

# **Position Description**



**POSITION TITLE:** FAMILY LEADER

**POSITION TYPE:** VOLUNTEER

This is a volunteer position working with the Family Center for Children and Youth with Special Health Care Needs (Family Center) and Michigan Family to Family Health Information Center (Family to Family). Reimbursement for participation is outlined in the Family Leadership Network's Reimbursement Policy.

#### **SUMMARY:**

This position will serve on the Family Leadership Network (FLN) for a two-year term as defined in the FLN Operating Guidelines. This position was created through a collaborative partnership between the Family Center and Family to Family.

In recognition of the importance of family involvement, the FLN was created out of the common need to obtain diverse perspectives from families and receive input on programs and special projects. Family perspectives are highly valued and contribute to a better understanding of experiences with healthcare and other systems in Michigan.

The primary role of the Family Center is to offer emotional support, information and connection to community-based resources to families of children and youth with special health care needs (CYSHCN). The Family Center ensures that the family perspective is included in the decision-making process and that families are satisfied with services received.

Family to Family shares information and resources on disability and health issues with families of CYSHCN. Health information, resources and training opportunities are available to Michigan families and providers through the <u>F2FMichigan.org</u> website.

#### **RESPONSIBILITIES:**

- Participate in quarterly meetings including a yearly in-person meeting and FLN training.
- Act as a link and source of communication between the FLN and families, community-based agencies, health plans, and health departments in your region.
- Conduct outreach activities in your region to families, youth, providers, and other stakeholders regarding availability of Family to Family and Family Center information and resources.
- Identify local community partners and resources available to CYSHCN.
- Review and update information for your region that is posted on F2FMichigan.org website.
- Expand the <u>F2FMichigan.org</u> website by finding and sharing information about local resources, programs and services that are helpful to families of CYSHCN.
- Listen to feedback from families in your region so that you can represent a regional voice

- in the FLN on programs, priorities, and initiatives.
- Encourage families in your region to use resources and activities sponsored by the Family Center and Family to Family.
- Report and make recommendations regarding issues and priorities on topics impacting the Family Center, Family to Family, and families of CYSHCN in your region.
- Follow the Family Leadership Network Operating Guidelines, Reimbursement Policy, and Confidentiality Program/Agreement.

### **QUALIFICATIONS:**

- Have personal experience as a parent, guardian or caregiver of a child or young adult (up to age 26) with a disability or other special needs; or be a youth (18 or older) with a disability or other special needs.
- Can commit to participate in quarterly conference calls and one in-person meeting per year.
- Willingness to share personal experience in a way that informs and empowers others.
- Interest in working with others to provide input on programs and services for CYSHCN.
- Open to diverse family cultures, values and beliefs.
- Use a family-centered, strength-based approach when interacting with others.
- Ability to communicate well, listen, and show respect for other's views.
- Ability to participate in training opportunities.
- Ability to access the internet through home computer, public library, or personal telephone.
- Desire to grow as a Family Leader and be a part of a larger Family Leadership Network.
- Able to work as part of a team.
- 18 years or older.

#### **APPLICATION PROCESS:**

Interested individuals should submit an application packet to:

The Family Center Lewis Cass Bldg 320 S. Walnut, 6<sup>th</sup> Floor Lansing, MI 48913

For more information or to receive an application packet, contact the Family Phone Line at 800-359-3722 or email <a href="mailto:cshcsfc@michigan.gov">cshcsfc@michigan.gov</a>.





# **Operating Guidelines**

#### I. PURPOSE

The Family Leadership Network (FLN) is a joint effort between the Family Center for Children and Youth with Special Health Care Needs (Family Center) and the Michigan Family to Family Health Information Center (Family to Family). The FLN is a way to share diverse views from families, receive input on programs and projects, and gain a better understanding of family experiences with healthcare and other systems. The FLN will help promote the family-centered, community-based system of coordinated care for all children with special health care needs under Michigan's Title V Maternal and Child Health Services Block Grant. This will help us accomplish our collective goal of ensuring that families of children and youth with special health care needs (CYSHCN) are partners in decision making at all levels.

