



# Family Leadership Network Information Packet



This information is provided to help you in your decision to apply for a position on the Michigan Family Leadership Network. 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).

The following pages contain these documents:

- Family Leadership Network Position Description
- Family Leadership Network Operating Guidelines
- Family Leadership Network Reimbursement Policy and Form
- A Map of the State of Michigan Prosperity Regions
- Family Leadership Network Application

We are excited to offer this opportunity and look forward to receiving your application.

If you have additional questions, you may contact us at:

Ayanna Eggleston at 517-335-8551 or Kristen Reese at 517-324-7396

An application can be found on the Michigan Family to Family website ([www.f2fmichigan.org](http://www.f2fmichigan.org))

Or by calling the Family Phone Line at 800-359-3722

Please submit your completed application via email or fax to:

Email: [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov)

Fax: 517-241-8970



## Family Leadership Network

### 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 [F2FMichigan.org](http://F2FMichigan.org) website.

**RESPONSIBILITIES:**

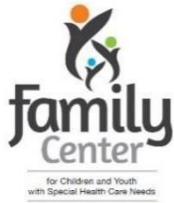
- Participate in four quarterly virtual meetings and a yearly two day in-person meeting/training.
- Act as a link and source of communication between the FLN and families, community-based agencies, health plans, and health departments in your region.
- Conduct outreach activities in your region to families, 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](http://F2FMichigan.org) website.
- Expand the [F2FMichigan.org](http://F2FMichigan.org) 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 or guardian of a child or young adult (up to age 26) with a disability or diagnosis.
- Can commit to participate in quarterly virtual meetings 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.



## **Family Leadership Network 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 four quarterly virtual meetings and a yearly two day 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 [F2FMichigan.org](http://F2FMichigan.org) website.
- F. Expand the [F2FMichigan.org](http://F2FMichigan.org) 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. 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. Interested in serving as an FLN member based on their experience as a parent or guardian of a child or young adult (up to age 26) with a special health care need.
- B. Willingness to share personal experience in a way that informs and empowers others.
- C. Interest in working with others to provide input on programs and services for children and youth with special health care needs.
- D. Open to diverse family cultures, values, and beliefs.
- E. Use a family-centered, strength-based approach when interacting with others.
- F. Ability to communicate well, listen, and show respect for other's views.
- G. Ability to participate in training opportunities.
- H. Ability to access the internet through home computer, public library, tablet, or personal cellphone.

Applications will be reviewed by the Family Center and Family to Family FLN Application Committee. Appointments will be made by the Family Center and Family to Family FLN Application Committee.

Members agree to serve on the FLN for a two-year term. Members are allowed to renew their membership for the FLN until 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. Application 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.

### **V. MEETINGS/ATTENDANCE**

The FLN meets virtually quarterly (four times per calendar year). Meetings will be held via Microsoft Teams or a similar program. 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 virtual meetings without communicating with the Family Center or Family to Family staff.
- B. Misses the in-person meeting without communicating with the Family Center or Family to Family staff.

If a FLN member is not actively participating, one of the Family Center or Family to Family staff 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 Family Center will initiate the process to recruit a new member.

## **VI. 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.

## **VII. RESIGNATION**

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



## Family Leadership Network



### Reimbursement Policy & Form

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

- *FLN Annual Training.* A flat-rate stipend of \$150 will be given to cover time and help with childcare costs for the annual in-person training.
- *Reimbursement.* FLN members can submit for a stipend of \$18/hour for time spent on quarterly virtual meetings (1.5 hours per meeting/4 per year).

\*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 be 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.
- Parking and other forms of ground transportation (bus/train) **may** be reimbursed when the original itemized receipts are submitted.

#### **Hotel:**

- Hotel accommodations will be provided if the member resides 100 miles or further from the meeting site. (Note: reservations made independently 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.

