MEETING AGENDA

Thursday, November 21, 2019 12:00 p.m. - 2:00 p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes (August 15, 2019)

Report of Staff

Discussion Items:

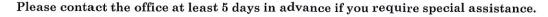
- Tobacco Use as a Barrier
- Codes of Conduct
- March Evening Meeting

Old Business

New Business

Announcements

Adjournment



HIV Integrated Planning Council Executive Committee Thursday, August 15, 2019 12:00 – 2:00 p.m.

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Keith Carter, Lupe Diaz, Alan Edelstein, David Gana, Lorett Matus, Clint Steib

Absent: Jeanette Murdock, Gail Thomas

Excused: Michael Cappuccilli, Sharee Heaven, Sam Romero

Call to order:

A. Edelstein called the meeting to order at 12:15 p.m.

Welcome/Introductions:

None were offered.

Approval of the Agenda:

A. Edelstein asked for an approval of the agenda. <u>Motion: L. Diaz moved, L. Matus seconded to approve the agenda as presented. Motion passed: All in favor.</u>

Approval of the Minutes:

A. Edelstein called for an approval of the minutes from the May 22, 2019 meeting. <u>Motion: L. Diaz moved, L. Matus seconded the meeting minutes as presented.</u> <u>Motion passed: all in favor.</u>

Report of Staff:

No report.

Discussion Items:

Policies and Procedures Regarding Research

B. Morgan reminded the group that at their May meeting the group discussed having a policy for when HIPC is approached to participate in research. This was due to a proposal received in April that had to be refused because there wasn't time to present to the council. B. Morgan reminded the group that they had decided to authorize the HIPC Co-Chairs to make that decision in time-limited situations, following a procedure to be determined. She explained there was a draft policy based on that discussion in the handouts and asked the committee to review it for further discussion.

A. Edelstein asked what a "letter of acknowledgement" is. M. Ross-Russell explained that this is in lieu of a letter of support, to say that the council is aware of a proposed project an organization is planning. This was changed from when HIPC would make letters of support years ago because the council was not always informed adequately and would not have that organization participation on the council. A. Edelstein noted that language should be changed to "current best practices" in reference in the Basic Criteria for Research Projects. A. Edelstein noted that there should be safeguards for community members and consumers. He noted particularly in terms of recruitment of subjects. M. Ross-Russell explained that some researchers have contacted the OHP staff about recruitment of participants that appeared to not be in the best interests of the HIPC or the community members and those requests have been refused. L. Diaz noted that disclosure is up to the individuals and they shouldn't be pressured to participate or disclose. M.

Ross-Russell noted that research projects have been announced at meetings but recruitment does not happen through the council. She elaborated that opportunities are presented to the Positive Committee, when appropriate, for them to decide. B. Morgan asked if there should be a sentence inserted about the HIPC not recruiting participants for outside research projects. The group affirmed.

L. Matus asked if they should discuss anything about compensation or incentives. M. Ross-Russell explained that doesn't need to be included because that would be on the researcher's responsibility and not the purview of the Council.

A. Edelstein called for a motion: L. Diaz moved, L. Matus seconded – to bring the Research Approval Process as amended to HIPC for approval. **Motion passed**: All in favor.

C. Steib asked if it would be helpful to have a presentation on the ethics of research of human subjects for the Council. The group agreed.

