End Hep C SF
Collective Impact Initiative

Year One Evaluation, December 2016

Table of Contents

Year One Evaluation Report: Executive Summary 1
  The End Hep C SF Initiative: 1
  Collective Impact Approach: 1
  Year One Evaluation: 1
  Early Successes of the End Hep C SF Initiative 1
  Next Steps to Strengthen Effectiveness in Year Two 3

Complete Data 4
  Background and Methods: 4
  Overall Participation in the End Hep C SF Initiative 4
    Table 1: Complete List of Participants 5
    Table 2: Multi-Sectoral Representation within Each Workgroup 5
  Key Findings Organized by Collective Impact Core Component: 6
    1. Participation 6
    2. Common Agenda and Mutually Reinforcing Activities 7
    3. Shared Measurement 8
    4. Continuous Communication and Backbone Support 9

  Appendix: Complete Participant Responses 10

Year One Evaluation Report: Executive Summary

The End Hep C SF Initiative: The End Hep C SF began in January 2016 as a multi-sector Collective Impact initiative—a collaboration of organizations across the city, brought together by the San Francisco Department of Public Health (SFDPH), with an aim of breaking the cycle of hepatitis C (HCV) transmission, expanding the reach of recently developed and highly effective HCV treatments, and ultimately eliminating HCV in San Francisco. Led by a Steering Committee, stakeholders from across the city participate in four workgroups (Prevention and Education, Testing and Linkage to Care, Treatment Access, and Research and Surveillance). Each groups meets monthly to identify strategies to reduce the number of Hepatitis C infections within the City and County of San Francisco. Throughout the first year of the initiative, almost 100 community members representing 35 different organizations have participated in shaping effective strategies toward HCV elimination.

Collective Impact Approach: Given the complexity of eliminating HCV, the use of a Collective Impact (CI) approach was a strategic choice to increase the integration and effectiveness of county wide efforts. CI is "a framework to tackle deeply entrenched and complex social problems [through] an innovative and structured approach to…collaboration…across government, business, philanthropy, non-profit organisations and citizens." [1] Through structured collaboration, led by one core agency acting as logistical coordinator and dedicated facilitator, individual organizational agendas are replaced with unified vision, integrated strategy, and mutually reinforcing activities. The CI approach leverages alignment and integration to create "significant and lasting social change." The CI model relies on five main components: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support.

Year One Evaluation: One year into the End Hep C SF Initiative, we embarked on the first stage of our evaluation—to assess our implementation of the Collective Impact model, identify strengths and areas for improvement in our process, and highlight early markers of change on the path toward our vision of HCV elimination. Using the five components of Collective Impact as the framework for our evaluation, facilitated discussions took place in each of the five work groups and an online survey was sent to participants not present for the in person discussions. Overall, 61 people participated in the evaluation, sharing their feedback on our process and outcomes to date.

Early Successes of the End Hep C SF Initiative

1. Diversity of Representation: One of the major successes of the first year of the End Hep C SF initiative has been the successful engagement of a broad range of key stakeholders: public health department, public/private health care providers, pharmacists, health insurers, substance use treatment centers, homeless services, outreach workers, needle exchange providers, researchers and a variety of social service providers. Ninety eight community members representing thirty five separate organizations have participated in the five work groups throughout the first year. On average, ten to fifteen participants attend each meeting; some designed to be open community forums, others convening consistent "core" organizations. Across all groups, participants concurred that the participation of diverse organizations has been a major asset to the End Hep C initiative.

> *"Amazing groups of people have been put together"; "I was impressed by the range "; "Good representation from the organizations that have the most reach"; "Truly multidisciplinary"*

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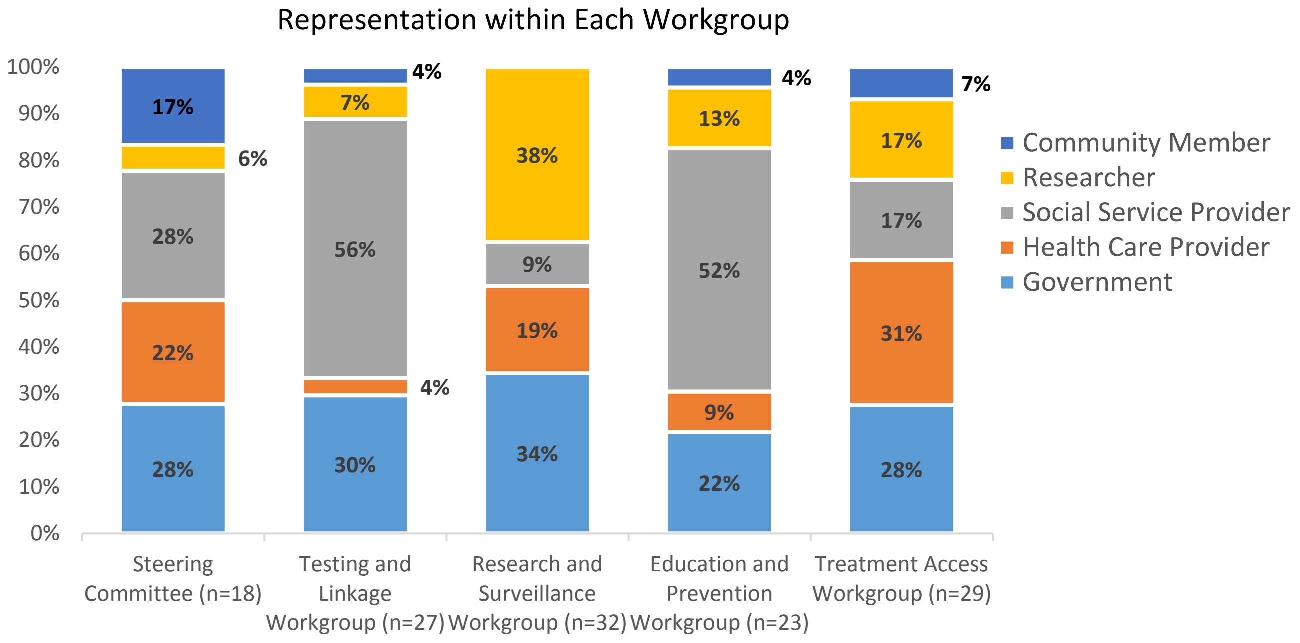
[1] Collaboration for Impact. Accessed online, 11/20/16 at http://www.collaborationforimpact.com/collective-impact/



2. Development of Unified Vision and Strategy: Although still in the early stages of articulating a unified strategy and concrete action steps, the End Hep C initiative has already succeeded in shaping a common vision which participants articulate as a key step toward creating deeper community changes.

