

## Kansas Bureau of Family Health Family Advisory Council Bylaws

### **ARTICLE I: NAME**

The name of the council shall be the Kansas Bureau of Family Health (BFH) Family Advisory Council, officially designated "Family Advisory Council."

### **ARTICLE II: OVERVIEW AND GOVERNANCE**

The FAC was created to provide opportunities for family leaders to engage with KDHE BFH Programs. It is the belief of the programs under Title V that families should be central to the work we do. It is crucial to assuring that our programs meet the needs of Kansans. The FAC is guided by the following purpose, mission, and vision.

<b>VISION</b>	We envision a state where individuals and families are (1) engaged in program planning, evaluation, service delivery, and policy development; (2) partners in advocacy; and (3) leaders in their communities.
<b>PURPOSE</b>	The purpose of this Council is to advise and partner with Title V to improve the health of Kansas children and families and assure the needs of families and consumers are central to programming, initiatives, and special projects.
<b>MISSION</b>	Improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs, and their families.

The FAC serves to advise the Title V Program and the Secretary of Health and Environment and others on ways to improve the health of families in Kansas, focusing on the maternal and child health (MCH) population. The FAC will bring together family/consumer leaders across Kansas with a broad range of lived experiences related to Title V programming and supports. The FAC:

- Provides insight on the experiences and needs of women, infants, children and adolescents.
- Advises Title V programs about the best methods to reach and communicate with families in Kansas and inform engagement efforts across BFH and at all levels.
- Informs strategies and activities to address specific MCH population needs in the development and implementation of Title V activities, including advising about relevant organizations, programs, networks or activities that may provide opportunities for improved services and delivery collaboration.
- Helps focus efforts among BFH programming and recommends collaborative initiatives.
- Creates a network of community change agents to improve MCH health outcomes in Kansas and serve as an ambassador to community service systems regarding services available through the BFH programs.
- Consults with the Title V programs on the development of the annual Kansas Maternal Child Health (MCH) Block Grant Application, MCH five (5) year needs assessment, and other program plans identified.

To support this effort, the FAC will be comprised of several smaller work group to represent the Title V populations served. The work groups shall be as followed:

- **WOMAN/MATERNAL:** This group should represent women, ages 18 to 45 years. The group will focus on addressing the strategies and objectives found under the Women/Maternal Health and Perinatal/Infant Health priorities within the 2021-2025 Title V State Action Plan.
- **EARLY CHILDHOOD:** This group should represent parents and caregivers of children birth through Kindergarten entry. The group will focus on addressing the strategies and objectives found under the Perinatal/Infant Health and Child Health priorities within the 2021-2025 Title V State Action Plan and will actively monitor the work of the All in for Kansas Kids State Plan, facilitated through the Kansas Children’s Cabinet and Trust Fund.
- **CHILDHOOD (6-11):** This group should represent parents and caregivers of children, ages 6 to 11. The group will focus on addressing the strategies and objectives found under the Child Health priorities within the 2021-2025 Title V State Action Plan and will actively monitor the work of the All in for Kansas Kids State Plan, facilitated through the Kansas Children’s Cabinet and Trust Fund.
- **ADOLESCENCE (12-21):** This group should represent parents and caregivers of youth and young adults, ages 12 to 21. The group will focus on addressing the strategies and objectives found under the Adolescent Health priorities within the 2021-2025 Title V State Action Plan.
- **CSHCN:** This group should represent parents and caregivers of children with special health care needs (CSHCN) birth through adulthood. The group will focus on addressing the strategies and objectives found under the CSHCN priorities within the 2021-2025 Title V State Action Plan.
- **YOUTH/YOUNG ADULTS:** This group should represent youth and young adults from a variety of backgrounds and service delivery (e.g., teen parenting programs, disability services, school-based health care) and social experiences (e.g., health care access issues, bullying, mental health, transition) relevant to the Title V State Action Plan.
- **FATHERHOOD:** Recognizing that when fathers are actively involved, families thrive, this group should represent the father perspective to advance activities that support fathers across Title V programming.
- **SPECIAL INITIATIVE WORK GROUP:** Comprised of existing Council members to support special projects that may need development or extra insight/care.

Each work group will select a FAC Member to serve as the Chair to facilitate the discussion and assure the group is making progress towards their defined goals and objectives. Each work group will develop an annual action plan aligned with the scope of their group with actionable objectives and tangible outcomes to advance the Title V work plan.

