS

- ① Background.
- ② Rationale to Merge
- ③ Challenges to Merger
- ④ Merger Process & Timeline.
- ⑤ Merger Agreements.
- ⑥ Roles Necessary to Encourage Community Ownership.

BACKGROUND.

FEDERAL MANDATES

PREVENTION

- Ensure planning reflects the local epidemic
- HIV positive individuals are a priority population
- Jurisdictional HIV Prevention Plan
- Prioritize based on the local epidemic
- Foster linkages between the plan and the health department application
- Assess effectiveness of plan
- Evaluate the process

CARE

- Comprehensive plan for Ryan White funds
- Ensure planning reflects the local epidemic
- Assure involvement of HIV infected individuals
- Unaligned with any service provider in the process
- Determine allocation of funds
- Promote coordination and linkages of services
- Assess effectiveness of plan

MISSIONS

PREVENTION

- Ensure there is meaningful collaboration that supports the continuum of HIV prevention, care & treatment
- Ensure that SF has functional networks that provide seamless service delivery
- Support models that increase health equity among those most heavily impacted by HIV

CARE

- To create the ideal health care system for people living with HIV/AIDS

LEGACY

PREVENTION

- Dramatically reduced infections in SF through follow-up care
- Maintaining diverse community involvement while creating dialogue around urgent HIV issues
- Jurisdictional plan that regards value of community input
- World model of HIV prevention that is progressive, evidence-based and client-centered
- Recommitment to harm reduction

CARE

- Consistent & diverse consumer representation to make informed policy decisions
- Community stewardship & prioritization of funds
- Maintained systems of care
- Advocacy & voice of people with HIV Centers for Excellence
- Democratic
- Providing direct services

RATIONALE TO MERGE.