> *"With a common agenda, this is a stronger unified voice"; "I believe in the mission of [the] group and feel [we]…can make it happen"; "[We have] shared priorities"; "We share [a] common agenda"; "It feels like we are moving towards a unified goal"*

3. Early Reports of the Positive Impact of Increased Collaboration: A key indicator of the success of early collaboration has been the high levels of trust and mutual respect reported by participants who particularly noted how exceptional this tone of true collaboration was amongst organizations who typically compete for resources and funding.

> *"Communication is open and clear"; "[The workgroup is a] safe environment"; "We come to our monthly agenda in a thoughtful manner that honors all participants"; "Truly working for the public health goal, rather than jockeying for units of service."*

In addition, participants uniformly report that meetings are strengthening relationships, increasing information sharing and improving the way they work. Several concrete collaborative actions have already been implemented including the collaborative creation of shared tools, exchanges of materials, and the sharing of staff to increase the reach of individual programs. While formal measurements are not yet in place, service providers are already anecdotally reporting increased awareness of HCV among target populations and increased availability of HCV treatment in the community.

> *"We are building good networks and relationships"; "These meetings have allowed various organizations to collaborate efforts and work together to provide better services for our clients"; "I feel that the opportunity to learn about individual service providers and understand each agency's service provision model has facilitated stronger client referrals and service delivery."*

Next Steps to Strengthen Effectiveness in Year Two

1. Strengthen Communication Infrastructure: During year one, workgroup communication occurred mainly during in-person meetings, through email reminders and through sharing of meeting notes. As the activities of the End Hep C Initiative become more clearly defined and complex, increased infrastructure is necessary to ensure effective cross-group communication and alignment of strategies and activities. In year two, additional communication systems will be put in place including:

- Development of a unified online forum for storing all group materials (participant lists, meeting schedules, agendas, notes, and shared resources)
- Ensuring email lists are up to date and creating systems for adding new members
- Sharing of high level summaries across workgroups (monthly updates) and strategic use of select cross-group convenings
- Adding methods to ensure adequate engagement outside of in-person participation (increasing distance based tools such as phone and video conferencing and/or developing specific targeted follow-up for participants not attending in person)

2. Expand Outreach to Under-represented Stakeholder Groups: While diverse participation was a notable success of year one, multiple workgroups noted key stakeholders who have not yet been engaged, and whose voiced are key to defining successful strategies for HCV elimination. While this included a number of organizations, most notably, participants emphasized the need to increase the meaningful participation by individuals personally impacted by HCV (consumers).

> *“[We need to] ask…individuals with HCV…what they want [and not] assume professionals have the answers”: “[We need to] creat[e] space for PWUD's, some of [our] goals are peer involved and most attending [meetings] are providers”*

3. Concretize Action Steps and Performance Measures: Building on the development of shared vision and overall strategy, the major focus of year two is to develop a concrete action plan with articulated measures of success. Participants expressed their positive anticipation of this, articulating a desire for clear action steps, identified roles and responsibilities and increasing the availability and use of data.

> *“Have regular shared data at each meeting so we all can have a sense of where we were, where we are, and where we are headed.”*

4. Ensure Ongoing Funding for Collaborative Activities: Finally, and perhaps the most important task for year two, is to ensure adequate funding for the expansion of services and the continued active collaboration of key stakeholders. Participants specifically noted the importance of ensuring adequate ongoing infrastructure for the End Hep C SF initiative including staff to expand availability and use of data as well as ongoing meeting facilitation.

> *“[We need] financial support for some of the collaborations. Currently, activities…are supported through HIV…dollars…[but] hep C populations highly impacted need specific services that require additional training and support beyond HIV services current infrastructure.”*

Complete Data

Background and Methods:

This process evaluation took place approximately one year into the Collective Impact initiative to end Hepatitis C in San Francisco (End Hep C SF). Throughout the initiative, the San Francisco Department of Public Health (SFDPH) convened stakeholders from across the city to work collaboratively to break the cycle of hepatitis C (HCV) transmission, expand the reach of recently developed and highly effective HCV treatments, and ultimately eliminate HCV in San Francisco. Given the complexity of eliminating HCV, the use of a Collective Impact (CI) approach was a strategic choice to increase the integration and effectiveness of county wide efforts.

CI is "a framework to tackle deeply entrenched and complex social problems [through] an innovative and structured approach to…collaboration…across government, business, philanthropy, non-profit organisations and citizens." Through structured collaboration, led by one core agency acting as logistical coordinator and dedicated facilitator, individual organizational agendas are replaced with unified vision, integrated strategy, and mutually reinforcing activities. The CI approach leverages alignment and integration to create "significant and lasting social change." The CI model relies on five main components: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support.

Enacting the CI model, the SFDPH convened a Steering Committee and four workgroups (Prevention and Education, Testing and Linkage to Care, Treatment Access, and Research and Surveillance). Each group met monthly to identify strategies to reduce the number of Hepatitis C infections within the City and County of San Francisco.

