



CENTER OF EXCELLENCE FOR
CHILDREN'S BEHAVIORAL HEALTH
integrating research, policy, and practice



IDT Annual Report SFY2017

Prepared by the Center of Excellence for Children's Behavioral Health
on behalf of the Interagency Directors Team, for submission to the
Behavioral Health Coordinating Council

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Executive Summary

This report documents the activities of Georgia's Interagency Directors Team (IDT) for state fiscal year (SFY) 2017: July 1, 2016 through June 30, 2017. The IDT was created by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) in 2011, as a working group of the state Behavioral Health Coordinating Council (BHCC) to implement and guide Georgia's System of Care (SOC). The Georgia IDT is currently composed of over 30 director-level members from state child-serving agencies and child, family, advocacy, and provider representative groups, as well as the Centers for Disease Control and Prevention as a federal consulting partner. The goals of the IDT are to:

- Better child and adolescent behavioral health in Georgia
- Design, manage, facilitate, and implement an integrated approach to care
- Use SOC model
- Inform policy and practice
- Integrate resources / funding.

During SFY2017, the IDT focused its efforts on further developing and finalizing the 2017 Georgia SOC State Plan as a strategic roadmap for improving children's behavioral health in the state over the next three years. The detailed plan, which will guide the IDT's future work, includes strategies and action items built around the focus areas of access, coordination, workforce development, funding and financing, and evaluation, and symbolizes a renewed commitment in the state to improving children's behavioral health services.

In addition to finalizing the SOC State Plan, the IDT continued its work on a number of children's behavioral health initiatives in SFY2017. In the area of ADHD diagnosis and treatment best practices, IDT members presented on ADHD the work at the Rosalynn Carter Mental Health Forum, and worked to further examine the availability of appropriate behavioral treatments in Georgia. The IDT continued to serve as the advisory body for three SAMHSA grants supporting the SOC framework in Georgia: Project AWARE (Advancing Wellness and Resilience in Education), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), and the SOC Expansion and Implementation grant. Moreover, the IDT increased the reach of grant activities to more children, families and service providers and worked to solidify its cross-sector collaborations and partnerships. The IDT's positive and cooperative atmosphere, fostered by the commitment of its members and leadership, allows the group to continue to serve as a unique forum for children's behavioral health discussion, learning, and collaboration in the state of Georgia.

Chapter I: Background and Structure

Background

The Georgia Interagency Directors Team (IDT) was created by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) in order to design, manage, facilitate, and implement an integrated approach to a child and adolescent System of Care (SOC) that informs policy and practice, and shares resources and funding. The IDT is made up of over 30 representatives from state agencies and non-governmental organizations that serve children with behavioral health needs in Georgia. The group finds its roots in the Substance Abuse and Mental Health Services Administration (SAMHSA) Child and Adolescent State Infrastructure Grant (CASIG) Interagency Workgroup ("Kidsnet Georgia"), which focused on supporting local SOC development, and ran from 2004 through March 2011. Since then, the workgroup has continued to work together as the IDT being comprised of Georgians who are working collaboratively to improve the lives of those with behavioral health challenges.

Structure

Responsibility for children's behavioral health in Georgia is shared among multiple state agencies. The IDT allows the opportunity for much needed partnership building between agency program directors to develop and implement shared strategic objectives, and communicate behavioral health issues to multiple audiences with a unified voice. SFY2017 members include the following:

- DBHDD
- Georgia Department of Community Health (DCH)
- Georgia Department of Education (DOE)
- Georgia Department of Early Care and Learning (DECAL)
- Georgia Department of Human Services (DHS), Division of Family and Children Services (DFCS)
- Georgia Department of Juvenile Justice (DJJ)
- Georgia Department of Public Health (DPH)
- Georgia Vocational Rehabilitation Agency (GVRA)
- Amerigroup Community Care/Georgia Families 360°
- CareSource
- The Carter Center
- Centers for Disease Control and Prevention (CDC; *consulting federal agency*)
- Center for Leadership in Disability, Georgia State University
- Center of Excellence for Children's Behavioral Health, Georgia State University (COE)
- Children's Healthcare of Atlanta
- Get Georgia Reading – Campaign for Grade Level Reading
- Georgia Alliance of Therapeutic Services for Families and Children
- Georgia Association of Community Service Boards

- Georgia Parent Support Network
- Mental Health America, Georgia
- Peach State/Cenpatico
- Together Georgia
- Voices for Georgia's Children
- WellCare

The IDT operates as a work group of, and reports to, the Behavioral Health Coordinating Council (BHCC), composed of Georgia Agency Commissioners, as well as representatives of the state legislative body and consumer community. The BHCC may pass on specific work requests to IDT, and in turn, the BHCC provides high-level support for IDT initiatives. The chair of the BHCC is the DBHDD Commissioner.

The IDT is headed by a chair, who is the key facilitator of meetings, strategic planning, and initiative development. The IDT co-chair, or incoming chair for the following year, works alongside the IDT chair to develop meeting agendas and strategic planning methods. If the IDT chair is ever unavailable to lead a meeting, the co-chair fills this role. In SFY2017, IDT was chaired by Linda McCall, Program Director for Long-Term Care/Behavioral Health, DCH, and co-chaired by Kristen Toliver, Wellness Program Manager, DFCS. Strong leadership, commitment, and varied agency representation from the IDT chair and co-chair have been critical components of the group's success over the past five years. Although the IDT's chair and co-chair facilitate and initiate decision-making among the group, they do not decide the direction of the work. All IDT members have a voice in decision-making; decisions regarding strategic plan work are typically determined by way of group discussion and agreement, or a vote if necessary, with the majority ruling.

