

Developing the final recommendations –

Final Workgroup Meeting

June 11th, 2021

Prevention Services Workgroup

Family First



**BLUE
PRINT**
For **FAMILY FIRST**



Desired results

The purpose of this workgroup is to form **recommendations about which Evidence-Based Programs Georgia should offer** under Family First.

RECAP:

In our previous meetings we have reviewed information and discussed which of the 21 EBPs for consideration were the right *fit* for the target population in Georgia. Last meeting focused on narrowing our list to 12 EBPs and discussed central *feasibility* considerations.

TODAY:

Today we will:

- Review in-depth information about the final 12 EBPs for consideration
- Narrow the list to the final EBPs recommended for Georgia's Title IV-E Prevention plan



Agenda for today

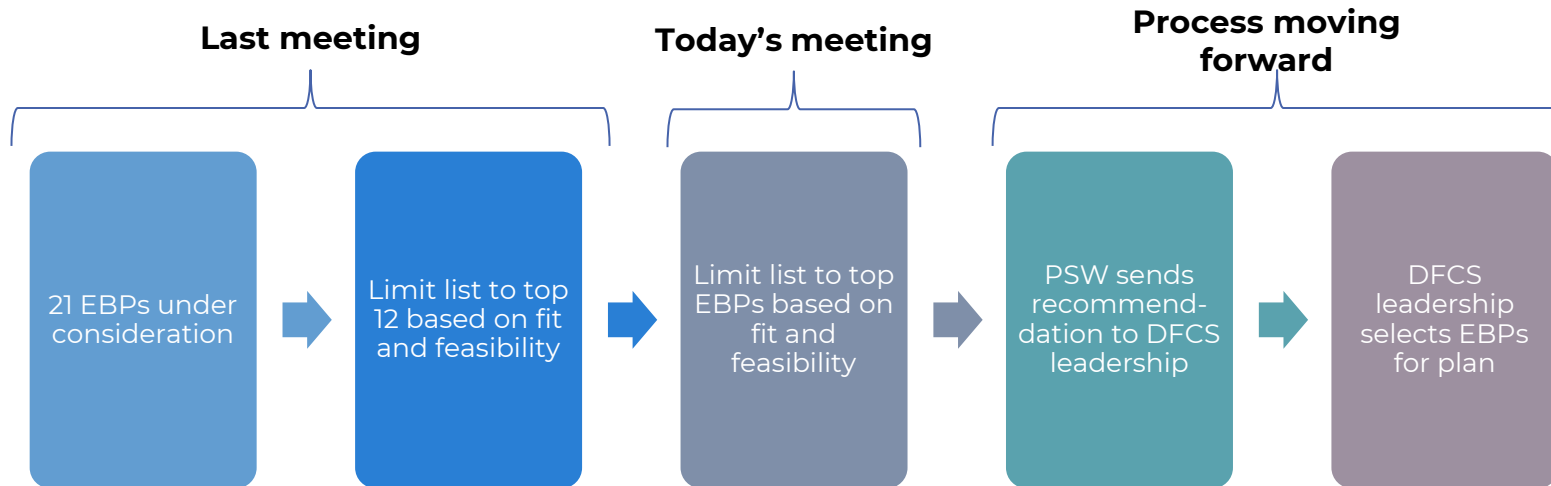
- Welcome
- Recap of process and EBPs for consideration
- Recap of the feasibility considerations – and the process from 21 to 12 EBPS
- In-depth review of the 12 EBPS for consideration.
- Narrowing the list of EBPs further
- Final thank you – and the next steps selecting EBPs for the Prevention Plan



The final process

The goal of the Prevention Services Workgroup is to recommend EBPs for Georgia's Title IV-E Prevention Plan.

The final process of this workgroup is illustrated below:



The background of the slide features a large, faint, circular seal of the State of Georgia Department of Family & Children Services. The seal contains the text "DIVISION OF FAMILY & CHILDREN SERVICES", "STATE OF GEORGIA", "CONSTITUTION", and "1776".

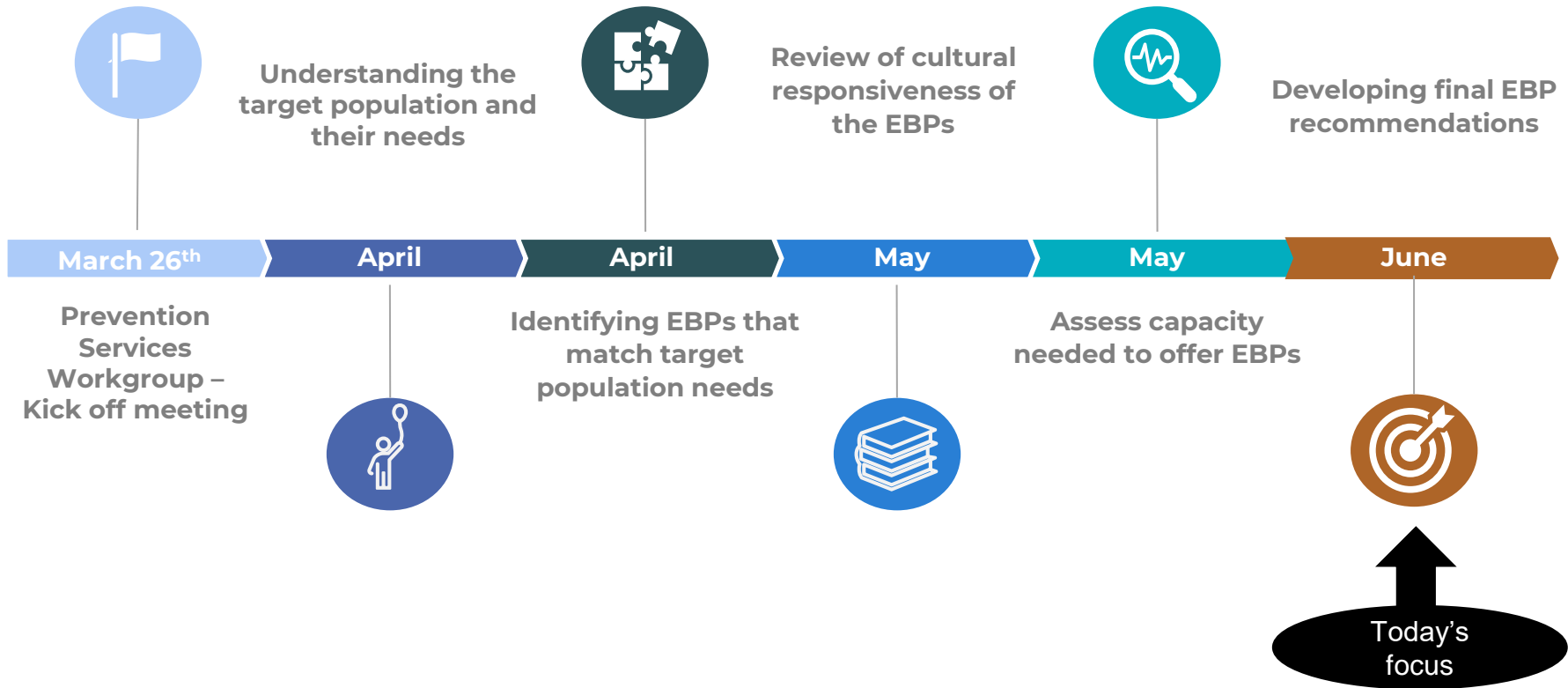
RECAP: Process and Selected EBPs for Consideration

