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**Chapter 171 Report and
Annual Individual and Family
Support Plan**

Fiscal Year 2022

November 2021



**Massachusetts Department of Public Health
Annual Family Support Plan
Fiscal Year 2022 (FY22)**

Background

The Mission of the Massachusetts Department of Public Health (DPH) is to promote the health and well-being of all residents of the Commonwealth by ensuring access to high-quality public health and healthcare services, and by focusing on prevention, wellness, and health equity for all people.

DPH programs, services, and educational initiatives are designed to address social determinants of health, defined as “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 among 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 Program. Title V is an 86-year-old program enacted as part of the Social Security Act of 1935. Title V works to ensure the health of the nation’s mothers, women, children, and families. This includes children and youth with disabilities and chronic illness and their families who are served by the Early Intervention Division (EID) and the Division for Children & Youth with Special Health Needs (DCYSHN). The DCYSHN 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**. To ensure meaningful family involvement and input BFHN examines existing programs annually. This is done by soliciting family/consumer input, which is used to increase the degree to which programs and services can be responsive and family-directed and provide more flexible supports. This ongoing work is entirely consistent with the Title V philosophy of meaningful and sustained family engagement 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 and 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 federal Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) 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."

As part of ongoing commitment to **Family Engagement** and **Racial Equity** across BFHN and throughout DPH, bureaus, divisions, and individual programs are working towards more inclusive, equitable programming that engages all families.

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, and 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, many family support activities are housed within BFHN's Early Intervention Division (EID) and Division for Children & Youth with Special Health Needs (DCYSHN) and are overseen by the Director of the 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, and 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.

In FY20, both divisions worked to expand engagement and partnerships with families and to ensure that all staff understand and implement the definitions and commitment. We continue to be members of a cross-sector initiative of 11 state agencies and a coalition of more than 500 community stakeholders to finalize and disseminate the [*Prenatal through Young Adulthood Family Engagement Framework*](#), a roadmap for family engagement for the state. This framework serves as a template for the Department and defines Family Engagement as one of its critical core values that guides ongoing work:

Family Engagement is the intentional practice of partnering with families to support positive outcomes in their lives and to improve and enhance our work by actively developing ways for families to share their lived experience and expertise.

Family Engagement is based on the belief in the importance of family involvement and leadership at the individual, community and systems level and is infused within the DCYSHN core values.

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

We continued to use our primary information gathering tool, but in FY22 disseminated the questionnaire through a web-based application rather than paper based. Division staff who are native speakers in Arabic and Haitian Creole were available to administer the questionnaire over the phone or to provide a paper copy upon the family's request. The questionnaire is available in English, Spanish, Portuguese, Vietnamese, Arabic and Haitian Creole. Despite the move from a paper-based questionnaire to an electronic one due to the challenges of the COVID-19 pandemic, our programs and partners ably assisted in disseminating it broadly electronically. This methodology resulted in over 700 completed responses in English, Spanish, Portuguese, Vietnamese and Arabic.

In addition, DCYSHN program staff included questions about services and supports in their regular contacts with families and in their individual program evaluation efforts. Emphasis was placed on obtaining substantial consultation that reflects the geographic, linguistic, racial, ethnic, cultural, and socio-economic diversity of the state.

We ask and listen for information about unmet and under-met health related needs. This year, we have learned a great deal about how fragile the safety net can be in crisis situations and how very important “on the ground” connections with vulnerable families is to identify and respond to emerging issues. A key theme that consistently emerges from families whose children have special health needs centers around the need for easy access to the most current information about resources, services, and supports available to them, specifically resources and access to DCYSHN programs, support in planning for emergencies, access to qualified and readily available nursing care and PCA care, and respite and mental health resources.

Based on this information, efforts to expand access to information have resulted in making the Family TIES Directory of Resources for Families of Children and Youth with Special Needs searchable online. In FY22, DCYSHN will continue to support families with emergency care planning as well as seek additional funding sources to assist families impacted by COVID-19 related illness and job loss. In collaboration with sister agencies, we will retain a focus on families whose children are medically complex and those who are historically underserved.

Focus Areas

In FY22, DPH will focus Chapter 171 activities in three primary areas:

1. Promotion of DCYSHN and other relevant DPH programs and resources to ensure awareness of these supports by families, providers and community agencies and organizations.
2. Participation in statewide and national efforts to increase respite funds and to raise awareness of the particular needs of families of children and youth with special health care needs.
3. Participation in DPH and sister agency work to increase access to mental health care for children and youth with special health care needs and their families.

Family Empowerment and Family Leadership Development Activities

Current and Ongoing 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 and 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), which is a parent-designed and staffed project that 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. Begun in FY20 and completed in FY21, EIPLP provided a series of virtual skill-building sessions to develop leadership and advocacy skills including effective communication, dispute resolution and serving on teams. Fourteen parents participated and have used the skills learned to review RFRs, present at conferences and support other families. 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 help define and improve services systems. The EIPLP Family Engagement & Collaboration Coordinator has identified and supports a broad cohort of culturally, racially, and linguistically diverse families to participate in EI and DCYSHN activities. In FY21, several diverse families were recruited to take part in ICC committee work and be part of robust racial equity work.

- Family TIES (Together in Enhancing Support), a program of the Federation for Children with Special Needs funded by DPH, is the statewide information and referral network for families of CYSHCN and their providers. Family TIES staff are all parents of children with special health needs. Prior to the pandemic and State of Emergency, staff were located in each of the DPH satellite offices, to build connections and familiarity with local resources. For all of FY21, staff continued to support families working remotely. 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 compensation is available to these families.
- In FY21, the Office of Family Initiatives and the EIPLP were able to complete a new leadership skill building activity, ***Finding Your Footing: Using Your Family's Experience to Improve Systems.*** Fourteen parents completed the training remotely. DCYSHN Care Coordinators, DPH Public Benefits Specialist, the Community Support Line, and Family TIES staff guide families through service systems and support them to learn about benefits and programs, eligibility requirements and “who to call,” as they navigate systems of care. During the COVID-19 emergency many of the calls received by all programs had to do with issues such as food scarcity, care for children at home while parents worked, coping with care giver job loss and illness.

Families are regularly surveyed about support and training needs and best uses of flexible funds through the Office of Family Initiatives, Community Support Line, 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:

- In FY22, EIPLP will hold an all-day conference: **For Families, By Families** providing information about emergency planning, telling your story and effective communication. This will be followed by three half days of additional skill building ending in December. The conference will be open to all families whose children have special health needs.
- The second Finding Your Footing training series will begin in January 2022.
- DCYSHN director and assistant director will participate in the Massachusetts Respite Coalition to raise awareness of the needs of children and youth with special health care needs and their families.
- Division leadership will work to increase opportunities for training and skill building around racial justice, inequities and health disparities within DPH and in collaboration with other state agencies. These opportunities will be made available to division staff.
- The OFI director, other Bureau staff and members of the MCH Title V Block Grant Implementation Team for Family, Father & Youth Engagement will build on the coalition established through the Family Engagement Framework to increase participation of families and providers from diverse communities to ensure knowledge of specific challenges and support needs based on culture, race, ethnicity and language.
- The DCYSHN director will continue and enhance collaboration with the DPH Offices of Preparedness and Emergency Management and Health Equity.

Family Support Resources and Funding

Current and Ongoing 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, supporting Early Intervention and community programs to address racial equity and health disparities and expansion of the statewide Parent-to-Parent program. The Parent-to-Parent program trains volunteer parents to offer telephone support to families with similar life experiences. In FY21, 43 Parent-to-Parent matches were completed. **“Listen and Learn,”** the training program for mentor parents, is available in Chinese, Vietnamese, Haitian Creole, Portuguese, and Spanish was offered 3 times. Currently, there are 224 active trained support parents with the capacity to offer support in 23 languages. 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 called **“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. DCYSHN maintains a website to support families, youth and providers around health transition: www.mass.gov/dph/youthtransition. The website contains checklists, tip sheets, training curricula, and links to a number of useful transition resources. The Early Intervention Parent Leadership Project hosts robust social media sites where information about resources for families is posted.

When families need information and support from other agencies, staff helps them 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 FY21, the Line received 660 calls. 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 more than 1790 calls from families and providers in FY21.

The Early Intervention Parent Leadership Project hosts robust social media sites where information about resources for families is posted.

Additional BFHN Family Support Programs

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 Massachusetts Down Syndrome Congress to share information, monitor and update the website of resources at www.mass.gov/dph/downsyndrome.

Early Intervention

Family support initiatives are provided by six statewide Early Intervention Regional Consultation Programs (RCPs). Each RCP receives funding to provide respite services to the families they serve. 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 five with complex medical needs. The EIPLP collaborates with the RCPs to provide socialization and networking opportunities for families whose children have complex medical needs.

MASSTART

Massachusetts Technology Assistance Resource Team (MASSTART) 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 (MassCARE) provides medical, care coordination, and family and youth supports and training to individuals living with or affected by HIV/AIDS.

Universal Newborn Hearing Screening Program

In FY21, the Universal Newborn Hearing Screening Program (UNHSP) made 4196 calls and sent 1347 letters to families whose children either did not pass or missed their initial hearing screening or diagnostic center appointments. Of 139 infants diagnosed with hearing loss, 109 were enrolled in Early Intervention.

A Memorandum of Understanding allows DPH to connect families to the Mass Commission for the Deaf and Hard of Hearing (MCDHH) which provides additional supports. The UNHSP 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 FY21, the program distributed 48,440 brochures in 13 languages, as well as 166 English and Spanish parent information kits, to families and providers.

The UNHSP has a strong focus on family support activities. In FY21, the program hosted one in person, seven remote events, and 5 Facebook Live videos, which garnered 1600 views. UNHS participated in a Learning Community focused on Parent-to-Parent support by the time the DHH child is six months of age. UNHS partnered with Family TIES Parent-to-Parent coordinator in this initiative.

Pediatric Palliative Care Network

Pediatric Palliative Care Network (PPCN) provides services to children with life-limiting conditions and their families through contracts with eight pediatric hospice organizations. In FY21 677 clients received palliative care services including; pain and symptom management, case management, respite, complementary therapies, and bereavement care.

Flexible Funding

In addition to these programs and services, DPH sets aside flexible funding available to families to address medical and other health-related needs not covered by other sources. Special funds help eligible families purchase essential supports, such as 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. Below are examples of funding available to families through BFHN programs in FY21:

- 168 children and families received \$1,931,000 million in funding from the **Catastrophic Illness in Children Relief Fund (CICRF)**.
- Six **RCPs** distributed \$277,921 to 572 families.

- The **Care Coordination program** distributed \$174,000 of family support funds. Clients of the program who received this funding which is income based can use the funds for respite, recreational activities for their children, equipment such as air conditioners, etc. An additional \$77,000 of emergency funding was allocated to assist 197 families impacted by job loss or illness during the COVID-19 pandemic.
- \$20,000 was available through the **Hearing Aid Program for Children** and two families received assistance with purchase of hearing aids.
- \$82,000 was allocated to **OFI** for family involvement activities across BFHN, including participation in focus groups, proposal reviews, as trainers, community-based projects, attendance at conferences and other skill building opportunities, at social activities and as participants in leadership training. About 250 Family Advisors, individuals who offer to assist EI and DCYSHN, responded to those and other requests for their expertise.

New Initiatives:

In FY22, DPH will:

- Incorporate families and family engagement into all new grants, including the Pediatric Behavioral Health Grant, PNQIN and ARP funds coming to Early Intervention
- Identify new funding sources for increased family support.
- Expand Parent-to-Parent support to families of children who are deaf or hard of hearing before six months of age through collaboration between the Universal Newborn Hearing Screening and Family TIES programs
- DCYSHN director will expand collaboration with MassHealth and other state agencies to increase access to mental and behavioral health supports for CYSHCN.
- Develop a Youth Transition Advisory Group.
- Complete and disseminate a Health Transition Curriculum.

Accessing Services and Supports

Current and Ongoing Activities:

DPH uses a number of strategies to educate families and 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. Several programs have active Facebook pages that post articles, ideas, and links to local, statewide, and national sites with interesting and helpful resources for families whose children have special health needs: DCYSHN (1630 likes), UNHSP (854 likes), and EIPLP (1172 likes). The Community Support Line, CICRF, Family TIES, Care Coordination, and PPCN staff routinely conduct outreach to hospitals, schools and community settings where individuals with disabilities and their families receive services to share information.

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 FY21, 191 parents attended presentations about public benefits. 17 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 websites and listservs. Family TIES distributed 62 project brochures in English, Spanish and Portuguese and 693 Resource Directories. Eight editions (two hardcopy and six electronic) of the *Parent Perspective* have been distributed to 25,000+ families and professionals. These materials are available for download on project websites. DCYSHN program information,

including the Family Support Plan, is available online at www.mass.gov/dph/specialhealthneeds. DCYSHN 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.

In FY21, as the pandemic and State of Emergency continued, social media platforms were very helpful in disseminating information about resources and supports for families, as well as bringing in information about family needs.

New Initiatives:

- Make Arabic and Haitian Creole versions of the Chapter 171 information gathering tool available online.
- Continue and expand information gathering and dissemination on social media and other virtual mechanisms.
- Continue to make DCYSHN and EID websites more accessible to individuals with disabilities, families caring for children and youth with special health needs and their providers.
- Add interactive capability to the EIPLP website.

Culturally Competent Outreach & Support

Current and Ongoing Initiatives:

Collaboration with the Office of Health Equity (OHE) is ongoing within 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>). 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 Spanish, Portuguese, Haitian Creole, Russian, Cambodian, and Vietnamese. All programs have staff with multiple language capability and have access to interpreters, including American Sign Language (ASL) and tactile interpreters for Deaf/Hard of Hearing and visually impaired individuals. Whenever possible, DPH hires or contracts with individuals who are bilingual, bicultural, and familiar with the culture and customs of families who receive services from our programs.

Outreach initiatives, designed to build relationships and reduce health disparities, take place with community-based organizations where racially, ethnically, linguistically, and culturally diverse individuals and families receive services and are comfortable. These include community health centers, WIC offices, faith institutions and family organizations. Family TIES contracts with native Spanish and Portuguese speakers to respond to requests for information and referral and for 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. As much as

possible remotely, in FY21, Family TIES staff continued targeted outreach to under-served populations to offer information about the Medical Home approach to care and transition from pediatric to adult care.

As a priority in the MCH Block Grant process, DPH made a commitment to racial justice and health equity. Over the past two years, multiple training opportunities have been made available within BFHN and 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. BFHN has developed and implemented racial equity workgroups in the areas of procurement, hiring, professional development and communications. In FY21, multiple opportunities including brown bag lunches, town hall meetings, and affinity groups were offered. DPH has developed and implemented a hiring protocol aimed at increasing the number of people of color, veterans and those with disabilities in the work force.

The National Center for Special Education Accountability & Monitoring (NCSEAM) Family Survey is available in Haitian Creole, Portuguese, Vietnamese, English, and Spanish. In calendar year 2020, 1215 surveys were completed and returned. In March 2021, the Early Intervention Division made the Family Survey available in English, Spanish, Portuguese, Vietnamese and Haitian Creole through a web-based application. This methodology will continue in FY22.

The EIPLP hosts families to attend the annual Massachusetts Early Intervention Consortium Conference. One family from each of 59 EI programs is funded to attend and fully take part in all conference activities, including a parent dinner which is open to all parent attendees and their families. EIPLP has a strong focus on recruiting families from diverse communities. In FY20, this conference was cancelled due to COVID-19. The FY21 MEIC conference was held remotely and EIPLP sponsored 25 parents who were comfortable participating remotely to attend.

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 to ensure effective communication with non-English speakers.

New Initiatives:

- Hold a remote one-day conference **For Families By Families** in October 2021 and follow up with three half day skill building sessions. All presenters to be parents of children and youth with special health needs.
- Translate Family Survey information and other relevant resources sent to families through the Parent Perspective Newsletter into the six most widely spoken languages in the EI service population.
- Refine and enhance web-based application to distribute the NCSEAM Family Survey based on provider and user feedback.
- Add Arabic and Chinese translations of the survey to the web-based application
- Work closely with the Federation for Children with Special Needs Outreach Coordinator to share health information and resources.
- Expand the welcome message on the Family TIES toll free line into six languages and create voice mail boxes in these languages to encourage families who speak languages other than English to use the program.
- Follow up on outreach from the Islamic Community Center to build connection/relationships and share information with this community.

Interagency Collaboration

Current and Ongoing Activities:

- Endorsement of the Family Engagement Framework by DPH and participation in release and implementation of [Prenatal through Young Adulthood Family Engagement Framework. Along with 10 other state agencies including DESE, DEEC, MRC and DTA](#)
- Along with these and other agencies we will offer Listening sessions and affinity groups to community stakeholders to seek input into needs through a series of three regional stakeholder meetings to be held in December 2021 and February and April 2022
- Ongoing work on State Systemic Improvement Plan (SSIP) for EI services with a focus on improving social and emotional well-being of children served in EI with input from the Interagency Coordinating Council, a federally mandated group that assists and advises DPH. Representation from DCF, DESE, DEEC, Mass Chapter of the American Academy of Pediatrics and others will contribute to the goal
- Development of a cross agency data system to capture needs, services and outcomes for children birth to age 5 as part of the Preschool Development Grant Led by EHS.
- Participation on the State Special Education Advisory Board to share information about children with special health needs in public schools. In FY21 participation has been remote. DPH representatives have shared COVID-19 related information and resources with colleagues from other state agencies and with families.
- Continued collaboration with the Office of Refugee and Immigrant Health to support children and youth with special health needs from culturally and linguistically underserved populations.
- Collaboration with the Interagency Coordinating Council (ICC), a federally mandated council that advises and assists the DPH as lead agency for the MA EI 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.
- Provide training and resources through the ICC to support racial equity and health disparities amelioration across the Early Childhood service system.
- Collaboration with MCDHH to make early connections for families with children diagnosed with hearing loss.
- Participation in the Massachusetts Children's Vision Health Advisory Committee.
- Support for the Autism Insurance Resource Center at the UMass Medical School's Shriver Center.
- Regular collaboration with the Coordinated Case Management Program at MassHealth.
- Participation in Essentials for Childhood, a public-private partnership with the Children's Trust Fund, EEC, Department of Children and Families, Centers for Disease Control and Prevention (CDC), and business that promotes social-emotional well-being and creating safe, stable and nurturing environments for young children.
- Participation on Young Children's Council, a public/private council that advises the Division of Pregnancy, Infancy, and Early Childhood (PIE) on social connectedness.
- Participation in a WIC Developmental Monitoring Program funded by CDC.
- Participation on the Steering Committee of the Statewide Family Engagement Grant at the Federation for Children with Special Needs.

New Initiatives:

- Ongoing participation in the leadership team of the Family Engagement Framework working on development of tools and resources to support implementation.

- Enhance opportunities for stakeholders to identify challenges and solutions for implementation to include those raised by the COVID-19 pandemic and structural racism.
- Continue to work with the Office of the Child Advocate and MassHealth around all aspects of emergency care planning.
- Participation in the Pediatric Behavioral Health grant to expand support for mental health services for CYSHN.
- Continued collaboration with the Department of Developmental Services and the Massachusetts Rehabilitation Commission around Charting the Life Course work.