



Georgia Essentials for Childhood

Implementation Plan

2019–2021

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Based on priorities set by the Georgia Essentials for Childhood Steering Committee, six work groups met between August 16 and September 11, 2018 to discuss ways to advance the CDC Essentials for Childhood framework in Georgia. The following report summarizes the results of these conversations. The Steering Committee further prioritized these recommendations into 18-month and 36-month activities.

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Goals, Objectives, and Key Initiatives – Summary

Goal 1: Georgia has created the context for healthy children and families through policies.

Objective 1.1: Increase policy development and implementation that positively impacts the lives of children and families in Georgia.

Initiative 1.1.1: Develop and promote a Child Safety, Stability and Nurturing Policy Agenda.

Working Groups: Policy

Goal 2: Georgia is committed to creating safe, stable, nurturing relationships and environments and preventing child maltreatment.

Objective 2.1: Increase the use of strategic communications and collective action to create safe, stable nurturing relationships and environments.

Initiative 2.1.1: Implement a Collective Impact and Strategic Communications Capacity Building Initiative.

Working Groups: Communications and Outreach, Data

Goal 3: Georgia has created the context for healthy children and families through programs.

Objective 3.1: Increase the consistent use of AIRS Taxonomy terms among I&R providers.

Initiative 3.1.1: Standardize the use of AIRS taxonomy to support the identification and classification of parenting and parent support programs.

Working Groups: Systems Integration

Objective 3.2: Increase the availability of information about evidence-based programs for consumers.

Initiative 3.2.1: Implement an evidence-based program data collection and sharing protocol.

Working Groups: Data, Programs, Systems Integration

Initiative 3.2.2: Conduct a comprehensive inventory of parenting programs that are evidence-based, evidence-/research-informed and promising practices.

Working Groups: Communications and Outreach, Programs, Systems Integration

Objective 3.3: Increase the availability of evidence-based, research-informed, and promising-practice-based parenting skills programs to Georgia families.

Initiative 3.3.1: Conduct a Parenting Skills Program Continuum Study.

Working Groups: Programs

Initiative 3.3.2: Implement a Parenting Skills Program Mapping Project.

Working Groups: Programs

Initiative 3.3.3: Develop a State-level Parenting Skills Program Sustainability and Expansion Plan.

Working Groups: Programs

Initiative 3.3.4: Form a Parenting Skills Support Network.

Working Groups: Communications and Outreach, Programs

Initiative 3.3.5: Conduct a Home Visiting Education Campaign.

Working Groups: Communications and Outreach

Goal 4: Georgia has created the context for healthy children and families through norms change.

Objective 4.1 Increase public perceptions that we all share responsibility for the well-being of children.

Initiative 4.1.1: Partner with Banyan Communications and DFCS on Social Media Campaign.

Working Groups: Communications and Outreach

Objective 4.2 Increase public perceptions that all parents and caregivers need help at times.

Initiative 4.2.1: Design and Implement a Social Media Campaign aimed at destigmatizing help seeking by parents/caregivers.

Working Groups: Communications and Outreach

Goal 5: Georgia uses data to inform solutions.

Objective 5.1: Increase the use of the BRFFS ACEs data in creating safe, stable and nurturing relationships and environments.

Initiative 5.1.1: Conduct a BRFFS Data Development and Promotion Initiative.

Working Groups: Communications and Outreach, Data, Policy, Systems Integration

Objective 5.2: Increase the use of other data sets for planning and evaluation purposes.

Initiative 5.2.1: Implement an ACEs Data Review, Linkage and Promotion Initiative.

Working Groups: Communications and Outreach, Data, Programs

Working Groups: 2019–2021

Starting in May 2019, five Working Groups will lead the planning and implementation of projects related to the following Goals and Objectives of Georgia Essentials for Childhood’s Prioritized Recommendations:

Communications and Outreach

Goal 2: Georgia is committed to creating safe, stable, nurturing relationships and environments and preventing child maltreatment.

Objective 2.1: Increase the use of strategic communications and collective action to create safe, stable nurturing relationships and environments.

Initiative 2.1.1: Implement a Collective Impact and Strategic Communications Capacity Building Initiative.

First 18 Months:

- Organize the Steering Committee and state effort to function as a collective impact entity, relentless in its efforts (messaging, advocacy, media) to shape social norms and create policy change (e.g., MADD).
- Develop a Communications Work Group to create and disseminate messaging in areas such as toxic stress, parent stress, and the ROI in nurturing programs and initiatives, and emulate the consistent communications practices of entities such as Get Georgia Reading in emails, newsletters, calls and meetings.
- Link SSNR&ES to other public issues (e.g., opioid crisis, family addiction).
- With support from the Policy Working Group, partner with the Georgia Health Policy Center to integrate Essentials concepts/content into their legislator training certificate program.
- Develop and promote a common vision that links the efforts of all partners.
- Work with partners to customize messaging for target audiences (e.g., policy makers, business leaders) as the opportunity or need arises.
- With support from the Data and Programs Working Groups, build the state's capacity to promote evidence-based programs and practices (e.g., identification, education, promotion) that positively impact all children.
- Expand the network of partners supporting the Essentials to include non-traditional players (e.g., business community, faith community).
- Educate the state network about the Family First Prevention Services Act.

