



San Francisco
HIV Community
Planning Council
(HCPC) Evaluation
6 months post-merge

June 2017

**FACENTE
CONSULTING**

UNDERSTAND • IMPLEMENT • TELL YOUR STORY

About this evaluation

- Goal was to evaluate strengths and weaknesses of the newly merged Council, 6 months out
 - 6 one-on-one interviews
 - 11 members participated in one of 2 focus groups
 - 15 of remaining 26 members took a SurveyMonkey survey

Role of the Council in HIV prevention and care

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Council in
HIV prevention
and care

- Wide range of answers
 - “Check” for the health department
 - “Take the temperature of the community”
 - “Kind of get input”
 - “Have us sign off on stuff”
 - Information dissemination
 - Resource allocation
 - “Preserve the system of care”
 - “Directing” vs. “Advising”

Role of the
Council in
HIV prevention
and care

- Role is shifting

- Getting to Zero / general fund dollars
- Shaping the course?

“[I would like to] have more space for deliberative, formative conversations, instead of just, ‘Here’s a presentation, do you have any questions? Here’s another one, do we have any questions?’”

If you have five things that you think you might choose from, bring them to us to let us give our opinion. Now we're being asked about that decision after it was made. In that case, there is no reason for this Council to exist or for any of us to show up.

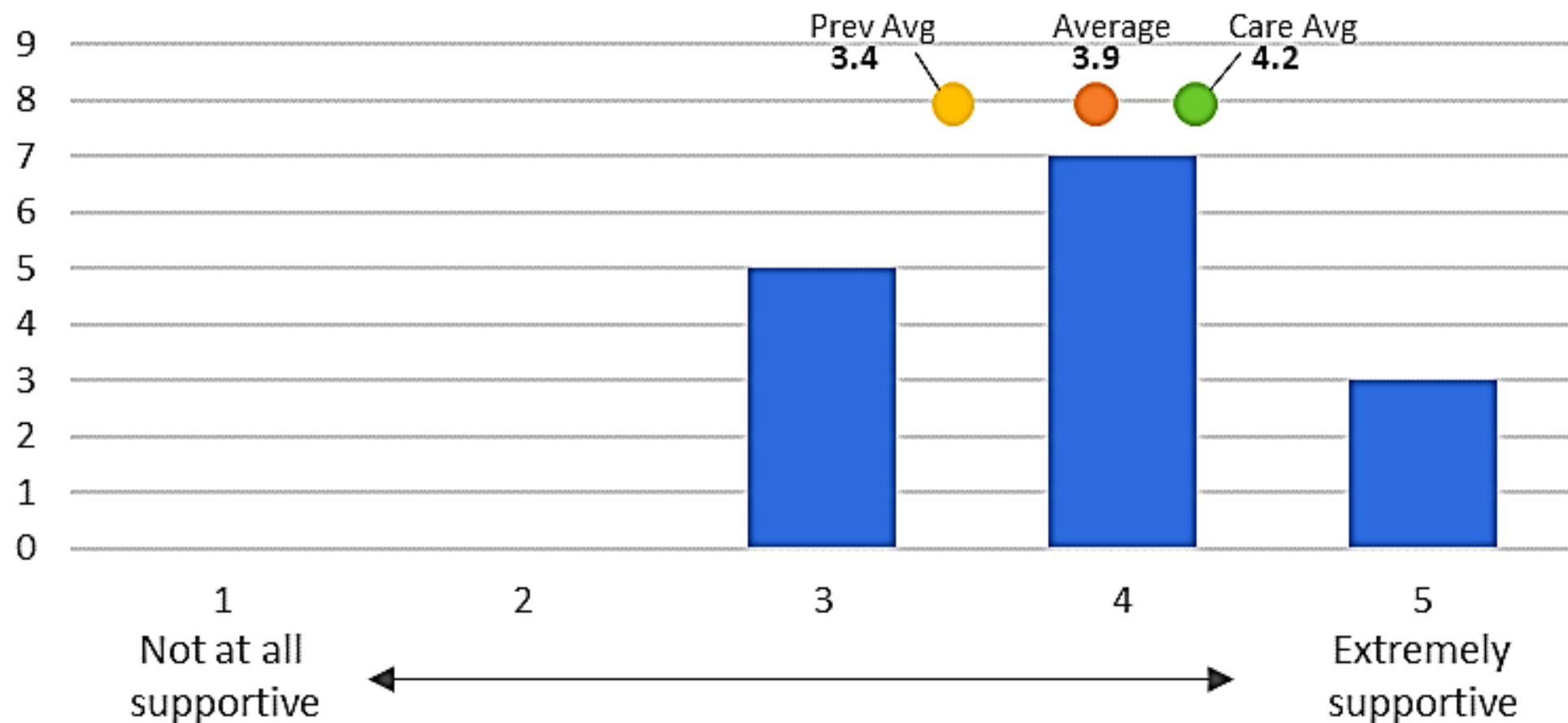
I've had to look a little more critically at my time, and how much I spend out of the office, and I've been asking myself whether it really makes sense for me to spend my time on community planning, as opposed to something like Getting to Zero. Is it going to be dynamic? Influential? Or just rubber-stamping?

