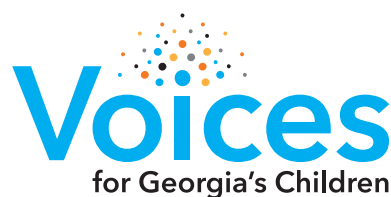


# ALL ABOUT KIDS:

## FACTSHEETS ABOUT GEORGIA'S CHILDREN

January 2024 Edition



**CELEBRATING 20 YEARS**



**G·san**

GEORGIA STATEWIDE AFTERSCHOOL NETWORK



## FROM VOICES FOR GEORGIA'S CHILDREN AND THE GEORGIA STATEWIDE AFTERSCHOOL NETWORK

Children thrive when they have a solid start in life; a healthy mind and body; a strong and stable family; fair treatment, both in school and the court system; and quality out-of-school enrichment. Our belief that children's needs are interconnected is the foundation of our comprehensive whole child approach to improve child well-being.

Our All About Kids: Factsheets on Georgia's Children factbook offers an array of data and research on topics across the spectrum of child well-being, organized in an easy-to-find and easy-to-use reference as you work on policies and legislation for children and families.

We at Voices for Georgia's Children (Voices) and the Georgia Statewide Afterschool Network (GSAN) are at your disposal to assist with any child-related policy work or questions you may have.

Thank you for all you do for the children, youth and families in our state (and for the rest of us too!)

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## Acknowledgements

Voices for Georgia's Children would like to thank the Governor's Office, the Georgia General Assembly, and state agency leadership, all of whom have committed years of hard work to ensure that Georgia's children are healthy and safe. Voices would also like to express gratitude to all those who helped in the development of these factsheets by sharing their data, perspectives, expertise, and time.

## About Voices for Georgia's Children

Voices for Georgia's Children believes every child can thrive when given the opportunity. Through research and analysis, public education, and convening and engaging with decision-makers, we advance laws, policies, and actions that improve the lives of children – particularly those furthest from opportunity. Our work is framed in a holistic “whole child” perspective that allows us to identify how different policies impact children and propose solutions that benefit children on multiple levels.

For more information, visit [georgiavoices.org](http://georgiavoices.org).

## About Georgia Statewide Afterschool Network

The Georgia Statewide Afterschool Network (GSAN) is a public-private collaborative that envisions a day when all communities in Georgia have the resources to provide exceptional afterschool programming. Our mission is to advance, connect, and support quality afterschool programs to promote the success of children and youth throughout Georgia.

For more information, visit [afterschoolga.org](http://afterschoolga.org).





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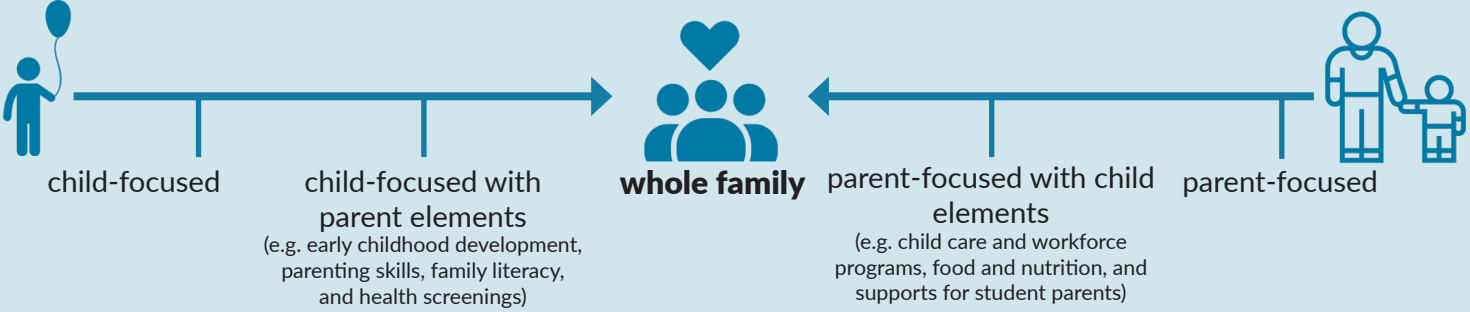
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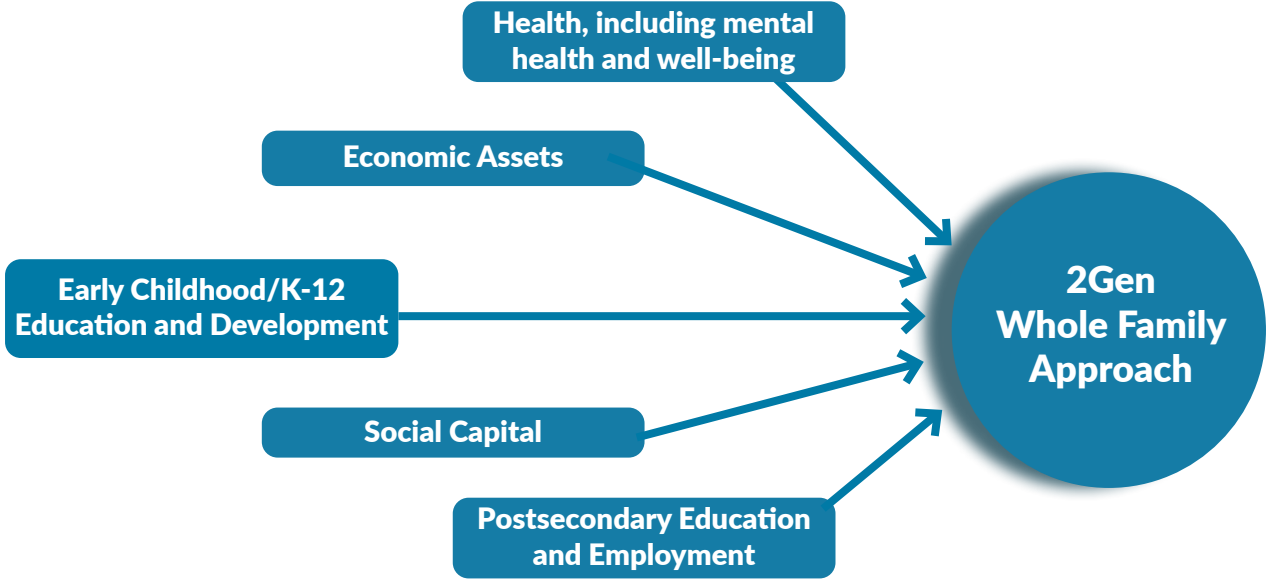
The Two-Generation (2Gen) approach to policy and programs disrupts generational cycles of poverty and poor outcomes by taking the whole family into account – focusing on the needs of the entire family, rather than on children or parents separately.<sup>1</sup> Any policy, program, or service for parents or children, including those for early care and education, health, housing, child welfare, and juvenile justice, can use a 2Gen approach.

## The Two-Generation Continuum



## Why support 2Gen policies?

2Gen policies address multiple areas that allow the whole family to change and thrive.



## Explore the impact of a 2Gen approach

- Improving access to childcare could address an estimated **\$1.75 billion** economic loss to the state by reducing missed work and increasing economic opportunities for parents of young children.<sup>2</sup>
- A **\$3,000 increase** in a parent’s income when a child is young is associated with a **17% increase** in a child’s future earnings.<sup>3</sup>
- Children with college savings between **\$1 and \$499** are **3 times more likely** to go to college and **4 times more likely** to graduate.<sup>4</sup>

## 2Gen Models in Georgia

### Department of Early Care and Learning's (DECAL) Childcare and Parent Services (CAPS) Program<sup>5</sup>



Provides access to high-quality and affordable early learning for families with low incomes



Helps young learners achieve school readiness for greater academic gains in the long-term



Assists families in achieving stability and self-sufficiency by providing financial support for childcare

DECAL also supports select technical colleges with Two-Generation Innovation Grants, which connect children from families with low-income to quality early learning and helps their parents receive the training and education they need for well-paying jobs.

### Quality Care for Children's Boost\* Child Care Initiative<sup>6</sup>



Increases state investment in childcare subsidies to improve Georgia's workforce



Eliminates the CAPS eligibility gap



Extends subsidy eligibility to parents attending college

\*The Quality Care for Children's (QCC) Boost Child Care Initiative is not affiliated with the Georgia Statewide Afterschool Network's BOOST Grants program.

### Network of Trust School Health Program<sup>7</sup>



Promotes healthy moms and babies for pregnant teens and young mothers



Increases mother's self-esteem



Increases rates of school attendance and graduation



Decreases rates of child abuse

### Voices for Georgia's Children's HealthyUs Pilot Program<sup>8</sup>



Nutrition coaching



Benefit enrollment



Assistance with navigating healthcare system



Parenting skills



Behavioral health services

HealthyUs is a pilot program, launched in partnership with QCC, that connects caregivers of children living in families with low-incomes to services and supports to improve health, well-being, family stability, and development/educational outcomes.

\*This is not a comprehensive list of 2Gen models in Georgia. Other examples include [Evidence-based Home Visiting](#), [Child Care Access Means Parents in School \(CCAMPIS\)](#), and [Nana grants](#).



Cultural competence refers to the ability of individuals and organizations to understand, appreciate, and effectively interact with people from diverse cultural backgrounds. It involves recognizing and respecting the unique values, beliefs, customs, and practices of different communities.<sup>1</sup>

## Why is Cultural Competency Important for Serving Kids and Families in Georgia?

### Georgia is becoming increasingly diverse.



As of 2022, almost **15%** of Georgia's residents spoke a language other than English at home.<sup>2</sup>



As of 2022, **more than 10%** of Georgia's population was foreign-born, which is an almost 40% increase from 1990.<sup>3</sup>



Over the last decade, Asian and Hispanic populations have increased by **53%** and **32%** respectively, while White individuals make up just barely over half of the population.

## What does cultural competency look like?



### Effective Communication

Understanding cultural nuances improves communication between service providers and families. Clear and culturally sensitive communication is essential for building trust and rapport.<sup>4</sup>



### Tailored Services

Cultural competency allows for the customization of services to meet the unique needs of different communities. This is crucial for addressing disparities in healthcare, education, and social services.<sup>5</sup>



### Community Engagement

Building cultural competency fosters meaningful engagement with communities. Collaborative efforts ensure that services are community-driven and aligned with the values and aspirations of the people being served.<sup>6</sup>

## Recommendations for How to Foster Cultural Competency

### Training and Education:

- Provide ongoing training to professionals to enhance their cultural competence and awareness
- Continue to intentionally encourage, recruit, and support diverse and rural students to pursue healthcare, behavioral health, education, and social service careers

### Culturally Tailored Programs:

- Develop and implement programs that consider cultural factors, preferences, and values

### Community Partnerships:

- Collaborate with community organizations to gain insights and actively involve the community in decision-making processes













# Quality Early Learning in Georgia

Quality early care and learning are essential to the growth and development of Georgia’s youngest learners. Multiple studies have shown how quality early care and learning impact outcomes for young children in their early years and well beyond.

## What is Quality?<sup>1</sup>

-  Have low child-teacher ratios
-  Implement individualized instruction
-  Employ qualified and well-trained teachers
-  Ensure a clean and safe environment
-  Engage and support families
-  Provides supports for dual-language learners
-  Promote proper physical, social, and emotional development
-  Support academic growth particularly in language and literacy






## Quality Initiatives in Georgia

### Georgia Early Learning and Development Standards<sup>2</sup>

The Georgia Early Learning and Development Standards (GELDS) are a set of high-quality, research-based, appropriate, and attainable standards that are flexible enough to support individual rates of development, approaches to learning, and cultural context for children from birth to age five. The GELDS promote quality learning experiences for children and address the question, **“What should children from birth to age five know and be able to do?”** The GELDS are aligned with the Georgia Standards of Excellence (GSE) for K-12, as well as the Head Start Early Learning Outcomes Framework and the Work Sampling System.

The GELDS are a continuum of skills, behaviors, and concepts that children develop throughout this time of life, divided by age group.

### The GELDS have FIVE domains of learning:

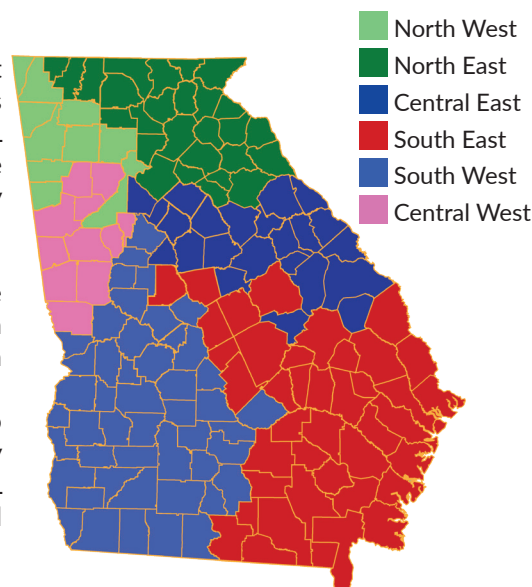
-  Physical Development and Motor Skills
-  Social and Emotional Development
-  Approaches to Play and Learning
-  Communication, Language, and Literacy
-  Cognitive Development and General Knowledge

*Each domain is organized into strands, standards, and age-appropriate indicators.*

### Early Education Community Partnerships Team<sup>3</sup>

DECAL is continuing its investment in community outreach and engagement through the Early Education Community Partnerships (EECP) Team. This team is composed of six Community Coordinators assigned to each DECAL administrative region of the state. These Community Coordinators share information about DECAL resources and collaborate with community organizations to improve learning outcomes for young children.

The EECP Team also engages with local stakeholders to coordinate the delivery of available services for young children and their families, with priority given to efforts that expand access to high-quality care through Georgia’s Quality Rated Child Care system. Specific efforts led by regional Community Coordinators include working with community stakeholders to align systems for children ages birth to 8, fostering public awareness of early education services, serving as a local resource and referral for all DECAL programs and services, and convening regional birth-to-eight teams and child care engagement networks.



## What is Quality Rated?<sup>4</sup>

Quality Rated is a voluntary tiered rating and improvement system for early and school-age care programs administered by DECAL. Quality Rated is meant to assess, improve, and communicate the level of quality of a child care program.



To become Quality Rated, programs must score well on portfolios with self-reported information and classroom observations conducted by trained assessors. Star rated programs receive packages with training, materials, and equipment.



Quality Rated is a **three-star rating system** that awards programs a star rating based on standards

## Benefits of Quality Rated

### For Parents and Families:



[QualityRated.org](http://QualityRated.org) is a trustworthy resource that helps families find high-quality child care and pre-k programs.



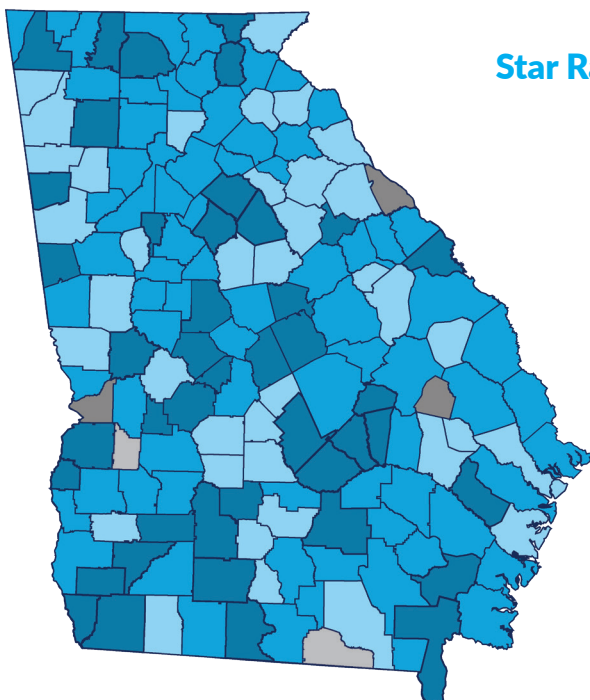
Parents can use the **FREE, online search tool** to access information about specific programming, including safety and inspection reports, weekly rates, and ages served.

### For Georgia:

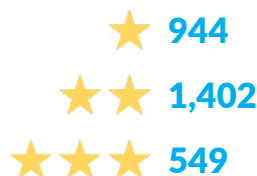
Regardless of their rating, all programs that participate are committed to improving the quality of their program by going above and beyond Georgia's licensing standards. At a community and state level, Quality Rated creates a shared understanding of quality learning and a commitment to achieving it.

## Where are Georgia's Quality Rated Programs?

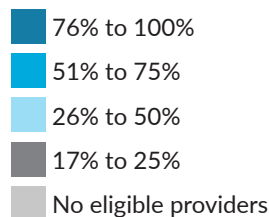
Of the **4,524** state eligible child care programs, more than **2,895** are Quality Rated.<sup>5</sup>



### Star Rating Statewide Count<sup>6</sup>



### Percentage of Quality Rated Centers, by County



The Childcare and Parent Services (CAPS) program assists families with low-income with the cost of child care while they work, go to school or training, or participate in other work-related activities.<sup>1</sup> Subsidies can be used to pay for quality child care, afterschool, and summer programs for children up to age 12 and for children up to age 17 with special needs.<sup>2</sup>

## What is the purpose of the CAPS program?<sup>3</sup>

1. Provide access to high-quality and affordable early learning, afterschool, and summer environments for families with low-incomes
2. Increase positive school readiness outcomes
3. Assist families in achieving and maintaining self-sufficiency by providing financial supports for child care costs

## CAPS Funding: Federal and State<sup>4</sup>

### Federal Funding

Federal funding is provided from the Child Care and Development Fund (CCDF) and is administered by the Department of Early Care and Learning (DECAL). Georgia typically receives approximately **\$245 million** in federal child care subsidy funds.

Pandemic-related federal stimulus funding, which allowed DECAL to increase funding for CAPS by **\$140 million** for a limited time, expires in 2024. DECAL used these funds to support an expansion of CAPS priority and eligibility populations, increase provider payment amounts and eliminate family fees to temporarily reduce the financial burden on families, as well as increase the tiered reimbursement that quality rated providers received.

### State Funding

In state fiscal year 2022, Georgia appropriated and made available approximately **\$60 million** for CAPS.

## Who is given priority in receiving CAPS scholarships?

Because CAPS scholarships are limited, children in the following situations are given priority:<sup>5</sup>

- Child Protective Services
- Custody of the Division of Family and Children Services
- Domestic violence situations
- Disability status
- Enrolled in Georgia's Pre-K Program
- Participating in, or transitioning from, Temporary Assistance for Needy Families (TANF)
- Experienced a natural disaster
- Lack fixed, regular and adequate housing
- Very Low Income, as defined by CAPS
- Grandparents raising grandchildren
- Minor parents
- Need to protect  
(e.g., family with substantiated Child Protective Services case closed within the last 12 months, caregiver other than biological or adoptive parents has taken over full-time care of child)
- Student parent

Federal and state funding temporarily allowed DECAL to expand priority groups and serve 14.8% of children living in households with low-incomes for 2023.<sup>6</sup> Continued investments in CAPS are crucial to reaching eligible families who apply for Child Care Subsidiary Scholarships.

## Income Eligibility



Families must earn less than 50% of the state median income (SMI) at the initial eligibility determination and can remain enrolled in CAPS as long as their income remains at or below 85% SMI, and they can meet other CAPS eligibility requirements.<sup>7</sup>

For example, a **family of four** cannot make more than **\$47,619** a year.

To qualify for the Very Low Income priority group, a **family of four** cannot make more than **\$15,000** a year.<sup>8</sup>

## Parent Approved Activities

Parents who receive CAPS must complete an average of **24 hours per week** of approved activities to stay eligible for the CAPS scholarship.<sup>9</sup>

Approved activities can include:<sup>10</sup>



### Employment

Paid employment or volunteering at Head Start or Early Head Start facilities



### Education

Participation in middle or high school, GED programs, vocational training programs, technical college, technical credits, associate's degree and bachelor's degree programs\*\*



### Job Search

Parents who lose their job or stop attending state-approved training or education programs may be authorized for up to 13 weeks of job search.\*\*\*

\*\*For parents enrolled with the Technical College System of Georgia (TCSG), as well as parents participating in any education or vocational training program: every credit hour equals two hours towards the required 24 hours per week of approved activities. For example, if a parent is enrolled in a class that counts as 3 credit hours with TCSG, they earn 6 credit hours per week towards the required 24.<sup>11</sup>

\*\*\*Parents who meet eligibility requirements for certain priority groups may be authorized with job search as their state-approved activity for the entire 12-month eligibility period.<sup>12</sup>

## Changes to the Child Care Development Fund (CCDF)



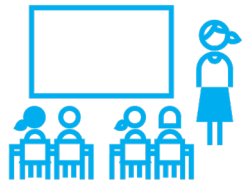
Federal stimulus funds were used to pay the family fee on behalf of CAPS since May 2021. Recently in October 2023, families resumed paying the family fee, however to ensure child care is affordable, family fees are limited to no more than **7%** of the families income.<sup>13</sup>



All providers serving children receiving CAPS subsidies are required to participate in Quality Rated.<sup>14</sup>

Georgia's Pre-K Program has served more than **2 million students** since it began in **1992**.<sup>1</sup> This voluntary, free program is open to all four-year-olds in Georgia, regardless of parental income. The program continues to be nationally recognized for its success.

## 2022-2023 Participation



**73,462** students<sup>2</sup>

**3,708** classes<sup>3</sup>

Operating in **159** counties in **1,837** locations<sup>4</sup>

At the end of the year, **2,611 kids** were on the waitlist<sup>5</sup>

**45%** of Georgia's Pre-K programs were located public school systems<sup>6</sup>

**55%** of Georgia's Pre-K programs were located private centers<sup>7</sup>

## Program Structure<sup>8</sup> and Highlights



Maximum of 22\* kids per classroom

Full day program, 180 days a year



Lead and assistant teachers must meet credential requirements

Curriculum is based on the Georgia Early Learning and Development Standards



In 2021-2022, Georgia ranked **8th** best in the nation for access to pre-k for four-year-olds.<sup>9</sup>

**More than half** of Georgia's Pre-K providers are Quality Rated, a voluntary, quality rating system for early and child care programs.<sup>10</sup>

\*DECAL is conducting a pilot during the 2023-2024 school year for reducing the Pre-K class size from 22 to 20 students. The recommended class size is 1:10.<sup>12</sup>

## How Georgia's Pre-K Program Improves Outcomes

The Georgia Department of Early Care and Learning (DECAL) and the Frank Porter Graham Institute conducted a multi-year evaluation to understand the short- and long-term benefits of Georgia's Pre-K. The study followed children from Georgia's Pre-K through fourth grade and found that children:<sup>11</sup>

- **Are more prepared for kindergarten** compared to four-year-olds who did not attend a Georgia Pre-K program.
- **Sustain gains made in pre-k** through kindergarten. The greatest gains were observed during the pre-k and 4th grade years.

Children in Georgia's Pre-K showed significant growth across all learning domains, including:



Math skills



Language and literacy skills



Social-emotional skills

Gains happened for all students, regardless of gender and income differences, and were shown to be sustained through the end of kindergarten, with another period of higher than expected gains occurring in 4th grade.

