COUNTY OF SAN DIEGO

STATE OF CALIFORNIA

# HEALTHY SAN DIEGO

## Consumer and Professional Advisory Committee

# HEALTHY SAN DIEGO – CONSUMER AND PROFESSIONAL ADVISORY COMMITTEE BY-LAWS

## SECTION 1 NAME

"Healthy San Diego" has a Consumer and Professional Advisory Committee (the "Committee") that advises the Health and Human Services Agency on matters of policy and operations for Medi-Cal Managed Care. It is intended that this Committee shall be made up of Medi-Cal consumers and health care professionals.

## SECTION 2 PURPOSE AND DUTIES

The Committee is established in accordance with California Welfare and Institutions Code Section 14089.05, as amended in 2024 by Senate Bill 1257, to monitor Medi-Cal Managed Care issues or other issues concerning health care delivery that may impact upon this system and advise the Director, Health and Human Services Agency (HHSA), concerning those issues.

The duties of the Committee shall include:

1. Serve the public interest of Medi-Cal beneficiaries.
2. Advise on and carry out strategies to improve the Medi-Cal Managed Care delivery system, and any issues concerning health care delivery that may impact upon this system, through local oversight, problem solving, and continuous improvement.
3. Collaborate on strategies for ensuring high quality, accessible, and equitable Medi-Cal services in the county.
4. Review and provide feedback on San Diego County health outcome data related to Medi-Cal and advise on program, policy, and operational matters to ensure a seamless health care delivery system for all stakeholders involved.
5. Submit an annual summary report to the HHSA Director.
6. Any other duties assigned or required by law.

## SECTION 3 MEMBERSHIP

Membership on the Committee shall satisfy the terms provided in California Welfare and Institutions Code Section 14089.05 that it shall be composed of consumer representatives and health care professionals' representatives. The Committee is limited to 32 members. Each supervisor of the Board of Supervisors shall appoint at least one member to the Committee to represent countywide consumer interests, with each supervisor to appoint an equal number of members from their district. Each Committee member may designate an "alternate," a person to act on behalf of the regular member when the regular member is unavailable. Alternates retain voting privileges only when the regular member is not present. Membership shall be set forth from the following consumer and professional categories as follows:

**Consumer representation shall consist of the following members (maximum 16 members):**

1. **Medi-Cal Beneficiaries** (4) - from nominations of individuals who are current or former recipients of Medi-Cal funded health services (or such individuals' caretakers, representatives, etc.) with a goal to represent the diversity of the Medi-Cal population in San Diego County; nominations shall be sought from organizations in San Diego County that serve Medi-Cal beneficiaries;

2. **Consumer Representatives** (2) - one shall be the Executive Director of the Legal Aid Society of San Diego (or designee), and one other from nominees from the Legal Aid Society, said nominees shall have a demonstrated commitment to and experience in advocacy for consumer health issues;

3. **Countywide Consumer Interests** (5) - selected by each member of the Board of Supervisors, who shall represent consumer health interests and have a demonstrated commitment and experience in addressing health care issues;

4. **Advocate for Children's Issues** (1) **-** from nominations from the Child and Family Strengthening Advisory Board that represent the interests of children with demonstrated experience in advocacy for children with health issues;

5. **Behavioral Health Consumer** (1) - from nominations of the San Diego County Behavioral Health Advisory Board representing a client or family that regularly utilizes behavioral health services in San Diego County;

6. **Members at Large** (3) - from nominations from various community health advocacy organizations located in San Diego County representing Medi-Cal managed care populations.

**Professional representation shall consist of the following members (maximum 16 members):**

1. **Health Plans** (4) - only one member per health plan that is awarded a Healthy San Diego Medi-Cal managed care contract;

2. **Physicians and Clinicians** (2) - shall be and/or represent physicians or other clinicians involved in primary care, specialty care, or nursing care who serve Medi-Cal beneficiaries in the county, one of whom shall be the current Chief Executive Officer (or designee) of the San Diego County Medical Society;

3. **Hospitals** (1) – shall be the Chief Executive Officer (or designee) of the Hospital Association of San Diego and Imperial Counties to represent all hospital systems operating in San Diego County;

4. **Care Management Provider** (1) - from nominations of organizations with expertise in providing community case management services to Medi-Cal beneficiaries who need coordination of services for multiple or complex chronic conditions, social drivers of health issues, or utilize multiple service types and delivery systems to access care through programs such as Complex Care Management, Enhanced Care Management, or transitional care services;

5. **Public Health** (1) - the Public Health Officer (or designee) of the County of San Diego Health and Human Services Agency (HHSA);

6. **Medical Care** (1) - the Chief Medical Officer (or designee) of the County of San Diego HHSA;

7. **Community Clinics** (1) - from nominations by the Council of Community Clinics or from not-for-profit clinics providing services to Medi-Cal beneficiaries in San Diego County;

8. **Behavioral Health** (1) - from nominations by the local Behavioral Health Advisory Board or Behavioral Health Services Director;

9. **Pharmacy** (1) - from nominations by the San Diego County Pharmacists Association, of community pharmacists in San Diego County who have an interest in publicly funded managed care;

10. **Dentistry** (1) - from nominations by the San Diego County Dental Society, of dentists who have significant interest in policies regarding publicly funded managed care;

11. **Long-Term Services and Supports** (1) **-** from nominations by the Aging & Independence Services (AIS) Advisory Council or AIS Director, representing older adults and persons with disabilities who qualify for Medi-Cal or both Medicare and Medi-Cal (dual eligible);

12. **Other** (1) - from nominations made by interested health providers familiar with the needs of the Medi-Cal managed care populations in San Diego County or emerging providers for Medi-Cal, underinsured, or underserved populations.