Another critical component of the IDT's structure is the role played by the COE, housed at Georgia State University's Georgia Health Policy Center (GHPC). Within the [Collective Impact Framework](#), the COE provides backbone support to the group, via administrative, project management, research / evaluation, strategic planning, and thought partnership activities. The COE organizes monthly IDT meetings and pre-meeting planning sessions with IDT co-chairs, and manages the IDT website. The [IDT website](#) acts as an outlet for the IDT to communicate its efforts, including mission and vision, initiatives, and work products to the public. The COE also provides research and evaluation support to the IDT, including quantitative data reports, qualitative research via surveys or informational interviews, and the creation of reports, briefs or other documents supporting the yearly focus areas of the IDT. In addition, the COE surveys and evaluates the group regarding their collaborative effort, and with input, creates the IDT annual report. Lastly, the COE facilitates the IDT's strategic planning, and helps to manage, support, and track the group's progress toward achieving their goals. To date, the COE's assistance with the IDT has been funded solely by DBHDD. However, IDT members have discussed the importance of blending or braiding agency funds in the future, in order to support the IDT, as well as other children's behavioral health initiatives.

Chapter II: Vision, Mission, Guiding Principles, and Strategic Goal

The IDT's vision, mission, guiding principles, and strategic goal were developed during initial strategic planning meetings in FY2013, and are meant to steer all aspects of the group's work. Elements of the IDT's vision, mission, guiding principles, and strategic goal are contained within IDT's Operating Guidelines (**Appendix A**), as well as its interagency memorandum of understanding (MOU; **Appendix B**).

Vision

Georgia's youth and families that access services, programs and supports lead independent, enriched and productive lives in their communities of choice.

Mission

The IDT's mission is to be a multi-agency leadership collaborative that uniquely designs, manages, facilitates, and implements an integrated approach to a child and adolescent system of care that informs policy and practice and shares resources and funding.

The IDT exists as a subgroup of the Georgia's Behavioral Health Coordinating Council (BHCC), which was established in 2009 by the 150th Georgia General Assembly and Governor Sonny Perdue through O.C.G.A. § 37-2-4. As a subgroup of the BHCC, the IDT reports to and adopts the priorities of the BHCC. The BHCC may pass on specific work requests to the IDT and, in turn, the BHCC provides high-level support and guidance for IDT initiatives. DBHDD's current Commissioner serves as the chair of the BHCC.

The IDT will operate as a mechanism for interagency and public-private collaboration and coordination to strengthen and continue building the System of Care in Georgia. The IDT will provide the opportunity for much needed partnership building between agency program directors, and between the public and private systems, to develop and implement shared strategic objectives, and communicate behavioral health issues to multiple audiences with a unified voice. The IDT will not serve as a fiscal agent, but will maintain a collaborative partnership with grantors, fiscal agents and respective service providers.

The IDT's Guiding Principles:

- Youth Guided & Family Driven
- Home & Community Based
- Least Restrictive Environments
- Culturally & Linguistically Competent
- Promotes Evidence- Based Practices
- Ensures equitable participation among partners
- Committed to a system driven by data that uses measurable outcomes for system design
- Committed to a CQI process with developmental stages

- Respect the unique cultures and priorities of each agency

Strategic Goal

Children growing up to be healthy adults who live in the community are employed, choose and guide their care, in the least restrictive environments possible.

Chapter III: SFY2017 Strategic Work – SOC State Plan Development

Typically, at the start of each state fiscal year, IDT identifies priority areas for children's behavioral health, and develops a revised strategic plan for that year's work centered on the identified priority areas. However, recognizing the importance of the SOC State Plan and with support from the BHCC, the IDT focused its efforts in SFY2017 on further developing and finalizing the SOC State Plan that it started during SFY2016. The following section provides a recap of IDT's SFY2016 strategic work, and details its SFY2017 strategic work.

SFY2016 Strategic Plan Recap

In SFY2016, the IDT focused on creating a three-year Georgia SOC State Plan for children's behavioral health. The group formed an initial SOC State Plan workgroup in order to identify areas of need and focus, and populations served by the SOC State Plan. The focus areas identified were access, coordination, workforce development, funding and financing, and evaluation; these focus areas were then developed into a "framework" for the state plan. Facilitated by the COE, the IDT broke into workgroups, and began to flesh out the goals, goal statements, and short and long-term objectives for each areas of focus. In addition to the SOC state plan work, the IDT subgroups continued targeted work in the areas of Attention Deficit Hyperactivity Disorder (ADHD), school-based mental health, and emerging adults.

SFY2017 Strategic Work

Development / Finalization of SOC State Plan

Action Items	<ol style="list-style-type: none">1) Finalize SOC state plan goal statements, strategies, and action items for each focus area2) Create high-level implementation timeline3) Finalize SOC state plan
Agencies responsible	<ol style="list-style-type: none">1) Workgroup members2) COE3) COE with input from all IDT members
Status (FY2017)	<ol style="list-style-type: none">1) Completed2) Completed3) Completed
Performance Measures	<ol style="list-style-type: none">1) Consensus on SOC state plan goal statements, strategies, and action items for each focus area from all IDT members2) SOC state plan written and finalized3) Initial implementation timeline created

Building upon the work that resulted from their initial two-day workshop with the TA Network, IDT worked diligently over the course of SFY2017 to finalize the SOC state plan. This included the development of goal statements, strategies, and action items for each SOC state plan focus area: 1. Access, 2. Coordination, 3. Workforce Development, 4. Funding and Financing, and 5. Evaluation (see **Figure 1**, below).

