Creating a Culture of Family Engagement in Title V MCH and CYSHCN Programs

From late 2014 through early 2015, the Association of Maternal & Child Health Programs (AMCHP) conducted a nationwide survey about family engagement in Title V maternal and child health (MCH) and children and youth with special health care needs (CYSHCN) programs. Out of 59 states and territories with Title V funding, 68 percent of MCH programs (40) and 75 percent of CYSHCN programs (44) responded.[1] The survey results reflect the perspectives of responding Title V programs about the range, depth, and effectiveness of strategies to engage families in program planning and improvement activities. A full picture of family engagement in Title V programs requires the views of families and family organizations as well. The survey is intended as a starting point for further work by AMCHP with its state and national partners to drive practice and policy change to support meaningful family engagement in Title V programs.

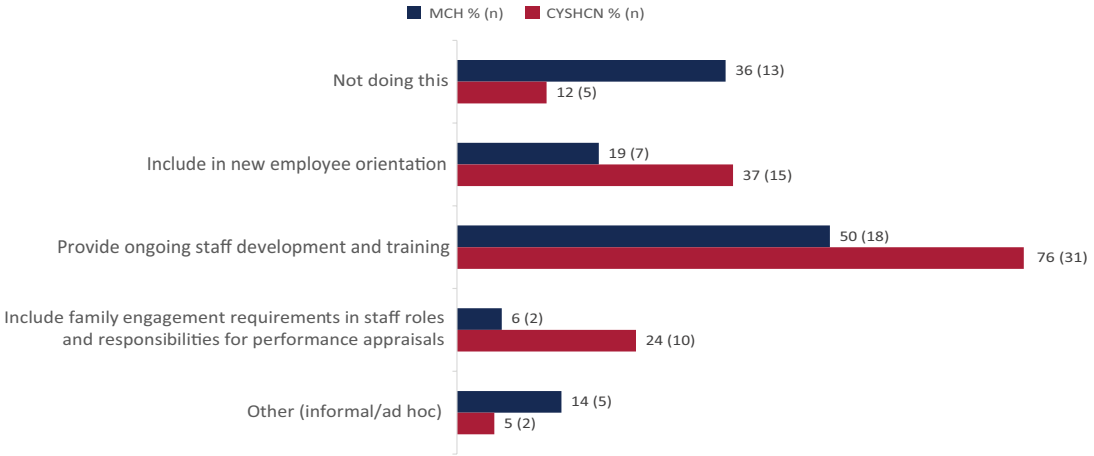
An organizational culture that prioritizes family engagement is vital to sustain and improve mechanisms for family engagement and partnership over the long term and across program areas. Some of the tangible ways that Title V programs institutionalize a culture of family engagement include providing professional development opportunities for staff members, incorporating family engagement into contracts and funding mechanisms, and supporting family advocate organizations. This report outlines information from the survey related to creating a culture of family engagement and highlights efforts to institutionalize this culture.

Developing Staff Knowledge and Skills

Most respondents report that their programs provide ongoing staff development and training to teach staff members about family engagement (50 percent of MCH programs and 76 percent of CYSHCN programs). Fewer than half include topics related to family engagement in orientation of new employees (19 percent of MCH programs, 37 percent of CYSHCN programs). Very few programs report that they incorporate family engagement roles and responsibilities in performance appraisal processes. More than one-third of MCH programs report having no mechanisms for teaching staff members about family engagement. A small percentage of respondents indicate that their programs informally or periodically teach staff about family engagement through activities such as parent-led presentations at staff meetings, informal discussions and guidance from supervisors and interactions with family members on staff.

[1]Total *n* for individual survey items varies due to skip patterns and nonresponses.

How Does Your Program Teach New and Existing Staff Members about Family Engagement?



NOTE: 36 MCH respondents answered this question; 41 CYSHCN respondents answered this question.

Family Engagement Requirements in Contracts and Grants

Just under half of MCH respondents and 61 percent of CYSHCN respondents report that their programs at least sometimes include requirements for family engagement in service provision contracts, subcontracts or grants to other agencies. The number of MCH programs including family engagement requirements in contracts might be smaller than these responses suggest; asked to provide specific examples, some MCH program respondents provided examples of family engagement requirements in CYSHCN program funding mechanisms.

Require Family Engagement in Service Provision Contracts	MCH % (n)	CYSHCN % (n)
Yes	14 (5)	39 (16)
Sometimes	30 (11)	22 (9)
No	38 (14)	34 (14)
Not sure	19 (7)	5 (2)

NOTE: 37 MCH answered this question; 41 CYSHCN respondents answered this question.

