



# MATERNAL AND CHILD HEALTH ADVISORY TASK FORCE

## Operating Procedures

Approved June 24, 2005

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## I. STATUTORY PURPOSE

The Maternal and Child Health Advisory Task Force was created by the Minnesota Legislature in 1982 (Mn Stat 145.881) to advise, consult with and make recommendations to the Commissioner of Health (hereinafter Commissioner) on:

1. the health care needs of mothers and children throughout Minnesota;
2. the type, frequency and impact of maternal and child health services in the state;
3. program guidelines and criteria considered essential to providing an effective maternal and child health care program to low-income populations and high risk persons and fulfilling the purposes of the state and federal maternal and child health statutes;
4. the use of federal and state funds available to meet maternal and child health needs;
5. priorities for funding the following maternal and child health services:
  - a. prenatal, delivery and postpartum care;
  - b. comprehensive health care for children, especially from birth through five years of age;
  - c. adolescent health services;
  - d. family planning services;
  - e. preventive dental care;
  - f. special services for children with chronic illness or disabilities, and
  - g. any other services that promote the health of mothers and children.

## II. MEMBERSHIP, APPOINTMENTS, RESPONSIBILITIES

### A. Membership:

1. **Commissioner appointed members:** The Commissioner appoints 15 members who will provide equal representation from the categories listed below:
  - a. professionals with expertise in maternal and child health services;
  - b. consumers with interest in the health of mothers and children; and
  - c. representatives of community health boards as defined in Mn Stat 145A.02, subdivision 5.

No member shall be an employee of the Minnesota Department of Health.

2. **Ex-Officio members:** In order to make the Task Force representative of the constituents it serves, and a sound resource for the Commissioner on topics identified by the Task Force or the Commissioner, additional individuals or organizations may be invited by the Executive Committee to serve on the Task Force.

An individual appointed to serve as an ex-officio member must qualify as a representative of one of the three statutory categories. This position is a non-voting position.

The chair of the Task Force will send a list of ex-officio members to the Commissioner.

Ex-officio members may be individuals with specific expertise or a representative of an organization (hereinafter called organizational member). Organizational members may include, but are not limited to, the following organizations: the Minnesota Department of Human Services, the Minnesota Department of Education, the University of Minnesota School of Public Health, and Minnesota Department of Health Office of Minority and Multicultural Health Advisory Committee.

3. **Alternates:** A Task Force member may apply to the Commissioner, or the Commissioner's designee, and the Executive Committee to have an alternate. The application must state the reason the member would like to have an alternate and the name of the alternate. Alternates are approved and serve at the discretion of the Commissioner, or the Commissioner's designee, and the Executive Committee. An alternate may vote and receive reimbursement only when the primary member is absent or when asked to serve on a workgroup or represent the Task Force at another meeting.

#### **B. Terms of Appointment:**

1. **Commissioner appointed members:** Commissioner appointed members shall serve a four-year term. Seven of the terms are coterminous with the Governor's term (ending in early January) and eight of the terms end one year later. The Commissioner shall appoint, as nearly as possible, one-half of the members in each category at each appointment date.
2. **Alternate members:** The term of alternate members coincide with the term of the primary member.
3. **Ex-Officio members:** An ex-officio member's term ends on January 1 following the second full year of membership on the task force.

#### **C. Term Limits:**

1. **Commissioner appointed members:** Commissioner appointed members can reapply at the end of their term, but are limited to two consecutive terms except as required in D.1.
2. **Alternate members:** The term limit for an alternate member coincides with the term of the primary member. If an alternate becomes a commissioner appointed or ex-officio member, their term limit is governed by the provisions for that member category.
3. **Ex-Officio members:** The Executive Committee shall determine the term limit for individuals serving as an ex-officio member, based on the resources required for Task Force activities.

#### **D. Terminations, Resignations, Vacancies:**

1. Members may serve until their successors are appointed and qualify. If a successor has not been appointed by July 1 after the scheduled end of a member's term, the term of the member for whom a successor has not been appointed is extended until the first Monday in January four years after the scheduled end of the term.
2. Each member will receive notification of the expiration of his or her term at least sixty-days prior to the termination date. Notification will also be sent to the chair.
3. Certificates of Recognition will be presented to all departing members during the last meeting of the year of the ending term.
4. Commissioner appointed and ex-officio members should communicate their intent to resign in writing to the chair of the Task Force and Minnesota Department of Health staff supporting the Task Force. When a commissioner appointed member resigns, the Commissioner will appoint a new member to serve the remainder of the term. When an ex-officio member resigns, the Executive Committee will determine whether to fill the vacancy, based on the need for resources for Task Force activities.

5. A commissioner appointed and ex-officio member may be removed by the Commissioner at any time, at the Commissioner's discretion.
6. A commissioner appointed and ex-officio member may be removed for missing three consecutive meetings. If a member misses two consecutive meetings, the Minnesota Department of Health staff supporting the Task Force will notify the member in writing that the member may be removed for missing the next meeting.
7. Vacancies for commissioner appointed members are filled in the same membership category. Applications are made through the Secretary of State's Office of Open Appointments.

