

Provider Advisory Committee

BYLAWS

October 2023 | Version 2.0

BACKGROUND

The Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC) values network provider input and considers it critical to the success of Los Angeles County's Drug Medi-Cal, Organized Delivery System. The specialty substance use disorder (SUD) system is a core component of the larger healthcare system, inclusive of the full continuum of prevention, harm reduction, treatment, and recovery services. As the continuum of care continues to evolve, it is essential for SAPC to maintain meaningful stakeholder participation to effectively consider the consumer and provider perspective in network-wide policy decisions. SAPC organizes the Provider Advisory Committee (PAC) to serve as an advisory body and to ensure SUD services are developed and updated with the perspectives and knowledge of SAPC's provider network. The PAC functions as a model of stakeholder engagement that promotes mutual understanding between DPH and service providers.

The PAC complements existing provider associations including the California Association of Alcohol and Drug Program Executives (CAADPE) and the California Opioid Maintenance Providers (COMP). The PAC differs, however, in that membership is open to all network providers on a term limited basis with participation based on an application process. The PAC welcomes staff from all levels of provider organizations, and the PAC focuses on local programs and policies with less emphasis on State-level advocacy.

PURPOSE

The PAC collaborates with SAPC and other network providers to promote a comprehensive and effective continuum of SUD prevention, harm reduction, treatment, and recovery services that meets the diverse needs of Los Angeles County residents. The PAC acts as a representative for the entire SUD provider network, reviewing and providing feedback and guidance on current topics, issues, and policies related to SUD programs and services. PAC members represent their agency, the population(s) served by their agency, and the levels of care offered by their respective agency.

Members elevate issues, propose solutions, and work with SAPC to implement recommendations. The PAC also assists and is responsible for disseminating SAPC generated policies, procedures, and other essential information to the SUD provider network.

MISSION

Improve SUD prevention, harm reduction, treatment, and recovery services in Los Angeles County through provider and SAPC collaboration and coordination.

PAC ORGANIZATION

MEMBERSHIP: Membership is comprised of SAPC-contracted or directly operated prevention, harm reduction, treatment, and Driving Under the Influence (DUI) service providers. PAC members should possess unique knowledge, understanding, and experience regarding SUD issues impacting Los Angeles County and reflect the demographics of Los Angeles County.

Members represent a range of interests and expertise based on populations served, professional experience, quality of care/performance, levels of care offered, operating budgets, and staffing size. Membership shall not exceed 22 participants, unless otherwise determined by SAPC. The PAC shall include members who provide prevention, harm reduction, treatment, and DUI services. If PAC membership and applicants lack coverage in these service provider types, the SAPC Prevention Chief and SAPC Systems of Care Chief may appoint up to two members each.

Each PAC term lasts two years. Members may serve no more than two consecutive terms (four years) with a one-year waiting period before applying to serve additional terms. If a member resigns from the PAC, their seat can remain open, or PAC Co-Chairs may select a new member. For PAC members selected to serve in the middle of a cohort cycle with a year or more remaining for that cohort, that time will be counted toward the two consecutive term limits.

PAC MEMBER RESPONSIBILITIES: All members (including Provider Co-Chair) must fulfill the following commitments and meet the following expectations:

- Members are willing and able to dedicate at least four hours a month (including workgroup participation, as needed);
- Members must have a working understanding of SUD system policies and procedures, State regulations, and certification standards;
- Members must promote and implement changes to advance the system beyond current practice for improving patient care and outcomes;
- Members should take an active role in directing PAC activities by proposing meeting agenda items and workgroup topics;
- Members must be prepared to discuss issues and recommendations at committee meetings and disseminate pertinent information to non-PAC participating SUD providers, both within and outside of agency of employment;
- Members should assist with communicating policies, guidelines, recommendations, and other essential information to the SUD provider network;
- Members must participate in bi-monthly meetings, and agree to discontinue participation after two unexcused absences during a 12-month period; and
- If unable to continue participating in the PAC, members must submit in writing official notification of resignation to the PAC Co-Chairs;
- Members are responsible for preparing for meeting by reviewing the materials sent prior to the meeting, formulating questions and ideas, and reflecting on potential decisions;
- Members must engage in discussions fully and request information as necessary to influence deliberations;

- Members should propose topics for discussion in the agenda that represent the interests, concerns, and insight of their agency as well as the broader SAPC provider network;
- Members should participate in workgroups for which they have subject matter expertise or experience, and/or are able to meaningfully contribute. Workgroup participation may include taking part in meetings, drafting and reviewing documents, and other activities as established by the workgroup. Participating in at least one workgroup per term is expected;
- When requested by SAPC, members shall provide input and feedback on policies, initiatives, projects, and other topics related to SUD services and provider network evolution.

