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September 25, 2017

Steven T. James  
House Clerk  
State House Room 145  
Boston, MA 02133

William F. Welch  
Senate Clerk  
State House Room 335  
Boston, MA 02133

Dear Mr. Clerk,

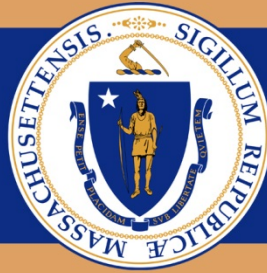
Pursuant to Section 16F of Chapter 6A of the Massachusetts General Laws, the attached plan details how the Department of Public Health intends to provide flexible supports to families and individuals with disabilities and chronic illnesses.

Sincerely,

Monica Bharel, MD, MPH  
Commissioner  
Department of Public Health

**Charles D. Baker**  
Governor

**Karyn Polito**  
Lieutenant Governor



**Marylou Sudders**  
Secretary

**Monica Bharel, MD, MPH**  
Commissioner

# **Massachusetts Department of Public Health Annual Family Support Plan**

**A Plan to Support to Individuals with Disabilities and  
Their Families - Fiscal Year 2018**

**September 2017**





## Massachusetts Department of Public Health Annual Family Support Plan - Fiscal Year 2018

### ***Background***

The Mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury and premature death; to assure access to high quality public health and health care services; and to promote wellness and health equity for *all* people in the Commonwealth.

DPH programs, services, and educational initiatives are designed to address social determinants of health, i.e., “the conditions in which people are born, grow, live, work, and age, which contribute to health inequities”; and to recognize and strive to eliminate health disparities between populations in Massachusetts wherever they may exist. DPH works to prevent disease and disability and reduce the impact on individuals and society of preventable health conditions and secondary effects.

Within DPH, the Bureau of Family Health and Nutrition (BFHN), is home to many programs serving children and youth and their families including the Massachusetts Maternal & Child Health (MCH) Title V Division for Children & Youth with Special Health Needs (DCYSHN). The DCYSHN provides services and supports to children & youth with disabilities and their families and was given the responsibility for developing the DPH Family Support Plan as mandated by **Chapter 171 of the Acts of 2002: An Act Providing Support to Individuals With Disabilities and Their Families**. Since the passage of Chapter 171, the Bureau has examined existing programs annually to assess their level of meaningful family involvement. This is done by soliciting family/consumer input and used to increase the degree to which programs and services can become more responsive and family-directed and provide more flexible supports. This work, which is on-going, is entirely consistent with the Title V philosophy of meaningful and sustained family involvement in all aspects of policy development and program planning.

### **Overview of Family Support**

DPH has a long standing commitment to effective, collaborative partnerships with families, and works to ensure that programming is responsive to needs identified by families/consumers. To ensure that this commitment is realized, DPH employs a broad definition and multi-faceted approach to Family Support,

starting from a commitment to Family-Centered Care, a core component of maternal and child health which is defined by the Maternal and Child Bureau as:

*"Family-Centered Care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice which results in high quality services."* MCHB 2005

In addition, DPH provides a variety of flexible family-identified supports, ranging from a small amount of funding that individual families can use as needed, to skill building opportunities that assist families to become confident, well-informed, active partners in their own children's health as well as in policy development and systems enhancement. DPH programs provide information and referral to resources to assist families in the care of their children with special health needs and offer opportunities for family to family support and networking, recreational activities and assistance with accessing community resources.

At DPH, Family Support activities are primarily housed within BFHN's Divisions of Early Intervention (EI) and Children & Youth with Special Health Needs (DCYSHN) and are overseen by the Director, Office of Family Initiatives (OFI) which is a senior management position within BFHN. The Director's responsibilities include:

- Ensuring that all staff are aware of, receive information about and know how to work in partnership with families;
- Ensuring that all Bureau initiatives include families/consumers in planning and monitoring activities;
- Developing new and ongoing opportunities for family involvement;
- Providing training, mentoring, financial and other supports to families partnering in planning, policy making and program implementation;
- Identifying and sharing emerging issues for CYSHN and their families;
- Representing BFHN and its commitment to family-centered services in interagency initiatives;
- Representing BFHN and its commitment to family-centered services with other organizations on the state and national level; and
- Providing the "family voice", both personally and via inclusion of other family members and family organizations, in Bureau and Department activities.

