Committee Members Present: Jack Bowman, Michael Discepola, Paul Harkin, Ron Hernandez, Bill Ledford, T.J. Lee, Andrew Lopez (Co-Chair), Eileen Loughran, Michael Smithwick, Charles Siron, Chip Supanich (Co-Chair), Eric Sutter, Linda Walubengo, David Gonzalez
Committee Members Absent: Rachel Lozada [A], Aja Monet, Ken Pearce, Laura Thomas, Channing-Celeste Wayne [E]
Others Present: Chuck Adams, Dean Goodwin [HHS], Kevin Hutchcroft [HHS], Yvette Leung [Y’s Change], Kim Fowler [Y’s Change]
HHSPC Support Staff Present: Ali Cone, Jennifer Cust, Mark Molnar
HPPC Support Staff Present: Jose Luis Guzman

Minutes

1. Introductions
The meeting was called to order at 4:00 pm by Co-Chair Supanich. Everyone introduced themselves and quorum was established.

2. Review/Approve October 22nd 2015 DRAFT Agenda – VOTE
The Oct 22nd, 2015 DRAFT Agenda was reviewed and approved by consensus.

3. Review/Approve September 24th 2015 Draft Minutes- VOTE
The Sept 24th, 2015 DRAFT Minutes was reviewed and approved by consensus.

4. Public Comment
   • None.

5. Announcement
   • None.

6. Oct 8 Debrief of Joint Full Councils
   • Co-Chair Supanich spoke about his experiences at the Joint Full Council Meeting.

7. Summary Analysis From HIV Planning Councils Survey & Other Lessons Learned.
   • Ali Cone presented, “HIV Planning Councils Survey,” which included:
     o Purpose
     o Results
     o Council Size
     o Demographics
- Government/Provider Representation
- Committee Structure
- Assessment
- DPH Representation
- Prevention Integrated Planning
- Trends/ Conclusions
  - CS Molnar noted that San Francisco is ahead of the curve.
- Jose Luis Guzman spoke about information coming from the Chicago EMA which has a merged Prevention/ HIV Care Council. The council started with a separate Care and Prevention committee and then they changed to a different model. They have two Community Co-Chairs and one Government Co-Chair.
  - Mark Molnar inquired about Co-Chair structure, in terms of demographics.
  - Jack Bowman spoke to the possibility of designing committees around the cascade, since it is a model that both sides are already committed to.
  - The Workgroup discussed the possible committees.
  - Paul Harkin- the most recent CDC RFP had a person who can link newly positive folks to the system of care. What is happening on the ground is already a combination of CARE and Prevention.

8. Crosswalk of Council Bylaws
- Jose Luis Guzman presented the crosswalk document of bylaws from both Councils. He noted there is a lot to cover, so maybe the Workgroup could walk through the document section by section.
  - Mark noted that it was a large document and some items may be able to be brought to a policy and procedure’s workgroup.
  - Co-Chair Lopez inquired if there is something that needs to happen first.
    - Mark Molnar noted that there hadn’t been a discussion of priorities. He thought a name was important.
    - Co-Chair Supanich noted that meeting frequency would be a priority.
  - Jack Bowman inquired about the HRSA goal vs. HRSA mandate.
    - Mark Molnar and Ali Cone spoke to the items that where mandates vs. goal.
    - Mark Molnar- HRSA has very specific items that have to happen and other things that can be worked on without being penalized.
  - Bill Ledford inquired if this work could be done in a workgroup.
    - Jose Luis Guzman noted that Prevention can’t add any Committees right now.
    - Mark Molnar spoke about the eventual need for a Policy and Procedure’s Workgroup.
  - Ali Cone proposed adding some of the content changes to the issues list. She also suggested voting on some of the items to policies and procedures and then also bringing back language that could be tightened.

9. List of Remaining Issues & Other to Do Items Prior to Merge Date
- Yvette Leung presented:
  - Remaining Discussion Topics
    - To look at issues that need to be solved in the Joint Leadership Workgroup and things that could be moved to a policies and procedures workgroup.
  - To do List
    - Joint Leadership Workgroup
      - Present Care/ Prevention crosswalk of bylaws & HRSA/CDC P&Ps to determine what timeline of what needs to be done.
• Discuss remaining discussion issues & come to consensus.
• Set target date for merged council.
• Discuss policies & procedures that need to be discussed before merged council.
• Determine name of merged council.
• Develop application process.
• Arrange for mayoral appointments.
• Vote to approve bylaws of merged council.
• Vote to approve dissolution of individual council bylaws.
  ▪ Joint P&Ps Workgroup
    • Fine-tune voting by proxy
    • Look at P&Ps that need to be discussed after merged council.
  ▪ Sep
    • Letter of Concurrence and Joint Integrated Care/ Prevention Council Plan DUE.

