



FAMILY ENGAGEMENT TVIS REPORT



AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

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Objective

This report examines how Title V is currently conducting and measuring family engagement within its programs. The analysis is based on a scan of all 59 states and territories, using the Title V Information System (TVIS) Block Grant applications.

As part of this scan, four states were selected for informant interviews to gather more detailed insights into their specific programs. This analysis seeks to uncover innovative practices, highlight promising tools that may be replicated in other settings, and identify opportunities to build program capacity for meaningful and data-driven family partnerships.

This scan was conducted as part of a broader initiative to develop a tool for measuring the return on investment (ROI) of partnering with families. We initially identified this as a potential gap for Title V, and the scan was designed to validate this assumption and gather insights to address it. The tool we intend to develop aims to help Title V staff address a challenge, which is demonstrating to funders that investing in family partnerships results in more effective and responsive programs.

Methods

TVIS Scan

Administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), the TVIS collects data from the Block Grant applications, including each state's needs, priorities, program activities, performance metrics, and outcomes. While the system covers all aspects of Title V programs, this report specifically focuses on family engagement efforts.

Keyword Searches

This scan identified text in the most recent Title V Block Grant (2025 Application/2023 Annual Report) using the TVIS narrative search function. All searches were conducted using the appropriate combinations of exact/or/and commands as specified in the instructions for use of the TVIS.

Related keywords

- Family engagement
- Family partnership
- Evaluation

These keywords were selected to guide our search for family engagement efforts within the block grant applications. "Family engagement" and "family partnership" were chosen to identify programs, initiatives, or policies that specifically involve families. "Evaluation" was included to capture references to how states assessed and measured the success of their programs, including any evaluations or assessments related to the effectiveness of their family engagement efforts.



Informant Interviews

Following the scan, key informant interviews were conducted with representatives from four states to gather additional insights into specific family engagement programs. These interviews aimed to better understand the experiences, outcomes, and challenges faced by these programs, providing a deeper understanding of the work being done and the specific factors that influence their successes. These states were selected because each demonstrated potentially promising new evaluation methodologies within their programs or initiatives that we intended to explore further.



States Interviewed

Florida was selected for their work in developing the Patient and Family Engagement roadmap to gain insights from feedback they received from those who implemented their guidance. We wanted to understand whether they used formal evaluation methods or specific outcome measures, which could inform our efforts to assess the ROI of family engagement activities.



Delaware was selected for its individualized approach through the Children's Beach House (CBH). We aimed to understand how they assess and communicate the value of their highly personalized services to funders specifically. Additionally, their perspective on the effectiveness of using a Likert scale to measure outcomes and gather feedback, as this structured approach could inform the development of similar evaluation methods for other family engagement initiatives.



California was selected for an interview due to its strong focus on incorporating family and community members into its programs. Of particular interest was the state's comprehensive data collection methodology for the Maternal Infant Health Assessment (MIHA). We believe California's approach could provide a useful framework for gathering relevant data as we work to develop a tool to measure the ROI of family engagement initiatives.



Massachusetts was selected for its focus on embedding families into many of its Title V programs. The state has a dedicated family engagement implementation team and is currently developing a family engagement framework to integrate into many of its programs. Additionally, Massachusetts is a strong advocate for compensating family partners for their work. This focus on family compensation led us to seek insights on how they advocate for funding from funders.



Brief Case Studies

Focus on Florida

Florida developed the Patient and Family Engagement Roadmap as a practical guide to support meaningful family engagement within systems of care. Initially created through a partnership with the Statewide Needs Assessment and Quality Improvement (SNAQ) initiative, the roadmap includes step-by-step instructions, evidence-informed articles, toolkits, and related resources.



Although no formal tracking system has been established to measure the roadmap's reach or effectiveness, anecdotal feedback suggests that it has been widely used by providers and states seeking guidance on family engagement. Providers were supplied with directives for clear strategies to compensate family leaders for their time and expertise. People who are learning about the roadmap have shared that it has encouraged them to rethink their approaches to family engagement and integrate these concepts into quality improvement and family-centered care efforts in their own programs.

The roadmap has also played a critical role in raising awareness among providers and program staff about the time, effort, and challenges families face when participating in advisory or planning roles. Florida used this tool to advocate for fair compensation for families, emphasizing why such investments are essential. Over time, the roadmap has been included in resource lists, used during staff onboarding, and referenced in statewide improvement initiatives. It also serves as a storyboard in clinician-focused quality improvement activities.

