



Massachusetts Department of Public Health

Public Health Council Meeting November 8, 2023

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the November 8 Public Health Council listing.



Massachusetts Department of Public Health

Public Health Council Meeting November 8, 2023

Robert Goldstein, Commissioner

Recognizing Veterans and Military Families



Lung Cancer Awareness Month

- Avoid tobacco and secondhand smoke. To learn more about ways to quit tobacco and access quitting resources, you can visit mass.gov/quitting or call the MA Quitline at 800-QUIT-NOW.
- Talk to your doctor to see if screening is right for you. Learn more about [lung cancer screening](#).
- Test your home for radon. Learn more about [radon and how to test your home](#).



Workforce Development



From left: State Senator Adam Gomez, State Senator Jo Comerford, Secretary of Labor and Workforce Development Lauren Jones, Secretary of Education Patrick Tutweiler, Commissioner Robbie Goldstein, at Holyoke Community College.

Youth Behavioral Health



**PUBLIC HEALTH INSTITUTE
OF WESTERN MASSACHUSETTS**

PARTNERS FOR HEALTH EQUITY

**TAKING ACTION TO
SUPPORT OUR YOUTHS'
MENTAL HEALTH**

Issue Brief

NOVEMBER 2023

Tewksbury Visit



Left: (from left) Deputy Commissioner Ted Constan; Bureau of Public Health Hospitals Director Val Liptak; Commissioner Robbie Goldstein; Amy Dumont, Tewksbury CEO; John Levitow, Chief Clinical Officer; Brad Richardson, Chief of Psychiatric Operations; Ellen Flowers, Director of Nursing for Psychiatric Services; Melissa Voisine, Chief Nursing Officer.

Right: Don Rogers, Chief of Pharmacy Services, shows Commissioner Goldstein around the State Office of Pharmacy Services.

Association for Behavioral Healthcare Awards



Left: Commissioner Robbie Goldstein.



Right: Deirdre Calvert, Director of the Bureau of Substance Addiction Services

Talking about DPH



[Link to interview](#)

CommonHealth

October 24, 2023

[Link to WBUR newsletter](#)



[Link to video](#)

Essential Services and Maternal Health



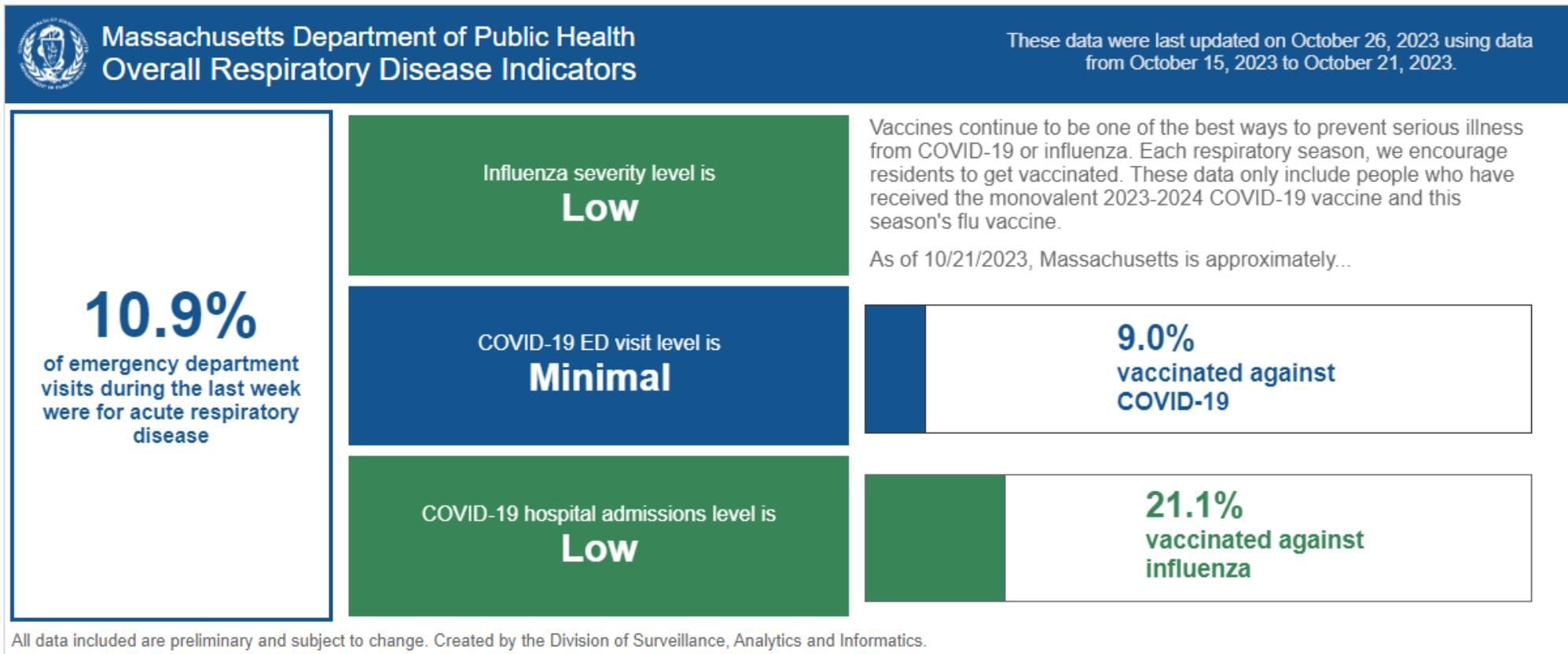


Massachusetts Department of Public Health

Public Health Council Meeting November 8, 2023

Robert Goldstein, Commissioner

Respiratory Illness Dashboards



[Mass.gov/RespDiseaseData](https://mass.gov/RespDiseaseData)

Respiratory Illness Reminders



Stop The Spread



[Mass.gov/StopTheSpread](https://mass.gov/StopTheSpread)

20th Anniversary of Marriage Equality in MA





Massachusetts Department of Public Health

Determination of Need:

*Beth Israel Lahey Health –
Lahey Hospital and Medical Center, Substantial Capital
Expenditure and Required Equipment*

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Proposed Project Description

The Proposed Project will include the following components:

Relocation and expansion of LHMC Burlington's Radiation Oncology Department (Department) from the campus's John G. Trump building to the first floor of the east side of main LHMC Burlington building which includes:

- Increase the number of exam rooms from 8 to 11
- Co-location of Radiation Oncology with Hematology Oncology Department as well as space for social work services, behavioral oncology and integrative wellness therapies;
- Relocation of LINAC units to two previously poured LINAC vaults (two 1:1 replacement units);
- Add walls and shielding need to the previously poured LINAC vaults and create a 3rd LINAC shell space by pouring footings for the walls;
- Space to accommodate one replacement CT simulator;
- Addition of one high dose radiation therapy (HDR) procedure room with one mobile CT unit dedicated to HDR.

Six Factors of a Determination of Need (DoN) Application

Factor 1	Patient Need, Public Health Value and Operational Objectives
Factor 2	Health Priorities
Factor 3	Compliance
Factor 4	Financial Feasibility and Reasonableness of Expenditures and Costs
Factor 5	Relative Merit
Factor 6	Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives - Requirements

In Factor 1, the Applicant must demonstrate:

1. Sufficient Patient Panel Need for the Project
2. The Project will add measurable Public Health Value
3. The Project will meet Operational Objectives

Factor 1: Patient Panel Need Analysis- cont.

Limitations of Aging Equipment

LHMC Burlington LINAC Downtime*

LINAC Unit	FY2021	FY2022	FY2023 (Oct 2022-June 2023)
Varian 2100	78 hours	18.5 hours	6.3 hours
Novalis Tx	32 hours	54 hours	92 hours

*Data provided by the Applicant – See Applicant Responses to DoN Questions page 6

Factor 1: Patient Panel Need Analysis

Limitations on Current Space and Equipment:

1. Proposed LINAC Renovations
2. High Dose Radiation (HDR) Treatment and Mobile CT
3. Inefficiencies of Current Space

Factor 1: Patient Panel Need Analysis- cont.

Projected Increase In Demand

LHMC Burlington Projected Radiation Oncology Utilization*

Treatment type	FY2023	FY2024	FY2025	FY2026	FY2027
External Beam Treatment	3,630	3,612	3,624	3,633	3,642
Stereotactic	713	745	747	749	751
IMRT	5,023	5,048	5,065	5,075	5,088
<i>All LINAC Treatments</i>	9,366	9,405	9,435	9,458	9,481
HDR	160	239	243	247	250
<i>Total Radiation Treatments</i>	9,526	9,644	9,679	9,704	9,731
<i>Total Unique Radiation Patients</i>	656	661	667	673	679

*Data provided by the Applicant – See Application Narrative page 9

Factor 1: Public Health Value Analysis – cont.

Improving Health Outcomes and Quality of Life

- Expanding access to Radiation Therapy for oncology patients
- Literature supports the benefits of access to a linear accelerator and HDR Brachytherapy for oncology patients.