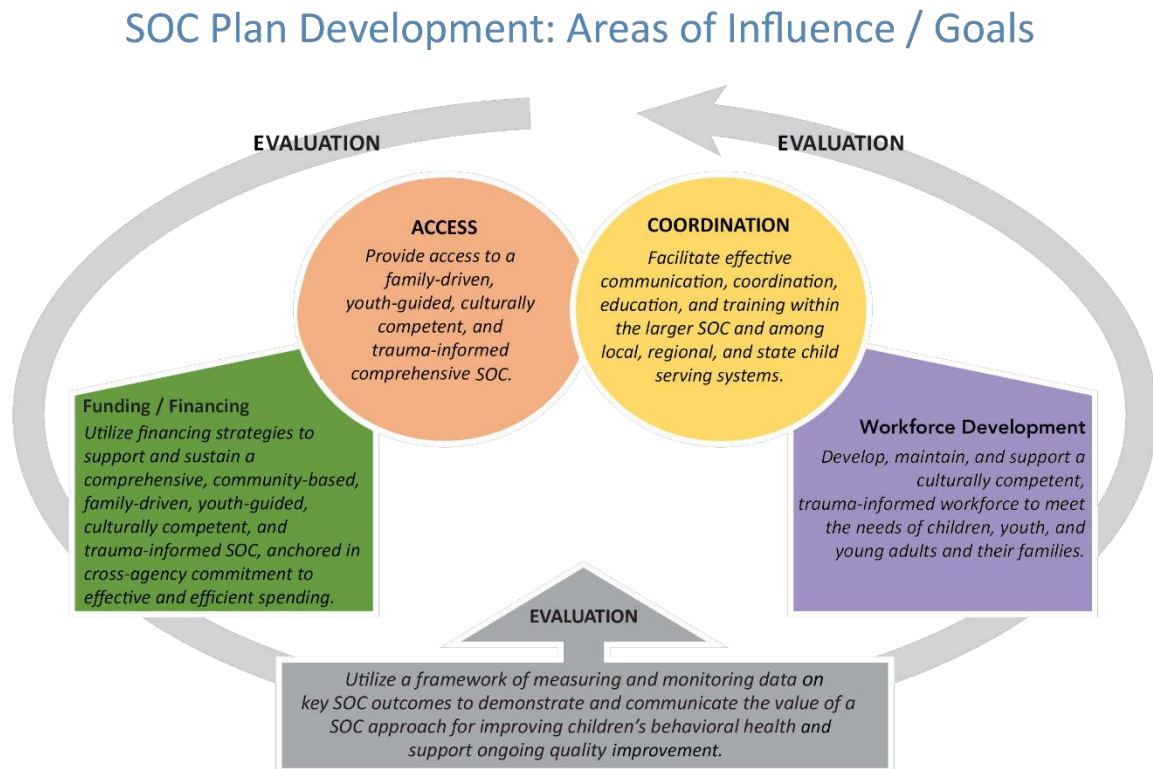


Fig. 1 SOC State Plan Framework

In order to manage this undertaking, IDT devoted a substantial amount of time during each monthly meeting to SOC state plan work, as well as time outside of regularly scheduled IDT meetings for document content reviews, brainstorming sessions, additional meetings, etc. All IDT members divided into workgroups in the areas of Access, Coordination, Workforce Development, and Funding and Financing, and worked to identify higher-level strategies and more detailed action items and outputs for their area. COE experts in children's behavioral health evaluation took the lead on developing strategies and action items for the remaining focus area – Evaluation.

A critical piece of the SOC state plan's development was the engagement of all IDT members throughout the process – including child-serving agency directors, provider representatives, CMO representatives, family and youth representatives, child advocates, and behavioral health researchers. Robust and varied input from the diverse group ensured that all stakeholders in the children's behavioral health system were represented, and able to inform the plan. In particular, the continuous involvement of

family and youth representatives with lived experience helped to ensure that the family and youth voice was present throughout the plan.

Each IDT SOC state plan workgroup was assigned a COE researcher to facilitate and record discussions. The COE researchers then translated each session's work into input for the SOC state plan. Over the course of twelve months, workgroups worked tirelessly to finalize the SOC state plan's strategies, assign them as short-term (to be completed during year one) and long-term (to be addressed during years two and three), and build out the action items and outcomes required to operationalize each strategy. Additionally, workgroups created a high-level quarterly implementation timeline for each action item, and assigned each action item into an estimated cost category: high, moderate, and low. Once all of the necessary SOC State Plan components were finalized, COE researchers, with input from workgroup members, wrote up the corresponding pieces of the SOC State Plan, including detailed narratives for each focus area, strategy, and action item. Feedback on the draft SOC state plan was gathered from all IDT members and incorporated.

IDT agency members continuously engaged key personnel within their agencies and organizations (commissioners, directors, etc.) during the development of the plan, in order to solicit feedback and ensure buy-in. Strong leadership from the IDT chair and co-chair helped the group to stay on track and motivated throughout the development and finalization process. Additionally, the IDT chair and co-chair provided valuable feedback and direction to the IDT and COE on SOC state plan content. The IDT chair provided detailed updates on the progress and content of the SOC state plan at BHCC quarterly meetings, and relayed BHCC feedback to the IDT for incorporation and reconciliation with the plan.

By the end of SFY2017 (June 2017), the SOC State Plan was finalized by IDT, and on August 16, 2017 (SFY2018), the BHCC approved SOC State Plan. The full SOC State Plan is attached to this report as **Appendix C**. Plan highlights (focus area goals and strategies) are included for quick reference on the following two pages (pp. 10 – 12).