The FAC also functions under the support of an Executive Committee, comprised of the Work Group Chair and one other member of each work group. The Executive Committee serves as a proxy for the full membership in between Council meetings to support membership recruitment

and orientation, review activities across Council work groups, make formal recommendations to KDHE, and periodically review/suggested revision of Council bylaws, meeting organization/structure, and input on Council agendas. The Executive Committee will also function as the Kansas Family Leadership Team. More information about the Executive Committee can be found in the FAC Guidance and Oversight document (Appendix A).

The Family Advisory Council (FAC) is administered through the System of Supports (SOS) Section at the Kansas Department of Health and Environment (KDHE).

### **ARTICLE III: MEMBER BENEFITS**

Members of the FAC are provided opportunity to make a difference in the state by advising KDHE on policy, projects, and provide feedback that will be truly listened to and incorporated into the work. Participation on the FAC is designed to allow families opportunities to engage at a systems advisory level, that meets their personal and family goals. Other benefits may include:

**LEADERSHIP:** An important purpose of the Council is to grow the network of family and consumer leaders. As such, members will have opportunities to advance their own leadership skills to support their personal goals in this area.

**ADVOCACY:** As outlined in the FAC Vision, it is desired for FAC Members to partner with the Bureau in advocating for maternal and child health services, but more importantly we want families and consumers to feel comfortable and confident in advocating for their own family needs. As such, Member will have opportunities to learn about advocating at any level they desire (e.g., self, family, community, state, regional, national).

**PEER CONNECTION:** A natural benefit of the FAC is peer to peer connection. As such, connections outside and during meetings are highly encouraged. Members are provided opportunities to work together in a variety of ways to support this connection.

**PROGRAM PLANNING/POLICY:** Participation in the FAC allows members an opportunity to learn about program planning and policy development. However, it is more than just learning. Being part of the FAC allows members the opportunity to help inform, advance, and drive effective and positive policy changes to assure services meet the needs of the families and consumers we serve within the BFH.

**COMMUNITY IMPACT:** Community change often begins with families and consumers in that community. When community members feel comfortable and confident in sharing their views and pushing for community action, change can occur. FAC member are provided opportunities to learn about community change activities and equip themselves with the tools they need to make impact they desire.

**GROWTH OPPORTUNITIES:** FAC members are viewed as a part of the MCH Workforce. As such, personal and professional growth opportunities are offered. Families and consumers bring a wealth of knowledge, expertise, and skills to the workforce.

Examples of opportunities for each of the benefits can be found in Appendix B.

## **ARTICLE IV: MEMBERSHIP**

Membership should be representative of the diverse populations served through the Bureau of Family Health. Members must show commitment and be actively involved in the performance of the required activities listed in the roles and responsibilities. Members shall bring their strengths, talents, skills and experience to enhance the work of the FAC.

- 4.1. Membership is per family unit. A family will be asked to identify a primary contact for purposes of communication, however additional participants from the same family unit may be identified as active participants at any time.
- 4.2. Members will select one of the work groups to engage in. Work group members should have recent experience for the target population of that group. Work group eligibility is not based on the members current or past utilization of services, however knowledge of the services available and the systems associated with the population is desired.
- 4.3. Composition of Work Group Membership
  - 4.3.1. Each work group shall have a set minimum and a set maximum family and consumer members. Work group membership numbers do not include representatives from the Bureau or their partners.
  - 4.3.2. Each work group should have representation of families served by Title V or BFH programming.
- 4.4. Membership composition is outlined in the FAC Guidance document.
- 4.5. Application Process
  - 4.5.1. Interested families and consumers must submit the online application at [https://www.surveymonkey.com/r/FAC\\_App](https://www.surveymonkey.com/r/FAC_App).
  - 4.5.2. Applicants may also contact the FCP Coordinator at [kdhe.BFHFAC@ks.gov](mailto:kdhe.BFHFAC@ks.gov) for assistance in completing their application.
  - 4.5.3. Applicants will receive a confirmation within five business days of receipt of the application.
- 4.6. Selection Process
  - 4.6.1. FAC Application are screened initially by the Title V Consultant Team.
  - 4.6.2. A request for a phone interview will be sent via email to the applicant if they represent at least one area under Section 4.2: Member Composition.
  - 4.6.3. Interviews will be conducted in accordance with the Bureau of Family Health (BFH) Advisory Council Interview Protocols (Appendix C).
  - 4.6.4. A letter will be provided at the conclusion of the interview process regarding the status of the application.
- 4.7. New Member Orientation