Remote Meeting Participation

- B. Morgan reminded the group that they had discussed HIPC members attending committee meetings via conference or video call. She explained that the HIPC members have the ability to participate remotely, but it hasn't been requested often. The HIPC decided to treat the remote attendance as an "excused absence". She observed that there wasn't an incentive to attend remotely considering the attendance wasn't counted. A. Edelstein asked if the committee would like to consider another policy for calling into meetings like limiting the number of meetings and counting a call-in as being presented. B. Morgan explained that other EMA's don't really have these procedures codified for these types of policies. B. Morgan noted that attendance for committee meetings is a perennial challenge. M. Ross-Russell noted that some meeting's agendas don't really allow for remote attendance. A. Edelstein noted that there is a need for policy that makes it clear which meetings would be eligible. The group discussed different options/scenarios of meeting agendas. C. Steib noted that callers can express their opinions even if it isn't counted as a vote.
- B. Morgan directed the group to bylaws about quorum for HIPC. She noted that absentee and proxy votes were not allowed currently, so there would need to be changes to capture voting by remote attendance. C. Steib asked if committees could table votes that come up until the next meeting when they happen. B. Morgan noted that the votes that are central to HIPC business are usually known well ahead of time. M. Ross-Russell agreed that there rarely any issues that are time sensitive in committees that are integral to Planning Council responsibilities. M. Ross-Russell noted that the HIPC can always address the action item at its next meeting.
- B. Morgan asked the committee if they wanted OHP staff to notify committee members that calling in is an option for certain meetings where appropriate. A. Edelstein said that the policy could be that a member can call in but will not be able vote on action items, so members will know when they make the decision about attending remotely. He added this will keep the policy neutral and straightforward. M. Ross-Russell said that there should be a limit to the number of times. B. Morgan suggested not writing a full policy yet, try something out to see what works, and then write a policy. L. Diaz explained that the Nominations Committee kicked it to the Executive Committee because they wanted to have the trial run before any decision was made. N. Johns noted that the trial could start with certain committees where it makes the most sense or is most needed. L. Diaz noted Nominations Committee questioned whether people aren't doing it because they don't know or because they don't need the accommodation.

M. Ross-Russell suggested surveying planning council members about specific choices around these kinds of policies and restrictions — which will give some idea of need and opinion of these policies. She noted that some people don't participate because they can't and others do not because it isn't important to them. She noted that this could be available to members in good standing for Planning Council attendance, especially for people who have asked for accommodation.

A. Edelstein asked for the definition of "a member in good standing". B. Morgan noted that it means not in violation of the HIPC's attendance policy. She explained that a member is in violation if they miss 3 consecutive meetings unexcused or have a total of 5 absences in a planning year. L. Matus noted that the technology should be used to allow for more participation. She added that people who call should be included in voting and it should be ensured that people can truly participate. She explained she saw it as an opportunity to increase participation and will make it more possible for people to join the council. A. Edelstein asked if participants via phone were counted as present. B. Morgan noted that the decision by Nominations Committee was that it would be an excused absence when someone called in. She explained that the thinking at the time was concern about people only participating via phone in committee.

M. Ross-Russell noted that council and Positive Committee will not be eligible for calling in. She suggested that the limit would be 2 meetings per planning year which runs in September to August. M. Ross-Russell noted most committees meet between 7-10 times a year. The group agreed that there would have to be adequate notice to make sure the handouts and call in information to the person ahead of time to participate. The group agreed that a member who wanted to call in had to notify the staff of OHP by close of business the previous day.

- B. Morgan reviewed that a member could call in twice a year per committee to count as present. The group noted that this cumbersome to monitor and keep track of who is in good standing. The group talked about how will this be monitored and noted it will be difficult. Different scenarios were discussed. M. Ross-Russell noted that in general there are 20-30 HIPC members regularly attend meetings. She noted attendance is an issue in Comprehensive Planning and Prevention. She noted that there are members who only attend planning council meetings and do not attend committees at all. The group discussed that there are medical leaves of absence and other leaves of absence are available for members for 90 days.
- L. Matus asked if there could be a regular announcement about attendance rules and responsibilities. A. Edelstein noted that a description of members' responsibilities could be succinctly stated should be posted in conference room. B. Morgan noted that staff could review attendance policy at HIPC meeting. C. Steib asked if the co-chairs could recommend members should review the bylaws. B. Morgan noted that reviewing the attendance policies will help people understand the flexibility. The group agreed to have the highlights of attendance policy in the room. L. Matus suggested different parts of the bylaws are written on a slide projected before meetings.

Motion: L. Matus moved, L. Diaz seconded that 6 months pilot of remote participation for 1 call in per committee, except Positive Committee meetings and Nominations application review panels to start September 1, 2019. The first call will be noted as present and further will be recorded as an excused absence. Motion passed: 5 all in favor, 0 opposed, 1 abstention.

Meeting Times

B. Morgan reminded the group that OHP has surveyed community members about when they would be

available for attending events and meetings. Group discussed when evening meetings would be from 6 to 8pm on a quarterly basis. The group discussed when to have the first evening meeting. L. Matus noted that March or April would be a good time for this meeting.