Factor 1: Operational Objectives

Efficiency, Continuity, Coordination of Care Analysis

Proximity to Complementary Services

The Proposed Project co-locates the new LHMC Burlington Radiation Oncology Department with various departments and services that cancer patients will need to access.

- Proximity to the Hematology Oncology Department
- New co-location of social work and behavioral oncology within the radiation oncology suite
- Dedicated alternative therapy room

Factor 2: Health Priorities - Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project meaningfully contributes to Commonwealth Cost containment goals, improved public health outcomes, and delivery system transformation.

Factor 2: Analysis

Cost Containment

Use of Existing Infrastructure

- LINAC Vaults poured as part of a 2017 Emergency Department Renovation Project.

Co-Location of Services:

- Radiation Oncology, Hematology Oncology and wraparound services

Factor 2: Analysis – cont.

Improved Public Health Outcomes

- Increase in capacity
- High Dose Radiation Therapy limitations
- Current alternatives – Travel to Boston or forego treatment

Factor 2: Analysis – cont.

Delivery System Transformation

- Enhances the Hospital's existing integrated care model through improved care coordination and integrative wellness offerings.
- Relocation of the radiation oncology department

Factor 3: Compliance - Key Requirements and Analysis

Requirements and Results

Determination of Need Program staff has determined that the Applicant has provided sufficient evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs - Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide sufficient documentation that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

CPA Analysis

As a result of the CPA's analysis, the CPA concluded the following:

Based upon our review of the projections and relevant supporting documentation, we determined the relocation and expansion of the radiation oncology department at LHMC and the capital needs associated with the project is financially feasible and within the financial capability of BILH.

Factor 5: Relative Merit - Requirements

When evaluating and articulating the relative merit of a Proposed Project, Applicants must include, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Factor 5: Analysis

The Applicant considered and rejected one alternative to the Proposed Project.

Alternative Option: Do not relocate the Radiation Oncology Department or expand access to cancer services through additional exam rooms and HDR treatment.

Factor 6: Community Health Initiatives - Requirements

Community-based Health Initiatives (CHI)

Factor 6, or the CHI, serves to **connect hospital expenditures to public health goals** by making investments in Health Priority Areas—referred to interchangeably as the social determinants of health (SDoH).

CHI projects are a mechanism for Applicants to engage local partners in community health investments, **addressing SDoH and advancing racial and health equity**.

Factor 6 requirements and conditions depend on the Applicant and Application Type, and size of CHI contribution.



Figure adapted from 2017 Massachusetts State Health Assessment

Factor 6: Key Requirements & Analysis

Factor 6 Requirements for this Application	Summary Analysis
<p>Materials submitted by LHMC included:</p> <ol style="list-style-type: none">1. CHI Narrative2. LHMC 2022 Community Health Needs Assessment (CHNA)3. Community Engagement Self-Assessment4. Stakeholder Assessments	<p>Total required CHI contribution: \$1,509,133.35</p> <ul style="list-style-type: none">• \$365,964.84 to the Statewide Fund• \$1,143,168.51 to local CHI approaches <p>As a result of the information provided by the Applicant and additional analysis, staff finds that with the conditions outlined in the staff report, and with their ongoing commitment to meaningful community engagement and based on planning timelines that staff will approve, the Applicant has demonstrated that the Proposed Project has met Factor 6.</p>

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

Director, Determination of Need Program
Bureau of Health Care Safety and Quality

Dennis.Renaud@mass.gov



Massachusetts Department of Public Health

Bureau of Family Health & Nutrition: WIC Program and Early Intervention

Rachel Colchamiro, MPH, RD, LDN, CLC

Director, Nutrition Division, BFHN

Emily White, PhD, BCBA-D, LABA

Director, Early Intervention Division, BFHN

Overview of Bureau of Family Health & Nutrition and Maternal & Child Health Title V Infrastructure



BFHN Aim Statement

Advance and sustain equity for Bureau of Family Health and Nutrition (BFHN) staff and the communities and families we serve by dismantling structural racism and co-creating healing centered policies, practices, and social norms.



Bureau of Family Health and Nutrition



Division of Pregnancy, Infancy, and Early Childhood (DPIE)

Promotes healthy, safe and nurturing environments for children, birthing people, and families by providing direct services, research, and policy development.



Nutrition Division

Helps ensure that all families have the healthy foods they need, and the knowledge, resources, and care necessary to live healthy lives.



Early Intervention Division (EI)

Supports families and caregivers with infants and toddlers at risk of developmental delays to enhance their child's learning and development.



Division for Surveillance, Research, and Promotion of Perinatal Health (DSRPPH)

Focuses on the surveillance, research, training, and health promotion of perinatal health to improve health outcomes for all pregnant people, children, and families.



Division for Children & Youth with Special Health Needs (DCYSHN)

Promotes the health and well-being for children and youth with special health needs and collaborates with families and providers to address a range of medical, developmental, and behavioral conditions.



Division of Maternal and Child Health Research and Analysis

Aims to enhance the health of infants, children, caregivers, and families by leveraging partnerships and data-driven insights to inform policies and decision-making.

An Update on the Massachusetts WIC Nutrition Program

Rachel Colchamiro, MPH, RD, LDN, CLC
Director, Nutrition Division
Bureau of Family Health and Nutrition

Overview

- What is WIC?
- WIC Program Highlights
- WIC Services & Benefits
- WIC Partnerships
- Key Priorities for FY24



Women, Infants, and Children Nutrition Program (WIC)

What is WIC?

- WIC is a nutrition program that provides healthy foods, nutrition education, breastfeeding support, and referrals to healthcare and other services, free of charge, to families that meet income guidelines

Who is eligible for WIC?

- Children under age 5
- Pregnant individuals
- Breastfeeding individuals up to 12 months postpartum
- Non-breastfeeding postpartum individuals up to 6 months postpartum
- WIC serves households up to 185% of the FPL; individuals with SNAP, TANF, and most types of MassHealth are automatically deemed income-eligible



WIC Program Highlights

WIC Staff & Programs



Approximately **500 dedicated staff**
at 31 local programs with
120 sites across the state

Infant Participation



Over 40% of infants born in
Massachusetts participate in the WIC
program during their first year of life

