Georgia Title IV-E Prevention Plan

Georgia Department of Human Services
Division of Family & Children Services

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Section I: Introduction

Georgia's Vision for Family First

The vision of the Georgia Department of Human Services, Division of Family and Children Services is "*Safe children. Strengthened families. Stronger Georgia."* This vision exemplifies the core belief that the best way to ensure the safety and well-being of Georgia's children is by strengthening families. The Division of Family and Children Services (the Division or DFCS) views the implementation of the Family First Prevention Services Act (Family First) as a catalyst to further this vision and support the transformation of the child welfare system into one that prioritizes prevention and supporting families.

Drawing on this vision, Georgia's implementation of Family First is driven by six core values imbedded in our practice model:

1. All children and youth deserve to be safe from harm.
2. Children and youth have the right to form and maintain stable and healthy attachments with family and supportive adults and remain in their home communities.
3. Children and youth thrive when nurtured in families and communities.
4. Child welfare is part of a network of agencies and community actors collectively responsible for child safety and family well-being.
5. Individual and family identity, culture and tradition are respected and affirmed.
6. Identifying, addressing, and reducing disproportionality and structural racism is essential for achieving our shared vision.

By implementing Family First consistent with these values, and continuing to support broader prevention efforts, the Division intends to serve more children and families in community-based settings, increase resources and service capacity in communities, promote equity, and reduce the use of foster care as an intervention.

Georgia's Pathway to System Transformation

The majority of the children who are involved with the Division receive services and supervision while remaining at home, in the custody of their parent(s), and in the context of their schools and communities. Nonetheless, much of the public attention and resources traditionally available to the child welfare system have been directed to foster care. The availability of supportive services for families who are at risk of having their children placed in state custody has remained limited under the historical policies and financing structure of the state's child welfare system. Family First provides a historic

opportunity for Georgia to leverage the funding traditionally reserved for foster care, Title IV-E, to support provision of services to prevent unnecessary family separation and more effectively address vulnerabilities within families.

At present, Georgia's foster care population stands at just under 11,000 children and youth, but that number has fluctuated considerably over the years. From 2010 to 2014 the foster care population was relatively stable, but in 2014 removals began to exceed exits and the number of children in care reached an all-time high of almost 15,000 by late 2018. To address the increase in entries and safely reduce the foster care population, the Division implemented efforts, such as Safe at Home and PRE-Team Meetings (Promoting Reasonable Efforts). Both initiatives provide supports to county-based field staff around decision making, identifying safe alternatives to removal, and utilizing existing resources for family preservation. Since 2018 the number of children in care has seen an approximately 22% reduction.

The historically high number of children in foster care in 2018 coincided with the passage of Family First. The Division sees implementation of the Act not only as a mechanism to access federal funding for services for children and families, but as a broader opportunity to align Georgia's child welfare system practices with its values and find innovative, collaborative ways to support children and families in communities, safely reduce the use of foster care, and promote proactive prevention efforts.

The Division recognizes the need for deeper investment in evidence-based programs (EBPs) throughout the state to successfully implement Family First and achieve this vision. In Spring 2021, the Division conducted a Provider Readiness Assessment to assess the presence of evidence-based programs statewide as well as providers' readiness to implement the prevention provisions of Family First. The assessment indicated varying availability of evidence-based mental health treatment, substance use disorder treatment, and in-home parenting programs throughout the state, and a documented lack of consistent availability of those EBPs to DFCS clients. This baseline finding highlights the opportunity to utilize IV-E funds for existing EBP resources and expand capacity to meet the needs of families in the state in more appropriate and effective ways.

The Division will also leverage Family First strategically to advance a broad set of efforts collectively designed to prevent maltreatment and serve more families in community settings while safely reducing reliance on foster care. The opportunities and goals for system transformation are articulated in the Family First Theory of Change (Appendix A) and include a redesigned Family Support, or differential response, protocol that links families to community resources more timely and reduces the level of involvement with the child welfare agency; and the State of Hope program, a statewide network of community organizations coordinated to build service capacity and increase

responsiveness to address critical issues locally. Another key systemic effort is the Division's ongoing partnership with Prevent Child Abuse Georgia, which led to the publication of "*A Vision for Child & Family Well-Being in Georgia: Our State's Child Abuse & Neglect Prevention Plan"* in 2020. Staff and stakeholders in each of the state's 14 regions have developed an actionable regional plan to decrease child abuse and neglect and promote child and family well-being. These strategies, combined with Family First, will move Georgia closer to achieving its goal of strengthening families by building capacity in communities to serve children and families and decreasing the need for formal child welfare system involvement.

Georgia's Implementation Strategy

Georgia will implement Family First though a set of intentional phases designed to steadily guide the rollout of evidence-based programs that can safely prevent children and youth from entering foster care. This will allow the agency and stakeholders to strategically build capacity over time and use continuous quality improvement (CQI) to refine practice and improve outcomes for children and families served.

Georgia's initial Title IV-E Prevention Plan is intentionally modest in scope. Once business operations are integrated, technology support is finalized, and Family First CQI processes are well established, the Division plans to include more services in subsequent iterations of the Plan.

The primary target population of candidates the Division intends to serve under Family First is children and families receiving Family Preservation Services. These families have a need for ongoing services, as identified during a child protective services investigation, and the goal in serving them is to offer targeted, effective services that allow children to remain safely at home.

Serving a target population of families in an existing program area allows implementation to build largely on established business practices with which case managers, supervisors and field operations staff are already familiar. The agency will bolster the Family Preservation program area through Family First implementation by offering training and technical assistance and streamlining technology support.

Stakeholder Involvement in Title IV-E Prevention Plan Development

Serving children and families safely in community settings cannot be achieved without listening to the voices of those who have experienced the system and effectively coordinating services and funding throughout the entire child welfare system. The Division has intentionally included other child- and family-serving agencies along with

parents and youth who have experienced Division involvement as partners and stakeholders in the development of the Prevention Plan.

The Leadership Advisory Council, consisting of representatives from state agencies, the Division's Parent Advisory Council and Youth Advisory Council, EmpowerMEnt[1], Adoptive and Foster Parent Association of Georgia, the court system, service providers and community organizations, was formed in May of 2020. This group provides input on critical Family First decisions and helps identify implementation considerations for the child welfare system as a whole to promote alignment. Representatives from these stakeholder groups also participated in the Candidacy and Prevention Services Workgroups in Spring 2021, which developed recommendations that informed the state's decision on a Family First target population and service selection. The Division plans to continue engaging this group for critical input on the design and sequencing of regional implementation strategies and continuous quality improvement efforts to ensure desired outcomes.

The Departments of Behavioral Health and Developmental Disabilities, Community Health, Public Health, Juvenile Justice and Education have been intentionally engaged on both the Leadership Advisory Council and other workgroups because the Division understands that cross-agency collaboration is imperative to successfully supporting families and meeting service needs throughout the state. While capacity for evidence-based programming exists in the state, agency functions are frequently siloed, creating barriers to access. The Division is committed to continuing to work with sister agencies and providers throughout the implementation process to align service provision and access, promote effective use of funding, and achieve the best possible outcomes for vulnerable children and families.

[1] EmpowerMEnt is an initiative founded by former and current foster youth in Georgia who are working with community leaders to change the foster care system.

Section II: Prevention Services Eligibility and Candidacy Identification

Two populations will be eligible for Family First prevention services in Georgia: 1) children who are determined to be candidates for foster care; and 2) expectant[2] and parenting youth who are in foster care. Eligible children and their parents, and/or kin caregivers, may receive services identified in the child's prevention plan.

A child meets the criteria for foster care candidacy when they are determined to be at imminent risk of removal but can safely remain in the home or kinship placement with the provision of preventative services to mitigate the identified present or impending danger safety threat. Children identified as candidates will meet one of the following criteria:

1. Children receiving Family Preservation Services,
2. Children recently reunified with their families following an out of home placement who are at risk of re-entry into foster care,
3. Children whose adoption or guardianship arrangement is at risk of disruption.

These target populations represent an opportunity to strengthen stabilization services and improve existing practices that support children and families currently served by the Division.

Defining Georgia's Family First Target Population

To formulate a recommendation for the population that will be eligible for and receive services under Family First, the Division convened a Candidacy Workgroup of internal and external stakeholders, including child welfare staff, community-based organizations, the judicial community, and representatives from state agencies including the Department of Behavioral Health and Developmental Disabilities, the Department of Juvenile Justice, and the Department of Public Health. The Candidacy Workgroup reviewed recent data on the characteristics and reasons for involvement of children and families served by DFCS as well as system maps depicting case flow processes to make an informed recommendation about Georgia's Family First target population, and to gain an understanding of the children and families who will be served under Family First. The final criteria in Georgia's Prevention Plan are based on recommendations from the Candidacy Workgroup with additional input from the Practice and Policy workgroup, the Leadership Advisory Council, and the DFCS Steering Committee.

[2] Georgia uses the term "expectant" rather than "pregnant" to be inclusive of young men who are expecting children.

Description of Candidacy Populations

The Division receives approximately 115,000 reports of maltreatment per year. Reports are either accepted for assignment or screened out. Accepted reports undergo an Initial Safety Assessment (ISA) to determine if there is an identified safety threat and the appropriate agency response. When a safety threat is identified, the case is tracked to a Child Protective Services Investigation; when no safety threat is identified the family is served through the differential response track, Family Support. In state fiscal year 2019 (SFY '19), 127,575 cases were dispositioned, 87,617 of which were screened in and accepted for an Initial Safety Assessment. Of those, about 52% (N=45,130) were served in the Family Support, or differential response track. The remaining 48% (N=39,958) received an investigation. Investigations can lead to cases being closed, managed as a Family Preservation Services case while the child remains in the home or in a kinship placement, or may result in the child entering foster care.

Table 1: Intakes

	Total Dispositioned	All Screen Outs	Family Support	Investigation
SFY 2019	127,575	39,958	45,130	42,487
SFY 2020	114,139	46,261	33,131	34,747
SFY 2021	111,822	55,122	25,749	30,951

Over the last three years, foster care entries have declined, highlighting the strategic opportunity to strengthen the community-based service array available to at-risk children and families, the vast majority of which are presently being served outside of foster care.

Table 2: Foster Care Entries

SFY 2019	**6,739**
SFY 2020	5,451
SFY 2021	4,824

<u>Family Preservation Services</u>

In SFY '19, 10,837 families received in-home services from the agency in Family Preservation Services and would therefore potentially be eligible for Family First services. This represents approximately one quarter (10,837 of 42,487) of families involved in a Child Protective Services (CPS) investigation. These families often exhibit significant service needs, and the children are at risk of entry into foster care because of identified ongoing safety issues in the family. The Division sees strengthening the Family Preservation Services program area and availability of services to these children and

families as a key component of its continued efforts to safely reduce the foster care census from its all-time high in 2018. The Division is committed to continued analysis of the reach and efficacy of prevention services and may expand criteria as appropriate in future iterations of this plan.

Post-Permanency

In SFY ’19 3,637 children were reunified with their families and the foster care re-entry rate within 12 months was 7.91%. Family First prevention services present an opportunity for the state to ensure reunified families have the supports and resources they need for continued success to reduce the likelihood of re-entry. In SFY ‘19, an additional 1433 children exited foster care to adoption and 966 to guardianship arrangements. While a relatively small percentage of caregivers request formal post adoption services, Georgia views this as a critical population to support through Family First to avoid further disruption and trauma.

Expectant and Parenting Youth

In March of 2021, 371 expectant and parenting youth were in foster care in Georgia – 162 mothers, 164 fathers, and 45 expectant youth. The Division uses the term “expectant” rather than “pregnant” to be inclusive and able to identify and offer appropriate services to expectant parents of all genders. In partnership with several other agency initiatives to improve services for this population, Family First will allow the Division to better document and support the unique needs of expectant and parenting youth in foster care.