# Funding for Georgia's Pre-K Program

Georgia's Pre-K Program is funded by the Georgia Lottery. **\$444 million** lottery dollars were allocated to Georgia's Pre-K for FY24.<sup>13</sup>



Research shows **low pay** is a significant factor in an early childhood teacher's decision to leave the profession.<sup>14</sup> **High turnover rates** have been linked to lower program quality and shown to negatively impact a child's social and emotional development and relationships between teachers, children, and parents.<sup>15</sup>

In 2016, the Georgia General Assembly approved a \$34 million increase for pre-k salaries. Georgia's current pre-k salaries for the 2023-2024 school year are as follows:

Assistant Teacher <sup>16</sup>	4-year degree, Lead Teacher <sup>17</sup>	4-year degree/ certified, Lead Teacher <sup>18</sup>	Master's Degree, Lead Teacher <sup>19</sup>
<b>\$20,190.35</b>	<b>\$34,315.60</b>	<b>\$42,820.73</b>	<b>\$47,343.04</b>

Children entering kindergarten with school readiness skills are more likely to experience **academic success** and better **lifetime well-being** than their peers.<sup>1</sup> Cognitive abilities alone are not sufficient for a child to be considered ready for school.

## A child's readiness for school includes:<sup>2</sup>



Detection and appropriate care for potential physical or mental disabilities



Evident early literacy and language skills



Emerging social and interpersonal skills



Possession of a general knowledge about the world



Awareness of feelings of both self and others

School readiness can be influenced by a child's development, family, community, schools, and the services to which they have access. Multiple studies of pre-k have shown that participation in pre-k can greatly improve school readiness skills and can offset some challenges children may face.

## Georgia's Commitment to School Readiness

Georgia's Department of Early Care and Learning (DECAL) administers several programs to increase early readiness skills so students can enter kindergarten better prepared to learn, including:

### Georgia's Pre-K Program

**MORE THAN 2 MILLION** students have been served by Georgia's Pre-K Program since it began in 1992.<sup>3</sup>

Children in Georgia's Pre-K program showed significant growth across all learning domains, including:<sup>5</sup>



Math skills



Language and literacy skills



Social-emotional skills

Evaluations have found that children enrolled in Georgia's Pre-K program:<sup>4</sup>

- ✓ Are more prepared for kindergarten compared to four-year-olds in other forms of care.
- ✓ Have increased cognitive development and improved educational outcomes in later grades.

Dual language learners in Georgia's Pre-K program showed growth across all skills in English and most skills in Spanish.<sup>6</sup>

A key strength of Georgia's Pre-K Program is building foundational literacy skills for reading.<sup>7</sup>

### Summer Transition Programs

DECAL offers both Rising Kindergarten and Rising Pre-K Summer Transition programs as additional supports for students who may need them (e.g., children identified by teacher as needing additional academic support, dual language learners, etc.)<sup>8</sup>, including:

**394** classes at **255** program sites<sup>9</sup>



**5-week** intensive summer program



A **transition coach** is in each class to help families



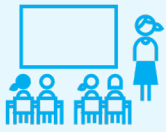
**Low student-to-teacher** ratio





Bright from the Start: Georgia Department of Early Care and Learning (DECAL) offers two **intensive five-week academic programs** to support children and prepare them for kindergarten and pre-k.

## Rising Kindergarten Summer Transition Program



**2022-2023**  
Participation<sup>1</sup>

**3,838** students

**324** classes

Operating in **62** counties in **239** locations

**33%** are located public school systems

**67%** are located private centers

### Who is eligible?<sup>2</sup>

To participate, a child must be age eligible to attend kindergarten in the upcoming school year and must meet one of the following requirements:

1. Child did not attend a Georgia's Pre-K or Head Start program during the 2021-2022 school year, **OR**
2. Child attended a Georgia's Pre-K or Head Start program, but did not attend the entire school year, **OR**
3. Child attended a Georgia's Pre-K or Head Start program the entire school year and falls into one of the following priority groups:
  - Child identified as needing additional academic support
  - Dual language learner (home language is a language other than English)
  - Foster care placement
  - Child's family is without permanent housing ("homeless" as defined by McKinney-Vento Homeless Assistance Act)
  - Child has an Individualized Education Program (IEP)

## Program Structure<sup>3</sup>



Maximum of 14 kids per classroom



Full day program



A lead and assistant teacher per class, a ratio of 1 adult to 7 students



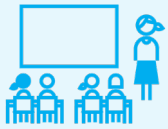
Assists in coordinating care before and after school as needed through the Childcare and Parent Services (CAPS) program

## Transition Coach<sup>4</sup>

The summer transition programs require a half-time transition coach for every class. These coaches are responsible for:

- Identifying students who would benefit from the program and meet the enrollment requirements
- Working with families to obtain required screenings and collect eligibility documentation
- Facilitating at least one family or parent workshop or engagement activity per week on parents' needs
- Connecting families with community resources
- Planning kindergarten transition activities

# Rising Pre-Kindergarten Summer Transition Program



**2022-2023**

**Participation<sup>5</sup>**

**780** students

**71** classes

Operating in **22** counties at **56** locations

**25%** are located public school systems

**75%** are located private centers

## Who is eligible?<sup>6</sup>

1. A child who is registered to attend Georgia's Pre-K Program or Head Start Program in the 2023-2024 school year, **AND**
2. Child's home language is Spanish

## Dual Language Learners

An estimated **24%** of Georgia's children ages 0 to 5 are Dual Language Learners (DLLs), with the vast majority speaking Spanish.<sup>2</sup>

Research from the Frank Porter Child Development Institute indicated that:

1. Spanish-speaking DLLs are **less likely** than their peers to enroll in early care, directly affecting school readiness skills.
2. Both the English and Spanish language skills of participating children **increased** during the program.
3. The program helped children become **more comfortable** with school routines and **increased** independence.
4. While children made significant gains, **a meaningful gap** remained between DLLs and their peers.

## Program Structure<sup>7</sup>



Maximum of 12 kids per classroom



A lead and assistant teacher per class, a ratio of 1 adult to 6 students



Instruction is provided in both English and Spanish



Teacher trained to work with Dual Language Learners



At least one teacher AND the transition coach must be bilingual and biliterate in English and Spanish

In 2023, the Rising Kindergarten and Pre-K Summer Transition Programs combined hosted:

**4,618** children at **295** locations

The total budget\* for both Summer Transition Programs is \$10.8 million.

That's approximately **\$2,338** being spent per child.<sup>8</sup>

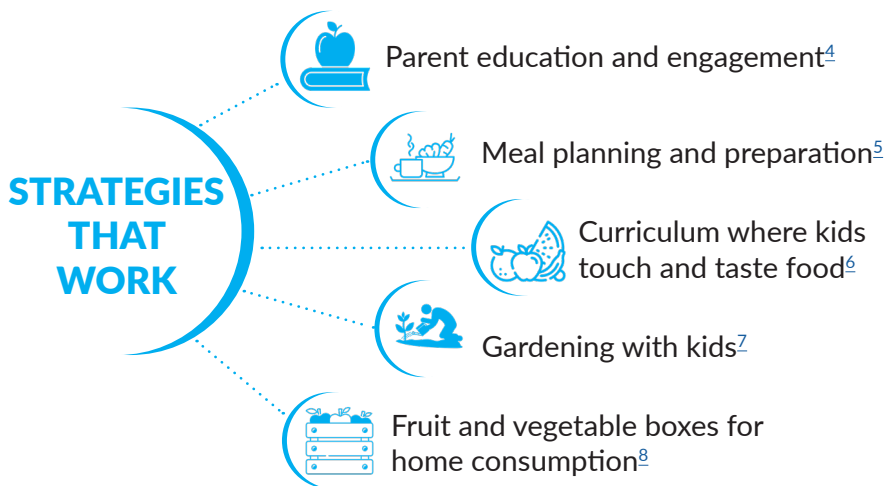
Georgia's Early Care and Education (ECE) programs serve more than **330,000 children**, many of whom may consume **1-3 meals** and **2 snacks** a day onsite.<sup>1, 2</sup>

## Why Farm to Early Care and Education?

Research shows Farm to School initiatives improve children's health and nutrition.<sup>3</sup> Most of these programs start in K-12 schools, but children can be reached earlier with Farm to Early Care and Education (FTECE).

## Top Reasons Providers Choose to Participate in FTECE

1. Teach children where food comes from and how it is grown
2. Improve child health
3. Provide children with experiential learning



## What FTECE Supports

- Fruit and vegetable consumption, some of which may increase vitamin A, C, and E intake<sup>9</sup>
- Healthy food consumption at home<sup>10</sup>
- Willingness to try new foods<sup>11</sup>
- Development of motor skills<sup>12</sup>
- Life skills, social skills, and self-esteem<sup>13</sup>
- Increased physical activity<sup>14</sup>
- Reduced diet-related diseases among children<sup>15</sup>
- Reduced food waste

## FTECE and Agriculture



FTECE benefits children, as well as supports Georgia farmers. FTECE encourages childcare providers to:



Purchase and serve fresh, nutritious, local foods for their children



Host on-site farmers markets for parents and staff



Develop partnerships with local farms for experiential learning.

## Georgia Supports Farm to Academia

### Georgia's Farm to Early Care and Education (FTECE) Coalition<sup>16</sup>

Supports children **ages 0 to 5**

During the 2021-2022 school year:

**55+** FTECE Coalition members

**190** FTECE Coalition professional development or activities (e.g., presentations, trainings, technical assistance, etc.)

FTECE Coalition provided **340** ECE sites with support

### Farm-to-School (FTS) Alliance<sup>17</sup>

Serves **K-12 students** in increasing knowledge, experiences, and exposures with local foods

During the 2021-2022 school year:

**30+** FTS Alliance members

**140** FTS Alliance professional development or activities (e.g., presentations, trainings, technical assistance, etc.)

FTS Alliance provided approximately **50** grants, **100** awards, and **20** incentives to support local, regional, and statewide efforts

### Policy Recommendations

- ✓ Allocate funding to reimburse ECE programs when meals incorporate local foods.
- ✓ Develop and fund a pilot for ECE providers to purchase larger quantities of food from local farmers.



Georgia's **Evidence-based Home Visiting (EBHV) Program**, under the Georgia Department of Public Health, provides new parents the supports they may need when having a baby. EBHV provides training for at-risk pregnant women, new moms, and families with children 0-5 years old the skills they need to raise healthy children.<sup>1</sup> The overall goals of home visiting programs are to:<sup>2</sup>

- increase healthy pregnancies,
- improve parenting skills,
- improve child health and development,
- strengthen family connectedness to community support, and
- reduce child abuse and neglect.

**From October 2020 to September 2021, 19,958 home visits were conducted for 1,505 families through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs.**<sup>3</sup>

## What does a home visit look like?<sup>4</sup>



Weekly to monthly visits, based on a family's needs



Screening for developmental delays, parental depression, and domestic violence



Visits last 1 to 1.5 hours



Making referrals to community resources



Answering questions about child development



Encouraging perinatal and well-child visits



Promoting engaged, positive parenting practices



Supporting parents' education and employment goals

## Who is eligible for EBHV?<sup>5</sup>

A professional with [First Steps Georgia](#) conducts a screening with a caregiver to determine the resources they may need to create the best environment for their family. To be eligible, parents must be in need of ongoing support and meet some of the following criteria:

- Low-income
- First time parent
- Younger than 21 years old
- Lack of employment or stable housing
- Low educational attainment
- Lacking access to prenatal care
- Experienced child abuse or neglect
- History of, or ongoing, substance abuse or mental health challenges
- Is receiving, or has received, special education services
- Has veteran or active military members in the family



## Who funds Georgia's EBHV Program?<sup>6</sup>

The federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) program is the primary funding source for home visiting; additional funding streams include Title V, Child Abuse and Neglect Prevention, and other state dollars.

## Effectiveness of the Georgia MIECHV Home Visiting Programs<sup>7</sup>

### Outcomes after receiving home visiting services:

#### For children:

- **99%** were **not involved in maltreatment investigations**
- **97%** spent **quality time** with a caregiver (e.g., read a story, sang songs)
- **90%** were **screened for developmental delays** at the appropriate time
- **100%** of those referred to early interventions services for developmental delays **received services in a timely manner**

#### For primary caregivers:

- **92%** received **postpartum care**
- **94%** were **screened for depression**
- **89%** were **using safe sleep practices**
- **96%** were **screened for intimate partner violence**
- **74%** **maintained health insurance** for at least 6 months of the year

## NEW! Home Visiting Pilot<sup>8</sup>

DPH was funded nearly \$1.7 million FY24 dollars to conduct a multi-agency, comprehensive (e.g., DHS, DCH, DECAL, DBHDD, community health workers, nurses) home visiting pilot within 13 counties. This pilot will incorporate physical and mental health services for mother and baby, parental skill-building, and connection to social services for women at high-risk of adverse pregnancy outcomes, all aimed at improving birth outcomes, reducing preterm deliveries, and decreasing infant and maternal mortality/morbidity.

### Clinical Services for pregnant women:



- ✓ Blood pressure checks
- ✓ Assessment of pregnancy warning signs
- ✓ Fetal heart tones

### Clinical Services for postpartum women & their infants:



- ✓ Postpartum maternal assessments
- ✓ Lactation support
- ✓ Safe sleep practices and education
- ✓ Assessment and support for mother/infant bonding
- ✓ Bleeding, incision checks (if indicated)
- ✓ Feeding assessment
- ✓ Age-appropriate infant development screening
- ✓ Postpartum depression screening and link to services

### Resources connection and services:

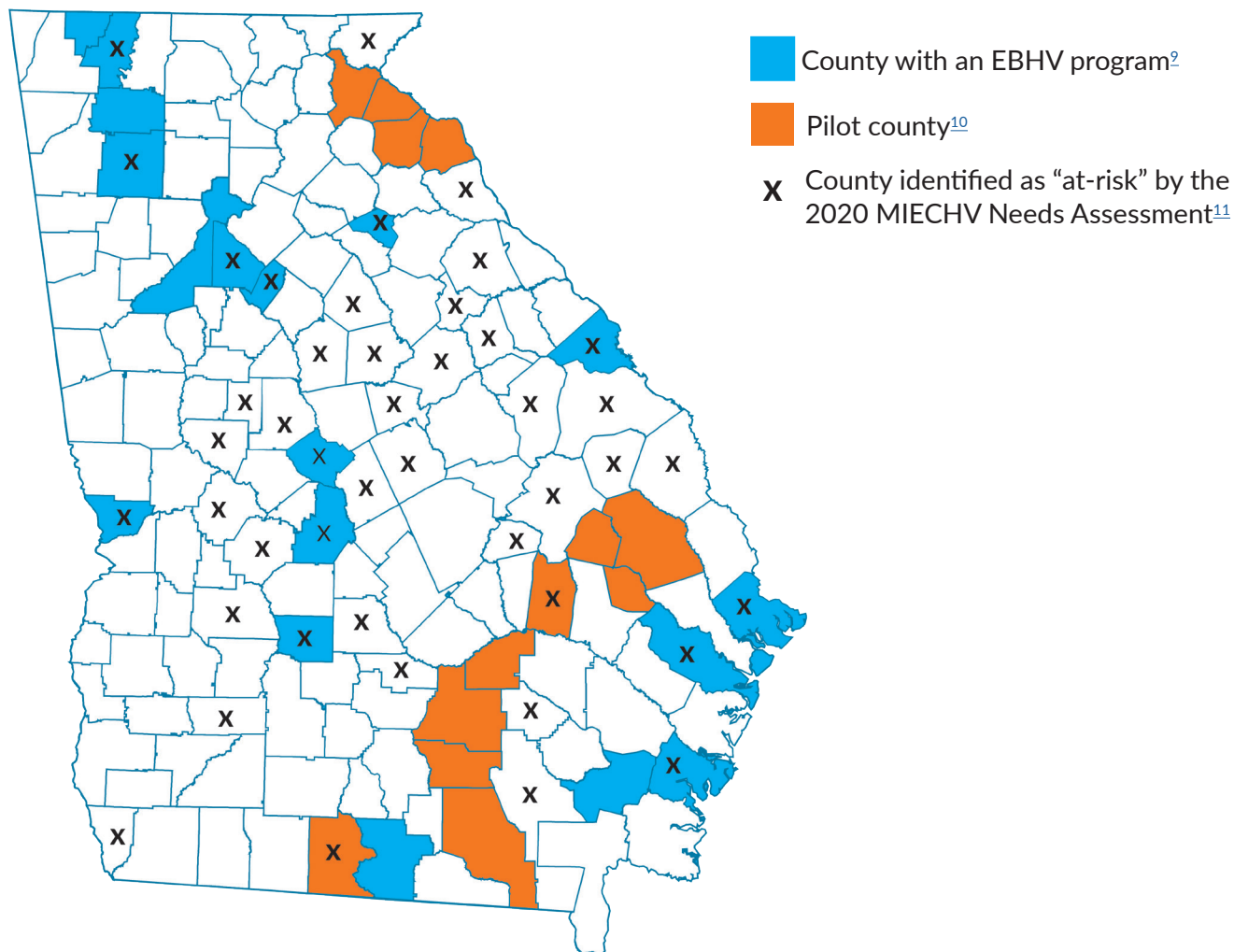
- Local OB/GYNs
- Emergency Rooms
- Pregnancy Medicaid
- WIC
- SNAP
- TANF
- Division of Family and Children Services
- Federally Qualified Health Centers

### 13 Pilot Counties:

- Atkinson
- Banks
- Bulloch
- Candler
- Clinch
- Coffee
- Evans
- Franklin
- Habersham
- Hart
- Jeff Davis
- Stephens
- Toombs



## Georgia's Home Visiting Program County Coverage by Program Type\*



\*This chart is a non-comprehensive list of the Georgia Department of Public Health EBHV programs across the state.<sup>12</sup>

### Policy Recommendations

- ✓ Continue to fund existing home visiting programs, including the pilot locations; this includes setting aside funds for a possible state match for MIECHV-funded programs.
- ✓ Leverage findings from the SB 106: The Healthy Babies Act to inform home visiting services and expansion opportunities.





# Demand for Afterschool in Georgia



**327,853** or

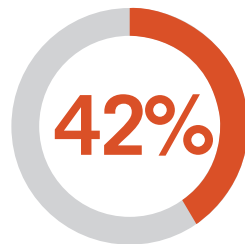


of Georgia's school-aged children participated in afterschool programs in 2020<sup>1</sup>

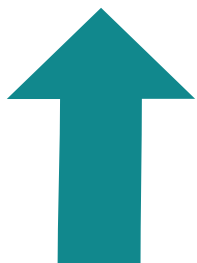


*but*

**633,481** or



more children would enroll if a program was available in their community<sup>2</sup>



That's a **16%** increase in the demand for afterschool programs since 2004<sup>3</sup>

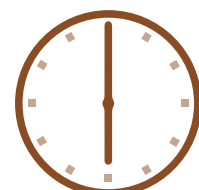
**238,265**

of Georgia's children are alone and unsupervised between the hours of



**3pm**

and



**6pm**<sup>5</sup>

**33%**

of children in afterschool are from low-income households<sup>4</sup>

## THE TOP THREE ROADBLOCKS TO AFTERSCHOOL PROGRAM PARTICIPATION



Programs are too expensive

55%



No safe way to get their child to and from programs

52%



Lack of available programs

35%

Percentage of parents reporting they did not enroll their child in an afterschool program because of these reasons<sup>6</sup>

## WHY WE NEED MORE PROGRAMS

**19%** of juvenile violent crimes occur during school days between:



**3pm**

and



**7pm**<sup>7</sup>

**↑45%**



of students attending 90 days or more at a 21st CCLC afterschool program improved math and reading test scores<sup>8</sup>



**90%**

of students in a 4-year afterschool program graduated high school<sup>9</sup>

**25%**



fewer absences for students who are in afterschool programs for two years<sup>10</sup>

## WHAT PARENTS SAY

**70%**

of Georgia parents say that afterschool programs help parents keep their jobs<sup>11</sup>



of Georgia parents are satisfied with their child's afterschool program<sup>12</sup>

**79%**

of Georgia parents agree that afterschool programs provide working parents peace of mind<sup>13</sup>



**87%**

of Georgia parents report their child's afterschool program provides a safe environment<sup>14</sup>



**CONTACT US** | For more information on afterschool in Georgia go to [www.afterschoolga.org](http://www.afterschoolga.org)

### REFERENCES:

<sup>1-6</sup> Afterschool Alliance. America After 3PM (2020). Retrieved December 8, 2020 from <http://www.afterschoolalliance.org/AA3PM>

<sup>7</sup> Office of Juvenile Justice and Delinquency Prevention. Statistical Briefing Book "Juvenile Violent Crime Time of Day" Retrieved from <https://www.ojjdp.gov/ojstatbb/offenders/qa03301.asp>

<sup>8</sup> Afterschool Alliance. 21st Century Community Learning Centers: Providing Afterschool and Summer Learning Support to Communities Nationwide (May 2014) Retrieved from [http://www.afterschoolalliance.org/documents/challenge2014/21stCCLCOverview\\_FINAL.pdf](http://www.afterschoolalliance.org/documents/challenge2014/21stCCLCOverview_FINAL.pdf)

<sup>9</sup> Jay Smink. Expanding Minds and Opportunities: the Power of Afterschool and Summer Learning for Student Success. "A Proven Solution for Dropout Prevention: Expanded Learning Opportunities" Retrieved from <https://www.expandinglearning.org/expandingminds/article/proven-solution-dropout-prevention-expanded-learning-opportunities>

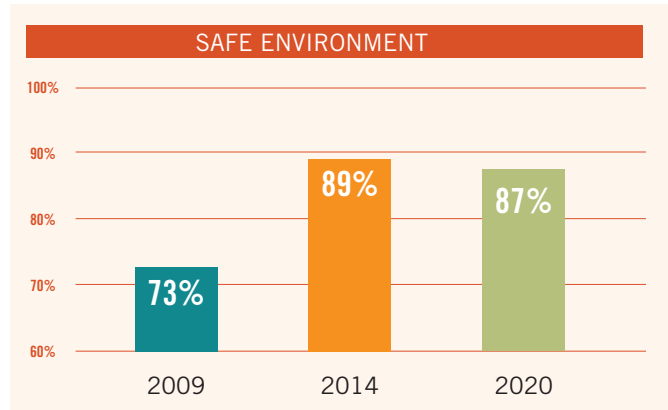
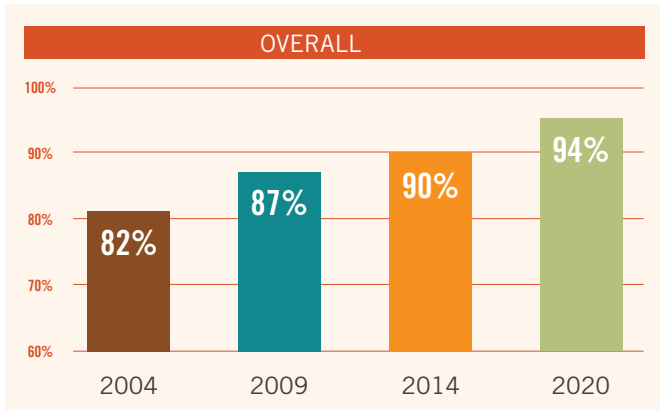
<sup>10</sup> Attendance Works: Advancing Student Success by Reducing Chronic Absence. Making the Case: How Good Afterschool Programs Improve Schoolday Attendance. Retrieved from [https://ies.ed.gov/ncee/edlabs/regions/west/rewestFiles/pdf/508\\_Afterschool\\_Attendance\\_Works.pdf](https://ies.ed.gov/ncee/edlabs/regions/west/rewestFiles/pdf/508_Afterschool_Attendance_Works.pdf)

<sup>11-14</sup> Afterschool Alliance. America After 3PM (2020). Retrieved December 8, 2020 from <http://www.afterschoolalliance.org/AA3PM>

# Support for Afterschool in Georgia



## GEORGIA PARENT SATISFACTION WITH AFTERSCHOOL PROGRAMS<sup>1</sup>



## GEORGIA PARENTS REPORT A RANGE OF BENEFITS OF AFTERSCHOOL PROGRAMS<sup>2</sup>



91%

Interacting with peers and building social skills



70%

Building life skills



71%

Engaging in STEM or computer science learning opportunities



79%

Peace of mind for working parents



83%

Receiving healthy snacks and meals

## SUPPORT EXTENDS BEYOND JUST PARENTS WHO ARE SERVED BY AFTERSCHOOL PROGRAMS<sup>3</sup>

**86%** of parents in Georgia support public funding for afterschool programs

**77%** parents agreed nationally that Congress should provide additional funding for afterschool programs to operate during virtual school days due to the COVID-19 pandemic

Strong support for public funding for afterschool across the political spectrum

DEMOCRATS

87%

INDEPENDENTS

87%

REPUBLICANS

83%



**CONTACT US** | For more information on afterschool in Georgia go to [www.afterschoolga.org](http://www.afterschoolga.org)

### REFERENCES:

<sup>1-3</sup> Afterschool Alliance. America After 3PM (2020). Retrieved December 8, 2020 from <http://www.afterschoolalliance.org/AA3PM>



# The Landscape of Afterschool in Georgia



The Georgia Department of Education (GaDOE) and the Georgia Division of Family and Children Services (DFCS) **FUND 276** afterschool and summer learning organizations serving **1570** program sites across the state.