NATIONAL HIV/AIDS
STRATEGY

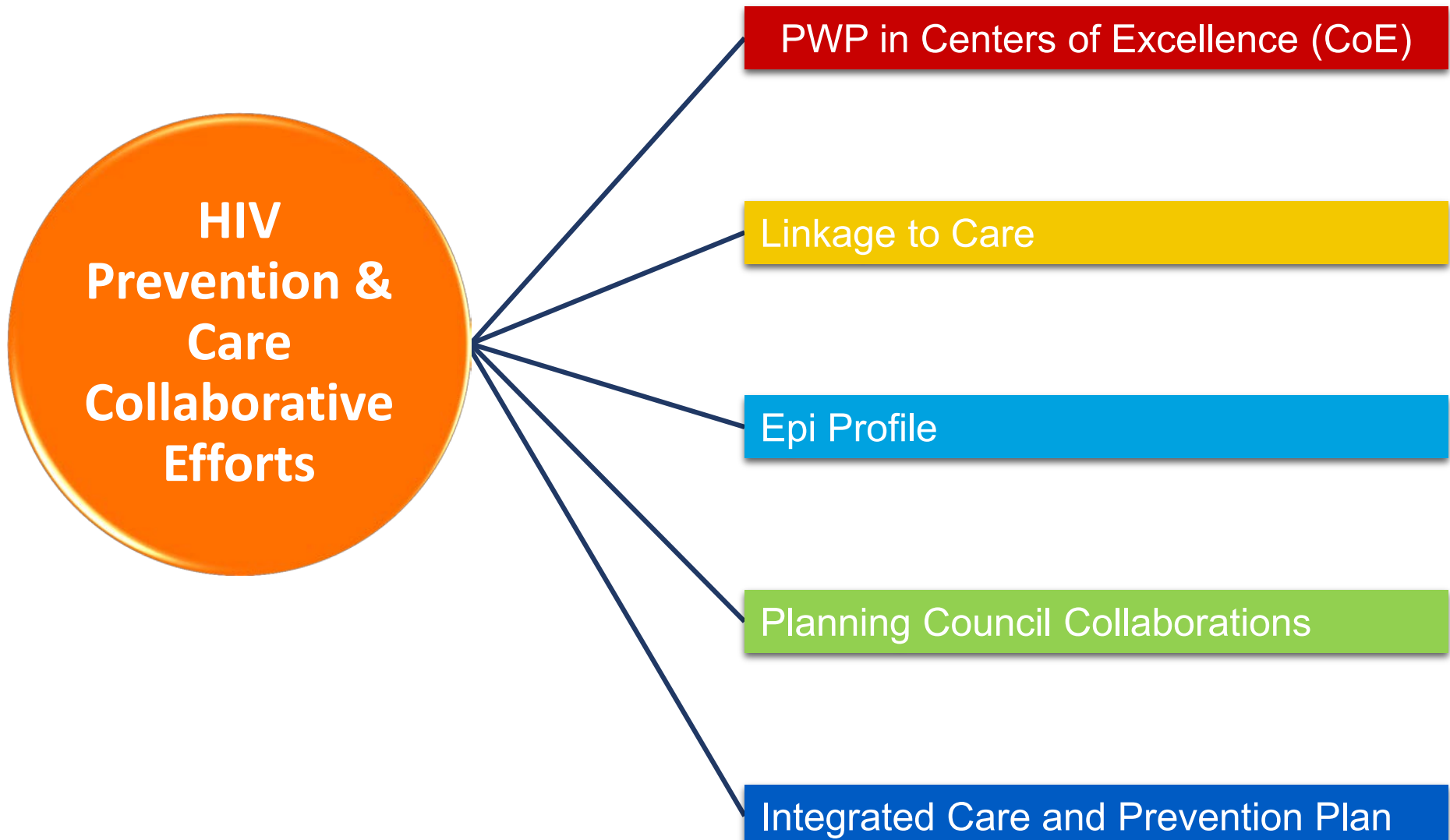
Federal Implementation Plan
JULY 2010

1. Reduce
new HIV
infections

2. Increase
access /
improve
health
outcomes
for PLWHA

3. Reduce
HIV-related
disparities

4. Achieve a
more
coordinated
national
response



COUNCIL MEMBER OPINIONS ON WHY TO MERGE

- Synergy
- People go to one place for services and there is a more efficient resource distribution
- Protects interests of positive and at-risk people
- Community has stronger voice for effecting change; public health improves; consumer needs drive decision-making; recognition of SF's leaders in community and nationally
- Aligned priorities & shared values
- Getting to zero

CHALLENGES TO MERGER.

CHALLENGES

- Shock & Process Fatigue from Failed Merger Process 2013
- Us v. Them Mentality
- Organizational Cultural Differences
- Entrenchment
- Distrust of DPH

CULTURAL DIFFERENCES

Expert/Academia	Layperson
Government/Systems of Care	Individual Consumer
Efficiency, Product-Driven	Consensus, Process-Driven
Macro, Long-Term Planning	Micro, Annual Planning
Advisory	Decision-Maker
Working Professionals	Non-Working
Healthy, Youthful, Able	HIV+, Aging

ISSUES

1. Decision-Making

- How to ensure that councils vote on the same issues?
- Equity issue of # of votes. V. # voices in Joint Leadership

2. Size/Seats of Council at the Beginning of Merger

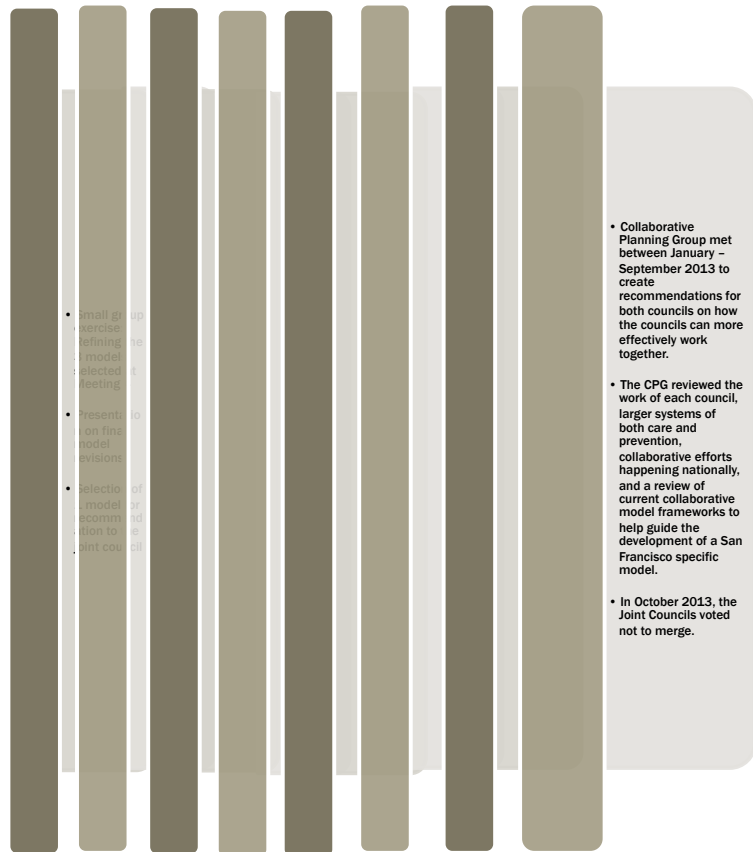
- Starting Fresh: Some wanted to start on a clean state with a new application process.
- Inclusion: Some wanted inclusion of all existing members.