The logo for "Blue Print for Family First" is located in the top right corner. It consists of a dark blue circle containing the words "BLUE PRINT" in white, bold, sans-serif capital letters. Below this, the words "for FAMILY FIRST" are written in a smaller, teal-colored font, with "for" in a script-like font and "FAMILY FIRST" in a bold, sans-serif font.

**BLUE
PRINT**
for **FAMILY FIRST**



Process and Timeline





Selecting EBPs for GA's Prevention Plan

I

Select and determine Evidence-Based Programs for inclusion in Georgia's Title IV-E Prevention Plan

*Informed by the work of the **Prevention Services Workgroup** prior to submission of Georgia's Title IV-E Prevention Plan 2021*

EBP-selection will be focused on Evidence-Based Programs that are rated 1) **well-supported** or 2) **likely to be rated well-supported*** before plan submission on the Title IV-E Clearinghouse















EBPs *likely to be well-supported* are EBPs that:

- Are currently *under review* by the Title IV-E Clearinghouse
- Have any amount of presence in Georgia; based on provider-survey conducted in February-March 2021, and
- Are rated *well-supported* or *supported* on the [California Evidence-Based Clearinghouse \(CEBC\)](#)



Selecting EBPs for GA's Prevention Plan

The **10 well-supported EBPs** on the Title IV-E Clearinghouse

Evidence-based program	Service type
Brief Strategic Family Therapy	  
Family Check-up	 
Functional Family Therapy	
Healthy Families America	
Homebuilders - Intensive Family Preservation and Reunification Services	
Motivational Interviewing	
Multisystemic Therapy	 
Nurse-Family Partnership	
Parent-Child Interaction Therapy	
Parents as Teachers	



Mental health services



Substance abuse treatment and prevention services


















In-home, skill-based parenting programs



Selecting EBPs for GA's Prevention Plan

The 11 EBPs – that are **'likely to be well-supported'**

Evidence-based program	Service type
Acceptance and Commitment Therapy	 
Alternatives for Families: A Cognitive Behavioral Therapy	
Beyond Trauma + Helping Women Recover	
Child First	 
Cognitive Processing Therapy	
Coping Cat	
Eye Movement Desensitization and Reprocessing	
Mindfulness-Based Cognitive Therapy	
Parenting with Love and Limits	 
Safe Environment for Every Kid (SEEK)	
Together Facing the Challenge	 



Mental health services



Substance abuse treatment and prevention services



In-home, skill-based parenting programs



The three core target populations

1. Children and families in Ongoing Services/
Family Preservation and their caregivers
2. Children/youth post permanency and their
caregivers
3. Pregnant and parenting youth in foster care



Recap of elimination process

– from 21 to 12 EBPS



Prioritizing EBPs

Over the past couple of months, we have collected and triangulated the following information:

- Data about the target population in Georgia
- Focus groups with caregivers and youth
- Input from this workgroup
- Data from provider-survey*
- Input from the core group of internal stakeholders
- Updates from the Title IV-E Clearinghouse

We went from 21 EBPs to 12 EBPs at last workgroup meeting

* Data about services across GA was gathered via a Provider Readiness Assessment Survey in February-March 2021.



Narrowing the list of EBPs: Round 1

We eliminated the following four EBPs from our process due to *significant inconsistencies* with Georgia's criteria & needs:

Child First	<ul style="list-style-type: none">• 'Likely to be well-supported' EBP• As of May 18th, 2021, rated <i>supported</i> on the Title IV-E Clearinghouse – thus does not meet our criteria for inclusion in this process any longer.
Nurse-Family Partnership	<ul style="list-style-type: none">• Well-supported EBP• Very limited applicability to our target population due to focus on the parent's first child only• Requirement of a certified nurse poses a well-documented staffing challenge.
Together Facing the Challenge	<ul style="list-style-type: none">• 'Likely to be well-supported' EBP• Very limited applicability to our target population due to a focus on children and youth in foster care and foster parents
Motivational Interviewing	<ul style="list-style-type: none">• Well-supported EBP• Service delivery method that differs from the other EBP services, making comparison difficult.



How will we select EBPs?

FIT

*with
Georgia's
children &
families*

Does the EBP meet the needs of the children and families in Georgia?

How effective is the EBP with GA's racial and ethnic groups?

FEASIBILITY

*of
implementation*

Is the EBP already offered in GA?

Are current staff qualified to deliver EBP?

Does EBP leverage existing infrastructure?

*The fit indicators and feasibility considerations **do not reflect the value or quality** of each EBP, but they help us make challenging choices prioritizing among a strong set of EBPs.*



The selected four feasibility considerations

The purpose of looking at feasibility is to assess how *feasible* each EBP is to implement in order to achieve the greatest possible impact in Georgia.

Based on several sources of input we defined the most central feasibility considerations for implementing EBPs in Georgia as the following:

Statewide availability	Staffing requirements	Training	Fidelity monitoring
<ul style="list-style-type: none">• <i>In how many counties in Georgia is the EBP currently available?</i>• Over or under 50% of the counties?	<ul style="list-style-type: none">• <i>What level of education of the staff is required?</i>• For example, master's level or no master's level therapist?	<ul style="list-style-type: none">• <i>What type of training is required/offered?</i>• For example, initial training only or ongoing training?	<ul style="list-style-type: none">• <i>What type of fidelity monitoring and CQI is required?</i>• For example, developed tools or built-in systems?

We added a checkmark for EBPs that had a *statewide availability* in over 50% of the counties in Georgia and did not convert the additional three feasibility considerations into checkmarks, because of variation in preferences and feasibility across providers.