Motion: L. Matus moved, D. Gana seconded for the second Thursday of March 12, 2020 6:00 – 8:00 p.m. as pilot for evening HIPC meetings. All in favor: 5, 1 abstention.

Code of Conduct

B. Morgan noted that this was about conflicts in committee meetings. She directed the group to the Code of Conduct from the bylaws. She noted that "out of order" is not defined in the bylaws. A. Edelstein explained that "out of order" is referring to Robert's Rules. B. Morgan explained that the HIPC follows a very loose version of Roberts' Rules. B. Morgan explained that "out of order" literally means a person is speaking out of turn. She noted according to the bylaws, a person can be called out of order by a co-chair but nothing about if a co-chair is disruptive or out of order. There are no formal rules of respectful engagement. A. Edelstein asked if other councils have code of conducts. B. Morgan explained that in the research she has done there was a lot of variety in Planning Council bylaws. She said she could look for relevant examples to share with the committee. A. Edelstein asked if there should be a code of conduct for members or all people who attend meetings.

K. Carter asked about Public Comment in committees. N. Johns noted that the process for public comment is detailed in the bylaws. K. Carter noted that all committee co-chairs should be familiar with the bylaws so that the policies and rules are followed. B. Morgan said that she will email the bylaws to the committees. The group agreed that this should be decided before the HRSA site visit in the spring. The committee agreed to review bylaws and email any questions or comments to B. Morgan.

Old Business:

None.

New Business:

None.

Announcements

The committee noted their next meeting would be November 21st from 12 to 2 p.m.

Adjournment

The meeting adjourned by general consensus at 1:58 p.m.

Respectfully submitted, Nicole Johns, OHP staff

Handouts distributed at the meeting:

- Meeting agenda
- Meeting minutes for May 22, 2019
- Proposed Research Approval Process
- Article VI: Code of Conduct from HIPC Bylaws
- OHP meeting calendar

For the Comp Planning Group and the HIPC.

Note that all Behavioral Health services funded by RW Part A must participate in Medicaid. In Philadelphia this means they must have a contract with CBH.

Here is information about the smoking issue with Substance abuse treatment.

December 31, 2018

Effective January 1, 2019, smoking and all forms of tobacco use will be prohibited at all residential drug and alcohol treatment programs under contract with the Philadelphia Department of Behavioral Health and Intellectual disAbility Services' (DBHIDS)

Community Behavioral Health (CBH) division.

This policy is being enforced as a contract mandate for each of the 80 inpatient addiction treatment programs in the CBH provider network spanning four levels of care including nine detox facilities, 32 short-term rehabilitation programs, 31 long-term

rehabilitation programs and eight substance use halfway houses.

Individuals who smoke cigarettes or use electronic nicotine delivery systems and are admitted to any of these facilities for substance use treatment will be offered medication and counseling to manage nicotine withdrawal while concurrently undergoing treatment for their admitting diagnosis. The policy applies to staff and visitors who will also be prohibited from smoking or bringing tobacco products and paraphernalia onto the premises.

Smoking is often part of a drug use ritual and is the leading cause of death and disability among behavioral health populations disproportionately. It is estimated that smoking-related conditions comprise 39 percent of deaths among opioid users, 40 percent among

cocaine users and 49 percent among alcohol users.

percent according to surveys.

Additionally, tobacco use kills more people than both opioid overdoses and gun violence in Philadelphia where surveys show smoking use among those with a substance use or alcohol problem to be at around 69 percent and 48 percent respectively. Smoking use among Philadelphians who report not using drugs or alcohol hovers at around 22

Research also shows that people who have an addiction to drugs or alcohol are generally more likely to die from a smoking-related illness than from the other drugs they are ingesting. High smoking rates, frequent smoking and earlier smoking initiation render those with substance use disorder particularly vulnerable to tobacco-related harm. "People who have a substance use disorder are smoking as much as three times the rate of the general population and, tragically, they are dying 25 years earlier than the general population largely because of smoking-related diseases affecting the lung and heart," said Philadelphia's behavioral health commissioner, David T. Jones. "Providing substance use treatment in a smoke-free environment will not only help us to improve addiction recovery outcomes for people, it will also help us to improve their overall health outcomes — consistent with our <u>population health</u> approach to delivering behavioral health services in Philadelphia."