3. Government in Representation & in Leadership

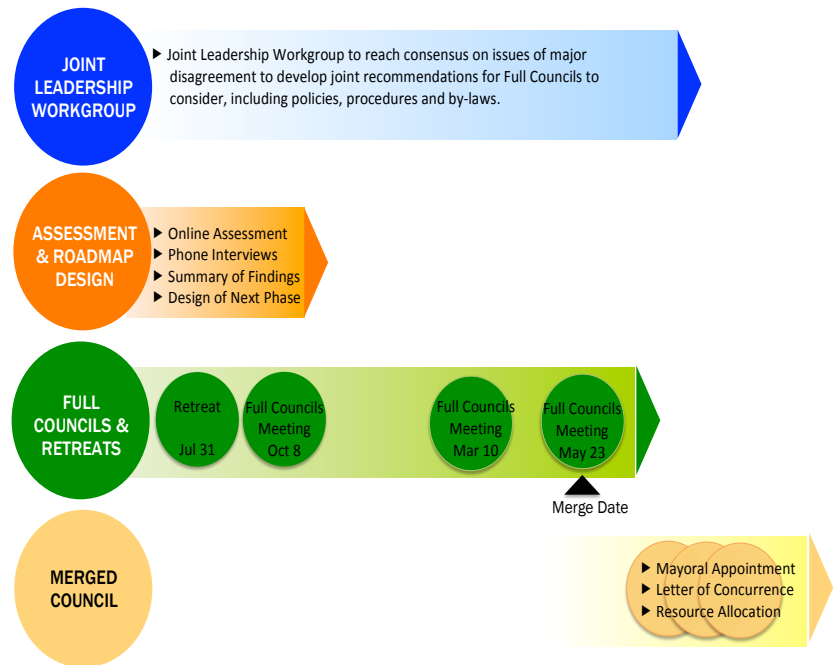
4. Value of Unaffiliated HIV+ Representation