- 4.7.1. For selected applicants, orientation will be scheduled prior to the first in-person meeting the new member will attend. Orientation shall be provided by an active FAC member (The Family Delegate or a member of the Executive Committee) with support and assistance from KDHE. If necessary, a FAC Alumni member may serve in this role in the event another member is not available.
- 4.7.2. The New Member Orientation will be scheduled within two weeks of acceptance. Whenever possible, the Orientation should be conducted at least two weeks prior to Members' first official meeting.
- 4.8. Member Expectations
  - 4.8.1. Participate in a minimum of 75% of scheduled meetings.
  - 4.8.2. Be an active participant in group discussions.
  - 4.8.3. Prior to meetings, review the agenda and other information provided by KDHE and be prepared to engage in meeting activities.
  - 4.8.4. Make recommendations toward the goals and objectives of the FAC or Title V programs.
  - 4.8.5. Provide feedback on all FAC activities.
  - 4.8.6. When applicable, support KDHE in developing educational tools related to advocacy on issues that affect families served through Title V programs.
  - 4.8.7. When advocating on a personal level, please inform KDHE of planned efforts. Please refer to the "*FAC Membership Advocacy Do's and Don'ts*" document on the Title V FAC website for more information.
- 4.9. Term of Membership
  - 4.9.1. Membership terms are for two (2) years, beginning with the first meeting following membership acceptance.
  - 4.9.2. There are no formal term limits for FAC Membership, however, members may serve up to two (2) consecutive terms or four (4) years in the same work group. Members who wish to remain on a specific work group, and continue to meet the eligibility for that group, may remain on for one (1) additional term as the Work Group Chair.
  - 4.9.3. In the event a FAC work group is not at the minimum membership requirement, individuals who have completed their term limitations as described above, are provided an opportunity to continue serving on the council until which time a new member joins and the minimum membership requirement is reached. New members will fill the membership spot of the individual with the longest service record with the FAC.
  - 4.9.4. New members may be appointed anytime throughout the year.

- 4.9.5. KDHE will notify members at least three months from the end of their term. Members must re-submit their application and respond with their interest in retaining FAC membership by the date specified in the notification.

#### **ARTICLE V: FAC MEETINGS**

- 5.1. The FAC shall meet at a minimum of four times per year. Meeting dates and times will be assessed annually to assure they meet the needs of the active membership.
- 5.2. The location of in-person meetings will be rotated based upon current FAC membership and FAC member input.
- 5.3. Members are expected to participate in all meetings. If a member misses two meetings per year, without approval by KDHE, they may be asked to resign from the FAC and their name will be removed from the list of voting members. FAC members who are asked to resign remain eligible for the FAC Alumni Group.
- 5.4. All FAC meetings are open to the public, however only official FAC members will have voting privileges. A quorum of fifty-one percent (51%) will be required to vote on agenda items.
- 5.5. The FAC will make decisions through consensus, recognizing that the Executive Committee may utilize alternative decision making strategies including, as necessary, calling for a majority vote.

#### **ARTICLE VI: COMPENSATION FOR PARTICIPATION, TRAVEL AND LODGING**

All stipends, travel and lodging expenses will be paid in accordance with the BFH Family Advisory Council Reimbursement Policy (Appendix D).



## Bureau of Family Health Family Advisory Council

### STRUCTURE, GUIDANCE, AND OVERSIGHT

The purpose of the Family Advisory Council is to advise and partner with Title V and the Bureau of Family Health to improve the health of Kansas children and families and assure the needs of families and consumers are central to programming, initiatives, and special projects. Bringing together families and consumers across Kansas with a broad range of lived experiences, the Council envisions a state where individuals and families are:

engaged in program planning, evaluation, service delivery and policy development

partners in advocacy

leaders in their communities

The FAC serves to advise the Title V Program, the Bureau of Family Health, and the Secretary of Health and Environment and others on ways to improve the health of families in Kansas, focusing on the maternal and child health (MCH) population. The FAC will bring together family/consumer leaders across Kansas with a broad range of experiences related to Title V and Family Health programming and supports. The FAC:

- Provides insight on the experiences and needs of women, infants, children and adolescents.
- Advises on strategies and activities to address specific MCH population needs.
- Creates a network of community change agents to improve MCH health outcomes in Kansas.
- Helps focus efforts among Title V programming and recommends collaborative initiatives.

## Council Oversight

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### Council Leadership & Staffing

Council leadership and staffing is a collaborative effort to support the work of the Council.