36 Months:

- Link data sets and identify correlations in data that can influence decision making.
- Consider a norm change campaign to counter the perception that foster care is an "acceptable" service provided to families.
- Educate the state network about Pay for Success (SIPRA).

Goal 3: Georgia has created the context for healthy children and families through programs.

Objective 3.2: Increase the availability of information about evidence-based programs for consumers.

Initiative 3.2.2: Conduct a comprehensive inventory of parenting programs that are evidence-based, evidence-/research-informed and promising practices.

First 18 Months:

- Develop an inventory project FAQ for participating organizations.

Objective 3.3: Increase the availability of evidence-based, research-informed and promising-practice-based parenting skills programs to Georgia families.

Initiative 3.3.4: Form a Parenting Skills Support Network.

36 Months:

- Establish an information-system and technical-assistance support network for organizations seeking to sustain and begin parenting skills programming.
- Educate funders (public and private) about model standards and investment requirements to achieve desired outcomes.

Initiative 3.3.5: Conduct a Home Visiting Education Campaign.

36 Months:

- Based on 18-month work of the Programs Working Group, develop messaging and a strategy to promote home visiting, including linking home visiting to other health outcomes and issues (e.g., violence prevention, mental health, substance abuse, education attainment).

Goal 4: Georgia has created the context for healthy children and families through norms change.

Objective 4.1 Increase public perceptions that we all share responsibility for the well-being of children.

Initiative 4.1.1: Partner with Banyan Communications and DFCS on Social Media Campaign.

First 18 Months:

- Review DFCS's "Belonging for Hope" campaign, and identify specific opportunities to use the materials in their public communications.

Objective 4.2 Increase public perceptions that all parents and caregivers need help at times.

Initiative 4.2.1: Design and Implement a Social Media Campaign aimed at destigmatizing help seeking by parents/caregivers.

First 18 Months:

- Identify and secure funding.
- Secure marketing firm proposals.
- Select vendor.

36 Months:

- Develop and approve media campaign and implementation plan.
- Identify and raise supplemental funding for implementation.

Goal 5: Georgia uses data to inform solutions.

Objective 5.1: Increase the use of the BRFSS ACEs data in creating safe, stable and nurturing relationships and environments.

Initiative 5.1.1: Conduct a BRFSS Data Development and Promotion Initiative.

First 18 Months:

- Using analysis from the Data Working Group, develop ACEs public awareness campaign highlighting both current conditions and long-term trends; work with Policy Working Group on messaging and campaign development for policy makers.
- Promote Prevent Child Abuse Georgia's ACEs training model.
- Review Michigan ACE Initiative video, and assess appropriateness of a video or other medium to accomplish similar ends in Georgia.

Objective 5.2: Increase the use of other data sets for planning and evaluation purposes.

Initiative 5.2.1: Implement an ACEs Data Review, Linkage and Promotion Initiative.

First 18 Months:

- Adopt the CDC Essentials for Childhood Indicators of Impact model, and develop a communications strategy for sharing trends with partners.

Data

Goal 2: Georgia is committed to creating safe, stable, nurturing relationships and environments and preventing child maltreatment.

Objective 2.1: Increase the use of strategic communications and collective action to create safe, stable nurturing relationships and environments.

Initiative 2.1.1: Implement a Collective Impact and Strategic Communications Capacity Building Initiative.

36 Months:

- Link data sets and identify correlations in data that can influence decision making.
- Provide this to the Policy Working Group.

Goal 3: Georgia has created the context for healthy children and families through programs.

Objective 3.2: Increase the availability of information about evidence-based programs for consumers.

Initiative 3.2.1: Implement an evidence-based program data collection and sharing protocol.

First 18 Months:

- Gather information and create a list of evidence-based and research-informed parenting-skills programs and descriptions in Georgia for use in classifying programs, overcoming gap in available, accessible information in one place.
- Provide this information to the Programs Working Group.

Objective 3.3: Increase the availability of evidence-based, research-informed and promising-practice-based parenting skills programs to Georgia families.

Initiative 3.3.1: Conduct a Parenting Skills Program Continuum Study.

First 18 Months:

- Aggregate lists of parenting skills programs from existing sources (e.g., Friends National Resource Center).

Goal 5: Georgia uses data to inform solutions.

Objective 5.1: Increase the use of the BRFSS ACEs data in creating safe, stable and nurturing relationships and environments.

