sf ema hiv community planning council

Merger of the HIV Health Services Planning Council & the HIV Prevention Planning Council
① Background.

② Rationale to Merge

③ Challenges to Merger

④ Merger Process & Timeline.

⑤ Merger Agreements.

⑥ Roles Necessary to Encourage Community Ownership.
## 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
<table>
<thead>
<tr>
<th>PREVENTION</th>
<th>CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dramatically reduced infections in SF through follow-up care</td>
<td>• Consistent &amp; diverse consumer representation to make informed policy decisions</td>
</tr>
<tr>
<td>• Maintaining diverse community involvement while creating dialogue around urgent HIV issues</td>
<td>• Community stewardship &amp; prioritization of funds</td>
</tr>
<tr>
<td>• Jurisdictional plan that regards value of community input</td>
<td>• Maintained systems of care</td>
</tr>
<tr>
<td>• World model of HIV prevention that is progressive, evidence-based and client-centered</td>
<td>• Advocacy &amp; voice of people with HIV Centers for Excellence</td>
</tr>
<tr>
<td>• Recommitment to harm reduction</td>
<td>• Democratic</td>
</tr>
<tr>
<td></td>
<td>• Providing direct services</td>
</tr>
</tbody>
</table>
RATIONALE TO MERGE.
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
HIV Prevention & Care Collaborative Efforts

- PWP in Centers of Excellence (CoE)
- Linkage to Care
- Epi Profile
- Planning Council Collaborations
- Integrated Care and Prevention Plan
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

<table>
<thead>
<tr>
<th>Expert/Academia</th>
<th>Layperson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government/Systems of Care</td>
<td>Individual Consumer</td>
</tr>
<tr>
<td>Efficiency, Product-Driven</td>
<td>Consensus, Process-Driven</td>
</tr>
<tr>
<td>Macro, Long-Term Planning</td>
<td>Micro, Annual Planning</td>
</tr>
<tr>
<td>Advisory</td>
<td>Decision-Maker</td>
</tr>
<tr>
<td>Working Professionals</td>
<td>Non-Working</td>
</tr>
<tr>
<td>Healthy, Youthful, Able</td>
<td>HIV+, Aging</td>
</tr>
</tbody>
</table>
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
• 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.
2013 MERGER PROCESS

- 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.

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

JOINT LEADERSHIP WORKGROUP
- Joint Leadership Workgroup to reach consensus on issues of major disagreement to develop joint recommendations for Full Councils to consider, including policies, procedures and by-laws.

ASSESSMENT & ROADMAP DESIGN
- Online Assessment
- Phone Interviews
- Summary of Findings
- Design of Next Phase

FULL COUNCILS & RETREATS
- Retreat: Jul 31
- Full Councils Meeting: Oct 8
- Full Councils Meeting: Mar 10
- Full Councils Meeting: May 23

MERGED COUNCIL
- Mayoral Appointment
- Letter of Concurrence
- Resource Allocation

MAY 2015 | JAN 2016 | JUN 2016
MERGER AGREEMENTS.
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

1. Do not support but will go along
2. Veto
3. Support with reservation
4. Abstain
5. Strongly support
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 $\frac{1}{3}$rd 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
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.
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
• 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
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