

**DIVISION OF CHILDREN WITH SPECIAL HEALTH NEEDS**

**Family to Family Health Information Center Program  
PERFORMANCE MEASURE DETAIL SHEET SUMMARY TABLE**

<b>Performance Measure</b>	<b>Topic</b>
F2F 1	Provide National Leadership for families with children with special health needs

**F2F 1 Performance Measure**

**Goal: Provide National Leadership for families with children with special health needs**  
**Level: Grantee**  
**Category: Family Participation**

The percent of families with Children with Special Health Care Needs (CSHCN) that have been provided information, education, and/or training by Family-to-Family Health Information Centers.

**GOAL**

To increase the number of families with CSHCN receiving needed health and related information, training, and/or education opportunities in order to partner in decision making and be satisfied with services that they receive.

**MEASURE**

The percent of families with CSHCN that have been provided information, education and/or training by Family-to-Family Health Information Centers.

**DEFINITION**

**Numerator:** The total number of families with CSHCN in the State that have been provided information, education, and/or training from Family-To-Family Health Information Centers.

**Denominator:** The number of families that can be reasonably served with provided federal grant funds.

**Units:** 100

**Text:** Percent

**BENCHMARK DATA SOURCES**

Related to Objective MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems

**GRANTEE DATA SOURCES**

Progress reports from Family-To-Family Health Care Information and Education Centers, National Survey for Children's Health (NSCH), Title V Information System

**SIGNIFICANCE**

The last decade has emphasized the central role of families as informed consumers of services and participants in policy-making activities. Research has indicated that families need information they can understand and information from other parents who have experiences similar to theirs and who have navigated services systems.

## DATA COLLECTION FORM FOR DETAIL SHEET #F2F 1

### A. PROVIDING INFORMATION, EDUCATION, AND/OR TRAINING

The number of families that can be reasonably served with provided federal grant funds: \_\_\_\_\_

**1. The total number of families served is based solely on “one-to-one” service conducted by the F2F.**

a. Total number of families served/trained: \_\_\_\_\_

b. Of the total number of families served/trained, how many families identified themselves as  
*Ethnicity*

1. Hispanic
2. Non-Hispanic

*Race*

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Pacific Islander
5. Native American/American Indian or Alaskan Native
6. Some other Race
7. Multiple races
8. Unknown

c. Total instances of service/training provided (this will be a duplicated count): \_\_\_\_\_

d. Of the total instances of service, how many provided

1. Individualized assistance (Includes one-on-one instruction, consultation, counseling, case management, and mentoring) \_\_\_\_\_
2. Basic contact information and referrals \_\_\_\_\_
3. Group training opportunities \_\_\_\_\_
4. Meetings/Conferences and Public Events (includes outreach events and presentations) \_\_\_\_\_

e. Of the total number of families served/trained, how many instances of service related to the following issues:

1. Partnering/decision making with providers  
Number of families served/trained \_\_\_\_\_
2. Accessing a medical home  
Number of families served/trained \_\_\_\_\_
3. Financing for needed health services  
Number of families served/trained \_\_\_\_\_
4. Early and continuous screening  
Number of families served/trained \_\_\_\_\_
5. Navigating systems/accessing community services easily  
Number of families served/trained \_\_\_\_\_
6. Adolescent transition issues  
Number of families served/trained \_\_\_\_\_
7. Other (Specify): \_\_\_\_\_  
Number of families served/trained \_\_\_\_\_

**2. Our organization provided health care information/education to professionals/providers to assist them in better providing services for CSHCN.**

a. Total number of professionals/providers served/trained: \_\_\_\_\_

- b. Total instances of service/training provided (this will be a duplicated count): \_\_\_\_\_
- c. Of the total number of professionals/providers served/trained, how many instances of service were used to provide health care information/education related to the following issues:
1. Partnering/decision making with families  
Number of professionals/providers served/trained: \_\_\_\_\_
  2. Accessing/providing a medical home  
Number of professionals/providers served/trained: \_\_\_\_\_
  3. Financing for needed services  
Number of professionals/providers served/trained: \_\_\_\_\_
  4. Early and continuous screening  
Number of professionals/providers served/trained: \_\_\_\_\_
  5. Navigating systems/accessing community services easily  
Number of professionals/providers served/trained: \_\_\_\_\_
  6. Adolescent transition issues  
Number of professionals/providers served/trained: \_\_\_\_\_
  7. Other (Specify): \_\_\_\_\_  
Number of professionals/providers served/trained: \_\_\_\_\_
3. Our organization conducted communication and outreach to families and other appropriate entities through a variety of methods.
- a. Select the modes of how print/media information and resources are disseminated. (Select all that apply).
- Electronic newsletters and listservs
  - Hardcopy
  - Public television/radio
  - Social media (Specify platform): \_\_\_\_\_
  - Text messaging
4. Our organization worked with State agencies/programs to assist them with providing services to their populations and/or to obtain their information to better serve our families.
- a. Types of State agencies/programs - Total: \_\_\_\_\_
- b. Indicate the types of State agencies/programs with which your organization has worked:
- a. State level Commissions, Task Forces, etc.
  - b. MCH/CSHCN
  - c. Genetics/newborn screening
  - d. Early Hearing Detection and Intervention/Newborn Hearing screening
  - e. Emergency Medical Services for Children
  - f. LEND Programs
  - g. Oral Health
  - h. NICHQ Learning Collaboratives
  - i. Developmental Disabilities
  - j. Medicaid (CMS),SCHIP
  - k. Private Insurers
  - l. Case Managers
  - m. SAMHSA/Mental & Behavioral Health
  - n. Federation of Families for Children's Mental Health
  - o. HUD/housing
  - p. Early Intervention/Head Start
  - q. Education
  - r. Child Care

- s. Juvenile Justice/Judicial System
- t. Foster Care/Adoption agencies
- u. Other (Specify): \_\_\_\_\_
- v. None

**B. MODELS OF FAMILY ENGAGEMENT COLLABORATION**

**1. Our organization served/worked with community-based organizations to assist them with providing services to their populations and/or to obtain their information to better serve our families.**

a. Types of community-based organizations - Total: \_\_\_\_\_

b. Indicate the types of community-based organizations with which your organization has worked:

- Other family organizations, groups
- Medical homes, providers, clinics
- Children's hospitals
- American Academy of Pediatrics Chapter
- Hospitals - Residents, hospital staff training
- Hospitals - Other: \_\_\_\_\_
- Universities - Schools of Public Health
- Universities - Schools of Nursing
- Universities - Schools of Social Work
- Community Colleges
- Schools
- Interagency groups
- Faith-based organizations, places of worship
- Non-Profits, such as United Cerebral Palsy, March of Dimes, etc)
- Ethnic/racial specific organizations
- Community Teams
- Other (Specify): \_\_\_\_\_
- None

**2. Family-to-Family Health Information Center goals/objectives were accomplished through formal and informal partnership strategies and practices.**

a. Number of agreements with partners (from partners identified in items 3 and 4). Total \_\_\_\_\_

b. Indicate the type of partnership agreements that were in place during the reporting period:

- Subcontract
- Memorandum of Understanding/Agreement
- Letter of Invitation/Acceptance/Support
- Informal/Verbal Arrangement
- Other (Specify): \_\_\_\_\_

**9. Our organization is staffed by families with expertise in Federal and State public and private health care systems.**

a. Number of Family-to-Family FTE \_\_\_\_\_

b. Number of FTE who are family/have a disability \_\_\_\_\_