In FY 2023,

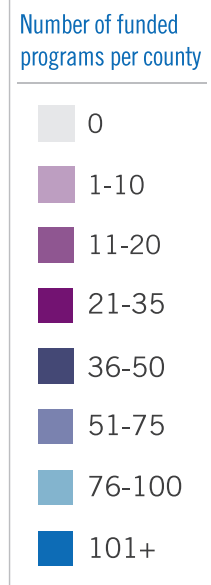
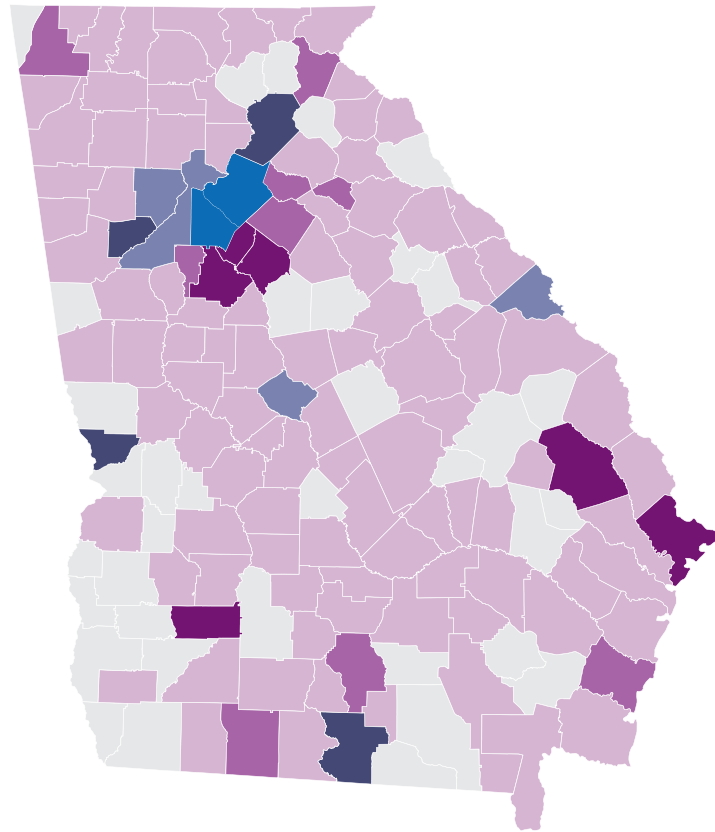
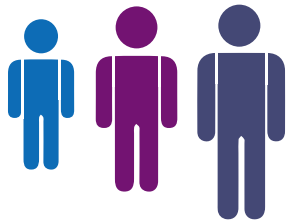
**\$80.5** MILLION in FEDERAL FUNDING

— and —

**\$4** MILLION in STATE FUNDING

has been invested in these programs to serve young people ranking from

**Pre-K** to **High School**



**119**  
**COUNTIES**  
are served by at least  
1 program

*but*

**40** OF **159**  
**COUNTIES**  
do not have any government  
funded programs



FOR MORE INFORMATION

Visit G·san's Website  
[www.afterschoolga.org](http://www.afterschoolga.org)

**Sources:**

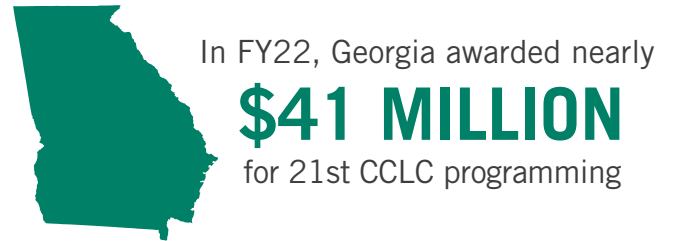
1. Georgia Statewide Afterschool Network. Building Opportunities for Out Grantee Master Site List. Collected and processed by G·san.
2. Georgia Department of Education. 21st Century Community Learning Centers (CCLC) Sites. Open Records Request (October 2023). Processed by G·san.
3. Georgia Division of Family & Children Services. Out of School Services Program Sites. Professional Communication (April 2022). Processed by G·san.
4. United Way of Greater Atlanta. Learning Loss Sites. Professional Communication (December 2023). Processed by G·san.



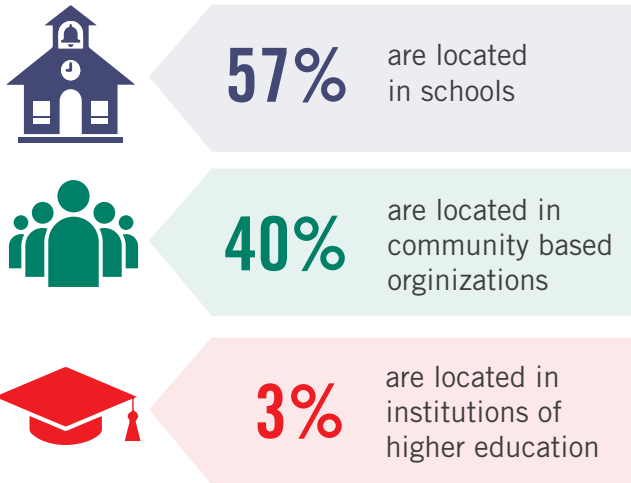
# A Snapshot of 21st CCLC in Georgia



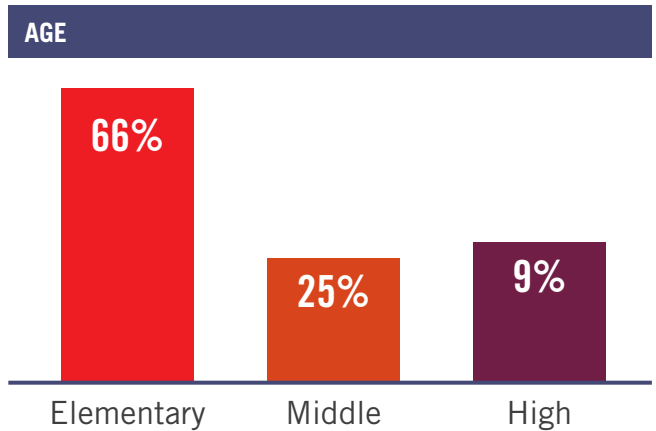
The 21st Century Community Learning Centers (CCLC) Program is the only federal funding stream dedicated to afterschool, before school, and summer learning.



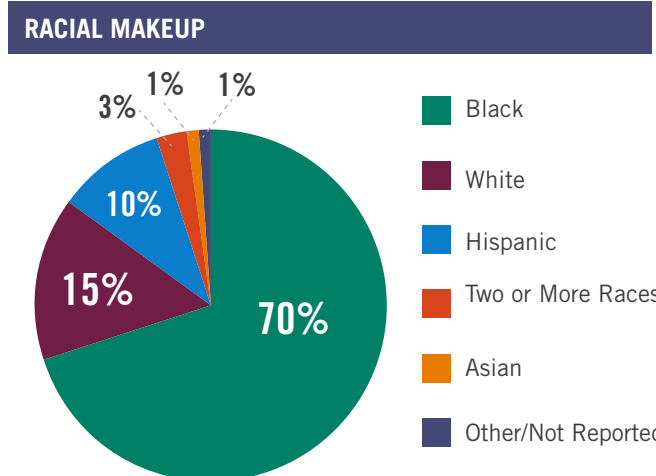
Out of the **232** program sites that serve Georgia's children:



**Demographics** of students served by 21st CCLC in Georgia:



**111** of the programs operate over the summer



**66%** of 21st CCLC sites are in urban areas

**34%** of 21st CCLC sites are in rural areas



Georgia's 21st CCLC programs offer students the equivalent of at least...



**additional school days**



**76%** of surveyed students demonstrated increased engagement in learning.

**TOP 5 ACTIVITIES OFFERED IN 21ST CCLC:**



Science, Technology, Engineering, Mathematics (including computer science)



Academic Enrichment



Literacy Education



Well-rounded Education Activities (including credit recovery or attainment)



Healthy and Active Lifestyle

**76%** of students with a school day attendance rate at or below 90% in the prior school year demonstrated an improved attendance rate in the current school year



21st CCLC not only provides programming for kids, but for **families** as well. In the 2021-2022 school year, **20,672 parents** attended **1,199 events** ranging from:



**GED Prep**



**Movie Nights**



**Sporting Events**

For more information, visit GSAN's website [www.afterschoolga.org](http://www.afterschoolga.org)

To learn more about Georgia's 21st CCLC program please visit [www.gadoe.org](http://www.gadoe.org)

**SOURCES**

1. Nita M. Lowey 21st Century Community Learning Centers, 2021-2022 Executive Summary. Retrieved from <https://www.gadoe.org/School-Improvement/Federal-Programs/Pages/21st-Century-Community-Learning-Centers.aspx>
2. Georgia Department of Education, *FFY22 21st CCLC Sites Open Records Request Oct 2023*
3. Georgia Department of Education, *FY22 21st CCLC Student Demographics Open Records Request Nov 2023*
4. Georgia Rural Definitions. Census Urban Areas. Retrieved from [https://www.ers.usda.gov/webdocs/DataFiles/53180/25565\\_GA.pdf?v=0](https://www.ers.usda.gov/webdocs/DataFiles/53180/25565_GA.pdf?v=0)

# Quality Afterschool: What it is & Where Georgia is Heading

Georgia's afterschool and youth development programs provide thousands of youth – from kindergarten through high school – with a safe and enriching place to go after the school day ends. High quality afterschool programs keep Georgia's young people on track to succeed in school, careers, and life – but what does high quality mean?

## HIGH QUALITY AFTERSCHOOL AND SUMMER LEARNING PROGRAMS<sup>1</sup>:



have flexible, well-rounded daily schedules with activities that are well organized, appropriate, and allow for learning new skills



build upon what young people are learning during the school day



are safe and clean and reflect the needs and interests of all youth



nurture positive relationships and promote a respectful environment



provide opportunities for physical activity and to practice healthy habits



need great staff and volunteers and should support their growth and development



have a clear mission, defined goals, and good financial management



need to always be improving – data collection and analysis is key



engage families and communities in the program

## WHY DOES QUALITY MATTER:

High quality afterschool and summer learning programs support academic acceleration. Students have opportunities to develop positive relationships with caring adults and peers, foster cooperative learning, and develop good decision-making skills. Regular participation leads to:



**Improved School Day Attendance**



**Gains in Reading and Math**



**Improved Work Habits and Classroom Behavior**



**Increased Graduation Rates<sup>2,3</sup>**



**Cognitive, Social, and Emotional Development<sup>4</sup>**



**Improved Health and Nutrition<sup>5</sup>**



**Development in Positive Decision-making Skills, Self-control, and Self-awareness**

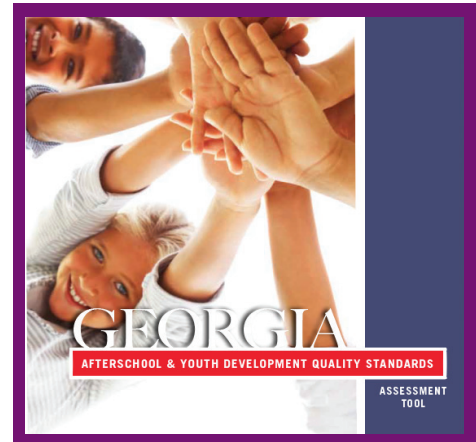


**Reduction in Risky Behaviors Such as Substance Use and Misuse<sup>6,7</sup>**

## WHERE IS GEORGIA HEADING:

### GEORGIA AFTERSCHOOL & YOUTH DEVELOPMENT (ASYD) QUALITY STANDARDS

A collaboration between the Georgia Statewide Afterschool Network (GSAN) and GUIDE, Inc., the Georgia Afterschool & Youth Development (ASYD) Initiative is supported by the Georgia Division of Family and Children Services and the Georgia Departments of Education, Public Health, Early Care and Learning, and Behavioral Health and Developmental Disabilities. The Georgia ASYD Quality Standards, released in December 2015, are Georgia's first quality standards for afterschool programming and provide a framework for afterschool providers to evaluate and continuously improve the quality of their programming. The Georgia ASYD Initiative provides training, coaching, and resources to providers across the state to support their quality improvement journey.



### GEORGIA AFTERSCHOOL & YOUTH DEVELOPMENT (ASYD) CONFERENCE

The biennial Georgia ASYD Conference serves youth development professionals across the state of Georgia. Hosted by The Georgia ASYD Initiative, this engaging conference provides three dynamic days of research-based best practices; information, tools and resources framed by Georgia's ASYD Quality Standards; over 70 workshops to choose from; and opportunities for networking and partnership formation.

For more information on the Georgia ASYD Quality Standards and Conference go to [www.georgiaasyd.org](http://www.georgiaasyd.org)



### QUALITY SUPPORTS

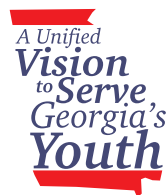
GSAN brings free to low-cost training opportunities and technical assistance that supports more robust and formalized quality improvement practices. Through curated resources from the most respected and well-known leaders of youth development experts in the state, toolkits, activity guides, and content specific resources are made easily accessible and downloadable to youth program providers. Professionals have the opportunity for collaboration and quality improvements through peer learning cohorts led by subject matter experts throughout the year and Quality Coaches are also engaged to support youth programs.

For more information on Quality Supports in Georgia, go to [www.afterschoolga.org](http://www.afterschoolga.org)



1. Georgia Afterschool and Youth Development Quality Initiative. Quality Standards. Retrieved from <https://georgiaasyd.org/quality-standards/>
2. Afterschool and Summer COVID-19 Response: Helping to Meet Students' Learning Needs. (2020). Afterschool Alliance. Retrieved from <http://afterschoolalliance.org/documents/AA%20Helping%20to%20Meet%20Student%20Learning%20Needs.pdf>
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5. Afterschool Alliance. A Big-Picture Approach to Wellness: Afterschool Supporting Strong Bodies and Mind. September 2018. Retrieved from [http://afterschoolalliance.org/documents/issue\\_briefs/issue\\_hepa\\_sel\\_72.pdf](http://afterschoolalliance.org/documents/issue_briefs/issue_hepa_sel_72.pdf)
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7. Berry, T., Teachanarong-Aragon, L., Sloper, M., Bartlett, J., & Steber, K. (2019). Promising Practices for Building Protective and Promotive Factors to Support Positive Youth Development in Afterschool Retrieved from [http://www.cgu.edu/wp-content/uploads/2019/01/Berry\\_LAsBest\\_WhitePaper.pdf](http://www.cgu.edu/wp-content/uploads/2019/01/Berry_LAsBest_WhitePaper.pdf)

# What are the Georgia Afterschool & Youth Development (ASYD) Quality Standards?



Georgia Afterschool & Youth Development  
**Initiative**

A collaboration between GSAN & GUIDE, Inc.

The Georgia ASYD Quality Standards, released in December 2015, are Georgia's first quality standards for afterschool and summer learning programs and provide a framework for programs and professionals to evaluate and continuously improve the quality of their programming. The Georgia ASYD Initiative provides training, coaching, and resources to providers across the state to support their quality improvement journey.

## The Anatomy of the ASYD Quality Standards

### QUALITY ELEMENTS

**9** Georgia's standards are organized into nine categories called "Quality Elements"



Programming & Youth Development



Linkages with the School Day



Environment & Climate



Relationships



Health & Well Being



Staffing & Professional Development



Organizational Practices



Evaluation & Outcomes



Family & Community Partnerships

Each of these nine quality elements includes a series of related **standards** or best practices, as well as **indicators** to help programs understand what successful implementation looks like.

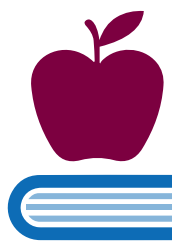
### EVIDENCE-BASED, RESEARCH-DRIVEN:



The ASYD Quality Standards are based on research from a variety of fields including **education, child development and psychology, organizational psychology, business management and public health.**

Each standard aims to encourage positive short-term and long-term outcomes in youth based on best practices found through this research.

### DESIGNED ESPECIALLY FOR PROGRAMS THAT:



- Serve children and youth between ages **5** and **18**
- Serve youth who attend regularly and over a long period of time
- Are well-established
- Offer youth a range of enriching experiences

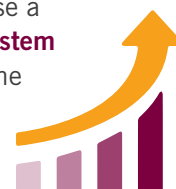
### SELF-ASSESSMENT, NOT PUNISHMENT:

Programs can utilize this as a tool for quality awareness and improvement, facilitating important conversations and **setting goals among staff.**



### A TOOL FOR CONTINUOUS IMPROVEMENT:

Studies show that programs that use a **continuous quality improvement system** are likely to see improvements in the quality of instruction delivered by staff members and even retention levels of short-term staff.





## Afterschool Supports Healthy Lifestyles

Georgia ranked **24th in the nation for childhood obesity** (2020-2021).<sup>1</sup>  
Of children aged 10 – 17 years old:<sup>2, 3</sup>

**17%**  
OVERWEIGHT

**16.8%**  
OBESE

**20.8%**  
MALES WERE OBESE

**12.7%**  
FEMALES WERE OBESE



**360,210** of Georgia's children were food insecure – lacking reliable and regular access to food in 2020.<sup>4</sup>

**Hungry children are likely to have:**<sup>5</sup>

- Lower grades
- Higher rates of absenteeism and tardiness
- Higher chances of repeating a grade



**Youth lack physical activity opportunities:**

- **27%** of children ages 6 - 11 and **16.8%** of children ages 12 - 17 are physically active for at least 60 minutes daily<sup>6,7</sup>
- **60.4%** live near a park or playground area<sup>8</sup>
- **41.2%** of high school students spend three or more hours a day playing video games or using a computer<sup>9</sup>

## Impact of Afterschool

Afterschool and summer learning programs are critical partners in supporting the health of Georgia's youth by providing access to nutritious foods, keeping kids physically active, and promoting healthy habits.

### GEORGIA PARENTS IN 2019<sup>10</sup>



**83%** said their child's afterschool program offers a healthy meals and/or snacks



**86%** said their child's afterschool program offers opportunities for physical activity

### Meals Served in 2019



**120,039** youth served daily by Child and Adult Care Food Program (CACFP)<sup>11</sup>



**112,495** youth served daily by Summer Nutrition Programs<sup>12</sup>

Youth who actively participate in high quality afterschool programs show less prevalence of obesity when compared to their non-participating peers.<sup>13</sup>

**Afterschool provides opportunities for:**<sup>14</sup>

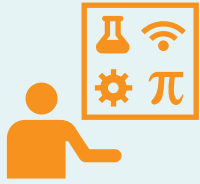
- Snacks and meals
- Nutrition education
- Additional time for physical activity
- Safe space and materials
- Structured activities
- Adult support
- Team sports leading to:
  - conflict resolution skills
  - decreased stress
  - improved communication

**Regular physical activity and healthy eating leads to:**<sup>15</sup>

- Strong bones and muscles
- Improved cardiorespiratory fitness
- Reduced symptoms of anxiety and depression
- Decreased likelihood of serious health conditions as an adult (heart disease, Type II diabetes, and cancer)
- Higher academic achievement
- Improved classroom behavior
- Improvement in indicators of cognitive skills (concentration, memory, and verbal skills)



## Afterschool Builds Georgia's STEM Workforce



STEM careers in Georgia are expected to grow

**13%** by 2027.<sup>1</sup>

Georgia students performing at or above the National Assessment of Education Proficiency in math (2022):<sup>2</sup>

**34%**

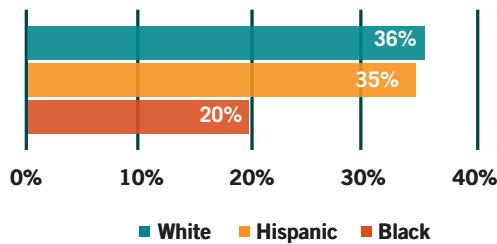
OF 4TH GRADERS

**24%**

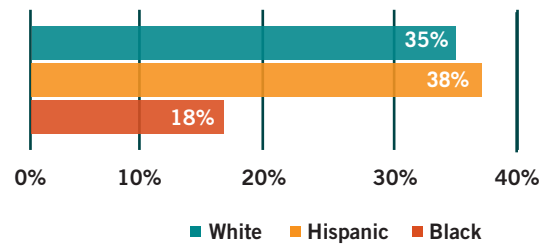
OF 8TH GRADERS

### INEQUITIES IN OPPORTUNITIES LEAD TO RACIAL ACHIEVEMENT GAPS IN GEORGIA

#### 4th Grade Math



#### 8th Grade Math



Proficiency Percentages in Georgia Math Assessments in 2022<sup>3</sup>

Historical inequities in educational opportunities, systemic barriers, and significantly fewer opportunities have resulted in unequal outcomes and continue to prevent a significant number of Georgians from reaching their full potential.<sup>4, 5</sup>

## Impact of Afterschool

Afterschool and summer learning programs are helping close the opportunity gap - which often results in a skills gap - by offering additional time and opportunities for students to experience hands-on STEM learning.

