

The Kentucky HIV/AIDS Planning & Advisory Council By-Laws

Article I. Name

This council is established by the authority of the Kentucky General Assembly, KRS 214.640, in conjunction with CDC and HRSA requirements for Community Planning and Services for Kentucky, on January 1, 2006. This council will hereinafter be referred to as KHPAC.

Article II. Purpose and Mission

Section A. Mission

KHPAC will identify issues and develop public health policy recommendations to prevent further HIV/AIDS infections in Kentucky, and to serve populations currently infected.

KHPAC will advise the Kentucky Cabinet for Health and Family Services (the Cabinet) on the formulation of HIV and AIDS policy. KHPAC will monitor the responsiveness of the Cabinet, and ensure that recommendations are being considered and followed, as prescribed by the Center for Disease Control (CDC) guidelines for HIV/AIDS Prevention community planning. KHPAC will offer programmatic recommendations regarding Health Resources and Services Administration (HRSA) activities. Specifically, KHPAC will advise regarding Ryan White Title II Services.

Section B. Purpose of KHPAC

- Provide an annual report, including findings and recommendations regarding HIV/AIDS Prevention and Care activities in Kentucky.
- Develop a Comprehensive HIV Prevention Plan for the Commonwealth of Kentucky.
- Review the completed Kentucky CDC Prevention grant application, and provide a letter of concurrence/non-concurrence at least two weeks prior to the federal application deadline to CDC.
- KHPAC will review the completed HRSA Ryan White Title II application and provide written advisement to the State Ryan White Title II Program Administrator at least two weeks prior to the federal application deadline.

Article III. Roles and Responsibility

Section A. The Roles and Responsibilities of KHPAC

1. To explore methods by which Kentuckians infected/affected with HIV may access affordable, excellent, comprehensive, and coordinated prevention and care services. KHPAC's research and recommendations will be based on current clinical guidelines, and standard industry practices. Activities of KHPAC will include feasibility studies, program design and cost analysis, and funding availability. Specific issues of access shall include but are not to be limited to:
 - a. AIDS primary care;
 - b. Drug therapy;
 - c. Specialists' care, including mental health care;
 - d. Case management services;
 - e. Oral health care;
 - f. Chemical dependency treatment
 - g. Basic needs, including but not limited to housing and food;
2. Assess Kentucky's HIV/AIDS Prevention and Care resources and gaps in services available to persons infected/affected by HIV.
3. Collaborate with the Cabinet to gather, review, and analyze relevant data to establish current HIV Prevention priorities. KHPAC will consider all known and relevant data sources (i.e., Kentucky Epidemiologic Profiles, community services assessments, prioritized target populations, selected sets of prevention activities/interventions, and the Comprehensive HIV Prevention Plan) prior to all final full committee recommendations.
4. Provide qualitative analysis of the Cabinet's HIV/AIDS Prevention and Care services assessment tools, program reports, and grant applications.

Section B. The Roles and Responsibilities of the Cabinet

1. To provide logistical and administrative support.
2. Provide copies of HIV/AIDS Prevention and Care Services program reports, grant applications, tools, and relevant data in a timely manner.
3. Provide travel reimbursement and meal per diem for qualifying attendees at KHPAC meetings.
4. Provide a thorough orientation for all new members as soon as possible. All members should understand and have a copy of the following KHPAC documents:
 - a. A copy of the KHPAC By-laws
 - b. Program overview of Ryan White Title II Services in Kentucky
 - c. Program overview of the State HIV Prevention Program
 - d. Conflict of Interest forms, signed by members
 - e. Organizational chart of KHPAC
 - f. Organizational chart of the Cabinet's HIV/AIDS Branch