## SECTION 4 VACANCIES

The method for filling vacancies shall be as follows. Nominations from the organizations noted in Section 3 Membership shall be submitted to the Director, Health and Human Services Agency. From these nominations the Director, as Deputy Chief Administrative Officer, shall select a name to fill each vacancy. The Director, Health and Human Services Agency, as Deputy Chief Administrative Officer, shall approve all appointments or reappointments to the Committee.

## SECTION 5 QUORUM

A quorum shall be defined as one person more than one half of the Committee Members. The definition of Committee Members for this purpose excludes unfilled positions and those vacated by resignation or removal.

## SECTION 6 ATTENDANCE

Members are required to communicate their attendance or absence via email or telephone to Healthy San Diego designated support staff. Failure to do so will result in an unexcused absence. A member with three unexcused absences in a 12-month period may be subject to removal by the Committee Co-Chairs.

## SECTION 7 MEETINGS

1. Meetings of the Committee shall be subject to the provisions of Chapter 9 (Commencing with Section 54950) of Part 1, Division 2, Title 5 of the Government Code, relating to meetings of local agencies (the Brown Act).
2. The Committee shall meet at least quarterly at a time to be determined by the Committee. Meetings will be held at a duly noticed location designated by the Co-Chairs and in accordance with the Brown Act.
3. Special meetings may be called at a time and place designated by the Co-Chairs. Committee staff shall give notices of regular and special meetings in accordance with the Brown Act.

## SECTION 8 OFFICERS

1. The business of the Committee is organized and managed through two Co-Chairs and two Vice-Chairs, representing consumers and professionals.
2. A nominating committee appointed by the Co-Chairs and approved by the Committee shall present the slate of officers in May of each year, as applicable. The Committee shall elect officers in June of each year, as applicable. Officers take office on July 1 and serve a four-year term.
3. The maximum length of a given office shall be two consecutive terms.
4. If an Officer cannot complete their term, the nominating committee shall present a candidate to fill the vacancy and their term will commence upon approval by the Committee.

## SECTION 9 RESPONSIBILITES OF THE OFFICERS

1. The Co-Chairs shall be the principal executive officers and the official spokespersons of the Committee. At least one Co-Chair shall preside at each meeting of the Committee and carry out the policies of this Committee. The Co-Chairs shall make all Committee appointments subject to the approval of the Committee as a whole. The Co-Chairs shall have the general powers and duties of management usually vested in the office of Chair and having the powers and duties as may be prescribed in these by-laws. The Co-Chairs shall maintain consultation with the Director of Health and Human Services Agency.
2. The Vice-Chairs shall do everything necessary to assist in the performance of the Co-Chairs' duties for the Committee and each shall exercise the powers of the Co-Chair in the absence of the Co-Chair.

## SECTION 10 FORMATION OF COMMITTEES AND SUBCOMMITTEES

1. The Committee may appoint ad hoc committees or subcommittees comprised of Committee Members for the purpose of carrying out specific and limited functions and duties of the Committee. Actions and recommendations of the ad hoc committees or subcommittees shall not be deemed actions and recommendations of and shall not bind the Committee until voted on by the full Committee. Each ad hoc committee's or subcommittee's purpose and scope shall be established by the Committee.
2. Ad hoc committees and subcommittees of the Committee may be established, as necessary, and may meet as often as necessary. Regular, or permanent, subcommittees are subject to the Brown Act. Limited duration ad hoc committees composed of fewer than a quorum of Committee Members are not subject to the Brown Act. Ad hoc committees that include members of the public are subject to the Brown Act.
3. Ad hoc committees or subcommittees shall be approved by the Committee. One member shall be selected to act as the Chair of the ad hoc committee or subcommittee.
4. Ad hoc committees or subcommittees shall report at regular meetings of the Committee, as necessary. These reports may be oral or written, unless specified otherwise by the Committee Co-Chairs.
5. An ad hoc committee shall cease to exist upon the completion of the purpose and scope established by the Committee.

## SECTION 11 RULES OF ORDER

Meetings of this Committee shall be governed by the authority of the Robert's Rules of Order modified to allow for the open participation of the Co-Chairs. The rules contained in Robert's Rules of Order shall govern the Committee in all cases to which they are applicable and in which they are not inconsistent with the by-laws of the Committee.

## SECTION 12 AMENDMENTS

These by-laws may be amended at any regular meeting of the Committee by a vote of the majority of the existing membership. The amendment must be submitted in writing no later than the previous regular meeting. These by-laws will be reviewed by the Committee, or an ad hoc committee or subcommittee designated by the Committee, at least every two years.

## SECTION 13 EFFECTIVE DATE

These by-laws shall become effective upon the adoption by the Committee.

Amended and adopted by the Committee on January 9, 2025.