Identifying and Documenting Candidacy

Children Receiving Family Preservation Services

At the center of Georgia’s candidacy definition are children who receive Family Preservation Services. Eligibility for Family Preservation Services aligns with criteria for imminent risk and includes:

1. Families assessed during a Child Protective Services (CPS) investigation, and it has been determined that present danger situations and impending danger safety threats have been controlled by the implementation of an in-home or out-of-home safety plan[3], however continued intervention is needed to resolve the ongoing child safety concerns. This includes families with children under the age of 18 who are

[3] Out-of-home safety plans are used for voluntary kinship arrangements

not emancipated and who have a case disposition of “substantiated” or “unsubstantiated-open.”

2. Families with children/youth that have been identified as Children in Need of Services (CHINS) based on the needs and services identified during the investigation or based on court ordered services.
3. Families with court-ordered services.

To determine imminent risk, CPS investigators, in consultation with their supervisors, will utilize the Family Functioning Assessment (FFA) during the investigation stage. The FFA is used to document safety threats and impending danger, and to analyze and organize information gathered to understand the significant factors affecting a child’s safety and caregiver’s protective capacity. At the conclusion of the FFA, the investigator makes a safety determination based on the information gathered and analyzed. The potential safety determinations are: *safe*, *unsafe* (in-home safety plan), and *unsafe* (out-of-home safety plan). Any family with a safety determination of *unsafe* (in-home safety plan), or *unsafe* (out-of-home safety plan) where the child is in a voluntary kinship arrangement will meet imminent risk criteria and be eligible to be served in Family Preservation and for IV-E services after the investigative supervisor’s approval of the FFA.

The Division will enhance Georgia SHINES, its Comprehensive Child Welfare Information System (CCWIS), to include a new eligibility page that captures the date the FFA is approved by the CPS supervisor and other eligibility information that will automatically populate in the child specific prevention plan. The ability to automate eligibility determinations based on established criteria and documentation removes subjectivity and will allow staff to focus on engagement with families, assessment, and other core practices.

After the investigator refers the family for Family Preservation Services, a case transfer staffing between Investigation and Family Preservation Services case managers and supervisors is held to confirm the need for ongoing services, and the Family Preservation Services case is opened. The child specific prevention plan is completed in the Family Preservation Services stage as described in Section IV of this plan.

<u>Children Recently Reunified with Their Parents</u>

Imminent risk for this population will be determined by a court order for ongoing services at the time of the child’s discharge from foster care. The family will then be served in a Family Preservation Services case and the child specific prevention plan will be created by the Family Preservation Services case manager in partnership with the family and permanency case worker within 15 days of the child’s return home.

Children Whose Adoption or Guardianship Arrangement is at Risk of Disruption

At this time, the Division will serve this population if they meet the previously stated criteria for Family Preservation Services and imminent risk. The agency is looking to expand its ability to serve this population through post-adoptive case management and enhancements to Georgia SHINES that would facilitate identification of eligibility and creation and storage of a prevention plan.

Expectant and Parenting Youth

Case managers are responsible for routinely engaging with and assessing youth in care to obtain relevant health information and are required to record information about youth who are expectant or parenting at whatever point in the case the information becomes known. The Division currently tracks pregnancy on the Health Detail page and parenting youth on the Person Detail page in Georgia SHINES and is identifying ways to enhance the practice of case managers recording data appropriately in the system. Under Family First, when an expectant or parenting youth is identified, the case manager will work in coordination with the youth and a team of the youth's choosing to develop the child specific prevention plan.

Section III: Title IV-E Prevention Services Description and Oversight

To inform the selection of proposed services for Georgia's Title IV-E Prevention Plan, the Division conducted a thorough data analysis and a provider readiness assessment, held focus groups with parents and youth, and structured a process to engage statewide stakeholders and representatives to identify central needs and service gaps. Through this process, the agency selected five services for inclusion in the Prevention Plan to address the needs of children and families in the target population.

Service Selection Process

Drawing on implementation science best practices, services were selected to maximize both *fit and feasibility* to ensure successful implementation and promote positive outcomes for children and families. Information leveraged to guide service selection includes:

- **Target population characteristics and needs.** As described in Section II, the DFCS Data Unit conducted a rigorous data analysis to identify the central characteristics of the target populations including demographics, geographic distribution throughout the state, allegations, and reasons for removal. This data helped inform priority age ranges and was used to identify potential service needs of children and families.
- **Statewide service array and readiness.** The Division engaged providers statewide in a Provider Readiness Assessment Survey in February-March 2021. The survey, which was distributed to providers through child and family serving state agencies, captured information about current prevention evidence-based programs being offered, the capacity to serve clients, and geographic availability of programs. Additional information regarding implementation of evidence-based practices, ability to expand services, trauma-informed care, and continuous quality improvement was also captured. The Division received 585 responses to the survey.[4] The response rate from providers currently contracting with the agency was high and was supplemented with input from a broad cross-section of providers working with other state partners. The collective input provided a strong basis for understanding the current landscape of evidence-based practice in the state. Availability of the three allowable service categories, mental health prevention or treatment services, in-home parent skill-based training, and substance abuse

[4] There was a total of 585 respondents who provided answers to some or all the survey questions. 261 surveys were fully completed.

prevention or treatment services, were mapped to identify gaps and prioritize needs.

- **Youth and caregiver perspectives.** In the Spring of 2021, the Division conducted focus groups with caregivers and youth to ensure a clear connection between the needs of the families in Georgia and the services selected for the plan. Two focus groups with parents were held. The first consisted of members of the Division's Parent Advisory Council, and a subsequent one was facilitated by the members of the Parent Advisory Council for parents with more recent involvement with the agency. A focus group for youth currently in care was facilitated by young adults who had previously experienced foster care. All focus groups centered on identifying needs that individuals and families experience and discussing effective service delivery mechanisms. The findings of the focus groups helped inform priority service needs, priority age ranges, and additional needs.

The Division convened the Prevention Services Workgroup in the Spring of 2021 to systematically review this information and recommend evidence-based programs that best meet the needs of the identified target population. This workgroup consisted of approximately 200 participants, including service providers that currently contract with the Division and other state agencies, community-based organizations, various field operations and state office personnel from the Division, and representatives from other child- and family- serving state agencies including the Department of Behavioral Health and Developmental Disabilities, the Department of Juvenile Justice, the Department of Public Health, and the Criminal Justice Coordinating Council.

Based on findings from the three data sources used, the Prevention Services Workgroup was able to identify priority age ranges, needs and service gaps to help narrow the selection of services.

Table 3: Service Priorities

Priority Age Ranges	Priority Service Gaps
• Infants • Toddlers • Teenagers	• Substance abuse • In-home parenting • Services that are categorized as more than one service type (e.g. Mental Health and Substance Abuse)
Priority Service Needs	**Additional Needs**
• Substance abuse prevention and treatment services (adults) • Substance abuse prevention and treatment services (maternal substance use) • In-home parent skills • Mental health (child and teen) • Mental health and in-home parent skills addressed together • Mental health and substance abuse prevention and treatment addressed together	• Programs that work with the whole family rather than targeting an individual • Programs that address family conflict

With the understanding that the children and families the Division serves are diverse and need culturally appropriate services, all services were reviewed for effectiveness in diverse populations prevalent in Georgia. This review specifically looked for research on efficacy with African American, Hispanic/Latinx, Native American and LGBTQ populations.

The Workgroup also examined information about the feasibility of implementing Family First services to ensure that timely statewide implementation of selected services is achievable. Feasibility considerations included the existence of statewide capacity, staffing requirements, type and intensity of training, and tools and requirements for fidelity monitoring.

The Prevention Services Workgroup held six virtual meetings focusing on target population needs, service array gaps, cultural responsiveness of the evidence-based programs, and feasibility considerations. Drawing on insights from the information listed above as well as their own professional experiences and expertise, the Workgroup

recommended nine evidence-based programs. Based on the results of the Prevention Services Workgroup, the Division selected the following five programs for inclusion in its initial five-year Prevention Plan:

- Brief Strategic Family Therapy (BSFT)
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Healthy Families America (HFA)
- Parents as Teachers (PAT)

The selected five EBPs address central identified priority age ranges and service needs of the defined Family First target population. While the statewide availability of BSFT, FFT, MST, HFA, and PAT vary, all are currently contracted for by other state or county entities, and Prevention Service Workgroup members reported positive experiences offering each of the services to children, youth, and families in Georgia.

The Division recognizes that there is still a significant need for statewide services targeting adult substance use disorder and adult mental health that is not met by the selected services in this plan. The Division is committed to working with the Department of Behavioral Health and Developmental Disabilities to identify strategies to increase accessibility of these much-needed services for clients served by the Division. Effective coordination with DBHDD and other services funded by the Division will also allow the agency to address co-occurring service needs such as mental health and in-home parenting skills more effectively.

Service Description

The information presented below describes the evidence-based programs that DFCS and its partners have determined to be best aligned with the needs of families and children in Georgia's Family First target population. The expected outcomes for each EBP have been defined based on the available evidence on the Title IV-E Clearinghouse, the priorities of DFCS, and the purpose and indicators in the EBP-specific tools recommended or required by the EBP-purveyors. Detailed information regarding how Georgia will determine if the specified outcomes are achieved for each of the selected EBPs, along with data collection strategies and data sources for these outcomes, is included in Section VI of this plan.

Table 4: Selected Evidence-Based Programs

EBP Model & Manual	Title-IV-E Clearinghouse Rating	Target Population	Service Categories	Expected Outcomes
Brief Strategic Family Therapy Szapocznik, J. Hervis, O., & Schwartz, S. (2003). *Brief Strategic Family Therapy for adolescent drug abuse* (NIH Pub. No. 03-4751). National Institute on Drug Abuse.	Well-Supported	Children and youth 6-17 and their families	• Mental Health Programs and Services • Substance Abuse Programs and Services • In-home Parent Skill-based Programs and Services	• Improved child behavioral and emotional functioning • Decreased child delinquent behavior • Decreased adult substance used • Improved family functioning
Functional Family Therapy Alexander, J. F., Waldron, H. B., Robbins, M. S., & Neeb, A. A. (2013). *Functional Family Therapy for Adolescent Behavioral Problems.* Washington, D.C. American Psychological Association Sexton, T. L. (2010). *Functional Family Therapy in clinical practice: An evidence based treatment model for at risk adolescents*. Routledge.	Well-Supported	Youth 11-18 and their families	• Mental Health Programs and Services	• Improved child behavioral and emotional functioning • Decreased child substance use • Decreased child delinquent behavior • Improved family functioning

Multisystemic Therapy Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). *Multisystemic Therapy for antisocial behavior in children and adolescents* (2nd ed.). Guilford Press.	Well-Supported	Youth 12-17 and their families	• Mental Health Programs and Services • Substance Abuse Programs and Services	• Decreased out of home placements • Improved child behavioral and emotional functioning • Decreased child substance use • Decreased child delinquent behavior • Improved positive parenting practices • Improved family functioning
Healthy Families America Healthy Families America (2018) *Best practice standards.* Prevent Child Abuse America. and Healthy Families America (2018) *State/multi-site system central Administration standards.* Prevent Child Abuse America.	Well-Supported	Infants birth to 24 months	• In-home Parent Skill-based Programs and Services	• Reduced report of maltreatment • Improved child behavioral, emotional and social functioning • Improved child cognitive functioning and abilities • Improved positive parenting practices • Improved parent-child interaction

Parents as Teachers Parents as Teachers National Center, Inc. (2016). *Foundational curriculum. (*for ages 0-3) Parents as Teachers National Center, Inc. (2014). *Foundational 2 curriculum: 3 years through kindergarten.* *Manuals can be used separately, concurrently or sequentially*	Well-Supported	Children birth to 5 and their families	• In-home Parent Skill-based Programs and Services	• Decreased child welfare administrative reports • Improved child social functioning • Improved child cognitive functions and abilities • Improved positive parenting practices

Brief Strategic Family Therapy

Brief Strategic Family Therapy (BSFT) is a family intervention for children and youth ages 6-17 who have or are at risk for developing problem behaviors including drug use and dependency, antisocial peer associations, bullying, or truancy. The program addresses family behavior, affect, and cognitions with the goal of restructuring interactions and changing the family system. BSFT can be delivered in a variety of community-based settings or the family's home and typically lasts 12-16 weeks.