Florida has taken further steps to institutionalize the embedding of family and youth experience in program planning and structuring. For example, SNAQ committees are now required to include family and youth representatives on



on advisory councils. These roles must be compensated, and the roadmap is used as a guide to support the effective implementation of this policy.

Also, as Florida addresses the increasing burden placed on unpaid family leaders, Florida leveraged partial Title V funding to establish the Florida Family Leader Network (FFLN). This initiative offers webinars based on family interest and need, supports participation in workforce development activities, and provides compensation for family expertise. Through FFLN, Florida continues to strengthen sustainable family partnerships while supporting statewide efforts to embed authentic family engagement into policy, practice, and quality improvement work.

Despite these advances offered by the Roadmap, Florida and partner states that utilize the roadmap continue to face challenges in operationalizing fair family engagement. Florida, similar to other states, has reported difficulty identifying parents with children who have experience in more sensitive or less commonly discussed conditions. Additionally, departments have noted administrative barriers related to payment logistics, such as restrictions on using gift cards or limitations to only provide stipends or part-time positions. These constraints can complicate efforts to fairly and consistently compensate family partners.

Focus on Delaware

Delaware's Children Beach House is a youth-serving nonprofit founded in 1936 with a mission to serve Delaware children, families, and communities. CBH offers a year-round, camp-based program that provides long-term, wraparound support tailored to each child's individual needs. Children typically enter the program around age seven and may remain through the age of 18 or the completion of high school. The program works with children across a wide range of needs, including those with communication challenges, developmental delays, and complex medical or educational situations.



What sets CBH apart is its deeply individualized and long-term approach. Staff work closely with families, educators, and healthcare providers to ensure children receive coordinated and consistent support. CBH works alongside families to help them understand and respond to their child's unique needs while also supporting them in advocating within schools, healthcare systems, and the broader community.

CBH focuses its efforts on children and families from underrepresented and historically under-resourced communities. All programming is offered at no cost to participants. The program emphasizes strengths-based development, helping children and families recognize their own abilities and connect with the resources available to them. Over time, this consistent engagement helps families build protective factors, strengthen resilience, and navigate complex life transitions with confidence.

A key element of the program's impact comes from the longevity of its relationships. Staff members often remain involved with a child and their family for over a decade. This consistency builds deep trust and allows for flexible support that can evolve as a child's needs change. The program's influence often extends beyond the individual family. Many participants become positive contributors to their schools and neighborhoods, creating a positive ripple effect in their communities.



CBH has also prioritized data-informed decision-making. For over fifteen years, they have used a customized Likert-scale assessment tool to evaluate program effectiveness and guide planning. Staff are trained in how to administer the tool and interpret results. The assessment is conducted annually and provides insights into what their youth and their families' needs are. CBH reports that their data

often aligns with national youth development trends and allows them to be both responsive and forward-thinking in how they design their services.

While CBH's model is highly impactful, it does come with some limitations. Because children remain in the program for many years, enrollment slots for new participants are limited and only become available as others graduate. This intentional design limits the overall number of families served at one time. CBH also faces challenges in keeping older youth engaged in familiar activities as their interests shift in late adolescence. In response, staff work with young people to co-design experiences that reflect their evolving goals and help them prepare for life after high school.

Funding flexibility is another ongoing challenge. Many of the families CBH serves face financial hardship and benefit from additional support, but existing funding streams often limit how funds can be used.

Despite these challenges, CBH continues to model how consistent and family-centered approaches can make a lasting difference.



Focus on California

California's Maternal and Infant Health Assessment (MIHA) is a state-led, population-based survey designed to gather detailed information about postpartum experiences. In place since 1999, MIHA provides data critical to shaping maternal and child health programs and policies across California. While modeled after the Pregnancy Risk Assessment Monitoring System (PRAMS), MIHA is independently funded and allows for more flexibility in survey design, sample size, and responsiveness to emerging priorities.

MIHA focuses on the 35 counties with the highest number of births, representing 98 percent of all births statewide. The survey uses stratified sampling to ensure robust data across populations, to enable deeper analysis and data-driven decision-making. MIHA staff, trained in maternal and infant health epidemiology, work with subcontracted data collectors to ensure community-informed and high-quality data collection.



Given California's decentralized health system, MIHA plays a key role in supporting local planning and program development. The survey is revised annually in collaboration with academic and community partners, allowing it to remain responsive to current issues. Community and family voices help shape question development and data interpretation, strengthening the connection between community engagement and public health planning.