Listing the EBPs by number of check marks

EVIDENCE-BASED PROGRAM	NUMBER OF CHECK MARKS
Brief Strategic Family Therapy	13
Family Check-up	9
Healthy Families America	9
Parenting with Love and Limits	9
Homebuilders	8
Multisystemic Therapy	8
Parents as Teachers	7
Functional Family Therapy	7
Safe Environment for Every Kid (SEEK)	6
Parent-Child Interaction Therapy	6
Alternatives for Families: A Cognitive Behavioral Therapy	5
Acceptance and Commitment Therapy	4
Eye Movement Desensitization and Reprocessing	3
Coping Cat	2
Beyond Trauma + Helping Women Recover	2
Cognitive Processing Therapy	2
Mindfulness-Based Cognitive Therapy	1

The top 10 EBPs – that address most of the needs and gaps of the target population in Georgia, and that have been proven effective across key subgroups.*

*The lack of check marks given for cultural responsiveness means a lack of identified research – not necessarily lack of proven effectiveness.



Listing the EBPs by number of check marks

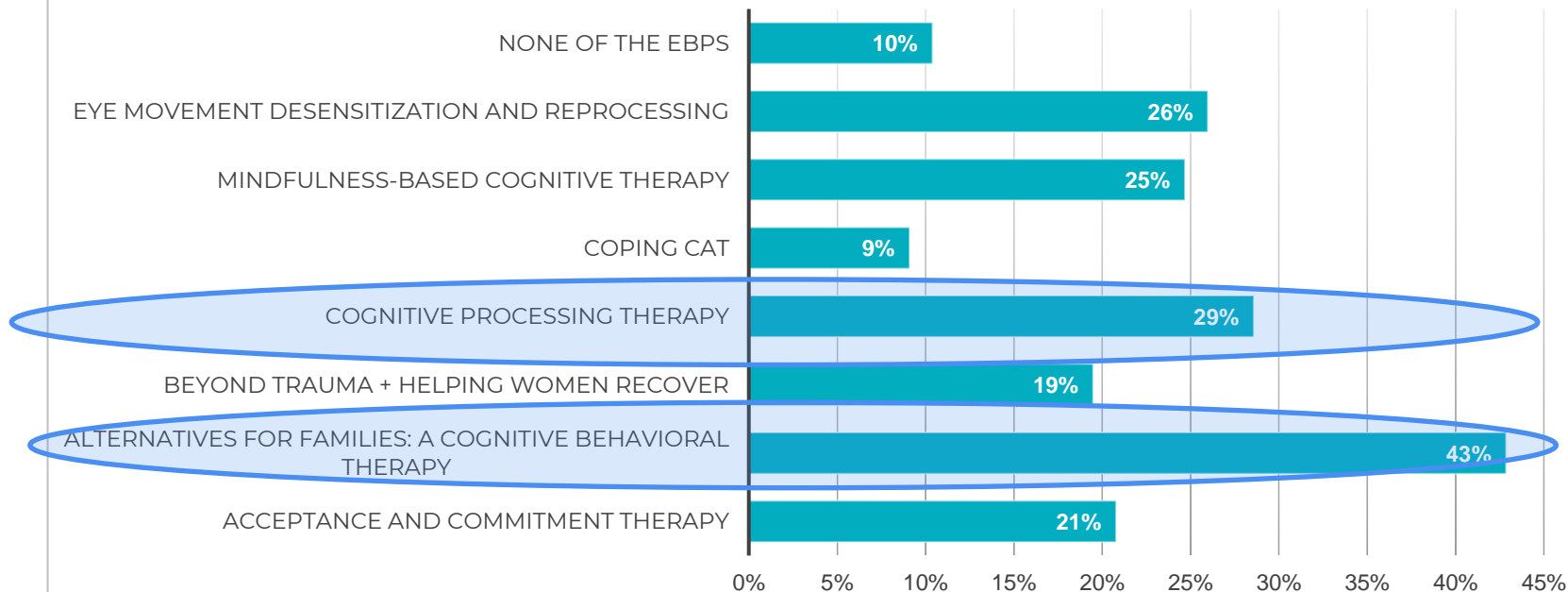
EVIDENCE-BASED PROGRAM	NUMBER OF CHECK MARKS
Brief Strategic Family Therapy	13
Family Check-up	9
Healthy Families America	9
Parenting with Love and Limits	9
Homebuilders	8
Multisystemic Therapy	8
Parents as Teachers	7
Functional Family Therapy	7
Safe Environment for Every Kid (SEEK)	6
Parent-Child Interaction Therapy	6
Alternatives for Families: A Cognitive Behavioral Therapy	5
Acceptance and Commitment Therapy	4
Eye Movement Desensitization and Reprocessing	3
Coping Cat	2
Beyond Trauma + Helping Women Recover	2
Cognitive Processing Therapy	2
Mindfulness-Based Cognitive Therapy	1

7 EBPs were reviewed in detail, and the workgroup voted via poll, which two EBPs should move forward in the process.

*The lack of check marks given for cultural responsiveness means a lack of identified research – not necessarily lack of proven effectiveness.

Input from the workgroup – results from POLL

Which of these EBPs would you include for consideration in the process going forward?





The final 12 EBPs for consideration

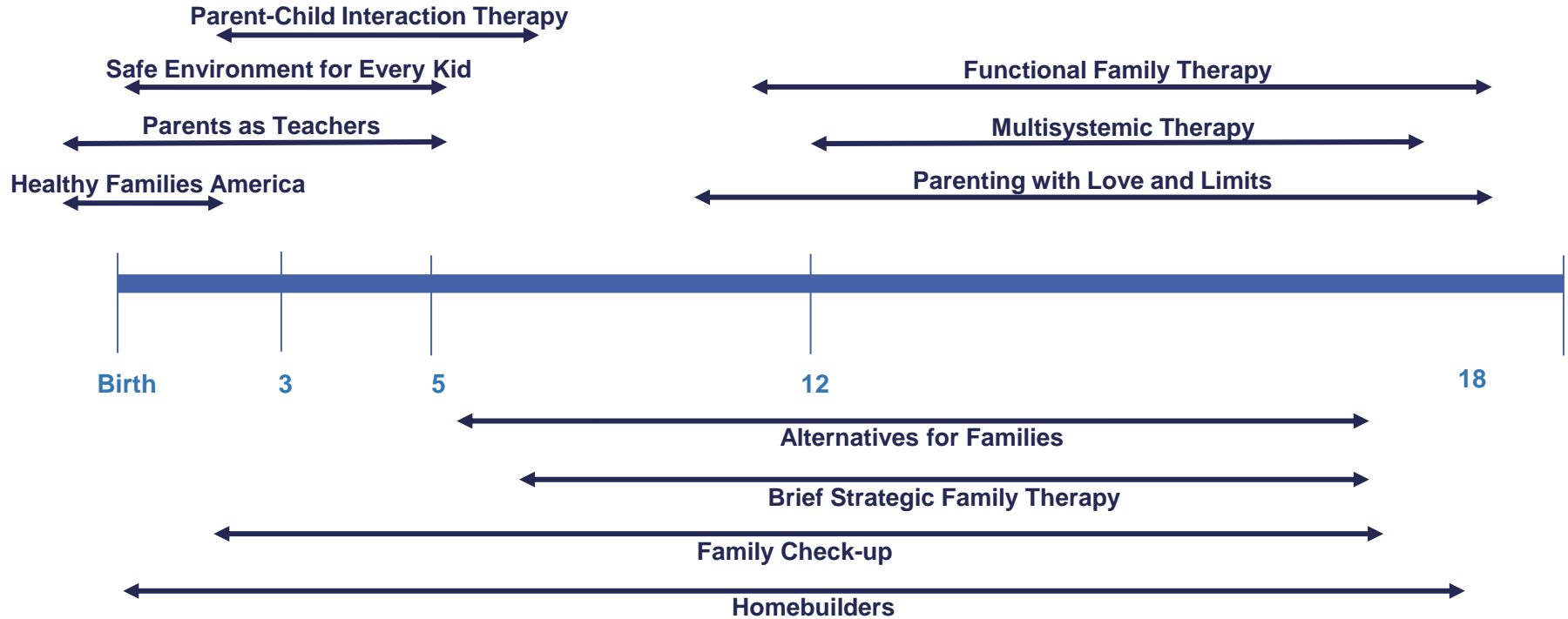
EVIDENCE-BASED PROGRAM (alphabetical order)
Alternatives for Families: A Cognitive Behavioral Therapy
Brief Strategic Family Therapy
Cognitive Processing Therapy
Family Check-up
Functional Family Therapy
Healthy Families America
Homebuilders
Multisystemic Therapy
Parenting with Love and Limits
Parents as Teachers
Parent-Child Interaction Therapy
Safe Environment for Every Kid (SEEK)