BSFT was selected for inclusion in the plan because it includes 6 to 10-year-olds, an age group not served by any other selected program, as well as the priority age group of teens. It also addresses priority needs as a program that address multiple service categories, serves the entire family, and addresses familial conflict. While the Division does not currently contract for BSFT, it is available in 65 of 159 counties in Georgia.

Functional Family Therapy

Functional Family Therapy (FFT) is a family intervention for youth ages 11-18 with disruptive, externalizing behaviors, including conduct disorder, violent acting out and substance abuse. The program consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. The interventions address both individual needs of youth and parenting practices for caregivers. Families are typically seen weekly for 60-90 minutes for a duration of 12-14 weeks.

FFT was selected for inclusion in the plan because it targets the priority age group of teens, and the priority needs of mental health services for teens as well as programs that serve the entire family and address familial conflict. Though it is not rated as a substance abuse prevention and treatment program, the outcome for decreased child substance use in conjunction with improved behavioral and emotional functioning also addresses the need for services addressing multiple domains. While the Division does not currently contract for FFT, it is available in 155 of 159 Georgia counties.

Multisystemic Therapy

Multisystemic Therapy (MST) is a family intervention for youth ages 12-17 with serious emotional and behavioral needs and their families. The program integrates treatment approaches to address a range of risk factors and promote change in the youth's natural environment while empowering caregivers. Families are served for an average of four months with at least one weekly in-home visit.

MST was selected for inclusion in the plan because it targets the priority age group of teens, and the priority needs of mental health services for teens as well as programs that address multiple service categories, serve the entire family, and address familial conflict. While the Division does not currently contract for MST, it is available in 46 of 159 counties in Georgia.

Healthy Families America

Healthy Families America (HFA) is a home visiting program for families with very young children who are at risk of maltreatment or adverse childhood experiences. The program strengthens parent-child relationships, promotes healthy childhood growth and development, and enhances family functioning by reducing risk and building protective factors. Visits initially occur weekly, and frequency is reduced over time as certain criteria is met.

HFA was selected for inclusion in the plan because it targets the priority age groups of infants and toddlers, and the priority service need of in-home parent skill-based programs. The program also serves the whole family. Georgia plans to implement HFA's child welfare protocol, which represents the best fit for the needs of its Family First target population and maximizes service access for families with children up to age 24 months. HFA is one of the MIECHV funded home visiting programs funded by the Georgia Department of Public Health. It is currently available in 19 of 159 counties in Georgia.

Parents as Teachers

Parents as Teachers (PAT) is a home visiting program for families with children 0-5 designed to promote positive child development and prevent child maltreatment. The PAT model includes four components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. The program consists of bi-weekly or monthly visits depending on the need of the family.

PAT was selected for inclusion in the plan because it targets the priority age groups of infants and toddlers, and the priority service need of in-home parent skill-based programs. The program also serves the whole family. PAT is one of the MIECHV funded home visiting programs funded by the Georgia Department of Public Health. It is currently available in 43 of 159 counties in Georgia.

Trauma Informed Framework

Georgia understands the importance of addressing trauma and its implications with all children and families served by the agency as well as staff and is committed to delivering services under Family First in a trauma-informed framework. In 2016, the Division received a grant from the Joseph B. Whitehead Foundation to create the Child Welfare Training Collaborative (CWTC) in partnership with Georgia State University's School of Social Work's Professional Excellence Program. Since 2016, CWTC has offered no-cost training to the Division and a wide variety of stakeholder groups, including service providers, on trauma, brain development and secondary trauma. The trainings are offered primarily in multi-disciplinary, community-based settings to promote a shared understanding of trauma and to further the goal of a trauma-informed system. These trainings have been widely utilized by stakeholders throughout the state and the Division continues to support CWTC through funding.

The provider readiness assessment also indicated that trauma-informed approaches are already used by a majority of providers. Seventy-seven percent (205 of 265) of respondents report that they offer trauma training to all agency staff and 65% (172 of 265) have agency policies and procedures that guide trauma informed practice and service delivery. This indicates a strong foundation among providers for service delivery through a trauma-informed framework and the Division will continue to partner with providers to strengthen the prevalence and consistency of trauma-informed approaches as Family First is implemented.

The five evidence-based programs Georgia has included in this Prevention Plan have service models that include a trauma-informed approach. The implementation of all models to fidelity, including trauma-informed components, will be monitored ongoing through CQI process. Contracts for services will also have requirements for trauma-informed service delivery, including requirements for staff trainings and agency policies and procedures to guide trauma-informed practice.

Implementation Approach

The Division intends to take a phased approach to implementing services in regions across the state, scaling over time. Since the Division has limited contracts for home visiting services through Promoting Safe and Stable Families and Community-Based Child Abuse Prevention and does not contract specifically for other evidence-based services, a phased approach allows the Division and providers to effectively utilize continuous quality improvement throughout implementation and to apply lessons learned both in real time and to roll-out in subsequent regions. All five services also have existing

fidelity monitoring and technical assistance structures at a state university, which will support streamlined implementation under Family First.

To guide the implementation of the five proposed EBPs the Division has established an Implementation Team and developed an implementation plan to guide the work. The Implementation Team consists of representatives from various program areas within the agency including Safety Services, Field Operations, Georgia SHINES, Policy and Regulations, and Fiscal Operations, and each member will be responsible for or offer support to the implementation of specific action items connected to the Prevention Plan. The Implementation Team, with guidance from the Steering Committee and Leadership Advisory Council, is responsible for establishing and overseeing a regional approach to implementation of services. As a part of this process, the Division will also work closely with sister state agencies to understand statewide capacity needed and identify opportunities for collaboration to effectively meet the needs of children and families and maximize federal funding sources including MIECHV, Medicaid, and Title IV-E. Based on the understanding of need and existing capacity, Division leadership will engage service providers to develop specific strategies for training and implementation to scale services over time to effectively support children and families.

The Implementation Team will have a specific focus on promoting appropriate coordination and sequencing of implementation tasks, as well as integrating information gathered by the statewide Family First CQI team and regional CQI teams. This will ensure that the implementation of the Prevention Plan is aligning with agency and statewide goals, while taking local context and challenges into account. The phased approach and implementation structure, supported by a strong CQI process, will allow ongoing monitoring of progress toward priority outcomes and refinements during planning and rollout. It will also support appropriate identification and allocation of resources and timely decision-making around policy and program-related elements. Both the phased approach and implementation structure were intentionally designed to support a strong execution and sustainable systemic transformation.

Section IV: Child-Specific Prevention Plan

Ongoing case management for families receiving prevention services will be provided by Family Preservation Services case managers. The Family Preservation Services case is open when the Family Functioning Assessment (FFA) completed by the investigator identifies imminent risk and ongoing need for services. The child specific prevention plan will be completed in collaboration with the family, the Investigator, and Family Preservation Services case manager.

Process for Assessing Service Need and Developing Child Specific Prevention Plans

The process for assessing service needs begins with the completion of the initial FFA during the investigation. The FFA organizes information gathered about the following components:

a. Maltreatment/Presenting Problem
b. Maltreatment Context and Circumstances
c. Family Developmental Stages and Tasks
d. Family's Pattern of Disciplining Their Children
e. Family Support
f. Child/Youth Development
g. Individual Caretaker Patterns of Behavior

The intent of the FFA is to better understand the factors affecting a child's safety, permanency, and well-being, as well as caregiver protective capacities, in order to identify the family's specific needs and determine appropriate services to address them. This information is documented by the Investigator and discussed with Family Preservation Services case managers at the case transfer staffing and used as a basis for engaging families in service decision making.

To facilitate a smooth transition from Investigations to Family Preservation Services, case managers from both program areas meet jointly with the family during the case transfer process. The child specific prevention plan will be developed within 15 days of the Family Preservation Services case opening. Input from the family, the FFA, and additional information gathered from informal assessment and case contacts will guide the development of the plan, including the foster care prevention strategy and selection of services. Case managers will use a strengths-based approach to engage families in

identifying the most appropriate service options, including available EBPs, to help them achieve desired outcomes.

When consensus is reached with the family, the Family Preservation Services case manager will complete the child-specific prevention plan in Georgia SHINES. This will be incorporated into the Family Preservation case plan (Family Plan) when it is created at the 45-day Family Team Meeting and considered a part of the Family Plan for ongoing case re-evaluations.

Ensuring Appropriate Service Referral, Linkage, and Oversight

After the completion of the child specific prevention plan, Family Preservation Services case managers make referrals via service authorization to appropriate providers. Referrals are completed within 5 business days of the completion of the child specific prevention plan or within 1 business day in an emergency. To assist with Family First referrals, the Division intends to implement a Title IV-E Prevention Service Support Staff. This regional support staff will be trained on all five EBPs and will provide consultation to case managers to ensure the appropriateness of referrals. They will also act as liaisons to EBP providers and assist the case manager in following up with referrals to ensure timely initiation of services.

Family Preservation case managers monitor the ongoing effectiveness of services through consistent engagement with the family and service providers. Monthly contacts with the family allow the case manager to receive regular feedback about the efficacy of the service, their experience with the provider, and progress towards identified outcomes. Incorporating feedback from the family with monthly input from providers and review of notes and documentation enables the case manager to assess if services are sufficiently controlling safety threats and facilitating progress towards meeting case plan outcomes.

Formal assessment of need and services occurs every 90 days in Family Preservation Services with the case evaluation. As part of this process, the case manager completes an FFA and meets with the family to discuss progress towards case plan outcomes. Modifications to services or case plan goals can be made at this time. Re-determination will occur during the last case evaluation that is completed prior to the 12 months. Family Team Meetings are also held as needed to provide the ongoing opportunity for families, case managers, and service providers to determine appropriate services, evaluate service effectiveness, and recommend modifications if necessary.

Prevention Plans for Pregnant and Parenting Youth

When Foster Care case managers become aware that a youth is expectant or parenting, they notify the Early Childhood Collaboration Unit within 3 business days to provide additional support and linkages with community resources that will enhance effectiveness of Family First service referrals. The case manager then convenes a Transitional or Family Meeting with the youth and their support system. The child specific prevention plan is completed within 30 days of the youth entering foster care. The plan will document the prevention strategy for the child and identify the services that will support the youth in parenting. The prevention plan will be incorporated into the expectant or parenting youth's foster care case plan in Georgia SHINES and is reviewed initially at the 4-month case review and subsequently no less frequently than every 6 months including the re-determination. The FFA will be reviewed and updated at every case plan update to identify safety and risk factors and ensure continued appropriateness of services.

Integrating the Child-specific Prevention Plans Within the CCWIS System

The child-specific prevention plan will be added to Georgia SHINES. The prevention plan will automatically incorporate eligibility information from the completion of the FFA and investigation. The Family Preservation Services case manager will be responsible for entering additional information, including the foster care prevention strategy. The child-specific prevention plan will be incorporated into the Family Preservation Services case plan (Family Plan) and considered as part of the more comprehensive plan for ongoing monitoring and revaluation.

Coordination With Services Provided to the Child/Family Under the Title IV-B Plan

When referring children and families to services, case managers will prioritize programs that are the best fit to meet their identified needs. Adding Title IV-E funded EBPs will increase the overall array of services available to Georgia's families. Services currently funded through Title IV-B and other sources will be coordinated with the Title IV-E prevention services, to maximize options and resources, and address additional needs. As part of implementation and the continuous quality improvement process, the Division will continue to assess service needs and gaps and the most effective coordination of services available through multiple funding streams to meet the needs of children and families.