Incorporation of community voices

Incorporation
of community
voices

- Depends on your definition of community
 - Generally positive feelings about impact on the community, by linking prevention and care into one continuum
 - Concern about member diversity, particularly for unaffiliated consumers
 - May need to redefine “consumer”
 - HIV positive, but also HIV negative!

How well do you think the merged HCPC supports the involvement of community voices?



You gotta mentor people from disenfranchised communities. You can't just bring them into a room of policymakers and providers, and expect them to feel like they fit in. You have to bring them in and support them and make sure they have the resources they need to feel comfortable. We've really struggled with communities of color. And I think we've allowed several people to just kind of do what they wanted as far as coming to meetings, because they filled a specific demographic category that was difficult to fill.

CONCRETE SUGGESTION

To increase community voices, consider:

- moving the meeting to evening times
- having mentorship for new members and ongoing professional development opportunities for all members.

Balance of care and prevention

Balance of care
and prevention

- One of the biggest concerns pre-merge
 - To some extent, these concerns have been validated
 - However, most agreed it is a work in progress, and is improving
 - Need to look for new ways to do things, instead of relying on how it's always been done
 - A little bit “apples and oranges”

If you expect these two planning bodies to merge, [the health department needs] to merge, too. HHS and CHEP need to get it together. There are always barriers, because we have to wait for one side or the other to get together and work things out. They have two totally different visions and policies and people. So, if you want us to really embrace this integration, then y'all need to integrate, too.

Strengths

Strengths

- Improved communication
- Better understanding of the big picture
- Commitment to shared leadership
- Maintenance of PIR, including PLWH
- Solid organization/logistical support

Having all the people at the same table is definitely a benefit. There were a lot of points when the prevention council was getting a presentation, and then the care council would get the same presentation, and then dialogue between the two councils wasn't really happening, even though they were working on the same issue. So working together is really benefitting the community.

Recommendations for future change

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- Vision and strategy
- Structure and logistics
- Membership and attendance

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CONCRETE SUGGESTION

One member suggested that Steering could take the lead on some strategic planning.

Before the end of each year:

- What is the overarching plan for the next year?
- What are you going to work on, what are priorities?

Leave space for new things to arise, but set expectations for a workplan overall, too.

[The support staff], they often just tell us how it will be, without conversations with the leadership about 'Should we still be doing it this way?' We want to respect the historical context and not reinvent the wheel, but at the same time there needs to be ways to update and refresh and make sure we are doing things the best way.

Recommendations
for future change

- Vision and strategy

- Structure and logistics

- Membership and attendance

CONCRETE SUGGESTION

Some members felt strongly that the Council needed to be smaller. Others thought that if the full Council remained large, its importance (and frequency) should diminish in favor of more substantial emphasis on committee work.

Are the committees really moving the goals of the Council forward? The one committee that is doing what some members would consider work to advance the mission of the Council is the Community Engagement workgroup, because they do the needs assessments and the COLAs. But in this first year those are being done very much in the way care has done it in the past...they could do more to advance the goals of the merged Council.

Recommendations
for future change

- Vision and strategy
- Structure and logistics
- Membership and attendance

CONCRETE SUGGESTION

Many members felt that it was imperative to create a fair but firm attendance policy, which allowed for participation from unaffiliated consumers but also helped ensure true participation and input of Council members.

I struggle very much with what the future of the Council looks like. The numbers are dwindling and it's turning into a bunch of providers in the room. The point of the Council is we want to make sure that consumer's needs are met...it's not [just] a matter of being comfortable, but being empowered to voice their opinions and rise to leadership roles.