Quitting smoking while in recovery from drug addiction can increase long-term substance use abstinence rates by 25 percent. Studies show quitting during the recovery process also increases the likelihood of achieving and sustaining long-term recovery. By

comparison, continuing to smoke after addiction treatment increases the likelihood of experiencing substance use relapse.

Data strongly supports the argument that many of those living with substance use disorder want to quit smoking and are more successful in doing so with evidence-based

treatment provided by a clinician.

Tuesday's policy rollout comes three years after the same contract mandate was successfully implemented at all acute inpatient psychiatric hospitals under contract with CBH. In both instances, treatment facilities provided input throughout the implementation process and the Philadelphia Department of Public Health and the University of Pennsylvania contributed as partners in the effort.



- Arrive by 12:30 or call to let us know you are running late
- Silence your phone and take phone calls in the lobby or hallway
- No side conversations or cross talk
- Wait to be acknowledge by the Co-Chairs/Speaker before speaking so everyone can hear you
- What is said here, stays here. Confidentiality!
- Respect others' boundaries and personal space
- Stay on topic
- Speak respectfully including your volume, tone and word choice.
- If anyone violates these rules:
- First warning with a reminder of the rules
- Second warning with a reminder that they will be asked to leave
- If a third violation happens, the individual will be asked to leave the meeting

Excerpts from Member Responsibilities Section:

- Description of Responsibilities
- Meeting Ground Rules
- Conduct at HIV Planning Council Meetings
- Self-Appraisal Form

2017 Orientation Booklet



HUDSON COUNTY HIV SERVICES PLANNING COUNCIL VOTING MEMBER

Description of Responsibilities

Summary: The voting members provide the vehicle through which the Planning Council conducts its business.

Essential Responsibilities:

- 1. Attendance at meetings. Required by Bylaws: no more than three unexcused absences.
- 2. Be a member of at least one [1] Planning Council Committee -- required by Bylaws
- 3. Appointment of a reliable alternate to attend and vote if the need to miss a meeting arises.
- 4. Develop an awareness of the needs of PLWA's in Hudson County.
- 5. Have an interest in assuring high quality and comprehensive services to the PLWH/A's in Hudson County.
- Assist in the development and implementation of a mandated Comprehensive Plan for Hudson County.
- 7. Assist in completing a mandated needs assessment every three years.
- 8. Assure the continued viability of the Council by bringing in new members.
- 9. Serve on at least one committee of the Council.
- 10. Be prepared to vote on issues raised at the meetings.
- 11. Disclose a potential conflict of interest before a matter is voted on.
- 12. Participate in Council educational, information gathering, or advocacy proceedings.
- 13. Educate the community about the PLWH/A and their unique and common needs.
- 14. Develop a working knowledge of the By-Laws of the Planning Council and the Ryan White federal regulations.

Meeting Ground Rules

Each member of the Planning Council is asked to agree to adhere to the following ground Rules throughout meetings and other proceedings:

- 1. Every member will treat everyone else with respect as an intelligent person with a legitimate right to be a part of discussions and decision-making. This means that all members/participants in meetings will have the opportunity to speak and to be listened to, without interruptions.
- 2. The chair will establish procedures for discussion, and may limit the length of individual presentations and set reasonable time limits on debate. A parliamentarian or timekeeper may be selected to assist with this process.
- 3. Decision-making will occur in an agreed-upon manner -- whether majority rule, some form of "super majority" (e.g., two-thirds vote), or consensus, etc. -- with agreement about the process made before discussion occurs. Unless otherwise determined, decision-making will be by majority vote, or by super majority where required by bylaws.
- 4. There will be no personal attacks on anyone; disagreements will focus on issues, not individuals.
- 5. Every member of the group will accept and support decisions made in the agreedupon manner, regardless of his/her personal position.
- 6. Information presented in confidence will be held in confidence, not discussed outside the meeting.
- 7. Members will behave in a manner which reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups, and at the same time consider the overall needs of people living with HTV disease and act on their behalf, not to benefit themselves.
- 8. All members will speak positively about the planning body in public; problems will be addressed within the group, and not with outsiders.
- 9. Any member who feels s/he cannot support the mission, goals, strategies, programs, and/or leadership of the planning body as agreed upon by the members should leave the planning body.
- 10. Every member will take responsibility not only for abiding by these ground rules personally, but also for speaking out to assure that all other members abide by them.

