



HIV Health Services Planning Council and HIV Prevention Planning Council

TRANSITION TEAM

Thursday, January 29th 2015
San Francisco AIDS Foundation
1035 Market Street, 3rd Floor Swing Space
3:00-5:00 pm

Transition Team Members Present: Jackson Bowman, David Gonzalez, Dean Goodwin, Paul Harkin, Mary Lawrence Hicks, Ken Hornby, Kevin Hutchcroft, T.J. Lee, Andrew Lopez, Eileen Loughran, Mark Molnar, Tracey Packer, Laura Thomas, Charles Siron, Chip Supanich, Eric Sutter

Transition Team Members Absent: Wade Flores [E], Kenneth Pearce [A], Channing-Celeste Wayne [E]

Others Present: Lee Jewell [HHSPC], Oscar Macias, Aja Monet [HPPC], Stacia Scherich [HHSPC], Frank Strona [HPPC]

Support Staff Present: Ali Cone, Jennifer Cust, Dave Jordan

Minutes

1. Introductions

The meeting was called to order at 3:06 pm by Mark Molnar. Everyone introduced themselves and quorum was established.

2. Review/Approve January 29th 2015 DRAFT Agenda – VOTE

The January 29th 2014 DRAFT Agenda was reviewed, amended and approved by consensus.

3. Announcements

- None.

4. Public Comment

- None.

5. Co-Chair Election- VOTE

- Kenneth Hornby nominated Chip Supanich. Eric Sutter seconded.
- Charles Siron nominated Laura Thomas. Laura Thomas respectfully declined.
- Jackson Bowman nominated Andrew Lopez. Paul Harkin seconded.
 - **Vote: Chip Supanich and Andrew Lopez are now co-chairs of the transition team. See attached: row [1] for votes.**

6. Goals of Transition Team

- Background & Operating Agreements
 - Co-Chair Supanich reviewed the Transition Work Group- Operating Agreements.
- Overview of Transition Team's Scope of Work
- Timeline
 - Co-Chair Supanich noted that there will be 3 meetings and the process will finish in March.
 - Mark Molnar noted that the two major items that should be accomplished by the end of the transition team meetings: 1.) a motion has to be put forward to allow the Merge of the Steering Committee and Executive committee to be approved by both councils. The second part is to define the scope of work of the Joint Steering/Executive.

- Mark Molnar inquired if the team would feel comfortable having a motion come out of the next meeting if not sooner?
 - The Transition Team agreed.
- Eileen Loughran noted that the next Full HPPC Meeting is in March, so whatever motions come from this meeting have to be before March 12th. The Executive Committee will meet next at the end of February.
 - Mark Molnar inquired if the motions from the Transition Team have to be vetted at the Executive Committee before the Full Council.
 - Laura Thomas- the Executive Committee is all represented at the Transition Team.
 - Tracey Packer- if we discuss that process while we go, less will be needed at the Executive Committee.
 - Charles Siron spoke about the possibility of extending the meetings, so that the HPPC Executive Committee would have time to meet before they present to the full HPPC.
 - Mark Molnar noted that extending the Transition Team would have to be brought to the council, since the operating agreements had been approved. It could be logically extended, if it's just dialogue, and not additional work.
 - Co-Char Supanich supported extending the timeline only if necessary, and not right off the bat.
- Next Steps
 - Mark Molnar noted that before the Executive and Steering can merge, both councils will have to look at policies and procedures and by-laws and see if there needs to be any adjustments.
 - Oscar Macias agreed to take a look at the HPPC by-laws and policies and procedures.
 - Mark Molnar agreed to pull out the relevant HHSPC policies and procedures.
 - T.J. Lee requested that the Transition Team receive the by-laws and policies and procedures before the 72 hour period prior the next meeting.
 - Tracey Packer noted that at the Joint Co-chairs Meeting, there was a discussion about the possibility of hiring a consultant to facilitate the Joint Steering/ Executive meetings. She asked the team if that was something they'd like to discuss.
 - The Transition Team decided to put that on the next agenda.
 - The Transition Team had a discussion about thinking of the Council as a whole, and moving forward together while focusing on similarities and shared goals during the difficult discussions that might take place.
 - Dean Goodwin noted that the HRSA/ Ryan White officer would like to be informed of the transition activities.
 - Tracey Packer noted that the CDC project manager will be informed of the meetings and will likely want to attend as well.
 - T.J. Lee spoke about some of the differences between councils, including funding.