Over the months of October and November 2016 we embarked on the first stage of our evaluation—to assess our implementation of the Collective Impact model, identify strengths and areas for improvement in our process, and highlight early markers of change on the path toward our vision of HCV elimination. Each group (Steering Committee and four workgroups) spent 45-60 minutes during one of their monthly meetings to reflect on the collaborative process to date. 38 people were present during these in-person conversations which were structured using the core components of the Collective Impact Model[2]. Following the in-person group discussions, an electronic survey was sent to an additional 59 participants who were not present at workgroup/steering committee meetings the month the evaluation conversation took place. The survey resulted in an additional 23 responses. Overall, 61 people participated in this evaluation. The following recommendations are organized by the core components of the Collective Impact Process.

Overall Participation in the End Hep C SF Initiative

Over the first year of the initiative, 98 community members representing 35 different organizations participated in over 60 hours of collaborative work. Participants represent a broad range of key stakeholders: the public health department, public and private health care providers, pharmacists, health insurers, substance use treatment centers, homeless services, street outreach workers, needle exchange providers, researchers and a variety of other social service providers. On average, ten to fifteen participants attend each meeting; some designed to be open community forums, others convening consistent "core" organizations. Participation rates (based on individual attendance) ranged from 53% in the Steering Committee to 35% in the Research and Surveillance Workgroup.

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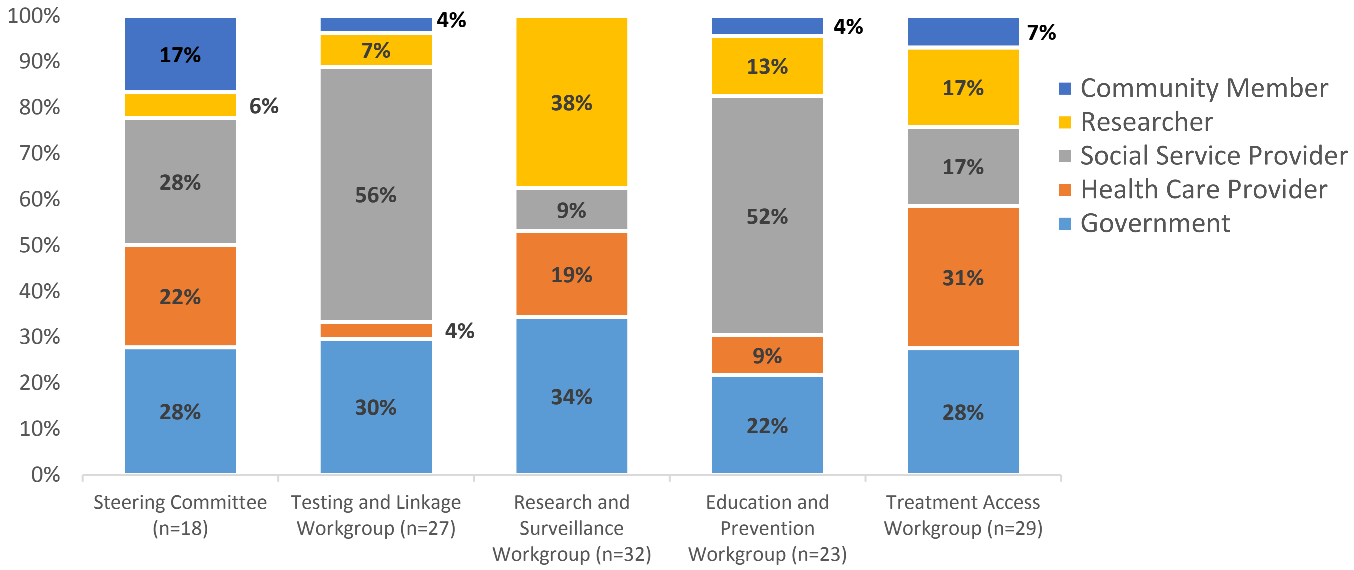
[2] Core Components of Collective Impact were derived from the Collaboration for Impact. Accessed online, 11/20/16 at http://www.collaborationforimpact.com/collective-impact/

Table 1: Complete List of Participants

Groups	**Steering Committee**	**Education and Prevention Workgroup**	**Testing and Linkage Workgroup**	**Treatment Access Workgroup**	**Research and Surveillance Workgroup**
Total # of participants	18	23	27	29	32
Total # of organizations	11	14	15	16	11
Participating organizations	• Bayview Hunters Point Foundation • CA Department of Public Health • Glide • SF Hep C Task Force • Hughes Healthcare Disparities • Project Inform • SF Department of Public Health • TWUH • UCSF • Urban Survivors Union • VA	• Bayview Hunters Point Foundation • DPA • Drug Users Health • Glide • Harm Reduction Coalition • SF Hep C Task Force • Larkin Street Youth Services • Mission Wellness • Mission Neighborhood Health Center • SF AIDS Foundation • SF Department of Public Health • UFO Study • Urban Survivors Union • VIP Study	• AIDS Healthcare Project • CA Department of Public Health • Glide • Global Health Consultant • Healthright360 • SF Hep C Task Force • Jail Health Services • Larkin Street Youth Services • SF AIDS Foundation • SF Department of Public Health • Shanti • SJI • Stonewall Project • UCSF • UFO Study	• Bayview Hunters Point Foundation • CA Department of Public Health • Global Health Consultant • Healthright360 • Jail Health Services • Kaiser Permanente • Mission Wellness • OTOP • Project Inform • SEHC • SF AIDS Foundation • SF Department of Public Health • SF Health Plan • Sutter Health • UCSF • Walgreens	• BRSI • CA Department of Public Health • City Clinic • Healthright360 • Jail Health Services • Kaiser Permanente • OTOP • RTI • SF Department of Public Health • UCSF • ZSFGH
Average # part./mtg.	9	11	14	12	11
Average part. rate/mtg.	53%	48%	48%	42%	35%

Table 2: Multi-Sectoral Representation within Each Workgroup



Key Findings Organized by Collective Impact Core Component:

1. Participation

Strengths/successes:

- Across the four workgroups and the steering committee, over 35 organizations and almost 100 individuals have been involved in the Initiative.
- Overall, all groups felt that participants had important expertise and that the diversity of voices and organization represented was important.