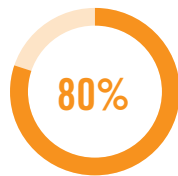
### NATIONAL STEM OUTCOMES

Survey of 1600 youth from 160 programs<sup>6</sup>

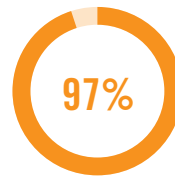


Students that have a more positive STEM identity (strongest indicator of pursuing a STEM career)

Afterschool program serving 25,000 youth<sup>7</sup>

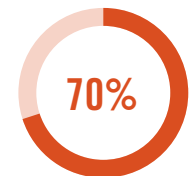


Students that reported the program was the most important source of support for pursuing a career



Students that said it taught them to set high goals and expectations of themselves.

National program<sup>8</sup>



Students that pursued post-secondary education and careers in STEM fields.

#### Afterschool provides opportunities for:<sup>9</sup>

- Enriching STEM activities such as computer science, coding, and robotics
- Critical foundational skills
- Communication skills
- Working collaboratively
- Fostering confidence
- Exposure to career pathways



#### Regular participation leads to:<sup>10, 11</sup>

- Significant gains in math achievement
- Positive results in reading achievement
- Increase in STEM knowledge and skills
- Higher chances of graduation
- Higher chances of pursuing a STEM career





## Afterschool Improves Literacy in Georgia

**6 out of 10 children (63%)**

completing third grade in Georgia were not prepared to meet the literacy challenges of the next grade level (2021)<sup>1</sup>



### This leads to a cycle of low literacy<sup>2,3</sup>

- Struggle with learning and fall behind
- Discipline problems
- Perform poorly in 8th grade math
- Higher chances of becoming teen parents
- Higher chances of dropping out of high school
- More likely to spend time in prison
- Struggle with unemployment
- Poor health & shorter life expectancy

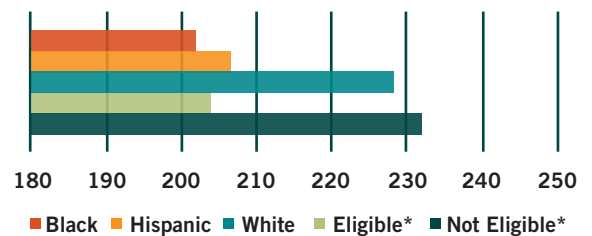
**1 million Georgia adults** have low literacy and earn 30% less than adults with a HS diploma<sup>4</sup>

**72%**

chance of being at lowest reading level for children with parents with low literacy levels<sup>6</sup>

Costs the state **\$1.26 billion** in social services and lost tax revenue annually<sup>5</sup>

### National Assessment of Educational Progress (NAEP) Reading (2022)<sup>7</sup>



Average scores of Georgia students.

\*Free or Reduced Lunch (indicator of family income)

### SUMMER IS CRUCIAL

**2-3 months** reading skills loss for low income children<sup>8</sup>

**2/3** of the achievement gap in reading between low and middle income children by 9th grade due to summer learning loss<sup>9</sup>

## Impact of Afterschool

Afterschool and summer learning programs provide students with the additional supports they need to help build a strong foundation in literacy, including reading, writing and critical thinking skills.

**7 out of 10 parents**

report that their children's programs provide opportunities for reading or writing and homework assistance.<sup>10</sup>

21st Century Community Learning Centers (CCLC) are federally funded afterschool and summer learning programs that offer opportunities to youth across Georgia.

**21st CCLC programs in Georgia**

**77%**

of regular attendees improved their grade or maintained an A, B, or C grade in ELA (2019)<sup>11</sup>

**One 21st CCLC program served 60 students**

**100%**

of regularly attending middle school students increased at least one letter grade in ELA & 97% promoted to next grade<sup>12</sup>

### Afterschool provides opportunities for:<sup>13, 14</sup>

- Project based learning opportunities
- Strong literacy foundation
- Group activities
- Peer-to-peer learning
- Critical thinking skills
- Communications skills

### Regular attendance lead to:<sup>15, 16</sup>

- Significant gains in reading skills
- Improved grades
- Improved attendance
- Improved attitude towards school
- Higher chances of graduation



## Afterschool Supports Safer Communities

Adolescence (ages 10 – 19) is a vital time in building cognitive, social, and emotional skills.<sup>1</sup> Marked by:



Opportunity for positive growth



Possibility of recovery from negative childhood experiences



Increased sensitivity to their environment<sup>2</sup>

In 2019, more than **10,615 Georgia youth** were under the supervision of the Georgia Department of Juvenile Justice (DJJ) and approximately **1,357** of these youth were confined.<sup>3</sup>

- Georgia is **1 of only 3 states** that processes 17 year olds through the adult system regardless of offense
- High cost of youth confinement at **\$91,000 per bed per year**<sup>4</sup>
- **50% of screened youth** referred for a more thorough mental health assessment<sup>5</sup>
- Disproportionate responses to misbehaviors in schools and in public safety for similar offenses



Black youth are more than **5.6 times as likely** to be detained or committed to youth facilities compared to White youth.<sup>6</sup>



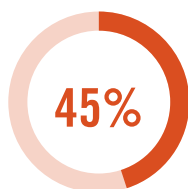
Youth from low income families are **4 times as likely** to be disciplined compared to their peers.<sup>7</sup>

Implicit biases related to race, gender, ethnicity, geography, and income have pushed countless youth into the juvenile justice system, and increased their likelihood of involvement with the justice system as an adult.<sup>8</sup>

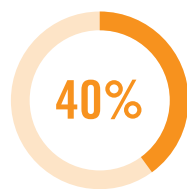
### Georgia Juvenile Justice Reform Act of 2013

In 2013, the Juvenile Justice Reform Act was passed with the aim to improve public safety, decrease costs, and preserve and strengthen family relationships to allow youth to live in safety and security. Strategies implemented include increased use of evidence-based programs, treating youth in the community rather than in secure facilities, and utilizing the Juvenile Justice Incentive Grant Program to decrease recidivism.

#### GEORGIA 2013 – 2018 STRATEGY RESULTS



**Reduction** in short-term secure confinement



**Reduction** in secure detention



**Reduction** in overall commitment to DJJ<sup>9</sup>

More than **10,000 youth** have received evidence based treatment programming in their home communities.<sup>10</sup>

# Impact of Afterschool

All high quality afterschool and summer learning programs can serve as prevention programs and those that use evidence-based and trauma-informed practices can also support intervention and diversion.



## Afterschool provides:

- Safe and supervised environments
- Enrichment activities
- Opportunities to build positive decision-making and social-emotional skills
- Meaningful relationships with caring adults and peers<sup>11</sup>
- Protective factors that contribute to positive developmental experiences
- Mitigation of the effects of risk factors<sup>12,13</sup>

## Regular participation leads to:

- Reduction in crime and juvenile delinquency<sup>14</sup>
- Decreased reports of misconduct in school and disciplinary incidents
- Reduction in risky behaviors such as substance use and misuse<sup>15,16</sup>
- Self-control and self-awareness
- Increased school attendance
- Improved work habits and classroom behaviors
- Gains in reading and math
- Increased graduation rates<sup>17,18</sup>

# Recommendations

Afterschool and summer learning programs keep youth safe, provide necessary developmental supports, build protective factors, and provide opportunities for positive relationships thereby decreasing a young person's chances of interacting with the juvenile justice system. To ensure these supports are available to all young people GSAN makes the following recommendations:



**Create incentive grants for afterschool programs to use trauma-informed practices** and evidence-based programs to build protective factors.



**Expand state funding to afterschool and summer learning programs** to increase access and ensure affordability.



**Expand trauma-informed training** to afterschool and youth development professionals.



**Strengthen partnerships at all levels** between community-based afterschool programs, mentoring programs, school districts, juvenile courts, and other community partners to align services for young people.



**Increase funding and accessibility of evidence based wraparound models** to keep youth in their homes, placements, and communities.



**Expand trauma awareness and implicit bias training** for public safety officers and law enforcement personnel that engage with children in any way.



**Expand the jurisdiction of juvenile courts to encompass children under 18** and eliminate provisions that automatically transfer (without juvenile court approval) certain youth to adult courts.



**Increase funding and accessibility of behavior aide services and extend them to afterschool and youth development professionals**, in addition to families and classroom teachers, so they can help youth learn behavior modification techniques, supervise behaviors, and de-escalate situations.

For more information on afterschool in Georgia, go to [www.afterschoolga.org](http://www.afterschoolga.org).  
For references, go to [www.afterschoolga.org/afterschool-issues](http://www.afterschoolga.org/afterschool-issues).

## Afterschool Addresses the Impact of COVID-19

COVID-19 stay-at-home orders and school closures impacted the lives of **10 million Georgians**, including Georgia's over **1.7 million students**.<sup>1,2</sup>

### COVID-19 IMPACT ON YOUTH



A majority of Georgia's students have experienced adjusting to distance learning and using **online resources**.



In Metro Atlanta, about **21,000 fewer students in ELA** and **29,000 fewer in math** are on track for grade-level proficiency.<sup>3</sup>

**A nationwide survey of school-aged kids:**

**27%** reported feelings of anxiousness

**23%** reported feelings of stress

**22%** reported feelings of unhappiness<sup>4</sup>

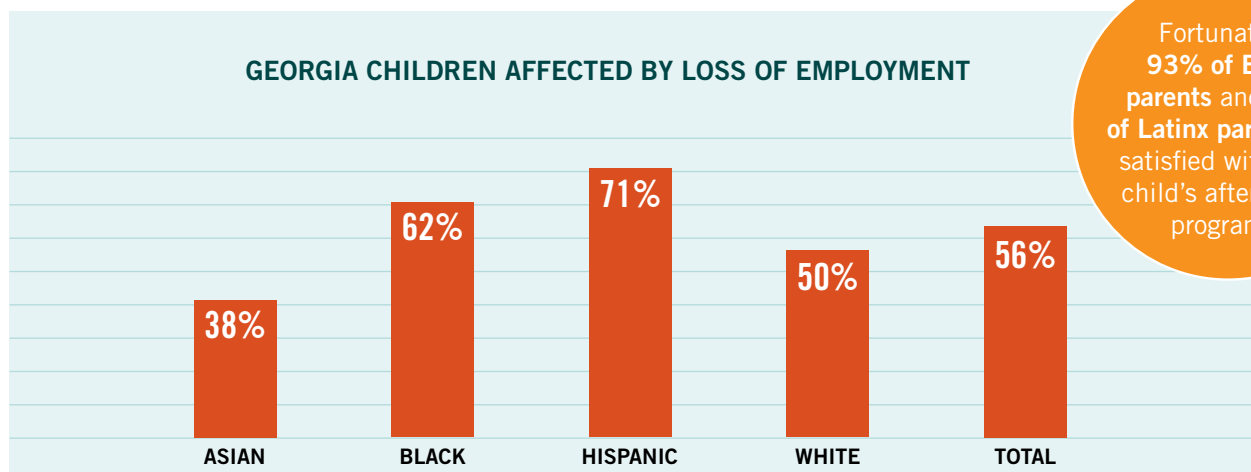


In Georgia, **24% of adults reports** being in households with children who felt down, depressed or hopeless for most of the week.<sup>5</sup>



**The virus disproportionately impacted youth of color and youth from low-income households.**

**73%** of programs serving the majority of children from **higher-income families** were open, compared to just **38%** of programs serving the majority of children from **low-income families** in summer of 2020.<sup>6</sup>



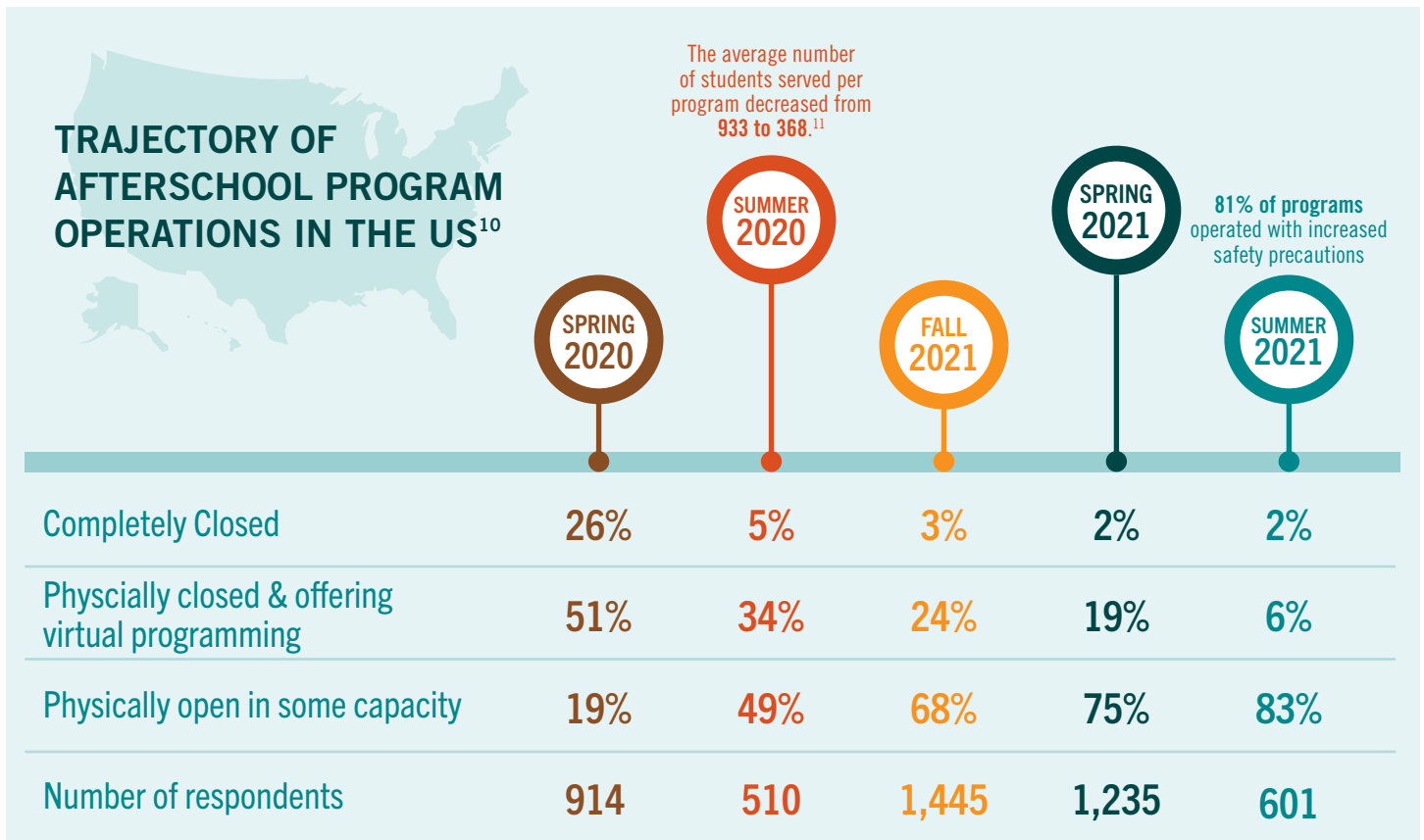
Fortunately, **93% of Black parents** and **94% of Latinx parents** are satisfied with their child's afterschool program.<sup>8</sup>

56% of Georgia households with children lost some form of employment income by November 2020. This number increases to 62% among Black households and 71% among Hispanic households.<sup>7</sup>

# COVID-19 Impact on Afterschool and Summer Learning Programs

In 2020, the Georgia Department of Labor business layoff and closure numbers reported

**569 losses** from afterschool or childcare programs.<sup>9</sup>



**Future Concerns** { **57%** of program providers are concerned about being able to hire enough staff, while **51%** are concerned about funding and their long term future.<sup>12</sup>

## Impact of Afterschool

In Georgia, for every child in an afterschool program, 2 more are waiting to get in, with **238,265 children alone and unsupervised** after school.<sup>13</sup>

**Afterschool Programs stepped up to support youth, families, and communities by<sup>14</sup>:**

- Providing a safe and well-supervised learning environments
- Providing childcare for essential workers
- Offering positive and supportive relationships
- Supporting adolescent brain development and social emotional learning

### BY SUMMER 2020

- 53%** of programs adapted to support students for full-day virtual learning<sup>15</sup>
- 95%** of summer programs were able to open in some capacity<sup>16</sup>
- 53%** of programs provided some form of meal assistance<sup>17</sup>
- 52%** of programs connected families with community resources<sup>18</sup>

## Why Summer Learning?

Summer can be a time of great opportunity but many youth – especially those from disadvantaged backgrounds – lose access to resources available during the school year, do not have access to programs in their community, and suffer summer learning loss.



Most students lose **2 months of math skills** & low-income students lose an additional **2-3 months of reading skills**<sup>1</sup>



**2/3 of the achievement gap** in reading between low and middle income children by 9th grade is due to summer learning loss<sup>2</sup>



Only **1 in 7** students qualifying for free or reduced lunch receive summer meals<sup>3</sup>

High quality summer programs can stem learning loss, close educational and opportunity gaps and:



Broaden students' horizons



Include a wide variety of activities



Help youth build skills

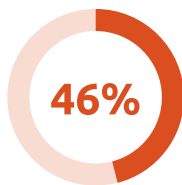


Foster cooperative learning

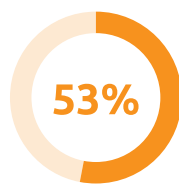


Promote healthy habits<sup>4</sup>

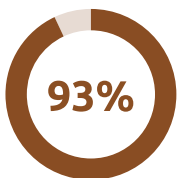
## Summer Learning by the Numbers<sup>5</sup>



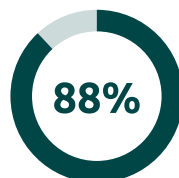
46% of Georgia families report that their child participated in a summer program in 2019



53% of Georgia families would have enrolled their child in a summer program if one were available



93% of Georgia parents are satisfied with their child's structured summer experience



88% of Georgia parents support public funding for summer learning opportunities



## What do Georgia parents look for in a summer program?<sup>6</sup>



### Barriers to summer program enrollment<sup>7</sup>

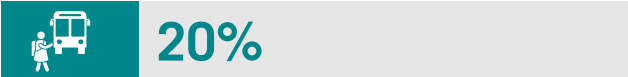
Family does other things during the summer



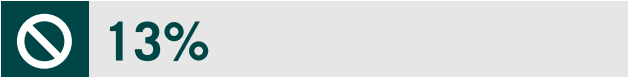
Programs are too expensive



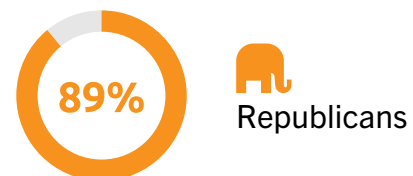
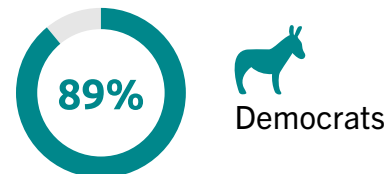
Issues with location or transportation



No summer programs available in their community



### Support for summer learning is strong and bipartisan in Georgia<sup>8</sup>



1. Cooper, H., Nye, B., Charlton, K., Lindsay, J., & Greathouse, S. (1996). The Effects of Summer Vacation on Achievement Test scores: A Narrative and Meta-Analytic Review. *Review of Education Research*, 66 (3), 227-268.
2. Alexander, K. L., Entwisle D. R., & Olson L. S. (2007a). Lasting Consequences of the Summer Learning Gap. *American Sociological Review*, 72, 167
3. Hunger Doesn't Take a Vacation: Summer Nutrition Status Report. (August 2020). Food Research and Action Center. Retrieved from <https://frac.org/wp-content/uploads/FRAC-Summer-Nutrition-Report-2020.pdf>
4. Catherine H. Augustine, Jennifer Sloan McCombs, John F. Pane, Heather L. Schwartz, Jonathan Schweig, Andrew McEachin, and Kyle Siler-Evans. Learning from Summer: Effects of Voluntary Summer Learning Programs on Low-Income Urban Youth. RAND Corporation. (September 2016). Retrieved from [https://www.rand.org/pubs/research\\_reports/RR1557.html](https://www.rand.org/pubs/research_reports/RR1557.html)
5. America After 3 PM. Afterschool Alliance (2020) <http://afterschoolalliance.org/documents/AA3PM-2020/GA-AA3PM-Summer-2021-Fact-Sheet.pdf>
6. Ibid.
7. Ibid.
8. Ibid.

For more information on afterschool in Georgia, go to [www.afterschoolga.org](http://www.afterschoolga.org).

# The Building Opportunities in Out-of-School Time (BOOST) Grants Program

The Building Opportunities in Out-of-School Time (BOOST) grants program is a collaborative partnership between the Georgia Department of Education and the Georgia Statewide Afterschool Network. Funded through the American Rescue Plan Act, BOOST allocates \$85 million in grants to afterschool and summer learning in Georgia. The three-year grants, renewed annually, are awarded to organizations that operate comprehensive out-of-school time (OST) programming year-round, over the summer months, or after school during the academic year, with the goal of providing evidence-based afterschool and summer enrichment programming for youth most impacted by the COVID-19 pandemic.

## Intended Impacts

BOOST grants support youth's academic acceleration, connectedness and well-being, utilizing a whole child approach to:



**Expand access to serve more youth**, with an emphasis on children and communities most impacted by the pandemic.



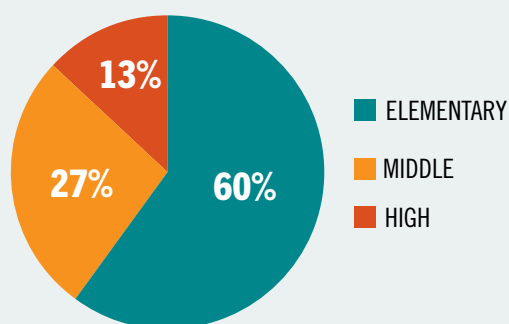
**Reduce barriers**, such as lack of transportation and enrollment costs, to ensure access for all.



**Increase programmatic quality** and expand or enhance supports and services offered.

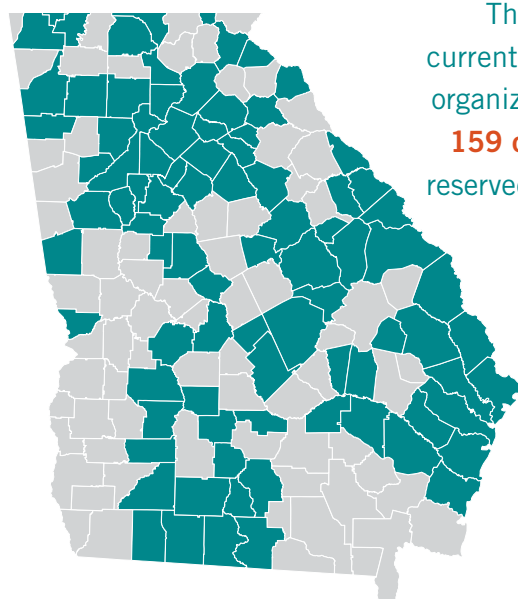
In 2021, Georgia awarded **\$27 million** to support 101 grantees who collectively served **over 72,000 youth** via afterschool and **over 78,000 youth** via summer programming.