PAC LEADERSHIP

The PAC is overseen by two co-chairs including a SAPC Co-Chair and Provider Co-Chair. The Provider Co-Chair serves as a liaison between the PAC membership and SAPC. The SAPC Co-Chair and Provider Co-Chair lead and support ongoing efforts by PAC members to communicate public health needs and gaps in services to the community. The SAPC Co-Chair and Provider Co-Chair offer advocacy and support for public health issues and programs that support the mission and vision of DPH and SAPC. The SAPC Co-Chair and SAPC staff shall work collaboratively with the Provider Co-Chair to develop PAC meeting agendas, presentations, briefs, and/or reports, and to facilitate PAC meetings and provide PAC updates at All Provider Staff meetings.

SAPC CO-CHAIR: SAPC's Bureau Director or designee chairs the PAC. The SAPC Co-Chair shall participate in PAC meeting to direct the priorities of PAC and will provide updates to the PAC and the greater provider network at All Provider Staff meetings. The SAPC Co-Chair approves the agenda for PAC meetings. The SAPC Co-Chair reviews and approves PAC proposals and provides a response on SAPC priorities, as needed.

The SAPC Co-Chair shall ensure the work of the PAC is consistent with SAPC priorities, Federal, State, and County policies, and overall purpose of the PAC. In the event of a deadlock in PAC deliberations, the SAPC Co-Chair shall be the deciding vote.

PROVIDER CO-CHAIR: The Provider Co-Chair is a member of the PAC and has full voting privileges. The Provider Co-Chair is expected to attend all bi-monthly meetings (except under extenuating circumstances) and ad-hoc meetings, including the All Provider Staff meeting during each calendar year. The Provider Co-Chair should be familiar with all Supervisorial Districts (SDs) and Service Planning Areas (SPAs), and consider the needs of all 5 SDs and 8 SPAs. The Provider Co-Chair must be flexible, unbiased, respectful, collaborative, and able to advance the PAC mission on behalf of the Provider Network. The Provider Co-Chair offers mentorship to new and continuing PAC members to ensure support succession in leadership within the PAC.

PROVIDER CO-CHAIR SELECTION: The Provider Co-chair is elected by PAC members during the first PAC meeting of each term and should be selected by no later than the second meeting of each new term. The SAPC Co-Chair presides over the election of the next Provider Co-Chair. Self-nominations must be submitted to SAPC to coordinate the election process. The candidate that receives a majority vote is appointed as the new Provider Co-Chair. In the event no candidate received over 50% of the votes, the top two candidates with the most votes will immediately participate in a runoff election. The candidate with the majority vote will be appointed as the new Provider Co-Chair.

PROVIDER CO-CHAIR TERM: The tenure of the Provider Co-Chair shall be a minimum of 12 months or 24 months depending on length of time remaining in their term as a PAC member. They may serve a maximum of two consecutive terms. The Provider Co-Chair will remain in place until the new Provider Co-Chair is selected. Persons may become eligible to serve additional terms after a waiting period of one year.

SAPC STAFF SUPPORT

Staff from the DPH-SAPC will provide leadership and support to the PAC with organizational planning and coordination, meeting design and facilitation, technical assistance provision, review and support document development, relationship-building with key partners, and administrative support (e.g. scheduling meetings, note-taking, posting, updating the PAC webpage within SAPCs website). SAPC will assign a coordinator to liaise between the PAC and SAPC and manage overall PAC engagement efforts. The SAPC PAC Liaison will be the main point of contact between the PAC and SAPC. They will collaborate closely with the PAC Co-Chairs to manage all PAC activities.

PAC OPERATIONS

COMMITTEE LOCATION

The Alhambra, 1000 South Fremont Avenue, Building A-9 East, Third Floor, Alhambra, California 91803, or as otherwise designated by SAPC. Meetings will be held online via Microsoft Teams and/or in-person.

MEETINGS

Regular PAC meetings occur bi-monthly. PAC meetings have their schedule set annually at the beginning of the calendar year and is presented to and approved by the PAC. PAC meetings focus on the review and discussion of initiatives, policies, and programs, Federal, State, and

County policies, as well as topics of importance elevated by PAC members and SAPC staff. If major policies and/or decisions need to be implemented quickly, additional ad-hoc meetings may be held to request feedback from the PAC membership.

In the instances when a PAC member is unavailable to attend, the PAC member may delegate a representative to attend PAC meetings as a proxy. The representative will have the same responsibility as a regular PAC member. If the PAC member chooses to have a representative attend on their behalf, they must notify SAPC at least 24 hours prior to the scheduled PAC meeting.

All regular PAC meetings shall be open to the public. Members of the public can comment on any items of business at the end of the meeting.