Initiative 5.1.1: Conduct a BRFSS Data Development and Promotion Initiative.

First 18 Months:

- Analyze current and long-term trends in ACEs data, to be shared with the Communications and Outreach Working Group for messaging and campaign development.
- Identify additional questions about neglect to be added to the 2020 BRFSS survey.

36 Months:

- Determine the best model for ongoing communications between DPH and the Essentials Steering Committee around the evolution of data research and analysis by the department.
- Advocate for additional DPH analysis of data for those with 1 ACE and 2–3 ACEs.

Objective 5.2: Increase the use of other data sets for planning and evaluation purposes.

Initiative 5.2.1: Implement an ACEs Data Review, Linkage and Promotion Initiative.

First 18 Months:

- Adopt the CDC Essentials for Childhood Indicators of Impact model and develop a communications strategy for sharing trends with partners.
- Evaluate how ACEs data can be enhanced for geographic and demographic inclusion.
- With the support of the Communications and Outreach Working Group, promote the use of OASIS and CACDS among Essentials-aligned organizations, including facilitating wider public access to and understanding of the system and its data, e.g., fact sheets; and explore the use of less-used data sets (e.g. Violent Death Reporting System, hospital admission and discharge data, ICD codes data) and determine potential value in understanding contextual issues related to ACEs.

36 Months:

- Examine how ACEs data may influence chronic-disease risk factors in Georgia and its potential use in health policy and planning in the state.
- Conduct a comprehensive review of the other ACEs data sets available (e.g., PRAMS, National Survey on Children's Health) and identify the unique information available in each. Provide lay-friendly descriptions regarding what the data is, how it is collected and how it can inform solutions.
- Evaluate how all Essentials-related data can be analyzed through additional lenses, such as poverty/income and race/ethnicity.

Policy

Goal 1: Georgia has created the context for healthy children and families through policies.

Objective 1.1: Increase policy development and implementation that positively impacts the lives of children and families in Georgia.

Initiative 1.1.1: Develop and promote a Child Safety, Stability and Nurturing Policy Agenda.

First 18 Months:

- Work with GEEARS to assess the state of the Brain Trust after the 2019 gubernatorial transition, and as needed educate senior leadership of State of Georgia executive departments on the Georgia Essentials for Childhood priorities.
- Work with GEEARS and Voices for Georgia's Children to use ACEs data in the development of educational tools for policy makers.
- Partner with GEEARS to pilot their Business Toolkit for family-friendly policies with companies.
- Identify and engage in ongoing policy activities that support the implementation of the Family First Prevention Services Act (e.g., Prevention services must be trauma-informed and should be practices as modeled by the California Evidence-Based Clearinghouse for child welfare; promote the develop a statewide plan to prevent child abuse and neglect fatalities).
- Identify and engage in policy activities to support the increase of funding to suicide prevention.
- Advocate for and support a transition plan for the Brain Trust.

36 Months:

- Identify and engage in policy activities that support Family Leave.
- Promote the Voices for Georgia's Children EITC Photo Essay exhibit and activities creating dialogue around family economic security.
- Identify and engage in policy activities that support the streamlining of eligibility and enrollment for public insurance access.
- Identify and engage in policy activities that support child welfare reform and focus on stabilizing the child welfare workforce through caseload reduction.

Goal 5: Georgia uses data to inform solutions.

Objective 5.1: Increase the use of the BRFFS ACEs data in creating safe, stable and nurturing relationships and environments.

Initiative 5.1.1: Conduct a BRFFS Data Development and Promotion Initiative.

First 18 Months:

- Identify Essentials-related screenings conducted by medical professionals, including which are reimbursed by insurance.
- As needed, advocate for additional Essentials-related screenings by medical professionals and for insurance to reimburse for such screenings.

Programs

Goal 3: Georgia has created the context for healthy children and families through programs.

Objective 3.2: Increase the availability of information about evidence-based programs for consumers.

Initiative 3.2.1: Implement an evidence-based program data collection and sharing protocol.

First 18 Months:

- Receive from Data Working Group the list of evidence-based and research-informed programs and descriptions in Georgia for use in classifying programs, overcoming gap in available, accessible information in one place.
- Examine implementation of piecemeal use of components of evidence-based and research-informed practices by programs across the state, for best practices that could be replicated.
- Organize this information into a framework, and provide it to Systems Integration Working Group for distribution.

Initiative 3.2.2: Conduct a comprehensive inventory of parenting programs that are evidence-based, evidence-/research-informed and promising practices.

First 18 Months:

- Leverage PCA GA's access to internships to conduct inventory.

Objective 3.3: Increase the availability of evidence-based, research-informed and promising-practice-based parenting skills programs to Georgia families.

Initiative 3.3.1: Conduct a Parenting Skills Program Continuum Study.