#### *Family and Consumer Partnership Title V Consultant*

The FCP Consultant provides guidance and direction to assure the completion of the work outlined in the Title V MCH Services Block Grant State Action Plan. The FCP Consultant guides preparatory, facilitation, and work group supports for the Council.

#### *Family and Consumer Partnership Program Coordinator*

The FCP Program Coordinator provides ongoing support for the Council as the lead logistical and fiscal agent for the Council. The Program Coordinator is responsible for coordinating membership status, participation, and communication. The Program Coordinator manages the Council website.

#### *Title V Family Delegates*

The Family Delegate-Elect is responsible for leadership to the Executive Committee. The Family Delegate serves on the KS Maternal and Child Health Council and Early Childhood Recommendations Panel to support system alignment, coordination, and recommendations to KDHE on membership gaps and needs.

### FAC Executive Committee (EC)

The Executive Committee serves as the Kansas Family Leadership Team and a proxy for the full membership in between Council meetings to support membership recruitment and orientation, review activities across Council work groups, make formal recommendations to KDHE, and periodically review/suggested revision of Council bylaws, meeting organization/structure, and input on Council agendas.

## Communication and Coordination

Effective communication is crucial to coordination of the Council. This section will outline key contacts and preferred communication methods.

### Key Contacts

The following chart outlines the key contacts associated with the Council.

<b>FCP Consultant</b>	FCP Consultant Smith	<b>Executive Committee</b> <i>(2 members per group)</i>	CSHCN: VACANT
<b>FCP Program Coordinator</b>	Cora Ungerer		CSHCN: VACANT
<b>Title V MCH Director</b>	Rachel Sisson		W/M: TBD
<b>Delegate-Elect</b>	TBD		W/M: TBD
<b>Delegate</b>	Casandra Sines		EC: TBD
<b>Past-Delegate</b>	Donna Yadrich		EC: TBD
<b>Title V Program Consultants</b>	Jennifer Marsh (W/M)		C: TBD
	Stephanie Wolf (P/I)		C: TBD
	Elisa Nehrbass (C/A)		A: TBD
	Heather Smith (CSHCN)		A: TBD
	Kasey Sorrel (KPQC/MMR)	Y: TBD	
	Kelsee Torrez (Behavioral Health)	Y: TBD	
	TBD (School Health – Clinical)	F: TBD	
TBD (School Health – Administration)	F: TBD		

## Council Oversight Activities

Each of the above has a specific role to play to assure an effective and efficient Council. This section will outline the scope of the roles and responsibilities for Council management and activities.

### Recurring Meetings & Setting Agendas

The lead role for setting agendas varies depending on the meeting being held. There are three primary types of meetings consistently held: (1) Planning Meetings; (2) Executive Committee; and (3) FAC Council Meetings.

#### Planning Meetings (Monthly)

- The Program Coordinator is responsible for scheduling the meetings and recording meeting minutes. The Program Coordinator is responsible for inviting necessary BFH team members to participate, as appropriate.
- The FCP Consultant is responsible for providing guidance and context around necessary agenda items, in alignment with the Kansas Maternal and Child Health Council (KMCHC). The FCP Consultant is responsible for capturing the vision and needs around the meeting.

\*Note: The Delegates and Executive Committee members do not participate in these meetings.



### **Executive Committee Meetings** *(As needed or upon request of KDHE or the Executive Committee Chair)*

- The agenda will be drafted by whoever requested the meeting, with input from other Council Leadership.
- The Program Coordinator is responsible for scheduling the meetings and compiling meeting minutes.
- The Chair is responsible for facilitating the meeting and assuring meeting objectives are met, including approval of official EC recommendations.
- KDHE is available as a resource, will provide guidance as needed to support EC activities and recommendations, and take recommendations of the Executive Council under advisement and act accordingly and appropriately.

### **Council Meetings** *(Quarterly – 3<sup>rd</sup> Saturday in January, April, July, and October)*

- Council meeting agendas are set collaboratively during the Planning Meetings outlined above. Ultimately, KDHE must provide final approval on agenda items, special presentations, and Council activities.
- The Program Coordinator is responsible for meeting logistics (e.g., space, food, technology needs), pre- and post-meeting communication with Members, compiling meeting minutes, membership needs, and reimbursements, speaker and member preparations, meeting facilitation, and organizing small group supports and staffing needs.
- The FCP Consultant is responsible for preparing all meeting materials (e.g., agendas, small group work, handouts, presentations) and meeting facilitation.
- KDHE is responsible for provision of adequate staff to support small group work, content (e.g., updates, data, information) for presentations, and assistance in coordinating special presenters.