DECISION MAKING

The PAC provides recommendations and advocacy to SAPC on a range of topics and issues pertaining to SUD prevention, early intervention, harm reduction, treatment, and recovery services. SAPC will take all PAC recommendations under consideration and recommendations may be used to inform SAPC decisions. SAPC may provide a response to PAC recommendations and/or advise the PAC on decisions made. SAPC has the authority to make decisions independent of PAC recommendations.

PAC members may vote during meetings to elect a co-chair, adopt bylaws, recommend establishing workgroups, or make key decisions. A simple majority (i.e., more than 50%) is needed to make decisions. Workgroups may establish rules for decision making based on the purpose of the workgroup.

WORKGROUPS

Workgroups are established and convened based on provider and/or SAPC identified needs and will focus on topics requiring additional time and effort than can be dedicated in a regular PAC meeting.

PAC members and/or SAPC staff may propose the establishment of a workgroup. Proposed workgroups including potential workgroup goals and deliverables shall be approved by the SAPC Co-Chair to ensure practicability and alignment with current system priorities.

Workgroups will convene in between regular PAC meetings for up to one year, depending on goals and proposed deliverables (written recommendations, written reports, presentations, etc.). Workgroups shall establish goals, proposed deliverables, roles and responsibilities, and operating procedures within two meetings.

A minimum of one PAC member must volunteer to be the workgroup lead. If more than two PAC members volunteer to lead a workgroup, the PAC shall hold a vote to establish workgroup leadership. Workgroup leads will be responsible for providing leadership and direction, and will clearly communicate workgroup purpose and deliverables to the workgroup members. They will be responsible for overseeing the completion of workgroup assignments, providing updates, and leading the presentations on finished products to the PAC membership. Workgroup leads shall work to ensure the views of workgroup members are represented and final products and/or recommendations reflect the majority views of the workgroup.

PAC members can volunteer to participate in the workgroup. SAPC subject matter expert may be assigned to assist the workgroup, if needed. Workgroups may also be open to the wider provider network, if desired and deemed appropriate by the workgroup lead.

SAPC shall provide strategic guidance and oversight on workgroup activities, including objectives and operations, where appropriate. SAPC staff is available to provide logistical and facilitation support.

Workgroups shall report their activities, insights, progress and accomplishments, and deliverables to the PAC and SAPC. Verbal report-backs will be delivered at each regular PAC meeting. Workgroup deliverables, including reports, recommendations, and presentations shall be reviewed

by PAC Co-Chairs before being shared at a PAC meeting. Workgroup deliverables need to be submitted to PAC Co-Chairs two weeks prior to a PAC meeting for consideration to be added to the agenda.

PAC MEMBER APPLICATION PROCESS

Staff (counselors, program managers, executive directors, etc.) from any SAPC network provider may apply for membership, provided the Executive Director or designee approves the application in advance. A call for new member applications occurs in the spring. The PAC Membership Application is sent to SAPC providers using their mailing list and is posted on the SAPC website. If the number of applicants is insufficient, the call for applications may be extended.

Applicants can submit their application to: SAPC_ASOC@ph.lacounty.gov. SAPC staff confirms receipt of all applications via email and reviews all applications for accuracy and completeness. SAPC staff advances all completed applications to the PAC Selection Committee for review. Incomplete applications may not be considered. SAPC notifies all applicants of the final decision. Applicants can email the Systems of Care Branch at SAPC_ASOC@ph.lacounty.gov for information and support.

PAC SELECTION COMMITTEE

The PAC Selection Committee is comprised of no more than nine people, including five SAPC representatives and four PAC members. The Provider Co-Chair chooses the Selection Committee from a pool of PAC members who volunteer. PAC members who are applying for a second term may not serve on the PAC Selection Committee. All new PAC member terms begin on the July 1st.

SELECTION PROCESS

SAPC reviews all applications to ensure candidates meet the established minimum criteria, including at least one year of experience working in the substance use disorder field (or related field) from an agency that does not currently have someone serving on the PAC; from an agency contracted with SAPC and in good standing; and have not exceeded term limits. SAPC will also review PAC membership and applicant pool to identify any potential gaps in geographic representations (i.e., service planning areas) and service modalities (i.e., treatment, prevention, DUI), and notify the PAC Selection Committee and applicable SAPC Branch Chiefs.

The PAC Selection Committee reviews, discusses, and scores each application. Applications that score a minimum of 75% of the points advance to a vote. A majority vote is needed for final selections. The Selection Committee may consider candidates that do not meet the minimum score if the number of eligible candidates is insufficient for the number of vacancies. SAPC may make another call for applications if the number of vacancies is excessive. No more than one PAC member should come from any one agency.

Applications are scored based upon completeness of responses and the documented qualifications of the candidate. The selection process shall be completed by the end of the PAC term.