MERGER PROCESS

TIMELINE FOR MERGERS



Creation of Transitional Workgroup



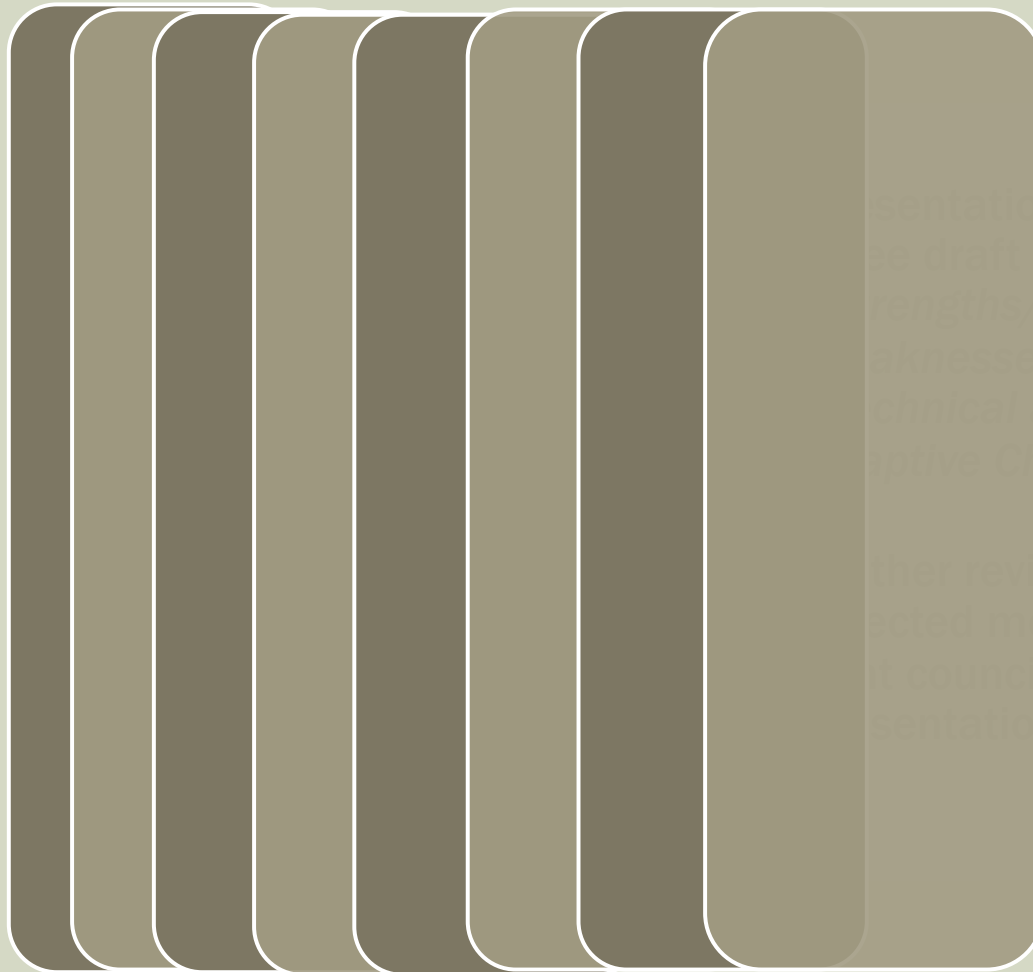
JAN
2013

OCT
2013

MAY
2015

JUN
2016

2013 MERGER PROCESS

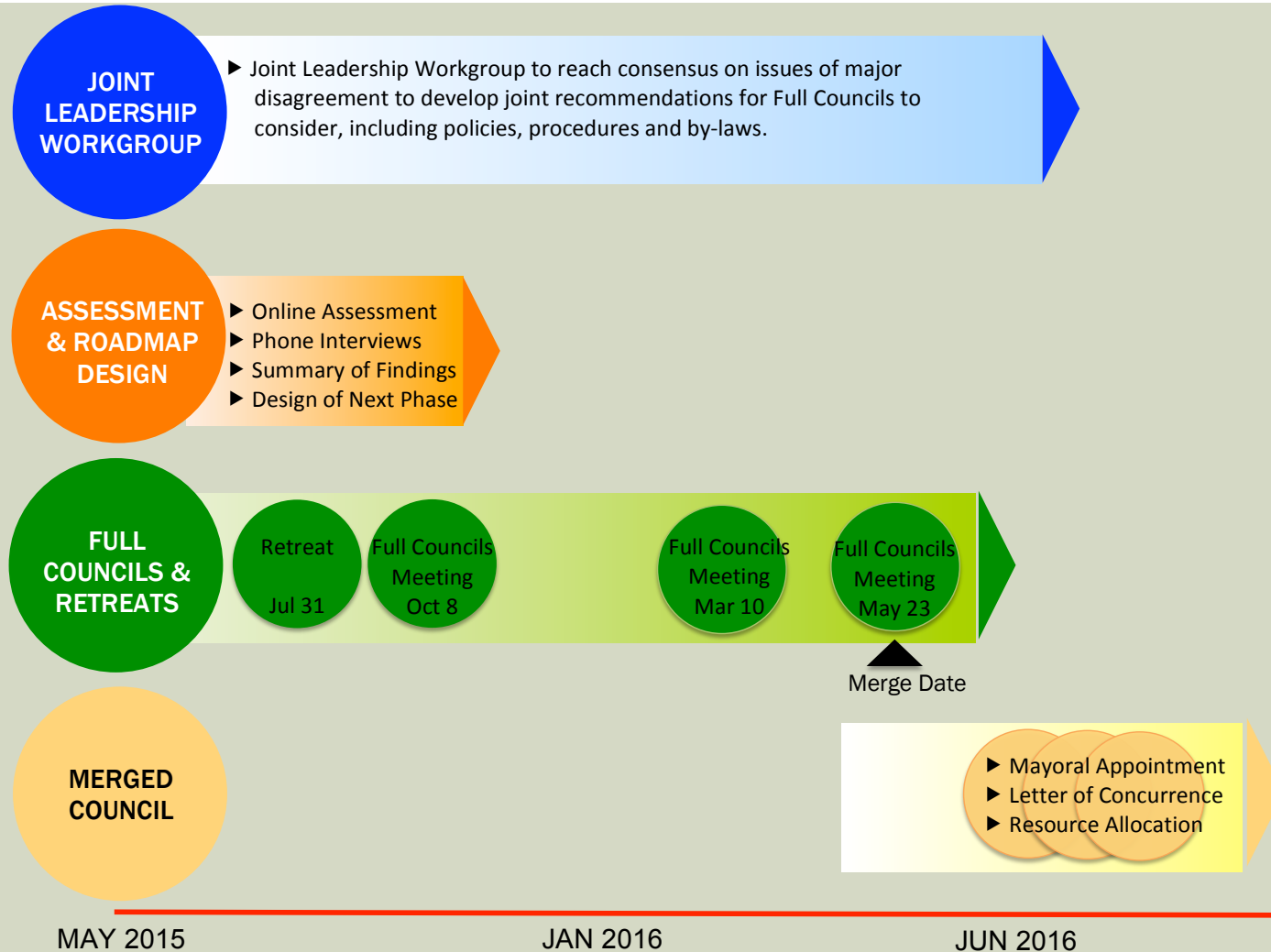


JAN 2013

OCT 2013

- Collaborative Planning Group met between January – September 2013 to create recommendations for both councils on how the councils can more effectively work together.