Prepared by Emily Gantz McKay, President, Mosaica, April 1994; revised August 1996.

CONDUCT AT HIV PLANNING COUNCIL MEETINGS

Participating in

It is expected that all members will arrive on time so that meetings may begin on time.

Members who report for meeting who are obviously under the influence of drugs and/or alcohol to the point that their thought process is affected, will be asked to leave.

Meetings

Good communication skills are among the most important factors in effective meetings.

Consider some basic communication skills that can help members to participate more effectively in planning council meetings.

Remember: The Chair is in charge of the meeting. Therefore, he/she has the authority to uphold Robert's Rules and to limit discussion of issues and/or problems so as to assure that the meeting remains focused and efficient.

Listening

Listening is a basic communication skill, yet one of the most difficult to master. Many people tend to half-listen - they are preoccupied with their own ideas or how they are going to respond instead of paying attention to the speaker. When people don't .listen, they interrupt each other, jump from one subject to another, or repeat what has already been said. This slows the process and can lead to misinformation, wasted time, and frustration. Some techniques to improve listening include:

Concentrate on listening, not on what you have to say. Reflect on what has been said before you speak. If you listen carefully, you may identify aspects of the issue you had not considered.

Listen to all that is being said. Do not interrupt as soon as someone says something to which you object; give the speaker the opportunity to complete his/her statement, and wait until you have heard the entire idea before judging. Allow fellow members to express opinions or discuss issues without becoming belligerent or disrespectful.

Listen actively. Look at the speaker. Take notes; this can help you focus if you have trouble paying attention, and recall what was said.

Speaking/ Contributing

Communicate your ideas in a clear and logical way. Consider the following techniques to improve oral communication:

Do not use agency or individual names when pointing out problems or deficiencies.

Speak in ways that promote listening (not too fast or slow, using an appropriate sound level and tone). Speak briefly until you gain confidence. If you are nervous, share quick ideas or reactions before attempting a major presentation.

- * Build on others' ideas. Connect previous speakers' remarks with your own by summarizing their views or using their thoughts as a springboard. This shows respect for the speaker and helps members follow the discussion. If someone else has spoken and shares your view, support his or her strong points and add ideas he or she may have missed.
- * Don't give uncertain information. Become informed and then speak.
- * Don't dominate the conversation. Participate, but let others talk as well.
- * Always appear reasonable. Keep a sense of humor. If you "lose your cool," you will probably lose the argument.

Disagreeing

Knowing how to disagree is vital to an effective group/meeting process. Disagreement almost always occurs in substantive discussions. However:

Disagree with respect. Do it without making a person defensive or resentful. Avoid offensive comments. Be especially careful about statements that might be taken as sexist, racist, homophobic, or insensitive to any group involved in AIDS activities. Don't personalize what is said; separate the disagreement from the person with whom you disagree. Direct, personal criticism may make some members afraid to speak again, or they may act out feelings of anger or rejection by undermining group activities.

Disagree non-judgmentally. Keep strong emotion toned down. Don't question people's motives or intelligence.

Be sure you understand the point before you state your disagreement. Start by asking a few questions to clarify the other person's point. You may be able to clear up a misunderstanding before it becomes a disagreement.

Be specific and constructive in your remarks. Do not just criticize, be ready with an alternative. If you agree with part of the suggestion, recognize this before pointing out differences.

Additional Tips

Be prepared. Think about the meeting ahead of time. Look at the agenda; read background materials. Decide what contribution you would like to make. Write down your thoughts

and some things you would like to say.

Look confident and interested. If you feel anxious or unsure, particularly if you are uncertain about the subject being discussed, -take some deep breaths and relax. Ask questions, or suggest that the chair provide background information on the topic for new members or guests.

Where you sit can affect people's Consider where you sit. response to you and whether you feel part of the group. Sit near the key players; avoid sitting at the far end of the table or in the back of the room. This may make you appear (and feel) as if you are not part of the group.