### YOUTH SERVED

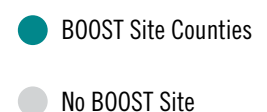


### Target Populations

- Youth receiving free or reduced-price lunch
- Youth with disabilities
- Youth experiencing homelessness
- Youth experiencing foster care
- English language learners
- Migratory youth



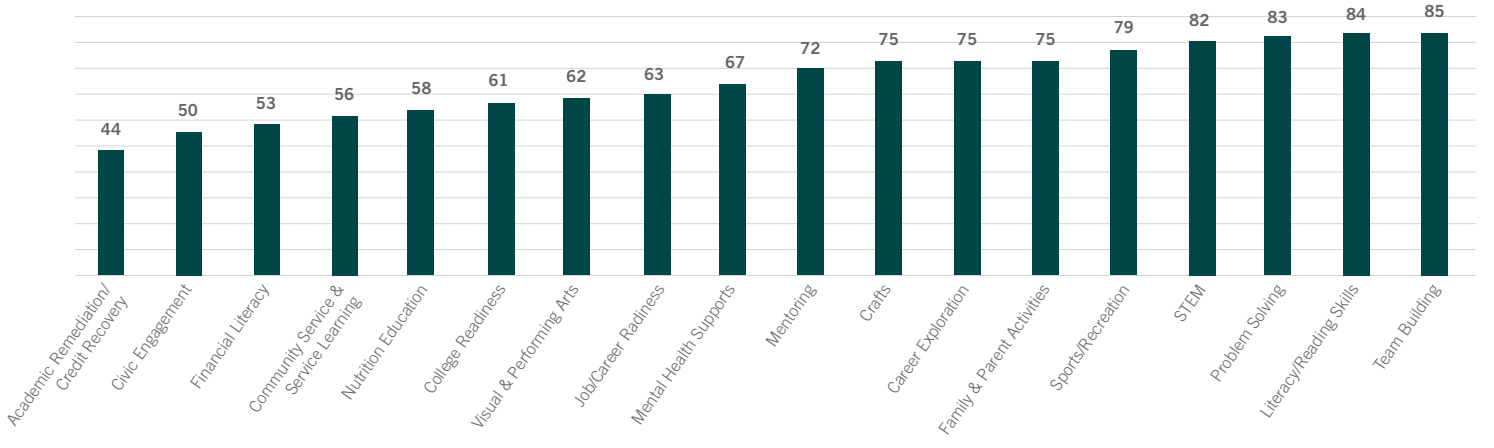
The BOOST grants program currently supports youth-serving organizations in **87 of Georgia's 159 counties** with more funds reserved to expand to additional rural communities in the fall of 2023.



# Grantee Composition

## Programming Components Offered to Youth

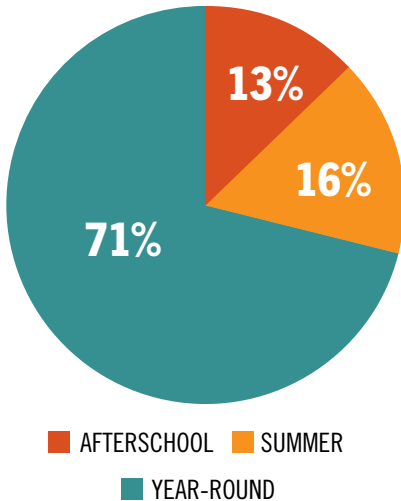
Number of BOOST grantee organizations providing programming components



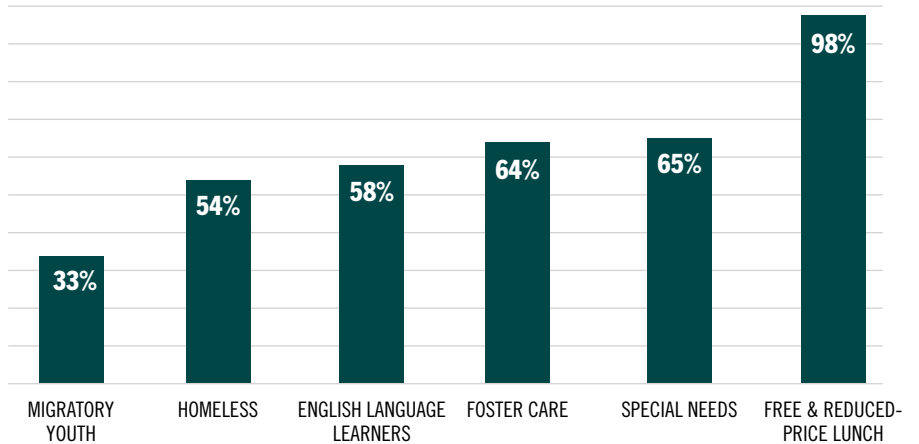
## COMMUNITY-BASED ORGANIZATIONS

**97** community-based organizations that collectively serve over **74,000** youth annually.

### Community-Based Organizations



### Community-Based Grantees Serving Target Populations



## STATEWIDE ORGANIZATIONS

**4** statewide organizations that serve youth year-round and collectively serve over **89,000** youth annually.

Updated and new data from BOOST Year 2 will be available in early 2024

# Afterschool & Summer Learning Programs Supporting the Behavioral Health Needs of Georgia's Youth



**The 2017-2018 National Survey of Children's Health:**  
**24%** of Georgia's youth aged **3 – 17** years had one or more mental, emotional, developmental, or behavioral problem.<sup>1</sup>

## High Quality Afterschool and Summer Learning Programs



Provide supportive environments & incorporate healthy habits into routine<sup>2</sup>



Promote positive behavioral factors like positive decision-making skills, self-control, and self-awareness<sup>6</sup>



Offer protective factors that improve youth outcomes & mitigate the effects of risk factors<sup>3, 4</sup>



Provide opportunities to learn from mentors<sup>7</sup>



Help overcome Adverse Childhood Experiences & reduce chances of developing substance use disorders<sup>5</sup>



Lead to improved work habits and classroom behavior, gains in reading and math, and increased school attendance and graduation rates<sup>8, 9</sup>

These programs are an ideal opportunity to foster positive behavioral health, which increase a child's sense of well-being, supports healthy relationships, and enables children to achieve their full academic potential.<sup>10,11</sup>

## Spring 2019 Behavioral Health Round Table Discussions



Georgia Statewide Afterschool Network hosted

**5 Behavioral Health round table discussions with**  
**37 Afterschool & Summer Learning providers**

to identify strategies, tools, and resources to address program challenges in supporting youth's behavioral health needs.

## What We Heard



### Behavioral Health Issues Observed

- Attention seeking behavior
- Defiant behavior and testing boundaries
- Physical and verbal altercations



### Resources Needed

- Training and professional development
- Education and awareness
- Vetted master list of services, partners and referral organizations



### Obstacles to Supporting Youth

- Lack of behavioral health knowledge, understanding, and training
- Program capacity stretched too thin
- Lack of access to a list of referral services and organizations



### Successful Strategies

- Raise awareness and knowledge
- Include families in services and intervention methods
- Offering youth choice, nurturing relationships, supportive age appropriate environments, and enriching activities





### Fee for Service

State pays providers directly per service (DCH: physical health care/costs, DBHDD: behavioral health care/costs)

**Children Served:**<sup>4</sup>  
Primarily children that are blind or disabled, including those enrolled in Katie Beckett

**Ages Served:**<sup>5</sup>  
Blind: All ages  
Katie Beckett<sup>6</sup>: 0 to 19 years

**Key Requirements:**<sup>7</sup>  
Disability, income limits

### Georgia Families 360° Managed Care

State pays Care Management Organization (CMO) per member per month to manage care/costs

**Children Served:**<sup>8</sup>  
Children in foster care, receiving adoption assistance, and in some juvenile justice programs

**Ages Served:**<sup>9</sup>  
Foster Care: 0 until 26  
Adoption Assistance: 0 until 18  
Juvenile Justice: While in custody

**Key Requirements:**<sup>10</sup>  
In foster care, receiving adoption assistance, or juvenile justice eligible while in state custody in certain programs

### Georgia Families Managed Care

State pays CMOs per month to manage care/costs

**Children Served:**<sup>11</sup>  
Children under age 19 with income limits per the chart below, as well as newborns born to mothers enrolled in any Medicaid program

**Ages Served:**<sup>12</sup>  
0-19  
Newborns: 0 to 13 months

**Key Requirements:**  
**Medicaid Income Limits**<sup>13</sup>

Age	FPL <sup>14</sup>	Income (for 4) <sup>15</sup>
0 to 1	210%	\$63,000
1 to 6	154%	\$46,200
6 to 18	138%	\$41,400

**PeachCare Income Limits**<sup>16</sup>  
0 until 18 257% \$74,100

\*Due to recent legislation, the Federal match includes a 1.93 percentage point increase (for a total of 65.89%). The match increased ended in December 2023. See next page for more information.

## Facts about Medicaid and PeachCare for Kids®

Note: Between April 1, 2023 and May 2024, Georgia is required to determine eligibility for every individual enrolled in Medicaid. As such, the number of children served in Medicaid and CHIP will fluctuate.

### Medicaid

1,321,294 children (as of August 2003)<sup>17</sup>

#### What is it?

Medicaid is a jointly-funded, federal-state medical program for individuals and families with low-income.

#### Who does it cover?

It covers children, pregnant women, the aged, blind, and/or disabled people. All Georgia Medicaid beneficiaries must be citizens or legal residents for five years.

#### What does it cover?

In Georgia, Medicaid covers primary, preventive, specialty, dental, and vision care. In addition, the insurance covers hospitalization, emergency room visits, prescription medication, mental health care, and non-emergency medical transportation.

#### How is it funded?

Medicaid is financed through a combination of federal and state funds. The federal dollars vary year-to-year based on facts like the per capita income. Georgia's federal financial participation matching rate for Medicaid is 65.89% for the federal fiscal year 2024.<sup>18</sup> In 2020, the Families First Coronavirus Response Act (FFCRA) authorized a 6.2 percentage point increase to the federal Medicaid match rate to offset the economic impact of the pandemic and to prevent coverage loss. In December 2022, Congress passed the Consolidated Appropriations Act, ending the continuous coverage protection effective March 31, 2023, and extending and phasing down enhanced federal funding through the end of 2023.

### PeachCare for Kids®

304,411 children (as of August 2003)<sup>19</sup>

#### Georgia's Children's Health Insurance Program (CHIP)

#### What is it?

CHIP is a federal assistance program that helps states provide insurance for children in families with low-income that make too much to allow them to qualify for Medicaid coverage, but make too little to provide the insurance on their own.

#### Who does it cover?

In Georgia, CHIP covers children in families earning at or below 247% of the federal poverty level (at or below \$74,100 for a family of four).<sup>20</sup> See Voices' [Federal Poverty Level factsheet](#).

#### What does it cover?

In Georgia, CHIP covers primary, preventive, specialty, dental, and vision care. In addition, the insurance covers hospitalization, emergency room visits, prescription medications, and mental health care.

#### How is it funded?

Federal matching funds are available to subsidize more than 75% of the benefit cost less premiums with the remaining percentage coming from the state. The percentage of federal matching funds is adjusted annually. Georgia's enhanced federal financial participation matching rate for CHIP is 76.21% for the federal fiscal year 2024.<sup>21</sup>



**Georgia has 166,000 kids who lack health insurance.** That makes us **4th highest** in the number of uninsured kids in the nation.<sup>1</sup> All states are now going through the process to determine eligibility for every individual enrolled in Medicaid. This process is known as Medicaid Unwinding and can potentially put hundreds of thousands of children and families at risk of losing health care coverage.

## Coverage Wins for Georgia’s Kids

### Federal Action:

**Effective January 1, 2024**, states are required to provide **12 months of continuous coverage** for children enrolled in Medicaid and the Children’s Health Insurance Program (known as PeachCare for Kids®). Congress passed the Consolidated Appropriations Act in 2023, which prevents kids from losing coverage due to temporary surges in family income, such as seasonal overtime.<sup>3</sup>

### State Action:

In 2021, the Georgia General Assembly passed legislation requiring the state to implement Express Lane Eligibility (ELE) for the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). This allows the state to use SNAP and TANF eligibility data to automatically enroll or renew eligible children in Medicaid or PeachCare for Kids® (PeachCare). **This should allow close to 70,000 of Georgia’s previously uninsured children to gain coverage.** ELE implementation began in October 2022.

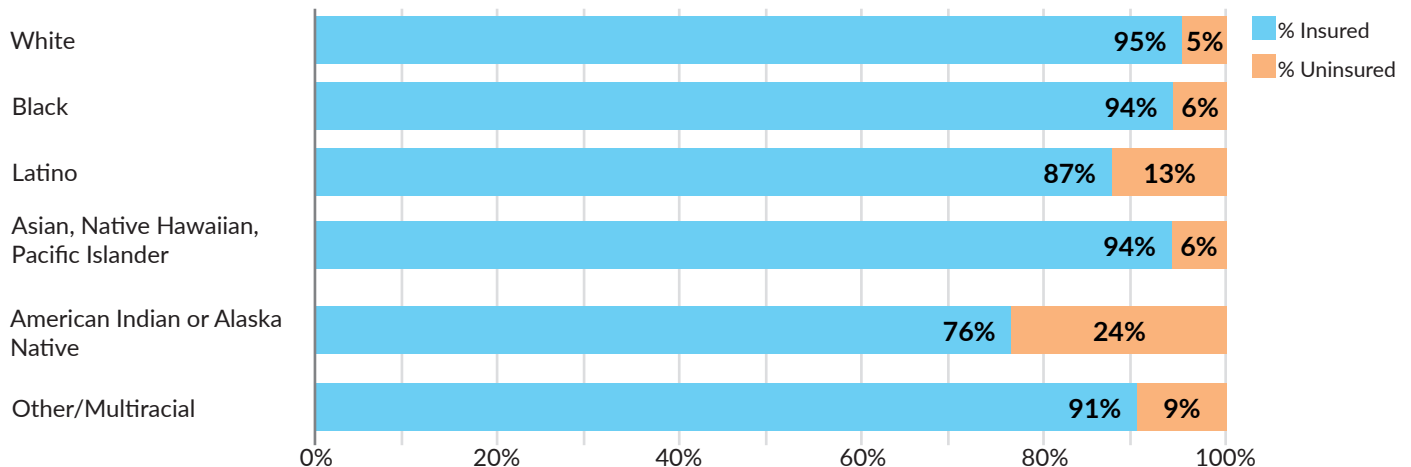
## How can Georgia insure more kids and keep them insured?

In addition to ELE, using **all other available data to renew coverage for children on Medicaid/PeachCare (known as “ex parte” renewals)** will markedly reduce the paperwork burden on families and the state. The state can use already verified data in its possession (e.g., from the Georgia Department of Labor, Department of Driver Services, Internal Revenue Service) to process renewals before requiring families to submit any additional data. This could **significantly reduce** the number of children who are eligible for Medicaid, but unnecessarily lose coverage due to the burden of complicated Medicaid renewals.

## Who doesn’t have health insurance in Georgia?

Latino children are almost **3x as likely to lack health insurance** as White children in Georgia.

Insurance Status Among Children in Georgia, by Race and Ethnicity<sup>2</sup>





## What are the benefits to children having health insurance?



Children receive the check-ups needed to identify developmental delays or conditions that can become life-threatening when left untreated.



Children with chronic conditions, such as asthma or ADHD, have the medications they need.



Children receive routine health care, which can prevent a health care crisis.



Doctors receive reimbursement for services provided, supporting financial stability.

## How are Georgia's Children Covered?

Most children in Georgia who have health insurance are covered through their parent's employer-sponsored insurance or through Medicaid or PeachCare for Kids<sup>®</sup>, which are both public coverage offered by the state.

### Public Insurance

#### Medicaid\*

**1,321,294 children (as of August 2023)<sup>4</sup>**

Medicaid is a jointly-funded, federal-state medical program for individuals and families with low-income.

#### PeachCare for Kids<sup>®\*\*</sup>

**304,411 children (as of August 2023)<sup>5</sup>**

#### Georgia's Children's Health Insurance Program (CHIP)

CHIP is a federal assistance program that helps states provide insurance for children in families with low-income whose families make too much to allow them to qualify for Medicaid coverage, but make too little to provide the insurance on their own.

\*Due to the Medicaid Unwinding, Medicaid and PeachCare enrollment data is expected to fluctuate. As such, these numbers will be updated at the end of the unwinding (June 2024).

\*\*Created in 1998, PeachCare for Kids<sup>®</sup> is the name of Georgia's State Children's Health Insurance Program.

### Private Insurance

#### Employer-sponsored Health Insurance

**1,168,100 children<sup>6</sup>**

Employer-sponsored health insurance is a health insurance policy selected and purchased by an employer and offered to eligible employees and their dependents.

#### Individual/Small Group Marketplace

**134,500 children<sup>7</sup>**

Small-group health insurance is a health insurance policy purchased by businesses with 50 or fewer full-time equivalent employees, to provide healthcare coverage for the employees and their families.

#### Uninsured

**166,000 children in Georgia do not have health insurance<sup>8</sup>**



School-based health centers (SBHCs) place critically needed health-related services directly in schools to reduce access to barriers for children, families, and school personnel.<sup>1, 2</sup>

## Types of School-based Health Centers

### School-based Health Center

These centers offer primary care services through a staffed primary care provider (e.g., nurse practitioner or physician assistant).

### Comprehensive School-based Health Center

These centers offer primary care, behavioral health, and other expanded services, including health education, dental, and vision services.

## Why do we need school-based health centers?<sup>3,4,5,6</sup>

**166,000**

children in Georgia do not have health care coverage

**138,345**

children, on average, in Georgia stay home more than 6 days a year

**46.7%**

of children, aged 3-17, had difficulty obtaining or were unable to obtain mental health care

## What are the benefits of school-based health centers?<sup>7</sup>

More than 100,000 children, families, and school personnel currently benefit from services at 117 SBHCs (up from two in 2013) in Georgia.



### Health<sup>8,9</sup>

#### Increased:

- Access to primary, oral, and behavioral healthcare
- Use of mental health and substance abuse services
- Access to the flu vaccination

#### Decreased:

- Emergency room use and hospitalization for children with asthma
- Prescription drug use

#### How this looks in Georgia:

- Turner and Lake Forest SBHC implement Halls to Health, a program that addresses childhood obesity, student emotional health, and staff wellness
- Tiger Creek and Taliaferro SBHC offers services to the entire community, including adults.
- Albany Area Primary Health Care SBHC offers eye exams and glasses to all students within the Dougherty County School System.



### Education<sup>10,11,12,13</sup>

#### Increased:

- Attendance and GPAs for students utilizing mental health services

#### Decreased:

- Drop out rates and school discipline referrals
- Faculty and staff absences due to illness

#### How this looks in Georgia:

- Turner SBHC prioritizes state grant funding to reduce barriers to healthy lunches for teachers.
- Lake Forest SBHC resulted in a 40% increase in seat time after the first year. The length of time that students were absent due to illness decreased as well.



### Cost Savings<sup>14,15</sup>

#### Decreased:

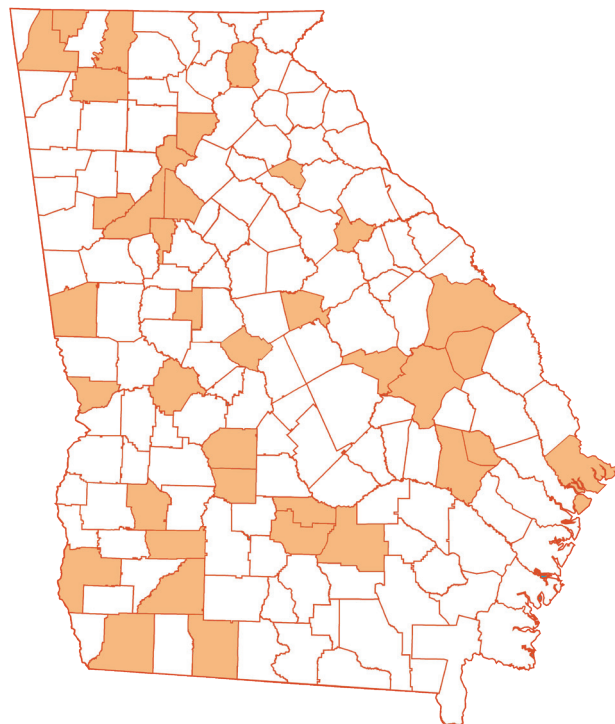
- Emergency room use and hospitalizations
- Pharmacy and transportation costs
- Time away from work for parents
- Pediatric health care for Medicaid, PeachCare for Kids®, and private insurers

#### How this looks in Georgia:

- Whiteford SBHC reported a 50% reduction in average cost per child to Medicaid for children with SBHC access, and a 62% reduction in annual expense per Medicaid-covered child.

## Sustaining School-based Health Centers

School-based health centers can quickly become self-sustaining when startup funds are available. Georgia has allocated \$125 million of federal funding to support planning and startup of new SBHCs.



Counties with SBHCs

### Funding for SBHCs

- 17 states and Washington, D.C. have an ongoing funding mechanism to support SBHCs.<sup>16</sup>
- Philanthropic partners provide another funding opportunity for SBHCs.
- Support for SBHCs in Georgia includes:
  - **National Institutes of Health (NIH) grants** study the impact and benefits of SBHCs in suburban and rural areas of Georgia.
  - **PARTNERS for Equity in Child and Adolescent Health** allocates planning grants to communities in Georgia. 48 have been awarded since 2010.
  - **Georgia Department of Education's Office of Whole Child Supports** offers SBHC planning grants to expand school-based health services to rural communities. June 2023 Round 1 funding resulted in 8 grantees.
  - **Medical College of Georgia** supports a SBHC in a middle school in Athens, Georgia.

## Recommendations to Strengthen School-based Health Centers

- Continue to increase state and federal funding for medical sponsorship (FQHC and non-FQHC) to support the development and expansion of school-based health services throughout the state, especially in high-need, rural areas.
- Promote the integrated mental health and primary care model into SBHCs.
- Utilize telemedicine as an adjunct to the comprehensive primary care services within the SBHC model (i.e., hub spoke).
- Ensure parent consent/participation in medical decision-making within the SBHC model.



