

## Priority: Effective cross-sector collaboration

This is a typed summary of a **large group discussion** on the strategies to address the “Effective cross-sector collaboration” priority identified by the stakeholders in the year-one Statewide ASD/DD meeting.

Strategy	Action Steps
Create a mechanism for ongoing information sharing and communication across state agencies/other organizations serving CYSHCN with ASD and DD. -  <b>The CoC and Regional Advisory Panels; Autism Workgroup</b>	<ul style="list-style-type: none"> <li>• Meet to educate and share information</li> </ul>
	<ul style="list-style-type: none"> <li>• Reach out to organizations that are stakeholders that are not at the table.</li> </ul>
	<ul style="list-style-type: none"> <li>• Formalize collaborations through memorandum of understanding.</li> </ul>
Reduce duplicative efforts by different agencies/organizations –  <b>Groups Above and Structure of the State Plan</b>	<ul style="list-style-type: none"> <li>• Confirm when agencies/organizations are duplicating services for the same clients</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify territorialism and consider opportunities for sharing funding.</li> </ul>
	<ul style="list-style-type: none"> <li>• Have other organizations review an organization’s report before dissemination.</li> </ul>

### Discussion/Comments regarding “Duplicative Efforts”

Some meeting attendees acknowledged the need to reduce or eliminate duplication of services; meeting attendees also discussed and highlighted the idea that sometimes the perception of “duplicated services” is inaccurate: sometimes service providers and/or local and state agencies think that because one subgroup (i.e. children ages birth to 3 years; students on the Autism Waiver, etc.) is receiving services, everything is covered. The reality is that while *some* members of the target population are being served, not *all* are because of eligibility limits based on age, income, diagnosis, etc. as well as limited availability of providers in some areas. So the topic of “duplication” is very complex.

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Something that really needs to be addressed is organizational accountability – instead of determining that a child is not eligible for the service(s) provided by an agency and saying “sorry, we can’t help you” (which amounts to “dropping the ball” or “passing the buck”), agencies/organizations should say “we can’t cover that service for your child, but let me see if I can connect you with another agency/organization that might be able to help.” Organizations/agencies should get together to define roles, services provided and for whom, etc. and be sure that everyone in the system of care knows the specific roles and services of agencies/organizations. Regional hubs would help with this.

### Discussion/Comments regarding “mechanisms for ongoing information sharing and communication”

The existing structure of certain existing programs could be used as a model:

- Partners for Success
- Info Anne Arundel
- MD Learning Links (MSDE)
- OGPSHCN Online CYSHCN Resource Locator – could a discussion forum be added to this?

What about an address book for care coordinators so that they can connect with each other? A barrier identified in creation of such an address book is the high turnover rates among care coordinators, which means information gets outdated quickly.

We really need to collaborate around sharing data.

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