

# LOCAL INTERAGENCY PLANNING TEAMS AND MULTI-AGENCY TREATMENT FOR CHILDREN COMMITTEE ALIGNMENT

AUGUST 2025



Local Interagency Planning Teams (LIPTs) are an integral part of Georgia's local behavioral health system of care for youth and families. LIPTs work to improve and facilitate the local coordination of services to youth with or at risk for behavioral health challenges.

The Multi-Agency Treatment for Children (MATCH) committee facilitates collaboration across state agencies to explore resources and solutions for complex and unmet treatment needs of children in this state and to provide solutions, including both public and private providers, as necessary.

This table summarizes the similarities and differences between the LIPTs and MATCH to help clarify how Georgia's behavioral health system of care infrastructure makes appropriate referrals to behavioral health services and supports at the local and state levels.

Category	LIPT	MATCH
<b>Supporting Legislation</b>	Georgia Code 49-5-225: mandates the formation of LIPTs to coordinate services for youth with behavioral health needs at the local level.	Established under House Bill 1013 (2022), Georgia's Mental Health Parity Act; supports multiagency collaboration per the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) directives.
<b>Core Purpose</b>	To coordinate local behavioral health service delivery for youth with behavioral health challenges and their families to help prevent unnecessary out-of-home placement and maximize the utilization of available resources to provide needed services and supports.	To coordinate state-level interventions for children with complex behavioral health needs and their families.
<b>Guiding Principles</b>	System of Care (SOC) philosophy <ul style="list-style-type: none"><li>Youth and family-driven</li><li>Community-based</li><li>Culturally and linguistically competent</li></ul>	<ul style="list-style-type: none"><li>No Wrong Door access</li><li>Culturally and linguistically responsive care</li><li>Multiagency collaboration</li><li>Services and supports should occur in the least restrictive setting — right time, right place, and correct length of treatment</li></ul>

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<b>Eligibility Criteria</b>	<p>Children and youth with or at risk for a mental health or substance use diagnosis and their families.</p> <ul style="list-style-type: none"> <li>• Most of the providers and team members serve school-age youth.</li> <li>• Service needs for individuals 18 years and older are generally referred to adult services.</li> </ul>	<p>Children (0-17) or 18-21 years (if one of the following is met):</p> <ul style="list-style-type: none"> <li>• Diagnosis of intellectual or developmental disability or autism spectrum disorder</li> <li>• In the custody of the Division of Family and Children Services (DFCS) or the Department of Juvenile Justice (DJJ)</li> </ul>
<b>Referral Source</b>	<ul style="list-style-type: none"> <li>• Any child-serving agency can refer, but referrals are often through schools and state agencies.</li> <li>• Parent- or child-serving agency can refer if the family consents to the meeting and is willing to participate.</li> </ul>	<ul style="list-style-type: none"> <li>• Any child-serving agency can refer to the state MATCH staff</li> <li>• The state MATCH Clinical Team</li> </ul>
<b>Team Composition</b>	<p>DBHDD has the primary responsibility for planning, developing, and implementing Georgia's SOC. Mandated local partners include:</p> <ul style="list-style-type: none"> <li>• DFCS</li> <li>• DJJ</li> <li>• Department of Public Health</li> <li>• Local education agency or special education representative</li> <li>• Georgia Vocational Rehabilitation Agency</li> <li>• Local mental health agency — <ul style="list-style-type: none"> <li>• Facilitated by LIPT chair, co-chair, or team member appointed by LIPT chair. Not all teams present a formal agenda.</li> </ul> </li> <li>• Ad hoc agencies</li> </ul>	<p>The MATCH Clinical Team includes:</p> <ul style="list-style-type: none"> <li>• DBHDD</li> <li>• DFCS</li> <li>• DJJ</li> <li>• Department of Community Health</li> <li>• Georgia Department of Education</li> <li>• Certified peer specialists (youth and parent)</li> <li>• DBHDD safety net providers (High-Fidelity Wraparound providers)</li> <li>• Administrators and clinicians from state agencies</li> </ul>
<b>Expected Outcome</b>	<p>Local mental health and substance use service coordination for youth and families; development of community care, safety, and crisis plans; and routing of referral recommendations to appropriate providers. LIPTs do not determine clinical treatment levels.</p>	<p>Determines urgent systemic needs and service gaps for youth with severe complex behavioral health needs.</p>

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<b>Care Planning and Case Management</b>	<p>The focus is on developing individualized plans (community care, safety, and crisis plans) through multiagency collaboration.</p> <p>Facilitates care coordination at the local level by connecting youth and families to services such as:</p> <ul style="list-style-type: none"> <li>• Community-based wraparound supports</li> <li>• Intensive Family Intervention</li> <li>• Peer support services</li> <li>• School support and collaboration</li> </ul> <p><i>Note: Most peer support services are attached to a provider and are not stand-alone services.</i></p>	<p>Coordinates state-level case management for youth whose needs exceed local capacities. MATCH identifies service gaps and connects cases to specialized programs such as:</p> <ul style="list-style-type: none"> <li>• High-Fidelity Wraparound coordination</li> <li>• Emergency placement facilitation</li> <li>• Pilot initiatives (urgent care, emergency department boarding, Devereux transitional program, Wellroot Functional Family Therapy, Youth Villages Intercept, Hillside Intensive in Home)</li> </ul> <p>Focuses on cross-agency collaboration, care planning, and addressing systemic barriers, not direct service delivery.</p>
<b>Required Forms and Documents</b>	<ul style="list-style-type: none"> <li>• Community care plan</li> <li>• Unified release of information form</li> <li>• Background information form</li> <li>• SOC confidentiality agreement</li> <li>• Safety plan</li> <li>• Crisis plan</li> </ul>	<ul style="list-style-type: none"> <li>• Unite Us referral platform</li> <li>• Also utilizes similar criteria identified through LIPT documents</li> </ul>
<b>Meeting Frequency</b>	<ul style="list-style-type: none"> <li>• Teams meet monthly, bimonthly, quarterly, or as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Biweekly statewide MATCH Clinical Team meetings</li> <li>• Emergency staffing as needed</li> </ul>
<b>Involvement of Family and Youth</b>	<ul style="list-style-type: none"> <li>• Voluntary</li> <li>• Participation is not mandated but strongly recommended and emphasized.</li> <li>• No meeting should be held without parent or guardian</li> </ul>	<p>Family engagement is included as part of the care planning process but is primarily coordinated through agency caseworkers and the MATCH Clinical Team, as needed. Families are connected to supports such as High-Fidelity Wraparound and certified peer specialists to assist with navigating complex behavioral health needs.</p>
<b>Transition Between LIPT and MATCH</b>	<p>If a LIPT is unable to meet a child's needs (e.g., lack of services, repeated crisis admissions, unmet placement needs), the team or referral source can escalate referral to MATCH committee with parent or guardian consent.</p> <p><i>Note: To help promote shared responsibility.</i></p>	<p>Receives escalated referrals from LIPTs or agencies. Especially for youth with repeated hospitalization, high-risk behaviors, or service denial or failure at local level. Referrals can also be made from MATCH to LIPT for ongoing community service coordination.</p>



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