- The CPG reviewed the work of each council, larger systems of both care and prevention, collaborative efforts happening nationally, and a review of current collaborative model frameworks to help guide the development of a San Francisco specific model.
- In October 2013, the Joint Councils voted not to merge.

TIMELINE FOR 2015 – 2016 MERGER



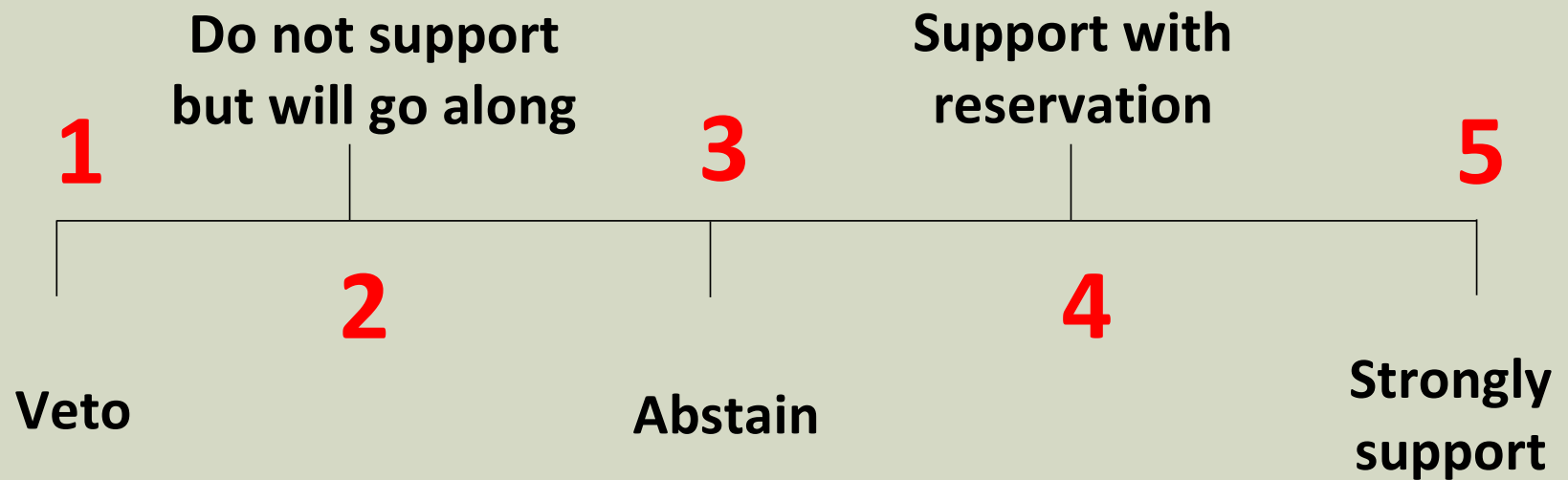
MERGER AGREEMENTS.

