

DHR Provider Advisory Council

By Laws

The Provider Advisory Council (PAC) originated on September 20, 2007. The PAC formed on the request of the DHR Secretary to facilitate dialogue, to provide advice and feedback from the Provider Community into DHR initiatives, and to create positive, collaborative relationships to serve the best interest of children and families in the Child Welfare System. The PAC operates as an advisory council and is based on the commitment of all participants to honest and respectful communication and consensus building.

1. Composition:
 - a. The Secretary
 - b. Executive Director of SSA
 - c. Executive Director of OLM
 - d. Other DHR staff as designated by the Secretary
 - e. Two representatives from the following service categories, chosen by the PAC and approved by DHR, taking into consideration geographical location, size of organization, and minority representation:
 - i. Group care programs other than TGH
 - ii. Therapeutic group homes
 - iii. Treatment foster care
 - iv. Independent living
 - v. Residential treatment centers
 - vi. Home and community based services
 - vii. Two at-large representatives
 - f. Multi-service agencies will have no more than 1 representative. They will be counted as representing 1 service type. Because of the size and complexity of some provider organizations, it is not always feasible or appropriate for the representative to be the CEO. The PAC would suggest that the representative be the person who holds the highest ranking position in Maryland that oversees the services to children and families, or their designee who has the authority to speak and make decisions on behalf of their organization.
 - g. The Directors of Provider Member Organizations, or their designee, will participate as non-voting members.

2. Structure
 - a. Terms should be staggered so that representatives of any service category are not rotated off at the same time in order to preserve continuity. One-third of the current provider agencies should rotate off on January 1, 2016, one-third on January 1, 2017 and one-third on January 1, 2018.

- b. The PAC should meet as often as necessary to ensure timely sharing of information, but not less than bi-monthly. Sub groups will be developed around specific topics and will report back to the PAC for discussion. The decision for final recommendation to DHR will be made by the PAC, based on the work of the subgroups.
 - c. The PAC should focus on systemic issues rather than day to day operational issues of individual providers. Issues may be identified by either the Department or providers. A work plan that identifies the purpose for the work, the expected outcome, a timeline, specific action items and individuals responsible for completion of the work should be developed for all projects. Representation on Workgroups should include topic experts. This could include other State agencies (DHMH, DJS) and local Departments of Social Services. Workgroups that meet between regular PAC meetings may also include other individuals from organizations not represented on the PAC.
 - d. Approved and/or finalized meeting minutes and work products should be posted on the DHR websites.
 - e. The PAC will be co-led by a Provider Chairperson and DHR Chairperson. There will also be a Provider and a DHR Co-Chairperson. The meeting schedule, agenda and minutes will be the responsibility of the Provider Chair. The Provider Chair and Co-Chair will be elected for two-year terms, alternately elected at the January meeting, by the PAC membership.
 - f. Membership on the PAC is agency based, not person based. If the agency representative on the PAC leaves their employment the provider agency must notify the PAC and identify an appropriate replacement. The PAC Chairperson is responsible for ensuring that the PAC membership remains consistent and the provider agency and representative meets these guidelines. Only PAC members have voting rights.
 - g. PAC meetings are open to the public. Agendas will be published prior to the meeting and posted on the website. There will be a structured time for public discussion and comment based on the topics established.
 - h. A PAC member shall not miss 3 or more meetings in a row. If that should occur, the voting member may act to remove and replace that member.
3. Suggested Agenda Items:
- a. Articulating a shared vision for child welfare In Maryland
 - b. Building a system of care for children and families in Maryland
 - c. Comprehensive needs assessment (CANS)
 - d. Realistic goals for the Department and providers
 - e. Performance based contracting
 - f. Clear and equitable criteria for contract awards
 - g. Adequate and equitable funding
 - h. Outcomes/Research on the Maryland Child Welfare System
 - i. Resource needs for children, youth and families in Maryland
 - j. Child Family Service Reviews, PIP and Title IVE Plan