SELF-APPRAISAL FORM Using the following guidelines, please indicate your appraisal of each item Seldom a Never a Increasingly a Now a definite Problem Problem Problem Problem 3 2 3 4 1 1. Am I able to attend regularly scheduled meetings? 2. Do I arrive on time for meetings? 3. Is my schedule flexible enough to attend emergency sessions? 4. Does my career conflict with my position on the council? 5. Am I able to discuss controversial topics effectively? 6. Do I review support materials prior to all meetings, when received? 7. Am I tense and hostile during candid exchanges of opinion? 8. Do I work easily with other council members and our administrator? 9. Am I able to keep an open mind on issues? 10. Do I confine my discussion to agenda items only? 11. Do I make at least one positive contribution to each council meeting? 12. Do I have a high level of commitment and interest in our organization?

The Planning Council Chair Miami-Dade HIV/AIDS Partnership

- Responsibilities of the Chair
- Characteristics of an Effective Chair
- A Chair Should NOT...
- To Run an Effective Meeting, the Chair...

Miami-Dade HIV/AIDS Partnership

3.3 Responsibilities of the Chair

"Chair" (or Chairperson or Chairman or Chairwoman) = The most important and the most misunderstood role in an organization and the one most vital to the successful operation of a board and/or a formal or informal decision making body, such as a committee.

Responsibilities

- 1. Abide by the Miami-Dade HIV/AIDS Partnership Bylaws.
- 2. Preside at all meetings of the Partnership ("Partnership" in this section refers to the full Partnership, committees and subcommittees, unless otherwise noted). This role includes making sure discussion follows the agenda, that members speak one at a time and in the order of the queue, that speakers limit comments to the time allotted, and that the meeting follows Robert's Rules of Order.
- 3. Sign instruments and correspondence which the Partnership has authorized to be executed.
- 4. Perform duties as authorized and prescribed by the Partnership from time to time.
- 5. Assign Partnership members to committees (full Partnership chair only).
- 6. Upon recommendation of the organization, appoint committees, fill vacancies, change the membership or discharge any such committee (full Partnership chair only).
- 7. Represent the Partnership at public or official functions.

The chair elect serves in the capacity of chair in the absence of the chair or upon request of the chair.

These duties are all standard of such officers. In reality, the roles and responsibilities of a chair are far greater, though often more limited than the common view. It is just as important to know these roles and limitations as the official duties of the chair.

The position of chair does not place the chair's opinion above those of others or give the chair an audience for his/her views.

Characteristics of an Effective Chair

- 1. <u>Leadership</u> The chair is a facilitator, not an order-giver but a master of eliciting participation, cooperation and respect from all members of the Partnership.
- 2. Ability to act as an unbiased umpire, just judge and friendly disciplinarian.
- 3. **<u>Demonstrable Skills</u>** in conducting a meeting.
- 4. **Sharing** information and knowledge relevant to the work at hand of the Partnership.
- 5. <u>Encouragement</u> by rewarding participation, civility and self control.

The Chair is a facilitator, a master of eliciting participation, cooperation and respect.

- 6. **Empowerment** of others to do the right thing and sets an example by her/his own behavior.
- 7. Aloofness The chair delegates responsibilities effectively.
- 8. Accountability to the group he/she leads.
- 9. <u>Collaboration</u> by stressing teamwork and competition only in the service of attaining Partnership goals.
- 10. Generosity in complimenting others and sharing the glory with all.
- 11. **Non participation** The chair does not participate in debate or discussion unless (and only in rare instances) relinquishing the gavel.
- 12. **Equanimity** in evaluating the performance of individual team members and achievement of group goals.
- 13. <u>Mutuality</u> The chair builds mutual respect through generous use of praise and caring.

A Chair Should NOT

- 1. Dominate the conversation.
- Make motions.
- 3. Disrespect opposing views.
- 4. Put his/her pet peeve or priority in the spotlight.
- 5. Be insensitive to others or use an abrasive, bullying or intimidating style.