***Process for obtaining "substantial consultation" from families regarding flexible support needs***

Substantial consultation to inform the DPH, Family Support plan for FY18, was gathered in a variety of ways. As a program funded by the MCHB Block Grant, the Title V program is mandated to conduct a comprehensive, state-wide Needs Assessment every five years and to update it on an annual basis. In addition to information obtained for the 2015 MCH Block Grant submission, DCYSHN fielded a Family Needs questionnaire in the spring of 2017. This process began in March at the annual Federation for Children with Special Needs Conference,

“Visions of Community” attended by over 900 families and providers. The questionnaire was available in hard copy (attached) and on-line in English, Spanish and Portuguese. Links to the questionnaire were posted to the Family TIES and Early Intervention Parent Leadership Project websites, on the DCYSHN Facebook page, the Massachusetts Family-to-Family Health & Information Center’s list serve and sent to care coordination and Family TIES clients. DCYSHN staff reached out to physicians, health centers and colleagues at community agencies to help broadly disseminate the survey. OFI staff who are all parents of CYSHN and connect with families on the local level advised about the unmet needs and emerging issues they heard from families. In all, DCYSHN had a robust response receiving 184 completed surveys.

Other DCYSHN program staff include questions about services and supports in their regular contacts with families and in their individual program evaluation efforts. The methodology outlined above ensures that consultation reflects the geographic, linguistic, ethnic, cultural and socio-economic diversity of the state. Families were provided with a list of all DCYSHN programs and asked about their knowledge of these programs, their healthcare and health-related needs, and whether services and supports are delivered in a family-centered, family-directed way. Individuals completing the questionnaire were asked what DPH/DCYSHN could do to address unmet needs. Each survey included opportunities for comment. Respondents were offered the opportunity to become advisors to the DCYSHN and to request additional information about any of the topic areas.

As occurs each time this survey is disseminated, the foremost unmet need reported is access to up-to-date, user-friendly, on-line information about resources, programs, services and supports.

- ***“One place for information about DCYSHN services that I could look at whenever I had time would be great.”***
- ***“Please make information about services and eligibility criteria transparent and easy to find.”***
- ***“It’s 3:00 AM and I finally have time to look for resources. I wish they were available when I need them.”***

Another recurring theme was the need for increased awareness of the DCYSHN programs, resources and supports. Respondents asked why they didn’t hear about the Program from their health care providers and school nurses.

- ***“It would have been very helpful if my pediatrician had told me there were state programs that could help.”***
- ***“I didn’t know there was financial assistance available until I heard it from another parent.”***
- ***“I’m excited to let other families know there is such a thing as premium assistance. I wish I’d learned about this resource years ago.”***

A number of respondents suggested that it would be very helpful to learn about available programs and supports from their early intervention programs as they transition out.

- ***“I had three years of terrific support from EI and then all of a sudden, I was on my own.”***
- ***“My son was six before I knew about DCYSHN. Too bad my EI provider didn’t give me that information.”***

Another frequent theme that arises from the substantial consultation is the need for assistance in coordinating services from multiple providers and agencies. Families want to know about how care coordination works, who gets it, why and how.

Each year, DCYSHN staff review family responses to the Chapter 171 survey and determine activities that address the unmet and under-met needs families identify. In FY17, many families reported feeling unsupported when they left the NICU with their medically complex babies. A collaboration between the division’s Care Coordination and Community Support Line programs resulted in visits and or contacts with six of the 10 NICUs in Massachusetts. Multiple and on-going efforts have been made to connect with the other four. In meetings with nurse managers, social workers and discharge planners, DCYSHN staff shared information and resource packets that could be given to families and encouraged NICU staff to have families contact the Program for information and support.