Focus Area 1: Access

Goal statement: Provide access to a family-driven, youth-guided, culturally competent and trauma-informed comprehensive System of Care to meet the needs of children, youth, and young adults with severe emotional disturbance (SED), substance use disorders, and co-occurring disorders.	
Short-term Strategies	Long-term Strategies
1.1 Service mapping for behavioral health service utilization	1.5 Utilize data to inform a strategic approach to access
1.2 Increase behavioral health services available in schools	1.6 Recruit practitioners in shortage areas

1.3 Improve families' abilities to navigate the current system	1.7 Support continuity of care by addressing continuity of eligibility for Medicaid (address children and youth going on and off the Medicaid roll)
1.4 Increase utilization of Intensive Care Coordination (IC-3) services	1.8 Strategically increase the use of telemedicine/telehealth services within child-serving agencies

Focus Area 2: Coordination

Goal statement: Facilitate effective communication, coordination, education, and training within the larger System of Care and among local, regional, and state child-serving systems.	
Short-term Strategies	Long-term Strategies
2.1 Build and maintain feedback loops between local, regional, and state agencies and systems	2.3 Create and utilize a common language (as it relates to discussing SOC principles and making the business case to internal and external stakeholders)
2.2 Increase training on SOC for all stakeholders	2.4 Address gaps in the crisis continuum by adding additional levels of care that will address capacity and acuity concerns: Crisis Respite; IC3; therapeutic foster homes

Focus Area 3: Workforce Development

Goal statement: Develop, maintain, and support a culturally competent, trauma-informed workforce to meet the needs of children, youth, and young adults and their families.	
Short-term Strategies	Long-term Strategies
3.1 Targeted expansion of education/financial incentives to address behavioral health workforce shortages	3.4 Develop a state mental health workforce plan across IDT agencies with a managed and budgeted scale-up plan
3.2 Develop a clearinghouse of evidence-based/evidence-informed educational materials related to children's behavioral health	
3.3 Explore issues related to scope of practice and workforce shortages	

Focus Area 4: Funding & Financing

Goal statement: Utilize financing strategies to support and sustain a comprehensive, community-based, family-driven, youth-guided, culturally competent, and trauma-informed System of Care anchored in cross-agency commitment to effective and efficient spending.
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Short-term Strategies	Long-term Strategies
4.1 Interagency funding of the IDT as the oversight body for SOC in Georgia	4.4 Review financial mapping reports and implement recommendations from these (look for opportunities to braid or blend funding)
4.2 Interagency funding of the COE to support training, education, and evaluation related to SOC	4.5 IDT agencies will collaboratively plan, apply for, and release funding opportunities and procurements when behavioral health is a key component
4.3 SOC philosophies and outcomes are incorporated in current and future procurement/contracting throughout all child-serving agencies represented on the BHCC	

Focus Area 5: Evaluation

Goal statement: Utilize a framework of measuring and monitoring data on key SOC outcomes to demonstrate and communicate the value of a SOC approach for improving children's behavioral health, and support ongoing quality and improvement.	
Short-term Strategies	Long-term Strategies
5.1 The IDT will review SOC Evaluation tools to identify key metrics applicable to Georgia	5.3 The IDT will institute and maintain a continuous quality-improvement process utilizing identified metrics that will be reviewed annually and will regularly be reported to the BHCC
5.2 Provide tools to Local Interagency Planning Teams (LIPTs), Regional Interagency Action Teams (RIATs), and other child-serving systems to self-evaluate System of Care outcomes	

Special Project(s)

Continuation of ADHD Work

Action Items	<ol style="list-style-type: none">1) Create and conduct a survey of Georgia behavioral health providers about the provision evidence-based and evidence-informed behavioral health treatments for children with ADHD2) Submit for approval to the Institutional Review Board (IRB) of Georgia State University3) Utilize results to target training and workforce development activities via webinar
Agencies responsible	<ol style="list-style-type: none">1) CDC, COE, input from all workgroup members2) COE3) All
Status (FY2017)	<ol style="list-style-type: none">1) Completed2) Completed3) Webinar drafted
Performance Measures	<ol style="list-style-type: none">1) Survey created and approved by IRB2) Survey released, collected, and analyzed3) Webinar created4) CEUs approved5) Webinar recorded and released to survey participants

In addition to the SOC state plan work, the IDT's ADHD subgroup continued their work to increase the use of best practices for ADHD treatment and diagnoses among Georgia providers. The subgroup contained eight total IDT members representing DBHDD, DCH, the CDC, and the COE; project management of the work was facilitated by the COE.

In SFY2017, the ADHD subgroup finalized the survey for behavioral health providers and received Institutional Review Board (IRB) approval from Georgia State University, drafted the webinar content, confirmed survey and webinar distribution methods, compiled an initial list of target providers, and conducted initial research on the continuing education unit (CEU) application process. The survey release, collection, and analysis, as well as the recording and release of the webinar will be completed in SFY2018.

Chapter IV: Grants and Partnerships

For the following grants, the IDT provides oversight as an advisory committee. Therefore, the IDT claims no credit outside of the collaborative space in which we operate to provide information and support and report on their successes. The IDT serves as a collaborative team to connect individuals and agencies to ensure success to those responsible for their perspective grant activities. The membership of the IDT also engages by assisting with some grant activities such as the planning of the System of Care Academy.

Grants

SOC Expansion Grant. In 2013, DBHDD received a SAMHSA System of Care Expansion Implementation Cooperative Agreement grant (hereinafter “SOC Expansion grant”), which was written to include the IDT as a mechanism for interagency collaboration and coordination to strengthen and build the SOC in Georgia, particularly for children and young adults with serious emotional disturbance (SED). The IDT is the oversight body for this grant, providing key insights and expertise from the various child-serving agencies in Georgia. The IDT also reinforces the importance of adhering to SOC principles across all child-serving agencies. Some of IDT’s SOC Expansion grant work in SFY2017 included training coordination, and the SOC Academy Conference and Children’s Mental Health Awareness Day planning.

The SOC Expansion grant has also helped to support coordinated training efforts for multiple stakeholder groups on important topics such as Trauma-Informed Systems, System of Care Leadership and Culturally and Linguistically Appropriate Services (CLAS). There were a total of 11 Trauma Informed Systems trainings facilitated across the state between July 1, 2015 and June 30, 2017 resulting in 347 trained providers. Training of the SOC infrastructure was another important piece of grant activities this year. Three workshops were held on Effective Leadership for Systems Change for Local Interagency Planning Team chairpersons, facilitated by Ellen Kagan from Georgetown University. In an effort to inform policy at an organizational level on the National Culturally and Linguistically Appropriate Services Standards (CLAS), an additional training was developed. The training entitled, An Overview of Cultural and Linguistic Competence at the Organizational and Systemic Levels, examined cultural and linguistic competence frameworks applied at the organizational and systemic levels. The implications of the cultures and languages relevant to Georgia on behavioral health issues and interventions were also prominent components of the training. The one - day workshop was offered in Atlanta and was attended by 21 members of the IDT.