In-depth review of the 12 EBPs for consideration



Age continuum of the final 12 EBPs for consideration



ADULTS: Cognitive Processing Therapy



In-depth review of the 12 EBPs

We will present central information about each of the 12 EBPs, focusing on **program-specific input:**

- **Target population:** *Who is the EBP targeting?*
- **Program:** *What is the approach and essential components of the EBP?*
- **Intensity:** *What is the suggested intensity, duration and delivery method of the EBP?*
- **Georgia-specific considerations:** *Any additional information about the EBP that makes it more/less relevant for Georgia? – add your experiences, perspectives in the chat.*

In combination with information about **the feasibility considerations:**

- **Statewide availability:** *In how many counties in Georgia is the EBP currently available?*
- **Staffing requirements:** *What level of education of the staff is required?*
- **Training:** *What type of training is required/offered?*
- **Fidelity Monitoring:** *What type of fidelity monitoring and CQI is required?*



Alternatives for Families: A Cognitive Behavioral Therapy

Target population: Caregiver and their child between the ages 5 and 17 years whose family struggles with conflict and/or coercion due to parent, child, and/or overall family behavior.

Program: Comprehensive approach for reducing or preventing the effects of exposure to child or family anger, aggression, and/or child physical abuse. Teaches parents and children intrapersonal and interpersonal skills to enhance self-control, promote positive family relations, and reduce violent behavior

Intensity: One- or two-hour-long weekly sessions. Cases can be expected to receive between 20 and 24 hours of direct service (or longer), generally spanning 6-9 months.

Georgia-specific considerations: Program focuses on the whole family and on conflict resolution – both priority needs in GA.

Statewide availability: Available in **61.0%** of the counties in GA

Staffing requirements: Master's degree or higher. Clinician has professional license to practice, is license eligible, or works under/with licensed supervisor

Training : Tailored to the needs/backgrounds of the practitioner or program. Typically, 2-4 months preparation, 1-year intensive training (workshops, consultation calls and supervision), fidelity monitoring feedback based on trainer reviews of digital audio files, and performance review and follow up.

Fidelity Monitoring: Fidelity measures such as practice checklists, metrics checklists, agency supervision guidelines, and other procedures or guidelines for trainers who collect fidelity information. Clinicians are encouraged to use the Topic Tracker form (fillable pdf) to briefly document session progress in each treatment topic or content area.



Brief Strategic Family Therapy



Target population: Families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including: drug use and dependency, antisocial peer associations, bullying, or truancy.

Program: BSFT addresses family behavior, affect, and cognitions with the goal of restructuring interactions and change the family system; plans are designed specifically for each family and are based on a structured diagnostic plan.

Intensity: Weekly sessions that last between 60 – 90 minutes for 12-16 weeks, depending on individual and family needs. Sessions are held in community centers, clinics, health agencies, or in the home.

Georgia-specific considerations: Program focuses on the whole family and on conflict resolution – both priority needs in GA. Also address parenting, mental health and substance use disorder. BSFT is part of an EBP service array available to juvenile justice involved youth. This service array is funded by DJJ and local counties through CJCC.

Statewide availability: BSFT is in **40.9%** of counties in Georgia.

Staffing requirements: Master's degrees in social work, marriage and family therapy, psychology or a related field.

Training: BSFT counselors are required to participate in four phases of training, consisting of live workshops, clinical case consultations and live family sessions if desired. Training also consists of a supervision practicum that begins 1-2 weeks after the initial workshop and continues for 4-6 months depending on trainee advancement.

Fidelity Monitoring: Formal required adherence/fidelity program provided via periodic adherence supervision sessions. Self-report checklists, trained observations, and video/audio recordings are included in the fidelity rating process, tools include the Standardized Fidelity Rating Instruments.



Cognitive Processing Therapy

Target population: Adults who have experienced a traumatic event and are currently suffering from the symptoms of posttraumatic stress disorder (PTSD) and/or meet criteria for a diagnosis of PTSD.

Program: CPT focuses on identifying and challenging maladaptive beliefs that develop about, and as a result of, a traumatic event. Can be delivered individually or in a group format.

Intensity: One-on-one: 1-2 sessions per week totaling 12 sessions, with the session lasting 50 minutes; Group: weekly 90-minute sessions.

Georgia-specific considerations: CPT focuses on adult trauma treatment. No immediate relevance to priority needs in Georgia.

Statewide availability: Available in **66.0 %** of the counties in GA

Staffing requirements: Licensed mental health professionals or those working under the supervision of a licensed mental health professional. Psychology, social, work, and nursing staff can implement CPT in their respective roles.

Training: Training available onsite, Regional, through the VA National Rollout, agency-arranged workshops with one of the trainers. 2 days/16 hours for individual CPT or 3 days/24 hours adding in a group therapy day followed by weekly telephone consultation for 6 months.

Fidelity Monitoring: A fidelity checklist overviewing each session of CPT is available.



Family Check-up



Target population: Caregivers of children 2-17 years old with adolescent adjustment and problem behaviors.

Program: A brief, strengths-based intervention that aims to improve parenting skills and family management practices, with the goals of improving a range of emotional, behavioral and academic child outcomes.

