

Youth Engagement

About Technical Assistance Briefs. The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues that affect women, infants, children, adolescents, youth, families, and communities. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMs from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

Sample Measures

Sample ESMs developed by Title V agencies. These ESMs have been chosen by other states. You can review the ESMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs to serve your needs.

State	ESM
HI	Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits.
AZ	Number of youth advising state initiatives.
AZ	Percent of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice.
AK	Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training.
TX	Percent of youth reporting "sometimes" or "often" to the presence of a caring adult in their lives.
AR	Number of school personnel, partners, and community members participating in Youth Mental Health First Aid (MHFA) trainings.
OR	Completion of environmental scan of youth serving agencies.
OR	Completion of environmental scan of youth serving agencies.
TN	Number of youth with special health care needs trained as mentors.
OK	The number of adolescents trained on Teen Pregnancy Prevention/Positive Youth Development curriculum.
NY	Percent of youth-serving programs that engage youth, particularly youth representative of populations impacted by health disparities, in program planning and implementation.

Sample SPMs developed by Title V agencies

State	SPM
AL	Strengthen and enhance family/youth partnerships, involvement, and engagement in advisory groups, program development, policymaking, and system-building activities to support shared decision making between families and health-related professionals.
DC	Promote the retention of youth participating in tailored adolescent health programming, including the Youth Advisory Council and Positive Youth Development curriculum.
IN	Number of youth served with a Positive Youth Development curriculum, ages 10-18.
IN	Engage families and youth with diverse life experiences to improve MCH services.
LA	Organizational commitment to family engagement in systems change.

MA	Percent of Title V programs that offer compensated family engagement and leadership opportunities.
TN	Percent of youth reporting with increased knowledge on transition resources and services.
TN	Percent of youth leaders participating in advisory councils providing resources to other youth.
VT	Percent of MCH programs that partner with family members, youth, and/or community members.
VA	Develop and sustain the Virginia Department of Health Youth Advisory Program.
VA	Percentage of VDH CYSHCN programs that annually demonstrate active incorporation of family engagement (i.e., Care Connection for Children, Child Development Centers, Bleeding Disorders Program, Sickle Cell Program).
WI	Percent of performance measures with family, youth, and community engagement embedded into program and policies.

Sample State Priorities developed by Title V agencies

State	Priorities
AL	Increase family and youth involvement and participation in advisory groups, program development, policy-making, and system building activities.
AS	Improve systems of care for children and youth with special health care needs
AZ	Strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special health care needs
CA	Enhance strengths, skills and supports to promote positive development and ensure youth and healthy and thrive
CA	Increase engagement and build resilience among CYSHCN and their families
CO	Promote positive child and youth development
CT	Supports to address the special health care needs of children and youth
DC	Enhancing positive youth development for adolescents to decrease high-risk behaviors
IL	Assure access to a system of care that is youth-friendly and youth-responsive to assist adolescents in learning and adopting healthy behaviors
IL	Convene and collaborate with community-based organizations to improve and expand services and supports serving children and youth with special health care needs
IN	Engage families and youth with diverse life experiences to inform and improve MCH services
LA	Partner with families, youth, and communities at all levels of systems change
MA	Engage families, fathers, and youth with diverse life experiences through shared power and leadership to improve maternal, child, and family health services
OR	Stable and responsive relationships; resilient and connected children, youth, families and communities
TX	Increase family support and ensure integration of family engagement across all MCH programming
VA	Community, family, & Youth Leadership: Provide dedicated space, technical assistance, and financial resources to advance community leaderships in state and local maternal and child health initiatives
WA	Optimize the health and well-being of adolescent girls and adult women, using holistic approaches that empower self-advocacy and engagement with health systems

Evidence-Based Strategies: MCHBest database

Title	Measure
Collaborative Care for the Management of Depressive Disorders	Mental Health Treatment
Community Engagement and Involvement	Childhood Vaccination with MMR, Flu, and HPV
Community Schools	Adult Mentor
Culturally Competent Approaches	Mental Health Treatment
Culturally Competent Care and Language Services	Medical Home: Usual Source of Sick Care
Focused Interventions to Address Disparities	Mental Health Treatment
Holistic and Community-Based Approaches	Mental Health Treatment
Parent and Family Involvement	Mental Health Treatment
Youth Empowerment Programs	Tobacco Use
Youth Engagement and Peer Support Programs	Mental Health Treatment

Evidence-Based Strategies: Innovation Hub

Title	Category
Youth and Family Services Boys Health Program	Best
Oregon Youth Transition Program	Best
Getting to “Y”: Youth Bring Meaning to their Youth Risk Behavior Survey	Best
Rhode Island Department of Health Internship Program for Youth with Special Healthcare Needs	Promising
VCHIP- Youth Health Improvement Initiative	Promising
Youth Advisory Council	Emerging
Date to Dream Youth: Leadership Development Initiative	Emerging
Standard of Compensation for Youth and Family Partners on Research Teams	Emerging

Evidence-Based Resources

- [MCH Best Strategies Database](#)
- [Full TA brief on community engagement](#)
- [Full TA brief on Social Media and Adolescent Mental Health](#)
- [Full list of TA briefs](#)
- [Engaging youth with special health care needs and families of children with special health care needs: recommendations for Medicaid agencies](#)
- [A resource to help researchers and funders understand indigenous children, youth, and families](#)

Youth Engagement TA Brief

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Access other resources at <https://www.mchevidence.org>

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