The position of Chair does not place the Chair's opinion above those of others or give the Chair an audience

Miami-Dade HIV/AIDS Partnership Orientation Manual September 2009 Revision

To Run an Effective Meeting, the Chair:

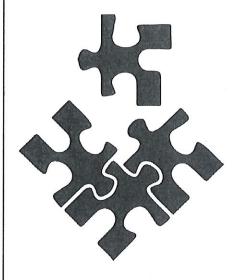
- 1. Demonstrates understanding of Robert's Rules of Order and the Partnership Bylaws.
- 2. Defines and states the purpose and goals of the meeting as defined by the agenda.
- 3. Invites participation by all members of the organization throughout the meeting.
- 4. Listens to team or group members.
- 5. Defines and clearly illustrates steps to a rational problem solving sequence for arriving at decisions, choices, recommendations or actions.
- 6. Manages contention and rude behavior, uses humor and positive affect to diffuse heated arguments or conflicts and encourages civil disagreement.

An effective Chair assures that all speakers are treated with equal respect and given equal time to state their views.

- 7. Stresses the need for consensus and compromise.
- 8. Begins and ends the meeting on time (except in rare extenuating circumstances).

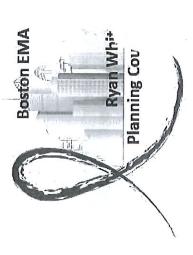
The Planning Council Membe

in the Boston EMA. Your work with the Council the communities living with and affected by HIV The Council is accountable to the people and should be informed by this standard of accountability at all times.



Boston EMA HIV Services Planning Council Ryan White Part A

The Planning Council Member



Additional Information

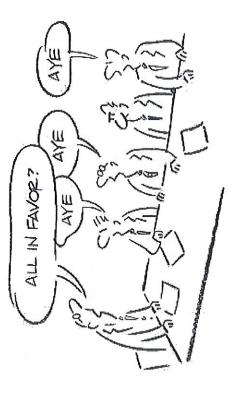
- documents are public record. All meetings are open to the public. (However, only appointed All meeting minutes, transcripts, tapes, and Council members may vote at Council meetings)
- responsibilities as a Planning Council member, please contact the Council leadership, PCS or If you need clarification about any of your other staff from the BPHC.

Relationship to Support Staff

- Ask them for the help and support you need to participate effectively on the Council.
- Fill out required contact information sheets and return them promptly to PCS staff.
- mail of changes in your contact information. Notify PCS staff in writing, by mail, fax or e-
- In the event of illness or emergency that will prevent you from attending to a Council or excuse your absence prior to the meeting. Committee meeting, contact PCS staff to

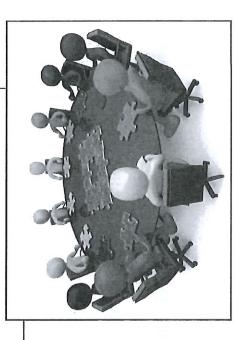
Fully prepare and participate in each meeting by:

- Reading the meeting agenda and minutes sent by PCS and any other relevant material ahead of time.
- meetings and make timely, well-considered, and non-Ask questions at Planning Council and committee repetitious comments.
- Explain acronyms and other specialized language.
- Suggest agenda items periodically to ensure that significant matters are addressed.



Meetings and Participation

(excused or unexcused) during a term must forfeit their Reasonable accommodations are offered to members members who have more than five (5) total absences position on the Council. Warning letters are sent to members who have three (3) consecutive absences. The Planning Council Bylaws state that Council who are absent due to illness or disability.



Main Responsibilities (cont'd)

- Foster a climate that promotes active participation by all nembers.
- Take an active role in a Committee projects or tasks.
- Undertake assignments willingly and enthusiastically.
- Mentor a new Council Member or be mentored by a returning Council Member.
- encouraged to contact the respective Council or Committee addressed or a problem that needs to be resolved, you are assistance from either the Planning Council Support (PCS) Committees, you feel there is something that needs to be leadership first. If this is not sufficient, you may request or the Boston Public Health Commission (BPHC) staff. If, as a member of the Planning Council or one of its
- Support other Planning Council activities such as community presentations, participation in health fairs, and recruitment events among others.

Main Responsibilities

- Know the Planning Council's mission and goals.
- Be familiar with the Council's policies and bylaws.
- Attend to all Council and Committee meetings and be on-time.
- Bring a sense of thoughtfulness and sense of humor to the Council's deliberations.
- Work as part of a larger team (the Council or Committee).
- Represent needs of all communities impacted by HIV/AIDS, not an agency or individual need.
- accordance with the bylaws of the Planning Council. State conflicts of interest prior to discussions or votes on relevant Planning Council business in