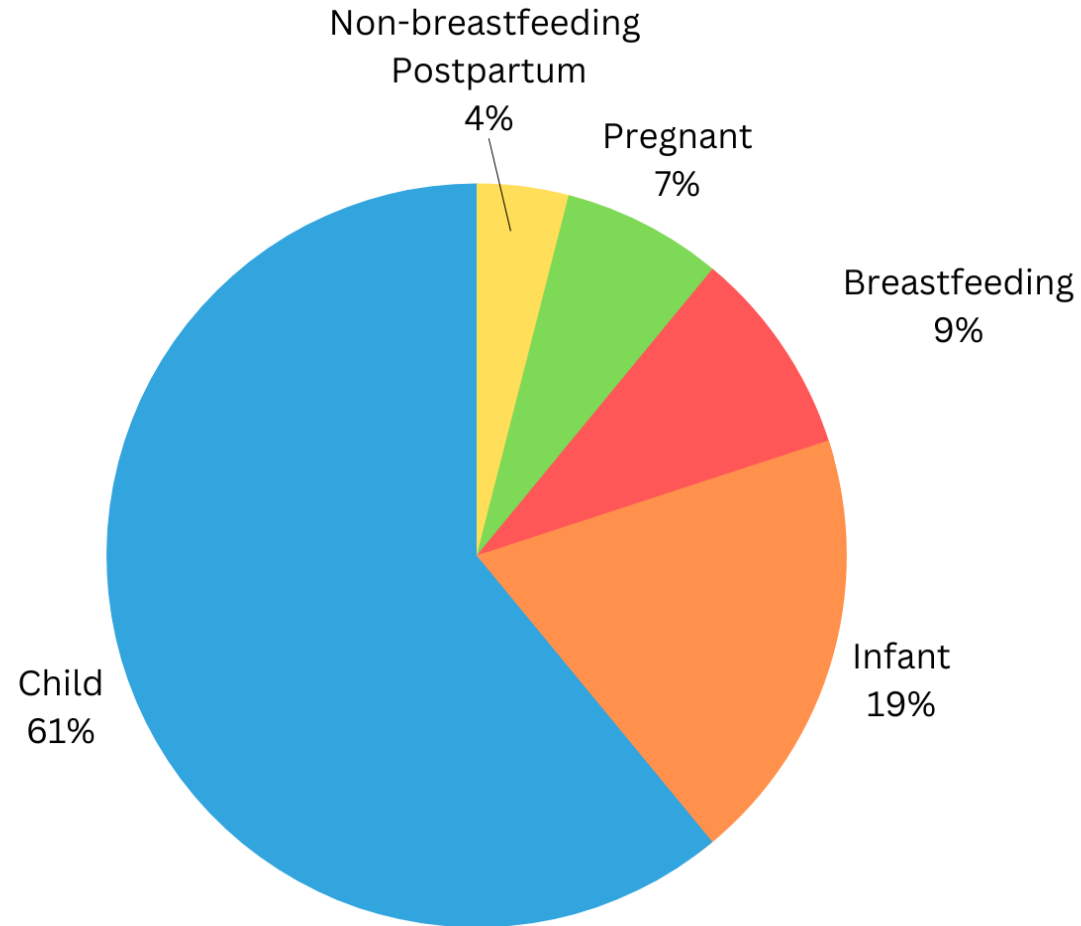
Monthly Reach Among All Participants



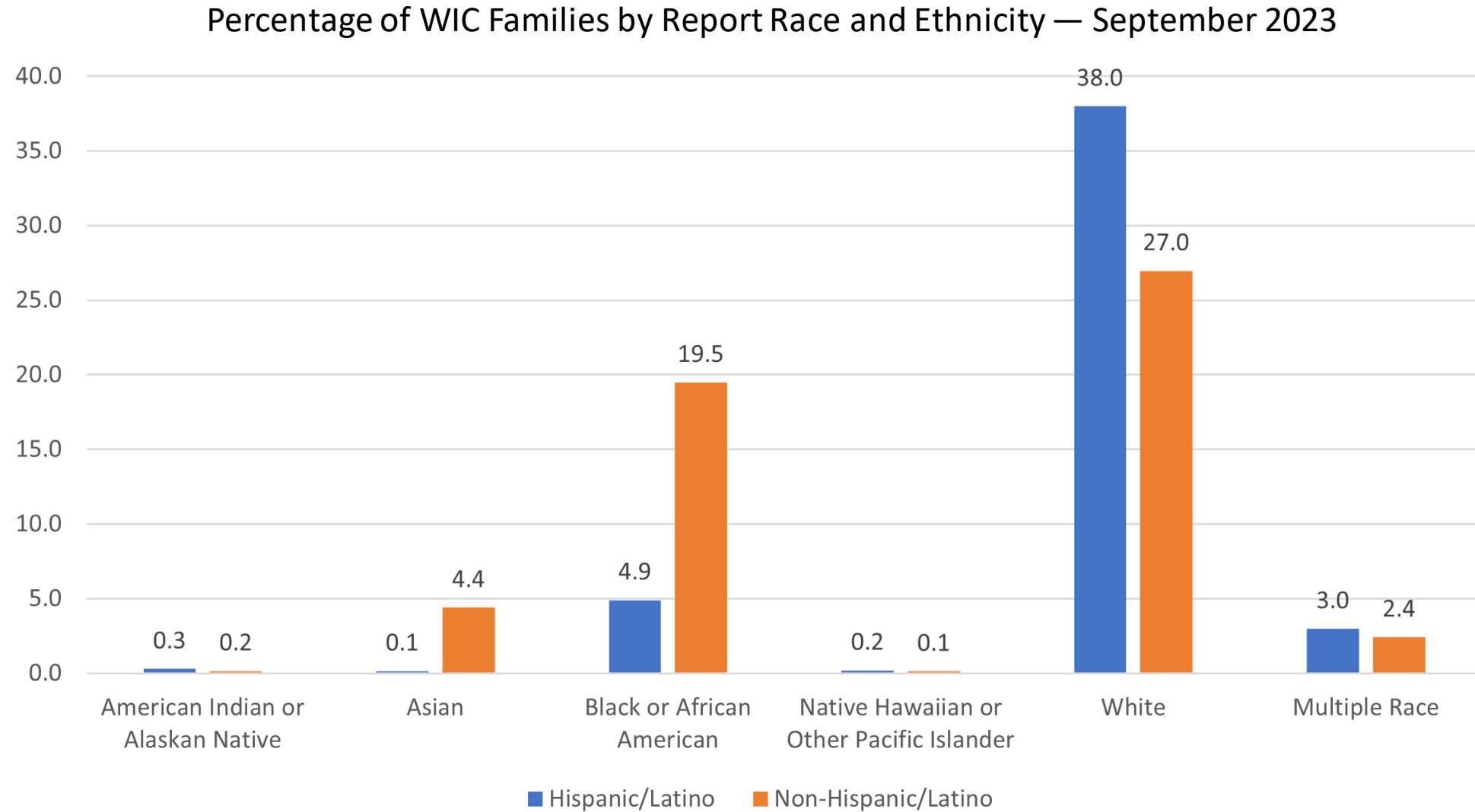
Currently serves about
127,000 individuals/month

Who is using MA WIC Services?

Distribution of WIC Participants by Category — September 2023

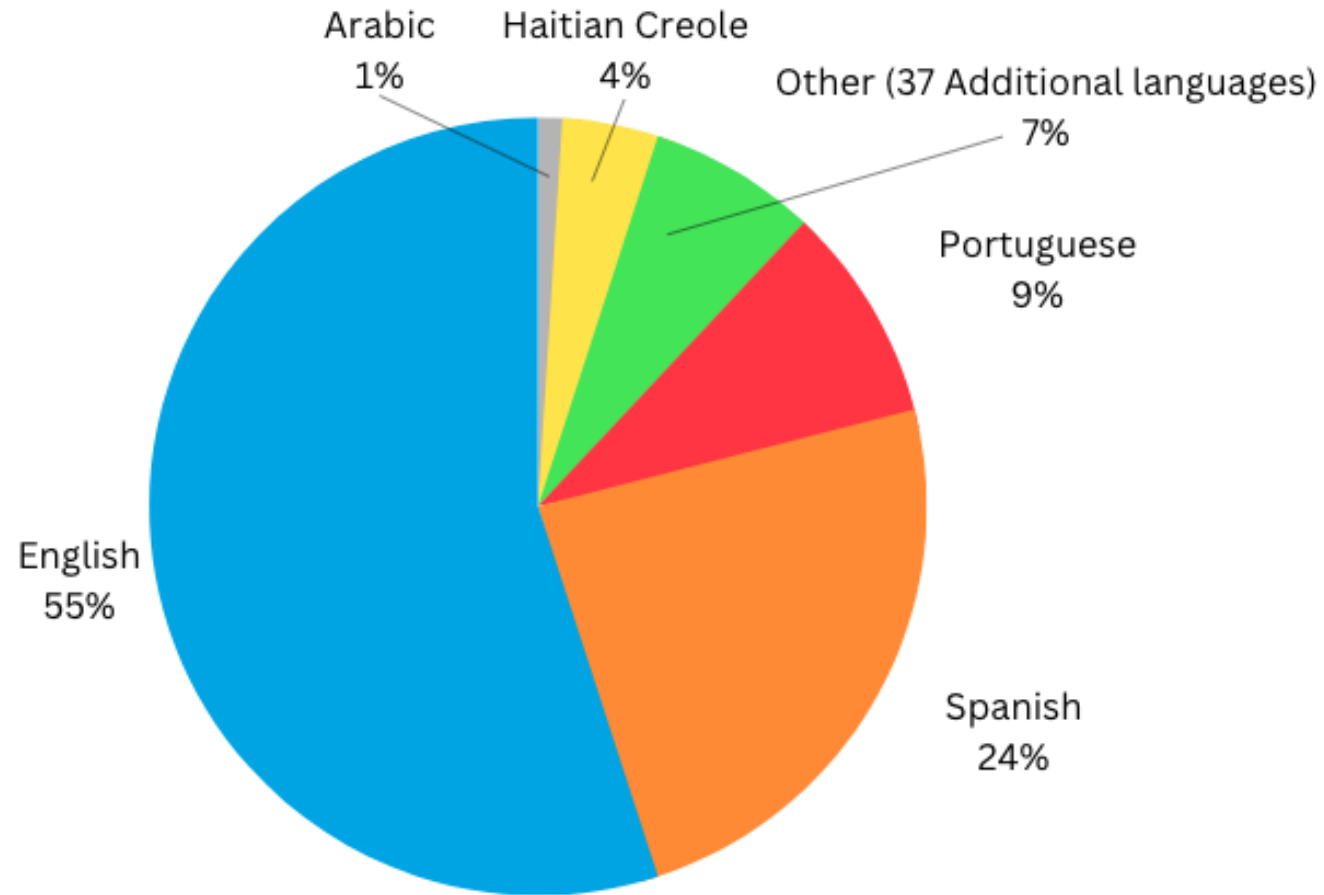


Who is using MA WIC Services?



Who is using MA WIC Services?

Languages Spoken by WIC Households – September 2023



Who provides WIC Services?

Local WIC teams are diverse and include staff living in and from the communities served.

Teams include:

- Professional nutrition and breastfeeding staff
- Paraprofessional nutrition and breastfeeding staff
- Clerical staff
- Community coordination and family support staff
- Administrative and management staff



WIC Program Funding

- Massachusetts WIC is funded largely by USDA
 - WIC receives about 15% of its funding from the Commonwealth of Massachusetts
- Federal funds are specifically dedicated for either food costs or nutrition services administration (e.g., Staff, technology, program supports)
- WIC also receives breastfeeding peer counseling, infrastructure, and modernization funds
- Sufficient WIC funding has been a concern recently due to overall and food cost inflation, growing caseloads, and challenges with federal appropriations



WIC Program Services & Benefits

Certification Appointments

- Individuals receive a thorough health and nutrition assessment, tailored nutrition education, immunization assessment, and referrals to address any identified health or social needs
- Follow-up nutrition education appointments occur quarterly
- Recertifications are required annually or when a pregnant participant becomes postpartum

Food Benefits

- Participants receive a set of food items specifically targeted to meet their nutritional needs
- Participants receive these benefits electronically and are accessible through the WIC Card, which can be redeemed at more than 800 retailers across the state



WIC Program Services & Benefits

How are benefits and services provided?