Intensity: Families are seen between one to four months. Phase 1 includes three sessions, one-hour each at 1-2 weeks apart. Phase 2 includes parenting sessions with varying intensity, recommend 1 one-hour session every two weeks for a minimum of 4 sessions.

Georgia-specific considerations: Program focuses on the whole family, a priority need in GA. Also focuses on both parenting skills and mental health needs.

Statewide availability: Family Check-Up is in **6.3%** of counties in Georgia.

Staffing requirements: No formal education requirements but providers must have previous experience delivering family-based interventions. Paraprofessionals can deliver the model. However, it is recommended that providers have a master's degree in counseling, social work, education, or a related field.

Training: The training is delivered in three formats: an in-person 2-day training; an online training that consists of an e-learning course and two webinars; and hybrid training that consists of an e-learning course, 1-day in-person training, and 1-hour consultations that occur before and after training.

Fidelity Monitoring: The COACH rating form is used to assess provider fidelity to the model and quality of implementation.



Functional Family Therapy

Target population: Children aged 11 to 18 years old with behaviors such as conduct disorder, violent acting-out, and substance abuse.

Program: FFT is a family intervention program for youth with disruptive, externalizing behaviors. FFT has been applied to a wide range of youth and their families in various multi-ethnic, multicultural contexts.

Intensity: One-hour weekly session for 12 to 14 sessions. In most programs, sessions are spread over a three- or four-month period.

Georgia-specific considerations: Program focuses on the whole family and on conflict resolution – both priority needs in GA. FFT is part of an EBP service array available to juvenile justice involved youth. This service array is funded by DJJ and local counties through CJCC.

Statewide availability: FFT is in **97.5%** of counties in Georgia.

Staffing requirements: Master's degree is required for the supervisor, while most FFT therapists hold a master's degree – it is not a requirement.

Training: In the clinical training phase, local clinicians are trained on the FFT model through weekly consultations and activities (typically over the span of 12 to 18 months).

Fidelity Monitoring: FFT includes intensive procedures for monitoring quality of implementation on a continuous basis. Information is captured from multiple perspectives (family members, therapists, and clinical supervisors). The two measures that are utilized to represent therapist fidelity to the model are the Weekly Supervision Checklist and the Global Therapist Ratings.



Healthy Families America

Target population: Expectant families and families with a child up to 24 months of age, who are at-risk for child abuse and neglect and other adverse childhood experiences.

Program: The overall goals of the program are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.

Intensity: Weekly home visits typically run 50-60 minutes. Upon meeting the defined criteria for family functioning, visit frequency is reduced to biweekly visits, monthly visits, and quarterly visits and services are tapered off over time. Duration of services is at least three years.

Georgia-specific considerations: Program focuses on the whole family, a priority need in GA. HFA is one of the MIECHV funded home visiting programs supported by DPH. DFCS also funds HFA through PSSF and the Prevention and Community Support Section.

Statewide availability: HFA is in **11.9%** of counties in Georgia.

Staffing requirements: Minimum of a high school diploma or equivalent; experience working with children and families; knowledge of infant and child development.

Training: Requirements include 4 full days for direct service staff, 5 days for supervisors; two tracks: parent survey (assessment) and foundations (home visiting); 3-day advanced model training for program managers.

Fidelity Monitoring: HFA requires implementing sites to utilize the HFA Best Practice Standards and to demonstrate fidelity to the standards through periodic accreditation site visits.



Homebuilders



Target population: Families who have children (0-18 years old) with emotional or behavioral problems or have experienced abuse or neglect and are at high-risk of out-of-home placement or already in placement and reunifying.

Program: Homebuilders is a home- and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities.

Intensity: Three to five 2-hour sessions per week; an average of 8 to 10 hours per week of face-to-face contact, with telephone contact between sessions. An average of 4-6 weeks.

Georgia-specific considerations: Program focuses on the whole family and on conflict resolution – both priority needs in GA.

Statewide availability: Homebuilders is in **5%** of counties in Georgia.

Staffing requirements: Master's degree in psychology, social work, counseling, or a related field, or Bachelor's degree in same fields plus two years of experience working with families. Supervisors have at least one year of supervision experience.

Training: Includes 5 days initial training; 8 days of intermediate/advanced training; and 7 additional days of training for supervisors.

Fidelity Monitoring: Each of the 20 Homebuilders Standards has multiple fidelity measures.



Multisystemic Therapy

Target population: Youth age 12-17 with serious emotional/behavioral needs & their families.

Program: Multisystemic Therapy (MST) is an intensive family and community-based treatment for juvenile offenders with possible substance abuse issues and their families. The primary goals of MST are to decrease youth criminal behavior and out-of-home placements.

Intensity: Each family is served for an average of four months with at least one weekly visit to the home.

Georgia-specific considerations: Program focuses on the whole family and on conflict resolution – both priority needs in GA. This EBP specifically targets substance use disorder, as one of the only EBPs for consideration. MST is part of an EBP service array available to juvenile justice involved youth. This service array is funded by DJJ and local counties through CJCC.

Statewide availability: Available in **28.9%** of the counties in GA.

Staffing requirements: Supervisors must be licensed Master's mental health professionals. Therapists should be Master's Level, but license is not required. At least 66% of the therapists must have a Master's degree in counseling or social work.

Training: All trainees complete the standard 5-day orientation. The team participates in weekly consultation with an expert on the intervention, quarterly booster training, ongoing organizational assistance, and quality assurance support through the monitoring of treatment fidelity/adherence.

Fidelity Monitoring: Quality assurance support activities focus on monitoring and enhancing program outcomes through increasing therapist adherence to the MST treatment model, specifically using the MST Therapist Adherence Measure (TAM) and the MST Supervisor Adherence Measure (SAM).



Parenting with Love and Limits

Target population: Children and adolescents aged 10-18 who have severe emotional and behavioral problems and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation.

Program: Group therapy and family therapy. Six multifamily sessions, conducted by a clinician and co-facilitator - group discussions, videotapes, age-specific breakout sessions, and role-play. Six to eight individual family intensive therapy sessions (outpatient or home-based setting) to practice skills learned in group setting.

Intensity: 2-hour weekly group sessions with 1 hour of parents and teens meeting together and 1 hour for separate meetings with the clinician, 1 – 2 hours of weekly family sessions as needed. Duration typically lasts 6 weeks for group sessions, and 4 to 20 sessions for family sessions.

Georgia-specific considerations: Program is both targeting mental health and parenting skills (while also offered to target pop with alcohol and drug use). Focuses on conflict resolution and building adult authority, which is a priority need in GA.

Statewide availability: Available in **15.7%** of the counties in GA

Staffing requirements: Master's level degree in counseling related field for clinician; Bachelors degree for co-facilitator or case manager

Training: Five days of onsite clinical training(PLL-specific motivational interviewing training), 48 weeks of telephone consultations (quality assurance, clinical adherence, supervision). If needed, one annual onsite visit to observe delivery of model for quality assurances.