#### **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



## Family Leadership Network



### Reimbursement Policy & Form

Name:	
Home address:	
Phone:	Email:
Last four digits of Social Security #	

#### MEETING REIMBURSEMENT

Meeting date(s) worked:	
Name/title of meeting/activity:	
# of hours worked_____x \$18/hour	\$

#### TRAVEL REIMBURSEMENT

Mileage: (roundtrip if applicable) ( _____ miles @ <b>.65.5</b> cents per mile)	\$
Ground transportation i.e. taxi/train/bus or parking (attach receipts)	\$
<b>TOTAL</b>	\$

\*\*Reimbursements may be taxable and need to be reported on income taxes. If you have concerns about how payment received for Family Leadership Network related work will affect your family, you should talk to an accountant or the person who prepares your taxes. Additionally, if you are receiving services from programs that are based on income eligibility, you may need to report this amount to your caseworker within 10 days of receipt of reimbursement.

Signature: \_\_\_\_\_

**Submit to:**

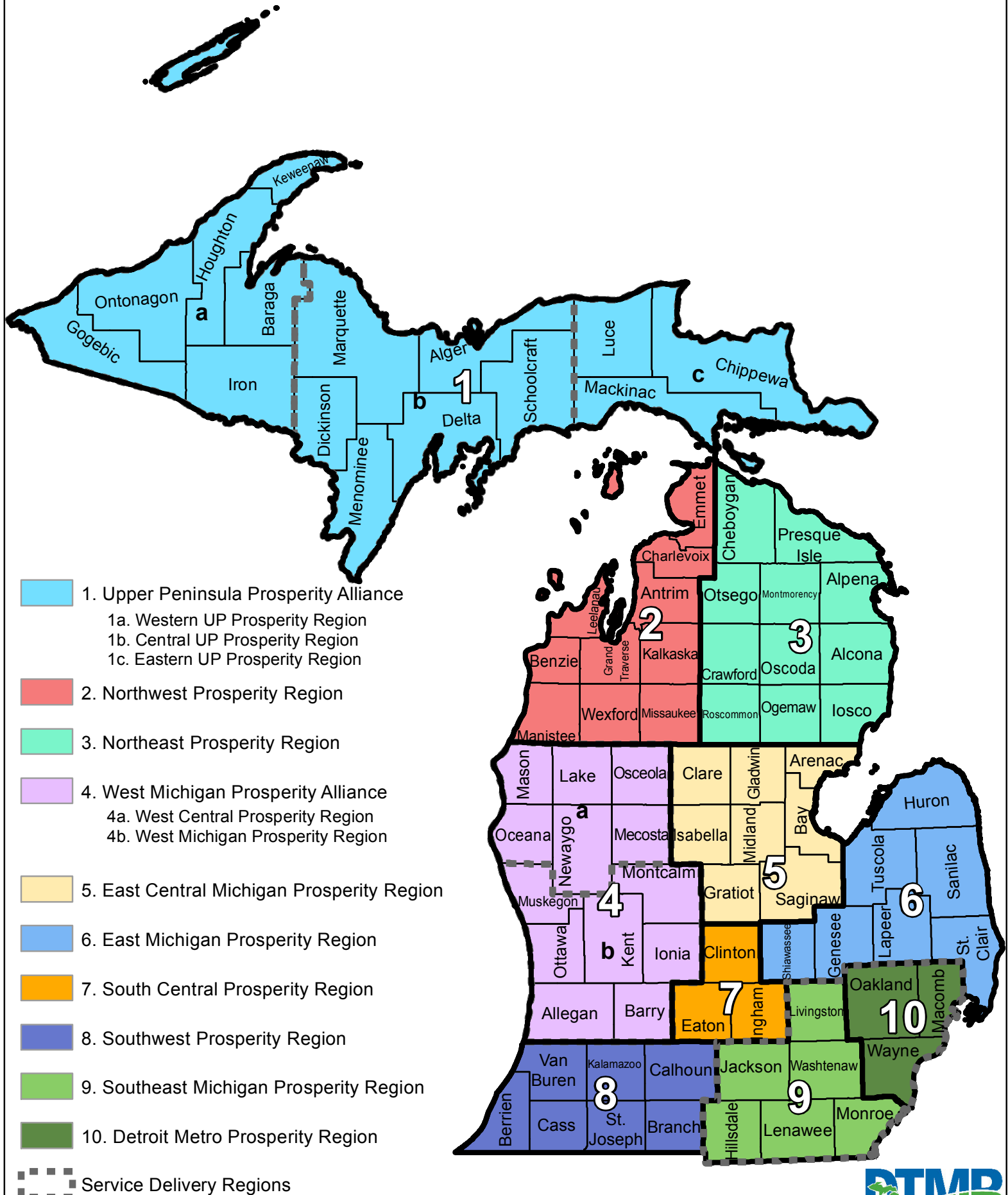
Attn: Nanette Richards  
Michigan Public Health Institute  
2395 Jolly Rd, Suite 100  
Okemos, MI 48864  
517-324-6089  
[nrichard@mphi.org](mailto:nrichard@mphi.org)