Most of the examples given by respondents make general reference to Title V-funded projects that are required to have some type of family engagement (e.g., case management, transition, newborn screening, Healthy Start, home visiting, family resource centers). Respondents also noted a number of specific contract/grant requirements and accountability mechanisms:

- Requiring family representatives as paid staff and/or as participants on advisory groups
- Requiring specific staff members to attend at least one family event annually
- Requiring client satisfaction surveys/assessment
- Including information on coordination with family support organizations in grant applications
- Including family engagement as a program standard for local public health agency accreditation

Supporting Family Organizations

Most Title V programs (56 percent of MCH and 73 percent of CYSHCN) have formal agreements (contract, grant or memoranda of understanding/agreement) with state or regional family focused organizations. The majority of programs also support family organizations through participation in or sponsorship of conferences. In-kind services provided by Title V programs to family organizations include staff support for boards and commissions, staff participation on committees, dissemination of information through Title V program communication channels, co-location of offices, and provision of office goods (e.g., supplies, equipment, postage, furniture).

Support Type	MCH % (n)	CYSHCN % (n)
Formal contracts, grants, MOU/MOA	56 (20)	73 (32)
Participation in/sponsorship of conferences	58 (21)	59 (26)
In-kind services	17 (6)	48 (21)
Informal agreements	25 (9)	43 (19)
Training/technical assistance	39 (14)	41 (18)
Office space/meeting space	25 (9)	39 (17)
Costs of printing materials	22 (8)	36 (16)
Direct funds	31 (11)	34 (15)
Translation/interpreter services	14 (5)	20 (9)
Clerical support (e.g., for newsletter, mailings)	14 (5)	16 (7)
None	14 (5)	0 (0)

NOTE: 36 MCH respondents answered this question; 44 CYSHCN respondents answered this question.

Promoting an Expectation of Family Engagement

Responses to an open-ended question about strategies for promoting an expectation or institutional culture of family engagement suggest that programs are instituting a broad range of strategies at all levels of program operation. Common strategies are highlighted below, along with specific examples of their use.

General Strategies	Examples
Creating an intentional process/planning structure for improving family engagement	– Survey program managers for input on family engagement across multiple areas (e.g., advisory committees, planning, quality improvement and measurement, workforce development, Block Grant, advocacy, cultural competency) – Survey district staff for input on family engagement – Created Think Tank Team to use the person-centered planning tool to develop an organizational strategic plan to enhance family engagement, which will be incorporated into five-year needs assessment plan – Provide small grants to local health departments to support family engagement
Employing a family leader on staff – and leveraging that person's expertise across programs	– Employ family leaders/parent coordinators – Encourage family leader on staff to participate in cross-office work, serve on committees and ad hoc groups – Provide opportunities for family staff/consultants to present during bureau and regional program meetings
Training program staff and partners	– Train all staff across programs/offices, as well as lead staff at contracted partners – Involve family partners in training new staff about the value of family leadership and support – Discuss the importance of family input and engagement in new staff orientation
Including family representatives in our own policy and planning activities	– Offer matches between programs and parents wanting engagement – Family members attend coordinator meetings in case management system – Always ask whether or not we have a family voice/perspective available – Advisory bodies comprised of or including family representatives at multiple levels (program, agency, state) – Include family representation/input at all levels of policy and program development and other planning, assessment and improvement activities
Modeling and promoting family engagement for other agencies/partners	– Ask if the family/consumer voice also will be at the table when invited to other meetings, offer assistance finding someone, and ask if the family representative(s) will be paid – Consistently model engagement for program staff and relevant partners (e.g., include families at meetings and in trainings and grant reviews, pay for family consultation time) – CYSHCN staff facilitate collaborative efforts with other state agencies and community organizations to promote family engagement in all aspects of program/policy decision making and evaluation – Maternal, Infant and Early Childhood Home Visiting continuous quality improvement process encourages parent representation at Level 2/Local Level
Incorporating family engagement into contracts and requirements of service providers	– Include requirements/language about family engagement in contracts and RFPs – Require clinics to include families on advisory boards and in all staff meetings – State statute requires Healthy Start Coalitions to include consumers, including at least two who are low-income or Medicaid-eligible
Leveraging the expertise of family organizations	– Designate a family organization to serve as lead agency in state implementation grants – Contract with outside organizations to ensure family engagement
Demonstrating the value placed on family perspective	– Require staff to attend Parent Consultant Advisory Committee meetings and activities – MCH director meets quarterly with a large Family Case Management Group that brings their clients
Engaging families in needs assessment and Block Grant review	– Integrate families into needs assessment process (e.g., survey, focus groups) – Conduct special outreach to families for input on the annual report/application and the needs assessment – Include families in regional/MCHB site visit

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