In addition, as part of a Maternal & Child Health Bureau Systems Integration Grant, work continued on a Shared Resource – an on-line, user friendly website with current resources and supports that can be accessed at any time. It is anticipated that this Shared Resource will be completed and go live in the fall of 2017.

### ***Focus Areas***

In FY18, DPH/DCYSHN will focus Chapter 171 activities in four primary areas.

- Completion of the Shared Resource will be the first priority and will result in an on-line, accessible, interactive data base of resources. The database is currently in the testing phase. DCYSHN in partnership with Index, a program of the Eunice Kennedy Shriver Center at the University of Massachusetts Medical School is working to finish, launch and promote this critical resource as quickly as possible.
- The Division will work with the Massachusetts Part C Early Intervention program to ensure that all local EI programs will know and share information about the many DCYSHN programs and supports available to families after they leave EI. All EI programs will receive DCYSHN brochures and instructions from Part C leadership about how and when to distribute them.
- Using existing relationships with the School Nurse program at DPH, DCYSHN will provide information about the Program to school nurses with the goal of

increasing their knowledge of the program and provide them with materials to share with families.

- The Division will continue work with the Massachusetts Chapter of the American Academy of Pediatrics, Committee for Children & Youth with Special Health Care Needs to increase their members' awareness of the Division programs and resources. As requested, materials and resources will be shared with pediatricians.

## **Family Empowerment and Family Leadership Development Activities**

### *Current and On-going Activities:*

At DPH, family empowerment and family leadership activities are integrated and are offered in the following ways:

- Participation in policy development, program planning, implementation and evaluation coupled with skill building opportunities that assist families/consumers to confidently and effectively participate.
- Participation in the MCH Block Grant process, from needs assessment to priority setting, to implementation and evaluation.
- The Early Intervention Parent Leadership Project (EIPLP). This parent designed and staffed project reaches families whose children are enrolled in EI offering skill building for leadership and lifelong advocacy skills development. Through the EIPLP, DPH offers a variety of opportunities that assist families to take on roles across the early childhood and special health needs systems of care. Parents are encouraged and supported to partner with their own EI programs, at regional early childhood events; on the state level as advisors to the DPH; as members of the federally mandated Interagency Coordinating Council (ICC) and nationally to share information about Massachusetts and to learn and bring home information from other states about ways that families can impact and help define and improve services systems.
- Family TIES (Together in Enhancing Support), a program of the Federation for Children with Special Needs, funded by and in collaboration with DPH is the statewide Information and Referral network for families of CYSHCN and their providers. Family TIES staff, all of whom are parents of children with special health needs, are located in each of the DPH regional offices which give them familiarity with local resources. Family TIES also serves as the Massachusetts Parent-to-Parent program, an affiliate of P2P USA, connecting families with similar life circumstances and as the Early Intervention Central Directory. Families who access services from Family TIES are offered opportunities to become advisors to DPH and to take on roles within DPH programs and other public policy venues. Training, mentoring and financial support is available to these families.
- Family Leadership Training Institute – a fourth series in 2017 offered 15 emerging family leaders an intensive opportunity to grow skills that support them to participate in systems change activities.

- Care Coordinators, Community Support Line and Family TIES staff guide families through service systems and support them to learn about public benefits and programs, eligibility requirements and "who to call," as they navigate systems of care.
- Collaboration with other family organizations such as the Federation for Children with Special Needs, Mass Family to Family Health Information Center, PPAL and Mass Families Organizing for Change to share emerging issues, training and skill building opportunities.

Families are regularly surveyed about support and training needs and best uses of flexible funds through the Office of Family Initiatives, Community Support, Care Coordination and Regional Consultation Programs. These programs also provide training and skill building opportunities for families to grow their knowledge of systems of care and their leadership and advocacy skills.

*New Initiatives:*

- Complete and promote an interactive, searchable on-line resource for families, providers and the community.
- Support families to share information about DCYSHN and DPH with their primary care practices.
- Run another session of the Family Leadership Training Institute and target families from diverse communities as trainees.