First 18 Months:

- Create a matrix of program components and best practices that are shared across models.

36 Months:

- Select a continuum of models based on target population (including fathers), dosage requirements, cost, and outcomes (e.g., deep intervention, enrichment).
- Evaluate programs based on the level of technical assistance and support available.

Initiative 3.3.2: Implement a Parenting Skills Program Mapping Project.

First 18 Months:

- Develop a comprehensive list of organizations already offering parenting programs or resources (including evidence-based and non-evidence-based models).

36 Months:

- Assess gaps based on geography, child mortality rates, areas of concentrated poverty, and local infrastructure/capacity.

Initiative 3.3.3: Develop a State-level Parenting Skills Program Sustainability and Expansion Plan.

First 18 Months:

- Develop a plan to conduct a state-level parenting skills program sustainability and expansion plan that includes the following groups: PCA councils, Family Connections Partnership, United Ways, MHA of Georgia, Advocacy Centers, FRCs, CMOs, health districts, hospitals and centering program providers.

36 Months:

- Review how other states are using HRSA funds to support promising approaches and integrate into the plan as appropriate.
- Incorporate information from the DPH home visiting needs assessment, Family Connection Partnership, and health districts.
- Produce a plan that includes defined priority populations (e.g., birth to 5), uses a tiered approach (i.e., from "gold standard" models to promising practices) and addresses workforce related issues (e.g. home visitor retention).
- Research and develop a model for raising new funding through public private partnerships (e.g., GELI/Smart Start) to sustain existing programs and launch new programs. Explore opportunities to develop new funding mechanisms and strategies (e.g., pay for success).
- Conduct a parenting skill needs assessment and assess the organizational capacity of potential providers to adopt program models. Also, assess community experience and readiness to start or expand programs.

Initiative 3.3.4: Form a Parenting Skills Support Network.

36 Months:

- Establish an information-system and technical-assistance support network for organizations seeking to sustain and begin parenting skills programming.

Goal 5: Georgia uses data to inform solutions.

Objective 5.2: Increase the use of other data sets for planning and evaluation purposes.

Initiative 5.2.1: Implement an ACEs Data Review, Linkage and Promotion Initiative.

- Research the Self-Healing Communities Model as a leadership and decision-making model for improving intergenerational health.

Systems Integration

Goal 3: Georgia has created the context for healthy children and families through programs.

Objective 3.1: Increase the consistent use of AIRS Taxonomy terms among I&R providers.

Initiative 3.1.1: Standardize the use of AIRS taxonomy to support the identification and classification of parenting and parent support programs.

First 18 Months:

- Ensure all I&R providers use the following taxonomy terms/codes in classifying programs: Child Development Classes, Child Sexual Assault Prevention, Court-ordered Parenting Programs, Early Start Sites, Early Literacy Development Programs, Family Literacy Programs, General Expectant/New Parent Assistance Programs, Early Pregnancy Classes, Head Start Sites, Child Abuse Prevention, Parenting Skills Classes, Homebased Parenting Education, New Dad Parenting Programs, Parent Counseling, Parent/Family Involvement in Education, Parent Materials, Special Preschools, Teen Expectant/New Parent Programs.
- Ensure all I&R providers use the following data fields or key words: program description, service hours, eligibility, intake procedure, documents, fees, payment methods, languages, areas served/county, services (taxonomy), travel instructions, last updated, other locations.

Objective 3.2: Increase the availability of information about evidence-based programs for consumers.

Initiative 3.2.1: Implement an evidence-based program data collection and sharing protocol.

First 18 Months:

- Receive from Programs Working Group the framework on evidence-based and research-informed programs and descriptions, and distribute this information to I&R providers.

36 Months:

- Include fields regarding evidence-based programs in I&R databases.
- Establish a resource information sharing process to allow new parenting programs to be identified and captured in the appropriate I&R database(s) on an ongoing basis.
- Advocate for all government funded parenting programs to be included in all I&R databases.
- Review I&R specialized service agreements between 2-1-1, 1-800-Children, and Family Help Line, and others as identified.
- Review I&R inclusion and exclusion policies to determine potential conflicts or barriers.
- Request a taxonomy code for evidence-based practices be created by AIRS/LA Infoline.

Initiative 3.2.2: Conduct a comprehensive inventory of parenting programs that are evidence-based, evidence-/research-informed and promising practices.

First 18 Months:

- Develop a comprehensive list of organizations already offering parenting programs or resources from 2-1-1, 1-800-Children, and Family Help Line.

Goal 5: Georgia uses data to inform solutions.

Objective 5.1: Increase the use of the BRFSS ACEs data in creating safe, stable and nurturing relationships and environments.

Initiative 5.1.1: Conduct a BRFSS Data Development and Promotion Initiative.

First 18 Months:

- Connect resource lists for adults who present with multiple ACEs.