Section V- Monitoring Child Safety

The Division is committed to the continued safety and well-being of all children it serves. To ensure the ongoing safety of children receiving prevention services, safety and risk will be continually assessed and monitored using existing policies and practices.

Initial and Ongoing Assessment of Safety

From the time of receipt of an intake report, trained Investigators address allegations of child abuse, neglect, or dependency by assessing child safety for present or impending danger, and family functioning at all purposeful contacts.

Initial assessment of child safety includes an intensive review of DFCS history for the family and parents, visual observation of all children and the home environment, criminal history of adult household members, collateral contacts, professional evaluations and assessments, and pictures and other physical evidence gathered during the investigation.

In the Investigation and Family Preservation stages, DFCS assesses recent safety threats, risk or impending danger, and family functioning by using the comprehensive Family Functioning Assessment tool (FFA). As described in Section II, this tool is used to analyze and organize the information gathered by the case manager to understand the significant factors affecting a child's safety, permanency, well-being, and caregiver protective capacities. This tool identifies safety and risk factors that help determine imminent risk and candidacy eligibility. The FFA initially is completed by the Investigator with input from the family and reviewed and approved by the supervisor before the conclusion of the 45-day investigation. When investigations case managers identify imminent risk based on the FFA but determine that the child can be safely maintained in the home or in a kinship placement, a safety plan is developed, and the case is transferred to Family Preservation for ongoing services and continued safety monitoring. The FFA is then reviewed and updated in Family Preservation every 90 days.

For expectant and parenting youth in foster care, the initial FFA is completed within 4 months after the initial case review. The FFA is then reviewed and updated during every case plan update thereafter which is no less than every 6 months.

The Family Preservation case manager continues to conduct private face-to-face purposeful contacts every calendar month in the home to assess child safety. Foster care case managers conduct monthly contact in the placement setting to assess safety of the expectant or parenting youth and the child. In addition to reviewing and updating

the FFA, informal assessments of safety and risk occur during these monthly visits and are documented in Georgia SHINES. Case managers refer to the Georgia Safety Threats tool which lists safety and risk factors that help to identify present or impending danger throughout the life of a case.

Supervisor staffings are conducted in all stages as needed but at minimum occur monthly to provide oversight of safety assessment practices, findings, and case decision-making intended to ensure the safety, permanency, and well-being of children. If risk or safety concerns are noted during the visits, the supervisor and case manager identify the potential threats and determine the most appropriate next steps, which may include staffing with leadership, making additional contacts, or amending the safety plan.

Section VI: Evaluation Strategy and Waiver Request

Evaluation Waiver Request Justification

Family First requires that each state continually assess whether the EBPs provided to children and their families are being implemented well and achieving the desired outcomes. To accomplish this, each EBP service submitted in a state's Prevention Plan must include a well-designed and rigorous evaluation strategy. The Children's Bureau, however, may waive this requirement for a well-supported EBP if the state provides compelling evidence of the effectiveness of the EBP and meets the CQI requirements. Georgia is requesting a waiver of the evaluation requirements for each of these well-supported programs:

- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Brief Strategic Family Therapy (BSFT)
- Parents as Teachers (PAT)
- Healthy Families America (HFA)

All of these have empirical evidence that they improve outcomes in the domains of child safety, child permanency, child well-being, and/or adult well-being in racially and ethnically diverse populations, and Georgia's justification is described in the section below.

Selecting services that have been proven effective across racial and ethnic groups is critical for a state with Georgia's diverse population. Among children served by the Division in Family Preservation Services in 2020, 53% were white, 39% African American, and 5% African American and white. Less than 1% each were multi-racial, Asian, Native Hawaiian/Pacific Islander, and Native American/Alaska Native. Seven percent were of Latinx ethnicity. Therefore, the Division, using recommendations from the Family First Prevention Services Workgroup, ensured that the five EBP's selected each have an evidence base that reflects their efficacy among a diverse range of racial and ethnic groups.

<u>Evidence Base Justification for Functional</u> <u>Family Therapy (FFT)</u>

FFT is a trauma-informed evidence-based therapeutic intervention designed to support at-risk adolescents and their families. At the core of FTT is a focus on assessment and intervention to address risk and protective factors, both within and outside of the family,

that impact the youth and their adaptive development. While the therapeutic process impacts the entire family and some studies have looked at the use of FFT in younger children, most evidence is around its use in youth ages 11 to 18 with behavioral or emotional problems. Family discord is also a target factor.

Based on the review of nine eligible studies that indicate favorable impacts on both child and adult well-being, FFT is rated well-supported on the Title IV-E Prevention Services Clearinghouse. Collectively, the studies showed favorable effect findings on child substance use, child delinquent behavior, child behavioral and emotional functioning and family functioning. The California Evidence-Based Clearinghouse for Child Welfare rates FFT at 2, or supported by research evidence, in the areas of alternatives to long term residential care programs, behavioral management programs for adolescents, disruptive behavior treatment and adolescent substance abuse treatment. FFT is one of only 6 programs to earn the highest rating of Model Plus from the University of Colorado's Institute of Behavioral Science's Blueprints for Healthy Youth Development.

Child well-being outcomes

- FFT has a proven track record in improving youth behavior, emotional functioning, and prosocial behaviors, as well as reducing youth alcohol and drug use (Celinska, 2013; Slesnick, 2009). Participation in FFT has been shown to significantly reduce delinquent behaviors and the likelihood of out-of-home placements resulting from them (Celinska, 2013, Darnell, 2015, & Slesnick, 2009).

Adult well-being outcomes

- FFT has established efficacy in improving overall family functioning and reduction in family conflict by reducing verbal aggression between family members (Slesnick, 2009).

Given FFT's favorable outcomes for youth at risk of foster care placement due to behavioral reasons and its adaptability to the needs of diverse populations, Georgia is requesting that the Children's Bureau waive the evaluation requirements for FFT.

<u>Evidence Base Justification for Multisystemic Therapy (MST)</u>

MST is an intensive treatment for troubled youth delivered in multiple settings. This program aims to promote pro-social behavior and reduce criminal activity, mental health

symptomology, out-of-home placements, and illicit substance use. The target population for MST is troubled youth ages 12 to 17 and their families. Specifically, MST is targeted at youth who are at risk for or engaging in delinquent activity or substance misuse, experiencing mental health issues, and at risk for out-of-home placement.

Based on the review of 16 eligible studies that indicate favorable impacts on child permanency, child well-being and adult well-being, MST is rated well-supported on the Title IV-E Prevention Services Clearinghouse. Collectively, the studies showed favorable effect findings on out-of-home placement, child behavioral and emotional functioning, child substance use, child delinquent behavior, positive parenting practices, parent and caregiver mental or emotional health, and family functioning. The California Evidence-Based Clearinghouse for Child Welfare rates MST at 1, or well supported by research evidence, in the areas of alternatives to long term residential care programs, behavioral management programs for adolescents, disruptive behavior treatment and adolescent substance abuse treatment. According to the model purveyor, MST Services, out-of-home placements across all MST studies were reduced by a median of 54%. MST is one of only 6 programs to earn the highest rating of Model Plus from the University of Colorado's Institute of Behavioral Science's Blueprints for Healthy Youth Development.

Child permanency outcomes

- MST has been shown to significantly reduce out-of-home placement for problematic youth behavior (Vidal et al., 2017).

Child well-being outcomes

- Numerous studies of MST show significant improvements in youth behavioral and emotional functioning. MST participation reduces problematic mental health symptoms associated with conduct problems, conduct disorder, oppositional defiant disorder, impulsiveness, Attention Deficit Hyperactivity Disorder, and other kinds of internalizing and externalizing behaviors (Asscher et al., 2013, 2014; Dekovic et al., 2012; Fonagy et al., 2018; Henggeler, 1997; Manders, 2013; Ogden, 2004; and Weiss, 2013). MST also has a proven track record for reducing substance misuse and a wide range of delinquent behaviors like property offenses, subsequent arrests and adjudications, and violent and non-violent crimes (Asscher, 2013; 2014; Borduin, 1995; Butler, 2011; Fonagy, 2018; Henggeler, 1997; and Vidal, 2017).

Adult well-being outcomes

- MST has a proven track record of improving adult well-being outcomes. Several studies of MST demonstrate improvements in positive parenting practices such as positive discipline, increased parental involvement, improvements in monitoring and supervision, and reductions in inconsistent discipline (Asscher, 2013; Borduin,1995, Fonagy, 2018). MST has also been shown to improve parent/caregiver mental and emotional health and overall improvements in family functioning, family satisfaction, family cohesion and family communication (Borduin, 1995; Fonagy, 2018).

Like FFT, MST has demonstrated positive outcomes in multiple countries and various states in a variety of service delivery settings. Given the demonstration of favorable outcomes related to youth behavioral and emotional functioning as well as adult well-being, and a demonstrated effectiveness across diverse populations, Georgia asks the Children's Bureau to waive the evaluation requirements for MST.

Evidence Base Justification for Brief Strategic Family Therapy (BSFT)

BSFT uses a structured family systems approach to treat families with children and adolescents between age 6 and 17 years who are displaying or at risk for developing behavior problems, including substance abuse, anti-social peer associations, bullying, truancy, or problematic family relationships.

The Title IV-E Prevention Services Clearinghouse rated BSFT as a well-supported EBP following review of 5 eligible studies that indicated favorable effects in the target outcomes of child and adult well-being, specifically: child behavioral and emotional functioning, child delinquent behavior, parent/caregiver substance use, and family functioning.

Child well-being outcomes

- At least one study of BSFT has shown improved child well-being outcomes. Participation improved behavioral and emotional functioning by reducing externalizing behaviors (Horigian, 2015). Results of this study also showed reductions in delinquent behaviors such as the number of lifetime and past year arrests and incarcerations (Horigian, 2015).

Adult well-being outcomes

- BSFT has demonstrated effects in improving adult well-being outcomes. In one study, parents who participated in BSFT reported less alcohol use (Horigian, 2015b). In another study, significant overall improvements in family functioning were achieved (Santisteban, 2003).

Based on BSFT's favorable outcomes for youth at risk of foster care placement by reducing externalizing behaviors, delinquent behavior and improving family functioning, as well as its adaptability to the needs of diverse populations, Georgia is asking that the Children's Bureau waive the evaluation requirements for BSFT.

Evidence Base Justification for Healthy Families America (HFA)

HFA is a home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences. The overall goals of HFA are cultivating and strengthening nurturing parent-child relationships, promoting healthy childhood growth and development, and enhancing family functioning by reducing risk and building protective factors.

HFA is currently rated "well-supported" as an In-Home Parenting Skill-Based Service by the Title IV-E Prevention Services Clearinghouse following review of 22 eligible studies. It was found to have favorable impacts upon child safety, child well-being and adult well-being, specifically: child self-reports of maltreatment, child behavioral and emotional functioning, child cognitive functions and abilities, delinquent behavior, educational achievement and attainment, positive parenting practices, parent/caregiver mental or emotional health, and family functioning. The California Evidence-Based Clearinghouse for Child Welfare rates HFA at 1, or well supported by research evidence in the area of home visiting programs for child well-being.

Child safety outcomes

- HFA has been shown to increase child safety by reducing incidents of neglectful behaviors, minor physical aggression, psychological aggression, and frequency of severe and very severe physical abuse (Duggan, 2004; Mitchell-Herzfeld, 2005).

Child well-being outcomes

- HFA has proven efficacy in improving a range of child well-being outcomes. Findings show that participation in HFA has been shown to improve behavioral and emotional functioning and improvement in cognitive functions and abilities (Caldera, 2007, Duggan, 2005, DuMont, 2010 & Kirkland, 2012).