**Family Support Resources and Funding**

*Current and On-Going Activities:*

Family support activities continue to focus on skill building and leadership development at the community level, production and dissemination of informational materials, assistance in forming local support groups and expansion of the statewide Parent-to-Parent program. This program trains volunteer parents to offer telephone support to families with similar life experiences. This year, 107 Parent-to-Parent matches have been completed. **"Listen and Learn"** the training program for mentor parents is available in Chinese, Vietnamese, Haitian Creole, Portuguese and Spanish. Currently there are 488 trained support parents of whom 105 (22%) can offer support in the languages listed above. DCYSHN direct service staff provides information about and referral to resources, public benefits and navigating the health care system. Materials developed in response to previous substantial consultation from the Chapter 171 Plan, including a brochure, **"A Bridge to Adult Health Coverage and Financial Benefits"**; medical home fact sheets for families available in six languages and a **Guide to Using Health Information on the Internet** continue to be distributed. In 2016, a website to support families, youth and providers around health transition was launched: [www.mass.gov/dph/youthtransition](http://www.mass.gov/dph/youthtransition). The website contains checklists, tip sheets, training curricula and links to a number of useful transition resources. There have been 1300+ visits in FY17.



When families need information and support from other agencies, staff assists them to identify which agency would have primary responsibility for their presenting issue and facilitates connections with these agencies.

BFHN maintains a toll free Community Support Line available to families of CYSHN and their providers. In FY 17, the Line received 731 calls of which 360 (49%) were from families. Social workers on the line offer information about statewide resources, public benefits, and other DPH programs and make referrals to Care Coordination for eligible families. An additional toll-free line staffed by Family TIES Parent Coordinators provides information about local and community resources and responded to over 3,017 calls from families in FY16. This includes 325 parents (11%) for whom English is not their first language.

### **Down syndrome**

In accordance with Chapter 126 of the Acts of 2012, which named DPH to provide families receiving a pre or post-natal diagnosis of Down syndrome, "up-to-date evidence-based, information for providers and families," DCYSHN continues to work in collaboration the Mass Down Syndrome Congress to share information, monitor and update the website of resources at [www.mass.gov/dph/downsyndrome](http://www.mass.gov/dph/downsyndrome)  
The website had 938 visits through March of 2017.

### **Early Intervention**

Family support initiatives are provided by six statewide Early Intervention Regional Consultation Programs (RCPs). In FY17, \$268,323 was allocated for respite and family support with 591 requests for respite and family support approved (\$454 average per request). RCP staff provides training and on-site consultation to center-based and family child care programs and to public preschools to support the inclusion of children, ranging from birth to age 5 with complex medical needs. The Early Intervention Parent Leadership Project collaborates with the RCPs to provide socialization and networking opportunities for families whose children have complex medical needs.

### **Other DCYSHN Programs**

MASSTART (Massachusetts Technology Assistance Resource Team) is a program in which DPH contracts with agencies across the state to provide consultation to school personnel and families to support the inclusion of children assisted by medical technology in public schools.

MassCARE (Massachusetts Community AIDS Resource Enhancement) provides medical, care coordination and family and youth supports and training to individuals living with or affected by HIV-AIDS.

The Universal Newborn Hearing Screening Program (UNHS) made 2,831 calls and sent 721 letters to families whose children either did not pass or missed their initial hearing screening or diagnostic center appointments. Of 181 infants diagnosed with hearing loss, 153 or 84.5% of them were enrolled in Early Intervention.

An MOU (Memorandum of Understanding) allows DPH to connect families to the Mass Commission for the Deaf and Hard of Hearing (MCDHH) which is able to provide additional supports. The UNHS Program employs a parent of a young child with hearing loss as a parent consultant. This consultant makes personal contact with every family whose child receives a diagnosis of hearing loss to offer family-to-family support and information about community and statewide resources. In FY17, 52,833 brochures in 13 languages, as well as 233 English and Spanish Parent Information Kits were distributed to families and providers.

