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**A STRATEGIC PLAN  
for the  
PROVINCETOWN AIDS SUPPORT GROUP  
1999 - 2001**

**Prepared By  
The Board, Staff, Clients, Volunteers and Friends  
of the Provincetown AIDS Support Group**

**Facilitated and Led by  
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The Bynum Consulting Group**

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Juliet Carey, Director**

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## *Executive Summary*

**Introduction.** Provincetown and the Outer Cape have the highest per capita incidence of HIV in the Commonwealth of Massachusetts. They are, however, isolated by geography, history, attitude, and lifestyle from those urban centers and medical centers of Massachusetts where the AIDS epidemic was matched by large medical and community resources as the epidemic spread.

In this context, the Provincetown AIDS Support Group was established in the mid-1980's to provide supportive services to community members affected by the disease and their family and friends, and to reduce barriers to world-class medical care for its clients, despite being hours from the major medical centers of the Northeast. The PASG, and the community of Provincetown, devised their own community responses to the AIDS epidemic that both acknowledged the community's history of care and strove to develop supportive services that were second to none provided elsewhere, regardless of the geographic isolation.

By 1998, Provincetown, the Cape, and the Provincetown AIDS Support Group were still isolated from social, political, and medical trends and services. However, having expanded its service area across the Cape, and having embraced an inclusive, client-driven way of making organizational decisions, PASG staff, clients, board, and volunteers were no longer willing to continue react to social, psychological, demographic and medical changes in the HIV/AIDS epidemic, but chose instead to undertake a planning and visioning process whereby the organization and its members might attempt to assess the current state of the epidemic and to plan for the near term future, taking into account the twin pressures of isolation on the one hand, and changes in the face of HIV on the other. Through such a process, stakeholders believed they might make informed choices about the future direction and directions of the organization.

**Mission of the Provincetown AIDS Support Group.** Since its founding, a remarkably simple mission has driven the PASG, its programs and its services. Recent expansions in the mid-and upper Cape through satellite AIDS Service Organizations, has led to several clarifications in the PASG's mission statement. However, the mission of the PASG has remained substantially the same over the course of the last 15 years.

*To provide services to persons with HIV/AIDS that maintain and enhance their quality of life in Provincetown and the neighboring towns of Truro, Wellfleet, Eastham, and Orleans and to enhance education and prevention within Barnstable County with timely and accurate information about HIV/AIDS. The service will be consumer driven and family centered, however family is defined.*

**Planning Process Methods.** Successful planning in a client-driven, inclusive, collaborative organization is a challenge. PASG is now, in many ways, inseparably intertwined with its staff, its clients, its volunteers, and the communities in which it works. The planning process, therefore, needed to acknowledge and balance these important relationships.

The first step was selection of an organizational development professional to design and manage the planning process. After a number of interviews, the organization selected Dr. Judy Freiwirth, of the Bynum Consulting Group, because of her knowledge of, and belief in, an inclusive, participant-driven process. A steering committee, made up of clients, staff, board members, volunteers and community members was selected to work with Dr. Freiwirth and to oversee and drive the process.

Dr. Freiwirth spent the first several months undertaking internal and external assessments of the state of the PASG, as well as the medical and social trends and implications that would put pressure on the PASG in the future.

The internal assessment took the form of several meetings each with the board of directors, the staff, volunteers and clients. The client assessment was performed through attending CAB meetings, individual client interviews, and through a focus group session with a group of clients.

For the external assessment, Dr. Freiwirth interviewed some 20 community members, including interviews with other AIDS service providers, mental health professionals, local community leaders, other community-based non-profits, TriCounty AIDS Consortium members, medical providers, and representatives of the AIDS Bureau.

From these assessment processes emerged a list of key issues the organization wanted to address in the strategic planning process:

- funding — lack of funding and changing requirements of funders
- changing face of AIDS — no longer all crisis, but much more complex in its day-to-day management, choices and decisions
- measurement of outcomes — standards of care (as defined by the PASG and its funders)
- educational issues — appropriateness of education/prevention messages, given current infection statistics
- services — appropriateness of PASG services in the changing HIV/AIDS environment
- mental health — clients living longer, new medications, raising complex mental health issues
- shifts in insurance coverage and back to work issues
- effect of living longer on all PASG services
- how to take into account the gradual changes in the HIV/AIDS epidemic, and how to notice and respond to change when it occurs over time
- how to increase consumer involvement
- how to provide services in response to needs rather than funding
- how things are communicated between different sectors of the organization
- volunteer involvement