Fidelity Monitoring: Pre-implementation materials to measure organizational /provider readiness. Four different fidelity measures: 1) video supervision – PLL Supervisor reviews and scores therapist based on fidelity instrument, 2) fidelity dashboard that tracks 'real time' client and clinician results (referral, completion etc.), 3) Group protocol checklist, that assess treatment fidelity adherence to group therapy model, and 4) family therapy protocol checklist – a self-report tool to assess adherence to family therapy model.



Parents as Teachers

Target population: Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years).

Program: Parents as Teachers is an evidence-based home-visiting parent education model that supports families with children prenatal through kindergarten to develop positive parenting skills.

Intensity: The program serves families for at least two years with at least 12 home visits annually to families with one or no stressors and at least 24 home visits annually to families with two or more stressors.

Georgia-specific considerations: Program focuses on the whole family, a priority need in GA. HFA is one of the MIECHV funded home visiting programs supported by DPH. DFCS also funds HFA through PSSF and the Prevention and Community Support Section.

Statewide availability: Available in **27%** of the counties in GA.

Staffing requirements: Parent educators are required to have a high school diploma or equivalent. For supervisors, the minimum qualification is a bachelor's degree or beyond in early childhood education, social work, health, psychology, or a related field.

Training: Parent Educators must complete the five day Foundational and Model Implementation Training prior to delivering PAT services. Parent Educators who plan to see children ages 3-5 must complete two day Foundational 2 training as well.

Fidelity Monitoring: The PAT National Center requires an Affiliate Performance Report. Affiliates are expected to participate in the affiliate quality endorsement and improvement process in their fourth year of implementation and every fifth year thereafter.



Parent-Child Interaction Therapy

Target population: Children ages 2-7 years old with behavior and parent-child relationship problems; may be conducted with parents, foster parents, or other caretakers.

Program: PCIT is a dyadic behavioral intervention for children and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship.

Intensity: The average number of sessions is 14 but varies from 10 to 20 sessions, with one 1-hour session per week. Treatment continues until the parent masters the interaction skills to pre-set criteria and the child's behavior has improved to within normal limits.

Georgia-specific considerations: Program focuses on the whole family and on conflict resolution – both priority needs in GA.

Statewide availability: Available in **24.5%** of the counties in GA.

Staffing requirements: The equivalent of a Master's degree and licensure as a mental health provider is required.

Training: It is recommended that the 40 hours of intensive skills training be followed by completion of two supervised cases prior to independent practice. For within program supervisors, it is recommended that they complete a minimum of 4 prior cases and complete a within program trainer training.

Fidelity Monitoring: The model uses a set of fidelity tools, such as the DPICS, a behavioral coding system that measures the quality of parent-child social interactions.



Safe Environment for Every Kid (SEEK)

Target population: Primary Prevention use: Families with children aged 0-5 years. Secondary Prevention use: Families with children aged 0-5 years who have risk factors for child maltreatment such as parental depression or substance abuse

Program: Pediatric primary care to help address social determinants of health and to prevent child maltreatment in families who may have risk factors for child maltreatment. Focus on strategies and techniques to strengthen families, good parenting practices, and safety. Involving other family members and referring to services in communities (for example SUD-treatment).

Intensity: The SEEK Parent Questionnaire is administered at the regular checkups in the first 5 years of the child, such as at 2, 9, 15, 24, 36, 48, and 60 months.

Georgia-specific considerations: Program also has a component related to case management – for example referring family members to services in communities (such as SUD-treatment), which was mentioned as priority need in GA.

Statewide availability: Available in **2.5 %** of the counties in GA

Staffing requirements: Medical professionals should be licensed to practice as pediatricians, family medicine physicians, nurse practitioners, or physician assistants. Behavioral health professionals need at least a Master's degree in a relevant field and to be licensed to provide clinical services

Training: Initial training (2-3 hours, online, webinars, phone). Ongoing training varies (depends on needs/interests). Performance improvement: 8 hours.


















Fidelity Monitoring: Formal support for implementation. Two fidelity measures available: *The SEEK Primary Care Professional Questionnaire*, and *the SEEK Medical Record Review*

Summary of review

**BLUE
PRINT**
For FAMILY FIRST



EBP Overview

Evidence-Based Program	Service Type	Target Population	NUMBER OF CHECK MARKS
Alternatives for Families: A Cognitive Behavioral Therapy		Caregiver and their child between the ages 5 and 17 years	5 ✓
Brief Strategic Family Therapy	  	Families with children or adolescents ages 6 to 17 years.	13 ✓
Cognitive Processing Therapy		Adults who have experienced a traumatic event (PTSD).	2 ✓
Family Check-up	 	Families with children ages 2 to 17 years.	9 ✓
Functional Family Therapy		Families with children ages 11 to 18 years.	7 ✓
Healthy Families America		Expectant families and families with a child up to 24 months of age.	9 ✓
Homebuilders		Families with children ages 0 to 18 years.	8 ✓
Multisystemic Therapy	 	Youth ages 12 – 17 years.	8 ✓
Parenting with Love and Limits	 	Children and adolescents between 10-18 years	9 ✓
Parents as Teachers		Expectant families or families with children up to 5 years.	7 ✓
Parent-Child Interaction Therapy		Families with children ages 2 to 7 years.	6 ✓
Safe Environment for Every Kid (SEEK)		Families with children aged 0-5 years	6 ✓



Service Type of the 12 EBP's for consideration

Substance Use Disorder Programs

Mental Health Services

- **Functional Family Therapy**
- **Safe Environment for Every Kid**
- **Parent-Child Interaction Therapy**
- **Alternatives for Families: A Cognitive Behavioral Therapy**
- **Cognitive Processing Therapy**