Much of the planning for the 10th annual SOC Academy occurred during this reporting period; the academy was held in June of this year. The SOC Academy planning

committee and the IDT created the theme “Celebrating Our Progress: Vision to Reality.” Each year, this academy provides opportunities for Georgia’s providers, family and youth organizations, and other stakeholders to inform conference attendees of the services and supports provided by their respective organizations. National experts and consultants are identified and included in the program to ensure Georgia is up-to-date and current with respect to Evidence-Based Practices (EPBs), promising practices, and social service delivery trends. More than 500 attendees attended alongside over 25 local exhibitors. The SOC Academy was held at the Atlanta Evergreen Marriott Conference Resort in Stone Mountain, June 28-30, 2017.

Project AWARE. In SFY2015, the DOE was awarded Project AWARE (Advancing Wellness and Resilience in Education), a 5-year federal grant from SAMHSA to increase mental health awareness among youth, provide Youth Mental Health First Aid training, and connect youth with appropriate services within schools. IDT serves as the oversight body for this grant. Project AWARE is currently in Muscogee, Newton, and Spalding counties. The Youth Mental Health First Aid training is being coordinated by Georgia State University’s Center for Leadership in Disability (an IDT member), and is evaluated by Georgia State University. Both the state and the participating schools have made excellent progress in implementing the multiple components of the project in SFY2017. These school districts have made important gains in publicizing Georgia Project AWARE in an effort to increase awareness of mental health problems and strategies that can help to prevent such problems in their communities and throughout the state of Georgia. Youth Mental Health First Aiders trained a total of two thousand two hundred and six (2,206) people in the three districts and around the state from January of 2015 through March of 2017. This year, Project AWARE staff have also made an effort to diversify the stakeholder network in order to incorporate mental health for young children into multiple systems initiatives. The project supported engagement of national experts with Local Education Agencies (LEAs) on family and community engagement strategies and hosted a Positive Behavioral Interventions and Supports (PBIS) summit with over 70 stakeholders and 10 legislators about incorporating mental health for young children into the PBIS framework.

Project LAUNCH. In partnership with DBHDD, DPH was awarded Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) in September 2014, a \$4 million grant managed by SAMHSA, with guidance from ACF, HRSA, and the CDC. The IDT serves as the oversight body for this grant as well. Over the course of five years, project LAUNCH aims to promote overall young child (birth to eight years) wellness, including emotional, cognitive, and behavioral development, in preparation for school readiness, learning, and success. Project LAUNCH is being implemented in Muscogee County and allows for collaborative efforts among child serving agencies at the state and local level to increase screening, assessment and referrals to increase early identification of mental, behavioral and/or developmental concerns in young children. In year 3, Project LAUNCH was able to screen children in the community at both pediatric offices and at

day care centers. Additionally, Project LAUNCH staff have attended trainings such as “Parents interacting with Infants” in April and “Strengthening Families Georgia Train-the-Trainer.” Project LAUNCH staff presented the “Strengthening Families” training at the DECAL and Early Head Start Partnership Professional Learning Institute on June 28th, gave a presentation and facilitated a breakout group at the SOC Academy, presented classroom management techniques to local elementary school staff, and offered webinars throughout the year on a various trauma-informed care subtopics.

Project LAUNCH also offered a variety of community trainings and initiated universal screenings for Muscogee County elementary schools this year. The Child Care Resource and Referral Agency has been an active and important partner to Project LAUNCH. This has caused partnerships to increase from one early education center to seven. Some examples of new screening partners include the YMCA, Sky Clubhouse (New Horizons Community Service Board), and Boys & Girls Club. Project LAUNCH Georgia is now screening on a regular basis in early education centers, elementary schools and several community organizations in Muscogee County. Project LAUNCH has also worked collaboratively with Positive Behavior Interventions and Supports (PBIS) and Project AWARE at DOE in developing school systems that support integration of behavioral health, including the integration of Mental Health Consultation as a support to these exiting programs. Through coordination with the Pre-K director and the Muscogee County School System, LAUNCH was able to include Ages and Stages Questionnaire (ASQ) developmental screening tool within nine hundred and twenty-two (922) Pre-K registration packets, during the 2017 school year.

COACHES. In 2015, Amerigroup, as the state’s sole Care Management Organization for foster youth, with the support of DFCS, partnered with Families First to pilot the Coaching and Comprehensive Health Supports (COACHES) program. The \$5.8 million award over five years aims to support Georgia youth, ages 17 – 20, who are transitioning out of foster care with a documented history of behavioral health needs. The primary program goals include a reduction in per month health and child welfare spending by reducing inpatient hospital stays for mental health and substance abuse episodes, improving access to primary care physicians, and improving education and employment outcomes. COACHES promotes a holistic approach, emphasizing the integration of physical and behavioral health care needs. Due to the success of the COACHES program, the Georgia Legislature has decided to fund the COACHES program on an ongoing basis. The administration and oversight of the COACHES program has been transferred fully to the Division of Family and Children Services. This year, the age requirement for enrollment was reduced from 17 to 15 years of age. In addition, COACHES is currently expanding, in the form of a six-month pilot program for youth ages 17-20 in the Juvenile Justice system and looks forward to expanding to that population in the future.

ADHD Research Grant. Additionally, in SFY17, CDC partnered with GSU and the COE on an ADHD internal research grant that ended in January of 2017. The grant was a CDC-

GSU Seed grant which ran from January 2014-January 2017 and was comprised of \$50,000 from both institutions over 2 years. This grant was a new collaboration that came as a result of partnerships on the IDT around the ADHD work. The body of research about evidence-based practices for ADHD treatment for children and adolescents generated through this grant was presented and showcased at conferences around the state and nationally.