Areas for Improvement:

- All workgroups mentioned additional specific organizations who should participate.
- Multiple participants specifically mentioned needing to increase participation of people who have been impacted by HCV (peers/consumers) and questioned the effectiveness of strategies and decisions being made by providers.
- More than one person in more than one group commented that the varied participation in their group left them unclear about who was actually “in” their work group.[3]
- Several people mentioned feeling that smaller groups with more consistent participation were more effective for collaboration and moving forward work over multiple meetings.
- Attendance has been varied among participants. Almost twice as many people have attended less than one third of the meetings of a given group (56 individuals, 44%) as have attended at least two thirds of the meetings (29 individuals, 23%).
- Most groups suggested finding ways other than monthly meetings to include key participants whose schedules precluded regular in-person participation.

Recommended Action Steps:

- Consider implementing attendance guidelines and/or differentiating between “core” group members for monthly meetings and “ancillary” group members to involve in other ways.
- Share complete lists of group participants and contact information in new “members” section of the End Hep C SF website.
- Use this midpoint (or the upcoming community launch) to renew outreach efforts to key organizations not yet participating including increasing representation of consumers.
- Expand distance based access to meetings (video conferencing) as well as strategically utilizing other formats of engagement opportunities (quarterly/biannual update meetings, periodic distance based only meetings, cross-group gatherings for specific tasks, follow up phone calls with key stakeholders not in attendance, etc.).

Participants responding to the online survey were also asked about their frequency of participation and what (if anything) would enable them to participate more.

- Of the 21 people responding to this question, 14% (3) said they had attended 1 or 2 meetings, 24% (5) said they had attended 2-3 meetings, and 48% (10) said they had attended 4 or more meetings.
- The most common response about barriers to attendance focused on limited time and overstretched schedules.
- Several participants also responded that if they were paid they would be more likely to participate more.

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[3] Although there are many “core” participants who regularly attend specific work group meetings as representatives of their organizations, work groups are intended to be open to anyone who wishes to attend at any time. Thus by nature, work groups will have some varied participation.

2. Common Agenda and Mutually Reinforcing Activities

Strengths/successes:

- All groups commented on the strength of the shared vision, shared passion, and shared commitment to ending HCV.
- Multiple groups noted the high levels of trust and comfort within the group and how unusual it is to have been able to create such a safe space for honest dialogue (even among organizations that have hierarchical and/or competitive funding relationships).
- Many participants spoke about how useful it was to hear updates from others and how the information shared was helping them in their own individual work.
- More than one group emphasized the benefit of interdisciplinary participation and how the work of one sector has been able to influence the work of another sector (for example, syringe access staff sharing helps linkage staff which in turn helps medical providers).
- Several concrete collaborative actions have already come out of this process: the collaborative creation of tools (linkage checklist), collaboration between service providers to share staff and equipment (GLIDE/AHS).

Areas for Improvement:

- Many groups requested more cross-group communication—opportunities to present their work, to meet cross-group, or to read regular notes/updates on the work of other groups.
- Two groups commented on needing to further specify the actual tasks of the group, needing to create a more refined plan of action for the group, and needing to clarify roles and responsibilities within the group.
- In all but one group, participants articulated the need for ongoing financial support for the HCV related activities of their organizations and ongoing financial support to fund overall End Hep C SF coordination and meeting facilitation.
- Most groups felt they could do more in terms of mutually reinforcing activities and made specific suggestions such as increasing cross-training, exchanging materials, visiting each other’s services, and writing shared protocols for warm-handoffs of clients.
- Within two groups, participants mentioned ways that some participants dominate the meetings and agenda-setting.
- In two groups, participants spoke about divisions within their group around target populations served, organizational roles, etc. and commented that it is hard to unify different agendas given the short time of meetings.
- Several participants spoke about ongoing confusion about the overall End Hep C SF Initiative: what is the Initiative’s overall goal or mission statement; where is the line between the Initiative’s work and the SF DPH’s work.

Recommended Action Steps:

- Ensure that all participants’ voices are heard during meetings.
- Create opportunities for sub-group specific activities, using divisions within groups toward functional ends.
- Develop concrete action plans for each group including specific action steps and clarified roles and responsibilities.
- Consider ways to institutionalize cross-organization collaborations (cross-training, shared materials, shared staff, etc.).
- Institute mechanisms for more cross-group sharing and collaboration.
- Expand funding to support both individual organizations’ HCV work and the coordination/facilitation of the overall End Hep C SF Initiative.

3. Shared Measurement

Strengths/successes:

- Recognizing that we are only just beginning to define shared measures in most groups, we have already seen some early successes in bringing useful data to the group, using shared data for collaborative decision making, and putting data systems in place to begin tracking essential collective measures (ex. # HCV tests).
- Group members universally recognize the importance of shared data and are eagerly awaiting more concrete data to guide their work.

Areas for Improvement:

- Multiple participants identified the need for more core staff support (and the funding for this) in order to effectively collect, analyze, and use collaborative data effectively.
- Multiple groups noted the importance of cross-group collaboration around data.

Recommended Action Steps:

- Seek funding for additional staff time for data related tasks.
- Convene key cross-group opportunities for aligning and synthesizing data needs.