- WIC benefits are issued in 30-day increments and families typically receive 3 months of benefits at a time.



- WIC services are provided in a hybrid model by video, phone, online, or in-person.
- New families are offered in-person appointments to ensure adequate assessment and orientation to the program.



- Many WIC providers are bilingual, and all WIC staff have access to interpretation services to meet families' language needs.

WIC Program Breastfeeding Services



**Breastfeeding counseling
and education**



**Breastfeeding Peer
Counseling Program**



**Virtual prenatal and
breastfeeding support groups**



**Breastfeeding materials
in multiple languages**



**Partnership with
birth hospitals**



**Assistance in returning
to school or work**



**Assistance with accessing
breast pumps**



**Enhanced food benefits
for breastfeeding participants**

WIC Program Foods



WIC Works!

An Agency for Healthcare Research and Quality meta-analysis published in 2022 found that WIC participation was associated with:



Improved birth outcomes



Lower infant mortality



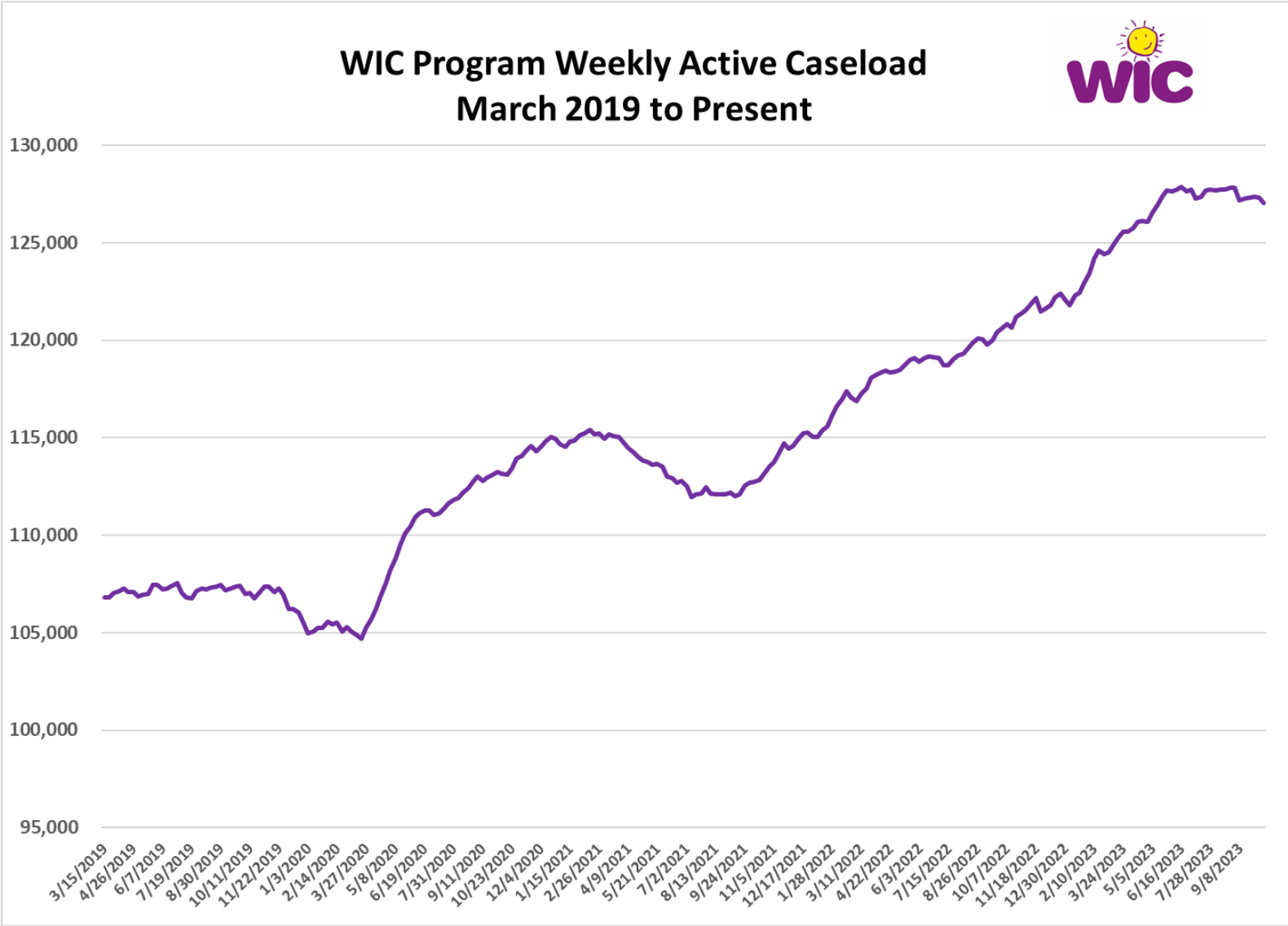
Better child
cognitive development



Healthier food choices and
improved diets for pregnant
women and children

Caulfield LE, Bennett WL, Gross SM, Hurley KM, Ogunwole SM, Venkataramani M, Lerman JL, Zhang A, Sharma R, Bass EB. Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Comparative Effectiveness Review No. 253. (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 75Q80120D00003.) AHRQ Publication No. 22-EHC019. Rockville, MD: Agency for Healthcare Research and Quality; April 2022. DOI: <https://doi.org/10.23970/AHRQEPCCER253>.

MA WIC Enrollment: Up >20% since the COVID-19 Pandemic



WIC Program Supports Local Economies

WIC participants spend more than **\$300,000 of WIC benefits** a day on healthy foods **at local WIC retailers**

- This includes an average of \$85,000 spent per day on fruits and vegetables, made possible by enhancements to the Cash Value Benefit for fruit and vegetables in recent years

WIC partners with the Department of Agricultural Resources to implement the **WIC Farmers' Market Nutrition Program**, providing **\$30 for participants** to use at markets and farm stands in the summer and fall



WIC Modernization — Services and Food Benefits

WIC is operating under post-pandemic, **ARPA-supported waivers** to allow **more flexible service delivery options**, such as remote recertification and follow-up appointments

USDA will be releasing an updated **WIC Food Package ruling in Spring 2024**, based on science-based recommendations from the National Academies of Science, Engineering, and Medicine (NASEM)

- A continued emphasis on fruits/vegetables, whole grains, and culturally-appropriate foods is anticipated



WIC Modernization — Technology Initiatives



Online pre-application



WICShopper app



Teletask texting platform



WICSmart online
nutrition education



OnBase digital
storage solution



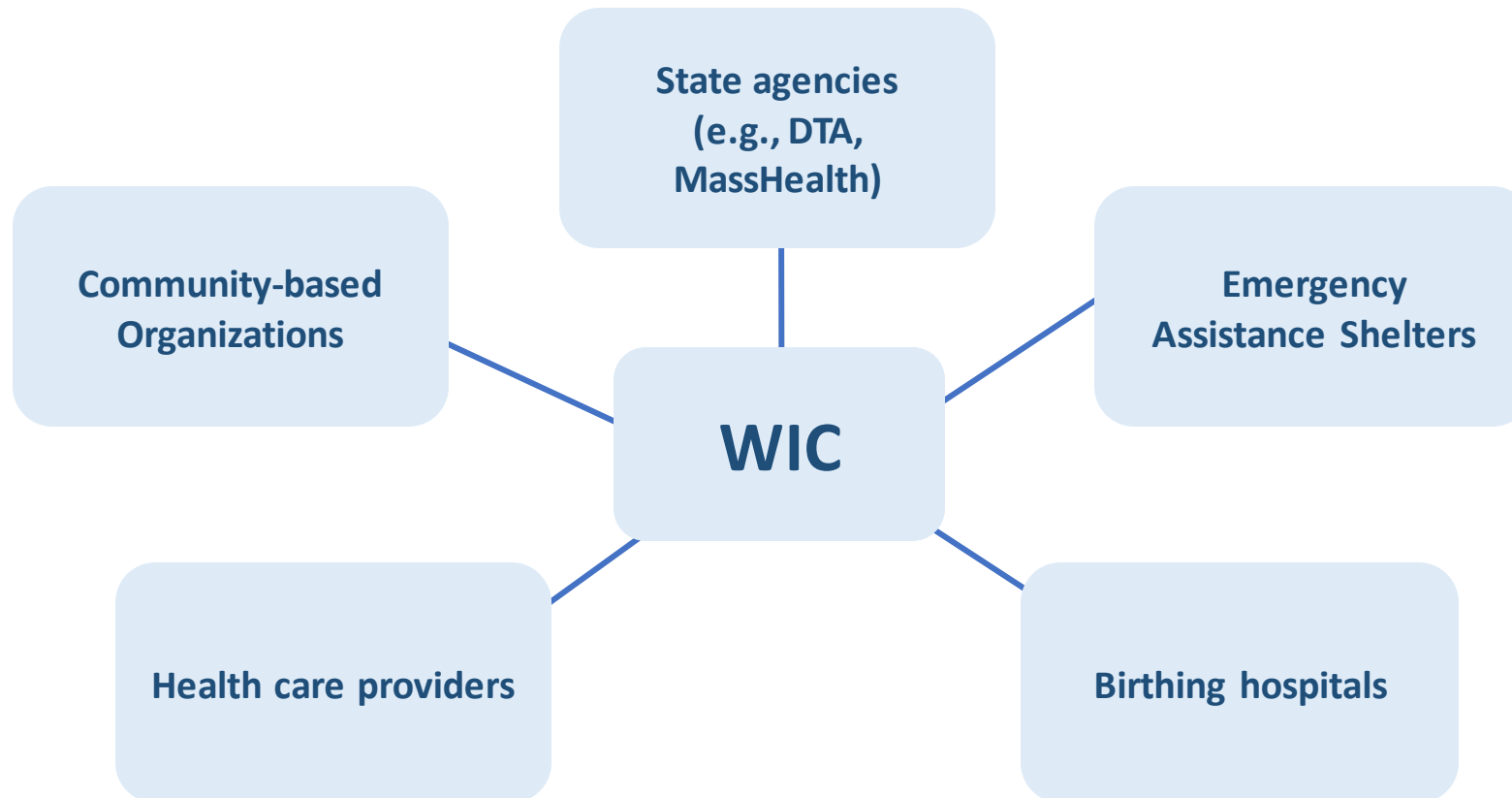
WIC Online Ordering Project
(in partnership with
Washington WIC and Walmart)