**E. Orientation:** Orientation will be provided by Minnesota Department of Health staff to all newly appointed members no later than 4 months after their appointment to the Task Force.

**F. Responsibilities and Expectations of Task Force Members:**

In accepting appointment to the Task Force, members are expected to:

1. Attend Task Force meetings.
2. Serve on committees, work groups, and other advisory groups as requested by the chair.
3. Prepare for active participation in discussions and decision-making by reviewing meeting materials.
4. Act as a liaison when appropriate between constituent groups and the Task Force.
5. Inform constituent groups of Task Force activities, actions, and issues.
6. Abstain from voting where a conflict of interest may exist. A conflict of interest exists if one of the following conditions applies:
  - a. the member has a direct financial or personal interest in the matter under consideration.
  - b. the member has an indirect financial or personal interest in the matter under consideration and is not so free from personal bias, prejudice, or preconceived notion as to make it possible for her/him to objectively consider the evidence presented and base her/his decision solely on the evidence.
  - c. the member has placed her/himself in a position where she/he finds it difficult, if not impossible, to devote her/himself to a consideration of the matter with complete energy, loyalty, and singleness of purpose to the general public interest.
7. Refrain from writing letters or engaging in other kinds of communication in the name of the Task Force, unless the Commissioner specifically authorized such communication.

**G. Staff Support:**

1. The Commissioner will make available staff, space and other resources as appropriate and available to support the work of the Task Force. To the degree feasible, the Commissioner will attend Task Force meeting or send a representative from the Executive Office.
2. Staff support for the Task Force will be provided by the director of the Division of Community and Family Health, subject to the approval of the Commissioner.

### **III. OFFICERS**

#### **A. Chair:**

1. The chair serves a two-year term.
2. The duties of the chair are to:
  - a. preside at all full Task Force and Executive Committee meetings;
  - b. at the request of the Commissioner, be the spokesperson and representative for the Task Force;
  - c. appoint work groups and subcommittees as needed to carry out the Task Force's work plan, consulting with staff to assure staff support will be available as needed;
  - d. serve as past chair for one year.

#### **B. Chair-Elect:**

1. The chair-elect serves a one-year term.
2. The duties of the chair-elect are to:
  - a. preside at the Task Force and Executive Committee meetings in the absence of the chair;
  - b. assist the chair as requested;
  - c. serve as the next Task Force chair.

#### **C. Past Chair:**

1. The past chair serves a one-year term.
2. The duties of the past chair are to:
  - a. advise the chair and serve as a resource to the Task Force;
  - b. serve as a member of the Executive Committee for a one-year term;
  - c. preside at Task Force and Executive Committee meetings in absence of the chair.

### **IV. EXECUTIVE COMMITTEE**

- A. The Executive Committee will be responsible for conducting the interim business of the Task Force. At a minimum, the Executive Committee will meet approximately one month prior to a Task Force meeting to conduct business and plan the Task Force meeting agenda.
- B. The Executive Committee will consist of the chair, chair-elect, past chair, and up to three additional Task Force members. All members of the Executive Committee must be commissioner appointed members. The Executive Committee must have at least one member from each of the three commissioner appointed membership categories.
- C. Executive Committee members will serve on the Executive Committee as members until their term on the Task Force expires, until they resign from the Task Force, or until they resign from the Executive Committee.

## V. ELECTIONS

- A. Vacancies on the Executive Committee:** The Executive Committee by consensus will nominate commissioner appointed Task Force members as candidates to fill vacancies on the Executive Committee. Nominations to fill vacancies will be presented to and voted on by the Task Force. The Task Force must approve the members of the Executive Committee by a majority of the members present at the meeting.
- B. Selection of the Chair-Elect:** The Executive Committee by consensus will nominate a member of the Executive Committee, or a member of the Task Force who has served at least one year on the Task Force, to serve as chair-elect. The nomination will be voted on by the Task Force at the last meeting of the calendar year before the chair-elect is to take office. The Task Force must approve the nomination by a majority of the members present at the meeting.

A candidate for chair-elect whose remaining term on the Task Force is less than the two year term of chair for which they are nominated, must be willing and eligible to serve another four year term on the Task Force.

## VI. MEETINGS AND REIMBURSEMENT

This section applies to meetings of the Task Force, the Executive Committee, subcommittees, and work groups, unless otherwise noted.

- A. Frequency:** The Task Force shall meet as requested by the chair as frequently as necessary and at least quarterly. Meeting dates for the Task Force for the upcoming year are selected at the summer Task Force meeting.
- B. Cancellations:** Meetings of the Task Force may be canceled and rescheduled by the Executive Committee or by the Commissioner in consultation with the chair. Task Force members will be notified of cancellations in as timely a manner as possible.
- C. Expenses:**
1. The Minnesota Department of Health will reimburse Task Force members for travel and other necessary expenses incurred to attend meetings.
  2. Alternate members may receive reimbursement when attending in place of the primary member.
- D. Quorum:** The presence of eight Task Force members constitutes a quorum at Task Force meetings. This excludes ex-officio and alternate members, unless the alternate is attending in place of the primary member.
- E. Public Meetings:** All Task Force, subcommittee, and work group meetings are open to the public.