External relationships

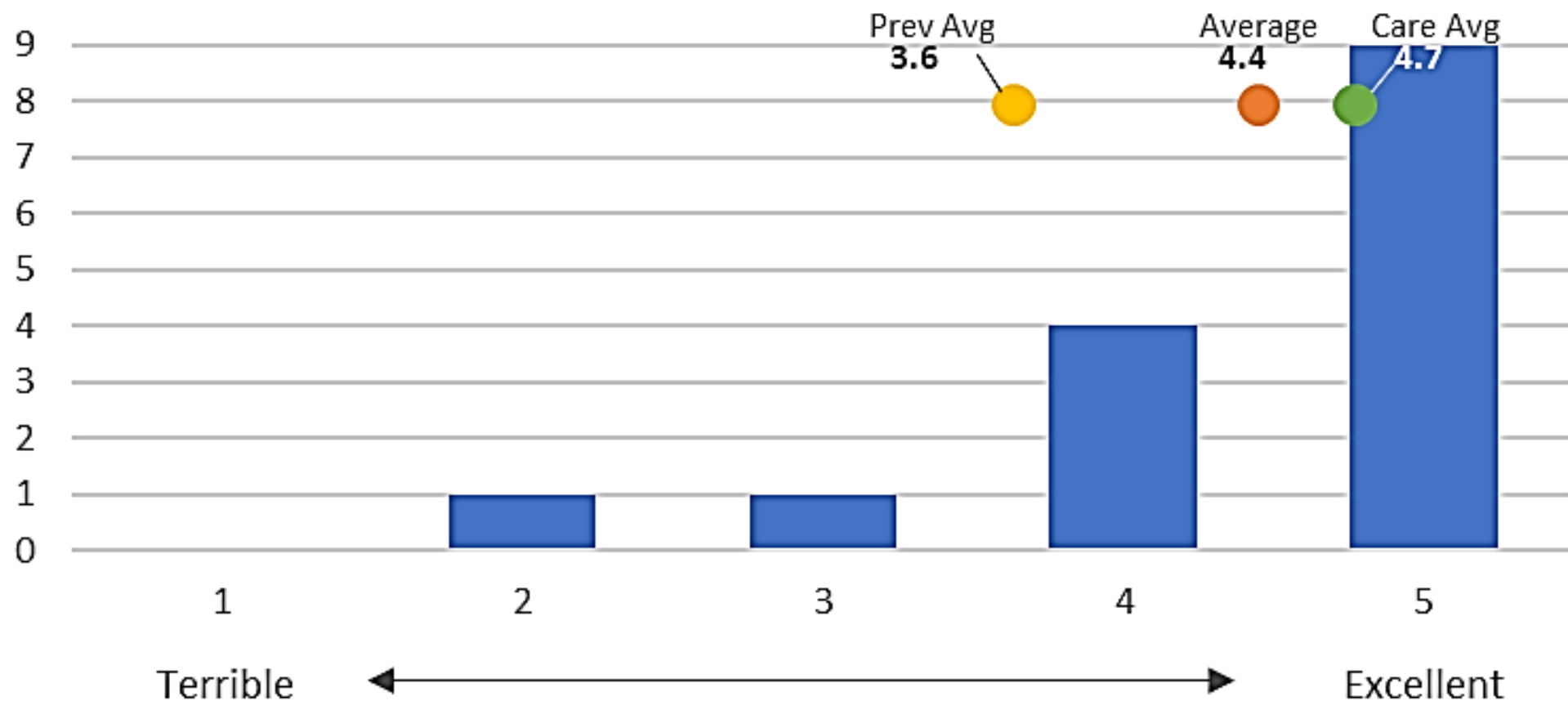
External
relationships

- Overall, mutual respect
- HHS and CHEP have different relationships with the Council

SFDPH

- Transparency was a recurring theme
 - When is it “DPH’s call”?

How would you rate the relationship between the HCPC and the SFDPH?



I think the creation of a strong government/community partnership is an art. And I think a lot of that is really lost [now. Previously], they knew how to really engage with community, and use the community's strengths...I'm kind of bored [now]. What do they want from us? What are the questions they really want to pose to the group? Let's say there's an issue that DPH is looking at. How can they use us?