e-Farmers Market
Nutrition Program

WIC Partnerships

WIC works closely with state and local organizations to identify and enroll eligible families as well as address larger health and food security issues across the Commonwealth.



WIC Priorities for FY24



Collaborate with partners to address racial and health equity across all aspects within WIC (e.g., procurement, staff support, data analysis, and program development)



Identify opportunities to add value to program services so that participants continue to receive WIC benefits throughout their full period of eligibility



Enhance state and local program breastfeeding promotion and support efforts to improve breastfeeding rates among WIC participants



Continue to monitor and enhance local program nutrition services and program performance, emphasizing quality as integral to WIC operations and excellent participant services

WIC Priorities for FY24 (cont.)



Coordinate on data sharing to improve outreach and referrals between WIC and maternal and child health systems



Continue social marketing and digital advertising to enhance and support outreach activities and maximize program participation



Improve the participant retail experience and **continue to modernize WIC technology** to maximize program flexibilities, efficiencies and efficacy



Continue to shape WIC's image as an authority in perinatal and child nutrition

WIC & Public Health



@ MassWIC



Thank you for the opportunity to present this information today.

Please direct any questions to:

Rachel Colchamiro, MPH, RD, LDN, CLC
Director, Nutrition Division
Bureau of Family Health and Nutrition
Rachel.Colchamiro@mass.gov

An Overview of the Massachusetts IDEA Part C/Early Intervention System

Emily White, PhD, BCBA-D, LABA
Director, Early Intervention Division
Bureau of Family Health and Nutrition

Overview

- What is Part C? Why is it important?
- How does Part C work in Massachusetts?
- Successes of Part C in Massachusetts
- Key Priorities for FY24



What is Part C? Why is it important?

- Part C of the Individuals with Disabilities Education Act (IDEA) is the program for infants and toddlers with disabilities
- Part C was created to:



Enhance the development of infants and toddlers with disabilities and minimize potential developmental delay



Maximize the potential for individuals with disabilities to live independently



Reduce educational costs by minimizing the need for special education and other services for children



Enhance capacity for families to meet the special needs of their infants and toddlers with disabilities

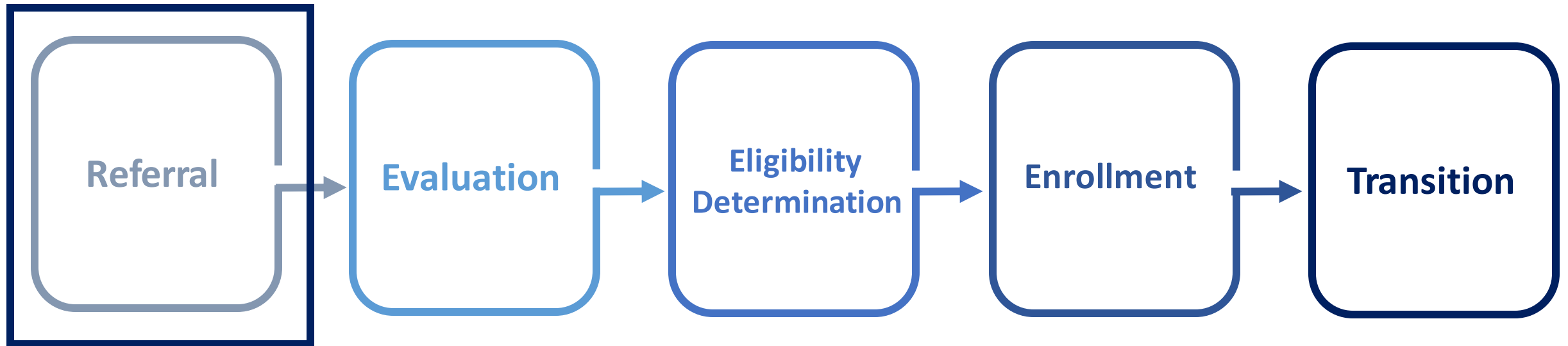


Enhance capacity of state and local agencies to identify, evaluate, and meet the needs of all children

How does Part C work in MA?



How does Part C work in MA?



What is Referral?

Referral is simple

- Potentially eligible child is connected to early intervention program(s)
- Inquiries returned within 14 days
- No prescription or insurance authorization needed
- Overview of early intervention
- Discussion of:
 - Medical & developmental history
 - Family Rights & Procedural Safeguards

Find your local EI program

Please sort or search on this list by **city/town name** (not zip code) to find your local EI program.

Search by city/town name

Show entries

Search:

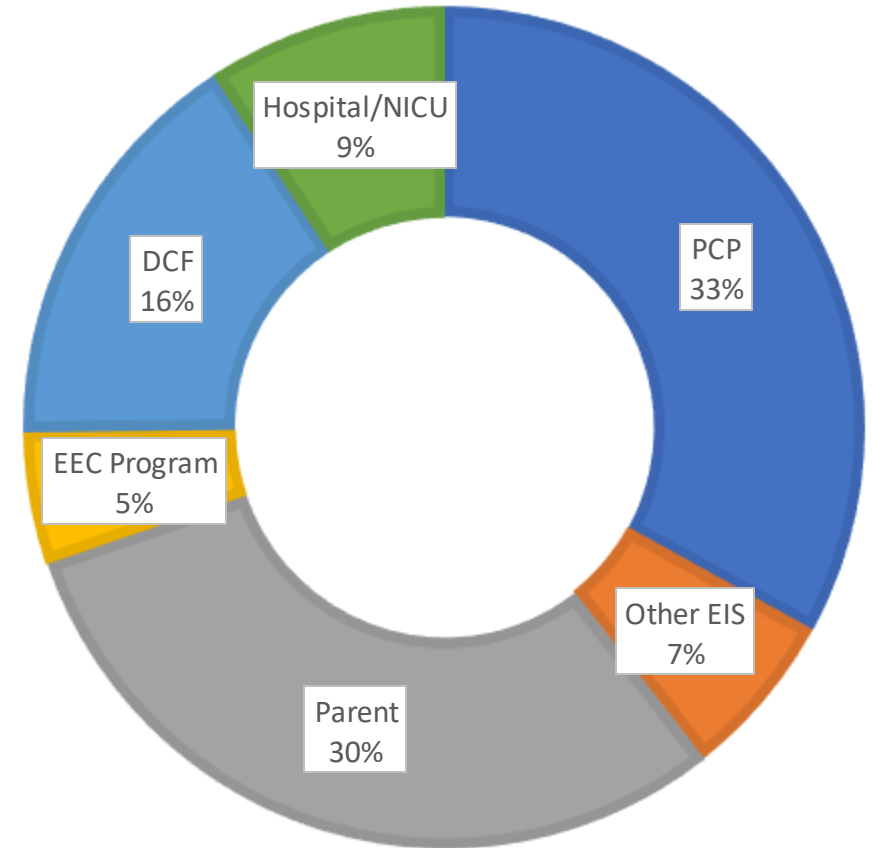
	Program Name	Phone Number	Website
+	Bay Cove Early Intervention	617-371-3010	https://www.baycovehumanservices.org/early-inte...
+	Boston Children's Hospital Early Intervention Program	617-919-7872	https://www.childrenshospital.org/about-us/loca...
+	Criterion Boston Early Intervention Program	617-469-3080	https://www.criterionchild.com/index.php/progra...
+	Dimock Early Intervention Program	617-442-8800	https://dimock.org/service/child-and-family-ser...
+	Harbor Area Early Intervention/North Suffolk Mental Health	617-569-6560	http://northsuffolk.org/services/early-childhoo...