Section C. Shared Roles and Responsibilities of the Cabinet and KHPAC

1. Develop procedures/policies that address membership, roles, and decision-making, specifically. (Special emphasis should be placed on procedures for identifying representatives of at-risk, affected, and socio-economically marginalized groups that are underserved by existing HIV prevention programs).
 - a. Establish roles and responsibilities of KHPAC, its members, and its various components (i.e., committees, work groups,);
 - b. Develop methods for reaching decisions; attendance at meetings; and resolution of disputes identified in planning deliberations.
 - c. Encourage the resolution of conflict(s) in planning deliberations.
 - d. Incorporate a formula for the selection and duration of KHPAC membership; to ensure to the degree possible, that representation reflects the epidemic in Kentucky (i.e., age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection).
2. Provide input on the use of Prevention planning funds:
 - a. Support KHPAC meetings, and other activities necessary for maintaining planning linkages between the Cabinet and community stakeholders particularly those persons with and at risk for HIV infection.
 - b. Provide technical assistance by outside experts to KHPAC
 - c. Collect and/or analyze and disseminate relevant data;
 - d. Ensure representation of selected KHPAC members (governmental and non-governmental) at necessary regional or appropriate national planning meetings;
3. Determine the most effective input mechanisms for the community planning process:
 - a. The planning process must be structured to best incorporate and address needs and priorities identified at the community level.
 - b. The process should include strategies for obtaining input from key populations [e.g., Injection Drug Users (IDU), Men who have Sex with Men (MSM), youth, and undocumented immigrants, etc., that may not be KHPAC members.

Article IV. Governance

Section A. Officers

1. There will be a KHPAC Executive Committee consisting of six total members. Five (5) members will be selected from the general council membership and the Cabinet will appoint (1) member. Of the five (5) persons selected from the general council membership, (2) persons should be HIV positive. The requirement of any member, to divulge their sero status is prohibited.
2. The KHPAC officers shall consist of one (1) State Co-chair (provided by the Cabinet), one (1) Community Co-chair (elected by the KHPAC general

membership), one (1) Care and Prevention Committee chairperson, one (1) Policy and Promotion Committee chairperson, and two (2) members at large.

3. Officers will be elected by the end of each calendar year.
4. The State Co-chair shall be a non-voting member.

Section B. Terms of Office

1. Officers of the Executive Committee are elected for one (1) two (2) year term.
2. If an officer of the Executive Committee resigns or is removed before the end of their term, the Executive Committee shall nominate one (1) person, and except nominations from KHPAC at large to replace the exiting Executive Committee officer. A simple majority vote system will be used to select a replacement member, to complete the remaining term. Election or reaffirmation shall then occur as per the by-laws. The exiting Executive Committee member must submit their resignation in writing to a KHPAC Co-chair.
3. Outgoing officers of the Executive Committee shall serve in an advisory/mentorship roll and may be called on as needed.
4. If a vacancy occurs in an Executive Committee position, KHPAC shall elect a new officer no less than sixty (60) days after resignation or removal of the previous Co-chair.

Section C. Removal of Office

1. Elected Executive Committee officers may be removed for good cause by a two-thirds (2/3) vote of the general KHPAC membership.
2. Voting on a motion to remove an officer can be held no earlier than thirty (30) days after the motion was moved and seconded. The voting process must be done by secret ballot.
3. If for good cause, the KHPAC general membership believes the State Co-chair should be removed from office, the steps are as follows:
 - a. A majority vote in favor of removal shall occur no less than sixty (60) days after a motion of no confidence in the State Co-chair has been moved and seconded,
 - b. After the vote of no-confidence, a committee of no less than three (3) persons, one of which being the Community Co-chair shall draft a letter of grievance to the Cabinet. However, the removal and subsequent replacement of the State Co-chair is entirely at the discretion of the Cabinet.

Section D. Standing Committees

There shall be two (2) Standing Committees: 'Care and Prevention' and 'Policy and Promotion.'

The 'Care and Prevention' Committee is charged with:

1. Developing a Comprehensive HIV Prevention Plan.
2. Reviewing the completed Kentucky CDC HIV Prevention grant application.
3. Reviewing the completed HRSA Ryan White Title II application.
4. Providing written advisement to the State Ryan White Title II Program.

