ATTACHMENT C – WORK PLAN
DETAIL

PROJECT NAME: Children and Youth with Special Health Care Needs

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: October 1, 2025

To: September 30, 2030

Project Summary:

The NYSDOH Bureau of Child Health administers the Children and Youth with Special Health Care Needs (CYSHCN) Program with funding from the Health Resources & Services Administration (HRSA) Maternal and Child Health Services Block Grant. The Blueprint for Change provides a national framework to guide the system of services for CYSHCN. The NYSDOH, local health departments (LHD) statewide, and the CYSHCN Center of Excellence (COE) partner on the CYSHCN Program. The LHDs implement the Program, tailored to their county, based on needs that were identified by the community. The Program activities are developed at the local level to address the demographic, economic, geographic, and social barriers and unmet needs that impact CYSHCN and their families in the county and reflect the diversity and unique needs of individuals and communities. Specific evidence-based, evidence-informed, and/or best practice strategies and quality improvement strategies are used by the LHD staff, based on county needs, to address health equity and improve access to medical services and the number of CYSHCN who have a Medical Home*, promote quality of life and well-being, support child development, and/or provide emotional and social supports for CYSHCN birth to 21 years of age. This includes a plan for transitions throughout the child's life experience from pre-school to adulthood which includes youth and young adults, ages 14 to 21 years, to support their transition to all aspects of adult life, including health care, education and training, employment, health insurance, life skills, and independence.

The designated LHD staff person(s) serves as a resource in the county and builds collaborative relationships with partners, who reflect the diversity in the county, to share information and resources, coordinate services, and collaborate to address unmet needs and improve the system of care for CYSHCN and their families. Partners include CYSHCN and their families, federal, state, city, county and/or town community-based programs as well as educational institutions who serve children and youth. CYSHCN and their families are equal partners and decision makers, and need to be included in listening sessions, planning program activities, satisfaction surveys, and on community advisory groups. Information and resources may be shared with the community through newsletters, social media, website(s) or in-person workshops and translated for the community.

The LHD staff also support individual CYSHCN and their families by providing information and referrals about services and community resources based on their need(s). Information is provided in a format that is understandable to the family and translated as needed. While working with individual families, the LHD staff confirm that the child has a primary care medical provider and insurance. If they do not, the family is provided a referral and follow-up is documented. Information and referrals that are provided to CYSHCN and their families are recorded in the NYSDOH CYSHCN database consistent with the program policy. The LHD staff will work with the CYSHCN COE for training and technical assistance which includes public health detailing** training and the development of a family/community engagement plan which outlines county-specific actions and

strategies to increase family and community outreach and engagement. The LHD staff will use, share, and contribute to the CYSHCN public facing online, searchable statewide resource guide, to be developed by the CYSHCN COE.

*Medical Home model of care where a primary health care provider is the usual source of medical care (including sick care), referrals, and/or care coordination.
** Public health detailing is an evidence-based strategy to encourage clinical practice change through brief, educational, one-on-one provider visits.

