Adair County Interagency

Essential Questions:

1. How do human service agencies initially establish collaboration with other agencies?

Initially, the agencies began collaboration to address specific challenges.

For example, juvenile crime was associated with school truancy. The head of juvenile services contacted the Superintendent of Kirksville Schools to establish a system to address this problem.

The training for the pilot helped us to develop an SOC and supported looking at the systems issues. Upper level staff who are empowered to make decisions are at the table for SOC.

1. How does an Interagency group establish ongoing communication among agencies?

Collaboration is initiated by lead administrators. Ongoing communication is accomplished by identifying a contact within each agency. All agencies establish and maintain communication with individuals within the agencies. (Note: Once collaboration and trust is established, communication with individuals continues even when the individuals leave to work with other agencies.)

1. How does the Interagency group establish priorities to focus the work of the collaboration?

Initially, the groups focus collaboration on common problems (see example on Item 2.) The Interagency group has developed a group Mission.

It is developing a system to regularly review community data (i.e. percentage of children living in poverty) to determine training needs for families and staff. Analyzing data helps us to focus on systems issues.

1. What model does the Interagency Group utilize to organize the work of the group?

The Adair County Interagency group is utilizing a tiered system of supports.

The Tiered System of Supports is described on the HandOut, Adair County Tiered Supports.

Challenges:

1. Individual leader within the system who is not held accountable can “taint” that environment. How to positively impact that environment ?

Recommendations:

1. Emphasize “possibility thinking” for individuals served by each agency. Rather than providing information about services that will maintain dependence on aids such as SSI, provide more focus and training to facilitate a higher “quality of life.”