In order to accomplish these duties, all 'Care and Prevention' members are required to actively participate in the following three (3) KHPAC focus groups:

1. Epidemiology
2. Needs Assessment
3. Strategies

The 'Policy and Promotion' Committee is charged with:

Providing an annual report, including findings and recommendations regarding HIV/AIDS Prevention and Care activities in Kentucky. The annual report must be submitted to the Kentucky General Assembly and the Interim Joint Committee on Health and Welfare by September 1 of each year.

Section E. Ad-hoc Committees

Only the Executive Committee has the authority to appoint ad-hoc committees, such as an ad-hoc committee consisting of only HIV positive members. Ad-hoc committees shall report to the Co-chairs, the Executive Committee or to the whole body of KHPAC in the same manner as other committees of KHPAC. To the extent possible, ad-hoc committee shall meet, as it deems necessary, on the same day as scheduled KHPAC meetings, and at a time that shall not impede the agenda of KHPAC business.

Article V. Membership

Section A. Membership

1. KHPAC, to the extent permitted by available staffing and funding, shall consist of no more than thirty (30) members.
2. For the purposes of HIV/AIDS Prevention and Care planning, advising, and reporting requirements as mandated in KRS 214.640, the 2003-2008 HIV Prevention Community Planning Guidance, and the Health Resources and Services Administration Planning Guidance of 2004. KHPAC membership shall be drawn from the following:
 - a. The commissioner of the Department for Public Health
 - b. The commissioner of the Department for Medicaid Services
 - c. Representatives of other state agencies or boards that provide services to clients of HIV or AIDS services or that provide education to professionals who come into contact with HIV or AIDS clients, as designated by the Governor
 - d. Physicians representing different geographic regions of the state;
 - e. HIV or AIDS clients;

- f. Representatives of community-based organizations from different geographic regions of the state.
3. To the extent possible, membership of the council shall reflect the epidemiology of the HIV/AIDS epidemic in Kentucky.
4. The members designated in (a) to (c) of this section shall serve for the duration of service in their offices, subject to removal for cause by the Governor.

Section B. Length of Terms

Members shall serve for a term not to exceed four (4) consecutive years. Members may be reappointed, but shall not serve for more than two (2) consecutive terms. Appointments of individuals or committees may not exceed the term of office of the appointing authority. The Executive Committee will dissolve ad-hoc committees and appointments at a time the Executive Committee consider such to have completed their tasks.

Section C. Appointment and Removal

1. New members are selected by the Executive Committee by a simple majority vote from among prospective members' completed applications. Prospective members are then presented to the general KHPAC membership for approval by a simple majority vote. Accepted members' qualifications shall be presented to the Governor or designee for appointment.
2. Criteria for selecting new members should ensure that membership reflects, as much as possible, the epidemic in the jurisdiction (i.e., age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection). This consideration process must include specific areas of expertise as defined by CDC Community Planning Guidance and KRS 214.640.
3. Applicants to KHPAC that have been approved by the Executive Committee and forwarded to the Governor/Governor's designee (Cabinet) will have voting rights and will be eligible for travel or overnight stay reimbursements.
4. Members may be recommended for removal for good cause by the Executive Committee by approval of the entire group and by the Governor or designee (Cabinet). Good cause includes but is not limited to attendance pursuant to Article 5, section D.
5. Members shall undergo a participant evaluation by the Executive Committee every two years. The evaluation process will take into consideration factors such as attendance and participation. Recommendations regarding continued KHPAC

membership will be forwarded to the Governor of Kentucky or designee (Cabinet) for consideration.

Section D. Attendance

1. Members are expected to attend all scheduled meetings.
2. Three absences in one year of a member's appointment are grounds for recommending removal by the Executive Committee.
3. Excused absences are at the discretion of the Co-chairs and the Health Policy Specialist. Members must directly notify the assigned Department Health Policy Specialist prior to any absence from a scheduled KHPAC meeting, including ad-hoc and other committee meetings.

