

Rhode Island Community Planning Group for HIV Prevention Minutes

Date: July 8, 2004
Time: 1:00 - 5:00 PM
Place: Royal Buffet, Cranston

Present: Paul Loberti, Elisa Delbonis, Lorraine Kaul, Lina Ruiz-Mingote, Shannon Spurlock, Anne Silvia, Vinnie Velasquez, Deborah Davis, J. Philip Kane, Paula Lopes, Tina Shepard, Donna Williams, Midge Sabatini, Stephanie Howie, Lucille Minuto, Michelle Clark, Patricia Threats, Susanna Rhodes, Jeremy Giller, Deoshore Haig

Elisa D. called the meeting to order at 1:15 PM following the welcome session. Agenda was reviewed for today's meeting.

JSI Outcome Evaluation

- Paula L. provided a historical overview of HEALTH's Outcome Monitoring Review. Contract monitoring objectives were outlined for site visits which included process monitoring, intervention delivery and outcome monitoring activities.
- Shannon S. discussed monitoring and evaluating outcomes to improve HIV prevention interventions. Objectives are to work with vendors to establish their own process monitoring and for CPG to set a broader vision for vendors.
- Michelle C. informed the group that RI has an electronic web base for data collection to give vendors feedback for new program development and planning. She discussed outcome evaluation for individual vendors and the cycle of the intervention process. There was discussion about RFPs over the next 3 years and how planning will be weighted in comparison to past performance.

Introductions

- Tavis C. and Andrew C. have resigned from the CPG.

HIV Testing Day

- AIDS Care Ocean State was the key sponsor for National Testing Day. There was a positive response and CPG members were there in support of the day. Clarendon Group prepared buttons and a mini-informational card for this event. These materials can be used for other events as well. Vendors set up information tables and the attendance was good.

Cooperative Agreement

- Lucille M. updated the CPG on HEALTH's HIV prevention cooperative agreement grant with CDC. to the focus this year is advancing HIV prevention with a focus on prevention with positives. Funding

would promote programs, staffing and consultation. The CPG response to the cooperative can be found in many ways. On a large scale it is through the Plan. At the “work level of the CPG” it is found in the committees and task forces. Workbooks, position papers and other assessments the task forces and committees complete. are all important tools that exemplify the community response for this grant.

Facilitated Discussion

In light of some issues and situations that recently surfaced, Paul L. opened discussion by acknowledging that change and conflict are a part of growth. Deoshore H. was introduced as a facilitator to CPG in processing the news about the resignation of Andrew C. His letter of resignation was read with discussion of the members' feelings and response to this news. Deosher explained her role in acknowledgement of these feelings, response to change and what the group needs to do to move forward.

The key elements of the conflict resolution process, were discussed: 1) the reimbursement of expenses for the unattended conference and 2) the collaboration of expectations for professional behavior.

Elisa D. and Paul L. were in agreement that the group's discussion would be reflective in the minutes and requested that sharing of information be done positively and constructively.

In response to the request for reimbursement, HEALTH's position is that there is no justification for the last minute decision of Andrew not to attend. He did not communicate that decision to HEALTH and therefore, UpTyme incurred specific expenses related to the conference. In addition, if a reasonable effort was made to notify UpTyme and HEALTH the opportunity to attend the conference could have been given to someone else. The formal request for payment through HEALTH on behalf of UpTyme will still be made but there is a chance it shall be denied due to lack of a justifiable reason why the co-chair did not attend Paul stated that this also has potential ramifications for the entire CPG as the state may hesitate to support future CPG activities on the basis of this situation. There was discussion of professional behavior expectations and feelings that basic expectations regarding appropriate and timely communication were not met. Members shared feelings of loss, mistrust, frustration and anger.

One theme that came up repeatedly was the need for the group to discuss issues within the context of the full CPG and to avoid sidebar conversations about, people and agencies related to this process. It was agreed that sidebar conversations, gossip and hurtful remarks do not advance the process or the work of the CPG.

Deoshore identified these responses as a natural and normal process for groups with validation of the array of emotions expressed. She discussed the cycles of group processing recognizing natural peaks and valleys, and that there will always be issues that require response and problem solving. She charged the group with strategizing about leadership and membership expectations of behaviors so the group can maintain focus and not get stuck in the valleys. The groups' loss of members resigning was identified individually and collectively, with the focus shifting to moving forward to meet the mission of CPG.

The following suggestions were made to help achieve this:

- Need of a new group process with more structure and accountability to re-establish trust
- Time for the group to work together collectively
- Need more community people represented at CPG
- Value the good working relationship between community members and HEALTH
- Appreciate the expertise and commitment of everyone involved with CPG

- Establish role clarity
- Communicate ideas and concerns directly with co-chairs and the full group
- Communicate within the structure of the CPG in a more organized fashion; this may bring greater trust
- Provide more time for task force/committee feedback to group

In summary, Deoshore requested that 1) the group share information with the co-chairs and facilitator to develop an infrastructure for team building and 2) to identify the elements and characteristics of co-chair qualifications of leadership skills expectations. A motion was made and approved to have Deoshore come to the next meeting to assist CPG with team building strategies.

New Member Vote - Empowerment Subcommittee

A motion was made and approved unanimously that accepted new members would not join CPG until the September meeting. Two new members were presented to the CPG and discussion ensued regarding their applications. Those new member applications were Darrel Isom and Daniel Valences. Darrell Isom's membership was approved with a vote of Yes-6, No-2, and Abstention-1. Daniel Valencia's membership was approved unanimously.

Paul L. suggested that we review the elements of Robert's Rules of Order and incorporate a more structured approach to our business meetings to advance clarity and minimize "out of order" proceedings.