DECISION - MAKING

Councils had differing processes to pass a motion. Finding consensus was key. To ensure that both councils would vote on the same motion, the Joint Leadership Workgroup agreed that:

- Issues would not move to the Joint Full Councils without consensus
- Recommendations were presented jointly at Joint Full Councils Meetings
- Discussions at Joint Leadership Workgroup started with an informal straw poll using the Gradients of agreement

GRADIENTS OF AGREEMENT



INITIAL MOTIONS PASSED (OCT 2015)

Vision & Mission

Council Missions Become Vision & Mission Statement

Start Fresh v. Grandfather

Offer membership to all current members in good standing at the time of the merge

SF EMA Government Representation

To have all representation on the new council be voting members

HIV+ Consumers of HIV Services

Membership of the Joint Council will include 1/3rd Unaffiliated HIV+ Consumers of HIV services

CLARIFICATION OF TERMS

Consumer of Services

Any individual who accesses HIV Care or HIV Prevention services.

HIV+ Unaffiliated Consumer of Services

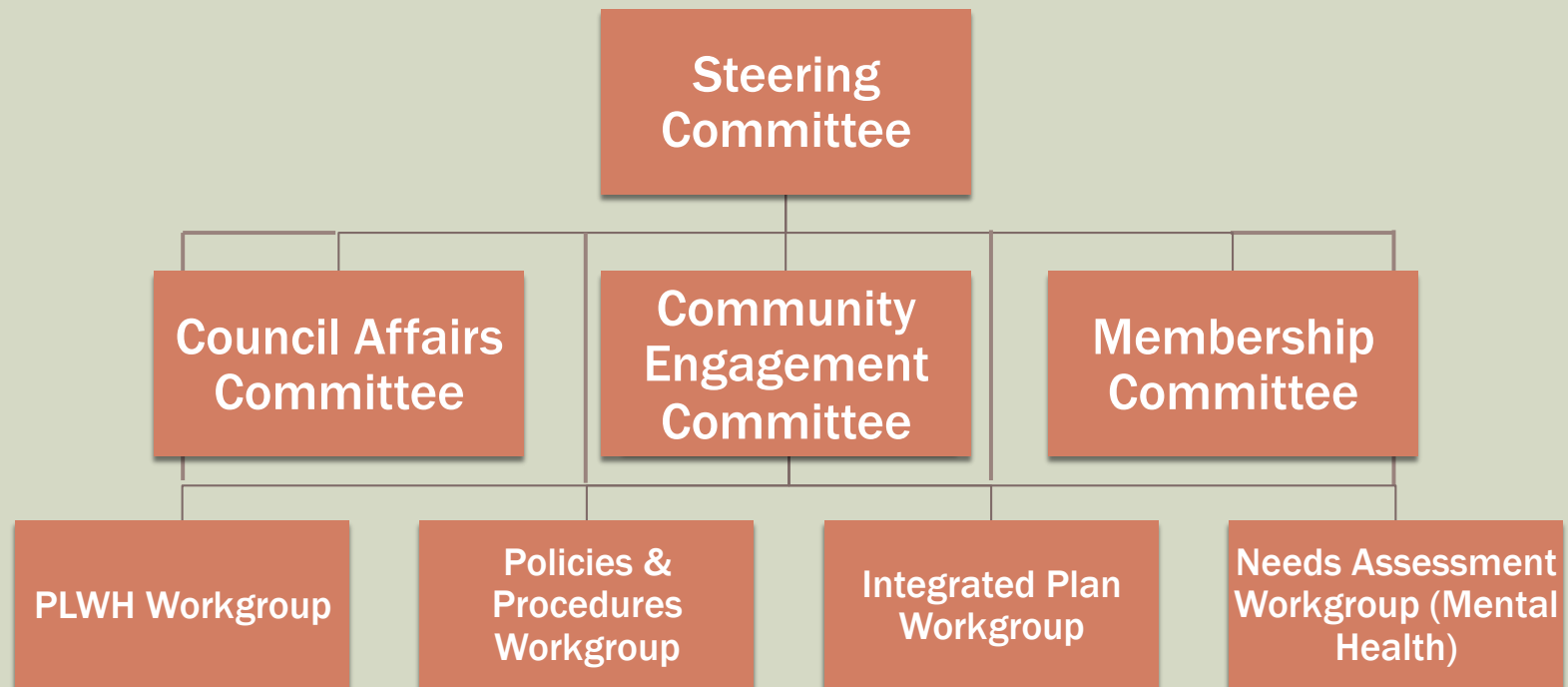
An HIV+ individual who accesses services funded by Ryan White Part A. If this individual is also a provider of services that are or could be funded by RWPA, then they are not considered as "unaffiliated". If this individual is also an employee of a City department, then they may continue to be considered as unaffiliated. HRSA requires that one-third of the membership of RWPA planning councils be HIV+ Unaffiliated Consumers of Services