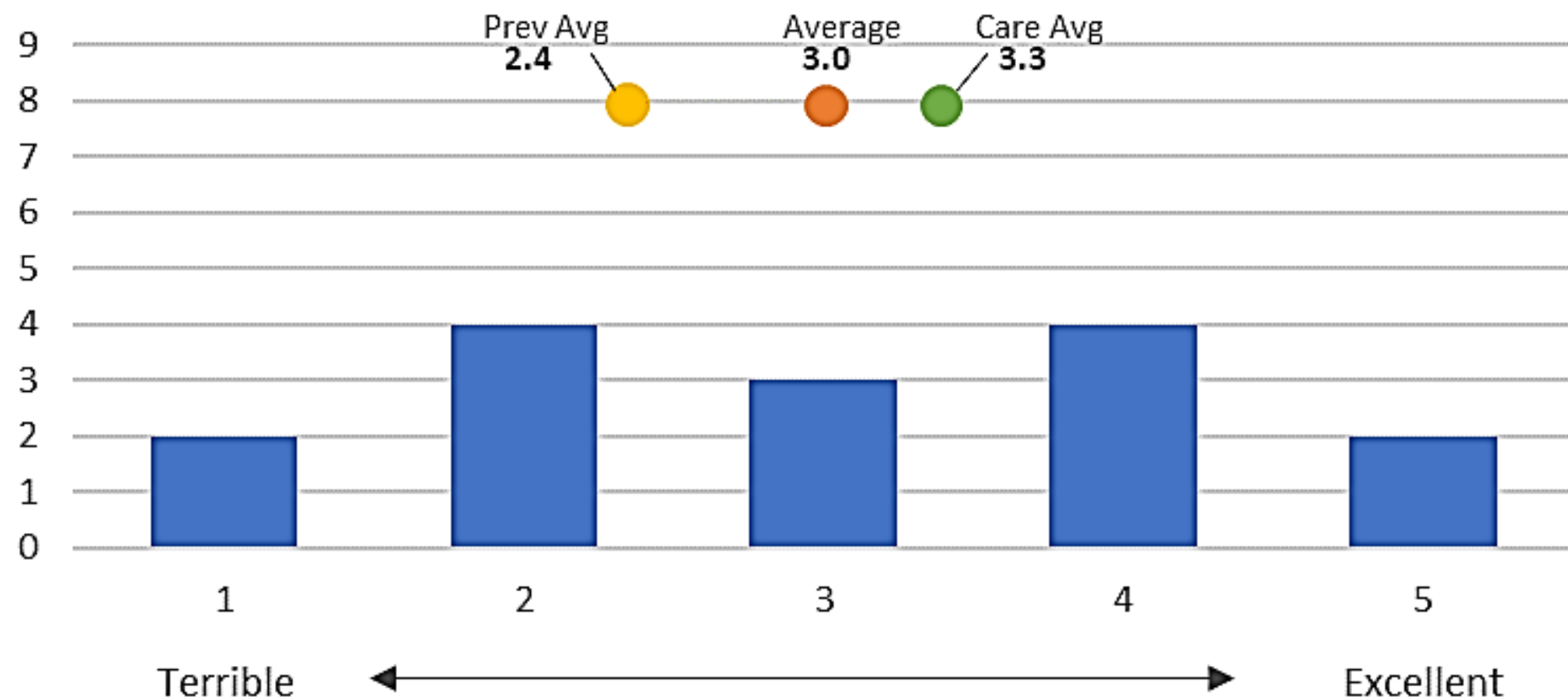
The health department used to rely on us to be the voice that could speak out, the naysayers, when they couldn't. And at some point we became the problem. Suddenly they wanted to control us, to manage us.

External
relationships

Getting to
Zero

- Many mixed (and passionate) feelings
- Cutting edge
- Less community-oriented
- Less transparent
- More nimble, influential
- Relationship is getting better!

How would you rate the relationship between the HCPC and Getting to Zero?



[When it comes to the HCPC, the government departments] are sending [representatives] who are low to mid-level. So that tells you what they think about community voices. That is the equivalent of low-level staffers. And we all have this 'shifting of the deck chairs on the Titanic' feeling. Everything's getting cut no matter what so...it's not a lack of a sense of urgency, it's a lack of a sense of possibility.

But Getting to Zero – it's the opposite of the low-level staffers they send to the Council. You go to one of these Getting to Zero meetings, and it's EDs, top-level people – it's like they need to roll out the red carpet!