### *Council Meeting Preparations*

Preparing for Council meetings is a team effort. Much of the planning takes place during the Planning Meetings as outlined above, however much of the formal preparation of documents will take place between those meetings. The following outlines the responsibilities and expectations around meeting preparation activities.

#### **Meeting Agenda and Materials**

Meetings are set as outlined above. Final approval of agendas must be received from KDHE. The Program Coordinator is responsible for preparing all meeting materials, with development supports from the FCP Consultant. This includes printing, making packets, bringing to the meeting, and packaging up for electronic sharing/posting on website. Materials include but is not limited to: agendas; handouts; small group guidance, worksheets, and data collection tools; and visual presentations. The Program Coordinator is also responsible for membership sign in sheets, member reimbursement forms, and name tents/tags.

**Member Invitation:** The Program Coordinator will be responsible for sending the Council meeting electronic invitations and monitoring attendance responses and adequate staff/member distribution among Work Groups. Meeting invitations should be sent as soon as possible upon setting meeting dates. KDHE staff or leadership may invite special guests or prospective members to the meeting at their discretion. KDHE will be responsible for assigning guests to Work Groups and the Program Coordinator will be responsible for assuring space, food, and materials are available for all guests.

**Speaker Invitation:** The Program Coordinator will be responsible for securing desired speakers for the meeting, as decided by the planning team, including setting objectives, goals, and desired outcomes. The Program Coordinator will assure guest speakers have everything they need to prepare for and participate in the meeting.

**Presentations:** The FCP Consultant will be responsible for putting together the PowerPoint and other visual materials to advance the meeting agenda and support Member participation and engagement. BFH team members will provide

specific content, Title V updates, and other information to assist in the development of the materials. Final approval of these materials must be received from the FCP Consultant.

**Member Preparations:** The Program Coordinator will be responsible for assuring Council Members have all materials in advance of the meeting, posting to the FAC Work Station before the meeting, and working directly with any Member that may need additional assistance or an accommodation to prepare for and engage during the meeting.

### *Council Meeting Facilitation*

Facilitation of the Council meeting is a team effort, however in general the FCP Consultant will begin and end the meeting and facilitate moving from one agenda item to the next. The FCP Consultant is also responsible for assuring meeting objectives are met, monitoring time management needs, and assuring the conversation and discussion is focused and on task. The Program Coordinator is responsible for facilitating membership announcements, including lunch, reimbursement efforts, and information on future meetings.

**Meeting Minutes:** The Program Coordinator is responsible for taking notes during the meeting and compile meeting notes with small group discussions and outcomes and send to the FCP Consultant. The Program Coordinator will finalize the meeting minutes and send the small group Chair for review/approval. Once approved, the Program Coordinator will send meeting minutes to the Members and post on the FAC meeting webpage.

### *In Between Council Meetings*

Meeting minutes should outline action items and follow-up needs. These activities will be assigned to Council Leadership or KHDE staff accordingly. In general:

- The Program Coordinator and Work Group facilitators will be jointly responsible for any follow-up activity or information-gathering that is necessary between meetings or as associated with the Work Groups (see more information below).
- BFH Leadership will be responsible for any policy-related follow-up activity or data-gathering activities.
- The FCP Consultant will be responsible for aligning Council activities and facilitating further discussion or action as related to Title V needs and activities.

### *Council Membership*

The Council shall consist of families and consumers across Kansas with a broad range of experiences related to Title V and Family Health programming and supports.

- The Executive Committee should meet quarterly, following each Council meeting, and as needed, to review key activities across the Work Groups and provide opportunity for Work Group Chairs to elevate conversations or discussions for further, broader Council consideration.
- The Program Coordinator will be responsible for maintaining membership rosters, monitoring term limits, and notifying all parties of changes to Council Membership.
- KDHE makes official appointments to the Council Members upon approval by the FCP Consultant.

The makeup of the individual work groups is as follows:

- Each work group shall have a minimum of seven (7) and a maximum of eleven (11) family and consumer members.
- Membership shall reflect the geographic, racial, and cultural representation of Kansas, including representation from recipients of BFH program services.
- Each work group would have representation for core Title V or BFH programming.
- The membership roster shall be monitored and updated frequently by KDHE.

