Bylaws of the Florida Comprehensive Planning Network (FCPN) Patient Care and Prevention Planning Group (PCPPG)

Article 1 – Name of Group
Florida Comprehensive Planning Network (FCPN) Patient Care and Prevention Planning Group (PCPPG)

Article 2 – Purpose
To facilitate and coordinate the HIV planning process and to assist the Florida Department of Health (DOH), HIV/AIDS Section, in developing, writing, monitoring, revising, and evaluating the Integrated HIV Prevention and Care Plan for the State of Florida.

Article 3 – Members
Section 1 – Membership
There will be a maximum of forty-eight (48) representatives made up as follows:
- One community (non-DOH) Patient Care representative, one community (non-DOH) Prevention representative, and one Department of Health (DOH) representative from each of the 14 regional Consortia (42 total)
- Six (6) At-Large representatives

The At-Large appointed representatives will be reflective of Florida’s HIV/AIDS epidemic and the need for expertise in the areas of Behavioral Science, Youth, persons living with HIV (PLWH), Transgender, and/or Substance Abuse. There will also be one Part A representative.

In addition to the above representatives, there will be alternates for each of the representatives, except the two DOH representatives serving as the Department Patient Care and Prevention Co-Chairs.

Section 2 – Appointment of Members
Community representatives (and alternates) representing patient care will be nominated by either their local Consortia or Part A Planning Councils. Community representatives (and alternates) representing prevention will be nominated by their local areas. DOH representatives (and alternates) will be nominated by the local HIV/AIDS Program Coordinator (HAPC). In the event there is no HAPC, the appointments will come from the Administrator of the HIV/AIDS Section. The Community representative (and alternate) representing Ryan White Part A will be nominated by the Part A entities. At-Large representatives (and alternates) may be self-nominated or nominated by anyone in the state due to their statewide roles.

All representatives (and alternates) must be active participants in their local HIV planning processes. Appointments are made by the Administrator of the HIV/AIDS Section; they are based upon several factors, which facilitate Parity, Inclusion, and Representation (PIR). These factors may include race/ethnicity, age, gender, risk category, serostatus, and partnership experience.

Changing from a Community representative (or alternate) to a Department of Health (DOH) employee, moving out of an area, and/or no longer working within the elected area voids the position of the incumbent as Community representative (or alternate). The Community representative’s seat defaults to the alternate and a new alternate is nominated and submitted for approval. If a DOH representative leaves their employment with the Department of Health or moves within the Department to another area, this voids their position, and a new DOH person is appointed.
Section 3 – Terms
Representatives and alternates will serve two-year terms, with the ability to serve consecutively. Even numbered areas (2A, 2B, 4, 5/6/14, 8, 10, and 12) and At-Large PLWH, and Substance Abuse are appointed as representatives (and alternates) on even numbered years. Odd numbered areas (1, 3/13, 7, 9, 11A, 11B, and 15), Part A, At-Large Behavioral Science, Youth, and Transgender are appointed on odd numbered years.

Section 4 – Voting
Each representative will have one (1) vote, with the exception of the two (2) DOH representatives serving as the Patient Care and Prevention Co-Chairs. The DOH Patient Care Co-Chair will vote to break a tie in odd numbered years, and the DOH Prevention Co-Chair will vote to break a tie in even numbered years. Alternates are eligible to vote only when the representative is not in attendance.

Section 5 – Resignation of Members
All resignations should be submitted in writing to the Administrator of the HIV/AIDS Section, by the representative or nominating entity. Community or At-Large representatives will be replaced by their designated alternates. DOH representatives will be replaced by their alternate. Local nominating entities will then submit nominations for new replacement alternates, to be appointed by the Administrator of the HIV/AIDS Section.

Section 6 – Replacement of Member
Failure to participate in two consecutive face-to-face meetings without notification will be cause for removal. In the event that an area seat has NO representation (representative or alternate) for two (2) consecutive meetings, that seat will be considered vacant. See Article 3, Section 2 - Appointment of Members for replacement protocol.

Section 7 – Duties & Responsibilities
All representatives (or their alternates) are expected to attend all face-to-face meetings or other meetings as convened by the HIV/AIDS Section. All representatives and alternates are expected to be involved in their local planning bodies or Part B Consortia/Part A Planning Councils and attend such meetings providing updates of the PCPPG activities. Representatives and alternates must sign up for and participate in at least one committee. Failure to sign up for committee assignments may result in representatives and alternates being appointed to committees by the Co-Chairs. The representative must notify the planning support provider if they or their alternate are unable to participate in ANY meeting, whether face-to-face, scheduled webinar, or committee call via e-mail.

