

FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS (F2Fs)

- The Maternal and Child Health Bureau (MCHB) administers a grant program to fund one Family-to-Family Health Information Center (F2F) in each state and the District of Columbia.
- Family-to-Family Health Information Centers (F2Fs) –
 - help families of children/youth with special health care needs (CYSHCN) learn how to navigate the complex health care system, advocate for their children, and make informed choices about health care in order to promote good treatment decisions, cost-effectiveness and improved health outcomes.
 - work with families, youth, and health care providers to help youth with special health care needs transition to adult services and independence.
 - provide training and assistance to health care providers and public agencies to promote family-centered, culturally competent, and linguistically appropriate care and medical homes for CYSHCN.
 - work to engage families and youth in efforts to improve the health care system.
- F2Fs are staffed by families of CYSHCN who have extensive personal experience and professional training in accessing and financing health care for CYSHCN.
- Each F2F receives less than \$95,000 per year to serve its entire state. Despite their shoestring budgets, F2Fs provided information, training and/or assistance to nearly one million families and over 350,000 health professionals in 2016.
- The F2F grant program was established with bipartisan support by the Family Opportunity Act, part of the Deficit Reduction Act of 2005. It is currently funded through FY 2017 at the level of \$5 million per year. (No appropriations are necessary.)
- The CHAMPIONING HEALTHY KIDS Act (H.R. 3922), as approved by the House on November 3, 2017, would extend F2F funding through FY 2019, at \$6 million per year, and allow grants to be awarded for US territories and Indian tribes.

Background Information

- Throughout the US, there are over 14 million children and youth with special health care needs (CYSHCN), constituting over 19 percent of the child population. More than one in five households with children has at least one child with special health care needs. Out of insured CYSHCN, 34.3 percent have families who report their insurance is inadequate to meet their needs.
- It is very difficult for families to figure out how to finance their children's care, given the great expense and complexity of potential funding sources – private insurance, Medicaid, CHIP, state Maternal and Child Health programs, the school system – each with different eligibility and coverage criteria.

For national and state-specific information about F2F HICs, see http://www.fv-ncfpp.org/f2fhic/about_f2fhic/ or contact Janis Guerny (202-669-5233 / jguerny@familyvoices.org)

Family Voices is an organization of and for families whose children have special health care needs.

www.familyvoices.org

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The Value of Family-to-Family Health Information Centers

Imagine a family that is suddenly confronted with a severely premature baby, who is likely to have multiple health problems or disabilities, or discovers that their child needs a kidney transplant, or has autism, diabetes, epilepsy or a serious mental illness. They are likely to be at a loss for information about how to get the best treatment for their child –how to find the right specialists, therapists, or caretakers – and how to pay for that costly care (autism therapies, private-duty nursing, and medications, for example, can cost tens of thousands dollars per year).

When a family receives help from a Family-to-Family Health Information Center, they can get this vital information, emotional support, and help in finding ways to get their costs covered. Your state's Family-to-Family Health Information Center can provide examples of how they have helped families in one or more of these ways.

This assistance:

- (1) improves health outcomes for kids;
- (2) reduces government health care spending (i.e., to Medicaid, public clinics, public hospitals) or costs to the health system in general (e.g., to families, insurance companies) by ensuring that children get timely and appropriate care;
- (3) reduces government education spending (i.e., where early intervention helps to avoid or reduce the need for special education);
- (4) enables families to get care for their kids without having to face bankruptcy or spend all their college funds or retirement savings;
- (5) enables parents to continue to work (e.g., because they can get nursing care for their child); and/or
- (6) keeps children out of costly and psychologically harmful institutional care.

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