CONCRETE SUGGESTION

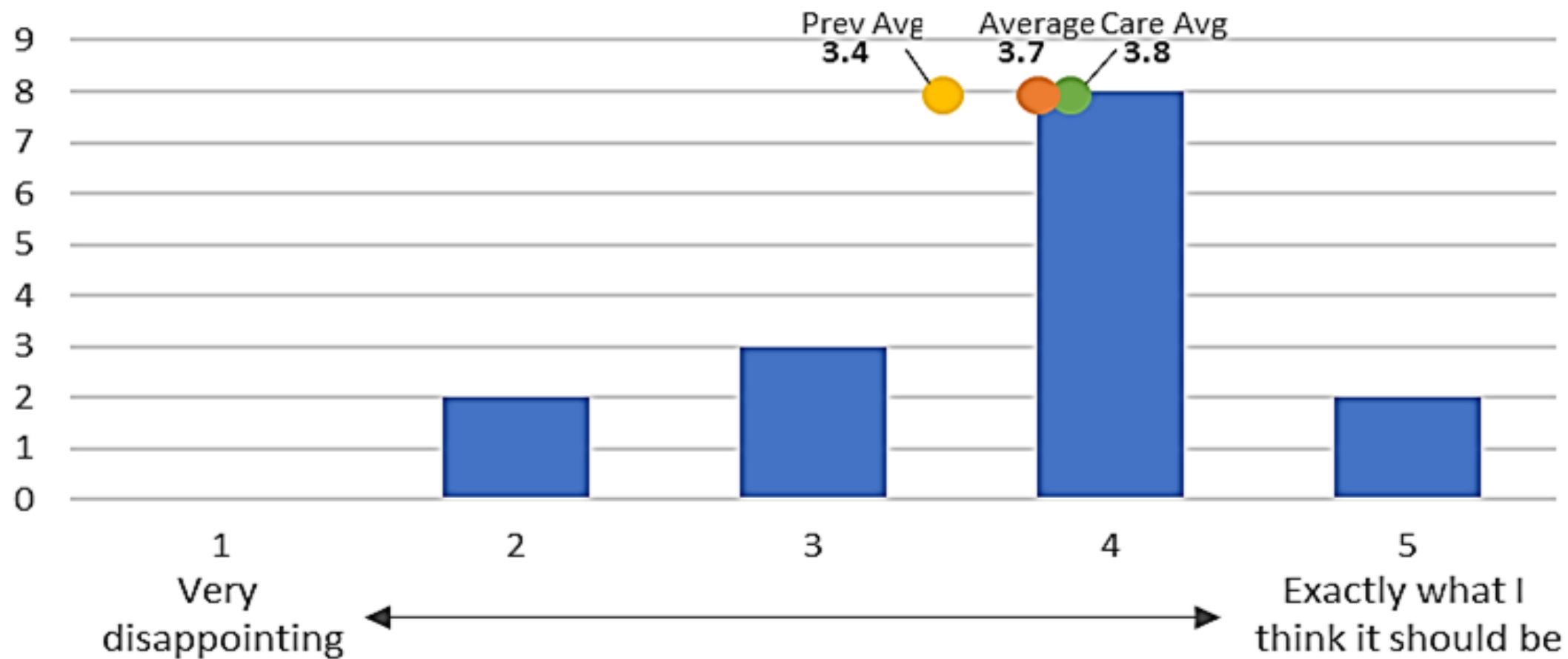
Some members suggested that maybe the Community Engagement committee should work on linking HCPC more strongly to Getting to Zero.

HCPC involvement in the Integrated Plan

HCPC Involvement in the Integrated Plan

- By all accounts, it was bumpy
- By all accounts, it turned out great!
- What about now?
 - Roles are unclear
 - DPH takes it from here?
 - HCPC has an important part to play?

How would you rate the HCPC's involvement with the Integrated Plan?



I think it's a shame that there are so many skilled and talented people on this Council, and they're not being involved in a meaningful way. The guidance was out for a while and it really could have started earlier. There should have been multiple workgroups working on different parts of the Plan, so it's really community-informed. Then hire one consultant who can really piece things together and create a seamless story – but the meat of the plan really comes directly from the workgroups.

Conclusions

Conclusions

- Plenty of thoughtful critiques
 - More clarity of roles
 - More clarity of direction/workplan
 - Consider structural shifts
- Many engaged members
- Room for growth and change
 - Willingness and willpower to make it happen