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OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name: Statewide LHD Training and Technical Assistance Needs Assessment	**Task Name:** Participate in Statewide LHD Training and Technical Assistance Needs Assessment	**Performance Measure Name:** LHD Participated in the Statewide Training and Technical Assistance Needs Assessment
1. LHD staff participate in the annual CYSHCN COE statewide needs assessment to determine Program gaps and barriers and inform training and technical assistance (TA).	1.1 LHD staff participate in the annual CYSHCN COE Program training and TA needs assessment.	1.1.1 A minimum of one LHD staff person participated in CYSHCN COE annual training and TA needs assessment.
Objective Name: CYSHCN LHD Staff Program Training and Technical Assistance	**Task Name:** CYSHCN LHD Staff Participate in a Quarterly Learning Community	**Performance Measure Name:** CYSHCN LHD Staff Participated in a Quarterly Learning Community
2. LHD CYSHCN Program staff participate in training and TA provided by the CYSHCN COE.	2.1 Participate in a quarterly skills-based interactive LHD Learning Community that includes public health detailing training, topics relevant for CYSHCN and their families, evidence-based, evidence-informed, and/or best practice strategies.	2.1.1 CYSHCN required FTE program staff participated in the quarterly Learning Community and is documented on the quarterly report and submitted per NYSDOH guidance.
	Task Name: Self-Paced Interactive Modules	**Performance Measure Name:** Completed Self-Paced Interactive Modules
	2.2 Complete self-paced interactive modules focused on public health detailing.	2.2.1 CYSHCN required FTE program staff completed self-paced interactive module(s) focused on public health detailing and is documented on the quarterly report and submitted per NYSDOH guidance.
	Task Name: NYSDOH CYSHCN Annual Program Meeting	**Performance Measure Name:** Participated in NYSDOH CYSHCN Annual Program Meeting
	2.3 Attend in-person annual NYSDOH CYSHCN Program meeting.	2.3.1 At least one (1) LHD Program staff attended in-person annual NYSDOH CYSHCN Program meeting and is documented on the quarterly report and submitted per NYSDOH guidance.
	Task Name: NYSDOH CYSHCN Quarterly Webinar Meetings	**Performance Measure Name:** Participated in NYSDOH CYSHCN Quarterly Webinar Meetings
	2.4 Participate in quarterly NYSDOH CYSHCN meeting via webinar.	2.4.1 At least one (1) LHD CYSHCN staff member participated in NYSDOH quarterly CYSHCN Program meeting and is documented on the quarterly report and submitted per NYSDOH guidance.

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OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name: Family/Community Engagement Plan	**Task Name:** Develop Family/Community Engagement Plan	**Performance Measure Name:** Family/Community Engagement Plan Developed
3. Develop an initial LHD CYSHCN Program family/community engagement plan with the CYSHCN COE staff and update the plan each year. *A Family/Community Engagement Plan outlines county-specific actions and strategies for increasing CYSHCN family and community outreach.	3.1 Develop or update the LHD CYSHCN Program family/community engagement plan annually with the CYSHCN COE staff. The engagement plan is to include: a. A description about the needs assessment that informed the family/community engagement plan such as the county Community Health Needs Assessment (CHNA), CYSHCN Program family feedback, community advisory council(s) and work group(s) input, child and youth serving program(s) input, and/or other; b. A description about the demographic, economic, geographic, social barriers, and unmet needs that impact CYSHCN and their families in the county; and c. A description about how the communities that will be served reflect the diversity and unique needs of CYSHCN individuals and communities; d. Partnerships with local, federal, state, city, county and/or town community-based programs as well as educational programs that serve youth and organizations that are inclusive and reflect the diversity and unique needs of individuals and the communities they serve; e. Evidence-based, evidence-informed, and/or best practice strategies or quality improvement strategies (minimum three) and related performance measures (minimum three) per year, that are tailored to address identified CYSHCN needs related to: • Health equity and improve access to medical services (minimum one required); • Quality of life and well-being; • Child development; • Emotional and social supports; and • Other.	3.1.1 The Program family/community engagement plan is completed annually, to include all items listed (a-e), with the CYSHCN COE and submitted to the NYSDOH Program Manager within 30 days of completion. The engagement plan included: a. The description about the needs assessment(s) that informed the community engagement plan; b. The demographic, economic, geographic, social barriers, and unmet needs that impact CYSHCN and their families in the county; c. A description about the communities to be served that reflects the diversity and unique needs of individuals and communities; d. Partnerships with local, state, and federal children and youth serving programs and organizations that reflect the diversity of the county; and e. A minimum of three evidence-based practices or quality improvement strategies, and a minimum of three related performance measures that are tailored to address identified CYSHCN needs related to: • Health equity and improve access to medical services (minimum one required); • Quality of life and well-being; • Child development; • Emotional and social supports; and • Other.