- how to help staff see the planning process as an opportunity
- develop trust/build trust across the segments of the organization
- board training/development
- PASG strengths in the community
- PASG weaknesses in the community

Armed with the results of the assessments, key issues, and a growing understanding of the external trends and pressures on the PASG, two facilitated, all-day, planning sessions were held, with some 45-55 participants at each session, representing all the key stakeholders: board, staff, volunteers, community members, and clients. The first of these sessions in May developed a draft list of visions for PASG and its programs. Working from this draft list, the Steering Committee met over the course of the next six months to develop strategies and objectives for achieving these visions.

A final list of visions, strategies and objectives was then brought back for a second, facilitated, all-day planning session in November, and, after corrections, additions, and rewriting by this large group, the final visions, strategies and objectives were adopted and ratified as the major components of the PASG's Strategic Plan. These foundation components fall into two categories: *Core Strategies* and *Program Visions*.

### *Core Strategies*

Several organization-wide core strategies emerged from the many program-specific visions adopted for the final plan. While not summing up the totality of the work in any way, these key strategies have an importance all their own, because they together serve as the compass by which the PASG might chart many of its day-to-day operating decisions. And, they acknowledge and represent a shift from current and past practice, and will influence all of the PASG's programs and services.

1. In order to become a "learning organization," **PASG will incorporate regular, on-going program and service feedback in *each* of its programs, so that changes in client needs, and the adequacy of services, are assessed regularly by program managers and service delivery staff.**
2. **PASG's focus will expand beyond provision of services to also provide opportunities for social/peer support to people with HIV/AIDS: moving to model of becoming more of a community center for people with HIV/AIDS, providing both services and social support.**
3. **PASG will expand and diversify its prevention and education work.**
4. **PASG will need to expand its case management capacity, as the client load continues to increase. Case Management strategy will continue with same model,**

with each client having individualized care through an assigned case manager. PASG will continue to expand the scope of case management services and respond to the increased mental health needs of clients.

5. **PASG will develop a more comprehensive and expanded approach to its housing services, providing a broader range of housing options and stabilization services. The program will have a greater focus on transitional housing and will advocate for increased subsidized and/or affordable housing.**
6. **In order to continue to provide high quality and expanded transportation services, PASG will take on a leadership role in coordinating and consolidating the community's medical transportation programs, consistent with PASG client needs and priorities.**
7. **PASG will expand its work in helping clients deal with "back to work" issues, developing a job focused program as one potential response.**

### *Program Visions*

Based upon external and internal factors, the Plan outlines visions for the near-term future for all of the PASG's current services and programs:

#### **❖ Case Management Program ❖**

**Vision I: The primary vision of Case Management is the personal connection of every client of the PASG with a highly skilled Case Manager**

- Strategies:
- Determine and maintain appropriate caseloads
  - Develop a system for regular client contact
  - Ensure case management excellence

#### **❖❖ Prevention, Education and Needle Exchange Program ❖❖**

**Vision I: PASG will have a comprehensive Prevention, Education and Needle Exchange (PENX) Department to meet the commitment of the PASG's mission statement to enhance education and prevention in Barnstable County.**

- Strategies:
- Separate from other programs all prevention, education and needle exchange activities in one department

**Vision II: Ensure that all clients; their partners, friends, and families; and the community at large, receive timely prevention and educational information of the highest quality.**

- Strategies:
- Expand PENX efforts to address all at-risk constituencies in the community (i.e., gay men, teens, women, year round population, tourists, communities of color, linguistic and cultural minorities, the HIV+ community, the HIV- community, injection drug users, substance users and abusers, the recovery community, etc.
  - Develop, reinvent, and update appropriate prevention messages to fight prevention fatigue, and to identify emerging issues that need to be addressed.

### ❖❖❖ Housing Program ❖❖❖

**Vision I: The changing face of AIDS puts additional pressure on those services that enhance or enable “living with AIDS,” -- especially shelter and nutrition. In response, PASG will expand its housing services, which include Foley House to provide a full range of housing options in the community to address specific issues facing PASG clients — stabilization, transitional, supportive, half-way housing, recovery, dual diagnosis, probation, etc.**

- Strategies:
- PASG will develop a specific housing stabilization program with financial and other internal resources to address critical emergency housing and stabilization needs
  - PASG will look outside of the traditional HIV funding stream for additional funding resources for “special populations” housing in order to address the housing needs of PASG clients.