Article 4 – Officers
Section 1 – Community Co-Chair
There will be a Community Co-Chair for Patient Care and a Community Co-Chair for Prevention. In order to be elected Community Co-Chair for Patient Care (including re-election) that individual must hold one of the 14 Community seats (not as an alternate) representing patient care, the Part A seat (not as an alternate), or one of the five (5) At-Large seats (not as an alternate). In order to be elected Community Co-Chair for Prevention (including re-election) that individual must hold one of the 14 Community seats (not as an alternate) representing prevention or one of the five (5) At-Large seats (not as an alternate) at the time of election. DOH representatives are not eligible to become Community Co-Chair. Once elected as a Community Co-Chair, the representative retains their vote from their area or At-Large seat.

The Community Co-Chair elections will occur at two-year intervals at the fall meeting. For the sake of continuity, the Patient Care Co-Chair election will take place in odd numbered years, Prevention Co-Chair election will take place in even numbered years for a two-year term. Nominations will be communicated to eligible voting members and elections will be held the next business day. In the event there is only one nomination, that person will be elected by acclamation. The new Community Co-Chair will take office
beginning the next business day. Should the Community Co-Chair resign during their term, a replacement will be selected at the next regularly scheduled meeting. In the event the Community Co-Chair cannot make a meeting, the seated members will select a sit in (alternate) for that meeting only.

Section 2 – DOH Co-Chair
The Administrator of the HIV/AIDS Section will appoint a DOH Co-Chair for Patient Care and a DOH Co-Chair for Prevention. Community representatives are ineligible to serve as DOH Co-Chair. Should the DOH Co-Chair resign, a new DOH Co-Chair will be appointed by the Administrator of the HIV/AIDS Section. For the sake of continuity, DOH Co-Chair appointments will be made in even years for Patient Care, odd years for Prevention. The HIV/AIDS Section will appoint a DOH Co-Chair Alternate in the event that a current DOH Co-Chair is unable to attend a face-to-face meeting. The DOH Alternate will be appointed and only serve for the meeting where a DOH Co-Chair is absent.

Section 3 – Term Limits
Both DOH and Community Co-Chairs may not serve more than two consecutive two-year terms

Section 4 – Vacancies
If a vacancy occurs in the Community Co-Chair position, a new election will take place for the Community Co-Chair at the next regularly scheduled meeting. If a vacancy occurs in the DOH Co-Chair, the Administrator of the HIV/AIDS Section will appoint a new DOH Co-Chair.

Article 5 – Meetings
Section 1 – Regular Meetings
There will be a minimum of two (2) regular meetings of the PCPPG each calendar year, generally held in the Spring and the Fall. One must be face-to-face and the other can be an electronic meeting (web based or conference call). Both meetings require attendance by either the representative or their designated alternate. The second meeting of the year will be designated the annual meeting when elections take place.

Section 2 – Quorum
Twenty-five (25) representatives (or seated alternates) present will constitute a quorum for the purpose of conducting official business.

Section 3 – Conduct of Meetings
It is the goal of the PCPPG to operate and make decisions by consensus. All members, alternates and guests attending meetings are expected to conduct themselves in a manner that is professional, respectful and courteous. Anyone who fails to abide by the aforementioned guidelines will be asked to leave the meeting by the Co-Chairs.

Article 6 – Committees
Section 1 – Executive Committee
The Executive Committee will consist of the four (4) Co-Chairs as well as the Co-Chairs of any standing and ad hoc committees. The Executive Committee will be responsible for working with HIV/AIDS Section staff in developing meeting agendas, providing conflict resolution within the PCPPG, and interact via face-to-face or teleconference meetings as necessary. The Executive Committee will oversee work of all other committees, ensure completion of all tasks, and maintain full and active participation by all members. Executive Committee meetings will occur as necessary or as mandated.

Section 2 – Other Committees
As the need arises, the PCPPG may find it necessary to create standing and/or ad hoc committees to conduct work assignments, develop policy, etc. The Co-Chairs may also appoint ad hoc committees as needed or requested by the HIV/AIDS Section to complete tasks or provide input. Active participation on committees is mandatory. Community Co-Chairs may serve as committee chairs.
**Article 7 – Amendment of Bylaws**
These bylaws may be amended by a two-thirds (2/3) vote of the seated representatives in attendance at such time as proposed changes are presented. Any proposed changes must be submitted in writing to ALL members 30 days prior to the next regularly scheduled meeting, and have it placed on the next meeting’s agenda for an official vote.

**Article 8 – Dissolution**
The Administrator of the HIV/AIDS Section may at any time dissolve the PCPPG.