10. Discussion of Issues- VOTE
• Yvette Leung presented the issue of leadership makeup, which included:
  o What are the mandates regarding the issue?
    ▪ Jose Luis Guzman noted that there is a CDC mandate to have one Community Co-Chair and one Government Co-Chair.
    ▪ Eileen Loughran noted the before the restructure we had community co-chairs that were government employees but we changed that by putting in the word, “appointed” opposed to just governmental co-chair.
    ▪ Co-Chair Lopez noted that the CDC mandate is for the whole Council, not just Committee.
    ▪ Ali Cone inquired if the Co-Chair has to be a CHEP or could it be another government department?
      o Jose Luis Guzman noted that his interpretation would be someone who works in HIV, either prevention or HHS. The function of the Co-Chair is to be able to enact change.
      ▪ Michael Discepola suggested having a government Co-Chair be from either CHEP or HHS, and whichever department is not Co-Chair could have seat on the Council, in order to have representation.
        o Mark Molnar noted that there is a motion from the Care Council to vote in all Co-Chairs.
    ▪ The workgroup did a straw poll for a government Co-Chair from HHS or CHEP.
      ▪ The workgroup discussed the few reservations.
        o T.J. Lee- I want to make sure we as a Council vote on this person and it isn’t appointed from DPH directly.
        o Eric Sutter inquired about the relationship between the Prevention Council and DPH.
          ▪ Jack Bowman- I think usually CHEP and community are alignment, but there was a time when that wasn’t the case.
        o The workgroup spoke about the CDC restructuring of the community planning guidance.
o Co-Chair Lopez noted that he joined after the restructuring so his experience with a Government Co-Chair has been positive. Since there is already buy-in from the government without having to bring it to them.

o Dean Goodwin noted that there has been disagreements with Co-Chairs before and the Co-chair wouldn’t have veto power.

o Eileen Loughran spoke about the experience with restructuring from the CDC and the lessons learned. The Prevention Council votes on the letter of concurrence, if the Council doesn’t agree with the government they can sign no on the letter or sign a “concurrence with reservation”.

o Michael Discepola spoke about the importance of having a structure in place to bring up an issue or set an agenda item.

o Ron Hernandez noted his reservation around a Government Co-Chair not going through the normal committee structure, as he wants a Co-Chair to represent his voice and be well-informed about Council activities.

o Yvette Leung- I’m hearing hopes and dreams of what the merged council to look like.

 CS Molnar noted there isn’t a HRSA mandate around having an HIV positive Co-Chair per committee, but there is a Council mandate to have an HIV positive Co-Chair of the whole Council.
  • Co-Chair Supanich inquired if having an HIV+ Co-chair on each committee is a tradition.
  • Mark Molnar- Yes. He also noted that there is a motion from the CARE side about unaffiliated HIV positive Co-Chairs in each Committee as well as 33 1/3% positive non-affiliated consumers in all committees.

 Jose Luis Guzman noted that there isn’t a prevention mandate about HIV positive Co-Chairs. We have more than 1/3rd HIV positive members, but no mandate.

 Bill Ledford suggested having an HIV positive person as a leader in each committee, as well as the whole Council.

 Mark Molnar noted that Mary Lawrence Hick’s motion speaks to the committee or leadership structure.
  • Co-Chair Lopez noted that there hadn’t been a decision about committee or leadership structure.

o Yvette Leung wanted to start on leadership makeup of the Council.

 T.J. Lee spoke to the tradition of the council being 50% HIV+.
 CS Molnar noted that our current by-laws say 1 Co-Chair HIV+ Consumer of services. Our motion says unaffiliated, HIV+ Consumer.

o Eric Sutter started a motion around an HIV positive Co-Chair, but the workgroup decided to further discuss the topic before creating a motion.
  • The committee discussed possibility of deciding on the amount of Co-Chairs first.

o Jose Luis Guzman inquired if the consumer could also be a Prevention Services Consumer.

 Michael Smithwick noted that someone who takes a condom could be a consumer.
  • The committee discussed the spirit of the term consumer, as prevention doesn’t use Ryan White.
  • T.J. Lee suggested just turning it to HIV+ person instead of consumer.
- CS Molnar noted that the consumer is important to the spirit of our bylaw.
- Yvette Leung suggested speaking to the rest of co-chairs/leadership.
- Paul Harkin noted that having a Government Co-Chair is a mandate but there needs to be more detail.
  - Co-Chair Supanich noted that this conversation could end now and revisited at the next meeting.

11. Next Steps, Closing and Evaluation
   - The workgroup went over issues that would be helpful for the government leadership vote.

12. Adjournment
   - The meeting was adjourned at 6:02 by Co-Chair Supanich.