**Vision II: PASG will assume an active role in developing additional affordable housing opportunities for people living with HIV in the communities we serve.**

- Strategies:
- PASG will take a leadership role in Cape-wide housing efforts as federal and state programs emphasize regional planning and regional prioritization to secure housing funding of any sort
  - Increase outreach to those who control existing housing
  - Work to locate and access additional housing opportunities in cheaper (often more remote) areas of our service area, and develop ways to connect clients living in these remote areas with the PASG and community programs and activities they need and/or want to be part of
  - Create new housing opportunities

## ❖❖❖❖ Transportation ❖

**Vision I:** The PASG's transportation program will be expanded to include additional services and embrace emerging needs, including client social and peer support.

- Strategies:
- Expand these services while, at the same time, continuing to maintain transportation readiness for emergency and medical needs

**Vision II:** PASG's various transportation programs will be consolidated into one program with common staff and agency resources.

- Strategies:
- Combine Boston and on-Cape medical transportation programs into one coordinated program to reflect changing client medical transportation needs.

**Vision III:** PASG will provide community leadership for consolidating and coordinating the community's medical transportation programs, keeping in mind the priorities of PASG stakeholders.

- Strategies:
- Discussion of extending PASG transportation opportunities to other at-need populations or groups, and find ways to share those resources that they administer
  - Bring additional transportation resources to PASG and into the community

## ❖❖❖❖ Food and Nutrition ❖

**Vision I:** The PASG's Food and Nutrition program will shift from being primarily a *food delivery* program, and towards greater emphasis on providing *food and nutrition in a variety of settings to meet a variety of needs (established and emerging)*. This includes expanding congregate meals to provide client social and peer support.

- Strategies:
- Envision and design the whole food and nutrition program as a unified program with diverse and complementary tools
  - Develop a planned, well-stocked, publicized, easily accessible and easily utilized food pantry, with the same level of excellence as the rest of the food/nutrition program
  - Develop and provide nutritional/vitamin/supplement/herbal

- information for optimum health of clients
- Shift clients from home delivery to on-site meal consumption as needed to meet individual client needs
- Establish an expanded congregate meals program as a way of providing social support and peer networking opportunities.

### ❖❖❖❖❖ Volunteer Resources Program ❖

**Vision I:** PASG's volunteer program will be updated and refocused as an integral component of PASG's programs to reflect new service priorities, described in this strategic plan.

- Strategies:
- Change recruitment techniques to increase volunteer pool
  - Update training goals and curriculum

**Vision II:** PASG's volunteer program will be redesigned so that volunteers play a larger role in achieving agency and program goals, and benefit from increased "job satisfaction" as a result.

- Strategies:
- Redefine volunteer corps as trained, integral part of individual PASG programs. This is going to require a change of culture at PASG on the part of clients, trainers, staff, program directors, and volunteers

**Vision III:** Increase the use of clients as volunteers and address the necessary internal issues this raises.

- Strategy: • Increased recruitment and deployment

### ❖❖❖❖❖ Mental Health Program ❖

**Vision I:** Provide effective mental health and emotional support opportunities and services as appropriate and as identified by clients and staff.

- Strategies:
- PASG will continually assess the mental health needs of its clients, and develop/modify services in response
  - Through supervision, monitor the mental health and emotional support needs of staff and volunteers, and develop mechanisms to address these needs



## ❖❖❖❖❖❖❖ Development Program ❖

**Vision I: Enhance the development program to meet the financial needs of the PASG operations.**

- Strategies:
- Develop a fundraising plan in conjunction with the agency budget so that agency operations are not compromised for lack of funding
  - Enhance collaborations with other organizations for fundraising and public relations purposes.

**Vision II: Develop fundraising opportunities so that the PASG can have 3-months of operating expenses in the bank.**

- Strategies:
- Strengthen fundraising so that the PASG can build a reserve for leaner times.
  - In conjunction with the Executive Director, Development Committee and Board of Directors, be ready to begin capital campaign or new fundraising functions to support new and expanded programs identified in the strategic plan.

**Vision III: Develop a longer-range development plan that will create an endowment fund.**

- Strategies:
- Strengthen fundraising so that the PASG can build a reserve for the future.
  - In conjunction with the Executive Director, Development Committee and Board of Directors, be ready to begin capital campaign or new fundraising functions to support new and expanded programs identified in the strategic plan.