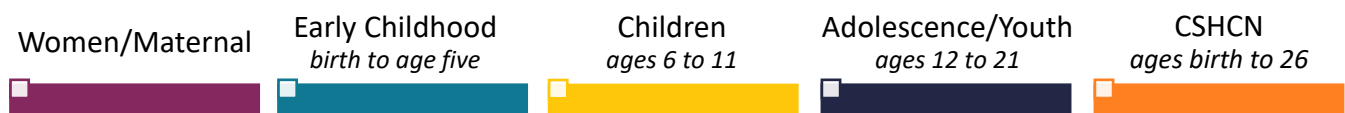
# Work Group Oversight

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Title V Population Work Groups are critical to the infrastructure of the Council. The Work Groups are designed to provide family and consumer leaders a platform to help the state prioritize focus for their assigned target population. They will be asked to provide recommendations, inform of gaps in service delivery systems, refine objectives and strategies to remain relevant and support effective/efficient MCH services, identify partnership needs, and discuss system capacity concerns (see *Small Group Member Responsibilities* for full list).

## Work Group Structure

Council Work Groups and Subcommittees should be structured similarly and provided adequate staff supports. This includes standing Title V Population Work Groups, as well as special Ad Hoc groups formed upon request of KDHE or the Council Chair. The following Work Groups are in place to support the advancement of the 2021-2025 State Action Plan:



**Council Member Assignments:** Council Members will be assigned to one of the above Work Groups. Work Groups are comprised of no more than eleven (11) family and consumer leaders. Work Group assignments are based upon personal interests, expertise, and experiences. It is desired that Council Members will have recent and relevant experience to support advancement of the Work Group activities and initiatives. During the application process, prospective members will self-identify the Work Group(s) they feel they can adequately represent. Work Group assignment will take place following the Council interview process and acceptance to the Council.

**Work Group Chair:** Each Work Group will select a Chair person to assist in facilitation, oversight, and organization of group activities. The Chair will participate in the “New Work Group Chair” training prior to taking post. In general, nominations will be solicited at the July meeting each year and the Chair will be selected and begin their term at the October meeting each year.

**Work Group Supports:** The Program Coordinator will be responsible for monitoring Work Group activities, needs, and progress. KDHE will assign two (2) Bureau of Family Health staff to serve as the Recorder and Subject Matter Expert for each meeting. Staffing assignments may vary depending on the meeting agenda or needs of the Work Group.

The Program Coordinator and FCP Consultant will assure the Work Groups have the information and data to accomplish assigned tasks and desired objectives. Title V Domain Program Coordinators, BFH staff, and the MCH Epidemiology staff will assist in gathering appropriate data and information as needed. The Program Coordinator and FCP Consultant will participate in Work Group activities to support alignment of Council activities and facilitate further discussion or action as related to membership needs and activities.

The Work Group Chair will facilitate the discussions, assuring agenda items and objectives are met at the end of each meeting. The Chair will serve as the primary POC for the Work Group members.

*If a Work Group desires to meet in between Council meetings, the Chair should reach out to the Program Coordinator with a request, in which appropriate resources and facilitation supports will be made available to assure that happens.*

## Roles and Responsibilities

The **Work Group Chair** is the Primary POC for the Work Groups. The **BFH Staff Recorder** provides supports to the Chair. The **Title V Program Consultants** serve as subject matter experts and should compile resources, data, and information to assist the groups. The roles and responsibilities for each type of Council support is outlined below.

	Before Meeting	During Meeting	Between Meetings
<b>Work Group Chair</b>	Review the Facilitator Guidance, assuring: understanding of meeting objectives, familiarity with meeting materials, and facilitation expectations.	Follow the Facilitator Guidance and assure the group meets the desired objectives. The Facilitator should focus on listening and assuring understanding among the group and answer questions as asked by group members.	Work directly with the FCP Consultant and Program Coordinator on any follow-up needs in between meetings. Assure timely response to the Program Coordinator on follow-up needs. Monitor KDHE assignments associated with Work Group activities, needs, and progress. Engage the Title V Domain Program Coordinator and BFH Staff/Leadership as needed.
<b>BFH Staff Recorder</b>	Review the Recorder Guidance, assuring: understanding of meeting objectives and familiarity with meeting materials and data collection worksheets.	Take notes during the meeting, capture key conversations and document according to Recorder Guidance. Monitor group work time and assist the Chair as needed.	Compile meeting notes and submit to the Program Coordinator within 2 business days following meeting. Participate and take notes at any between-meeting discussions. Assure documentation of group information, data, and resource needs – including identification of who will be responsible for gathering and deadlines for completion.
<b>Title V Domain Program Consultants</b>	Review work group materials. Gather information, references, or data as needed to share with group members, as appropriate.	Serve as the subject matter expert. Provide insight or information as relevant to the group discussion. Provide context around the conversation as needed. Support Chair with facilitation if needed.	Review meetings notes and offer supports on any follow-up items. Assist with development of content as appropriate.
<b>Work Group Members</b>	Complete any assigned tasks prior to in-person meetings.	Actively participate in discussions and assuring consideration of all population needs. Request needed data, resources, information, or supports needed to complete the desired work of the group.	Actively participate in between meeting discussions or calls and respond timely to requested information, review, or input. Provide information, resources, and input on group activities, including assisting with content development as appropriate.