Recent efforts have focused on integrating community and family voices into the research and reporting process. For example, during the development of a recent spotlight report, MIHA partnered with community members to co-analyze and interpret data. Additional funding was secured to compensate these participants, reinforcing the state's commitment to valuing family and community input. This collaboration emphasizes that meaningful engagement is not just about collecting data but about shifting power and recognizing the expertise that families bring to the table.

Although MIHA is effective in capturing data to inform programming, the team noted challenges in documenting the full impact of family and community engagement. Developing a system to track and communicate the return on investment of these partnerships could help demonstrate their value to funders and agency leadership. The team continues to explore ways to better embed family engagement into all levels of their assessment.

Focus on Massachusetts

Massachusetts developed a family engagement framework through a collaborative effort involving ten other states. However, Massachusetts distinguished itself by partnering with the Department of Elementary and Secondary Education (DESE), integrating community outreach and engagement with a strong public health perspective. This collaboration expanded the framework beyond education, incorporating public health to create a holistic approach. By leveraging the expertise of both educators and public health professionals, Massachusetts created a comprehensive family engagement framework that has since been widely adopted by other Title V staff.



The framework is rooted in creating a common language around family partnerships, which simplifies the process for family leaders and establishes a standardized system for family engagement. Massachusetts continues to promote this model as an effective tool for engaging families, refining best practices based on how the framework has been implemented across different settings. While Massachusetts was not directly involved in evaluating the framework's success, they have observed how integral family partnership has become in its work. Family input is seen as essential, and its value is supported by data, even if formal ROI measurements have not been conducted.

A key aspect of Massachusetts' approach is compensating family partners. This ensures that family voices are not only heard but are prioritized consistently throughout their work. The compensation of family leaders is also a way to standardize their involvement across projects and create a sustainable model for family participation by their standards. This focus on compensation reflects Massachusetts' commitment to making family engagement a core practice, rather than a separate or optional initiative.

Despite the successes of the framework, Massachusetts continues to face challenges in areas for this framework, such as language access, particularly in involving non-English speakers in family engagement efforts. In response, they have expanded their community support line to help in eight additional languages, improving accessibility for populations speaking a variety of languages. Another challenge they face is effectively communicating the value of families to providers, particularly when it comes to planning, hiring, and decision-making. Massachusetts is working to emphasize the importance of family advocates in shaping policies and practices that truly reflect the needs of families.

They find that compensating families for their involvement remains a challenge, with some programs using workarounds that are not sustainable in the long term. Massachusetts is working toward building compensation into standard practice, aiming for future funding opportunities to consistently support family partners. By creating a sustainable model of family engagement, Massachusetts hopes to ensure that these efforts continue to thrive even when individual leaders move on, ensuring ongoing family involvement in shaping programs and policies.

Results

States widely recognize family engagement as a key strategy in program development and service delivery. They are actively working to integrate families into decision-making processes through advisory committees and other collaborative structures. However, despite widespread recognition of its value, there remains a lack of clear methodology to assess the impact of family engagement. While many states have embedded these partnerships into their systems, few have established tools to measure outcomes, support continuous improvement, demonstrate return on investment to stakeholders and funders, or ensure compensation to all the families they partner with.



The family engagement strategies reported by states and territories can be summarized and classified as follows:

Overall Themes

- Framing programs in a family-centered context
- Improving access to family support services
- Care coordination through family-centered approaches
- Collecting data on family program experiences to inform quality improvements in services
- Strengthening family engagement through advocacy training and workforce development focused on family-centered practices
- Partnering with and developing advisory councils led by family and community members
- Providing compensation to families for their time and expertise



Implementation Examples

The family engagement strategies reported by states and territories can be summarized and classified as follows:

FRAMING PROGRAMS IN FAMILY-CENTERED CONTEXT

- The Missouri Bootheel Regional Consortium (MBRC), part of Missouri's Healthy Start program, brings together families, community members, and agencies to address perinatal health issues. MBRC also facilitates a virtual learning community for participants, volunteers, providers, and partners. The Fatherhood Program engages fathers of all ages with education and open forums as well. (MO)
- The Children's Regional Integrated Services System (CRISS) supports the efforts of the California Department of Health Care Services/California Children's Services program to involve families in multiple aspects of policymaking and care for CCS Program clients. (CA)