The UNHS Program has a strong focus on family support activities. In FY17, the Program hosted five in-person events across the state. The UNHS Program works closely with the Office of Family Initiatives and its Family TIES Program to provide parent-to-parent support. There are currently 15 parents of children with hearing loss trained to be Mentor Parents in the Parent-to-Parent Program.

The Pediatric Palliative Care Program (PPCN) provides services to children with life-limiting conditions and their families. In FY17, 417 children and their families received palliative care services including, pain and symptom management, case management, respite, complementary therapies and bereavement care. The PPCN began recruitment of families to form a Family Advisory Council for the program.

### **Flexible Funding**

In addition to these programs and services, the DPH is able to make some flexible funding available to families to address medical and other health-related needs not covered by other sources. Special funds help eligible families purchase (among other things) hearing aids, medications, assistive technology, respite services, home and vehicle modification and reimbursement for travel expenses incurred for the care of their children with special health needs. Funds are disseminated through DPH vendors and in some cases from DPH directly to families. In FY17, 1,200 children and families received \$1,966,045 in funding from the Catastrophic Illness in Children Relief Fund (CICRF), Care Coordination Family Support, RCP respite and family support funding and the Hearing Aid Program for Children. \$100,000 was allocated for family involvement activities across the Bureau including participation in focus groups, proposal reviews, as trainers, community-based projects, attendance at conferences and other skill building opportunities and as participants in the Family Leadership Training Institute.

#### *New Initiatives:*

- Currently 246 families have indicated an interest in serving as advisors to DPH. In FY18, efforts will be pursued to identify as many opportunities as possible for these individuals to share their experience and expertise.

### ***Accessing Services and Supports***

### *Current and Ongoing Activities:*

The Department utilizes a number of strategies to educate families/consumers about availability of and access to services. Some of these include public service announcements, Early Intervention Child Find, dissemination of Medical Home fact sheets for families and providers, program specific newsletters such as EIPLP's **Parent Perspective** and the MassCARE newsletter. All staff present regularly at conferences and to community groups. The Universal Newborn Hearing Screening Program (571 likes), CYSHN Program (743 likes) and the EIPLP (565 likes) have active Facebook pages which post articles, ideas and links to local, statewide and national sites with interesting and helpful resources for families whose children have special health needs. CICRF, Community Support Line, Family TIES, Care Coordination and Pediatric Palliative Care staff reach out to hospitals, schools and community settings where individuals with disabilities and their families receive services. These programs work together regionally to ensure that family needs are met. The DPH Public Benefits Specialist provides training to families and providers across the state and offers technical assistance through a toll-free number and at in-person trainings. In FY17, 75 parents received personalized TA and training from this Specialist. Community Support Line, Family TIES and EIPLP all maintain toll free numbers. Family TIES and EIPLP also host web-sites and list serves. Family TIES distributed 2,000 Resource Directories and 11,300 project brochures in English, Spanish and Portuguese last year. Six editions (three hard copy and three electronic) of the **Parent Perspective** have been distributed to over 19,000 families and professionals. These materials are available for download on Project websites.

DCYSHN program information, including the Family Support Plan is available on-line at [www.mass.gov/dph/specialhealthneeds](http://www.mass.gov/dph/specialhealthneeds). This site has had 4384 visits through March 2017. CYSHN Program brochures and magnets which have contact information are widely disseminated and available in English, Portuguese and Spanish. There is interactive capability on the DPH website and on BFHN project sites for families to offer feedback and suggestions.

### *New Initiatives:*

- Work with the Mass Chapter of the AAP, Committee on CYSHCN to raise awareness of the Division among pediatricians.
- Increase number of communications from EIPLP to families and providers.
- Distribute DCYSHN brochures through EI programs.
- Distribute information about DCYSHN through school nurses.