## Membership Supports

This section will expand upon the oversight of Council membership outlined previously and describe the membership application process, new member onboarding expectations, and family/consumer leader supports.

### Becoming a FAC Member

Membership applications are available online at [https://www.surveymonkey.com/r/FAC\\_App](https://www.surveymonkey.com/r/FAC_App).

Applications should be submitted directly to KDHE. Upon receipt of the application, the Program Coordinator will screen the application for completeness and schedule an interview with the applicant. The interview team will consist of the FCP Program Coordinator, FCP Consultant, and the Family Delegate.

### New Member Onboarding

Upon acceptance of a membership application, the following shall occur:

- The Program Coordinator will be responsible for updating the membership roster and sending an introductory “Welcome” email to the new member and the FCP Consultant.
  - o The email includes an introduction to the Council, information about the upcoming meeting, the Council reimbursement policy, photo and bio request, and schedule for the New Member Orientation session.
- The Program Coordinator will send the assigned Work Group Chair and staff supports an email introducing the new member and update the membership section of the website.
- Executive Committee members representing the assigned Work Group will conduct the orientation prior to the next meeting. During the orientation, the member will be provided an overview of the Council, a walk-through of the website, discussion about the work groups and Council structure/operations.
  - o Members will be offered opportunity for more detailed orientation to Title V/MCH services, if desired. This will be done as a separate meeting if they request it.

## Reporting Council Activities

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This section outlines key activities related to reporting the activities, accomplishments, and recommendations provided by the Council. There are two primary reporting activities associated with the Council: The FAC Annual Report and the Title V/Maternal and Child Health Block Grant.

### FAC Annual Report

The FCP Program Coordinator, with data, input, and support from the FCP Consultant and BFH staff members, develops the FAC Annual Report. The Annual Report should include:

- **FAC Executive Summary:** High-level overview of the Council and key Council accomplishments.
- **Membership Overview:** Data surrounding membership and current membership list.
- **Meeting Highlights:** Summary of each meeting held, including participation data. The summary should include the meeting date, key topics/discussions, and next steps or Council actions taken.
- **Council Recommendations:** Overview of any Council recommendations made to KDHE during the previous year, including relevant data/rationale and related actions taken by KDHE.
- **Website and Facebook Activity:** Overview of website and social media activity, including highlights of the top 10 Facebook posts, trends, and any other relevant data.
- **Future Plans:** Description of planned activities for the coming year or particular focus areas, if identified.

### Title V/MCH Block Grant Reporting

The FAC is one of the primary initiatives that target family and consumer stakeholder input for the Title V/MCH Block Grant. Therefore, reporting activities within the Block Grant is critical. The FCP Consultant is responsible for the development of the report narratives and will request information from members and staff as needed.

Block Grant reporting follows the federal fiscal year (FFY) and runs from October 1<sup>st</sup> to September 30<sup>th</sup> and is due to HRSA/MCHB on July 15<sup>th</sup> the following year. (e.g., The 2021 submission represents the 2020 Annual Report (Oct 1, 2019-Sept 30, 2020) and the 2022 Application (Oct 1, 2021-Sept 30, 2022)).