A school-based telehealth (SBTH) program uses telecommunications technology to connect children in need of acute or specialty care services to a healthcare provider at a distant site.<sup>1</sup>

## Why do we need school-based telehealth?

**More than 138,000**

children in Georgia stay home sick more than 6 days a year.<sup>2</sup>

**65**

counties in Georgia do not have a pediatrician.<sup>3</sup>

**84,000**

children live in households that do not own a vehicle.<sup>4</sup>



## What are the benefits of school-based telehealth?

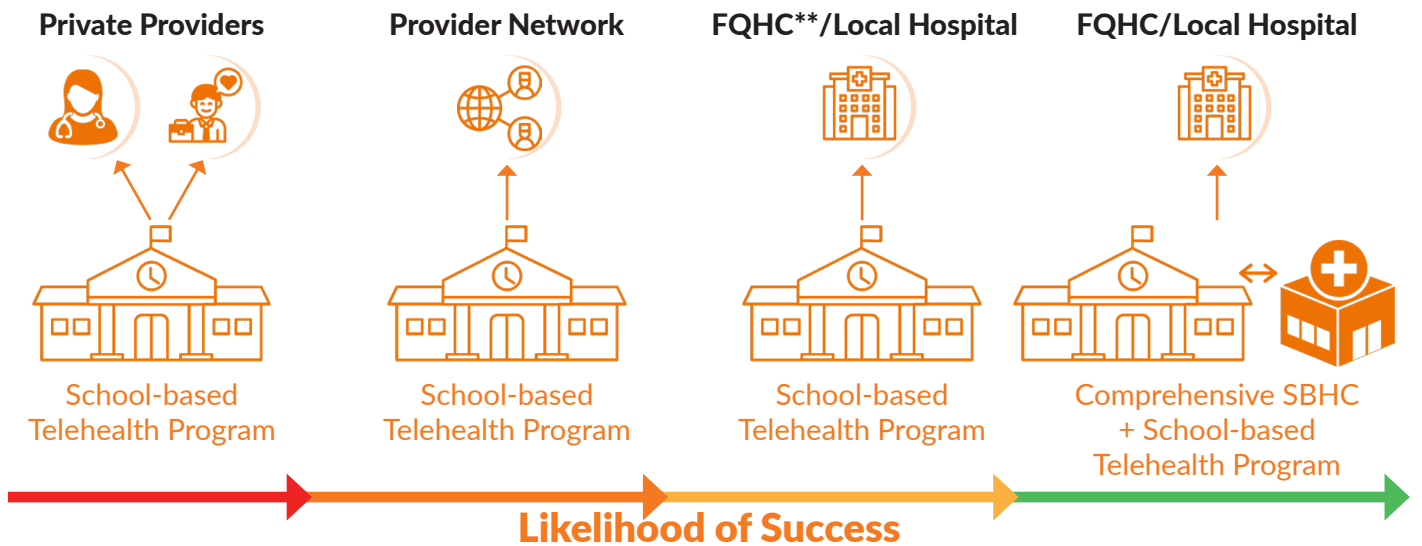
- Increased children and families' access to health education, especially for the management of chronic health conditions (i.e., diabetes and asthma)<sup>5, 6</sup>
- Reduced barriers to healthcare in rural communities<sup>7, 8</sup>
- Reduced student absenteeism due to illness<sup>9</sup>

## What are the barriers to implementation?

- Engaging and sustaining relationships with healthcare providers or specialists
- Insufficient training or staff capacity
- Lack of continuity in care
- Lack of oversight and access to technical assistance
- Low program enrollment due to parental concerns about privacy and lack of understanding about telehealth

## School-based Telehealth Models\*

\*all models require equipment valued at a minimum of \$10,000



\*\*see p.2 for a list of Terms to Know

## Terms to Know

**Federally Qualified Health Center (FQHC):** A Federally Qualified Health Center is an outpatient clinic that qualifies for specific reimbursements under Medicare and Medicaid. Health centers provide a comprehensive set of health services including primary care, behavioral health, chronic disease management, preventive care, and other specialty, enabling, and ancillary services, which may include radiology, laboratory services, dental, transportation, translation, and social services.

**School-Based Health Center (SBHC):** A school-based health center places critically needed services like medical, behavioral, dental, and vision care directly in schools to reduce access barriers for children, families, and school personnel.

**Telehealth:** Telehealth refers to a broad scope of remote healthcare services, including nonclinical services, such as provider training, administrative meetings, and continuing medical education, as well as clinical services.

**Telemedicine:** Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit.

## Policy Recommendations

### For Policymakers

- Continue to ensure quality, streamlined school access to qualified telehealth providers.
- Increase opportunities for telehealth programs to be implemented within a comprehensive health system, including state funding for comprehensive school-based programs throughout the state.
- Allow SBHCs and SBTH programs to conduct presumptive eligibility\*.

### For Districts or Schools

- If possible, develop a school-based telehealth program within an existing or planned school-based health center.
- Engage and enlist the support of key stakeholders before planning begins.
- Allocate time and resources to continuously market the program and recruit and enroll students.
- Ensure an adequate number of trained personnel to provide services and manage the program's administrative components.
- Ensure all children, regardless of insurance status, are served through the SBTH program.

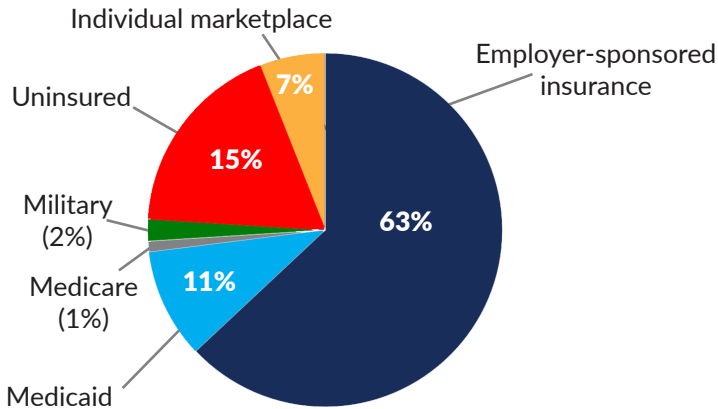
\*Presumptive eligibility allows children to get access to Medicaid services without having to wait for their application to be fully processed.

# Healthcare Coverage for Parents and Caregivers

Untreated caregiver physical or behavioral health can result in a traumatic experience for other family members, including children and youth. What is more, the cost of healthcare for adults who are uninsured can significantly affect overall household income.

## How Georgia Parents/Caregivers Are (or Are Not) Covered<sup>1</sup>

Nearly **one in six** Georgia adults with child dependents, or 332,600 people, lack health care coverage.<sup>2</sup>

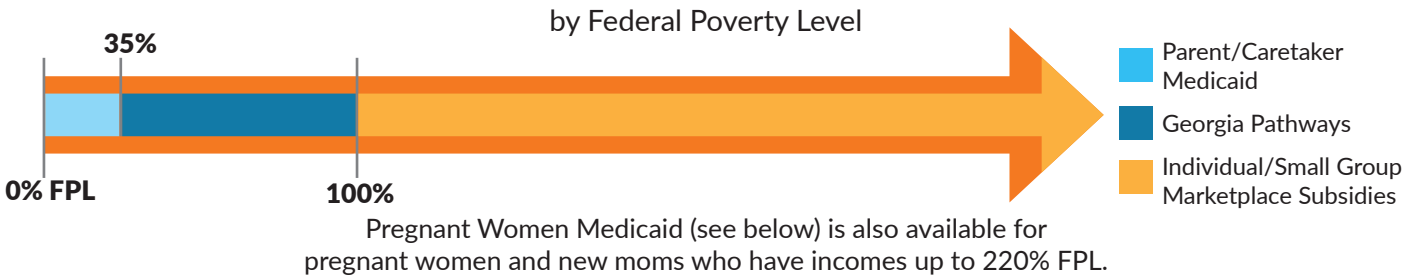


### Who is uninsured in Georgia?

- 26% of Hispanic or Latino adults<sup>3</sup>
- 35% of unemployed adults<sup>4</sup>
- 20% of working adults with incomes less than 138% FPL (\$38,295 for a family of four)<sup>5</sup>

All states are going through the process to determine eligibility for every individual enrolled in Medicaid. The process is known as Medicaid Unwinding and can potentially put hundred of thousands of children and families at risk of losing health care coverage. **Please note that while the above numbers are accurate as of 2022, it is likely that the number of people of all ages who lack health insurance will increase significantly.**

## Coverage Subsidies Available for Georgia Parents and Caregivers



### Medicaid

Parent/Caretaker Medicaid is for people with child dependents whose incomes are 35% of the federal poverty level, or **\$10,500/year for a family of four**.<sup>6</sup> This is the only way for parents/guardians to receive Medicaid if they are not pregnant, aged, blind, or disabled. Supplemental Security Income (SSI) is available for adults with certain disabilities.

### Georgia Pathways

This program provides coverage for people whose incomes are below 100% of the federal poverty level, or **\$30,000/year for a family of four**, and that are ineligible for other types of Medicaid. Individuals are required to report 80 hours per month of [qualifying activities](#). As of the drafting of this factsheet, Georgia Pathways implementation is paused.

### Subsidized Coverage on the Individual/Small Group Marketplace

Subsidies are available on [healthcare.gov](https://www.healthcare.gov) for parents/guardians regardless of household income. Prior to the American Rescue Plan and Inflation Reduction Acts, subsidies were capped at 400% FPL. The average marketplace premium in Georgia is \$413/month.<sup>7</sup>

### Employee Sponsored Coverage

In Georgia, fewer than half of private-sector employers offer employer-sponsored coverage, but most people who have employer-sponsored coverage make more than 400% FPL, or **\$120,000/year for a family of four**.<sup>8</sup> Fewer than 15% of people who make less than 100% FPL have employer-sponsored coverage.

### Extended Medicaid Coverage for New Moms

In 2022, Georgia extended coverage for new moms under Right from the Start Medicaid for Pregnant Women from six months postpartum to up to 12 months. This extension will improve the health of both mother and baby. Georgia's pregnancy-related death rate is one of the highest in the nation and **Black women are 2x more likely to die from pregnancy-related complications than White women**.<sup>9</sup>





Poor oral health is one of the leading causes of school absenteeism in Georgia.<sup>1</sup>



**20%** of children in Georgia did not have a dental check-up in the last 12 months.<sup>2</sup>

That's more than **480,000** children.

## Who is at risk of poor oral health?

• Untreated tooth decay is **50% more common** in children in families with low-incomes compared to children in families with higher incomes.<sup>3</sup>

• Hispanic children have a **higher prevalence** of tooth decay compared to non-Hispanic children.<sup>4</sup>



**Hispanic: 64%**



**Non-hispanic: 50%**

• Children in rural communities have a **higher prevalence** of tooth decay compared to children in urban communities.<sup>5</sup>



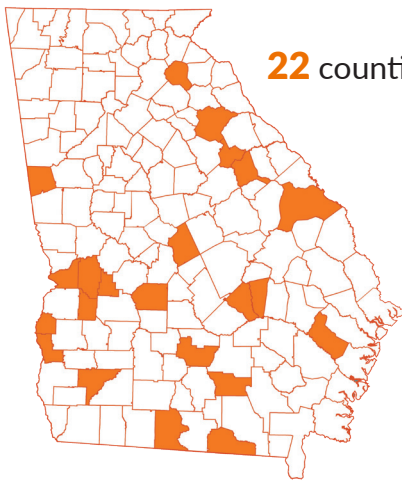
**Rural: 60%**



**Urban: 48%**

## Challenges Facing Children and Dentists

### Availability of Care



**22** counties in Georgia have no dentists.<sup>6</sup>

**Dentists: 1 per 2,053** Georgians<sup>7</sup>

**Hygienists: 1 per 2,227** Georgians<sup>8</sup>

Georgia has **190** dental care shortage areas.<sup>9</sup>

Federal regulations stipulate that in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds 5,000 to 1 or 4,000 to 1 for areas with unusually high needs.

### Public Insurance Challenges

On average, Medicaid and PeachCare for Kids® beneficiaries had to travel **20 more miles** for dental care than their non-Medicaid peers.<sup>10</sup>

**25%** of Georgia dentists accepted public insurance (Medicaid or PeachCare for Kids®) in 2020.<sup>11</sup>

Children with fee-for-service Medicaid\* are **33% less likely** to receive dental care compared to children in managed care.<sup>12</sup>

Medicaid reimburses **43.8%** of fees charged.<sup>13</sup> Private insurance reimburses about **80%** of fees charged.

### Language Barriers

Medicaid patients are required by federal law to have access to translation services arranged and paid for by the provider.<sup>14 15 16</sup>

**38%** of dental schools in the United States report that students were not adequately prepared to manage Limited English-proficient patients.<sup>17</sup>

\*Fee-for-service covers children who are legally blind or have a disability. Managed care covers children who are in foster care, some juvenile justice programs, or whose family's income does not exceed program limits.



# Benefits of Improved Dental Health

## Health Outcomes

- Improved eating and speaking<sup>18</sup>
- Improved diabetes outcomes<sup>19</sup>
- Reduced dental pain<sup>20</sup>
- Improved pregnancy outcomes, including fewer low birthweight babies<sup>21</sup>

## Education and Life Outcomes<sup>24 25</sup>

- Improved school attendance
- Improved academic performance
- Improved self-esteem and employability
- Reduced pain and suffering

## Cost Savings for Kids, Families, and the State

- Reduction of future dental visits and related costs<sup>22</sup>
- Reduction in emergency department visits for non-traumatic dental problems<sup>23</sup>

## Teledentistry

Teledentistry utilizes communications technology to deliver oral care, consultations, and education, as well as the remote provision of dental treatment (screening, diagnosis, consultation, and treatment planning).<sup>26</sup>



### Benefits of Teledentistry from the American Dental Association (ADA)

The ADA recognizes teledentistry as an effective way to:

- Extend the reach of dental professionals
- Expand the reach of a dental home
- Increase access to care by reducing distance barriers

Teledentistry allows for a shorter period to obtain specialty consultations and improves workflow efficiencies for patients, providers, and support staff.

Teledentistry has gained popularity in recent years. According to a 2023 report published in The Journal of the American Dental Association:<sup>27</sup>



**30%** of dentists use teledentistry in their practices



**63%** of teledentistry patients are **within 20 miles** of their dentist

### Benefits Experienced by Dentists Using Teledentistry<sup>28</sup>

- **63%** reduced number of in-person patient visits
- **57%** increased access and quality care
- **38%** reduced patient anxiety
- **31%** lower costs for patients
- **31%** patients more receptive to care
- **28%** better care for marginalized communities

### Current Policies Affecting Teledentistry in Georgia

- The Georgia Department of Public Health (DPH) established a telemedicine network, available in all 159 counties, which is recognized as a “best practices model of care” to bring specialized care to the underserved and rural areas of Georgia.
- Georgia allows dentists to provide general supervision of dental hygienists in safety net settings such as Title 1 Schools, preschools, and other settings, which increases access to dental care for Georgia’s underserved residents.



## Policy Recommendations

### Increase access in shortage areas

- Leverage the telemedicine network to increase utilization of teledentistry.
- Educate and raise awareness about the ability of dental hygienists to practice in settings such as schools and nursing homes.
- Encourage local public health clinics to provide dental services.

### Increase access to dentists

- Increase Medicaid reimbursement rates for dental services like exams, cleanings, fluoride, sealants, and treatments of caries (cavities).
- Reduce administrative barriers that hinder dentists from accepting Medicaid.
- Establish goals to increase dental access for Fee-for-Service member children (i.e., a minimum percent of children receiving services annually).
- Monitor the number of dental providers that are accepting new patients and actively participate in Medicaid Fee-for-Service and CMO dental networks.
- Increase Medicaid reimbursement rates for dental services like exams, cleaning, fluoride, sealants, and treatments of tooth decay inclusive of services delivered via teledentistry.

### Increase access to dental services in schools

- Leverage comprehensive school-based health services as a venue for providing dental care.





## Vaccines save lives!

Prior to vaccinations, diseases injured or killed thousands of children. The development of vaccines created an opportunity to completely eliminate such diseases.



### How do vaccines work?

Vaccines build immunity to a disease by imitating an infection which causes the body to create antibodies and defensive white blood cells.<sup>1</sup> The defensive white blood cells remain in the body and fight the disease if the body encounters it in the future.<sup>2</sup>

## Why should children get vaccinated?

- Vaccines protect against **25+** serious, and often life-threatening, diseases in the U.S.<sup>3</sup>
- The majority of vaccines appear on the recommended childhood immunization schedule from the Centers for Disease Control and Prevention (CDC).<sup>4</sup>
- Vaccines protect **everyone**, but especially those with vulnerable immune systems including newborns, people with cancer, weak immune systems, elderly people, and transplant patients.<sup>5</sup>

### Vaccines Available to Children

- Diphtheria\***
- Hepatitis A\***
- Hepatitis B\***
- Hib\***
- Human Papillomavirus (HPV)**
- Influenza (Flu)**
- Measles\***
- Meningococcal (Meningitis)**
- Mumps\***
- Pertussis\*(Whooping cough)**
- Pneumococcal Disease\***
- Polio\***
- Rotavirus**
- Rubella\***
- SARS-COV-2 (COVID-19)**
- Tetanus**
- Tuberculosis**
- Varicella (Chickenpox)**

\*Vaccines that are required for school or childcare attendance in Georgia.<sup>6</sup>

**Bolded** vaccines appear on the Child and Adolescent Immunization Schedule.<sup>7</sup>

## Are vaccines safe?

**YES!** Vaccines are safe. While there can be side effects, they are usually minimal (e.g., slight discomfort and redness at the injection site).<sup>8</sup> Serious side effects such as allergic reactions are extremely rare.<sup>9</sup> The benefits of vaccines significantly outweigh the risks.<sup>10</sup>

### Why are parents opting out?

Despite ample evidence of vaccines being safe and effective, some parents are choosing to not vaccinate their children. When children are not vaccinated, they are at risk of life-threatening diseases, including diseases that were once rare.<sup>11</sup>

## Vaccines do NOT cause autism

Since 2003, **9 studies** from the CDC have confirmed the mercury-based ingredient thimerosal is not linked to autism.<sup>12</sup> Additional research provided further evidence by showing that antigens, the substance in vaccines that initiates the body's immune system to create the disease fighting antibodies, were the same in children with and without Autism — indicating that antibody exposure was not related to Autism development.<sup>13</sup> The CDC stresses **vaccines are safe**, necessary to save lives, and there is no link between vaccines and autism.<sup>14</sup>

A study of more than **95,000 children** found that the measles-mumps-rubella (MMR) vaccine did not increase a child's risk of autism.<sup>15</sup>

# Vaccine-Preventable Illnesses

## Polio

- A virus which lives in the infected individual's throat and intestines but can enter the brain and spinal cord and result in paralysis or death<sup>16</sup>
- Spreads from person to person via contact with an infected person's feces; a less common spread can occur through sneezing or coughing<sup>17</sup>
- Vaccine developed 1955<sup>18</sup>
- Can be contracted through contaminated food and unsanitary water<sup>19</sup>

## Tetanus

- Serious disease caused by bacteria, called Clostridium tetani, that produce toxins<sup>20</sup>
- Can be contracted through wounds and burns that are contaminated by the bacteria<sup>21</sup>
- Causes muscle stiffness and spasms, paralysis, and breathing problems<sup>22</sup>
- Treatment usually requires hospitalization<sup>23</sup>
- Vaccine first introduced in late 1940s<sup>24</sup>
- Tetanus has an overall fatality rate of approximately 11%; among unvaccinated individuals, the fatality rate is 22%<sup>25</sup>

## Influenza (Flu)

- Respiratory illness caused by a virus<sup>26</sup>
- Every year since 2010, between 12,000 and 46,000 children under the age of 18 have been hospitalized by the flu<sup>27</sup>
- Vaccine licensed for all civilians in the U.S. during 1945<sup>28</sup>

## Hepatitis A

- Liver infection caused by hepatitis A virus<sup>29</sup>
- Can be contracted from contaminated food, drinks, stool, or sexual contact<sup>30</sup>
- Vaccine developed in 1995<sup>31</sup>

## Hepatitis B

- Liver infection caused by the hepatitis B virus<sup>32</sup>
- Spread when blood and other bodily fluids of an infected person enter an uninfected person<sup>33</sup>
- Vaccine became commercially available in 1981 in the U.S.<sup>34</sup>
- Can be contracted through sexual contact, mother to child during pregnancy, sharing needles, and needle sticks<sup>35</sup>

## Rubella

- Spreads through sneezing and coughing<sup>36</sup>
- Especially dangerous to pregnant women and fetuses<sup>37</sup>
- Vaccine first available in 1969<sup>38</sup>

## Hib

- Haemophilus influenzae type b (Hib) is a bacteria that infects the lining of the brain<sup>39</sup>
- Harms the immune system, causes brain damage and hearing loss, and is sometimes fatal<sup>40</sup>
- Prior to vaccine development, Hib was the leading cause of bacterial meningitis for children under age five<sup>41</sup>
- Can cause severe infections of the lining of the brain and spinal cord (meningitis) and the bloodstream<sup>42</sup>
- Vaccine first licensed in 1987<sup>43</sup>

## Measles

- Very contagious and can be contracted through airborne particles. The virus can stay active for up to 2 hours in the air or on objects<sup>44</sup>
- Especially serious for young children<sup>45</sup>
- Vaccine first available in 1963<sup>46</sup>

# Vaccine-Preventable Illnesses

## **Pertussis (Whooping Cough)**

- Highly contagious and sometimes deadly for infants<sup>47</sup>
- Known for uncontrollable, violent coughing which makes it difficult to breathe<sup>48</sup>
- Vaccine developed in 1930s and used widely by the mid-1940s<sup>49</sup>

## **Pneumococcal Disease**

- Bacterial disease that results in ear and sinus infections, pneumonia and sometimes meningitis<sup>50</sup>
- Especially dangerous for children and can affect the brain and spinal cord<sup>51</sup>
- Vaccine first used in U.S. in 1977<sup>52</sup>

## **Rotavirus**

- Spread through hand-to-mouth contact<sup>53</sup>
- Symptoms include severe diarrhea and vomiting which can lead to severe dehydration requiring hospitalization<sup>54 55</sup>
- Vaccine was approved by the FDA in 2006 and a second was introduced in 2008.<sup>56</sup>

## **Mumps**

- Contagious disease with most common outbreaks occurring among groups of people who have prolonged, close contact (e.g., sharing eating and drinking utensils, kissing, heavy breathing, sports, close quarters)<sup>57</sup>
- Symptoms include salivary gland swelling, fever and aches and fatigue<sup>58</sup>
- Vaccine licensed in the U.S. in 1967<sup>59</sup>

## **Varicella (Chickenpox)**

- Can be serious or even deadly for infants, adults and those who are immunosuppressed<sup>60</sup>
- Symptoms include itchy rash, blisters, and fever<sup>61</sup>
- Vaccine licensed for use in the U.S. in 1995<sup>62</sup>

## **Diphtheria**

- Can cause difficulty breathing and lead to heart failure, paralysis or even death<sup>63</sup>
- Vaccine was developed in the early 1920s and widely used by the 1930s<sup>64</sup>
- Most commonly spread from person to person through coughing or sneezing<sup>65</sup>

## **Human Papillomavirus (HPV)**

- Spread primarily through skin to skin contact (e.g., sexual contact<sup>66</sup>, cuts, abrasions, or even a small tear in skin)<sup>67</sup>
- Most infections go away on their own, some can cause certain types of cancer in both men and women<sup>68</sup>
- Children can receive the vaccine (administered in two doses) around ages 11-12, or around 15 (administered in three doses)<sup>69</sup>
- Nearly all unvaccinated individuals who are sexually active will get HPV at some point in their lives<sup>70</sup>

## **Tuberculosis**

- Bacteria spread through the air (ie., by coughing, speaking, singing) from one person to another<sup>71</sup>
- Symptoms can include a cough lasting three weeks or longer, chest pain, and coughing up blood<sup>72</sup>
- Can be detected through two tests: a blood test or a skin test<sup>73</sup>

## **Why haven't I heard of some of these diseases?**

### **Because vaccines work!**

Many of these diseases have been wiped out or are exceedingly rare thanks to vaccines!



