



**WHAT IS THE COC-ES ?** - The COC-ES is a working group of diverse stakeholders from the Eastern Shore of Maryland. The group is composed of family members, providers, advocates and professionals from the public and private service systems from the nine counties of the Eastern Shore. The individuals involved are dedicated to improving systems of care for children/youth with special health care needs. We meet quarterly on the second Wednesday in the months of March, June, September and December.

**MEMBERSHIP**- Our regional group provides an opportunity to meet and exchange information, identify problems and strengths and collaborate to find solutions to regional gaps and concerns and strengthen partnerships. Membership is free and open to any individual that has an interest in children and youth with special health care needs.

**WHO ARE CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS ?** -The COC-ES uses the Maternal Child Health Bureau (MCHB) definition: children who have or at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

**CORE OUTCOMES** - The group uses the MCHB six core outcomes to identify areas of focus.

- Families and children/youth with special health care needs partner in decision making at all levels and are satisfied with the services they receive.
- Children and youth with special health care needs receive coordinated ongoing comprehensive care within a medical home.
- Families of CYSHCN have adequate private or public insurance to pay for the services they need.
- Children are screened early and continuously for special health care needs.
- Community based services are organized so families can use them easily.
- Youth with special health care needs receive the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.

#### **FOCUS AREAS AND SUPPORTED PROJECTS/INITIATIVES**

- The B-HIPP model-primary pediatricians are able to consult with a specialist from Johns Hopkins for behavior and mental health concerns.
- Regional Pediatric Specialty Clinics –JHH telehealth in partnership with participating local Health Departments
- Project ECHO- Behavioral and Healthcare Transition

- Telemedicine clinics with JHH, working with CNMC for in person specialty services, expanding ABA therapy options and increase certified child/adolescent behavioral health services and options
- Early stages of a somatic/behavioral health model, partnerships for collaboration with local universities ( a current model is being planned with UMES), working with the Sickle Cell Disease Association of Harford and Cecil counties and the Eastern Shore to promote professional and community education and problem solving for access and transportation services.

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