IMPROVING ACCESS TO FAMILY SUPPORT SERVICES

- The Educating Practices program offers training topics to help pediatric practices and other child and family-serving organizations across Connecticut improve the delivery of child health services. (CT)
- The Maine Parent Federation assists families in navigating the system of services, providing information, referral, 1:1 support, and training to parents of children with disabilities/special health care needs and the professionals that work with Children and Youth with Special Health Care Needs (CYSHCN). (ME)



- The Project Carson program links families with a prenatal or at-birth diagnosis to peer support and helps connect them to relevant services (ND)
-

CARE COORDINATION THROUGH FAMILY-CENTERED APPROACHES

- The Annual Care Coordination Family Survey is administered by the Applied Evaluation and Assessment Collaborative (AEAC) to strengthen the Care Coordination Program. (AL)
 - Through their Family Delegate, an active advocate who draws on personal experiences, they provide advice, education, and promotion of both new and existing family programs. They offer technical assistance and support to Title V services, family engagement initiatives, policies, and strategic planning, participate in the Title V needs assessment, and help build a network of families, community stakeholders, and outreach efforts. (LA)
 - The Community Action and Advisory Teams (CAAT) aim to enhance local healthcare providers' understanding of community needs and priorities. Members collaborate to identify, prioritize, and address these needs, brainstorming solutions and working with external partners to implement them using quality improvement strategies. (LA)
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COLLECTING DATA ON FAMILY PROGRAM EXPERIENCES TO INFORM QUALITY IMPROVEMENTS IN SERVICES

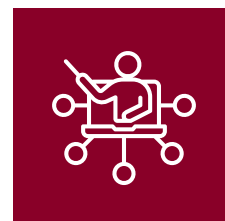
- The National Family Voices Family Engagement in Systems Assessment Tool (FESAT) is used to evaluate Children's Rehabilitation Service (CRS) support for family engagement in systems-level initiatives. Each CRS district then develops a Family Engagement Initiative based on the FESAT results. (AL)
- The Family Network on Disabilities (FND), Florida's Family-to-Family Health Information Center and Family Voices' state affiliate, plays a key role in



gathering youth and family feedback, including through satisfaction surveys distributed via their extensive social media platforms. (FL)

- Family Engagement Surveys were conducted to increase awareness, promote family engagement, assess knowledge and practices, and gather input on how to better support family engagement within Family Health Services Division programs. (HI)
- A parent survey that gauges satisfaction with home visiting services. Parents and consumers serve on advisory boards, including committees for families of children with metabolic disorders and individuals who are hard of hearing. A family liaison ensures ongoing family engagement to inform the work. (ME)
- Inter-Agency Tribal Partners Work Group aims to bring together state agencies, bureaus, offices, and programs working with Tribes, Tribal and Indigenous people serving Organizations to develop a cohesive and collaborative approach for partnering and supporting these communities. (MA)

STRENGTHENING FAMILY ENGAGEMENT THROUGH ADVOCACY TRAINING AND WORKFORCE DEVELOPMENT FOCUSED ON FAMILY- CENTERED PRACTICES



- Family Engagement and Leadership Training (FELT) equips families with the tools they require to actively participate in their own advocacy as well as workgroups, coalitions, committees, and boards related to childhood, systems change, monitoring, and improvement that need a family voice and representation. (AK)
- Parent-to-parent Colorado activities include building the capacity of MCH state staff to engage parents and caregivers of children and youth with special healthcare needs. (CO)

- The CT Family Support Network (CTFSN) provides statewide outreach and tailored education to families on the medical home concept, navigating community service systems, insurance access, and self-advocacy. (CT)
- The CMS Family Engagement Advisory Committee (FEAC) engages with family leaders with experience in CMS program services. The FEAC provides a supportive platform for family leaders to network, share experience, develop leadership skills, and train in community outreach and resource navigation. (GA)

PARTNERING WITH AND DEVELOPING ADVISORY COUNCILS LED BY FAMILY AND COMMUNITY MEMBERS



- Family Voices of California (FVCA) Project Leadership Training-of-Trainers prepares and empowers family members to participate in system-level advocacy to represent the broader needs of CYSHCN and their families. (CA)
- The Youth Alliance of Healthier Alaska (YAHA) partners with the Adolescent Health program, advising on Title V priorities, strategic planning, and program development. YAHA's mission is to integrate youth voices into health initiatives and create interventions to improve adolescent well-being. The group provides feedback on campaigns and offers guidance on various projects and materials. (AK)
- The DC Youth Advisory Council (YAC) was established to promote health and build leadership skills among youth in the District, empowering future leaders and public health professionals. The YAC represents youth on the MCH advisory council and provides the Title V team with insights into the health challenges faced by adolescents. (DC)
- The Young Children's Council (YCC) is an advisory group for the Bureau of