4. Continuous Communication and Backbone Support

Strengths/successes:

- There was unanimous appreciation for the role of SFDPH as convener, for the credibility this lends to the work, as well as the efficiency of scheduling, reminders, and notes.
- Participants also unanimously noted appreciation for the effective facilitation and the need for funding to ensure the continuity of identified facilitators.
- Several groups spoke about how important it was to have networking and relationship building time, as well as opportunities to share about work happening at individual organizations. Participants described ways in which information and relationships have positively impacted their individual work.
- Multiple participants noted the benefit of being able to call in to meetings.

Areas for Improvement:

- The most common request was for more cross-group communication. Participants wanted to know what was happening in other groups and be better able to align their work.
- The second most common request was for more flexible and creative ways for participants to be involved other than attending monthly meetings (video meetings, individual follow-up for feedback after missed meetings, etc.).
- Several participants commented that they would like more communication between meetings and a few noted that they didn't always receive meeting agendas and notes.
- Multiple participants described feeling overwhelmed by participation in multiple groups and having difficulty keeping track of various meeting agendas, notes, and follow up tasks.
- A number of participants expressed the desire for simplified "higher level" meeting notes.
- There were multiple suggestions to expand collaboration through use of Google docs.
- More than one person encouraged sending out materials ahead of time and asking participants to "prepare" for meetings.
- In more than one group, participants mentioned the desire for more involvement in fundraising efforts and suggested a cross group fundraising committee.
- One group requested more input in developing meeting agendas.

Recommended Action Steps:

- Develop a unified place for storing all group materials (participant lists, meeting schedules, agendas, notes, and shared resources).
- Share high level summaries of all group activities (monthly updates).
- Ensure ongoing funding for core support staffing (including facilitation), explore greater involvement in fundraising by participants.
- Periodic or strategic cross-workgroup meetings.

Appendix: Complete Participant Responses

Steering Education and Prevention Testing and Linkage Research and Surveillance Treatment Access Online Survey

CORE PRINCIPLE: REPRESENTATION & PARTICIPATION

DESCRIPTION: In individual workgroups

OUR SUCCESSES	AREAS TO IMPROVE, THINGS STILL TO DO
• Knowledgeable • Diversity of fields represented • Consistent participation of core group • Good representation of the IDU community • Big meeting in Oct was great, lots of different people representing different groups (this was a unique meeting) • Lots of people with lots of expertise involved in different ways (at meetings, moving tasks forward in between meetings, selected input) • Offline conversations have been helpful for engaging people who don't/can't attend meetings • This workgroup is task oriented (construct a prevalence estimate)—we don't necessarily need everyone to attend every time • Meetings are well attended • Good representation from community testing orgs • Good connections to HIV networks • Stable participation • Call ins help • Good representation of SF Health Network (incl. UCSF) • Good to have various voices (syringe exchange) • Amazing groups of people have been put together • This program includes full range of professionals and advocates with history of success joining together to come eliminate HCV • I was impressed by the range, and that you included health plans and pharmacies, as well as methadone clinics • Our strengths are the leadership qualities each one of us possess, and people care about the community we serve • Participation and input from a variety of agencies, people feel safe to share	• Need to increase community participation: 1) CBOs, 2) affected population • Could use a data person (Meghan Morris?) • Want to be mindful of gender and racial diversity of the Steering Committee • Do we want reps from each workgroup on the Steering Committee? If so, are we missing Research Surveillance and Testing? • Don't actually know who is on all the workgroups • Need to increase representation of MSM community (STRUT?) • Need to increase participation by private providers: VA, Kaiser, Sutter • What about GLIDE/SFAF (Kiriel, Terry?) • Transgender community represented? • Individual schedules make it hard to commit to monthly meetings • Hard to get across the city all the time for meetings, would be helpful to have better platforms for distance based participation (more than just call-in), video conferencing, consider some entirely distance based meetings, etc. • Limited tech options (like no wifi) in this room--can we use room 610? • Having the complete list of workgroup participants would make it easier to identify who should be included in various ways—who to reach out to for specific feedback • Check in with people more often (when not at meetings), solicit feedback on specific items • Use Google docs and other online collaboration platforms • Need to think more about how to create the best communication channels given diffuse participation • Native American Health Center, API Wellness • HOT team representation • Baker Place • Find other ways to support engagement when people can't attend meetings all the time—sending info to them • Need more engagement with non SF Health Network providers (**CPMC**, Sutter, MIMS) • More engagement with methadone providers • Smaller less attended meetings may be more productive. I feel there is a lot of posturing and agency jockeying that goes on. (Testing and Ed/Prev) • Some who should come are not.

• Consistent attendance of group members contributed to the sense that we were building on each meetings work and were not sacrificing efficiency doing recaps. • I believe we have engaged organizations experienced in HIV testing and linkages which gives us a baseline of collective 'best practices' to build off of and compare to. • Great collaboration of providers • Good representation from the organizations that have the most reach • You assembled a good group of service providers; ones with great ideas as to how to increase testing and linkage to care. • Truly multidisciplinary, harm reduction approach • Each meeting is well attended with services providers and advocates. • Good representation from front line staff, research, medical, prevention, syringe programs, testing programs • Good multidisciplinary group of persons committed to this cause • Overall, I think we have very strong participation and engagement of the core providers.	• I do feel that certain participants with strong personalities tend to overshadow some of the less experienced/seasoned group members. (Testing) • Pay me. Seriously all participation is above and beyond my paid work time (Steering/Treatment) • Increase participation of impacted population/peers. • Have a meeting that involves consumers • Continue to outreach agencies that have not participated. • Asian Pacific Islander Wellness center and Native American Health Center need representation on this committee. Their target populations are highly impacted by HCV. • Include more folks from organizations that are more user-driven (e.g. the Coalition on Homelessness, Homeless Youth Alliance, Drug Users Union) • Would be great to have more involvement from addiction treatment and recovery community. • Logistically hosting meeting at larger location. Most meetings were full. You will need more chairs and room to invite more to the table. • Creating space for PWUD's, some of the goals are peer involved and most attending are providers. • More community representation • Everyone seems to be playing a position and on guard to look good because of the competitive aura around grants and contracts. • Ask community members and advocates and individuals with HCV at risk what they want. Not assume professionals have the answers. • Promote a more collective atmosphere that encourages even the smaller voices in the room to share.

