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# THE GEORGIA INTERAGENCY DIRECTORS TEAM (IDT): A CASE STUDY IN THE SUCCESSFUL COLLABORATION OF CHILD SERVING AGENCIES

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## INTRODUCTION

Central to the System of Care (SOC) concept is interagency collaboration. Research on effective collaboration has identified barriers and facilitators to successful interagency collaboration<sup>1</sup>. However, qualitative information on how a successful collaborative looks and works, and what kinds of success can be achieved as they relate to the concept of SOC is still lacking.

Learning Objectives:

1. Describe concrete steps and specific actions that have contributed to successes realized by the Georgia IDT.
2. Visualize successful interagency collaboration and explain concrete action steps that support interagency collaboration.
3. Share with other agencies and policymakers steps to support interagency collaboration to achieve concrete results around the creation and support of the SOC.

This poster presentation will be helpful to agency directors, administrators, policymakers, and academic partners. Specific examples of success and collaboration will be provided.

## BACKGROUND

The IDT was created to design, manage, facilitate, and implement an integrated approach to a child and adolescent SOC that informs policy and practice, and shares resources and funding. IDT is made up of over 20 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs. Utilizing the principle of stewardship to implement a SOC approach, the team has achieved progress toward several goals in efforts to create a collective impact on systems, agencies, and ultimately for children and families throughout the state.



## Member Organizations

- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Department of Community Health
- Georgia Department of Education
- Georgia Department of Juvenile Justice
- Georgia Department of Public Health
- Georgia Department of Early Care and Learning
- Georgia Vocational Rehabilitation Agency
- Together Georgia
- Georgia Parent Support Network

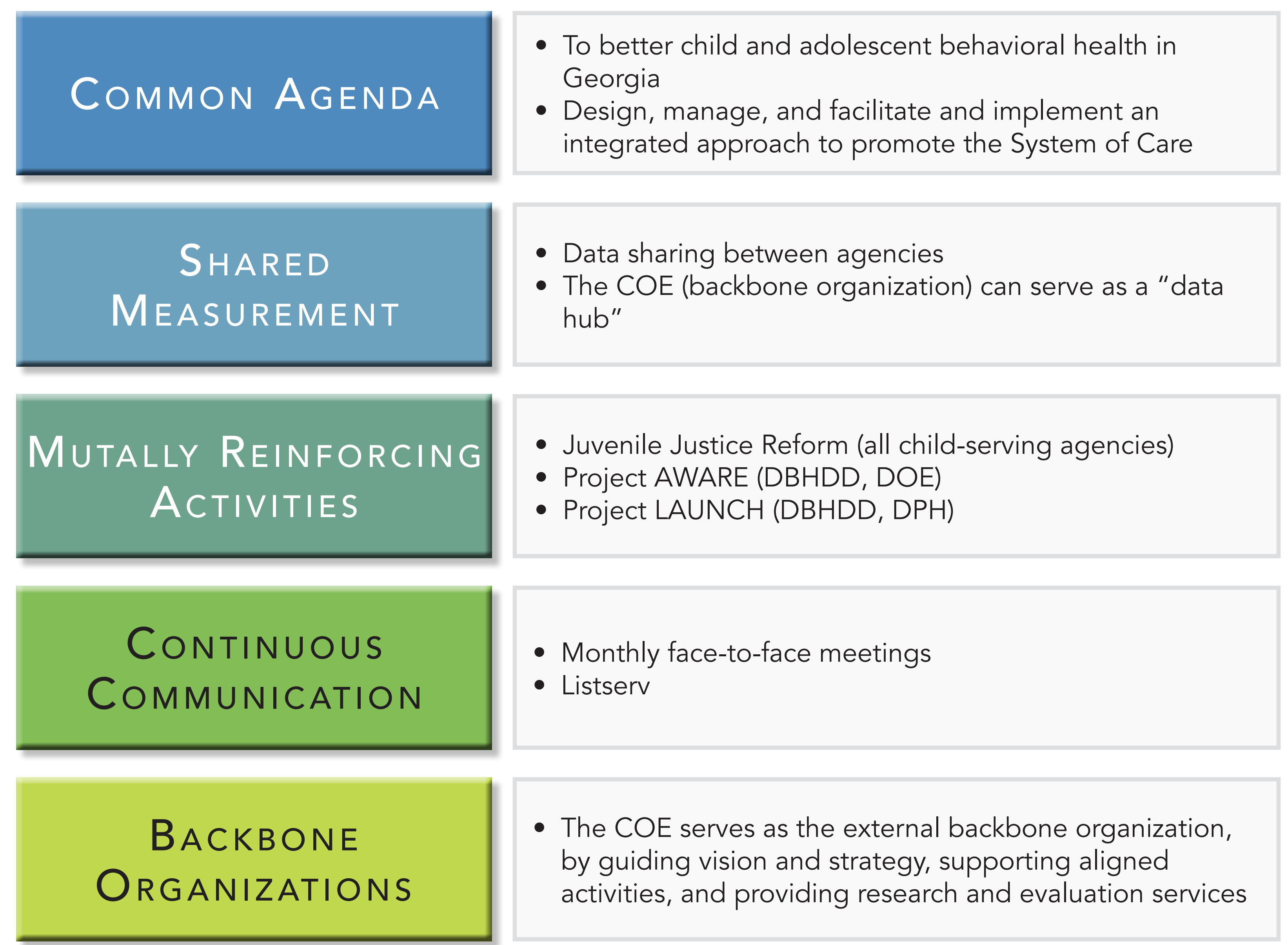
- Amerigroup Community Care
- Get Georgia Reading
- Georgia Department of Human Services, Division of Family and Children Services
- The Carter Center
- The Center of Excellence for Children’s Behavioral Health (Georgia State University)
- The Centers for Disease Control and Prevention (consulting federal agency)
- Voices for Georgia’s Children
- Center for Leadership in Disability