SPLITTING RESPONSIBILITIES FOR BYLAWS & POLICIES

Bylaws and policies were placed into three major categories for review:

- Joint Leadership Workgroup would need to review and create new joint language
- Policies & Procedures Workgroup would review prior to presenting to Joint Leadership Workgroup
- Staff would edit language to ensure mandates would be fulfilled and presented back to Joint Leadership Workgroup

COUNCIL STRUCTURE



**ROLES NECESSARY TO ENCOURAGE
COMMUNITY OWNERSHIP.**

GOVERNMENT CO-CHAIR ROLE

- Provide expertise on Care & Prevention policies
- Educate on behalf of council to government & non-government entities to ensure the community voice is heard by decision-makers
- Be interface to inform council on changes in local, state & federal policies and to notify government entities of council priorities
- Take the lead from the community, redirecting when needed
- Share trends, opportunities & access to data to influence decisions
- Acknowledge the power and privilege often associated with the role and use it as medicine to support collaboration and community ownership

COMMUNITY CO-CHAIR ROLE

- Represent different communities in leadership...an extension of staff in facilitating & managing groups
- Represent the council & rally on issues relevant to the council
- Mentor future leaders
- Model unity, respectfully working with others
- Frame/set conversations to promote goodwill & collaboration
- Acknowledge the power and privilege often associated with the role and use it as medicine to support collaboration and community ownership

STAFF ROLE

- Provide broad support, recommendations, history and advice when asked so members
- Stay informed & engaged
- Possess overarching perspective to achieve mandates
- Bounce ideas to get other perspectives
- Facilitate communication among membership & committees
- Serve as interface between community & government entities
- Acknowledge the power and privilege often associated with the role and use it as medicine to support collaboration and community ownership

MEMBER ROLE

- Be engaged
- Speak from one's own experience
- Be willing & curious to see all sides of an issue even if you feel strongly
- Do your homework
- Represent all the needs in the community
- Understand your role & responsibility and don't be afraid to make decisions or to take a stand or to press the Pause Button when an issue needs to be resurfaced



MAYORAL APPOINTMENT

Add date



UNITED IN
PURPOSE

CO-CHAIRS & COUNCIL STAFF

Thank you for the Co-Chairs of the Joint Leadership Workgroup and the staffs of both the Care and Prevention Councils for diligently working behind the scenes to support the successful merger process.

- Co-Chair Chip Supanich
- Mark Molnar
- Ali Cone
- Liz Stumm
- Dean Goodwin
- Co-Chair Andrew Lopez
- Eileen Loughran
- Jose-Luis Guzman
- Oscar Macias
- Betty Lew



PASSING THE BATON

Former Care
Council
Community Co-
Chair with
Newly Elected
Community Co-
Chair and Staff

y's change

COACHING FOR SYSTEMS CHANGE

Yvette Leung
leung.yvette@gmail.com
510.549.6666