Section E. Leave of Absence

Any member in good standing may request a leave of absence from KHPAC for up to six (6) months. This request should be submitted to the Executive Committee for approval to recommend such leave to the Cabinet. Any request for extended leave of absences will be reviewed by said committee at the end of the initial six (6) month period.

Section F. Resignation

Members may resign at any time by providing written notification to the Executive Committee.

Article V. Meetings

1. Meetings will be presided over by the Co-chairpersons or in their absence, the Chairperson of the Care and Prevention Committee or the Chairperson of the Policy and Promotion Committee according to the highest vote received.
2. All meetings will be conducted according to the most recent Robert's Rules of Order as interpreted by the presiding officer.
3. Members shall adhere to all KHPAC Ground Rules (See Appendix I). The presiding officer shall read the ground rules aloud, at the commencement of each meeting.
4. Meeting agendas shall be established and presented to KHPAC members as far in advance of scheduled meetings as possible. This process is the responsibility of the Executive Committee and the Health Policy Specialist.
5. At least nine meetings will be scheduled annually.
6. Changes in meeting dates will be determined by vote of the Executive Committee.
7. Roll call will be (5) five minutes after the beginning of each meeting.

8. Visitors are encouraged to attend as guests of a member and will be allowed to speak if time permits and at the discretion of the presiding officer. KHPAC may adjourn to Executive session to consider membership matters, litigation or legal issues, and information which may violate the privacy of individuals involved in the planning process.
9. Presentations to KHPAC by non-members must be approved and requested by the Chair(s) and or the Executive Committee.

Article VI. Voting

1. The method of voting will be by hand, voice and roll call or by secret ballot at the discretion of the presiding officer.
2. There will be no Proxy voting.
3. A quorum must be achieved in order to vote on any matter before the council. A quorum will be 50% plus one.
4. A simple majority of votes is sufficient for all matters except changes to the by-laws.
5. Changes to the by-laws require two-thirds majority by general KHPAC membership.

Article VII. Grievance Procedure

Investigating Grievances/Complaints

Highlights

Pre- Filing

Individual Responsible for Investigating Grievances
Investigation Process

Completing the Grievance/Complaint Investigation Report Form

Policy Statement

KHPAC investigates all grievances and complaints filed with the Executive Committee. A member has 30-days from the date of the incident to file a Grievance.

Policy Interpretation and Implementation

1. Executive Committee has assigned the responsibility of investigating grievances and complaints to the Community and State Co-Chairs.
2. Upon the receipt of a grievance and complaint report from the Executive Committee, the Community & State Co-Chairs will begin an investigation into the allegations. The investigation and report will include, as each may apply:
 - a. The date of the alleged incident;
 - b. The circumstances surrounding the alleged incident;
 - c. The location of the alleged incident;
 - d. The names of any witnesses and their account of the alleged incident;
 - e. The member’s account of the alleged incident;
 - f. Accounts of any other individuals involved (i.e., other members, etc.); and
 - g. Recommendations for corrective action.

