

Building Collaborations



MAKING THE SYSTEM OF CARE EFFECTIVE

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**GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

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Interagency Directors Team (IDT)

AN EXAMPLE FROM GEORGIA



Identify Partners

- Collaborative: should be a manageable size to be effective; not too small and not too big
- Develop a process for adding new partners
- Partners should be decision makers
- Partners are subject matter experts
- Determine mechanism to develop trust
- Develop rules of engagement
- Consider development of a memorandum of agreement
- Need buy-in from department/agency leads (e.g. superintendents, commissioners, etc.)

Georgia Example

IDT Members:

- Department of Behavioral Health & Developmental Disabilities
- Department of Community Health
- Department of Human Services – Division of Family and Children Services
- Department of Juvenile Justice
- Department of Public Health
- Department of Education
- Georgia Parent Support Network
- The Carter Center
- Together Georgia
- The Center of Excellence
- Get Georgia Reading – Campaign for Grade-Level Reading
- Centers for Disease Control and Prevention (federal consultant)

Connect Collaboratively with Key Decision Makers

- The IDT is a workgroup of Georgia's Behavioral Health Coordinating Council (BHCC).
- The BHCC is provided for by Georgia law and is made up of state agency executives and behavioral health stakeholders.

Develop a Shared Mission

- Expect for this to take time; but critical before work can be done.
- Consider bringing in outside facilitators to help aid in the work required to settle upon a mission.
- The mission must be shared. Each partner should feel like he or she serves a purpose in the collaborative.

Georgia Example:

- The IDT is a multi-agency system of care leadership collaborative that uses an integrated approach to address the needs of children and adolescents with behavioral health issues through macro-level system planning.

Develop Key Guiding Principles

- Useful in helping to ensure a shared voice among partners
- Easy to articulate why the collaborative exists
- Helps keep work “in scope”

Georgia Example:

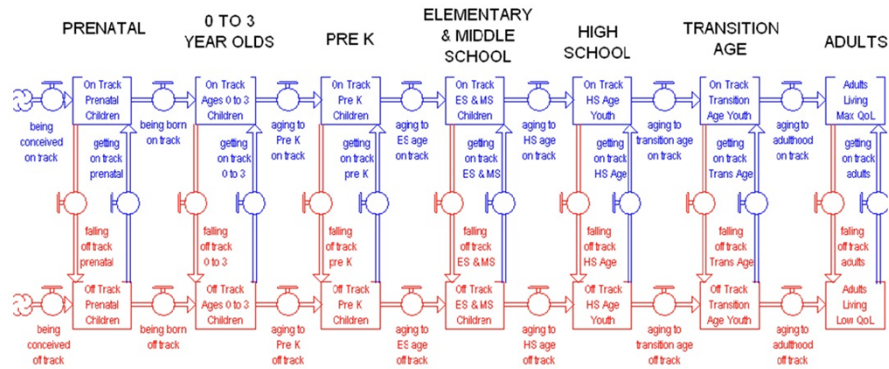
- Promotes evidenced-based practices
- Ensures equitable participation among partners
- Committed to a system driven by data that uses measurable outcomes for system design
- Respects the unique cultures and priorities of each agency

Develop a Strategic Planning Process

Use of Systems Mapping



Children's Behavioral Health: Collaborative Systems Map



Developed by the Interagency Directors Team

Strategic Planning

- Identify reasonable goals to be achieved within a specific time frame.
- Ensure that you are able to produce a product.
- Decide if your focus will be macro or micro, and stick to it.
- Make a plan and execute.
- Stay engaged and determine ways to keep the team engaged.
- Leverage resources and build on existing platforms. Don't reinvent the wheel.
- Communicate the work to your community and other stakeholders effectively.
- Use data to guide and inform planning and subsequent outcomes.

Sustainability

- Consider partnership with a university
- Why?
 - Neutral partner
 - Benefits the university
 - Facilitator and coordinator
 - Additional resources
 - Partners may be more willing to allocate resources to the university partner to support the collaborative (as opposed to an agency in the collaborative)

The Georgia Center of Excellence

- The Georgia Center of Excellence (COE) in Child and Adolescent Behavioral Health is part of the Georgia Health Policy Center, which is housed within Georgia State University's Andrew Young School of Policy Studies.
- The center was created in partnership with the child and adolescent office of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).



<http://gacoeonline.gsu.edu/idt/>

The Georgia Center of Excellence



Leadership

- What does it take?
- Value of rotating leaders
- Preparing future leaders
- Training and support

A Collaborative Case Study: Achieving Outcomes

- **Fiscal Year 2014 Strategic Goal:**

- Build capacity to provide optimal practice for young children with behavioral disorders (attention deficit hyperactivity disorder [ADHD], oppositional defiant disorder [ODD], conduct disorders).



Data

- **Data Driver:**

- **Based on analyses of 2011–2012 National Survey of Children’s Health data (parent-reported):**
 - ADHD prevalence in Georgia: **9.3%**
 - National average: **8.8%**
 - Average age of diagnosis in Georgia: **7.5 years**
 - National average: **7.0 years**
- **Younger age of diagnosis is typically associated with a more severe form of ADHD, or other behavioral health diagnosis.**

Source: Centers for Disease Control and Prevention

Action Steps

- Center of Excellence to analyze Georgia Medicaid claims to learn more about ADHD treatment in Georgia and compare it to national data
- Survey practitioners in Georgia to identify trends in best practices for treatment recommendations
- Disseminate best practices and recommended guidelines to workforce in Georgia
 - Georgia Chapter of the American Academy of Pediatrics conference (June 2014)
 - IDT System of Care conference (June 2014)
 - Recorded webinar available through Center of Excellence

Results

- Mental Health Forum at The Carter Center
- National media coverage in *The New York Times*
- National media coverage in *Mental Health Weekly*
- Trained Workforce

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