Family Health and Nutrition programs, focusing on early childhood social-emotional wellness and systems building. Several BFHN programs collaborate to create a consistent platform for families to inform early childhood programming. (MA)

PROVIDING COMPENSATION TO FAMILIES FOR THEIR TIME AND EXPERTISE



- Parents serving on section advisory committees can receive a stipend for their time and expertise through a contract with the Family-to-Family (F2F) Health Information Center. (AK)
- Family members volunteer, advise, or are contracted by state Title V MCH programs to provide unique insights and advocate for Arizona's women and families. (AZ)
- Rhode Island partners with committees of families, such as the Parent/Caregiver Advisory Committee (PCAC) and Pregnancy & Postpartum Death Review Committee (PPDRC), to gain their expertise. Members are compensated for their time and insights. (RI)

Reflections

In this assessment of the environmental scan and informant interviews, it is evident that significant efforts are being made to incorporate family voices across multiple systems of operations of Title V. Many of these efforts are centered on training and supporting family leaders not only to advocate for their own needs but also for their community's.

Family engagement continues to serve as a key driver of more effective and responsive programming. By creating opportunities for families to identify

necessary changes and participate directly in a program's design and implementation, then states are working to ensure that services are more closely aligned with the needs of the communities they serve. This community-centered approach ensures that the voices of those most directly impacted by programs are not only acknowledged but are instrumental in shaping their policies and practices.



At the same time, despite a broad recognition of the importance of compensating family partners, there remains room for growth in establishing fair compensation as a standard component of engagement efforts. Some states have clearly defined policies for compensating family members and committee participants for their time and expertise, while others continue to evolve

in this area. Recognizing families as professionals and ensuring fair compensation for their contributions is a critical step toward sustaining long-term, meaningful partnerships.

There also appears to be increasing attention to data collection related to family engagement, including assessments of satisfaction and feedback on how programs can better meet family needs. However, while anecdotal accounts suggest strong value in these partnerships, there is limited quantifiable data to measure the ROI of family engagement in program outcomes. Developing tools and metrics to assess the impact of these partnerships could strengthen the case for their expansion and long-term integration into program strategies.

Conclusion

This report highlights how states are currently conducting and measuring family engagement within their Title V programs, based on the scan of all

59 states and territories, using the Title V Information System (TVIS) Block Grant applications and key informant interviews. While family engagement is increasingly recognized not just as a grant requirement but as a standard quality of practice, challenges remain in both implementation and evaluation. Many states have made progress in embedding family voices into planning and decision-making processes, using a variety of approaches tailored to their unique community needs. However, a consistent challenge is the lack of tools to evaluate the ROI of family engagement efforts. Most data collection currently focuses on family satisfaction, with limited efforts to quantify these partnerships on program outcomes, efficiency, or cost-effectiveness.

Additionally, while compensation for family partners is gaining recognition as a necessary practice, it remains inconsistent and often lacks the sustainable funding and infrastructure needed for long-term implementation. States like Massachusetts and Florida are leading efforts in developing compensation requirements and models, but broader adoption is needed. As states continue to acknowledge the vital role of families in shaping more responsive programs, it is essential to compensate them for their expertise.

Moving forward, Title V should prioritize the development of ROI measurement tools, standardized compensation for family partners, and expand training and support for family leaders. These steps are critical to ensure that family engagement efforts are strengthened, leading to more meaningful partnerships and improved outcomes.

About AMCHP

The Association of Maternal & Child Health Programs (AMCHP) is a national resource, partner, and advocate for state public health leaders who work and support state maternal and child health programs and others working to improve the health of women, children, youth, families, and communities.

AMCHP members come from the highest levels of state government. They include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work and support state maternal and child health programs. AMCHP's membership also includes academic, advocacy, community-based family health professionals, adolescent health coordinators, program managers, epidemiologists, family leaders, people with the challenges AMCHP endeavors to solve, as well as families themselves.

AMCHP builds successful programs by disseminating best practices, advocating on behalf of our members in Washington, DC, providing technical assistance, convening leaders to share experiences and ideas, and advising states to reach our common goal of healthy children, healthy families, and healthy communities.



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