Informing Person Filing
Grievance/Complaint of
Findings/Corrective Action

Filing of
Grievance/Complaint Form

Provision of Reports to
Person Filing
Grievance/Complaint

Appealing the Executive
Committee Decision

Closing the Grievance

3. The "Grievance/Complaint Investigation Report Form" must be filed by the State/Community Co-Chair with the Executive Committee within **30-days** of the receipt of the grievance or complaint form. (**Note:** A sample copy of the KHPAC "Grievance/Complaint Investigation Report Form" is located in Appendix II.)
4. The member filing the complaint will be informed of the findings of the investigation, as well as any corrective actions recommended, within **45-days** of the filing of the grievance or complaint.
5. A copy of the "Grievance/Complaint Investigation Report Form" must be attached to the "Grievance/Complaint Form" and filed with the Executive Committee.
6. Copies of all reports must be signed and will be made available to the member filing the complaint or grievance. These should be available within **60-days** of the initiation of the grievance. If the situation is not resolved to the satisfaction of the member filing the grievance, proceed to step 7 (seven).
7. The grievance will be presented by the Executive Committee before the entire voting KHPAC membership for mediation. A reasonable solution to the situation will be determined by a majority vote following a brief (5 minute petition by each of the two parties involved in the grievance). A decision of a quorum of KHPAC at any regular or special meeting is final. This should be completed by the next KHPAC meeting (teleconference included). The Branch Manager shall also verify that the procedures have been adhered to in the spirit of the procedure
8. The Branch Manager shall verify the grievance findings, acknowledge the quorum voting decision and declare the mediation closed. The Branch Manager shall also verify that the procedures have been adhered to in the spirit of the procedure (any variation shall be noted and discussed with the co-chairs for possible review of the policy shortfalls; however the decision remains.) No further appeal is afforded and the issue is concluded. The closing of the Grievance Procedure should be concluded no later than **90-days** from the initial filing of the Grievance, excluding a period of unscheduled KHAPC voting/meeting. The Branch Manager shall retain the file for a period of 1 year, and then it shall be destroyed.

Article VIII. Amendments

These by-laws may be amended at any regular or special meeting of the KHPAC. Written notice of the proposed By-laws change(s) shall be mailed or delivered to each member no less than thirty (30) days prior to meeting date. By-laws changes require a two-thirds (2/3) majority vote of a quorum.

Appendix I

Kentucky HIV/AIDS Planning and Advisory Council Ground Rules

1. Members will strive to arrive on time for all Group and Committee meetings. Members will notify the group's coordinator in advance of anticipated absences, and if late will enter the meeting quietly and with respect for those already present.
2. Members will listen to the authorized speaker and will avoid all side-bar conversations.
3. Members will try to remain open in what they say and listen objectively to others.
4. Members will honor the facilitator's recognition of hands, and designation of speakers, and the agenda's time line.
5. Every member's view point is valuable. Members will commit to contributing fully to activities and discussion according to their own level of comfort.
6. Members, will at all times, avoid interrupting others and avoid dominating discussions but rather encourage others to speak. If a personal, conflicting issue between two members should occur the members will excuse themselves from the meeting and return when they have achieved the right to disagree with respect.
7. Members will observe time limits on speaking when they are invoked.
8. Members who agree to take on a task will complete that task on time.
9. When discussing KHPAC issues outside of the Group meeting, members will separate issues from persons or personalities.
10. Members will not use factors un-related to KHPAC issues (i.e. sero-status, race, ethnicity, class, sexual orientation, religious preference or other aspects of human diversity) against other members.
11. Group decisions are reached in one or two steps respectfully:
Step One: Attempt to reach consensus on decisions. Meaning that all group members could honestly say: "I believe that you understand my point of view and that I understand yours. Whether or not I prefer this decision, I support it because it was reached fairly and openly, and it is a viable solution for us at this time. In short, I can live with it."

Step Two: If consensus cannot be reached, KHPAC votes. A fifty (50%) plus one vote in favor means the action is taken and the issue is closed for further

discussion for a period of a least six months. A less than 50% plus one vote means that the discussion continues in order to reach a consensus or a subsequent majority vote.

12. Members will refer all media inquiries to the State Co-chair.

Appendix II

KHPAC: Grievance/Complaint Investigation Report Form

Date of this report: _____

Name of person filing this report: _____

Name of person filing report if not the individual injured/allegedly harmed: _____

Date incident occurred: _____ Time: _____

Was there an injury? No Yes If yes, describe: _____

Describe the incident as provided by the person making the allegation:

Describe the incident as provided by any witness:

Describe your findings of the incident:

Recommendations of corrective action:

Was the grievance/corrective action resolved to the satisfaction of all parties: Yes No

Date individual(s) received copy of the report: _____ Time: _____

Individual(s) Concluding the investigation and findings

X _____ Date: _____ X _____ Date: _____