The work of the IDT both informs and helps disseminate information about policy and practice, and they have accomplished past successes in the areas of ADHD and prescription medications, Juvenile Justice Reform, and Transition-Age Youth and Young Adults. Additionally, they have managed to create and adopt a Memorandum of Understanding between the state government agencies and partnerships from IDT have resulted in grant-funded projects.

## TOOLS AND METHODS: COLLECTIVE IMPACT AND SYSTEMS THINKING

Five Key Conditions<sup>2</sup> for Collective Impact and the IDT

The IDT has utilized the Collective Impact Framework in its formation and evolution, which is based on five key conditions that distinguish collective impact from other collaborative initiatives.



### Systems Mapping Exercise

In order to help the group rethink its collaborative capacity in these areas, the COE brought in a dynamic systems expert to help them frame the important issues in children’s behavioral health in Georgia, analyze the root causes, and consider solutions. A handful of maps were created as a result of the systems mapping session, however the map with the most resonance among group members was the Children’s Behavioral Health: Collaborative Systems Map.

The map and resulting discussion among the IDT group made clear to the members that:

- Children served cannot be divided into siloes and are the responsibility of all partners.
- Most agency resources were directed toward the middle and high school years, as opposed to a more prevention-focused approach for younger children.
- Efforts should be refocused toward prevention and early interventions that could result in more children staying “on track” and ultimately result in significant cost-savings for the entire system.

## KEY ACCOMPLISHMENTS

The IDT has achieved some key accomplishments over the past few years in the following focus areas: evidence-based ADHD treatment availability and provision, services and supports for emerging adults, and securing and administering grants to enhance the children’s behavioral health system.

### ADHD Work

- In order to determine what treatments were being utilized in Georgia, the Department of Community Health, the COE, and the CDC partnered to analyze Medicaid claims data. Results revealed Georgia providers were often not utilizing best practices.
- As a result, educational opportunities for pediatricians are now available through Georgia’s largest Care Management Entity (CME).
- A workgroup of the IDT continues this work and is in the process of designing and conducting a capacity assessment for providing evidence-based and evidence-informed treatment services (i.e., behavioral parent training) to children with disruptive behavior disorders, including ADHD, among Georgia behavioral health providers in Medicaid.

### Emerging Adults

- The IDT decided to create a resource document for providers about youth culture and challenges. Over the course of the year, the document was created and approved by all partners, and later disseminated at conferences and on agency websites.
- The IDT still continues its work in the area of Emerging Adults and is currently exploring ways in which to increase youth involvement in both the IDT and with service providers and policy makers.

## GRANT AWARDS AND OVERSIGHT

The IDT collaborative and its member agencies have worked to secure federal funding to support child-serving agencies and initiatives in Georgia. Many of the SAMHSA grants awarded to the state to support children’s behavioral health needs have developed through IDT partnerships or require a broad, interdisciplinary oversight team. The IDT serves in this capacity for the following initiatives:

- Project AWARE: The Georgia Department of Education (DOE) was awarded a \$1.9 million grant from SAMHSA to implement Project AWARE to build and expand the capacity of state educational agencies to increase awareness of mental health issues among school age youth.
- Project LAUNCH: The Georgia Department of Public Health (DPH) and Department of Behavioral Health and Developmental Disabilities (DBHDD) were awarded a project LAUNCH grant from SAMHSA. The purpose of Project LAUNCH Georgia is to ensure the social, emotional, and behavioral health among children (birth to age eight) and to promote safe, supportive, and nurturing families residing in Muscogee County, Georgia.
- The SOC Expansion Grant (awarded to DBHDD), provides opportunities to further implement infrastructure and services to support a more effective service delivery system for youth with SED and their families. The grant supports the development of interagency structures, agreements, and partnerships for the coordination and financing of behavioral health systems.

## CONCLUSIONS

Child-serving agencies in Georgia have a long history of collaboration. Systems thinking has lead the group to shift focus to prevention. The more recent utilization of the Collective Impact Framework, and a backbone organization in particular, has contributed to the achievement of a number of system goals, and has increased the collaborative capacity of the group.



For more information, please contact the Georgia Health Policy Center at 404.413.0314 or visit us online at [www.ghpc.gsu.edu](http://www.ghpc.gsu.edu)

### References

1. Stroul, B. A., Blau, G., & Friedman, R. (2010). Updating the System of Care concept and philosophy. Washington, D.C., Georgetown University Center for Child and Human Development National Technical Assistance Center for Children’s Mental Health
2. Hanleybrown, F., Kania, J., & Kramer, M. (2012). Channeling Change: Making collective impact work. Stanford Social Innovation Review. <http://communityengagement.uncg.edu/wp-content/uploads/2014/08/Channeling-Change-Making-Collective-Impact-Work.pdf>