Adult well-being

- HFA also has a robust set of research documenting improvements in adult well-being. HFA participation has been linked to enhanced parenting practices, improved parent/caregiver mental or emotional health, reductions in parental stress and overall improvements in family functioning and reductions in domestic violence (Bair-Merritt, 2010, Duggan, 2004; DuMont, 2008; & McFarlane, 2013).

Under the optional child welfare protocol introduced by Healthy Families America in September 2018, programs can enroll families referred by the child welfare system until a child is 24 months old, rather than up to 3 months of age as allowed by the signature protocol. While Georgia has been unable to identify an evaluation of HFA focused exclusively on families enrolled under the child welfare protocol, enrolling families referred by child welfare up until the target child is two years old is not a deviation from standard HFA practice as approved by the Title IV-E Clearinghouse. In fact, HFA best practice standards allow for a portion of children to be enrolled more than three months after the target child's birth. The services delivered under the child welfare protocol are identical to services delivered to all families enrolled in an HFA program, and the children who will be served under the child welfare protocol are within the age range already being served by HFA.

The HFA model was originally designed to serve families with children zero to five years of age. Staff are trained to serve families with children in this age range, with services offered for a minimum of three years. Beyond the offer of services for a minimum of three years, length is tailored by each family's preference and needs, and services may continue until a child is five years of age. Under the child welfare protocols, families will continue to be offered services for a minimum of three years. Therefore, a child who enrolls just prior to turning 24 months old can still continue services until the age of five.

Offering HFA under the child welfare protocols, rather than limiting services to those who can be served under the signature protocol, is a better fit for the families served by the Division. The Division is unable to enroll children into services prenatally. Therefore, offering HFA under the signature protocol would give the Division only a three-month window in which to enroll a family. Rather than offering enrollment into this service only for families with newborns up to three months of age, implementing HFA under the child

welfare protocols will give the Division the opportunity to enroll families with babies and toddlers up to 24 months of age. This is a particularly salient choice for the Division, both because it can reasonably be expected that the outcomes under the child welfare protocols will mirror those seen in families served by HFA as a whole, and because babies and toddlers are two of the Division's high priority target populations for receiving service under Family First.

Given HFA's favorable outcomes related to child safety, improving parenting practices, and its adaptability to needs of diverse populations, Georgia asks to waive the evaluation requirements for HFA.

Evidence Base Justification for Parents as Teachers (PAT)

PAT is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse, and neglect, and increase school readiness and success.

PAT is currently rated "well-supported" as an In-Home Parenting Skill-Based Service by the Title IV-E Prevention Services Clearinghouse following review of 6 eligible studies. It was found to have favorable impacts upon child safety and child well-being, specifically: child welfare administrative reports, child social functioning, and child cognitive functions and abilities. The California Evidence-Based Clearinghouse for Child Welfare rates PAT at 3, or with promising research evidence in the areas of home visiting programs for child well-being and prevention of child abuse and neglect (primary).

Child safety outcomes

- Participation in PAT has been shown to increase child safety by reducing the occurrence of substantiated incidents of abuse and neglect (Chaiyachati, 2018).

Child well-being outcomes

- PAT also has demonstrated efficacy in improving child well-being, including child development and school readiness. In two separate studies, participation in PAT was found to improve social functioning and cognitive functioning and abilities (Neuhauser, 2018; Wagner, 1999).

Based on PAT's favorable outcomes for young children at risk of foster care placement due to child maltreatment and its adaptability to the needs of diverse populations, Georgia is requesting that the Children's Bureau waive the evaluation requirements for PAT.

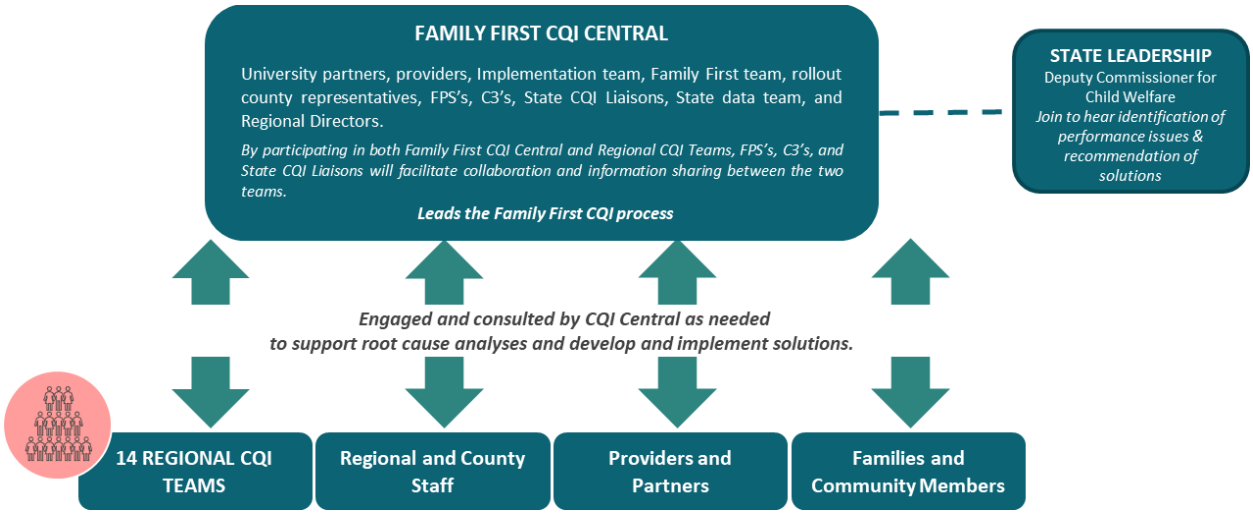
Overall Approach to CQI of Preventive Programs

The Family First continuous quality improvement (CQI) process will build on and enhance the Division's current CQI strategy.

Family First CQI Teaming Structure

The Division plans to build a statewide Family First CQI Team – *Family First CQI Central* – with the role of leading, managing and coordinating the Family First CQI efforts in Georgia.

Figure 1: Family First CQI Teaming Structure in Georgia



As the visual shows, Family First CQI Central will be the central entity – a core Family First CQI hub statewide – engaging the 14 regional CQI Teams, regional and county staff, providers and partners, and families and community members as needed.

The purpose of Family First CQI Central will be to:

- Review key Family First CQI performance metrics to identify top performance strengths and concerns,

- Conduct root cause analyses, lead development of solutions to issues, and lead implementation of solutions – while engaging and supporting regional CQI teams, providers, and other stakeholders as needed.
- Track and monitor progress and outcomes of improvement strategies statewide and/or within specific regions/providers.

Family First CQI Central will include representation from the Division's university partner (described further below), Family First service providers, the Division's Family First Leadership Team, representatives from the state CQI team, and representatives from the Division's Data Unit. Members will also be drawn from the Family First Implementation Team to ensure a clear connection between CQI processes and implementation strategies. The team will also include the Safety Field Program Specialist and the C3 Coordinator (CFSR, CFSP, CQI) from each region. The Safety Field Program Specialists are subject matter experts on Family Preservation Services who provide support to their respective regions. C3 Coordinators are typically Field Program Specialists who serve as subject matter experts in various areas of practice and support regional CQI coordination. Furthermore, the team will include representatives from the rollout counties and Regional Directors. Regional Directors will be asked to attend meetings quarterly and be represented by a Field Program Specialist or C3 when not present.

Family First CQI Central will meet on a monthly basis in-person or virtually the first year of implementation. The initial meetings will be 2 hours long to ensure that members are acquainted with purpose, processes, and each other. Key decisions and action items in the Team will be tracked in a structured documentation template, and communicated to providers, stakeholders, and staff when relevant.

The Family First CQI Teaming Structure also includes state leadership in Georgia. State leadership will be represented by the Deputy Commissioner for Child Welfare. The Deputy Commissioner will attend meetings on an ad hoc basis to hear identification of performance issues & recommended solutions.

An essential part of the Family First CQI Teaming Structure are the diverse groups of stakeholders who are represented in the four smaller boxes in the visual. These stakeholders include the 14 regional CQI teams, regional and county staff, providers and partners, and families and community members. The stakeholders will be engaged and consulted by CQI Central as needed to support root cause analysis and develop and implement solutions. Because many of the performance issues identified through the CQI process will have root causes located within local, regional, and provider practices and processes, the active input of these stakeholders in the process is essential for success.

Family First CQI Central will operate according to the following principles of engagement:

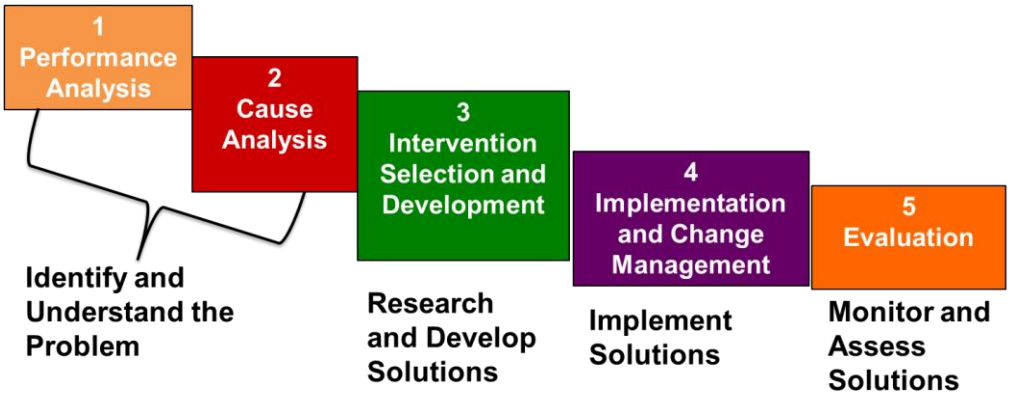
- To understand policy and practice issues related to frontline practice, county and regional staff and supervisors must be engaged
- To implement changes impacting county and regional practice, CQI Central will obtain explicit input from diverse frontline staff to design the change and to guide implementation planning
- To understand and address provider performance issues (with the goal of better serving children and families) providers will be engaged as partners
- CQI Central will be respectful of each stakeholder group's time by engaging only those with relevant expertise or roles in design and implementation of changes

Family First CQI Central will leverage the 14 regional CQI teams already operating in Georgia, as this becomes relevant. The current practice of the *14 regional CQI teams* in Georgia is focused on specific CFSR items from a regional perspective. These teams will retain their existing purpose, as the Family First CQI Central initiates the CQI efforts related to Family First. If Family First CQI Central identifies performance issues or concrete solutions to be implemented at a regional level and/or that the regional CQI teams are already working on, then CQI Central and the regional CQI team will collaborate. Ongoing dialogue between the 14 regional teams and CQI Central will be facilitated via the CQI state liaison, the FPS, and a C3 Coordinator participating in both a regional team and CQI Central, and it will be overseen as needed by the Regional Director.

Georgia's CQI Cycle of Learning and Improvement

The statewide CQI team currently utilizes the Cycle of Learning and Improvement from the National CQI Training Academy as an overall CQI framework, and the Performance Improvement Process to help move through the steps of the cycle. In their work, regional CQI teams progress through the five phases of the Performance Improvement Process: Performance Analysis, Cause Analysis, Intervention Selection and Development, Implementation and Change Management, and Evaluation.

