

Proposed Location to Conduct SFP 7-17 sessions

LBHS Lowndes Outpatient site at 3120 North Oak Street Ext. Suite B Valdosta, GA 31602.

Implementation of SFP 7-17 Program

● Staff Training on SFP 7-17 Program

Assigned staff will be trained through the In-person 2-Day training times:

Day 1-8 hours: Time-8:00 a.m.-5:00 p.m. with 1 hour for lunch + morning & afternoon breaks

Day 2-8 hours: Time-8:00 a.m.-5:00 p.m. with 1 hour for lunch + morning & afternoon breaks

On the 2nd day, each participant will practice-teach an SFP mini-lesson with a partner.

● Identification of Participants for the Program

Program coordinator will work with Department of Juvenile Justice (DJJ), Department of Family and Children Services (DFCS), prosecutors and other involved in the Juvenile Justice process within the Lowndes County to identify youth for the program.

LBHS will initiate communication with the youth and their families on benefits and goals of the program as well as expectations to engage them on successful program completion.

Identify the need for childcare and make arrangement for needed number of LBHS staff to provide childcare in safe environment.

● Communication with the Lowndes County Juvenile Court

Establish the contact person and contact information for LBHS and Lowndes County Juvenile Court.

Establish schedule.

Establish the routine communication as unusual occurrence related communication.

Clarify Goals and expected Quality Assurance actions and target accomplishments.

● Quality Assurance

1. 75% of youth who enter the program successfully complete all program requirements while maintaining fidelity model. Each week all four sessions complete sign in sheets (including family), attendance is communicated weekly and any missed sessions are discussed with the participants (plan includes 2 additional make-up sessions).

2. Each week the program coordinator ensures that all LBHS staff members are following the program expectations and fidelity model. Weekly topics are documented.

3. Risk factors and protective factors for each participant is assessed at the beginning of the program, mid term of the program and end of the program. Results are summarized at the individual level as well as a group overall level. The goal is to improve protective factors and reduce risk factors.

4. Conduct survey at the beginning of the program on participant expectations to address possible additional topics, that will be addressed during the program.

5. Conduct satisfaction survey at the mid-point of the program and end of the program. Expected outcomes are that 75% of participants and families found program beneficial and would recommend the program for other families with similar needs.

6. If the post program follow-up is permitted, it would be done at 6 months and 12 months after program completion to