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OBJECTIVE	TASKS	PERFORMANCE MEASURES
	Task Name: Family/Community Engagement Plan Performance Measures	**Performance Measure Name:** Family/Community Engagement Plan Annual Performance Measures
	3.2 Report the progress of the LHD CYSHCN family/community engagement plan, quality improvement strategies, and performance measure(s) biannually.	3.2.1 Document and submit the progress of the LHD CYSHCN family/community engagement plan, quality improvement strategies, and performance measures at the end of quarters 2 and 4.
Objective Name: Partner and Provider Engagement	**Task Name:** Engage Medical Service Partners and Providers	**Performance Measure Name:** Engaged Medical Partners and Providers
4. LHD CYSHCN staff serve as a resource and collaborate routinely with federal, state, city, county community-based programs and educational institution partners who serve children and youth and reflect the diversity in the county. The purpose of the collaboration is to improve the system of care for CYSHCN and their families by sharing information and resources between programs, providing the community with information and education, and to establish the CYSHCN Program as a resource in the community. Information may be shared with the community virtually, in a newsletter, through social media, training, workshops translated to meet the needs of the community, etc.	4.1 Engage with partners, in each category listed below, to share information and resources and improve access to medical services and the number of CYSHCN who have a medical home*. Partners include but are not limited to: a. Medical Primary Care Practices*** (Family Medicine, Pediatrics, School-Based Health Centers, Specialists, other); b. Hospital staff who serve newborns, children, and youth, e.g., newborn nursery, pediatrics, ***; c. Health Homes Serving Children***; d. County Health Department child and youth serving programs (e.g., Maternal and Child Health, Immunization, Lead Program, etc.); e. Mental Health Services Single Point of Access (SPOA); f. Medicaid and Social Security Income; g. Non-emergency transportation; and h. Other, determined by community needs assessment. *** If your county does not have a hospital, coordinate outreach with contiguous counties to include outreach to Medical Practices serving the target county as well.	4.1.1 Report on the number of and type of medical services partners (a-h) that the LHD CYSHCN staff engaged with and describe the information and resources that were shared between partners (a-h) and the CYSHCN program as required on the quarterly report and submitted per NYSDOH guidance: a. Medical Primary Care Practices*** (Note: for section a, engaged with partners **once per quarter)**; b. Hospital staff who serve newborns, children, and youth, e.g., newborn nursery, pediatrics ***; c. Health Homes Serving Children***; d. County Health Department child and youth serving programs (e.g., Maternal and Child Health, Immunization, Lead Program, etc.); e. Mental Health Services Single Point of Access (SPOA); f. Medicaid and Social Security Income; g. Non-emergency transportation; and h. Other, determined by community needs assessment, (Note: for sections b through h, engaged with partners a **minimum of once per year**.)
		Performance Measure Name: Provided Information and Resources to Increase Access to Medical Services in the Community

		4.1.2 Report on the effort(s) and outcome(s) to provide information and resources in the community to improve access to medical services on the quarterly report and submitted per NYSDOH guidance.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
	Task Name: Engage Partners to Promote the Quality of Life and Well-Being for CYSHCN and their families	**Performance Measure Name:** Engaged Partners who Promote the Quality of Life and Well-Being for CYSHCN and their families
	4.2 Engage with partners to identify resources and promote the quality of life and well-being for CYSHCN and their families. Partners may include and not be limited to: • County Department of Social Services (DSS), Department of Children, Youth, and Families (DCYF) and other County Departments with child and youth serving programs; • Women Infants and Children (WIC); • Emergency Food Relief Organizations; • Supportive Housing Programs; • Respite Services; • Childcare Services (daycare, summer camp); and • Workforce Development.	4.2.1 Report on the number of and type of partners CYSHCN staff met with to promote quality of life and well-being for CYSHCN and their families and describe the information and resources that were shared between partners and the CYSHCN Program on the quarterly report and submitted per NYSDOH guidance.
		Performance Measure Name: Provided Information and Resources to Promote the Quality of Life and Well-being for CYSHCN and their Families
		4.2.2 Report on effort(s) and outcome(s) to provide information and resources in the community to promote the quality of life and well-being for CYSHCN and their families on the quarterly report and submitted per NYSDOH guidance.
	Task Name: Engage Partners to Support Child Development for CYSHCN	**Performance Measure Name:** Engaged Partners to Support Child Development for CYSHCN
	4.3 Engage with partners who support child development. Partners may include and not be limited to: • Head Start; • Early Intervention (EI), Committee on Preschool Special Education (CPSE), Pre-school Programs; and • School District (e.g., administrators, nurses, guidance counselors, teachers, Boards of Cooperative Educational Services (BOCES), Wellness Committees).	4.3.1 Report on the number of and type of partners CYSHCN staff met with who support child development and describe the information and resources that were shared between partners and the CYSHCN on the quarterly report and submitted per NYSDOH guidance.