At each monthly IDT meeting there is an agenda item for each grant project, to ensure that IDT is aware of running grant activities, and to give grant coordinators an opportunity to get feedback from the group. Grant coordinators are also given the opportunity to provide more in-depth presentations on their activities to the group. When grant coordinators required greater time and assistance from the group, they were given larger blocks of time on the monthly agenda, during which IDT would focus on helping them with their tasks. In addition, all IDT members continue to look for new opportunities to collaborate on grants. The COE will assist IDT with future grant-writing endeavors.

Partnerships

One of the most important aspects of IDT has been the opportunity for connections to be made and collaborations to be formed between IDT members working on similar projects (beyond those identified by the group for the yearly strategic plan work). This year, the following connections were made:

- IDT members from DCH, DJJ, DOE, GPSN, Together Georgia, and DBHDD served on the planning committee for the SOC Academy
- DBHDD and DOE connected on the integration of PBIS work and the Apex Program
- DBHDD, DCH, GPSN, Voices for Georgia's Children, and others coordinated efforts for Children's Mental Health Week
- Project AWARE, Project LAUNCH, and representatives from the SOC Expansion grant partnered to share training resources and coordinate activities
- Amerigroup invited Project LAUNCH to participate in the upcoming Health Fair in partnership with Columbus Regional Health & Rigdon Road Elementary School
- CHOA, Voices for Georgia's Children, DFCS, DBHDD, DOE and the Georgia Bureau of Investigations (GBI) collaborated to create a peer to peer PSA on suicide prevention and awareness

- DCH, CHOA, DBHDD, Hospital Associations and the CMOs have collaborated to discuss strategies to decrease wait times of patients with behavioral health needs in Emergency Departments across the state.
- The DOE's Suicide Prevention Task Force has expanded to include DBHDD, Children's Healthcare of Atlanta (CHOA) and Georgia State University in addition to GBI Child Fatality Review Panel (CFRP), Regional Education Service Agencies (RESA), SPAN Georgia, Mercer University and Emory University. The Task Force will continue to conduct Suicide Prevention Summits throughout the state to provide school district staff with training and resources
- DCH, DPH, and DBHDD collaborated on the development of Autism services
- DBHDD, DCH and the COE collaborated to apply for a CMS Planning Grant for certified community Behavioral Health Clinics 223 Demonstration grant
- DBHDD and DOE applied for the SAMHSA "Now is the Time" Project AWARE community grant
- CDC partnered with the COE on an internal research grant to support the ADHD work generated by the IDT

The relationships between members that grow from monthly IDT meetings and collaborative work are the IDT's greatest assets. The development of trust and a better understanding of the scope of each other's work will continue to foster successful coordination of resources and collaboration among members.

Chapter V: Presentations and Publicity

IDT's SFY2017 strategic plan work and partnerships have resulted in a number of state and national presentations, as well as recognition in the news.

- **October 7, 2016-** IDT members presented on their work at the annual Behavioral Health Symposium hosted by DBHDD:
 - "From Data to Practice Change: Bringing Youth ADHD Evidence-Based Practice to Scale," DBHDD, Lake Lanier, Georgia, United States of America. Snyder, A. B. (Presenter), Tiegreen, W. W. (Presenter), McCall, L. (Presenter).
 - "Working with Emerging Adults with Co-Occurring Mental Health and Substance Use Disorders" DBHDD, Lake Lanier, Georgia, United States of America. Graves, M. (Presenter), Scott, J. (Presenter), Houston, D. (Presenter), Tipton, J. (Presenter), Smith, C. (Presenter).
- **December 13, 2016-** Data from the collaborative CHIPRA grant partnership between the COE, DCH and DBHDD were presented at the CMS Quality Conference in Baltimore:
 - "Cost Savings Continue to Accrue for Youth Enrolled in High Fidelity Wrap Services a Year after Discharge," CMS Quality Conference: Aligning for Innovation and Outcomes, Baltimore, Maryland, United States of America. Snyder, A. B. (Author & Presenter), Marton, J. H. (Author), McLaren, S. (Author), Feng, B. (Author), Zhou, M. (Author).
 - This presentation also produced a paper that has been accepted by the Journal of Mental Health Policy and Economics (no publish date as of now)
- **March 7, 2017-** IDT members presented on the status of ADHD nationally at the Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health in Tampa:
 - "Perceived Benefits and Barriers to Evidence-Based Behavioral Health Services for Children with ADHD: National Data, Parent and Provider Perspectives and Promising Practices," University of South Florida, Tampa, Florida, United States of America Snyder, A. B. (Author & Presenter), DiGirolamo, A. (Author & Presenter), Phillips Martinez, A. Y. (Author), Egbunike, M. O. (Author)

- **May 12 2017-** IDT members presented on the status of ADHD in Georgia at the 2017 Rosalynn Carter Georgia Mental Health forum:
 - “Differences in Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders Among Children Aged 2-8 Years in Rural and Urban Areas: Implications for Georgia,” The Carter Center, Atlanta, Georgia. Snyder, A.B. (Author & Presenter), Jennifer Kaminski (Presenter), Melissa Danielson (Presenter) and Rebecca Bitsko (Presenter).

- **June 28, 2017-** IDT members presented at the 10th System of Care Academy:
 - "From Data to Practice Change: Bringing Youth ADHD Evidence-Based Practice to Scale," DBHDD, Stone Mountain, Georgia, United States of America. Snyder, A. B. (Presenter), Tiegreen, W. W. (Presenter), McCall, L. (Presenter).
 - “Working with Emerging Adults with Co-Occurring Mental Health and Substance Use Disorders” DBHDD, Stone Mountain, Georgia, United States of America. Graves, M. (Presenter), Scott, J. (Presenter), Houston, D. (Presenter), Tipton, J. (Presenter), Smith, C. (Presenter).
 - “Project LAUNCH: Overview of an Early Childhood System of Care” DBHDD, Stone Mountain, Georgia, United States of America. Lucas, L. (Presenter).