## VII. GENERAL PROCEDURES

The Task Force is intended to function as advisory to Minnesota Department of Health program managers in the maternal and child health subject areas, to extend and supplement the range of expertise of Minnesota Department of Health's technical staff, and to assist and advise in the formulation of maternal and child health policies. It is not intended that the Task Force become involved in the operational and administrative aspects of program resources, program management, etc.

**A. Order of Business:** The business of the Task Force will be conducted in the following order:

- a. call to order, welcome and introductions by the chair;
- b. review and approval of the minutes of the previous meeting;
- c. review and approval of agenda;
- d. announcements;
- e. remarks by the commissioner or assistant commissioner;
- f. division director report;
- g. members news and new issues;
- h. reports of subcommittees and workgroups;
- i. other reports and presentations;
- j. other business; and
- k. adjournment.

Agendas may deviate from the above format at the discretion of the chair.

**B. Conduct of Business:**

1. Task Force members will receive the agenda, past meeting minutes and other pertinent information at least four working days prior to each meeting.
2. Meetings will be conducted according to Roberts Rules of Order, unless specified in these Operating Procedures.
3. Voting on any matter will be by voice vote. A roll call will be recorded on any issue when requested by one or more of those present and voting. Upon request of any member or alternate, the recorder will repeat the motion and the name of the maker and seconder of the motion immediately preceding a vote. There will be no voting by proxy; however, an alternate is a voting member when the primary member is not at the meeting. Each member is entitled to only one vote on any issue. The chair is a voting member of the Task Force and the Executive Committee. Ex-officio members are not voting members of the Task Force.
4. Minutes will be kept of all Task Force meetings and maintained according to established records retention schedule. Minutes will be prepared and forwarded to Task Force members in advance of the next meeting. Approved minutes and agendas will be available on the Task Force website.

## **VIII. SUBCOMMITTEES AND WORK GROUPS**

Subcommittees and workgroups will be established to assist the Task Force. The chair will ask for volunteers or appoint members based on their expertise and interest to serve on a subcommittee or workgroup. Subcommittees and workgroups will be given a specified charge and period of time to fulfill that charge, and will present a final report or recommendations to the Task Force for approval at completion of its charge.

The chair may ask persons who are not commissioner appointed Task Force members, ex-officio members, or alternates to serve on subcommittees or workgroups as necessary to fulfill a specialized or technical charge.

Other methods, such as forming short-term informational groups or appointing members to other Task Forces within Minnesota Department of Health or other state agencies, may be utilized at the discretion of the chair and Commissioner when necessary to accomplish the work plan of the Task Force.

## **IX. ANNUAL REPORT, WORK PLAN AND AWARD**

### **A. Annual Report:**

The Task Force prepares and presents to the Commissioner a brief annual report based on the work plan and including suggestions for future involvement. Other reports may be prepared on specific topics as requested by the Commissioner and/or determined necessary by the Task Force in consultation with Minnesota Department of Health staff.

### **B. Work Plan:**

The Task Force work plan is the annual or biennial plan for the Task Force to carry out the duties prescribed in Minnesota Statute 145.881. See I. STATUTORY PURPOSE. In order to fulfill these duties, the Task Force or the Commissioner identifies priority needs or interest areas regarding the “health care needs of mothers and children through out the state” for special consideration. The Task Force as a whole, or through work groups that report to the Task Force, develops recommendations on these topics for the Commissioner. In the past, topics that the Task Force has studied include fetal alcohol spectrum disorder, mental health, Title V MCH Block Grant funding formula, and early childhood services.

In addition, regularly occurring Task Force activities include:

1. Advise on and review the basic content of the annual Minnesota Application and Annual Report to the Federal government for MCH Block Grant Funds (June meeting);
2. Advise on and review the federally-mandated Maternal and Child Health Needs Assessment and priority maternal and child health indicators every five years (due July 2005);
3. Recommend statewide maternal and child health five-year outcomes for the Local Public Health Act.
4. Conduct the Betty Hubbard Maternal and Child Health Leadership Awards.

If feasible, the Task Force Executive Committee meets with the Commissioner once a year. The current year's work plan also appears under the year's designation on the Task Force website.

### **C. Betty Hubbard Annual Maternal and Child Health Leadership Award:**

Betty (Elizabeth) Hubbard, a long time advocate for the health needs of mothers and children and an original member of the Task Force, died in 1989. In 1990, the Task Force and the Minnesota Department of Health honored her work and her memory by establishing the Annual Betty Hubbard Leadership Award. This award of recognition is presented to individuals or organizations in Minnesota making significant contributions to maternal and child health. To learn more about Betty Hubbard, the awards, and solicitation process, check out the website at: <http://www.health.state.mn.us/divs/fh/mchatf/>

## **X. AMENDMENTS**

Amendments to these Operating Procedures may be made only after notification of the Task Force at least thirty (30) days in advance of a regularly scheduled meeting. Amendment requires a vote of two-thirds of the members present. Suspension of rules or operating procedures does not constitute amendment.