In-Home Parenting Programs

- **Healthy Families America**
- **Parents as Teachers**
- **Homebuilders**

Parenting with Love and Limits

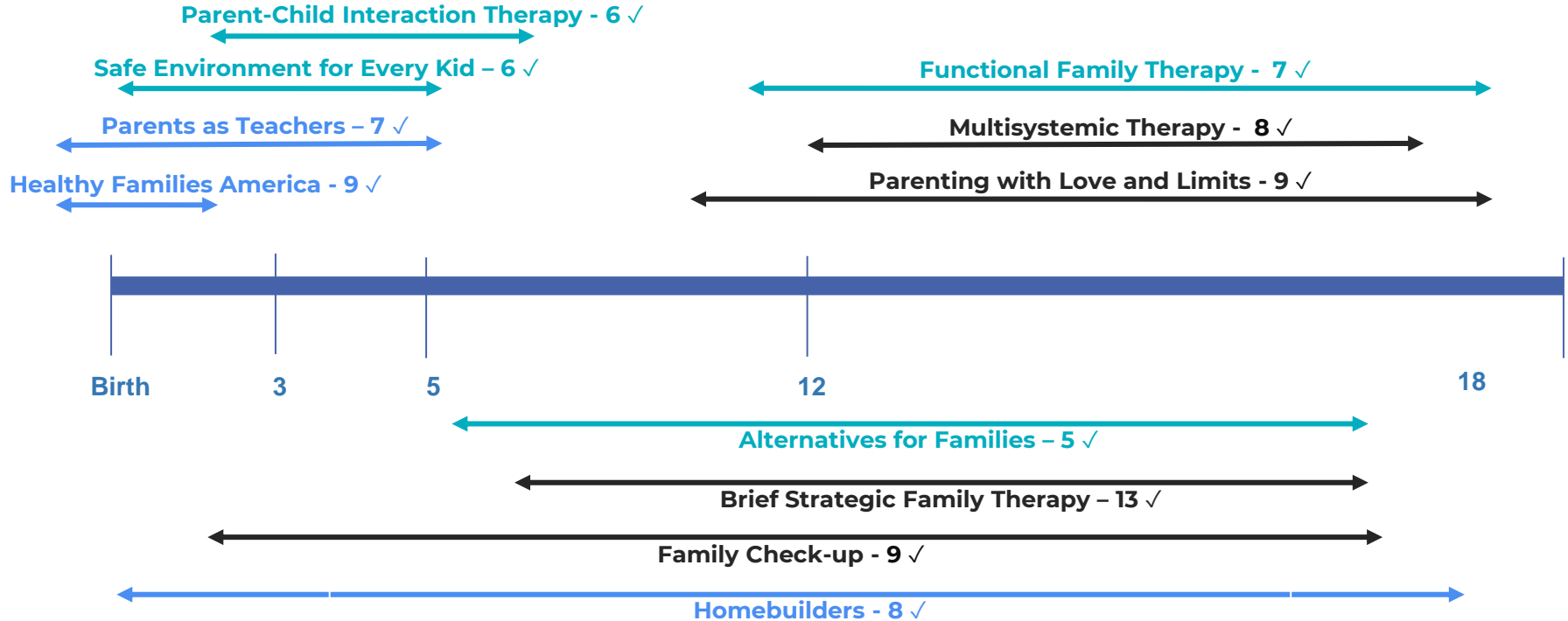
Family Check-up

Multi-systemic Therapy

Brief Strategic Family Therapy



Age continuum by service type and number of checkmark



ADULTS: Cognitive Processing Therapy - 2 ✓

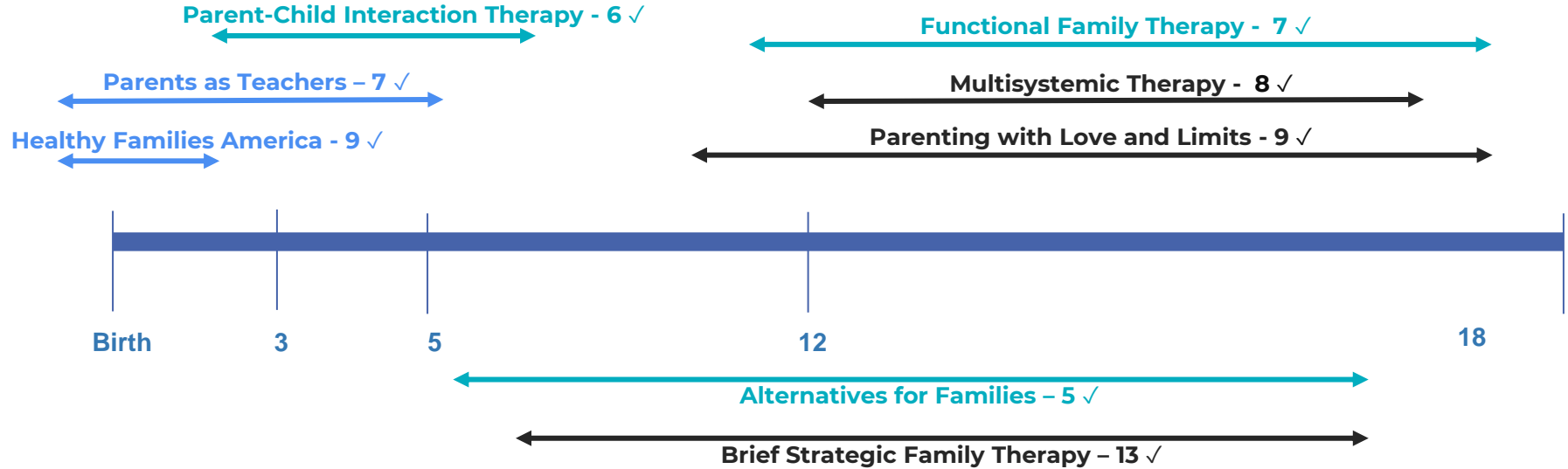
Mental health EBPs

In-home parenting EBPs

More than one service type EBPs



Age continuum by service type and number of checkmark



ADULTS: Cognitive Processing Therapy - 2 ✓

Mental health EBPs

In-home parenting EBPs

More than one service type EBPs

Feasibility overview

Evidence-Based Program	Statewide availability	Staffing requirements	Training	Fidelity Monitoring
Alternatives for Families: A Cognitive Behavioral Therapy	In 61.0% of the counties in GA	Master's degree	Tailored but intensive training (preparation, 1 year, fidelity monitoring and follow up)	Practice checklists, metrics checklists, agency supervision guidelines, and other procedures/guidelines.
Brief Strategic Family Therapy	In 40.9% of the counties in GA	Master's degree	Intensive training , includes four phases and a practicum.	Formal required adherence/fidelity program provided via periodic adherence supervision sessions.
Cognitive Processing Therapy	In 66.0% of the counties in GA	Licensed mental health professionals	2/3 days for individual CPT - and weekly telephone consultation for 6 months.	A fidelity checklist overviewing each session of CPT is available.
Family Check-up	In 6.3% of the counties in GA	No formal education requirements, master's degree recommended.	Intensive training , includes three phases: 2-day training, e-learning, and consultations	The COACH rating form is provided and used to assess fidelity.
Functional Family Therapy	In 97.5% of the counties in GA	Master's degree	Intensive training over the span of 12 to 18 months, weekly consultation and activities.	Two fidelity tools are provided: weekly supervision checklist and the global therapist rating scale.
Healthy Families America	In 11.9% of the counties in GA	No formal education requirements	Tailored training , between 4 to 8 days based on position.	Implementing sites are required to use the HFA Best Practice Standards to demonstrate fidelity.
Homebuilders	In 5% of the counties in GA	Master's degree	Tailored training , between 5 to 8 days based on position.	Each of the 20 Homebuilders Standards has multiple fidelity measures, provided by the model.
Multisystemic Therapy	In 28.9% of the counties in GA	Master's degree	Intensive training and consultation , 5-day initial training, weekly consult, booster trainings, and ongoing TA.	Required fidelity tools are the MST Therapist Adherence Measure (TAM) and the MST Supervisor Adherence Measure (SAM).
Parenting with Love and Limits	In 15.7% of the counties in GA	Master's level for clinician; Bachelors degree for co-facilitator/case manager	Five days of clinical training, 48 weeks of telephone consultations.	Four different measures: supervision, dashboard and two types of checklists
Parents as Teachers	In 27% of the counties in GA	No formal education requirements	Five-day initial training	The purveyor requires affiliate performance reports for the fourth year and every fifth year thereafter.
Parent-Child Interaction Therapy	In 24.5% of the counties in GA	Master's degree	40-hours of intensive skills training	The DPICS is used to monitor fidelity, a behavior coding system.
Safe Environment for Every Kid (SEEK)	In 2.5 % of the counties in GA	Licensed medical professionals or master's degree (if behavioral therapist).	2-3 hours initial training – option of ongoing training and performance improvement.	Two fidelity measures available: The SEEK Primary Care Professional Questionnaire, and the SEEK Medical Record Review.