The IDT’s work over the last three years has been extremely well received among Georgia state agencies, providers, and patient advocates, as well as nationally among similar parties, researchers, and SOC thought leaders. IDT will continue to record, share, and promote its work in an effort to improve children’s behavioral health and strengthen SOC ideals in Georgia and beyond.

Chapter VI: Evaluation of the Collaborative

A key part of the COE's role in the IDT partnership is to help the IDT assess its success as a collaborative, and in particular, assess members' perceptions of factors related to successful collaboration. The Wilder Collaboration Factors Inventory is a free survey tool made available from the Amherst H. Wilder Foundation¹. The survey is made up of forty questions that inform twenty research-tested areas designed to measure a collaboration's potential for success.

The COE distributed this survey electronically and by hard copy to IDT members towards the close of SFY2017. Survey results reflect the IDT group's high satisfaction (on average, rated 4 or greater) with about three-quarters (sixteen) of the twenty measures of success. The number of responses from participants has historically ranged from 14 to 27. The average factor scores determine the level of attention needed by the group to address potential issues in collaboration. Any score above 4.0 is a strength of the collaborative requiring little to no attention. Scores between 3.0 and 4.0 are considered borderline and deserve discussion by the collaborative. Any score between 1.0 and 2.9 is a concern that needs to be addressed. No factor has received a score below 3.0 in the history of the collaborative. Since the beginning of the collaborative, the proportion of factors with a score below 4 has decreased from about 50% (9/20) to under 25% (4/20). This is due to the process of reviewing the low scoring factors as a group and generating discussion about potential solutions to the challenges to collaboration experienced by the collective. The full results from the Wilder Collaborative Factors Survey from 2014 through 2017 can be found in Table 2.

Table 1. Wilder Collaborative Factors – IDT Average Scores

Factor	Factor Average			
	2014	2015	2016	2017
History of collaboration or cooperation in the community	3.5	3.6	3.8	3.8
Collaborative group seen as a legitimate leader in the community	3.8	3.9	4	4.1
Favorable political and social climate	4.5	4.4	4.7	4.4
Mutual respect, understanding, and trust	4.1	4.1	4	4.1
Appropriate cross section of members	3.8	4.1	4.2	4.2
Members see collaboration as in their self-interest	4.8	4.4	4.6	4.7

¹ Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Wilder Collaboration Factors Inventory*. St. Paul, MN: Wilder Research.

Ability to compromise	4.1	3.8	4.2	4.2
Members share a stake in both process and outcome	4.3	4	4	4
Multiple layers of decision-making	3.6	3.5	3.8	3.8
Flexibility	4.2	4.1	3.9	4
Development of clear roles and policy guidelines	3.8	3.4	3.7	3.8
Adaptability	4	4	4.1	4
Appropriate pace of development	4.2	3.7	4	4
Open and frequent communication	4.4	4.1	4.2	4.3
Established informal relationships and communications links	4.5	4.1	4.2	4.2
Concrete, attainable goals and objectives	4.2	3.8	4.1	4.1
Shared vision	4.2	3.9	4.1	4.2
Unique purpose	4.4	4.4	4.5	4.4
Sufficient funds, staff, materials, and time	3.1	3.4	3.7	3.5
Skilled leadership	4.7	4.3	4.3	4.3

Scores: 4.0 – 5.0 = strength, no attention necessary
3.0 – 4.0 = borderline, deserve discussion (YELLOW highlight)
1.0 – 2.9 = concerns that should be addressed

Additional member feedback, garnered from the open ended section of the survey, described further areas of satisfaction and needs for improvement. Some common themes emerged from the qualitative feedback provided on the surveys between 2015 and 2017. Respondents expressed praise for the passion and commitment from the group, information sharing between members and across agencies, and the collaboration of the people working together in the group. The feedback specifically mentioned the benefits of having “members with a stake in the conversation” and “the passion to do the right things for children, youth and families.” The information shared in the monthly meetings about presentations, grant updates, project check-ins and agency initiatives was highlighted as an important strength of the IDT. This sharing of information is important because it is critical in how the group is able to, as one respondent put it, “leverage federal and state legislative and policy changes to maximize

movement forward to data driven decision making and evidence based practices.” The collective “good will and desire to work together” is also an important strength expressed by the group as it truly forms the basis for a successful collaborative team.

Feedback for areas of improvement emphasized the importance of increasing shared decision making, ensuring effective representation of members and clarifying communications. A common area of concern across the years has been that “decisions were made without the input of all members” and that there needs to be more “opportunity for all members to have their ideas recognized.” While the group does have designated leadership represented by the Chair and Co-chair, a true collaborative environment will ensure that all members feel they have a voice in the decision making process. Additionally, ensuring that the representatives who attend IDT meetings are the most appropriate for translating information back to their organizations and engaging leadership around the work of the group continues to be important across the years. Consistent attendance from members has been offered as a way of addressing this feedback, as individuals who do regularly attend the meetings have valuable insight to offer their agency and organizational leadership into the work of the collective.

The results of the Wilder Survey between 2014 and 2017 help to complete the picture of the purpose and strengths of the IDT. There is a high level of consistency between both the strengths and the areas for improvement as reported through the numerical survey scores and the optional qualitative feedback. The consistently high scoring factors included members seeing collaboration as in their self-interest and mutual respect, understanding and trust; sentiments echoed by the qualitative feedback around passion for both the work itself and for working together as a group. Similarly, the low scoring factors of development of clear roles and policy guidelines and multiple layers of decision making correspond to the concerns expressed around clarity of communications about the group’s work and the shared decision-making process. The progress that the IDT has made over the course of the last four years on these factors of collaboration is important to note. Wilder Collaboration Factor Inventory results are discussed with the group in the first IDT meeting of the new state fiscal year, and areas for improvement are further prioritized and addressed where feasible. While there are still areas of improvement for the group, the practice of reviewing these factors annually and addressing the concerns of the group is one that will serve useful as the group continues to move forward the work of addressing the needs of Georgia’s System of Care.