Showing 1 to 5 of 6 entries (filtered from 59 total entries)

Previous **1** 2 Next

Who Refers to Part C?

- Physicians are most common referral source
- Parents often self-refer
- Department of Children & Families refers under Child Abuse Prevention & Treatment Act

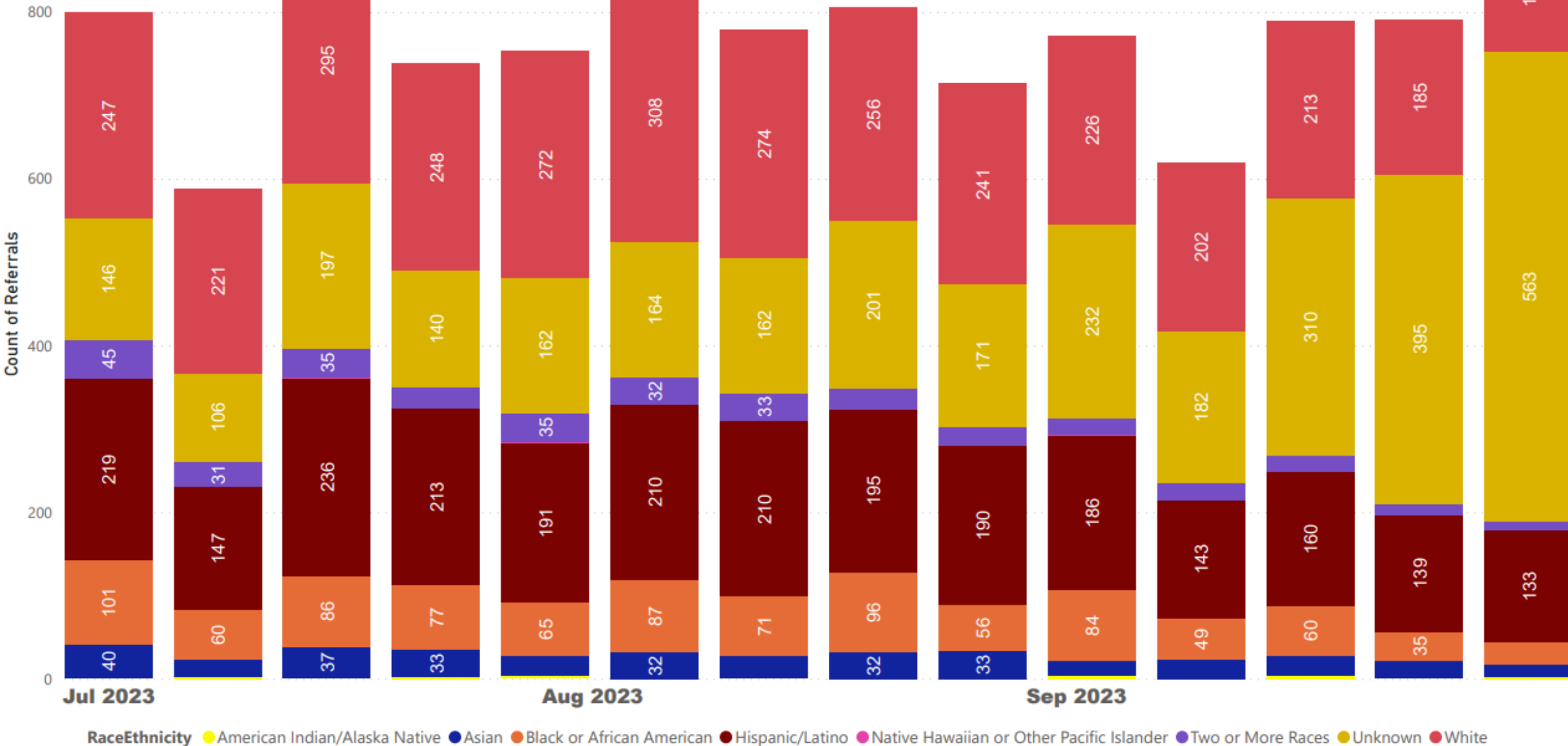


Week ending 9/30/23

Count of Referrals by Week

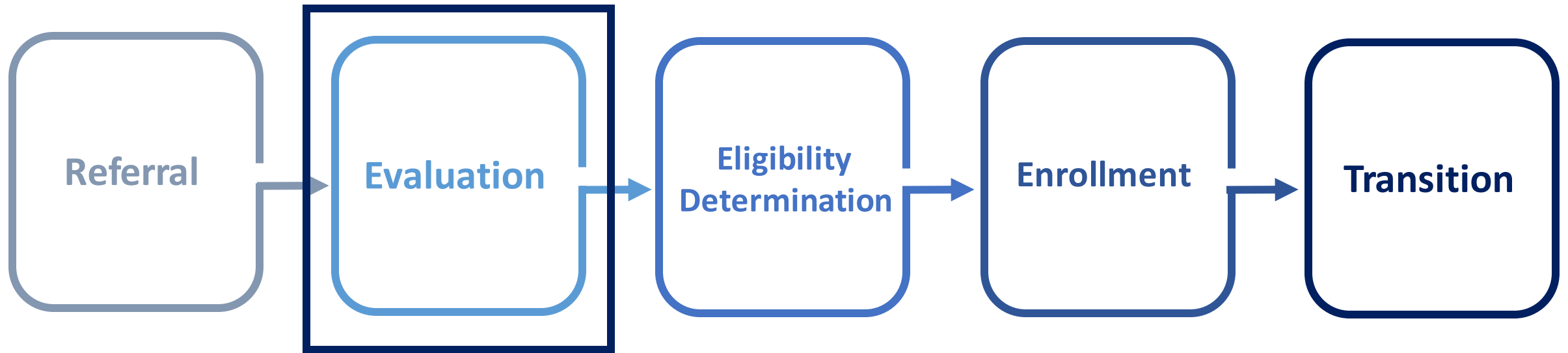
Data Through Week Ending

Saturday, September 30, 2023





How does Part C work in MA?



What Happens During an Evaluation?

Evaluate child's current skills:

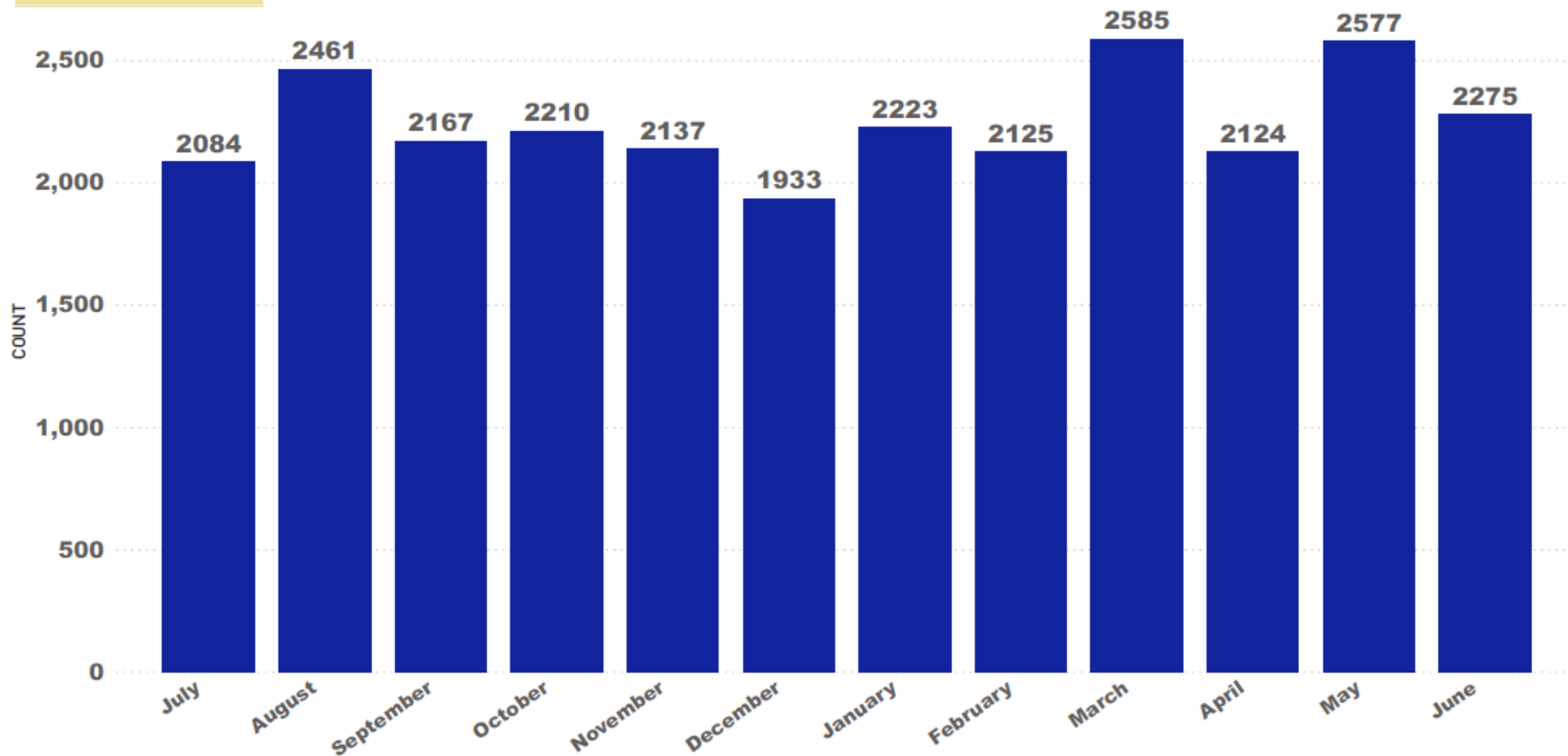
- Review of child's medical and developmental records
- A multi-disciplinary team of certified early interventionists administer a standardized tool
- Evaluation occurs face-to-face in the child's natural environment and incorporates family routines
- Voluntary assessment of risk factors