CORE PRINCIPLES: (1) COMMON AGENDA & (3) MUTUALLY REINFORCING ACTIVITIES

DESCRIPTION: (1) All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions. (3) A plan of action that outlines and coordinates mutually reinforcing activities for each participant.

OUR SUCCESSES	AREAS TO IMPROVE, THINGS STILL TO DO
• Whole cycle is represented and inter-supportive: advocacy folks ask for $ which the city sends out which supports providers, etc. • HIGH commitment to the idea of ending HCV • Shared goal • Everyone understands everyone else's place in contributing to the overall goal • At beginning of group, good job assessing knowledge gaps/outdated knowledge • Sharing materials/tools • Lots of people/orgs showing up = common commitment/motivation • Good job talking about education needs • Interdisciplinary participation in this group is great: syringe access activities support linkage activities support DPH activities, in all directions • Good to share updates and announcements, individual organizations' activities (practical and inspirational) • Interdisciplinary participation supports idea of importance of cross training • Helps us identify overall needs • Increases understanding of interconnectedness of our work and issues we see (esp. through sharing stories) • Willingness to work together despite some organizational/$ competition demonstrates that we have lots of trust! Are putting services and community 1st. • We have had a well-defined common agenda from the first meeting (to construct a prevalence estimate), and have checked back in about the common agenda multiple times • Shared vision of use of the prevalence estimate (to guide the elimination initiative, set targets, measure baseline and change) • Interconnected uses of data among workgroup members • Conversation in workgroup helps inform individual work projects outside of this initiative • Have created unified messages for providers—a unified voice, a "champion" • Created shared products (linkage checklist) • Safe space to speak honestly • Spontaneous info sharing and collaboration • GLIDE and AHS collaboration—sharing staff and equipment • Good collaborative action planning, last meeting identified areas for growth	• More opportunities for the workgroups to present to the Steering Committee, share where they are at, their short and long term plans, etc. • More communication between the workgroups • We can use the community launch for this—have reps from each workgroup present on their work • Steering Committee should get all the notes from all the workgroup meetings • ALL workgroup members should have access to all the workgroup notes (private part of website, Dropbox, etc.) • Can we make a SHORT monthly summary of all workgroup mtgs? (few sentences on each, bullet pts, etc.) • Our task is pretty amorphous • Conflating education and prevention • Need to focus more on prevention activities • Confused about target population: injectors (prevention) versus whole population (education) • Our group is splintered by target population (youth, baby boomers, etc.) • Need to refocus messages and where to expand outreach • Unclarity about where End Hep C starts and ends versus DPH and other participating orgs? What is work of initiative versus work of orgs? • Mission statement for End Hep C? • Could do more sharing of materials • Need more substance use treatment folks represented in this workgroup • Could do more formal cross training • Still planning actual plan of action • Need to more meaningfully include sexual transmission discussion and resources • Need to develop a strategic plan for this group, including clear action steps and better defined roles and responsibilities of group members (will do in Dec meeting) • Need to talk more about process of triangulation (how the estimate is being created)—this will also draw others to participate more • Want to hear others present their individual data and discuss • Better articulate the final deliverable/recognition of this groups' work—is it a published paper? (publish together) Also create a useable product for community partners.

- This group has helped our own organization in individual work
- Effective and meaningful use of group time for communication and decision making—purposeful meetings
- We are capturing the momentum of other things around us: activism, drug user health movement, treatment changes, etc.
- Shared vision
- Last month's conversation about what success looks like showed shared commitments
- Good to share program updates and info, helps us stay on the same page and build relationships that are individually useful
- Each subgroup empowered to take action independently in their own area
- I believe in the mission of group…Collaboratively we establish goals and share ideas.
- It's nice to brainstorm off each other. We tend to put great lists out
- Cooperation has been the key factor
- Having all the providers at the table to dialogue and engage on a consistent basis helped to shape agendas and give space for feedback around challenges. It felt clear that each person was dedicated to linkage and treatment, and was able to hear where other agencies were coming from and balance priorities.
- We come to our monthly agenda in a thoughtful manner that honors all participants.
- It appears that feedback is taken seriously and incorporated into the strategy
- People in the room are passionate; they have been in this field for decades. They know what needs to be done, they just need $ to do it.
- Facilitators allowed attendees to create goals and work plan. Felt process is great. We receive notes from prior meeting and I don't feel we are just spinning wheels.
- There is ownership of the work and ideas discussed at each meeting. With a common agenda, this is a stronger unified voice.
- The panel at the San Diego was good.
- I've been impressed by the collaboration between SE primary care and Bayview methadone clinic
- These meetings have allowed various organizations to collaborate efforts and work together to provide better services for our clients. I appreciate that you provide a platform for various organizations to meet monthly and provide support to each other is great. I also like that we have access to everyone's emails to contact them if we need to. I also greatly appreciate the minutes you send out after each meeting!
- I think the support system is strong amongst the group
- World Hep Day was a mutually reinforcing activity.