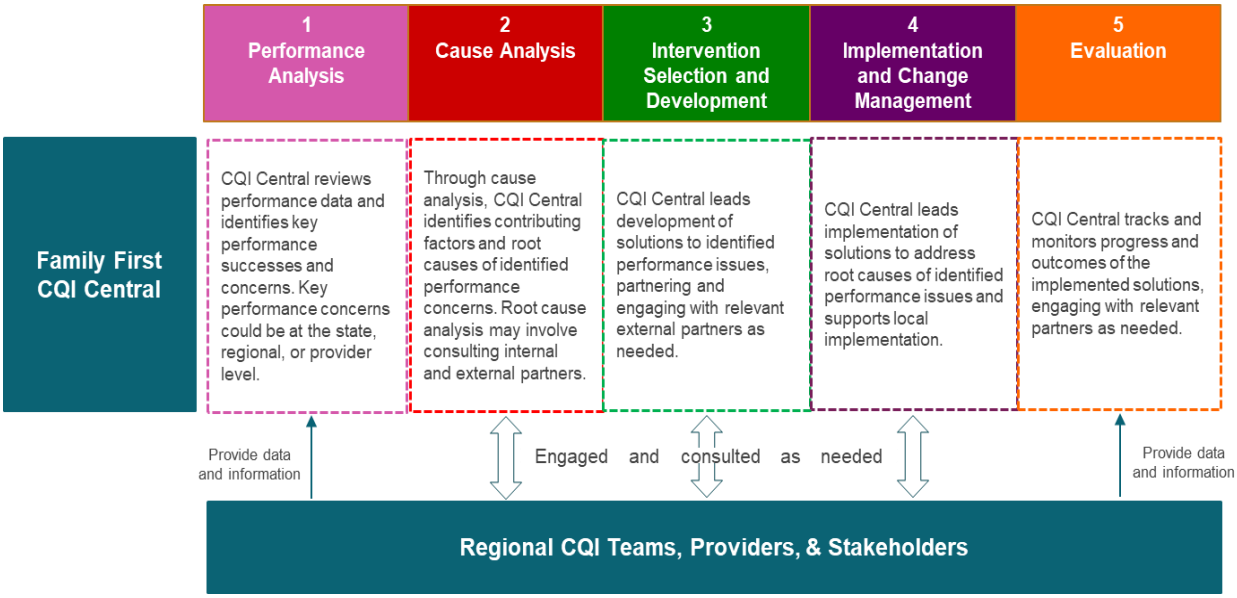
Figure 2: Five Phase Performance Improvement Process



A commitment to rigorous CQI is an established part of the culture at the Division, and the Family First CQI process will build on this strong foundation. The Division intends to leverage the Cycle of Learning and Improvement in the implementation of Family First as well as incorporate new pathways for prevention service provider collaboration and tracking of prevention services. Throughout the process, with the support of its university partner, the Division will use a standardized process for monitoring, reviewing, analyzing, and sharing collected data and results on regular intervals to fuel the Cycle.

Family First CQI Central will lead, manage, and coordinate the Family First CQI system in Georgia. This means that they will facilitate the CQI processes through the following five steps in the cycle of learning and improvement.

Figure 3: Family First Application of Five Phase Performance Improvement Process



University Partnership Support for CQI

The Division will engage a university research partner, the Carl Vinson Institute of Government at the University of Georgia (CVIOG), to collaborate on development and implementation in Georgia's Family First EBP CQI systems. In addition to providing initial orientation and start-up support, CVIOG will play an ongoing role in data collection, analysis, and technical assistance to support CQI and implementation of Georgia's Family First EBPs. CVIOG will partner with the Division to carry out fidelity monitoring responsibilities for all Family First EBP's statewide, disseminate results, and partner with the Division to utilize findings. CVIOG will be particularly instrumental in supporting the Division in using information obtained from fidelity monitoring to refine and improve practice and help to identify effective CQI strategies to utilize for each EBP. As explained in further detail below, fidelity monitoring strategies will vary in accordance with specific requirements for each EBP. The strategies used by the university partner for each EBP will work in tandem with ongoing monitoring done by the model developer and ongoing monitoring and outcome measurement carried out by the Division. CVIOG will also engage in ongoing partnership with the Division to assess capacity and determine the need for service expansion over time.

CVIOG has expertise in providing CQI support for FFT, MST, and BSFT. Since 2013, CVIOG has performed data collection and provided fidelity monitoring support for FFT, MST and BSFT funded by the Georgia Department of Juvenile Justice and the Criminal Justice Coordinating Council. As the Division activates and refines the Family First collaborative CQI process, it will be supported by staff and providers' child welfare expertise as well as the university partners' EBP expertise. CVIOG will also gather data from HFA and PAT providers, and the Division will consult with both CVIOG and the Center for Family Research at the University of Georgia, where both the state HFA lead and state PAT lead are part of the Georgia Home Visiting Program, to leverage their expertise in integrating data collection and data monitoring into practice and programming.

During the early phases of implementation, the Division's Family First CQI work will largely focus on data related to service implementation, including a focus on the degree to which EBPs are reaching families and fidelity. This will allow adjustments to be made as needed to support implementation success. As implementation progresses and stabilizes, outcomes data will play an increasingly central role.

Details of CQI Strategy for Selected EBPs

Selection of Georgia's Family First CQI metrics will be guided by *A Measurement Framework for Implementing and Evaluating Prevention Services* (*Framework*) developed by Chapin Hall at the University of Chicago (2020). The *Framework* lays out metrics to understand the ***reach*** of the proposed interventions, to monitor the ***fidelity*** of the proposed interventions to the EBP model, and to assess whether the intervention-specific and overall Family First desired **outcomes** are achieved. CQI metrics for the five proposed well-supported interventions will address a common set of cross-cutting research questions. Data related to reach and distal outcomes will be monitored statewide as well as broken down by EBP, region, and other subgroups to understand variation and target improvement efforts. Data related to fidelity and EBP-specific outcomes (proximal outcomes) will be analyzed at the level of individual EBPs, as each EBP's model fidelity requirements are unique, and the selected EBPs have specific required or recommended tools to measure EBP-specific outcomes.

Across all five EBPs, provider contracts will include service-specific fidelity requirements, service-specific outcome metrics, a requirement to share data with the Division's university research partner at defined time intervals throughout the life of the contract, and a requirement to participate in Family First CQI Central Meetings.

<u>CQI Research Questions and Measures</u>

Reach – To what extent are we reaching the families we intend to serve?

- To what extent are Family First candidate children/families being identified and referred to EBP services?
- To what extent are referred children/families actually receiving EBP services?
- What are the characteristics of referred children/families receiving EBP services, and do they differ from referred children/families not receiving services?
- What is the length of time from referral to the start of services for children/families?
- Are children/families completing services?
- Are there regional variations in EBP referrals, service receipt, and service completion?
- Are there variations in equity regarding referrals, service receipt, and service completion?

Specific reach metrics will include the number and percentage of potentially eligible families referred to each EBP; the number and percentage of families accepted to each EBP service who begin EBP services; the number and percentage of families who begin each EBP service that complete EBP services; and the time between service referral date and start date. Data will emanate from a combination of Georgia SHINES and the delivered services provider portal.

Fidelity – To what degree are we carrying out the services with fidelity?

- To what extent do the referred children/families meet the eligibility requirements for each specific EBP model?
- To what extent are the EBP services delivered as prescribed by each specific EBP model and guiding manual/curriculum (e.g., fidelity to the model)?
- How many EBP service sessions typically take place, and is this consistent with the EBP model?

For all selected EBPs fidelity will be defined in accordance with developer standards and monitored as a result thereof.

EBP	Fidelity Monitoring
FFT	FFT has a rigorous fidelity monitoring infrastructure. Contracted therapists providing FFT must show proof of training and fidelity to the model which includes three phases: clinical training, supervisor training, and maintenance phase. FFT has a web-based Client Services System (CSS), which is used to monitor program fidelity based on the Fidelity and Dissemination Adherence Scores. Quarterly ratings are then used to derive a Global Therapist Rating for each therapist, gauging therapists' adherence to and competence in the model (CEBC). FFT fidelity monitoring will include measures such as staff qualifications, successful completion of training, rating of meetings and progress notes, Family Self Report (FSR) and Therapist Self Report (TSR) data, and rating of staffing and consultations with supervisors. With technical assistance from CVIOG, Georgia will partner with the FFT developer to monitor fidelity for the model statewide.

MST	MST has a rigorous fidelity monitoring infrastructure and includes measures for the therapist and the supervisor. The Therapist Adherence Measure Revised (TAM-R) is a 28-item measure that evaluates a therapist's adherence to the MST model as reported by the primary caregiver of the family. The Supervisor Adherence Measure (SAM) is a 43-item measure that evaluates the MST Supervisor's adherence to the MST model of supervision as reported by MST therapists (CEBC). With technical assistance from CVIOG, Georgia will partner with the MST developer to monitor fidelity for the model statewide.
BSFT	Fidelity monitoring includes counselor completion of The BSFT Therapist Adherence Form with monitoring by a clinical supervisor documented using the Clinical Supervision Checklist (CEBC, Robbins et al., 2011), a tool that is designed to assess how well or poorly a practitioner is using BSFT and provide feedback that can be used to increase clinical skills. With technical assistance from CVIOG, Georgia will partner with the BSFT model developers to monitor fidelity for the model statewide.
HFA	Implementing sites utilize the HFA Best Practice Standards and demonstrate fidelity to the standards through periodic accreditation through site visits. There are 154 standards, and each is coupled with a set of rating indicators to assess the site's current degree of fidelity to the model (CEBC). Healthy Families Georgia Quality Assurance site visit reviews are conducted by the state lead to affirm model fidelity and support for CQI activities at each Georgia site. The site visit includes a review of HFA reports related to all Essential and Safety Standards to confirm sites' understanding of the HFA model to include all key components and site documentation to ensure program fidelity. Furthermore, the Division will connect with the National Office of HFA through the state leads and collaborate to monitor fidelity and CQI of HFA. HFA sites are expected to collect and monitor data regularly. In Georgia, sites use the Healthy Families Georgia Data Collection and Report Guide. The HFG Data Collection and Report Guide provides a complete list of the HFA Best Practice Standards data requirements (programmatic measures and supervisory and staffing measures, along with family- and child-specific

	measures).
PAT	The PAT National Center requires that affiliates provide annual data on their fidelity to the program model through an Affiliate Performance Report (CEBC). The PAT state office provides technical assistance to its affiliates to support fidelity monitoring throughout the year, with a year-end report due annually. If an affiliate does not meet certain benchmark percentages of the Essential Requirements, they must complete a "Success Plan" outlining how they will improve to meet benchmarks, participate in rapid CQI processes, and undergo technical assistance with an assigned PAT staff member. The affiliate is considered a "Provisional Affiliate" until minimum benchmark measures are met. The Division will connect with the National Office of PAT through the state leads and collaborate to monitor fidelity and CQI of PAT. The PAT national organization also collects data and monitors fidelity through annual reviews of affiliated providers. This CQI process includes tracking and evaluating service delivery and outcomes, along with monitoring staff requirements such as supervision, training, and workload. PAT affiliates are required to meet specific CQI measures known as the 21 Essential Requirements. In addition, Blue Ribbon affiliates meet at least 80% of PAT Quality Standards. The PAT national organization expects affiliate providers to engage in CQI of service delivery and operations on an ongoing basis.

Outcomes – To what degree do children and families experience better outcomes?

The research questions are grouped as questions related to well-being outcomes, safety outcomes, and permanency outcomes.

*Child and family **well-being outcomes**:*

- Do children/families that *receive* an EBP service experience better outcomes in the areas of mental health, substance use, and parenting skills as prescribed by each EBP*)?*
- Do children/families that *complete* an EBP service experience better outcomes in the areas of mental health, substance use, and parenting skills as prescribed by each EBP?

The chart below illustrates the metrics and sources Georgia will use to determine if the well-being outcomes for each EBP have been achieved.