7. Action Steps- VOTE

- Policies & Procedures
 - Mark Molnar noted that he looked at the HHSPC by-laws and couldn't find anything that defined the Steering Committee, therefore the only change might need to be made in the policies and procedures, which is an easier adjustment.
 - Eileen Loughran noted that she didn't think the HPPC by-laws stated the makeup of an executive committee, but the policies and procedures did.

- Developing Trust and Shared Culture
 - Co-Chair Lopez spoke to the importance of using the model that was developed during the Collaborative Planning Workgroup.
 - Co-Chair Supanich spoke to the shared value of serving the HIV community.
 - Laura Thomas spoke about both councils valuing the importance of the diverse community and trusting the expertise of those who have immediate and direct experience.
 - Laura Thomas noted that one of the cultural differences is the way that the councils interact with the health departments. I think for both councils that relationship has changed over time.
 - Jack Bowman inquired about the differences T.J Lee mentioned earlier and asked for some of the things that might challenge the objective of a merged council.
 - Mark Molnar noted that he sensed some of the council member's anxieties coming from the fear of losing dialogue from consumers and moving to a more government driven body.
 - Stacia Scherich spoke to the fear of losing HIV positive voices on the council.
 - T.J. Lee spoke about the fear of losing the dialogue that happens during the 5 committees focused on care of the HIV positive community.
 - Stacia Scherich spoke about the amount of mandated seats, and how that might not accommodate HIV positive voices.
 - Dave Jordan noted that some of the mandated seats would overlap between the councils.
 - The Transition Team discussed the goals of both councils and how the similarities and differences would make the merged council affective and inclusive.
 - Eileen Loughran spoke to the idea of hiring a consultant. Having a neutral person might be more inclusive. An example of a successful consultant was during the first iteration of the HIV Health Reform Taskforce.
 - T.J. Lee spoke about the importance of having a consultant that both councils feel comfortable with.
 - Lee Jewell noted that the consultant was pivotal and getting work done with the HIV Health Reform Taskforce.
 - Mark Molnar noted that a consultant could become a lightning rod for tensions and anxieties, much like it did at the Collaborative Planning Workgroup. Also the Joint Steering/ Executive Committee will be the first trail of a merged council and has the support of two admin teams.
 - Charles Siron spoke about his trust for both admin teams.
 - Dean Goodwin noted that the idea to hire a consultant had nothing to do with the abilities of both admin teams, but rather to have a neutral voice and to take on some of the work.
 - Frank Strona spoke in favor of a consultant, for efficiency and because the consultant could take a look at the parity between the two councils.
 - Jackson Bowman spoke to Mark's point about the consultant possibly being a lightning rod for tension, and that that might be a point in favor of a consultant, as sometimes things are said during tense moments that could be difficult and he wouldn't want to jeopardize any relationships with staff.
 - Mark Molnar highlighted the good points in favor of a consultant and spoke to feeling open to the idea.