		Performance Measure Name: Provided Information and Resources to Promote Child Development for CYSHCN
		4.3.2 Report on effort(s) and outcome(s) to provide information and resources in the community to promote child development on the quarterly report and submitted per NYSDOH guidance.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
	Task Name: Engage Partners to Identify Emotional and Social Support	**Performance Measure Name:** Engage Partners to Identify Emotional and Social Support
	4.4 Engage with partners to identify resources for emotional and social support for CYSHCN, their caregiver/parents, siblings, and immediate family members such as peer to peer support and social connections. Partners may include and not be limited to: • Other County Departments, child and youth serving programs, (e.g., Recreation; Children, Youth, and Families); and • Community-based organizations who provide recreation, leisure, mindfulness, sport programs, and community activities.	4.4.1 Report on the number of and type of partners CYSHCN staff met with who provide emotional and social support and describe the information and resources that were shared between partners and the CYSHCN Program on the quarterly report and submitted per NYSDOH guidance.
		Performance Measure Name: Provided Information and Resources to Promote Emotional and Social Support for CYSHCN and their Families
		4.4.2 Report on the effort(s) and outcome(s) to provide information and resources in the community to promote emotional and social support for CYSHCN and their families on the quarterly report and submitted per NYSDOH guidance.
	Task Name: Engage Emergency Preparedness Programs	**Performance Measure Name:** Engaged with Emergency Preparedness Programs
	4.5 Engage with partners to identify resources for emergency preparedness. Partners may include and not be limited to: • City and/or County programs; • Fire department(s); and • Law enforcement, Sheriff department(s).	4.5.1 Report on the number of and type of partners CYSHCN staff met with who provide emergency preparedness support and describe the information and resources that were shared between partners and the CYSHCN Program on the quarterly report and submitted per NYSDOH guidance.
		Performance Measure Name: Provided Information and Resources to Promote Emergency Preparedness for CYSHCN and their Families
		4.5.2 Report on effort(s) and outcome(s) to provide information and resources in the community to promote emergency preparedness for CYSHCN and their families on the quarterly report and submitted per NYSDOH guidance.

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	Task Name: Community Advisory Council(s) and Work Group(s)	**Performance Measure Name:** Participated on Advisory Council(s) and Work Group(s)
	4.6 Participate on community advisory or work group(s) that address topics related to and not limited to: • Medical services and medical home • Quality of life and well-being • Child development • Emotional and social support • Emergency preparedness	4.6.1 List the community advisory or work group (s) CYSHCN LHD staff actively participate on.
Objective Name: Community Resources	**Task Name:** Resource Guide	**Performance Measure Name:** Resource Guide
5. Utilize and share resources with community partners, CYSHCN and their families in a format translated to meet the needs of the intended audience.	5.1 Utilize a public facing online, searchable statewide resource guide**** that includes a catalog of federal, state, local, and community-based organizations, and resources statewide to provide information and support to child and youth serving community partners as well as CYSHCN and their families. **** Resource guide to be developed by the CYSHCN COE.	5.1.1 LHD staff will report about how they used and shared the public facing online, searchable statewide resource guide with community partners as well as CYSHCN and their families on the quarterly report and submitted per NYSDOH guidance.
		Performance Measure Name: Recommended Additions to Resource Guide
		5.1.2 LHD staff recommended additions to the CYSHCN Resource Guide when new resources/services become available and documented on the quarterly report and submitted per NYSDOH guidance.
	Task Name: Distribute Program Resources	**Performance Measure Name:** Program Resources Distributed
	5.2 Distribute materials in the target county, including those created by the CYSHCN COE, such as: a. Advertise and promote the availability of the local CYSHCN Program; b. Educational materials for CYSHCN and their families; c. Educational materials for providers; d. CYSHCN specific monthly social media posts; and e. Training and educational opportunities.	5.2.1 LHD staff will report on the type of materials distributed and the intended recipients on the quarterly report and submitted per NYSDOH guidance.
	Task Name: Promote Quarterly CYSHCN Meetings	**Performance Measure Name:** Quarterly CYSHCN Meetings Promoted
	5.3 LHD staff promote and attend quarterly meetings hosted by the CYSHCN COE that focus on resources for CYSHCN and their families.	5.3.1 Report on methods to promote the quarterly meetings hosted by the COE in the community and at least one LHD CYSHCN staff member attended and documented in the quarterly report per NYSDOH guidance.

