The Florida Comprehensive Planning Network (FCPN)
Frequently Asked Questions (FAQ)

1. What is the Florida Comprehensive Planning Network (FCPN) and what is its purpose? The Florida Comprehensive Planning Network is a statewide advisory group to the Florida Department of Health, HIV/AIDS Section that works 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.

2. What are the responsibilities of an FCPN member? FCPN members serve as a conduit of information between the HIV/AIDS Section and their local area. Members are required to disseminate information from FCPN meetings, calls, and webinars to local meetings. FCPN members also serve as a voice for their local community and are encouraged to bring local area concerns to the attention of the HIV/AIDS Section through the FCPN mechanism.

3. How do I become a member of the FCPN? Area consortia/planning bodies nominate local community members to serve as patient care and prevention representatives and alternates. The nominees are reviewed by the HIV/AIDS Section and final appointments are made.

4. Is there a membership term for FCPN members? FCPN members are appointed for 3-year terms. A member may serve consecutive terms.

5. What is the time commitment of an FCPN member? All FCPN members are required to attend a monthly committee call (1 hour/month). Representatives must attend any face-to-face meeting scheduled for the group. Face-to-face meetings usually occur twice a year, in the spring and fall (2-3 days/meeting).

6. What happens if an FCPN member can't attend a face-to-face meeting? Representatives are required to notify the Alternate for their area if they are unable to attend the face-to-face meeting. The Representative should also inform the contracted provider.

7. What happens if an FCPN member cannot attend a monthly committee call/webinar? All FCPN members are required to notify the contracted provider or the committee co-chairs prior to the committee call to be considered excused.

8. How is member travel to face-to-face meetings handled? The HIV/AIDS Section's contracted provider facilitates travel for face-to-face meetings. Travel support will be provided for one eligible community representative or alternate per area and at-large seats.

Florida Comprehensive Planning Network (FCPN)
Committee Descriptions

Membership, Nominations & Bylaws (M, N, & B) Committee

To periodically review the FCPN membership and nominations process, as well as update the Florida Comprehensive Planning Network (FCPN) Bylaws as necessary.

Coordination of Efforts (CoE) Committee

1) To provide independent, ongoing review and feedback on the statewide inventory/assessment tool, “Florida HIV Continuum of Care Dashboard” (Dashboard), including the “Key” for the Dashboard, and to develop and monitor the Preamble, the Caveats, and the statement of “work in progress” as a living document, with several phases of enhancements over subsequent years. The goal of this inventory is to help assess HIV prevention and patient care activities across the continuum of care by each of the 15 areas of the state. 2) To provide independent, ongoing review of and feedback on the State of Florida Integrated HIV Prevention and Care Plan.

Medication Access Committee (MAC)

To provide comprehensive, independent and ongoing observations, feedback and recommendations concerning challenges and opportunities to promote universal and continuous access to needed medications that treat or prevent the transmission of HIV and other related conditions.

Needs Assessment (NA) Committee

To provide independent, ongoing review and feedback on statewide needs assessment activities, including the Statewide Patient Needs Survey.

Bylaws of the
Florida Comprehensive Planning Network (FCPN)

Article 1 – Name of Group
The name of the group shall be the "Florida Comprehensive Planning Network (FCPN)".

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 fifty-four (54) 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) Part A Representatives one from each Eligible Metropolitan Area or Transitional Grant Area (EMA or TGA)
- Five (5) At-Large representatives
- One (1) DOH Co-Chair

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.

In addition to the above representatives, there will be alternates for each of the representatives, except the DOH Co-Chair.

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 representatives (and alternates) representing Ryan White Part A will be nominated by the respective Part A entity. 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 or planning experience.

Changing from a Community representative (or alternate), Part A representative (or alternate), or an At-Large representative (or alternate) to a Department of Health (DOH) employee, moving out of and/or no longer working within the elected area voids the position of the incumbent. The 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 three-year terms, with the ability to serve consecutively. Appointments for representatives and alternates will be made in the final year of their current term.

Section 4 – Voting
Each representative will have one (1) vote, with the exception of the DOH Co-Chair. The DOH Co-Chair will only vote to break a tie 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
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 FCPN 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 or alternate must notify the planning support provider if they 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 one Community Co-Chair. In order to be elected Community Co-Chair (including re-election) that individual must hold one of the 28 Community seats (not as an alternate), one of the six (6) Part A seats (not as an alternate) or one of the five (5) At-Large seats (not as an alternate). 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 election will occur at two-year intervals at the fall meeting in even numbered years. In order to serve as the Community Co-chair, you must have served at least one full year on the FCPN. 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. 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 odd numbered years. 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 the 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 to fulfill the remainder of that term (does not count towards term limits). If a vacancy occurs in the DOH Co-Chair, the Administrator of the HIV/AIDS Section will appoint a new DOH Co-Chair to fulfill the remainder of that term (does not count towards term limits).

Article 5 – Meetings
Section 1 – Regular Meetings
There will be a minimum of two (2) regular meetings of the FCPN 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-eight (28) 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 FCPN 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 two (2) 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 FCPN, 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 FCPN 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 FCPN.

PCPPG Bylaws
Adopted August 2017
Revised November 2017
Revised April 2018
Revised November 2018
Name Change to FCPN
Revised May 2019
Revised November 2019