# Benefits of Physical Activity

Research shows physical activity, both structured and unstructured, has a positive impact on a child’s physical health, academic performance, and social-emotional development.<sup>1, 2</sup>

## Impact of Physical Activity and Play

Both structured and unstructured physical activity impact the following areas:



### Learning and Academic Performance

**Improved** grades and standardized test scores<sup>3</sup>

**Higher** recall rate of vocabulary words (compared to those without recess)<sup>4</sup>

**Higher** grades for students performing below grade level<sup>5</sup>



### Social and Emotional Development

**Increases** opportunity for development of social, intrapersonal, and communication skills, especially for young children<sup>9, 10</sup>

**Increases** brain development in areas associated with attention, information processing, storage, retrieval, coping, and positive affect<sup>11</sup>

**Promotes** self-regulation and fosters coping techniques among young children<sup>12, 13</sup>



### Classroom Engagement and Productivity

**Helps** stay on-task in the classroom<sup>6</sup>

**Decreases** inappropriate behaviors, such as distracting other students<sup>7</sup>

**Promotes** executive function growth (e.g., planning, organization, flexibility) among young children<sup>8</sup>



### Physical Health and Fitness

**Increases** opportunity for development of cognitive and motor skills<sup>14</sup>

**Builds** strong bones and muscles<sup>15</sup>

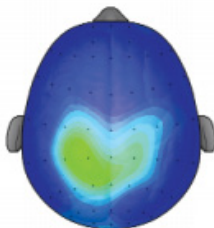
**Reduces** the risk of developing health conditions (e.g., heart disease, Type 2 diabetes)<sup>16</sup>

## Physical Activity Recommendations, by Age

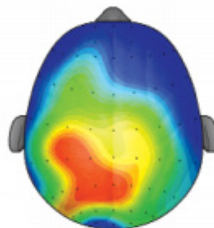
- 0-1 year: Daily activities with adult (e.g., peek-a-boo, tummy time)<sup>18</sup>
- 1-3 years: At least 30 minutes of **structured play** daily (e.g., creating an “obstacle course” encouraging the child to move over, under, around, or through the “obstacle”); At least 60 minutes of **unstructured physical activity/play** (i.e., recess, free play) daily<sup>19</sup>
- 6 to 17 years: 60 minutes or more of physical activity each day (e.g., recess, sports practice, walking)<sup>20</sup>

## The Impact of Physical Activity on the Brain

Average composite of 20 students’ brains taking the same test after sitting quietly or taking a 20 minute walk.



After 20 minutes of Sitting Quietly



After 20 minutes of Walking

Reprinted with permission of Dr. C.H. Hillman<sup>17</sup>





## Where Georgia Stands

- 13.4% of youth ages 10-17 are overweight.<sup>21</sup>
- 17.1% of youth ages 10-17 are obese.<sup>22</sup>
- Approximately 2 in 3 middle and high school students do not meet the recommended 60 minutes of physical activity per day.<sup>23</sup>

## Progress for Georgia's Kids

House Bill 1283, which was signed into law in 2022, outlined important steps to safeguard recess for Georgia students. House Bill 1283:<sup>24</sup>

- Ensures that kindergarten through fifth grade students have access to recess
- Encourages schools to provide an average of 30 minutes a day of recess

## Terms to Know

**Body Mass Index (BMI):** Found by dividing a person's weight in kilograms by the square height in meters. For children, weight status is determined by using age- and sex-specific percentiles for BMI.<sup>25</sup>

**Structured Play/Physical Activity:** Any form of play/physical activity where an adult gives a child a specific purpose, task, or learning objective (i.e., solving a puzzle, Physical Education/P.E.)<sup>26</sup>

**Overweight:** A BMI at, or above, the 85<sup>th</sup> percentile but below the 95<sup>th</sup> percentile.<sup>27</sup>

**Obese:** A BMI above the 95<sup>th</sup> percentile.<sup>28</sup>

**Unstructured Play/Physical Activity:** Open-ended play/physical activity that has no specific learning objective (i.e., recess, free play)<sup>29</sup>

## Policy Recommendations



Ensure that neither physical activity nor recess opportunities are withheld for disciplinary reasons.



Design built environments utilizing elements that encourage physical activity for youth and adults.



Increase access to afterschool and summer learning programs that support healthy and active lifestyles through opportunities for formal and informal physical activity and recreation.



# Youth e-Cigarette and Tobacco Use in Georgia

Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control.<sup>1</sup>

## What are e-Cigarettes?

E-cigarettes are electronic devices that heat a liquid and produce an aerosol or mix of small particles in the air for people to inhale. E-cigarette aerosol usually contains nicotine, flavorings, and other chemicals.



E-cigarettes have many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “carts,” “tank systems,” and “electronic nicotine delivery systems.”<sup>2,3</sup>

Using an e-cigarette is sometimes called vaping or JUULing.<sup>4</sup> JUUL is a brand of e-cigarette. A single JUUL pod (the liquid nicotine refill) contains as much nicotine as an entire pack of cigarettes (a quantity of 20 cigarettes).<sup>5</sup>

**Consequently, JUUL/vaping devices can potentially be more addictive than traditional cigarettes.**

### Georgia Kids and e-cigarettes<sup>6</sup>

**1 in 4** high schoolers reported that they had ever used e-cigarettes.

**Nearly 80%** said a friend or family is the reason why they started to vape.



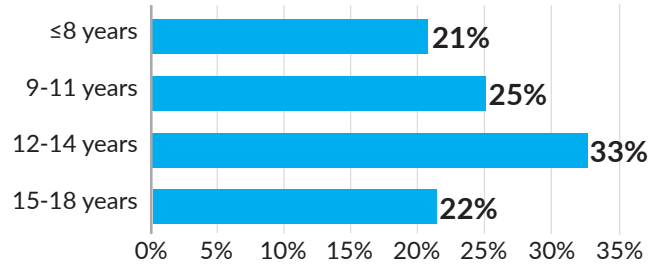
Young people who use e-cigarettes and smokeless tobacco (chew or dip) are **more likely** to smoke cigarettes in the future.<sup>7</sup>

## Georgia’s Youth and Nicotine Use

**23,176 (6%)**





reported they have ever smoked a cigarette<sup>8</sup>

Age at which 6th-12th graders first used cigarettes<sup>9</sup>



### Trends Among Georgia’s High School Students

#### When They’re Using Nicotine:<sup>10</sup>

-  **3%** smoked e-cigarettes almost daily (more than 20 days) in the past 30 days
-  **11%** say they have smoked e-cigarettes within the past 30 days
-  **7%** smoked cigarettes in the past 30 days
-  **8%** say they smoked other tobacco products (e.g., cigars, smokeless tobacco, hookah)



#### Where They’re Acquiring Nicotine:




**84%** are purchasing e-cigarettes at a gas station or convenience store<sup>11</sup>



#### Where They’re Using Nicotine:

**16%** report using alcohol, tobacco, or drugs at home, school, friend’s house, or in a car<sup>12</sup>

#### What They Believe about Nicotine:

-  **1 in 4** believed e-cigarettes are more acceptable in society than cigarettes<sup>13</sup>
-  **26.6%** believed e-cigarettes are less addictive than cigarettes<sup>14</sup>
-  **43%** believed there is little to no risk in smoking one or more packs of cigarettes a day<sup>15</sup>



## Policy Recommendations

- Increase tax on tobacco products.<sup>1</sup>
  - To combat youth access to cigarettes, raise the tobacco tax from 37 cents to the national average of \$1.91.
- Ban flavored e-cigarette products, including disposable devices and refillable pods.
- Invest in youth-centered smoking cessation programs.

<sup>1</sup> Georgia's General Assembly passed legislation in 2020 that applies a 7% excise tax to vape products and raises the legal smoking age from 18 to 21.<sup>16</sup>



# Overview of Federal Child Food and Nutrition Programs in Georgia

**When given access to adequate nutrition, the impact is clear:** children are healthier and perform better in school.<sup>1</sup> However, children who do not eat enough healthy food often perform poorly in school and are more likely to experience mental health problems.<sup>2</sup> These children are also at greater risks for health issues later in life, like diabetes, high blood pressure, hypertension, heart disease, arthritis, and some types of cancer.<sup>3</sup>



## Child Hunger in Georgia

Food insecurity affects approximately

# 335,720

of Georgia's children under the age of 18.<sup>4</sup>

### Programs Designed to Support Health and Adequate Child Nutrition

Program Description	Enrollment in Georgia
<b>Child and Adult Care Food Program (CACFP)</b> Reimburses for nutritious meals. Child care programs, afterschool care programs, child care homes, emergency shelters, and adult care centers can be CACFP eligible. <sup>5</sup>	<b>129,123</b> average daily attendance <sup>12</sup>
<b>National School Lunch Program (NSLP)</b> Provides nutritionally balanced, free or reduced-cost (based on a sliding scale) lunches to children in public and nonprofit private schools, and residential child care institutions. <sup>6</sup>	<b>1,162,225</b> total participation <sup>13</sup>
<b>School Breakfast Program (SBP)</b> Provides cash subsidies to public or nonprofit private schools and residential child care institutions to provide meals that meet federal nutrition requirements. Meals are provided to eligible children for free or at a reduced cost. <sup>7</sup>	<b>673,340</b> total participation <sup>14</sup>
<b>Seamless Summer Option (SSO)</b> Provides the same meal service that is available during the regular school year to hungry kids in the community during the summer. This program is provided through either the NSLP or SBP. <sup>8</sup>	<b>195,371</b> average daily participation <sup>15</sup>
<b>Summer Food Service Program (SFSP)</b> Reimburses for healthy meals and snacks served to children from areas with low-income during summer months when school is not in session. <sup>9</sup>	<b>47,564</b> average daily attendance <sup>16</sup>
<b>Supplemental Nutrition Assistance Program (SNAP)</b> Provides a nutrition-designated electronic benefit card to supplement food budgets of individuals or families with low-income. <sup>10</sup>	<b>283,000</b> households with children <sup>17</sup>
<b>Women, Infants, and Children (WIC)</b> Provides supplemental food assistance, health care referrals, and nutrition education for pregnant, postpartum, and breastfeeding women with low-incomes, as well as infants and children up to age five. <sup>11</sup>	<b>217,395</b> total participation <sup>18</sup> From 2017-2019, Georgia WIC coverage rate of eligible individuals was approximately 49%. In 2020 coverage was about 39%.

For more details about nutritious food programming, see Voices' [Child Food and Nutrition Programs: Household and Academic Settings](#) factsheet.





# Child Food and Nutrition Programs: Household and Academic Settings

Food insecurity affects approximately **335,720** of Georgia’s children under the age of 18.<sup>1</sup> When given access to adequate nutrition, the impact is clear: children are healthier and perform better in school.<sup>2</sup> On the other hand, children who do not eat enough healthy food often perform poorly in school, are more likely to experience mental health problems, and are at greater risks for health issues later in life.<sup>3</sup>

The federal government funds seven food and nutrition programs which support children and adults within academic settings, afterschool programs, care facilities, and at home. Such programs have proven to support child health and development, all while addressing long-standing inequities (e.g., food insecurity, disparate chronic health outcomes).<sup>4, 5</sup>

## What should children and youth be eating?

The **Dietary Guidelines for Americans 2020-2025** is published by the United States Department of Agriculture. The guidelines\* provide recommendations on what to eat and drink to meet nutrient needs, promote health, and prevent chronic disease.<sup>6</sup> They are broken down by age:<sup>7</sup>

Ages	Vegetables (Cup/Day)	Fruit (Cup/Day)	Grains (Cup/Day)	Protein (Cup/Day)	Dairy (Cup/Day)
2 to 8 years old	1 to 2.5	1 to 2	3 to 6	2 to 5.5	2 to 3
9 to 13 years old	1 to 3.5	1.5 to 2	5 to 9	4 to 6.5	3
14 to 18 years old	2.5 to 4	1.5 to 2.5	6 to 10	5 to 7	3

\*Servings vary on each child and their individual caloric intake.

## How do nutritious foods affect your body?

### Nutritious foods support:

- Immune system responses<sup>8</sup>
- Eyesight<sup>9</sup>
- Cognitive development<sup>10</sup>
- Bone health<sup>11</sup>

### Nutritious foods protect against:<sup>12</sup>

- Dental cavities
- Heart disease
- Chronic illness (e.g., type 2 diabetes, obesity)
- Iron deficiency

## What are the benefits of nutrition education?<sup>13, 14</sup>



Nurturing eating habits and behaviors



Supporting individuals in informed decision-making about food and beverage consumption



Empowering individuals by increasing nutrition and health knowledge

# Nutritious Food for Households

Two federally-funded feeding programs provide food purchasing benefits as well as nutrition education to participating households.

## Programs Designed to Support Child Nutrition

Eligibility Requirements	Benefits and Resources	Enrollment in Georgia
<p><b>Supplemental Nutrition Assistance Program (SNAP)</b></p> <p>Georgia<sup>15</sup></p> <ul style="list-style-type: none"> <li>Resident of the state of Georgia</li> </ul> <p>Non-citizen Individuals</p> <ul style="list-style-type: none"> <li>Lived in the United States for at least 5 years, or</li> <li>Receives disability-related assistance or benefits, or</li> <li>Children under age of 18</li> </ul> <p>Income<sup>16</sup></p> <ul style="list-style-type: none"> <li>Lives at or below 130% of the federal poverty (FPL) income guidelines, depending on household status and deduction calculations</li> </ul>	<p><b>Food Benefits</b></p> <ul style="list-style-type: none"> <li>Monthly monetary benefit loaded on to SNAP/EBT card to purchase fresh fruits, vegetables, and frozen, canned, and shelf stable items<sup>17</sup></li> </ul> <p><b>Health and Nutrition Resources</b></p> <ul style="list-style-type: none"> <li>Nutrition education (i.e., information on healthy eating, safe food, staying active, stretching food dollars, etc.)<sup>18</sup></li> </ul>	<p><b>283,000</b> households with children<sup>19</sup></p>
<p><b>Women, Infants, and Children (WIC)</b></p> <p>Women, Infants, and Children<sup>20</sup></p> <ul style="list-style-type: none"> <li>Pregnant, breastfeeding, and non-breastfeeding postpartum women</li> <li>Infants and children up to age five</li> </ul> <p>Income<sup>21</sup></p> <ul style="list-style-type: none"> <li>Lives at or below 185% of FPL</li> <li>Participating in another assistance program may make an applicant automatically income-eligible for WIC (e.g., SNAP, Medicaid)</li> </ul> <p>Nutrition Risk<sup>22</sup></p> <ul style="list-style-type: none"> <li>Applicants must be determined to be at “nutrition risk” by a health professional or a trained health official</li> </ul>	<p><b>Food Benefits</b></p> <ul style="list-style-type: none"> <li>Nutritionally balanced <a href="#">food packages</a><sup>23</sup></li> <li>WIC Farmers Market Nutrition Program benefits<sup>24</sup></li> </ul> <p><b>Health and Nutrition Resources</b></p> <ul style="list-style-type: none"> <li>Breastfeeding supports<sup>25</sup></li> <li>Healthcare referrals<sup>26</sup></li> <li>Nutrition education<sup>27</sup></li> <li>Immunization screenings<sup>28</sup></li> </ul>	<p><b>217,395</b> total participants<sup>29*</sup></p> <p>*From 2017-2019. Georgia’s WIC coverage rate of eligible individuals was approximately 49%. In 2020, coverage was about 39%.<sup>30</sup></p>

## Policy Recommendations to Support SNAP and WIC

### State Only:

- Strategically engage community organizations and benefit enrollment staff to understand and eliminate barriers to SNAP and WIC
- Ensure state agencies are fully leveraging data to ease enrollment for all eligible households (e.g., use Medicaid or SNAP data to facilitate WIC enrollment)
- Explore and enact opportunities to leverage virtual tools to support physicians in WIC program operations (e.g., electronic prescriptions, referral systems, electronic health data contracts)
- Explore an extension of the WIC Farmers Market Nutrition Program (FMNP) farmers’ market season

### State and Federal:

- Increase culturally and linguistically inclusive resources within SNAP and WIC
- Ensure SNAP and WIC programming and enrollment supports are incorporated in DPH’s\* Home Visiting Pilot

### Federal Only:

- Leverage technology to increase access to and utilization of the WIC FMNP for farmers and WIC participants (e.g., remote trainings, electronic WIC FMNP benefits)
- Increase culturally inclusive foods within WIC food packages
- Expand the WIC child eligibility from age 5 to age 6
- Extend the WIC-certification timeline from 1 year to 2 years
- Explore and incorporate online purchasing for WIC-eligible foods

\*DPH = Georgia’s Department of Public Health

# Nutritious Food for Early Education, School and Afterschool

Five federally-funded feeding programs provide nutritionally balanced meals and snacks to children within early care and education programs, schools, and afterschool programs. Eligibility for participation is based on income, from 130% of FPL (free) to 185% of the FPL (reduced cost).

## Programs Designed to Support Health and Adequate Child Nutrition

Program Description	Enrollment in Georgia <sup>^</sup>
<b>Child and Adult Care Food Program (CACFP)</b> Reimburses for nutritious meals. Child care programs, afterschool care programs, child care homes, emergency shelters, and adult care centers can be CACFP eligible. <sup>31</sup>	<b>129,123</b> average daily attendance <sup>36</sup>
<b>National School Lunch Program (NSLP)</b> Provides nutritionally balanced, free or reduced-cost (based on a sliding scale) lunches to children in public and nonprofit private schools, and residential child care institutions. <sup>32</sup>	<b>1,162,225</b> total participation <sup>37</sup>
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<b>Seamless Summer Option (SSO)</b> Provides the same meal service that is available during the regular school year to hungry kids in the community during the summer. This program is provided through either the NSLP or SBP. <sup>34</sup>	<b>195,371</b> average daily participation <sup>39</sup>
<b>Summer Food Service Program (SFSP)</b> Reimburses for healthy meals and snacks served to children from areas with low-income during summer months when school is not in session. <sup>35</sup>	<b>47,564</b> average daily attendance <sup>40</sup>

## Policy Recommendations

### State Only:

- Ensure state agencies are fully leveraging data to ease enrollment for eligible students (e.g., Direct Certification, which is using Medicaid data to facilitate NSLP enrollment)
- Leverage available data to strategically recruit CACFP-eligible programs (e.g., low-income, low food access areas)

### State and Federal:

- Provide funding for transportation grants to fund innovative approaches and mobile meal trucks to increase access to summer meals
- Promote local food procurement by connecting food systems to child care programs and simplifying procurement processes for CACFP operators

### Federal Only:

- Increase food access by changing the area eligibility requirement from 50% to 40% of the children eligible for free or reduced-price meals
- Streamline CACFP program requirements, reduce paperwork, and maximize technology to improve program access (e.g., streamline CACFP and SFSP applications, virtual monitoring)
- Allow all CACFP participant programs to be reimbursed for an additional meal (e.g., a snack or dinner), as was previously allowed
- Increase nutritious food access for family child care homes and afterschool programs by allowing them to receive a higher reimbursement rate (regardless of location)







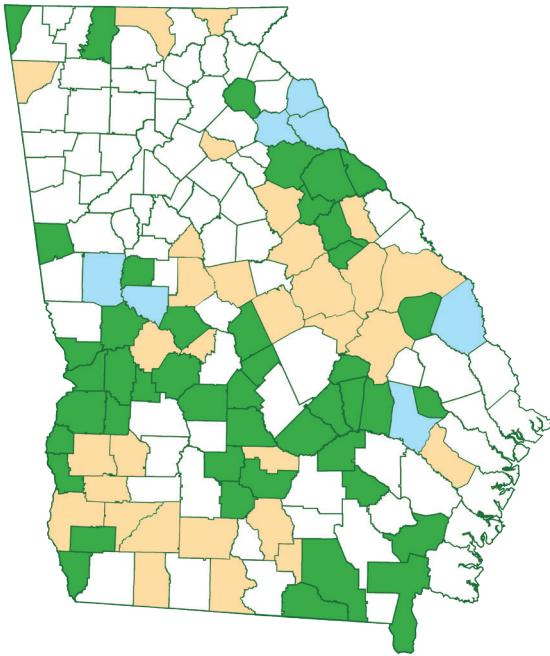
Nationally, 2 in 10 children have one or more emotional, behavioral, or developmental conditions.<sup>1</sup> Undiagnosed, untreated, or inadequately treated conditions can result in poor immediate as well as lifelong outcomes, including significant impact to a child's education. Children with Attention-Deficit Hyperactivity Disorder (ADHD), autism, or developmental delays are **twice as likely to be chronically absent from school** compared to kids without these conditions.<sup>2</sup>

## The Youth Behavioral Health Landscape in Georgia

### Georgia Kids in Crisis

- In Georgia, **suicide is the 2nd leading cause of death** among youth ages 10-17.<sup>3</sup>
- **48%** of children ages 3-17 struggle to or are not able to access needed mental health treatment and counseling.<sup>4</sup>
- **Approximately 70% of youth** in Department of Juvenile Justice long-term facilities have a mental health diagnosis severe enough to require ongoing treatment.<sup>5</sup>

### Accessing Behavioral Health Services in Georgia



When looking at Georgia's counties:

**90** do not have a licensed psychologist<sup>6</sup>

**53** do not have a licensed social worker<sup>7</sup>

**45** do not have a licensed psychologist **OR** a licensed social worker<sup>8</sup>

- Counties without a licensed psychologist
- Counties without a licensed social worker
- Counties without both

### The Role of Schools

Schools often serve as the primary point of access to behavioral health services and supports.



**Social Workers**<sup>9, 10, 11</sup>

What We Have:

1 for every 1,986 students

What We Need:

1 for every 250 students



**School Psychologists**<sup>12</sup>

1 for every 2,137 students

1 for every 500 students



**School Nurses**<sup>13</sup>

1 for every 919 students

1 for every 750 students

# Why We Need Behavioral Health Services

Untreated behavioral health conditions in children and adolescents can lead to:<sup>14, 15</sup>

- Drug and alcohol abuse
- Low educational attainment
- Violent or self-destructive behavior
- Lower rates of employment in adulthood
- Poor physical health (immediate and long term)

## Policy Recommendations

- ✓ Sustain and expand support for the Georgia Apex Program to continue advances in school-based mental health.
- ✓ Ensure full implementation of the Behavioral Health Care Workforce Database and develop strategies to address identified provider shortages and diversify the workforce.
- ✓ Allocate more funding to strengthen crisis support and intervention services, including continued implementation of 988 and mobile crisis services for children and adolescents.