- Setting monthly agendas has been hard—hasn't generally been collaborative—try to involve members not at meetings in identifying needed next steps for conversations in meetings. Greater involvement and knowing the agenda would also likely increase participation in meetings.
- Need $ to fund new activities
- Service acknowledgements for HCV testing (count toward HIV contract #s)
- Can do even more collaborations: exchange of skills, cross training, in services, etc.
- Exchange of other supplies, materials
- Lots of complexity within each subgroup of participants (Pharmacists, Health Plans, Providers) which makes it complicated to collaborate across everyone
- Need funding and staffing for further projects (funding leads to accountability!)
- Need to set collective goals for treatment access
- Encourage people to visit the organizations of other members to get a feel for what they do.
- It would be useful to have participants review documents and questions prior to the meeting so we can have a more fruitful conversation. A lot of time can be saved by preparing us beforehand and we would have some time to provide you with more thorough answers.
- Set a goal, and an action item to achieve said goal.
- My concern is while we share common agenda that we not get lost in assuming one approach works for everyone
- I think the whole HCV agenda is still being defined through the HIV lens as if we are just a subset of HIV and something to be gate kept by our HIV big siblings.
- Different persons have different agendas which are not always resolved in the short meeting times
- More events where we have to explain the work and our process to others.
- Seeing others at the meetings is great but if it does not result in accessibility then where does that leave us?
- Members try to be supportive but the time seems short and we seem to have different strategies in the group
- Recognize approaches to eliminate HCV is not a one size fits all approach
- For the testing and linkage group, it seems as if we don't work off the last meeting compared to the treatment and access groups. In other words, it seems as if we tend to repeat ourselves in the T&L meetings. The T&A group seems to move further along than the T&L group.
- Would be nice to see more creative ways to get injectors tested.
- Assign members tasks or functions to follow-up on
- Need to have consensus by the group rather than by a few persons in the group
- For those unfamiliar with the collective impact model maybe some references or examples how it works.

• Innovative collaborations, and building new ways to interface with other agencies to work toward the larger workgroup objectives. Largely, this feels grounded by the commitment of individual providers and agencies to provide service toward eliminating HCV. Truly working for the public health goal, rather than jockeying for units of service really distinguished collaboration on this workgroup. • Highly encouraged collaborations and a safe environment to discuss opportunity between participants. • Good at sharing information about activities and strategizing around how we can support each other • We are building good networks and relationships between those who work in prevention and treatment • The meetings seem cooperative and that we are all moving towards one goal • I regularly receive communication from some workgroup members to assist with client referrals. I feel that the opportunity to learn about individual service providers and understand each agency's service provision model has facilitated stronger client referrals and service delivery. • Safe environment at the workgroup to communicate between partners • Good stuff is happening here. It's a work in progress but it has already upped the game. What are firsts will become the expected norm if we can keep it on track. • This is an inspirational effort to be a part of!	• Include and encourage advocates roles not just medical • Have a warm handoff protocol that all End Hep C SF folks adhere to with each other within the various groups that comprise End Hep C SF. • Continue to work across DPH-funded agencies and other agencies that provide services • Financial support for some of the collaborations. Currently, activities focused on HCV testing and linkage are supported through HIV testing dollars with some organizations. It is becoming clearer that the HCV populations highly impacted need specific services that require additional training and support beyond HIV services current infrastructure. • Talk about how organizations with more funding can use that funding to support organizations with less funding. • More networking opportunities outside of meetings. • Try to identify at least the top 3 priorities for the group to consider--some of the meetings seem somewhat diffuse. Should try to use the strengths of each member toward the top priorities • Need to ensure that all members of the group have the same vision and priorities

CORE PRINCIPLE: (2) SHARED MEASUREMENT

DESCRIPTION: Collecting data and measuring results consistently across all the participants ensures shared measurement for alignment and accountability.

OUR SUCCESSES	AREAS TO IMPROVE, THINGS STILL TO DO
• All meetings have been focused on this • Learning from each other's methods • Sharing data sources • This groups' work support all other workgroups • Aaron brought data!! (having Aaron is a big +!) • Looked at existing testing data and where we need to be • Already tracking and reporting HCV testing #s • Individuals have data that they can share (Lisa shared amazing data!) • This data is helpful to all of us individually to set individual targets • Informal, anecdotal reporting of treatment #s already happening (# patients and # providers) • Aaron is the first one that has shared [data] effectively at the meetings. That is a recent development. • It is helpful to see aggregate data from all the community providers • The collective knowledge shared between participants has developed measuring tools that can yield solid data benefiting organizations working with HCV clients. • Aaron's data presentations have been a great visual support and his voice helps to provide context and break down data for the workgroup.	• Need to refine how cross group communication works as we start defining evaluation measures in each group we want to make sure good communication with R&S workgroup. (Initial plan was for Steering Committee to be the intermediary between the groups, but revisit whether this seems appropriate and efficient). Possibilities: cross group meetings? Representatives from R&S attend evaluation discussions of other workgroups? • After defining prevalence estimate we want to do some modelling together as a group—varying scenarios for unknown resources allocations (end of ACA? Changing city funding levels?) • Every 3 months Aaron report back HCV testing data (big picture only, not each individual org) • Data we still want/need: o How many getting HIV and HCV tests o Track by districts/zip codes (but with a standardized way to capture transient population) o Better understand antibody+ non IDU cases (sexual transmission?) o Of 22,500 IDU, how many are we reaching and how to reach more • Do some mapping • Not a lot of shared data • Need more staff time to manage and use shared data (need continuous funding for backbone support) • Get non SF Health Plan Data from Blue Cross (Lisa has a contact) • [Data] has been shared verbally and on whiteboards but …the use of the projector was more effective. • To my knowledge, data is not discussed in the group I participate in. • We still have a long ways to go with this. • Expand how to review the data. Essential • Have regular shared data at each meeting so we all can have a sense of where we were, where we are, and where we are headed. • We need to disseminate these tools across programs. Even those not currently represented in the workgroup such as API wellness center and Native American Health Center • Recently, testing data has been included in the workgroup. This should continue as well as linkage data.