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OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name: Coordination of Community Resources	**Task Name:** Coordinate Resources for CYSHCN and Their Families	**Performance Measure Name:** Resources for CYSHCN and their Families Coordinated
6. Information and referrals are provided to CYSHCN and their families in a format translated to meet the needs of the intended audience.	6.1 Provide individual CYSHCN and their families with information and referral(s).	6.1.1 Information and referral(s) provided to CYSHCN and their families in person or by phone, is recorded completely and accurately in the NYSDOH CYSHCN database quarterly per NYSDOH guidance provided. 100% of referrals that require follow-up have a documented outcome.
	Task Name: Confirm Adequate Private and/or Public Health Insurance	**Performance Measure Name:** Confirmed Adequate Private and/or Public Health Insurance
	6.2 Confirm CYSHCN and their families have adequate private and/or public health insurance (Medicaid). If not, provide a referral.	6.2.1 100% of participants represented in the database each quarter have been indicated to have adequate private and/or public insurance (Medicaid) or were referred.
	Task Name: Confirm Primary Care Provider	**Performance Measure Name:** Primary Care Provider Confirmed
	6.3 Confirm CYSHCN and their families have a Primary Care Provider (usual source of medical care (including sick care), referrals, and/or care coordination). If not, provide a referral.	6.3.1 100% of participants represented in the database each quarter have been indicated to have a Primary Care Provider (a usual source of medical care (including sick care), referrals, and/or care coordination) or were referred.
Objective Name: Transition Services	**Task Name:** Provide CYSHCN and their Families with Information Related to Transition	**Performance Measure Name:** CYSHCN and Their Families Provided Information Related to Transition
7. Provide resources and supports to help CYSHCN and their parents/caregivers plan for transitions from birth-21 years.	7.1 Collaborate with federal, state, city, county community-based programs and educational institution partners to provide information and resources to CYSHCN and their parents/caregivers to plan for transitions from pre-school to adulthood.	7.1.1 The type and format of information and resources provided to CYSHCN, and their parents/caregivers is documented in the quarterly report and submitted per NYSDOH guidance.
	Task Name: Collaborate with YSHCN Partners to Support Transition to Adult Life	**Performance Measure Name:** Collaborated with YSHCN Partners and Provided Support for YSHCN to Transition to Adult Life
	7.2 Collaborate with YSHCN (ages 14-21) serving partners and organizations to provide support and resources for youth and young adults to transition to adult life, including health care, education and training, employment, health insurance, life skills, and independence.	7.2.1 Report on the type and format of information and resources provided to YSHCN, parents, and/or caregivers documented in the quarterly report and submitted per NYSDOH guidance.