## **Culturally Competent Outreach & Support**

### *Current and Ongoing Initiatives:*

Collaboration with the Office of Health Equity (OHE) is ongoing within the DCYSHN. OHE provides resources and technical advice on the application of the

national CLAS (Culturally & Linguistically Appropriate Services) standards to ensure that programs are able to integrate and use the standards effectively (<http://www.mass.gov/eohhs/docs/dph/health-equity/clas-intro.pdf>). The OHE also provides guidance and support on principles, policies, and tools for language access and disability issues, including access to the Health and Disability Partnership, DPH's statewide advisory board on disability issues. Materials about all programs for individuals with special health needs and their families are available in a variety of languages, including but not limited to: Spanish, Portuguese, Haitian Creole, Russian, Cambodian and Vietnamese. All programs have staff with multiple language capability and have access to interpreters, including ASL and tactile interpreters for Deaf/Hard of Hearing and blind individuals. Whenever possible, DPH hires and/or contracts with individuals who are bilingual, bicultural and familiar with the culture and customs of families who utilize our programs. Outreach initiatives, designed to build relationships and reduce health disparities take place with community-based organizations where ethnically, linguistically and culturally diverse individuals and families receive services and are comfortable. These include community health centers, WIC offices and family organizations. The Family TIES Project contracts with native Spanish and Portuguese speakers to respond to requests for information and referral, and Parent-to-Parent matches. As part of a major focus on outreach to underserved groups, Family TIES staff works with a number of community based organizations, including, but not limited to; the Somali Development Centers in Holyoke and Boston, SCAN 360 serving the Hispanic population in Springfield, the Vietnamese Community Centers in Boston and Worcester, MAPS serving Portuguese speaking families and the Haitian Community Center in Boston. This is an opportunity to share information about community resources and the availability of flexible family supports. In FY17, Family TIES staff continued targeted outreach to under-served populations to offer information about the Medical Home approach to care.

As a priority in the 2015 Maternal & Child Health Block Grant process, a commitment to racial justice and health equity was made. Over the last year, multiple training opportunities have been made available within BFHN & BCHAP first to leadership and then to staff more broadly to support them to understand the foundations of racial inequities and to strategize about how to apply this knowledge to our work.

The NCSEAM Family Survey was made available in Haitian Creole, Portuguese and Vietnamese in addition to English and Spanish. In calendar year 2016, 4,750 Surveys were completed and returned. These included 1,075 in Spanish and 69 in the three other languages available.

The EIPLP hosts families to attend the annual Massachusetts Early Intervention Consortium Conference. Last year, 83 families attended the conference and 150 individuals; parents, children and grandparents attended the annual Parent Dinner. The Project has a strong focus on recruiting families from diverse communities.

Specific training about organizing complex and multiple records, emergency

preparedness and building community and Parent-to-Parent support are available in Spanish, Portuguese, Chinese and Vietnamese. The EIPLP newsletter parent articles and updates on the EI Family Survey are translated into Spanish in each edition. DCYSHN programs continued to utilize telephonic language lines provided by the department.

*New Initiatives:*

- Launch a Bureau-wide initiative to gain support for and expand awareness, discussion, and practice in tools for racial justice work.
- Continue outreach to individuals from diverse cultural, ethnic and linguistic communities to share information about DPH/DCYSHN programs and resources.
- Identify strategies and supports needed to encourage families from these communities to access skill building to grow leadership skills and opportunities to advice.