Input from the workgroup – CHAT

Based on the presented information about the 12 final EBPs for consideration, and your overall impression of their fit and feasibility...

Which services do you most recommend - AND WHY - to be included in the recommendation for Georgia's Title IV-E Prevention Plan?

- Alternatives for Families: A Cognitive Behavioral Therapy
- Brief Strategic Family Therapy
- Cognitive Processing Therapy
- Family Check-up
- Functional Family Therapy
- Healthy Families America
- Homebuilders
- Multisystemic Therapy
- Parenting with Love and Limits
- Parents as Teachers
- Parent-Child Interaction Therapy
- Safe Environment for Every Kid (SEEK)

Please note your input in the chat



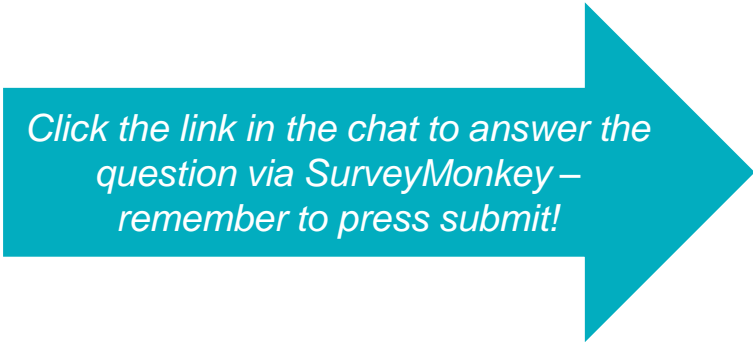
Input from the workgroup – POLL

Based on the presented information about the 12 final EBPs for consideration, and your overall impression of their fit and feasibility...

Choose the 3 EBPs that you DO NOT think should be included in the recommendation for Georgia's Title IV-E Prevention Plan

Answer categories:

- Alternatives for Families: A Cognitive Behavioral Therapy
- Brief Strategic Family Therapy
- Cognitive Processing Therapy
- Family Check-up
- Functional Family Therapy
- Healthy Families America
- Homebuilders
- Multisystemic Therapy
- Parenting with Love and Limits
- Parents as Teachers
- Parent-Child Interaction Therapy
- Safe Environment for Every Kid (SEEK)



Click the link in the chat to answer the question via SurveyMonkey – remember to press submit!

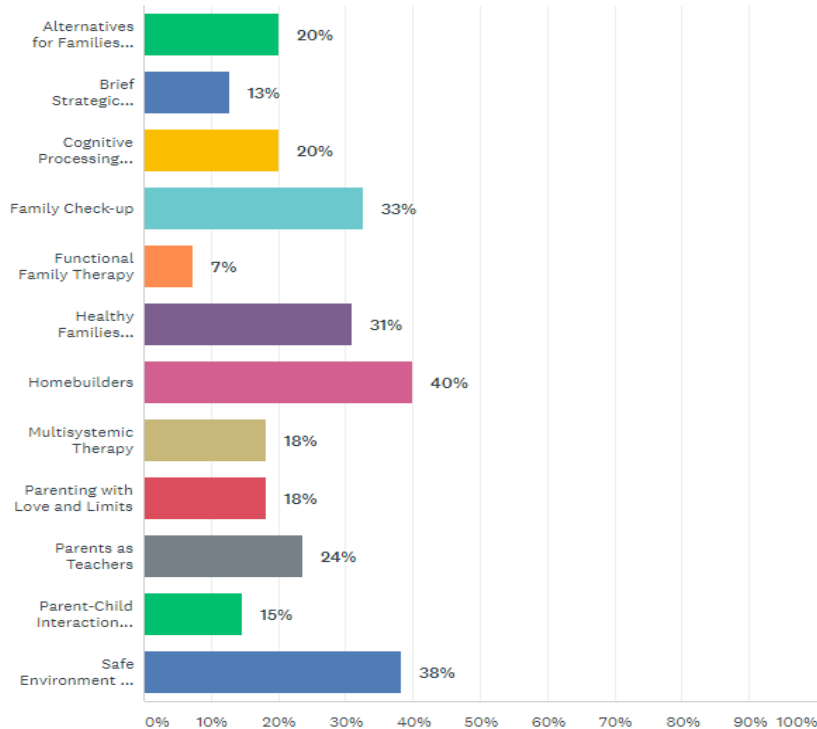
Please note comments or questions in the chat



Input from the workgroup – results of the poll

Choose the 3 EBPs that you DO NOT think should be included in the recommendation for Georgia's Title IV-E Prevention Plan

Answered: 55 Skipped: 0



Poll reflects responses from members of the Prevention Services Workgroup at 6.11.21 meeting. For more information on the workgroup see <https://www.blueprintfamilyfirst.org/prevention-services-workgroup>

Final thank you — and the
next steps selecting EBPs for the
Prevention Plan





The process moving forward

Our focus today was to narrow our list of 12 EBPs to the final EBPs to be recommended for inclusion in Georgia's Title IV-E Prevention Plan.

Based on your input today, we will send the workgroup's recommendation to DFCS leadership in order for them to make the final decision.

What happens next? Leadership Advisory Council reviews recommendation and provides input. DFCS Leadership final decision will be reflected in submitted plan.



Final questions or comments?

Thank you for your great contributions and valuable insights during the process over the last couple of months!



Thank you for your
participation in the
Prevention Services
Workgroup!