Steering Education and Prevention Testing and Linkage Research and Surveillance Treatment Access Online Survey

CORE PRINCIPLES: (4) CONTINUOUS COMMUNICATION & (5) BACKBONE SUPPORT	
DESCRIPTION: (4) Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation. (5) A backbone organization(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.	
OUR SUCCESSES	**AREAS TO IMPROVE, THINGS STILL TO DO**
• Having Sonya and Shelley is great, this is what makes it manageable for Katie and Aaron! • In addition to management of agendas, notes, actual facilitation, Sonya and Shelley bring expertise in strategic planning and evaluation • Good to have call-in options for Steering Committee meetings (and Treatment Access mtgs) • Katie being at all the workgroup mtgs increases ability to communicate across workgroups • Lots of people go to multiple workgroup mtgs • Email reminders are good • Mtg notes are thorough and helpful, esp. good that they highlight “to do” items • We have a lot of comfort and trust together! • Informal social networking is good—in the hall and elevator, before and after mtg • Always organized and on top of mtg schedules, re-scheduling with doodle polls, email reminders, notes • Good agenda prep coordination between DPH and Shelley/Sonya • Good facilitation, keeping mtgs focused • Did a good job getting lots of sign-ons from varied orgs at the beginning of the initiative • Nice to have City of SF/DPH behind this, unusual, shows commitment on the highest level, lends credibility (City Hall launch!) • High passion/momentum of leadership/DPH • Website, t-shirts • Meeting notes are good • Reminders help • Good to have facilitators and support staff, “most effective use of a small amount of money ever” • Lots of good exchange of information and updates • People know when meetings are and come • The meeting facilitation significantly contributed to organizing workflow and wrapping up agenda items on time. • The technical assistance supporting the group is excellent. It is reassuring to know our work is being documented and analyzed in a manner to benefit the community best. • The facilitators allow a process that engages all attending. • Excellent facilitation • Good work in using email with personal reminders • I appreciate getting agenda emails, and prompt responses to questions by email from leaders. • I appreciate the reminder emails, the minutes you provide after each meeting, and additional HCV Information that you send to the groups.	• Need to prioritize and ensure ongoing funding for consulting support (Sonya and Shelley) • As described above, improve shared notes/summaries to increase sharing across workgroups • Need contact list for all participants (add to website?) • Could use google docs for more collaboration • Leave time for more social networking • Because going to multiple mtgs, hard to keep it all straight • Need more support, more staff FTE • Are all the signed-on orgs actually participating? • Still need to do a community launch • Have to be careful of boundaries of DPH/End Hep C work, limits of what DPH can do (no budget advocacy), need clear message that End Hep C not owned by DPH, mostly not funded by DPH! • Agendas not always shared with everyone ahead of time (small group email list vs large group email list?) • More group input into agenda setting would help participants to make more realistic choices about when they want to attend in person • Sometimes easy to get lost in details of meeting notes, possible to do higher level summaries? Big picture updates only? More visuals? Make it a living document (google doc, etc.) where notes all live in one place. • Need more admin support (and need $ for this)—would enable a monthly big picture newsletter. • Consider a fundraising committee that draws from across workgroups—different contacts and connections • Send Robin and Emily to visit each workgroup and solicit fundraising ideas and budget asks? • Periodic or strategic cross-workgroup meetings • Website member section with brief summaries of all workgroups • Agendas and notes not all in one place, easy to lose or not follow up • Need more staff time (like for data management)

• I have not had any issues with communicating with the key players. • Within the meetings, the facilitation has felt important to recognizing all the voices in the room, and maintaining focus on a topic to ensure all thoughts are fleshed out • Communication is open and clear during meetings • The meeting minutes provided each month are comprehensive. When I am unable to attend a meeting, minutes are shared and I don't feel like I missed anything. • I think we are doing well. • Love Katie and Aaron • Seems to work well • You guys are doing a great job all around. • Having the meeting consistent is great. • I think backbone support for the meetings is going well. • The meetings have been productive and well planned, it feels like we are moving towards a unified goal at the end of each meeting. Locations of meetings work well. • Strong, clear, timely communication about meetings, emphasis on attendance and participation. Katie's connection to agencies and time put into site visits and making connections feels to be a significant asset. The facilitators have done very well to keep the group on task while preserving important discussion points and integrating feedback. • Excellent support. It raises the confidence of community participants that the work is being developed in a thoughtful, professional and ultimately effective manner. • Going very well. Helps to prevent duplication in workgroup activities. • Great support so far	• Need stable, continuous funding for backbone support • End Hep C website, start user portal, have everything in one place, have updates from each workgroup • It would also be nice to get a brief summary of what the other groups are doing. • Maybe have a more convenient time and place to discuss these issues since not everyone can make the meetings. The phone system although nice to have, is difficult to hear and participate • The time should be moved up (Steering) • Provide a meal. • Poor. We only communicate within meetings basically. • Send out notes from meetings afterwards. • Need to have more time for discussion about the top priorities • Maintain facilitation and/or adherence to agendas, while tabling issues that emerge in spontaneous dialogue for future meetings. • Offer the workgroup notes and agenda to possible community partners • I haven't seen much communication between meetings • When I miss meetings I do feel out of the loop. • The only request I have it to send out questions and documents for us to review before our scheduled meetings, particularly for the T&L groups.

What, if anything, would enable you to participate more in the End Hep C SF work groups?

- Need work time for this
- Having a sane schedule of my own.
- Sometimes I'm not sure if I am the right person to attend some of these meetings. I feel some other colleagues of mine are better equipped to attend some of the other work groups; however, I find it fascinating to learn what other organizations are doing. What enables me to go is that it is my opportunity to learn what other efforts are being made for HCV testing, treatment, and surveillance.
- 10 more navigators
- Money
- More buy in from the leadership at my organization
- Timing and agenda items specific to my work
- Time
- I would like to be more involved and communicate more but I have very limited time.