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 <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

# State of Michigan Prosperity Regions





## Family Leadership Network

### Application Instructions



Thank you for your interest in a position with the Family Leadership Network. The network is made up of two representatives from each of the ten Michigan Prosperity regions. Representatives should have personal experience as a parent, guardian or caregiver of a child (up to age 26) with a disability or diagnosis.

The Family Center for Children and Youth with Special Health Care Needs and Michigan Family to Family Health Information Center are committed to building a network that represents the rich diversity and culture of our state.

We value everyone's voice and it is our intent to provide inclusive participation. Let us know how we can support you to participate, such as assistance with telephone access, assistive technology, transportation or other accommodations.

If you have any questions regarding the application process, please call the Family Center at: **517-241-7630** and ask to speak with a Parent Consultant.

**Please complete and return the following via fax or email:**

- Applicant information form
- Your response to the six questions
- A letter of support from any previous board/work-group/volunteer experience or other community involvement
- Signed confidentiality form

**Fax:** 517-241-8970

**Email:** [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov)

Once received, your application will be reviewed and considered based upon the Family Leadership Network position description and availability of open positions. You will be updated on your status as soon as a decision is made.



## Application for Family Leadership Network



### Applicant Information Form

Name: \_\_\_\_\_ Are you age 18 or older? ☐ Yes ☐ No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Preferred method of contact? ☐ Phone ☐ Email

The following questions are voluntary. We use this information to improve our outreach to ensure we meet our goal of recruiting families that represent the diversity of our state.

Race: (please check all that apply)

- |  |  |
|--|--|
| <input type="radio"/> American Indian/Alaskan Native   | <input type="radio"/> Black/African American |
| <input type="radio"/> Hawaiian Native/Pacific Islander | <input type="radio"/> White/Caucasian        |
| <input type="radio"/> Asian                            | <input type="radio"/> Other                  |
| <input type="radio"/> Prefer not to answer             |  |

Ethnicity:

- ☐ Hispanic ☐ Non-Hispanic

Preferred Language: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_



## **Application for Family Leadership Network**



**Please answer the following six questions:**

1. Why are you interested in serving on the Family Leadership Network for Children and Youth with Special Health Care Needs?
2. Briefly highlight your experience as a parent/caregiver of a child or youth with a disability or special health care need:
3. How will your experience contribute to the Family Leadership Network?



## Application for Family Leadership Network



4. Share your experience, if any, working in a leadership capacity. This can include leadership within your family, community, school, employment and/or community organizations:
  
  
  
  
  
  
  
  
  
  
5. Each Family Leadership Network participant will provide input and recommendations on issues and priorities within their region. In what ways does your experience prepare you for this role?
  
  
  
  
  
  
  
  
  
  
6. Membership on the Family Leadership Network requires attendance on quarterly conference calls and one in-person meeting per year. Are you able to meet this requirement?

☐ Yes ☐ No

Please use the space below or an additional sheet if you would like to share anything more about yourself: