### Year Cooperative Agreement

<table>
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<th>Awarded from SAMHSA</th>
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<td>FY2010</td>
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**Is this your first system of care cooperative agreement?** Yes

### Lead Agency

| Massachusetts Executive Office of Health and Human Services (EOHHS) |

### Service Area

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<th>Geographic Boundaries</th>
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<tr>
<td>City of Boston, MA</td>
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**Geographic Description**

Urban

### Service Population Demographics

| MYCHILD will focus primarily on serving 3 Boston neighborhoods (Allston/Brighton, Bowdoin Street, Mattapan) and various homeless shelters from across the city |

- Allston-Brighton is an economically and racially diverse neighborhood with a population of approximately 1600 children age 3 and under and another 1600 age four to five. The Joseph Smith Community Health Center Serves this neighborhood.

- The Bowdoin Street neighborhood ranks among the lowest income census districts in the city and is one of 5 high violence neighborhoods targeted by the City for violence prevention efforts. Bowdoin Street is home to a large Cape Verdean population that experiences linguistic and other barriers to service. Bowdoin Street Health Center serves this neighborhood. (Because Bowdoin Street is part of the much larger Dorchester neighborhood, separate data are not available on the target population living there).

- The Mattapan neighborhood is home to a predominantly African-American and Caribbean population, and is also one of the five targeted high violence neighborhoods. The Mattapan Community Health Center serves this neighborhood, which houses nearly 900 children under age three and 900 age four and five.

- Health Care for the Homeless (HCH) has numerous creative and flexible models for providing primary, behavioral and dental health care to Boston’s homeless, including a program that offers on-site services at over 30 family homeless and domestic violence shelters.
### Enrollment Criteria
- Birth - Completion of First Grade
- Boston residence; positive screen followed by positive assessment for SED or imminent risk of SED.

### Key Partners
**Formal/Subcontracted Partners**
Boston Public Health Commission, Thrive in Five, United Way of Massachusetts Bay/Merrimack Valley, Joseph Smith Community Health Center (CHC), Mattapan CHC, Bowdoin CHC, Health Care for the Homeless, Boston Medical Center, Parent-Professional Advocacy League, Abt Associates

**Informal Partners**
Massachusetts Department of Public Health, Boston Public Schools, Children’s Behavioral Health Initiative, Department of Early Education and Care, Department of Children and Families, Department of Mental Health, Federation for Children with Special Needs, Mass Chapter of the American Academy of Pediatrics

### Organizational Chart/Staffing Structure
See attached. Note that each of the 4 community sites, there will be an ECMH Clinician and a Family Partner.

### Governance Structure
MYCHILD is managed by the principal investigator (PI) at EOHHS and the MYCHILD State Coordinator, in partnership with the local PI at the Boston Public Health Commission (BPHC) and the BPHC Early Childhood Mental Health Director Massachusetts/Boston were awarded a Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) grant at the same time they received the grant for the MYCHILD System of Care. As a result, the two projects have developed a joint Management Team (consisting of state and local staff from both projects), a joint State Young Children’s Council (consisting of parents, youth, state officials, local officials, non-profits and advocacy organizations) and joint Local Council built on the existing Thrive in Five Ready Systems Implementation Partnership.

The joint management team meets weekly by phone and monthly in person. Every six weeks, the management meeting is expanded to include a group of core advisors, representing the group identified as “informal partners” in response to Question 8, above. While MYCHILD management and staff are in frequent contact with Abt Associates to assure appropriate implementation of evaluation to meet national, state, local and site level needs, the joint Management Team also meets as needed with evaluators from the MYCHILD and LAUNCH, to assure that evaluations for the two projects are aligned (for example, that they are using common definitions of key variables) to the extent possible.
### Service Delivery Model Description
See attached flowchart

### Evidence-Based Practices Used
Medical Home Learning Collaborative to support practice change; CSEFEL Pyramid Model and Family Modules; Wraparound, Strengthening Families, Medical Home.

### Local Evaluation Measures Used
Still to be finalized, but will include measures of utilization and cost as well as measures of family satisfaction with the medical home model as implemented.

#### Local Evaluation Measures Used (beyond those required by the National Evaluation)

### Funding Sources
**Current**
Federal grant and in-kind state and local match; 3rd party billing

**Planned/Long-Term for Sustainability after Grant Award Expires**
3rd party billing for services and positions

### Resources Your Community Would Like to Highlight
We have developed a flow chart reflecting incorporation of child mental health services into the pediatric medical home. This tool may be useful to other sites. We have also developed the agenda for the first session of a learning collaborative for sites from our two SAMSHA grants. While neither has been tested yet by actual implementation (they reflect plans for, rather than experience with, implementation) we believe they may be useful to other communities working on the same issues.

### Particular Areas Where Your Community Can Provide Expertise/Peer Mentoring
We believe we will have useful insights to share from our use of a learning collaborative as the framework for connecting organizations and aligning their activities across a system of care. The concept of nested evaluations may also be useful to other sites.

### Key Contact for More Information on Your System of Care
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