Selected Research Questions *What do we want to know about the proximal outcomes of Family First EBPs?*	Selected Outcomes *What EBP-specific outcomes are we hoping to measure?*	Selected Tools and Sources *What tools and data sources are we planning to use?*
To what extent has Functional Family Therapy in Georgia produced the selected outcomes?	• Reduction of youth substance use • Reduction of youth delinquent behaviors • Improvement of youth emotional and behavioral functioning • Improved family functioning	• Outcome Questionnaire (OQ-45.2) • Youth Outcome Questionnaire (Y-OQ2.01 and Y-OQ SR) • Client Outcome Measure (COM) • Therapist Outcome Measure (TOM)
To what extent has Multisystemic Therapy in Georgia produced the selected outcomes?	• Reduction of out-of-home placement • Reduction of youth substance use • Reduction of youth delinquent behaviors • Improvement of youth emotional and behavioral functioning • Improved positive parenting practices • Improved family functioning	• MST Discharge Review Form
To what extent has Brief Strategic Family Therapy in Georgia produced the selected outcomes?	• Reduction of youth delinquent behaviors • Improved youth emotional and behavioral functioning • Decreased adult substance use • Improved family functioning	• McMaster Family Assessment Device • Youth Self Report (YSR) • Child Behavioral Checklist (CBCL)
To what extent has Healthy Families America in Georgia produced the selected outcomes?	• Reduction of maltreatment • Improved child behavioral, emotional, and social functioning • Improved child cognitive functions and abilities • Improved positive parenting practices • Improved parent-child interaction	• Ages and Stages Questionnaire (ASQ-3) • Ages and Stages Questionnaire: Social and Emotional (ASQ: SE) • CHEERS Check-In (CCI) tool
To what extent has Parents as Teachers in Georgia produced the selected outcomes?	• Improved child social functioning • Improved child cognitive functions and abilities • Improved positive parenting practices	• Ages and Stages Questionnaire (ASQ-3) • Ages and Stages Questionnaire: Social and Emotional (ASQ: SE) • The Life Skills Progression (LSP) • Parenting Interaction with Children: Checklist of Observations Linked to Outcomes (PICCOLO)*

*Some of the existing providers delivering PAT in Georgia are currently using the tool *Home Observation for Measurement of the Environment (HOME),* but they will most likely switch to PICCOLO moving forward.

The expected outcomes listed above have been defined based on the available evidence from the Title IV-E Clearinghouse, a thorough review of the specific indicators in each purveyor-required or recommended tool and based on the priorities of the Division. The purpose is to track EBP-specific outcomes that are the right fit for Georgia and the current practice and priorities.

As described earlier, the initial phase of Family First implementation includes FFT and MST, and Georgia's contracts for these EBP's will require providers to share the data that they provide to model purveyors with DFCS and CVIOG. This data sharing will allow DFCS to track FFT- and MST-specific outcomes by making use of the data already being collected without creating an additional burden on service providers.

The BSFT model purveyor does not require use of any specific tool to measure outcomes, but suggests the five potential tools listed in the chart. Georgia's sole BSFT program site that receives funding from DFCS' sister agency, the Criminal Justice Coordinating Council, currently does not use an outcome-tracking tool. After conducting thorough reviews of each of the five tools, the Division plans to use the McMaster Family Assessment Device to measure family functioning. Youth emotional and behavioral functioning and reduction of youth delinquent behaviors will be measured by the Youth Self Report for ages 11 to 17 and by the Child Behavioral Checklist for ages 6 to 10. The Division also plan to explore and select a tool that measures caregiver/parent substance use, as no purveyor-recommended tools seemed to include address this outcome. In service contracts, Georgia will require BSFT providers to collect outcome data using this specified set of tools, and to share this data with DFCS and CVIOG.

All of Georgia's current PAT and HFA affiliates utilize the Ages and Stages Questionnaire (ASQ-3) and the Ages and Stages Questionnaire: Social and Emotional (ASQ-SE) as developmental screening tools. To measure the quality of relationships between parents and their young children, all HFA affiliates are required to use the CHEERS Check-In (CCI) tool. While a specific tool is not required, PAT National requires all affiliates to use a family centered assessment. The majority of Georgia's PAT affiliates use the Life Skills Progression (LSP), and most Georgia PAT affiliates use the PICCOLO as a measure of parenting interactions.

In the interest of statewide assessment tool consistency, and potentially being able to compare outcomes across home visiting programs, the Division analyzed the metrics on all the above assessments. For HFA, the Division plans to use data from the ASQ-3 to measure improvement in child cognitive functions and abilities. Data from the ASQ-SE will be used to measure improvement in child behavioral, emotional and social functioning, and data from CHEERS will be used to measure increased positive parenting practices and improvement in parent-child interaction.

For PAT, the Division plans to use data from the ASQ-3 and LPS to measure improvement in child cognitive functions and abilities. Data from the ASQ-SE and LPS will be used to measure improvement in child social functioning, and data from PICCOLO and LPS will be used to measure increased positive parenting practices (and potentially also parent-child interactions). For both HFA and PAT, data from SHINES will be used to track the reduction in reported child maltreatment.

In service contracts for both HFA and PAT, Georgia plans to require providers to collect outcome data using the respective tools specified above, and to share this data with DFCS and CVIOG. The Division will also explore the possibilities of data sharing with additional state-level partners. This exploration of data-sharing is critical to obtain the most accurate picture of the impact of PAT and HFA on the children of Georgia, as the

state leads for both HFA and PAT are housed at the Center for Family Research at the University of Georgia, and the Department of Public Health is a significant funder of home visiting services.

*Child **safety outcomes**:*

- Does EBP service *receipt* reduce maltreatment? Are children re-referred for suspected child maltreatment within 12 months of the child-specific prevention plan start date? Within 24 months?
- Does EBP service *completion* reduce maltreatment? Are children re-referred for suspected child maltreatment within 12 months of EBP service completion? Within 24 months?

*Child **permanency outcomes**:*

- Does EBP service *receipt* reduce foster care entry? Do children enter foster care within 12 months of the child-specific prevention plan start date? Within 24 months?
- Does EBP service *completion* reduce foster care entry? Do children enter foster care within 12 months of EBP service completion? Within 24 months?

The chart below illustrates the alignment between draft priority research questions, the key metrics, and the data sources that Georgia will use to determine safety and permanency outcomes for children and families under Family First in Georgia.

Selected Research Questions *What do we want to know about the impacts of Family First?*	Selected Metrics *How can we measure the identified outcomes?*	Sources *How will data be collected/stored?*
To what extent are Family First services safely preventing children from entering and re-entering foster care?	**Foster care entry:** Number of children entering foster care. Per month and year, statewide, per region, and per county.	*SHINES*
	Foster care entry <u>after</u> EBP services. Of all children exiting EBP services in a 12-month period, what number/% entered foster care within 0-6 and 7-12 months?	*SHINES and Provider Portal*
	Foster care entry <u>during</u> EBP services. Of families receiving EBP services in a specified 12-month period, foster care entries per service month.	*SHINES and Provider Portal*
To what extent are Family First services preventing maltreatment?	**Recurrence of maltreatment:** Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of the initial victimization?	*SHINES*
	Maltreatment <u>after</u> EBP services. Of all children exiting EBP services in a 12-month period, what N/% experienced maltreatment within 0-6 and 7-12 months?	*SHINES and Provider Portal*
	Maltreatment <u>during</u> EBP Services. Of families receiving EBP services in a specified 12-month period, N of children who were named as victims in a screened in intake during the 12-month period per service month.	*SHINES and Provider Portal*

Child-level data tracking the recurrence of maltreatment and foster care status for all children and youth who receive or complete Family First services will be extracted from Georgia SHINES. Service providers will use the delivered services provider portal to enter start date of EBP services, end date of EBP services, and whether or not the EBP was completed as per model purveyor guidelines. Since the provider portal is a module of SHINES, the Division will be able to seamlessly integrate this data with the data tracking the recurrence of maltreatment and the foster care status for each child who receives EBP services.

Logic Model

The Family First logic model shows the relationship between the Division's prevention-focused activities, expected outcomes and anticipated impact, and is included in Appendix B.

Section VII: Child Welfare Workforce Training and Support

The Division is committed to strategies and casework practice that prevent unnecessary child welfare involvement, reduce risk of child maltreatment, and promote child and family well-being. As Family First prevention strategies are implemented, the agency will continue to invest in the workforce by providing further training and resources to increase capacity to engage, assess, and serve families in a manner that is individualized, responsive, and family led.

EBP Provider Workforce Training

As the Division contracts for evidence- based programs, the agency will require providers to ensure that all staff administering programs have completed requisite training curriculums mandated by each program developer, that they are appropriately certified in the models they administer, and that they adhere to all fidelity requirements. The Division will partner with providers, the purveyor organizations, and university partners to ensure providers have the necessary skills to offer FFT, MST, BSFT, PAT, and HFA to fidelity and that appropriate provider capacity to offer services is available to meet the needs of children and families. The agency will also work with providers to identify and access appropriate trainings to ensure services are being offered under a trauma-informed framework. Compliance with training requirements will be addressed through contract monitoring, CQI and other technical assistance and support offered by the Division and university partners.

In addition to specific training for evidence-based programs, throughout the planning process, the Division has offered educational webinars for providers and other stakeholders about the agency's vision for Family First and key planning decisions. To facilitate a consistent vision and understanding of Family First in the state, the Family First overview training will be available to all staff and stakeholders.

Child Welfare Workforce Supports

The Division has taken an integrative approach to preparing field staff for Family First implementation by determining the most effective methods for aligning Family First requirements with existing policies and practices. The objective is to build on current work and efforts to better serve children and families as a foundation for implementation. Because cases with children and families receiving prevention services will be managed in Family Preservation Services, the primary focus of readiness efforts is to strengthen

this program area and the assessment process for identifying children at risk of entering foster care.

Readiness and Preparation

In July 2020, the Division launched an initial Family First Readiness campaign with a kickoff presentation and Family First Act overview. Staff were introduced to the readiness toolkit that outlines Family First requirements and how they will be integrated into each staff person's role. The Family First team facilitated meetings with regional and county leadership to begin planning for Family First and to identify strategies for strengthening current practice in preparation for implementation.

In 2020, the Family First Readiness Workgroup convened to help coordinate Family First planning efforts across Georgia. Each of the 14 regions in the state is represented on the workgroup by a Field Program Specialist who acts as a Family First champion for their area. Workgroup members held meetings within each of their regions to review information shared during the initial overview, encourage use of the readiness toolkit, and provide necessary updates regarding implementation preparation.

Monthly practice guidance materials were sent to counties over a seven-month period to demonstrate the intersectionality between current policy, CFSR goals, and Family First requirements. The guidance covered the following practice areas:

- Identifying candidates and developing child-specific prevention plans
- Conducting risk and safety assessments
- Engaging families in the assessment of strengths, needs, and the identification of appropriate services
- Linking families with appropriate, trauma-informed, evidence-based services to mitigate risk and promote family stability and well-being
- Oversight and evaluation of the continuing appropriateness of the services

The monthly guidance included a call to action and specific tasks related to the monthly skill area of focus to aid regional and county leadership with implementing practice supports as needed for their staff. This allowed all DFCS staff to place emphasis on strengthening prevention casework practice in order to prepare for Family First implementation and training.

The Readiness Workgroup aimed to further identify training needs by disseminating a state-wide survey and facilitating regional focus groups. Feedback gathered was incorporated into recommendations for field supports and training plan updates. The workgroup will continue to assess workforce strengths, growth areas, and needs for further development to make the most appropriate revisions and additions to the state's training curriculum.

Child Welfare Workforce Training

The Division is invested in having a prepared, well-trained workforce. The agency provides training and support for caseworkers in assessing safety and identifying the needs of children and families, family engagement, knowing how to select, access, and deliver needed trauma-informed and evidence-based services, and overseeing, monitoring, and evaluating appropriateness of services.

Casework for prevention services aligns with the current practice model, which focuses on the skills of engaging, assessing, teaming, planning, and intervening. As such, DFCS caseworker and supervisor training for prevention services will serve as a reinforcement of learning for overall sound and efficient case practice.

Current Training Requirements

New case managers are required to attend a six-week Academy to receive essential training which includes a 10-day fundamentals course and a five-day Essentials course that provide core case management knowledge and skills related to their primary work area. Additionally, all staff complete a two-day simulation to practice those skills in a supported environment. New supervisors are also required to attend a supervisory academy and receive skills training for successful supervision of child welfare case managers.