The FLN membership will include two members from each of the Michigan Prosperity Regions (see attached map). The FLN should reflect the cultural, racial, linguistic, socio-economic and geographic diversity of the State of Michigan. Through the implementation of the FLN, we aim to increase the number of CYSHCN and families serving in systems-building activities.

#### II. FLN MEMBER RESPONSIBILITIES:

- A. Participate in quarterly meetings including a yearly in-person meeting and FLN training.
- B. Act as a link and source of communication between the FLN and families, community-based agencies, health plans, and health departments in your region.
- C. Conduct outreach activities in your region to families, youth, providers, and other stakeholders regarding availability of Family to Family and Family Center information and resources.
- D. Identify local community partners and resources available to CYSHCN.
- E. Review and update information for your region that is posted on <u>F2FMichigan.org</u> website.
- F. Expand the <u>F2FMichigan.org</u> website by finding and sharing information about local resources, programs and services that are helpful to families of children and youth with special health care needs.
- G. Listen to feedback from families in your region so that you can represent a regional voice in the FLN on programs, priorities, and initiatives.
- H. Encourage families in your region to use resources and activities sponsored by the Family Center and Family to Family.
- I. Report and make recommendations regarding issues and priorities on topics impacting the Family Center, Family to Family, Children's Special Health Care Services (CSHCS), and families of CYSHCN in your region.
- J. Follow the FLN Operating Guidelines, Reimbursement Policy, and Confidentiality Agreement.

#### III. MEMBERSHIP

The FLN will consist of parents/caregivers of a child or young adult (up to age 26) with special health care needs. Young adults age 18-26 that have a special health care need will also be

recruited for membership. The FLN members should represent families of children and youth with a variety of special health care needs. Examples include but are not limited to medical, physical, developmental, behavioral, and emotional conditions. The FLN is comprised of no more than 20 members.

Members are chosen based on an opening within the Region and an application process developed from the following criteria:

- A. Interest in serving as an FLN member based on their experience as a parent or caregiver of a child or young adult (up to age 26) with a special health care need; or
- B. Interest in serving as an FLN member based on their experience as a young adult (ages 18-26) with a special health care need;
- C. Willingness to share personal experience in a way that informs and empowers others.
- D. Interest in working with others to provide input on programs and services for CYSHCN.
- E. Open to diverse family cultures, values and beliefs.
- F. Use a family-centered, strength-based approach when interacting with others.
- G. Ability to communicate well, listen, and show respect for other's views.
- H. Ability to participate in training opportunities.
- I. Ability to access the internet through home computer, public library, or personal telephone.

Applications will be reviewed by the Family Center and Family to Family. Appointments will be made by the Family Center and Family to Family staff consensus, with future appointments confirmed by the FLN.

Members agree to serve on the FLN for a two-year term. Members are allowed to renew their membership for the FLN until they or their child with special health care needs reaches age 26. Upon completion of two terms, members must submit a new application.

Applications will be kept on file, in order to appoint new members, should the need arise. If no appropriate applications are on file, recruitment information will be sent to CSHCS, local health departments, and community-based partners. Applications will be accepted for the FLN on a continuous basis and positions will be filled, using the application process listed in this section.

#### IV. DISCONTINUANCE OF MEMBERSHIP

FLN membership may end if:

- A. The member acts in a way damaging to the purpose and task of the FLN.
- B. The member acts in a way that reflects poorly on the FLN.
- C. There is a breach of the Confidentiality Program/Agreement.
- D. The FLN is unable to make contact with the member for three months.

#### V. MEETINGS/ATTENDANCE

The FLN meets quarterly (four times per calendar year). Most meetings will be held via conference call. In-person meetings are required, and will take place once per year.

Attendance and active participation at scheduled activities is important. A member is considered not attending or actively participating if any of the following conditions are true:

- A. Misses two consecutive conference calls without communicating with the FLN co-chairs.
- B. Misses the in-person meeting without communicating with the FLN co-chairs.