- Aja Monet spoke about cost of a consultant, and how that money might be better spent on the community.
 - Charles Siron and Mary Lawrence spoke in favor of hiring a consultant that everyone trust.
- Aja Monet spoke to the importance of community voice.
 - T.J. Lee spoke to the importance of the voice of unaligned consumers, as providers, whether positive or negative interact with services differently.
- T.J. Lee inquired about funding for both councils.
 - Laura Thomas spoke about the funding for both councils and how that is defined by CDC and HRSA and could be brought to the next meeting. The various federal laws and restrictions prevent any significant shift in funding for both mandates. CDC funding is more flexible but does have some guidelines. On both sides the dollars are shrinking. She felt that the funding is the lowest motivator for merging and it was more about quicker links to care and supporting a continuum of care.
 - Tracey Packer suggested having a simple funding breakdown brought to the next meeting. She also spoke about the importance of treatment and care as prevention. Less of what prevention does is with people who are negative. Needle exchanges and PReP affect both populations.
- The Transition Team had a robust conversation about the similarities and differences in the HIV positive and negative communities.
 - David Gonzalez spoke about both council's serving the same community, and both communities being affected by similar issues of poverty and substance use.
 - Stacia Scherich spoke about the significant difference between being HIV positive and negative.
 - Mary Lawrence Hicks spoke about the difference between the negative and positive community, coming from a provider's prospective. She also spoke about the some of the Council's fear of losing advocacy for some lifesaving services.
 - Paul Harkin spoke to the valid concerns of the team. There is a big connection with linking people to care and prevention. A coordinated body could help address the needs of both populations.
 - Co-Chair Lopez- The importance of prevention is so stop another person from getting HIV.
 - Jack Bowman spoke about changes with HIV prevention and how the focus has gone away from health education and risk reduction and moved to prevention through care. Most of what HIV prevention is doing is linking people to care, and getting HIV positive virally suppressed. Acknowledging the privilege of being negative, he spoke about the importance of doing outreach to negative people and not losing that aspect of prevention.
 - Kenneth Hornby spoke of the importance of having everyone at the table. Prevention has kept a lot of people negative.
 - Aja Monet spoke about relationships between negative and positive couples and about the lifestyle changes for both partners.
 - Co-Chair Supanich spoke about the similarities between councils: working to decrease viral load and a commitment to a continuum of care. He suggested a brief presentation from both councils.

- Mark Molnar requested clarification on prevention’s funding, as he understood it, the funding was supposed to match the EPI data for the San Francisco epidemic exactly.
 - Tracey Packer noted that HIV Prevention is focused on the highest prevalence communities. However programs also address health disparities by race and ethnicity. The HPPC wants to ensure that HIV positive people are connected to services, which is the whole community, not just the most prevalent community. The HPPC has special projects to target different populations, which includes HIV testing, prevention with positives and prevention with negatives. HPPC also works with five CoE’s.
 - Laura Thomas- the historical funding for HPPC included CoE’s and prevention with positives. That is already a collaboration.
 - Lee Jewell noted current collaboration with some of the HHSPC service categories being funded by general funds. DPH is doing an important job to coordinate and make the most of the funds.

- Tracey Packer spoke about the importance of this initial conversation and reminded the team to think about how the Joint Steering/ Executive could have the same conversations and what structure would be most effective.
 - T.J. Lee suggested looking back at “points of integration” meetings to see what worked and what didn’t work.

- Charles Siron spoke about creating a motion about hiring a consultant.
 - David Jordan spoke about that being added to the next meeting.

8. Next Meeting Date & Agenda Items- VOTE

- Co-Chair Supanich suggested a presentation around history of the councils.
 - Mark Molnar suggested that could be included in the shared culture discussion.
- Frank Strona suggested there be a discussion around operating procedures and process from each council, including the roles of the HHSPC Director.

- **Possible next agenda items:**
 - By-laws/ procedures to merge joint exec/ steering.
 - Possibility of hiring a consultant
 - Shared culture discussion
 - Dean/ Tracey to give slide about funding from both councils.
 - Meeting processes with different operating structures.

- The transition team decided to look at meetings from both prevention and care and then creating a doodle.

9. Adjournment

The meeting was adjourned at 5:05 pm by Co-Chair Supanich.

Transition Team

HHSPC & HPPC

Roll Call: **P**=Present; **A**=absent; **E**=Excused; **L**=Leave of Absence

Votes: **Y**=Yes; **N**=No; **B**=Abstain; **R**=Recused (deduct from quorum)

Date: January 29, 2015	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
1. Jackson Bowman	P	Y							
2. David Gonzalez	P	-							
3. Paul Harkin	p	Y							
4. Mary Lawrence Hicks	P	-							
5. Andrew Lopez	P	Y							
6. Tracey Packer	P	Y							
7. Chip Supanich	P	Y							
8. Laura Thomas	P	Y							
9. Channing-Celeste Wayne	E	-							
10. Eric Sutter/ Ken Pearce	P	Y							
11. Ken Hornby/Wade Flores	P	Y							
12. Charles Siron/ T.J. Lee	P	Y							
13. Eileen Loughran	P	Y							
14. Mark Molnar	P	Y							
15. HHS Representative	P	-							