During the Academy, case managers are acclimated to DFCS systems, policies, and processes and receive training for conducting risk and safety assessments. This includes use of the initial safety assessment and family functioning assessment tools, engaging families in the assessment of strengths, needs, and the identification of appropriate services during visits and meetings, promoting family stability and well-being by making purposeful contacts, and continued monitoring of safety through ongoing services.

After completion of the Academy, workers receive more specialized in-service training such as Legal, Solution Focused Family Team Meetings, Domestic and Intimate Partner Violence, Substance Abuse, and Commercial Sexual Exploitation of Children over a nine-month period to further develop knowledge and casework practice skills.

Family First Training Requirements

Georgia’s Family First team, Education and Training Unit, and Policy and Regulations Unit have coordinated to ensure that all necessary policy and training plan revisions

include Family First requirements and address critical skills to strengthen prevention casework practice.

To support Family First implementation, additional training will include, but is not limited to:

- ***Family First Overview***- This newly added training will explain components and requirements of the Act, the Division's plan for implementation, how Family First will be integrated into the agency vision, the opportunity of Family First for strengthening current prevention services, and a description of changes to policy and practice. All DFCS staff will receive this training and it will be included in the new worker Academy for incoming casework staff.
- ***Identifying candidates and developing child-specific prevention plans***- Child Protective Services and Family Preservation Services staff will be required to take this newly added training that will focus on Georgia's definition of candidacy, how candidates are identified during investigations, and how eligibility is established. In addition, this training will include how to develop a child-specific prevention plan in coordination with the family, a review of the form, and how to complete the form in Georgia SHINES. This training will also be included in the new worker Academy for incoming casework staff.
- ***Identification and linkage of appropriate trauma-informed, evidence-based services and review of Georgia's selected EBPs***- Child Protective Services and Family Preservation Services staff will be required to take this newly added training. Staff will be trained on the evidence-based programs that are included in Georgia's Title IV-E Prevention Plan to understand each model's service target population, child, and family needs that each service addresses, and the state-wide availability. Staff will also learn how to integrate identification of EBP service needs into current practice of assessment, service selection, and referral. New workers will receive this training at the regional and county levels upon assignment to their respective areas.
- ***Oversight and evaluation of the continuing appropriateness of the services***- Family Preservation Services staff will receive this newly added training to learn how to align current practice of ongoing assessment and monitoring during face-to-face contacts, coordination with collaterals and providers, supervisor staffing, case planning activities, and Family Team Meetings to include and document oversight and evaluation of appropriateness of EBPs. New workers will receive this training at the regional and county level upon assignment to their respective areas.

Existing orientation, onboarding, training, transfer of learning and evaluation activities will be revised to ensure that new recruits are trained per the new practices.

Section VIII: Prevention Caseloads

The Division recognizes and appreciates the link between manageable workloads and effective engagement, assessment, and provision of services. Under Family First, the agency will utilize existing processes to manage and oversee caseloads for families receiving prevention services.

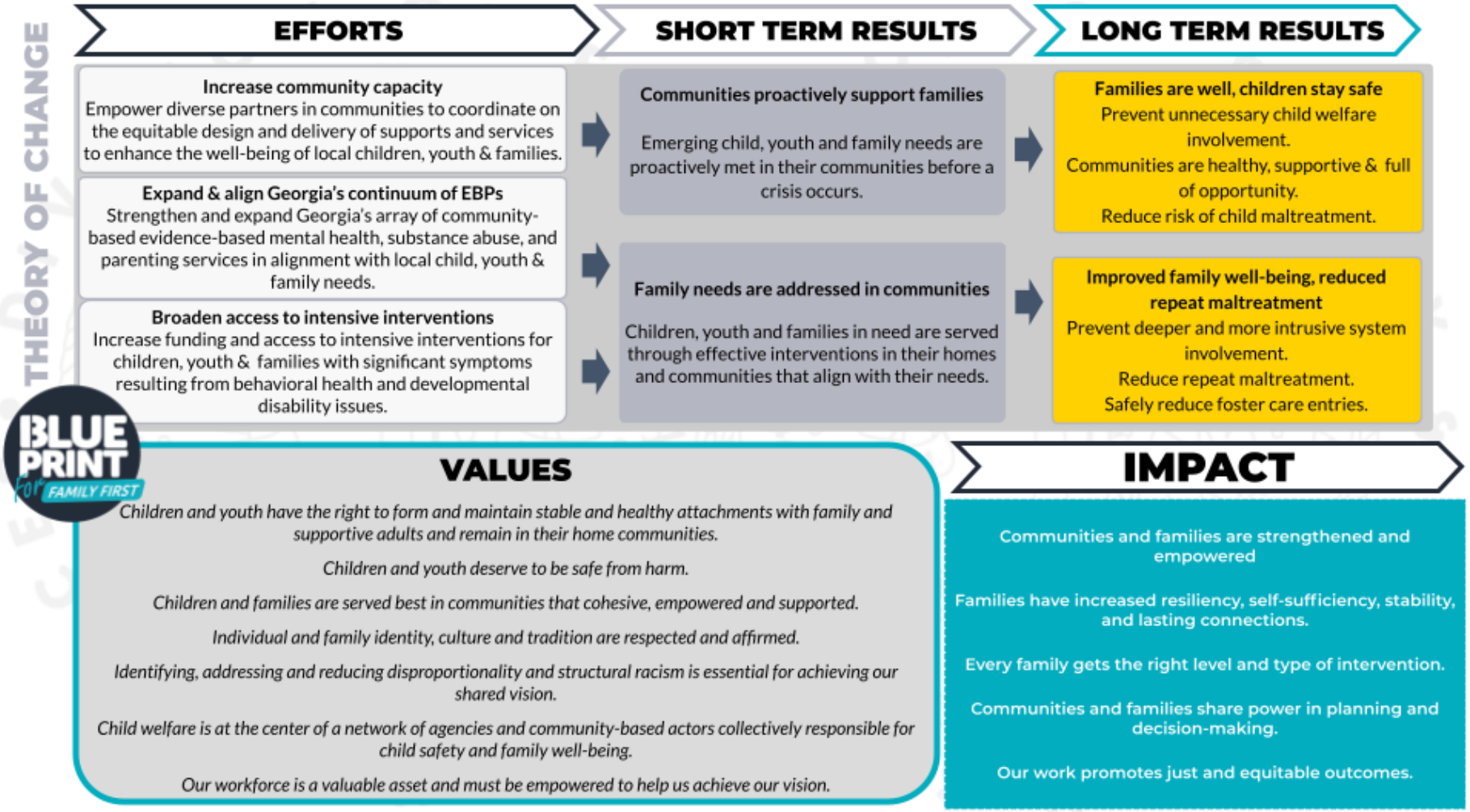
Given that candidates for prevention services will include children who receive Family Preservation services and youth in Foster Care who are expectant and parenting, the Division will not establish new caseload size requirements for these cases but will continue to monitor Family Preservation Services and Foster Care caseloads according to current practice.

The Division manages and oversees caseloads at the state, regional, and county level through several mechanisms. Monitoring caseload sizes is a key element of the annual budget allocation process across counties, regions, and districts. This ensures that funding percentages align with workload percentages throughout the state, ultimately resulting in more manageable caseloads at the micro-level and a more consistent statewide workload process at the macro-level.

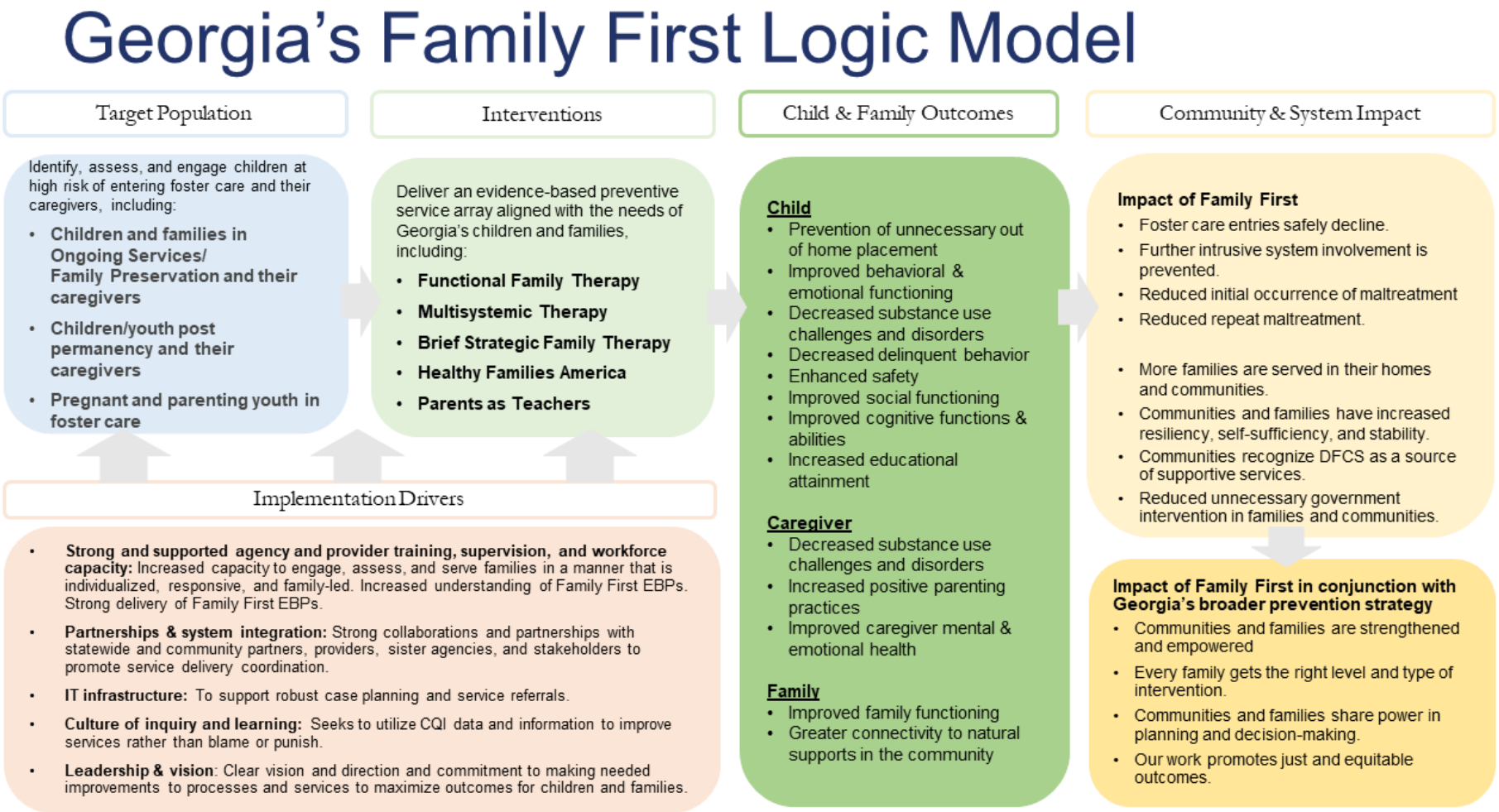
Workloads are also tracked and monitored more frequently by district and regional leadership. The State Data Unit creates a monthly caseload report covering CPS Investigations, Differential Response cases, Family Preservation Services cases, and Foster Care cases. Using this report allows local leadership to adjust staffing allocations and hiring approvals throughout the year to ensure the continued alignment between allocations and workloads. Local leadership also utilizes discretion when assigning individual cases based on the case’s level of need and intensity.

In addition to oversight of Family Preservation Services and Foster Care caseloads, the Division will also monitor caseloads for each evidence-based program administered by contracted providers to ensure they are within developer guidelines and fidelity measures. Tracking provider caseloads will be done as a part of the continuous quality improvement process for each evidence-based program.

Appendix A: Georgia's Theory of Change



Appendix B: Georgia's Family First Logic Model



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