**Bureau of Family Health Family Advisory Council**  
**Member Benefits**



MEMBERSHIP BENEFIT	EXAMPLES OF AVAILABLE OPPORTUNITIES
<p><b>LEADERSHIP:</b> Members will have opportunities to advance their own leadership skills to support their personal goals in this area.</p>	<p>FAC Work Group Chair, FAC Executive Committee Membership, Title V Family Delegate, Peer Mentor</p>
<p><b>ADVOCACY:</b> Members will have opportunities to learn about advocating at any level they desire (e.g., self, family, community, state, regional, national).</p>	<p>Individual support or training, community training, FCP Policy Team</p>
<p><b>PEER CONNECTION:</b> Members are provided opportunities to work together in a variety of ways to support this connection.</p>	<p>Supporting You Kansas, FCP Mentorship Activities, FAC Alumni Group</p>
<p><b>PROGRAM PLANNING/POLICY:</b> Members have the opportunity to help inform, advance, and drive effective and positive policy changes to assure services meet the needs of the families and consumers we serve within the BFH.</p>	<p>individual support or training, FAC Executive Committee Membership, Title V Family Delegate, FCP Policy Team</p>
<p><b>COMMUNITY IMPACT:</b> Members are provided opportunities to learn about community change activities and equip themselves with the tools they need to make impact they desire.</p>	<p>Individual support or training, community training, FCP Policy Team</p>
<p><b>GROWTH OPPORTUNITIES:</b> Members are viewed as a part of the MCH Workforce and offered personal and professional growth opportunities. Families and consumers bring a wealth of knowledge, expertise, and skills to the workforce.</p>	<p>Clifton Strengths Finders Assessment, MCH Competency training, local, state, and national conferences, FCP Leadership Trainings.</p>

## Bureau of Family Health Family Advisory Council Interview Guide



### Introduction

Members of the Bureau of Family Health Family Advisory Council are invaluable partners for the Bureau of Family Health at the Kansas Department of Health and Environment. Working to inform and help guide programs so that they are providing services to the best of their ability for those who need them. Members of the FAC are also provided opportunities for advocacy training, improving and developing leadership skills, connecting with peers who also want to make change, making a difference in their communities, and other growth opportunities.

1. **What excites you most about being a part of the council? (1) influencing program change; (2) advocacy training; (3) improving and developing leadership skills.**
2. **In what ways have you shown leadership in your community?**

### Being a member of the FAC

Members of the FAC participate in one of the five (5) work groups that assist with different ages and stages. These work groups are: Woman/Maternal, Early Childhood (0-5), Childhood (6-11), Adolescence (12-21), and Children with Special Health Care Needs (CSHCN).

3. **Which work group do you think would be the best fit for you based on your current experiences?**
  - a. **Do you feel like you would fit well in more than one work group?**
4. **What skill or strength do you feel you bring to the council? (e.g. communication, writing, planning, designing)**

Members of the FAC provide a unique point of view from their communities about BFH programs, giving them insight to what does and does not work for those who seek and receive services.

5. **Based on your experiences, how do you feel you will be able to provide your work group with a unique point of view? Are these personal or professional experiences?**

Council members are given opportunities for personal growth through leadership opportunities and special projects that come along.

6. **What are most looking forward to in terms of personal or leadership growth by being on the Council?**
7. **In what area(s) would you like to grow your leadership skills through the FAC?**



## Bureau of Family Health Family Advisory Council Reimbursement Policy



Members of the **Bureau of Family Health Family Advisory Council**, or any other sponsored advisory group (e.g., council, committee, group) shall adhere to the following policy:

- Members are expected to be physically present in the meeting to be eligible to receive a participation stipend.
- Eligible reimbursements for consumers include a stipend of no more than \$100.00 for any meeting over four hours. Meetings less than four hours will be assessed individually.
- Reimbursements will be pro-rated based upon the time the consumer was physically present in the meeting.
  - Example: member is only physically present for 75% of the meeting; the individual will only receive 75% of all eligible reimbursements.
- For consumers who drive themselves to in-person meetings the following reimbursement option is available:
  - Mileage reimbursement based upon current state approved mileage reimbursement rate. Mileage reimbursement based upon the most direct route from originating location to meeting location, which shall be confirmed by an online map service (MapQuest, Google Maps, etc).
- Consumers traveling more than 150 miles (one-way) from their home to the in-person meeting may be eligible for lodging reimbursement.
  - Only one (1) overnight stay per meeting is allowed for one-day meetings.
  - All lodging must be prior approved and will be determined on a case-by-case basis.
- A child care stipend of no more than \$50.00 is allowed per day.
  - Child care will only be provided for weekend meetings or meetings during the week if the child is not in school.
  - Child care stipends may not be available in all FAC sponsored advisory committees due to availability of funding.

Effective Date: January 1, 2021

*Previous Revision History 11/2011, 4/2014, 10/2016*