If a FLN member is not actively participating, one of the FLN co-chairs will contact the member to discuss the concern. If contact cannot be made after three attempts or the participant chooses to discontinue their appointment, the FLN will initiate the process to recruit a new member.

#### VI. SUPPORT FOR FLN

## Family Center Staff Representative Responsibilities:

- A. Serve as a staff link between Family Center and the FLN.
- B. Serve as a staff link providing feedback from the FLN to CSHCS.
- C. Ensure the program activities and initiatives are communicated with FLN.
- D. Promote FLN contributions in programs and services for CYSHCN.
- E. Facilitate scheduling and logistics of meetings.
- F. Work together with FLN co-chairs to set agenda for meetings.
- G. Remind participants to submit invoices in a timely manner.
- H. Remove barriers to participation in the FLN.
- I. Collaborate as needed on projects between the Family Center, Family to Family, and the FLN.
- J. Act as project coordinator, as needed.

#### Michigan Family to Family Staff Representative Responsibilities:

- A. Serve as a staff link between Family to Family and the FLN.
- B. Work together with FLN co-chairs to set agenda for meetings.
- C. Provide training for FLN on using the F2FMichigan.org website.
- D. Coordinate leadership training for new FLN members.
- E. Solicit input from FLN on statewide perspective of collaboration with health care services.
- F. Ensure new resources are compiled and added to online resource repository in a timely manner.
- G. Collaborate as needed on projects between the Family Center, Family to Family, and the FLN.
- H. Act as project coordinator, as needed.

#### VII. OFFICERS

The officers of the FLN will consist of two co-chairs and a secretary. Officers will serve a two-year term.

#### **Nominations**

A nomination process to elect officers will be held every two years or when a position becomes vacant. FLN members may nominate themselves or other members. If more than one nomination is received for each officer position, FLN members will vote for officers via a confidential electronic survey.

#### **Co-Chairs**

The co-chairs will work with the staff and the FLN Secretary and are expected to:

- A. Convene and facilitate meetings.
- B. Work with staff to set and prioritize the agenda.
- C. Ensure the FLN follows the agreements, goals, and the responsibilities set forth in the FLN Operating Guidelines.
- D. Work with the Family Center and Family to Family staff between meetings, as needed.
- E. Participate or assign facilitator's responsibilities as necessary for projects, subgroups or Ad-hoc groups.

#### Secretary

The secretary will work closely with the Family Center/Family to Family staff designee and the FLN co-chair, and is expected to:

- A. Take notes/meeting minutes at all FLN meetings.
- B. Distribute notes electronically to FLN members within three weeks of each meeting.

#### VIII. DECISION-MAKING

Decisions of the FLN will be by group consensus. Consensus is defined as "an acceptable resolution, one that can be supported, even if not the 'favorite' of each individual." Consensus will reflect the group decision after thorough discussion and an equitable and respectful exchange of ideas.

#### IX. SUBGROUPS/COMMITTEES/AD-HOC GROUPS

The FLN may establish subgroups, committees and Ad-hoc groups to complete short-term projects with a specific assignment and a timeline approved by the FLN members. All such groups will report regularly to the FLN on the progress of the project. These groups may include members who are not on the FLN, if deemed necessary by the FLN.

#### X. REIMBURSEMENT

Reimbursement for participation is available for FLN members. Members will submit applicable documentation on a monthly basis. Reimbursement will follow the Family Leadership Network Reimbursement Policy & Form.

#### XI. RESIGNATION

A FLN member may resign at any time by providing written notice of resignation to the Family Center/MIF2F staff designee. Any such resignation will take effect at the time specified by the member. Vacancies will be filled using the process outlined in Section II of this document.





# **Reimbursement Policy & Form**

Family Leadership Network (FLN) members will receive financial support to offset their time\* and expenses associated with participation.

**Stipends:** FLN members will receive financial support in the form of an hourly stipend, a flat rate for training, and incentives based on their work in their region.

- *FLN Annual Training*. A flat-rate stipend of \$150 will be given to cover time and help with child care costs for the annual in-person training.
- *Reimbursement*. FLN members can submit for a stipend of \$16/hour for time spent on quarterly conference call meetings (up to 6 hours per year) and at **pre-approved** leadership activities (up to 6 hours per year) in their region (for example: staffing a booth or doing a presentation at a local health/resource fair).
- *Incentives*. When funds are available, FLN members might receive additional incentives (up to \$100) for work accomplished in their region on behalf of the FLN (for example: recruiting community providers to become partners on the Family to Family website and list their resources, or signing parents up for the quarterly newsletter).

\*Travel time is not included in hours of participation (see mileage below). If members are participating as part of their work/collaboration during work time, and are already being compensated by an employer, they will not eligible for additional reimbursement.

### Mileage:

- Mileage reimbursement will be based on the annual per mile rate set by the federal government.
- Mileage will only be reimbursed for travel between member's residence and the meeting per Mapquest. (Mileage will not be reimbursed for any additional miles it may take to reach a child's care provider.)
- Parking and other forms of ground transportation (bus/train) may be reimbursed when the original itemized receipts are submitted.

#### **Hotel:**

• Hotel accommodations can be requested if the member resides 100 miles or further from the meeting site. (Note: reservations made independently and without prior approval are not eligible for reimbursement)

Each member's participation on the FLN is valued. If there are circumstances that require additional support in order to participate, let us know. Additional reimbursement may be available on a case-by-case basis (for example, a child requires private duty nursing care). Prior approval must be obtained in order to be eligible for reimbursement.

#### **To Submit for Reimbursement:**

- Attached form must be submitted within 30 days and signed by participant
- Original itemized receipts are required for all covered expenses except mileage
- Must have a current year W-9 on file\*\*
- Keep a copy of all items submitted
- All rates are subject to change





# **Reimbursement Policy & Form**

| Name:                                                                  |                                                                                                                                         |                                                                                 |                            |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------|
| Home address:                                                          |                                                                                                                                         |                                                                                 |                            |
| Phone:                                                                 |                                                                                                                                         | Email:                                                                          |                            |
| Last four digits of Social Security                                    |                                                                                                                                         |                                                                                 |                            |
|                                                                        | MEET                                                                                                                                    | TING REIMBURSEMENT                                                              |                            |
| Meeting date(s)                                                        | worked:                                                                                                                                 |                                                                                 |                            |
| Name/title of me                                                       | eting/activity:                                                                                                                         |                                                                                 |                            |
| # of hours worked x \$16/hour                                          |                                                                                                                                         |                                                                                 | \$                         |
|                                                                        | TRA                                                                                                                                     | VEL REIMBURSEMENT                                                               |                            |
| Mileage: (roundtrip if applicable) ( miles @ 53.5 cents per mile)      |                                                                                                                                         |                                                                                 | \$                         |
| Ground transportation i.e. taxi/train/bus or parking (attach receipts) |                                                                                                                                         |                                                                                 | \$                         |
|                                                                        |                                                                                                                                         | TOTAL                                                                           | \$                         |
|                                                                        |                                                                                                                                         | need to be reported on income taxes. rship Network related work will affe       |                            |
| talk to an accou                                                       | ntant or the person who j                                                                                                               | orepares your taxes. Additionally, if y eligibility, you may need to report the | you are receiving services |
| Signature:                                                             |                                                                                                                                         |                                                                                 |                            |
| Submit to:                                                             | Patricia Losey<br>MPHI – Center for<br>2395 Jolly Road, S<br>Okemos, MI 4886<br>plosey@mphi.org<br>(p) 517-324-8311<br>(f) 517-324-6027 |                                                                                 |                            |

Please submit this form and a W-9 form within **30 days** to ensure payment.

Please allow 3-4 weeks for processing

Link to W-9 form if needed <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">http://www.irs.gov/pub/irs-pdf/fw9.pdf</a>