Chapter VII: Next Steps – SFY2018 SOC State Plan Work

The IDT will focus the majority of its SFY2018 efforts on implementing year one of the SOC State Plan. In order to achieve this goal, the IDT will first spend time fleshing out, in detail, the SOC State Plan's year one implementation plan. This includes identifying all of the activities and steps required in order to achieve action items / strategic goals, creating accurate implementation timelines, identifying individuals from member agencies and organizations to work on the goals, and further prioritizing year one action items / strategic goals. The IDT members will also utilize current channels within member agencies and organizations to solicit additional public input on the SOC State Plan, in order to inform years two and three of the plan. The IDT members will also develop and implement a SOC State Plan communications plan, outlining how to communicate progress on the SOC state plan to the public (including families and youth), the IDT members, provider organizations, CMOs, state agencies, and the BHCC, in order to ensure ongoing support for and input on the SOC State Plan action items / strategic goals. Finally, the IDT chairs (supported by the COE) will project funding requirements for continued SOC State Plan implementation, initiate funding discussions with member agencies and finalize funding requirement for the continuance of the SOC State Plan. The COE will work closely with IDT chairs to staff, manage, and drive forward the finalized year one SOC State Plan work.

Based on initial funding decisions from the DBHDD Office of Children, Young Adults, and Families, the following action items / strategies are to be implemented during year one.

SOC State Plan Strategies / Action Items	
ACCESS	
1.2	Increase behavioral health services available in schools
1.2.1	Establish a baseline measure of schools who identify as having access to all three tiers of school-based mental health services
1.3	Improve families' abilities to navigate the current system
1.3.1	Create resource tools for families and youth
1.3.2	Create an orientation to services for families and youth for each IDT member agency
1.3.3	Create resources for youth ages 18-21 to assist with self-navigation of services
1.4	Increase utilization of Intensive Care Coordination (IC-3) services
1.4.1	Add this services to the Medicaid State Plan
1.4.2	Produce baseline utilization data for year 2016 to create a benchmark
1.4.3	Train providers on this service model
1.4.4	Perform quality assurance activities to ensure fidelity; use data for decision-making in place
1.8	Strategically increase the use of telemedicine/telehealth services within child-serving agencies
1.8.3	Mapping of where telemedicine facilities are located for behavioral health services
COORDINATION	
2.1	Build and maintain feedback loops between local, regional, and state agencies and systems
2.1.2	Create and distribute a list of all LIPT chairs to all SOC partners

2.1.3	Identify a point person to facilitate organizational structure and communication among and between LIPTs, RIATs, IDT, and the BHCC
2.1.4	Create a communication protocol and template among and between the LIPTs, RIATs, IDT, and the BHCC
2.2	Increase training on SOC principles for all stakeholder groups
2.2.1	Develop uniform definition of care coordination and operationalize roles for all agencies and stakeholder groups
2.2.2	Collect all information/training materials about SOC and Care Coordination across member organizations
2.2.3	Create new or modify existing trainings for LIPTs, LIPT chairs, RIATs, and other groups on the Systems of Care approach
2.3	Create and utilize a common language for discussing SOC principles and making the business case to internal and external stakeholders
2.3.1	Develop a pocket guide/dictionary to define and describe SOC language
WORKFORCE DEVELOPMENT	
3.2	Develop a clearinghouse of evidence-based/evidence-informed educational materials related to children's behavioral health
3.2.1	Identify if a clearinghouse resource is available in Georgia or elsewhere
3.2.2	Develop a list of existing clearinghouse resources; determine the evidence-based practice criteria for inclusion/exclusion
3.2.3	Determine where the clearinghouse will be housed; who will maintain the site and how information will be disseminated
3.4	Develop a state mental health workforce plan across IDT agencies with a managed and budgeted scale-up plan
3.4.1	Examine opportunities for the sharing of knowledge and alignment of training strategies across systems (i.e., trauma-informed care)
3.4.2	Identify the shared core competencies across partner child-serving agencies
3.4.3	Draft state mental health workforce plan across IDT agencies and get feedback from agencies
FUNDING & FINANCING	
4.2	Inter-agency funding of the COE to support training, education, and evaluation related to SOC
4.2.1	Develop a cost proposal to conduct coordinated training, TA, and evaluation activities that support multiple state agencies
4.2.2	Present to BHCC for funding request/discussion
4.2.3	Develop MOUs between DBHDD and child-serving agencies for allocated amount
4.3	Create and utilize SOC guiding principles for contract development
4.3.1	IDT subcommittee will research contractual language at each agency
4.3.2	IDT will develop policy/procedure recommendations of SOC universal language to be adopted by BHCC to meet this strategy
4.3.3	IDT will solicit BHCC to adopt policy/procedure recommendations to ensure that SOC philosophies and outcomes are incorporated in current and future procurement/contracting
4.4	Review financial mapping reports and implement recommendations from these (look for opportunities to braid or blend funding)
4.4.1	Review previous mapping reports

4.4.2	Update mapping reports
EVALUATION	
5.1	The IDT will review SOC Evaluation tools to identify key metrics applicable to Georgia
5.1.1	Limited environmental scans of measures in GA and other states
5.1.2	Reach out to TA Network and SAMHSA for support and expertise
5.2	Provide tools to LIPTS, RIATS, and other child-serving systems to self-evaluate their Systems of Care work
5.2.1	Develop materials and trainings