## ❖❖❖❖❖❖❖ Back-to-Work ❖

**Vision I. PASG recognizes and acknowledges that HIV-related employment is an issue of great enough concern to PASG clients (at present and in the future) to warrant adding a specialized employment assistance program to the list of PASG programs.**

- Strategies:
- Create a PASG Back to Work Program, with trained staff, like Case Management or Housing Assistance
  - Establish a Client Training aspect of the Volunteer Program to encourage regular, scheduled client volunteer participation in

**Provincetown AIDS Support Group  
Board of Directors  
BOARD COMMITTEES  
(as of February 8, 1999)**

**Executive Committee:**

Gary Reinhardt  
Jim Rann  
Mark Baker  
Chris Fredrick

**Development:**

Carol Chapin  
Gary Reinhardt  
Jim Rann  
Emily White  
Chris Frederick  
Hamilton Kahn  
Ron Duby  
Jim Pipilas  
Ray Gottwald

**Finance:**

Chris Fredrick  
Karin Anderson  
Ruth Gilbert  
Bill Dougal  
Bert Apodaca  
Madeline Miller  
Ray Gottwald  
Jim Pipilas

**Personnel:**

David Lund  
Ron Gadaire  
Dennis Miles  
Jim Pipilas

**Condo/Renovation:**

David Lund (permanent)  
Ruth Gilbert (permanent)  
Dennis Miles (permanent)  
Pasquale Natale (for renovation)  
Tim Hazel (for renovation)  
Ray Gottwald (for renovation)  
Jim Pipilas (permanent-trustee)

**Nominating:**

Full Board

**Program Committee:**

Gary Reinhardt  
Mark Baker  
Ron Gadaire  
Chris Fredrick  
Jay Coburn  
Bruce de St. Croix  
Candace Perry  
Ray Gottwald  
Jim Pipilas

**PASG STRATEGIC PLAN  
IMPLEMENTATION and COMMUNICATION PLAN**  
1/99

**Board:**

- At each board meeting, the board will have a designated time to report on and assess implementation of strategic plan
- The Program Committee (comprised of board, staff, and clients) will oversee implementation of program-related aspects of the plan and report outcomes to the board at each Board meeting
- On a quarterly basis, board will devote substantive time for evaluation of implementation, needed revisions on time frames, strategies or priorities. Questions to consider:
  - What has or has not been accomplished?
  - Are our assumptions about the internal and external environment still valid? If not, what has changed which will have implications for PASG?
  - Are there new issues facing PASG and do we need to make adjustments, additions, or revise priorities based on new issues?
  - If major issues arise or substantial changes are needed, other constituencies, particularly staff and clients will be involved in the decision-process.

**Staff:**

- Executive Director will have primary responsibility for overseeing the implementation process and the communication of its progress to the organization's constituencies, with active involvement from the management team and the entire staff.
- Each manager will work with their staff and/or team to develop an annual workplan based on the strategic plan (January 99)
- At every Management Team meeting, there will be a regular review progress on the workplans, the implementation of the strategic plan as a whole, and the communication of this process.
- Once a month, the staff will discuss the strategic plan implementation (at a lunch meeting)

**Clients and CAB:**

- At each CAB meeting, the CAB will take one section of the plan to review and provide feedback back to the staff and board
- Each PASG newsletter will include a section regarding the strategic plan progress and will regularly solicit input from clients.
- The strategic plan calls for regular client surveys, focus groups, and other methods of obtaining client feedback regarding PASG programs. The feedback should include an evaluation of client outcomes or "benefits to

## Updated

clients". This information should be utilized on an on-going basis to continually improve programs.

### **Volunteers:**

- Volunteers will discuss the strategic plan implementation and their role in assisting its success at each Volunteer Advisory Meeting

### **All Constituencies: Participation in Half-day Strategic Planning Session:**

- Sometime during the fall of 1999, a half-day strategic planning session be planned for sometime next fall.
- The purpose is to a) assess changes in environmental trends and implications for PASG, b) evaluate the progress in implementation, c) make any needed revisions or priority changes to the strategic plan, and d) continue to build the alignment among PASG constituencies.
- The session will include the entire staff and board, with representative clients and volunteers, and community stakeholders who have a close relationship with PASG.
- Other planning sessions will be scheduled as needed.