Fiscal Year

2023

Initial Evaluations Count by Month



How does Part C work in MA?



Who is Eligible for Early Intervention?

Four Categories of Eligibility:

1. Established Conditions
2. Established Developmental Delays
3. At-Risk for Developmental Delay
4. Clinical Judgement

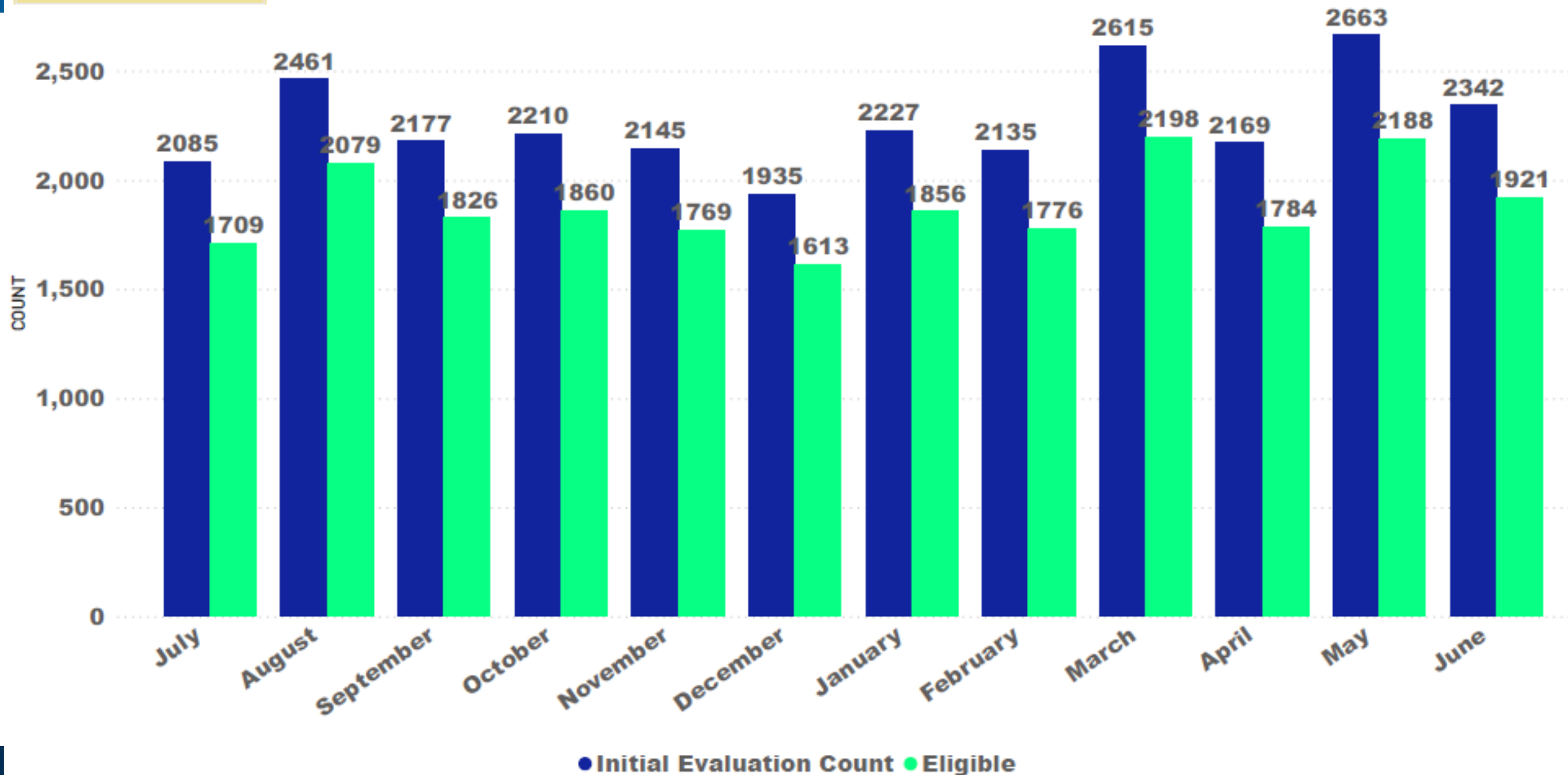


Fiscal Year

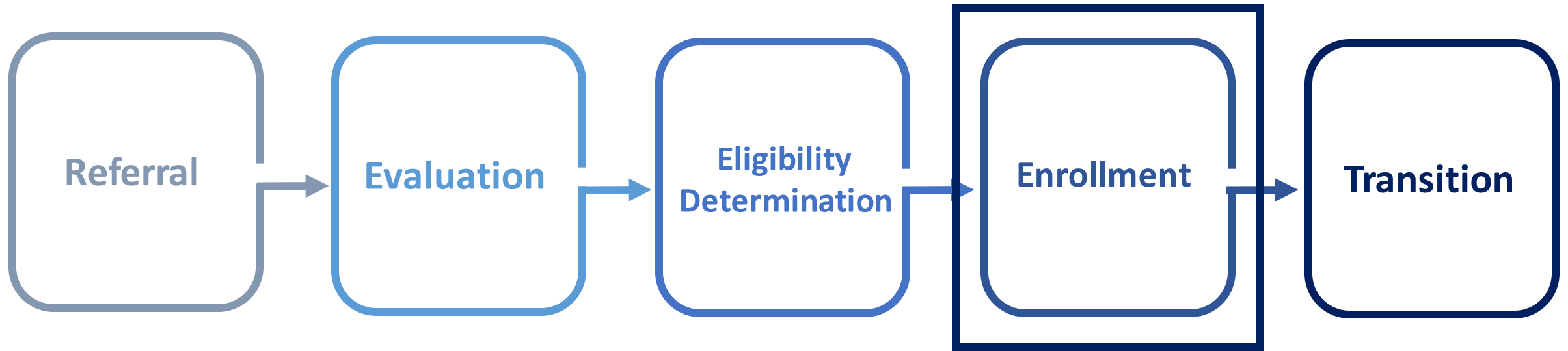
2023



Initial Evaluations and Eligible Count by Month



How does Part C work in MA?



Quick Facts About Enrolling in Part C

Who does EI serve?



Serves **infants and toddlers** from birth to age 3 and **their families**

What is the cost of EI services?



Services are **free of charge** for families

Who provides EI services?




Services are offered at **59 EI services providers** and **20 Specialty service providers**

How Does a Family Enroll in Early Intervention?

Families are part of the team:

- Individualized Family Service Plan (IFSP) developed collaboratively within 45-days of the parent's consent
- Written in family's native language
- Includes:
 - Current levels of development
 - Family priorities & concerns
 - Services designed to enhance the child's development and the capacity of the family to meet the child's needs
 - Measurable Outcomes

INDIVIDUALIZED FAMILY SERVICE PLAN		
<small>The Individualized Family Service Plan (IFSP) is a working document that outlines the Early Intervention (EI) services to be provided. The initial IFSP (based on a timely and comprehensive multidisciplinary evaluation and assessment) is completed within 45 days of referral. The plan is developed collaboratively among IFSP Team Members - including parents, caregivers, EI staff, Specialty Services Provider (SSP) staff and/or others, as needed. Participants in the development of the IFSP may also include community representatives, extended family members, and others as requested by the parent if feasible to do so. The EI Service Coordinator is responsible for implementing the plan, preparing for ongoing IFSP meetings, and meeting state and federal timelines.</small>		
	Child's Legal Name	Date of Birth Gender
	Address	Primary Language
	Email	DPH ID#
	Change of Address	
	IFSP Team Members (including family members, caregivers, EI and SSP providers and others)	

What do Early Intervention Services Look Like?