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OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name: CYSHCN and Family Engagement	**Task Name:** Support Family Engagement – CYSHCN COE Listening Sessions	**Performance Measure Name:** Family Engagement – CYSHCN COE Listening Sessions Supported
8. Engage CYSHCN and families as equal partners and decision makers in planning and systems work to improve services and effective practices for CYSHCN and families.	8.1 Provide support for the annual CYSHCN COE family feedback listening sessions and telephone interviews.	8.1.1 The promotion of CYSHCN and family participation, that reflects the diversity in the target county, in the CYSHCN COE family feedback listening sessions and telephone interviews, is documented in the quarterly report and submitted per NYSDOH guidance.
	Task Name: Community Advisory Council(s) and Work Group(s)	**Performance Measure Name:** Participation on Community Advisory Council(s) and Work Group(s)
	8.2 Encourage parent(s) or caregivers of CYSHCN to participate on community advisory councils and work groups that serve children and youth.	8.2.1 The number of parent(s) or caregivers of CYSHCN who were encouraged to participate on community advisory councils or work groups to address topics related to CYSHCN and improving the system of care is documented in the quarterly report and submitted per NYSDOH guidance.
		Performance Measure Name: Reimbursed for Participation on Advisory Council or Work Group
		8.2.2 100% of parent(s) or caregiver(s) of CYSHCN were reimbursed for their participation on a community advisory council(s) or work group(s), consistent with the program's *Allowable Expenses Guidance,* documented on claim invoices, and documented in the quarterly report and submitted per NYSDOH guidance.
	Task Name: Program Activity Planning	**Performance Measure Name:** Parent or Caregiver Participation on Program Activity Planning
	8.3 Engage CYSHCN and families who represent the diversity of the target county in CYSHCN program activity planning.	8.3.1 The number of parent(s) or caregiver(s) of CYSHCN who contributed to program activity planning is documented in the quarterly report and submitted per NYSDOH guidance.
		Performance Measure Name: Reimbursed for Participation in Planning Program Activities.
		8.3.2 The number of parent(s) or caregiver(s) of CYSHCN who were reimbursed for their participation planning program activities, consistent with the program's *Allowable Expenses Guidance,* and documented in the quarterly report and submitted per NYSDOH guidance.

	Task Name: Conduct Program Activity Survey	**Performance Measure Name:** Program Activity Survey Conducted
	8.4 Conduct a survey with CYSHCN and family participants for each activity, training, or workshop held.	8.4.1 Provide a summary of the survey results with the quarterly report.
	Task Name: Host Target County CYSHCN and Family Feedback Listening Sessions	**Performance Measure Name:** Target County Family Feedback Listening Session(s) hosted by LHD staff
	8.5 LHD staff host listening sessions annually, and completed by September 30, with a minimum of 5 CYSHCN participants and their families who represent the diversity of the county. **Note:** Questions will be provided annually by NYSDOH by January 1.	8.5.1 Aggregate results of listening session(s) reported as directed on the annual narrative report and submitted to the NYSDOH Program Manager.
		Performance Measure Name: Reimbursed for Participation in Listening Sessions
		8.5.2 100% of parent(s) or caregiver(s) of CYSHCN are reimbursed for their participation in listening sessions consistent with the program's *Allowable Expenses Guidance and* documented in the quarterly report and submitted per NYSDOH guidance.
OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name: Program Administration	**Task Name:** Submit Organizational Chart	**Performance Measure Name:** Organizational Chart Submitted
9. Ensure an organizational structure that meets the operational needs of the CYSHCN program for the target county.	9.1 Develop and maintain an organizational chart of all personnel, including vacant positions. The organizational chart includes all personnel who perform CYSHCN Program activities and the location of the CYSHCN Program.	9.1.1 An organizational chart was submitted to the NYSDOH Program Manager with the 1st quarterly report annually and whenever there are staff changes.
Objective Name: Policies and Procedures	**Task Name:** Program Policies and Procedures are Up to Date and Accessible	**Performance Measure Name:** Policies and Procedures are Current and Accessible
10. Ensure policies and procedures that meets the operational needs of the CYSHCN program for the target county.	10.1 Develop and update CYSHCN Program policies and procedures for daily use, orientation of new staff, and in-service education.	10.1.1 The CYSHCN Program policies and procedures were kept up to date and centrally located for use by LHD staff and for review by NYSDOH staff upon request.
	Task Name: Complete Program Report(s)	**Performance Measure Name:** Program Report(s) Completed
	10.2 Complete required CYSHCN Program quarterly report(s) per guidance provided by NYSDOH.	10.2.1 100% of required quarterly CYSHCN Program reports were completed and submitted consistent with guidance provided by NYSDOH.