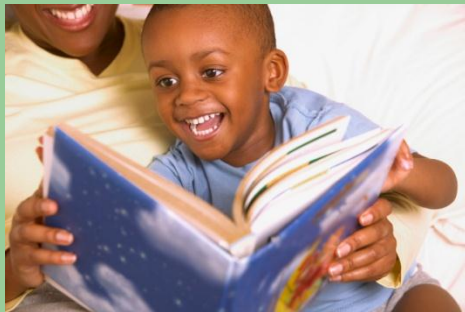# Anne Arundel County Systems Transformation Project Birth to 5

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The Problem

- Programs exist in silos. Each program has its own set of priorities, eligibility requirements, intake forms and intervention plans.
- When families apply to programs, they are often asked the same or similar questions by intake specialists.
- There is no sense of prioritization based on the concerns of the family.
- Families frequently become overwhelmed by the number of service providers who come to their homes.

The Innovation

- A multi-agency system that targets children between birth and five with disabilities and delays and their families.

- A sequential model guided by family priorities.

- Components will include a holistic family approach, comprehensive trans-agency case management within a sequential system that fully realizes the concept of "no wrong door."

- Pilot to serve 21403 zipcode (Georgetown East ES catchment area)

Many thanks to Marcella Franczkowski for her vision and support of this project which embodies the concept of family-centered services!

The Model

A Three-Pronged Approach

Tele-Health

Technology to help families better communicate with pediatric specialists, early intervention staff, and other providers with better access to their child's medical records.

Universal Intake & Referral System

Efforts to Outcomes Software by Social Solutions provides a single intake mechanism and data collection system used by all agencies at the point of entry allowing for data to be shared across systems with parental permission.

Early Childhood Community Resource Initiative/Care Team (CRICT)

Representatives from multiple agencies come together with a family when an intensive interagency plan of action and family navigation are needed.

Evaluation

- Pre- and post- surveys to families to measure satisfaction regarding ease of access to both intake and ongoing services, as well as coordination of services between providers

- Pre- and post-surveys to providers to gather information regarding workload, ease of access to family and existing records, as well as ability to collaborate with other providers

Outcomes

- **Centralized referral and data management**
- **Improvements in speed, accuracy and consistency**
- **Increased agency/organization capacity**
- **Increased cost-efficiency and reduced redundancy**
- **Sequential services that recognize family priorities**
- **Enhanced assessments and targeted referrals**

Progress to date

- Established Steering Committee which includes agency partners, community members, and school staff
- Submitted proposal to DHMH for TeleHealth component
- Completed intake form and initial assessments that will be the foundation of the universal intake system build
- Developed one-pager for marketing
- Development of organizational assessment with Social Solutions completed, system blueprint in development with demo site to be viable in December
- Established Early Childhood CRICT Team which will begin meeting with families in early 2015