**Interagency Collaboration**

*Current and On Going Activities:*

- Continue and expand project with EI, EOE and DESE to assign, with parental consent, SSAID, (State Assigned Student Identifier) numbers at EI programs for data sharing to track and evaluate educational and developmental outcomes for children in Early Intervention and the public schools.
- Continued work on State Systemic Improvement Plan (SSIP) for Early Intervention services with a focus on improving social and emotional well-being of children served in EI.
- Completion of year three of an MCHB **State Systems Integration Grant for Enhancing the System of Services for Children with Special Health Care Needs**, in collaboration with multiple agencies and organizations including EOHHS, Mass Health, the Family-to-Family Health Information Center at the Federation for Children with Special Needs, Mass Chapter of the AAP, Mass League of Community Health Centers, Commonwealth Medicine at U Mass Medical Center and others.
- Complete Year Three work focused on implementation of shared plans of care for CYSHCN, piloting a common feedback form between EI and primary care referral sources, and the development of a Shared Resource to expand access to current, interactive resources.
- Completion of an MCHB Workforce Development Grant with mission, goals and activities across multiple agencies to strength the integration of behavioral health into primary pediatric care practices.
- Participation in the Birth to Grade 3 Executive Committee and Advisory with EOE, ESE, EEC, Department of Higher Ed and Strategies for Children which serves as a conduit of information to the field for cross-sector entity of all three Education agencies and DPH; ensure that information related to our joint initiatives, policies, resources make their way upward in our agencies and that communities have opportunity to inform these efforts.

- Participation on the State Special Education Advisory Board to share information about children with special health needs in public schools.
- Collaboration with the Office of Refugee and Immigrant Health to support children and youth with special health needs from culturally and linguistically underserved populations.
- Interagency Coordinating Council, a federally mandated council that advises and assists the DPH as lead agency for the MA Early Intervention System in planning, implementation and evaluation of EI services. The ICC is made up of family members of children who receive or have received EI, representatives from state agencies, early intervention programs, higher education, and other interested organizations serving young children and their families.
- Collaboration with the Mass Commission for the Deaf and Hard of Hearing to make early connections for families with children diagnosed with hearing loss
- Participation in the Children's Vision Massachusetts Advisory Committee.
- Support for the Autism Insurance Resource Center at the UMass Medical School-Shriver Center.
- Regular collaboration with the Coordinated Case Management Program at Mass Health.
- Participation in the DaSy Center's Family Data Institute in partnership with DPH, DESE and the Federation for Children with Special Needs.
- Continued DPH-wide leadership in addressing the ongoing opiate epidemic in the Commonwealth through both intra-agency strategic (Bureau of Substance Abuse and Early Intervention) and inter-agency relationships (DCF) to address both infant and family issues.
- Participation on an EHS workgroup addressing youth transition.
- Participation in Essentials for Childhood, a public-private partnership with the Children's Trust Fund, EEC, DCF, Centers for Disease Control and business that promotes social-emotional well-being and creating safe, stable and nurturing environments for young children.

*New Initiatives:*

- Identify resources to sustain work initiated through the MCHB Systems Integration Grant, including the Shared Resource and Shared Plans of Care.
- Development of DCYSHN Advisory Council to help set, maintain and monitor the strategic plan and direction for Division activities.
- Development of a multi-agency collaborative to address the needs of Massachusetts CYSHCN, convened by Commonwealth Medicine's (CWM) Office of Client Relations and led by DPH DCYSHN. Agencies to date include: CWM, DCF, DYS, DMH, MassHealth, and DPH. More agencies will be invited over time. The first activity for the collaborative will be mapping care coordination across the state.
- Roll out of consistent, standardized, "close the loop" protocol between EI programs and medical home/primary care referral sources.
- Development of an Advisory Council for the Pediatric Palliative Care Network.

- Lead Interagency Systems Workgroup on Infant Early childhood Mental Health with EEC, ESE, DMH, DCF and Mass Health to align efforts across agencies and systems related in IECMH policy, workforce and practice.
- Lead the Pyramid Model State Leadership Team that helps develop and sustain a statewide, collaborative professional development structure that utilizes the Pyramid's conceptual framework, joined with other related promotion, prevention and intervention efforts. Members include ESE, EEC, Wheelock College, UMass, Head Start T/TA, Federation for Children with Special Needs, families and providers.
- The Department of Public Health will continue to have a major leadership role in addressing the ongoing opiate epidemic in the Commonwealth through both intra-agency strategic (Bureau of Substance Abuse and Early Intervention) and inter-agency relationships (DCF) to address both infant and family issues. The Title V MCH Block Grant will pay for a full time Perinatal Substance Use Coordinator to provide support to DPH programs and community partners implementing strategies to support families with perinatal substance use.