Families are partners:

- Intervention includes the child, caregiver, and early interventionist
- Dyadic relationship between caregiver & child
- Provided in natural setting for the child
- May include:
 - Physical therapy
 - Speech & language services
 - Early intensive behavioral intervention
 - Vision services



How Does Part C Work in MA?



What Happens When a Child Exits Early Intervention?

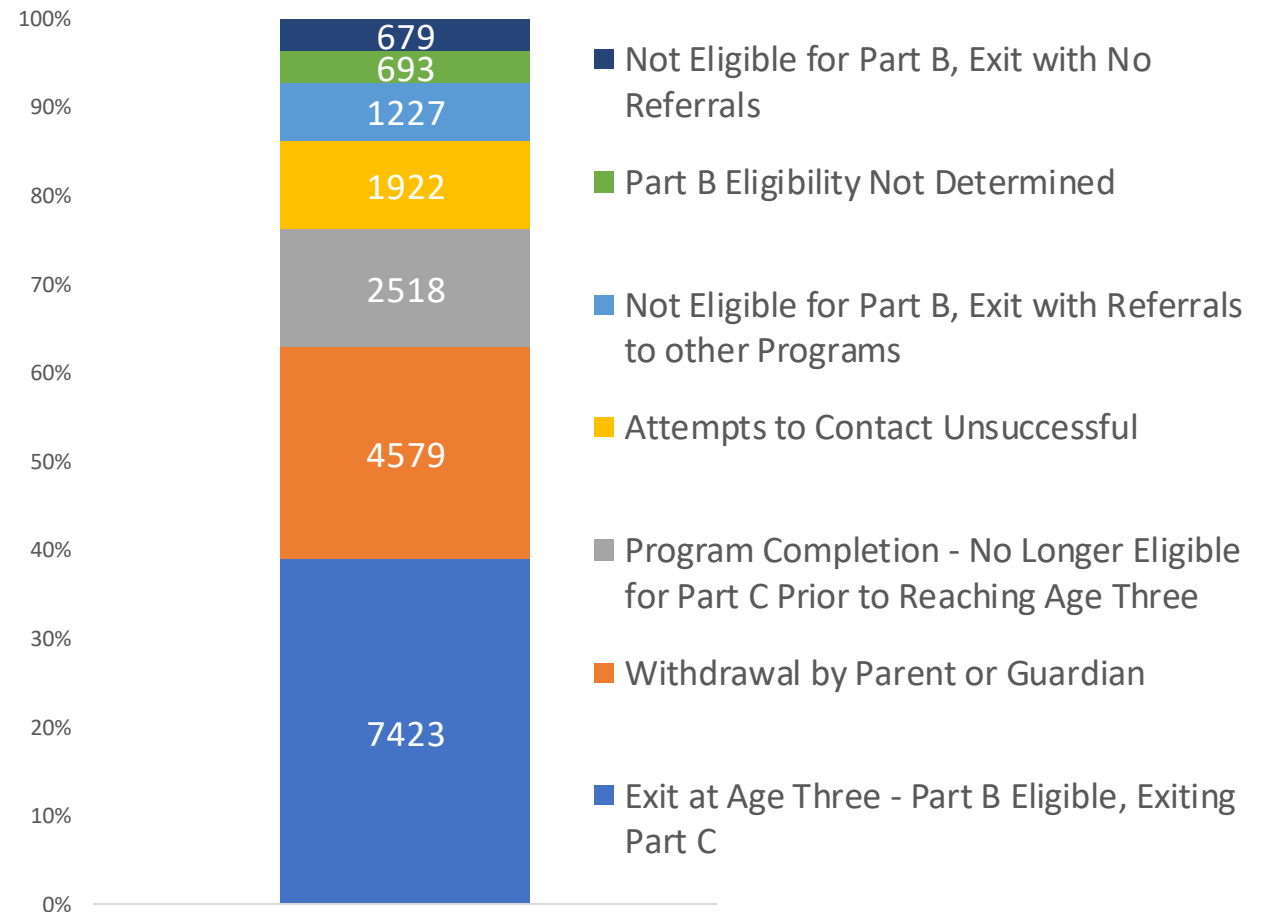
Transition is a warm hand-off:

- Guided by MOU on Early Childhood Transitions (Dept of Public Health, Dept of Early Education & Care, Dept of Elementary & Secondary Education)
- Transition plan with steps & services
- Transition conference
- Notification to local education agencies, community partners



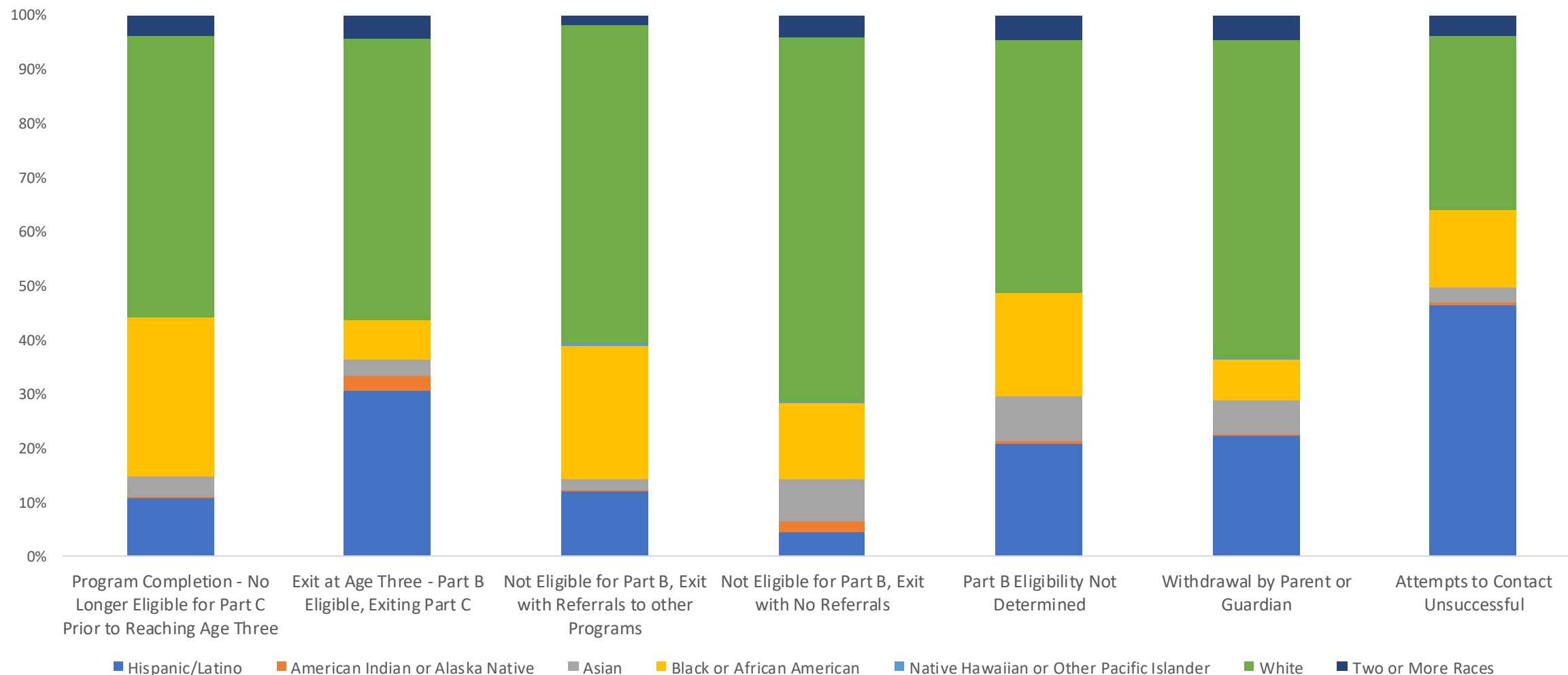
Why do Children Exit Part C?

- Most children exit at age 3 and transition to Part B services (DESE)
- 10% “Graduate” Part C before age 3



FY 23: July 1, 2022—June 30, 2023

Why do Children Exit Part C?



Successes—FY23 MA Part C System Highlights

41K

MA Part C served over
41,000 infants and toddlers

90%

90% of families enrolled in EI
reported that services helped their
children's learning and development

80%

80% of children who entered EI below
age-expectation **substantially increased**
their acquisition and use of knowledge
and skills

99%

99% of services were provided in the
child's natural environment by embedding
learning within their everyday routines

FY23 Budget Highlights and Financial Investments

\$48.7M



**Services for
infants and toddlers**

\$2.3M



**Data System
Upgrades**

\$488K



**Public Awareness
Program**

\$1.1M



**Trainings & Supports
for Providers**

EI Priorities for FY24



**Improve representativeness
of families responding to
outcomes survey**



Improve child outcomes



**Revise monitoring to
meet federal guidance**



Improve data quality



Thank you for the opportunity to present this information today.

Please direct any questions to:

Emily White, PhD, BCBA-D, LABA
Director, Early Intervention Division
Bureau of Family Health and Nutrition
Emily.A.White@mass.gov



Massachusetts Department of Public Health

**Next Meeting:
December 13, 2023**