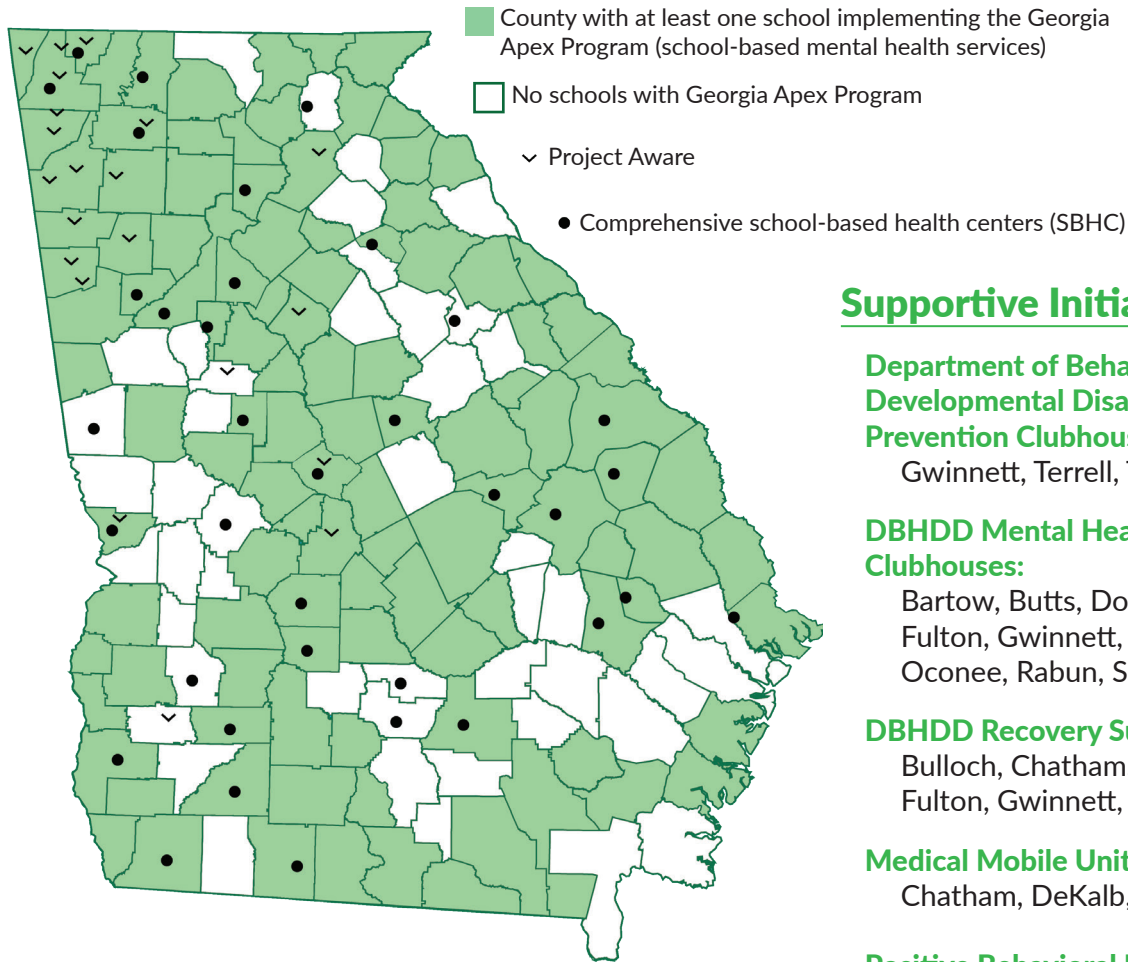
## What's Next?

We need to fully implement Georgia's comprehensive three-year [System of Care State Plan](#)\* for child and adolescent health and support the work of Behavioral Health Innovation and Reform Commission to develop policy which can improve children's behavioral health outcomes.

\*Read Georgia's System of Care State Plan at: <https://dbhdd.georgia.gov/document/meeting-presentation/soc-state-plan-2020-updated81120pdf/download>.



School-based mental health programs are well-positioned to provide a continuum of behavioral health care to students and their families. The following provides an overview of select school-based mental health programs:



Please note that some services and supports are only available in a certain school district or school and are not countywide.

## Supportive Initiatives

### Department of Behavioral Health and Developmental Disabilities' (DBHDD) Prevention Clubhouses:

Gwinnett, Terrell, Troup

### DBHDD Mental Health Resiliency Clubhouses:

Bartow, Butts, Dougherty, Douglas, Fulton, Gwinnett, Laurens, Newton, Oconee, Rabun, Sumter, Thomas, Ware

### DBHDD Recovery Support Clubhouses:

Bulloch, Chatham, Douglas, Floyd, Fulton, Gwinnett, Hall, Muscogee

### Medical Mobile Unit:

Chatham, DeKalb, Fulton

### Positive Behavioral Interventions and Supports (PBIS): [See Voices' PBIS factsheet here](#)

As of September 2022, the Georgia Department of Education (GaDOE) and Regional Educational Service Agencies (RESAs) had coordinated **1,304 Mental Health Awareness Trainings (MHAT)** for **32,444 educators and school staff**, including:<sup>1</sup>

- Trauma 101
- Brain 101
- Trauma to Resilience
- Secondary Traumatic Stress
- Psychological Safety

Please note this list is not comprehensive.

## School-based Access

### Georgia Apex Program

Increases school-based behavioral health capacity through partnerships between community-based providers and local schools and school districts. Both develop partnerships with local schools to provide behavioral health services. **Funding:** DBHDD state funds<sup>2</sup>

### Project Aware

Builds capacity of state and local educational agencies to increase awareness of mental and substance abuse issues through student screenings and school staff trainings. Grantees will assist in developing a statewide framework to provide training to school and community professionals to identify students with mental health needs and connect youth and families to community resources.<sup>3</sup> (Project Aware is currently partnering with the Northeast Georgia RESA serving 13 counties for grant period 2023-2028. Additionally, Bibb, Hall, and Houston County schools have also received awards for grand period 2020-2025.)

### Youth Mental Health First Aid

Provides individuals who interact with youth with skills for helping an adolescent who is experiencing a mental health or addiction challenge or is in crisis<sup>4</sup>

### Sources of Strength

Targets strengthening multiple sources of support, changing social norms and school culture. This program is designed to prevent suicide, violence, bullying and substance abuse by encouraging connections between peers and adults.<sup>5</sup>

### School-based Health Centers (SBHCs)

Improve childrens' access to health services. 117 SBHCs provide mental and behavioral health services through on-site services in partnership with community providers. **Funding:** Foundation grants for start-up costs, insurance billing for sustainability<sup>6</sup>, and the Georgia Department of Education<sup>7</sup>

### Positive Behavioral Interventions and Supports (PBIS)

Facilitates positive school climate and timely identification of behavioral health needs for students. A network of 1,400+ schools and programs representing 62% of Georgia local educational agencies continue implementation with fidelity. **Funding:** DOE state funds PBIS specialists in each Regional Educational Service Agency<sup>8, 9, 10</sup> See [Voices' PBIS factsheet here](#).

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## Telemedicine & Telehealth

### School-based Telehealth (SBTH)

Provides children and families with access to needed primary, acute, and specialty care on a school campus through telecommunication technologies

### Georgia Partnership for Telehealth

172 schools had telehealth equipment, as of September 2022, to be used for behavioral health services through the GPTH network. **Funding:** GPTH grant; school budget for staff time; Medicaid<sup>11</sup>

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## Out-of-School Time

### DBHDD-Supported Clubhouses

**DBHDD Mental Health Resiliency Support Clubhouses:** 16 clubhouses statewide, supported by the Office of Children, Young Adults & Family, to provide supportive services, e.g., educational, social, and employment support geared to engage youth and assist them in managing behaviors and symptoms<sup>12</sup>

**Prevention Clubhouses:** 3 clubhouses statewide, supported by the Office of Behavioral Health Prevention, that were designed to provide prevention services to high-risk youth ages 12-17 to address socio-economic ills and risk factors they face in their communities at home.<sup>13</sup>

**Recovery Support Clubhouses:** 9 clubhouses, supported by the Office of Recovery Transformation for youth and young adults aged 13 to 17 years with substance use challenges. The Recovery Support Clubhouses utilize a comprehensive substance use recovery support model designed to engage adolescents and their families in their recovery.<sup>14</sup>

# School-Based Mental Health Programs: How They Work and Succeed

School-based mental health programs increase much-needed access to mental health support by eliminating barriers to care such as transportation, provider availability and proximity, and cost.

## Why do we need school-based mental health programs?

**40,799**

students in Georgia, 6th through 12th grade, reported having seriously considered attempting suicide.<sup>1</sup>

**48%**

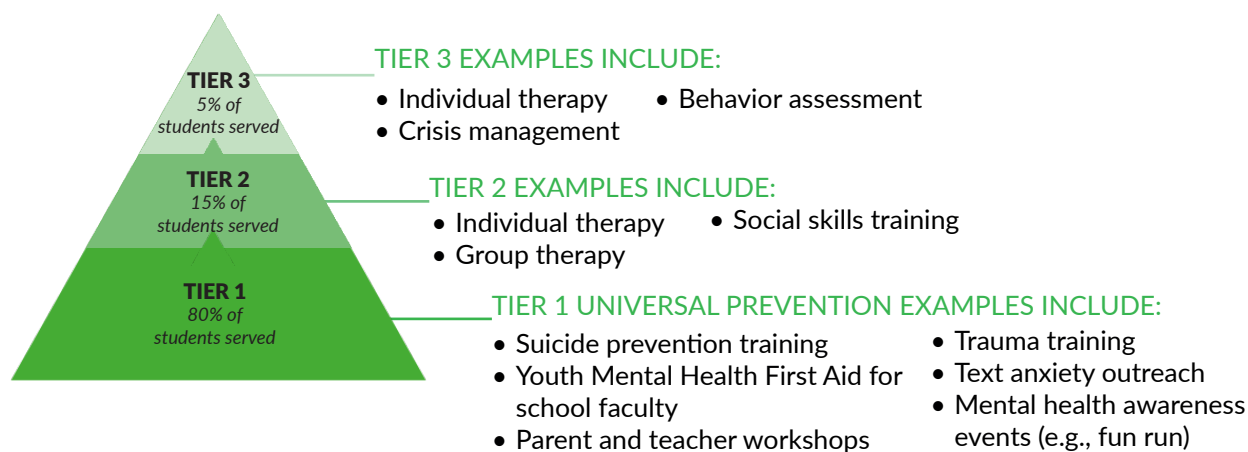
of Georgia's children ages 3-17 had difficulty accessing, or were unable to access, needed mental health treatment and counseling.<sup>2</sup>

**1 in 4**

of Georgia's children, ages 3 to 17 years old, has a diagnosed mental, emotional, developmental, or behavioral problem.<sup>3</sup>

## A Multi-tiered Approach

Comprehensive mental health services are most effective when provided through a multitiered system of supports (MTSS). **MTSS encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed.**



Comprehensive SBBH systems address the full array of services and supports, including **universal prevention**, **targeted intervention**, and **intensive treatment**.

**Tier 1** can be delivered by a **diverse group of student support professionals** (any school staff). **Tier 2** can be delivered by **counselors, social workers, or mental health providers**. **Tier 3** is limited to **licensed clinicians (or those seeking licensure and receiving supervision) only**.

## Factors that Promote Program Success<sup>4</sup>

- Family-school-community collaboration
- Implementation of evidence-based and emerging best practices
- Needs assessment and resource mapping
- Well-trained educators and specialized instructional support personnel

\*Individual therapy uses evidence-based models

# Challenges Experienced by Providers



Limited qualified workforce that will accept the salary\*

*\*Salaries are typically lower than other jobs in the field.*



Clinician burnout (e.g., heavy caseloads and secondary trauma)



Stigma around mental health treatment



Blurred roles in schools and extra demands on clinicians' time\*\*

*\*\*This hinders billable time, which is important for program sustainability.*



Lack of transportation for afterschool/summer services



Limited parental involvement

## Policy Recommendations

### State Agencies and Leadership

- Extend telemedicine reimbursement provisions to support increasing access (including summer services) and family engagement.
- In addition to Express Lane Eligibility for SNAP/TANF, use all other available data to renew coverage for children on Medicaid/PeachCare for Kids® (known as “ex parte” renewals).
- Share school-based mental health program outcomes annually.
- Promote the integrated mental health and primary care model into SBHCs.
- Continue to fund and expand the Georgia Apex Program, a statewide comprehensive SBBH model funded by the Georgia Department of Behavioral Health and Development Disabilities (DBHDD).
- Allocate additional funding to increase DBHDD and Medicaid Behavioral Health provider rates.
- Ensure all provider types can be reimbursed by the appropriate payor (i.e., Medicaid or private insurance) for services delivered in school settings.
- Fund a comprehensive study of the Peer Support workforce opportunities in SBBH programming.
- Allocate funding in the budget to continue improving the ratios of school counselors, social workers, and psychologists in K-12 congruent with national standards.
- Leverage telehealth to increase access to SBBH supports and services, particularly in rural school districts.

### Providers

- Increase peer-to-peer support opportunities for youth and families (e.g., Sources of Strength program, establishing family federation chapters).
- Support clinicians to ease the burden and prevent burnout (e.g., secondary trauma supports, billing programs to minimize administrative burdens).
- Promote free clinical supervision toward licensure and incentives, like federal loan forgiveness.
- Partner with afterschool and summer learning programs.
- Partner with Regional Education Service Agencies (RESAs), School Climate Specialists, and school Positive Behavioral Interventions and Supports (PBIS) coordinators.
- Continue to use telehealth to enhance access to services.

### Schools

- Work with providers to submit community plans to draw down federal funding (e.g., HRSA grants).
- Leverage district- and school-level funds to support program costs.
- Include providers in school meetings and groups (e.g., staff meetings, student support teams) and leverage providers for teacher trainings and professional development.



Through cross-agency collaboration efforts, the work of partners, and recent policy and practice changes, Georgia has made steady progress in reducing barriers to behavioral health services and supports.

## Recent Accomplishments

- Passed the **Mental Health Parity Act (MHPA)**, requiring the creation of the **Behavioral Health Care Workforce Database**, the development of a **cancellable loan program** for behavioral health professionals, and a **study of reimbursement rates** for child and adolescent behavioral health services across public and private insurers (e.g., Medicaid, PeachCare for Kids®, State Health Benefit Plan) and **medical necessity denials**.
- Created a school-based mental health workforce pipeline program that provides school-based graduate training opportunities (within Georgia Apex programs).
- Passed key legislation to help alleviate provider shortages, allowing Georgia to enter into interstate compacts for physicians to practice medicine and psychologists to practice telemedicine in the state, and requiring equal reimbursement for telemedicine services among insurers.
- Revised the clinical experience requirement for associate and licensed marriage and family therapists.
- Allocated one-time gap funding for Psychiatric Residential Treatment Facilities (PRTF) receiving less than \$500 per patient and directed the state to submit a State Plan Amendment to adjust payment rates.
- Allocated funding:
  - To support Georgia Mental Health Consumer Network initiatives, including peer support.
  - To support hiring more school counselors in order to meet the state-mandated ratio of one counselor to 450 students (1:450).
  - For loan repayment programs for physicians, physician assistants, and advanced practice nurses in rural areas, and to support a new nursing faculty program.
  - To support hospitals with graduate medical education programs.

### Mental Health Parity Act

The Mental Health Parity Act (MHPA) improves access to behavioral health services beyond the components that strengthen the workforce. Other provisions include:

- Ensuring limitations for behavioral health services are no greater than those for physical health services;
- Requiring care management organizations to spend 85% of premium revenues on medical claims and efforts to improve quality of care;
- Creating the Multi-Agency Treatment for Children (MATCH) team, which has the potential to increase access to community-based services and supports for children with complex and unmet treatment needs; and,
- Increasing training and support for co-responder programs.

Mindworks Georgia serves as the state director-level, multiagency working group of the Behavioral Health Coordinating Council and is responsible for developing and implementing the system of care framework in Georgia. Also known as the Interagency Directors Team (IDT). Mindworks' Workforce Development Committee contributed to the development of this factsheet.



# Challenges Facing the Child and Adolescent Behavioral Health Workforce

## The Access Challenge

Despite Georgia's recent accomplishments, access to behavioral health services and supports remains a challenge for Georgia's children and families. **Factors affecting access to needed mental health care include:**



Stigma



Lack of transportation



Lack of in-network providers



Cost



Extremely low Medicaid reimbursement rates for behavioral health services<sup>1</sup>



Difficulty navigating the behavioral health system



Lack of caregiver time off

## Select Workforce Challenges

- Nationally, provider turnover rates range from 25% to 60% annually.<sup>2</sup> Leading factors often include administrative burden (e.g., prior authorization, varied documentation requirements among care management organizations) and burnout.<sup>3, 4</sup>
- Graduates lack certain skills, training, and confidence in evidence-based therapies and administrative skills.
- Psychiatric nurses in Georgia have a more limited scope of practice than in comparable states.
- Violence in the workplace disproportionately affects social workers and behavioral healthcare workers, and is associated with decreased job satisfaction, decreased quality of care provided, and decreased staff retention.<sup>5</sup>

## The Landscape in Georgia

- **90** counties do not have a psychiatrist.<sup>6</sup>
- **47%** of youth ages 3-17 had difficulty getting the mental health treatment or counseling that they needed.<sup>7</sup>
- **68%** of youth with major depression reported not receiving mental health services.<sup>8</sup>
- **More than 96%** of counties are designated as Mental Health Professional Shortage Areas (MHPSAs)\*.<sup>9</sup>

## The Cultural Competency Challenge

If families can overcome hurdles to access care, then they face a second major barrier: the lack of adequate, appropriately trained, and culturally and linguistically competent behavioral health professionals.

### Georgia's Increasingly Diverse Population



**14%** of residents speak a language other than English at home.<sup>10</sup>



Asian and Hispanic populations have increased by **53% and 32%**, respectively, while White individuals make up barely over half of the population.<sup>12</sup>



**More than 10%** of the population is foreign-born, which is an almost 40% increase from 1990.<sup>11</sup>

For more information on cultural competency, please see Voices' factsheet: [Cultural Competence: Enhancing Services for Children and Families](#).

\*Mental health shortage area designations are based on the number of providers relative to the population; the population to provider ratio must be at least 30,000-to-1 (20,000-to-1 if there are unusually high needs in the community).

# Recommendations

## Scope and Practice Environment

- Increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees.
- Encourage the practice of combining primary health and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline insurer provider certification, prior authorization, and billing practices.
- Expand authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently.

## Education and Training

- Expand and standardize culturally responsive care training for the behavioral health workforce.
- Develop a Registered Behavior Technician (RBT) program within the Technical College System of Georgia to help meet the state's need for a larger autism and behavioral health workforce.
- Continue to intentionally encourage, recruit, and support diverse and rural students to pursue mental and behavioral health careers (e.g., Georgia Department of Education's HOSA (Health Occupations Students of America)).

## Support

- Conduct a national scan to identify evidence-based practices for provider recruitment and retention.
- Create a tax incentive program to support behavioral health providers that supervise emerging professionals. This program could mirror the Georgia Preceptor Tax Incentive Program for physicians.
- Prioritize identifying ways to integrate foreign-trained health professionals into the work plans of the Secretary of State Office (e.g., licensing boards) and the Georgia Board of Healthcare Workforce, including a licensure pathway, allowing temporary licenses, and comprehensive data collection on available providers.
- Dismantle barriers to licensing for behavioral health professionals.
- Increase funding to support additional staffing within the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
- Leverage the Care Management Organization procurement process to explore and implement metrics that support increased care coordination and address social determinants of health.

## Voices' In-Depth Child and Adolescent Behavioral Health Workforce Resources

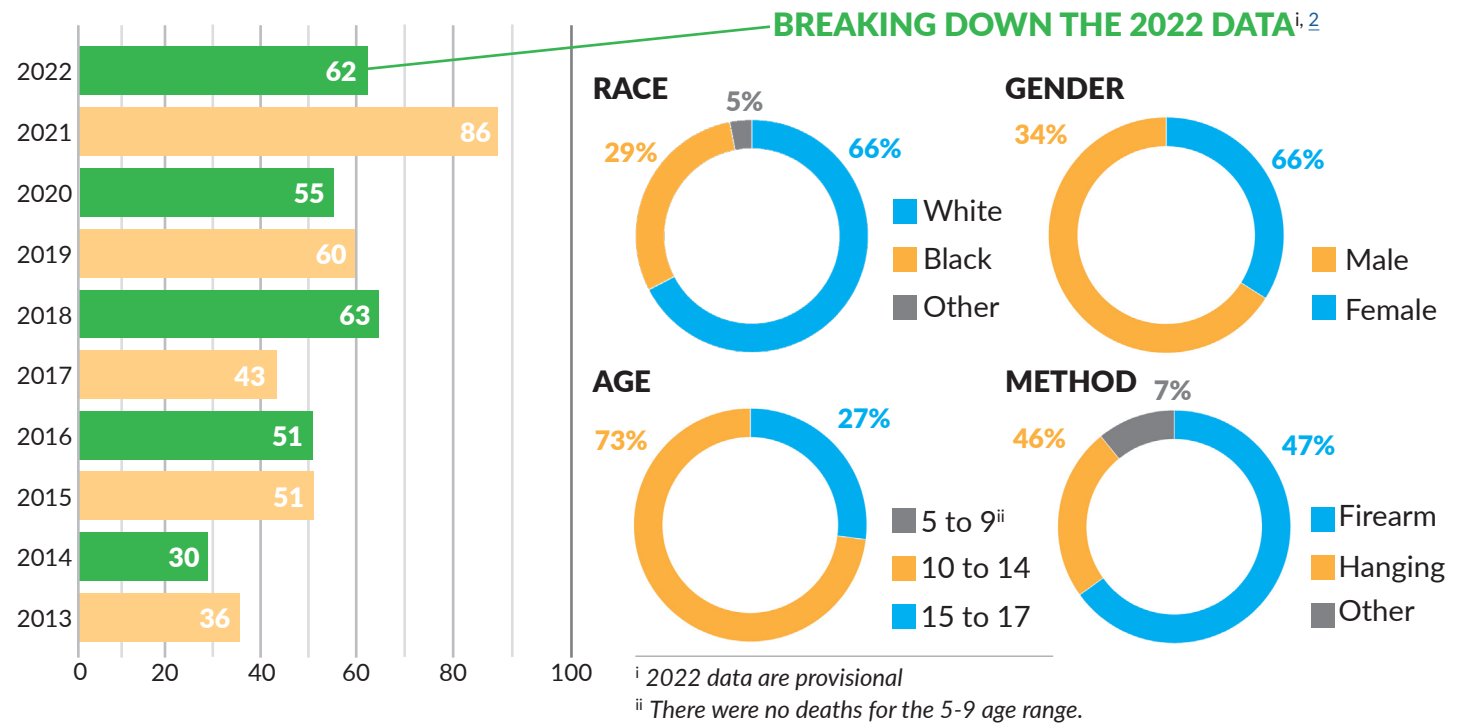
- [An Analysis of Georgia's Child and Adolescent Behavioral Health Workforce](#)
- [Sustaining Georgia's Child and Adolescent Workforce through Supervision](#)
- [Licensing Barriers for Foreign-trained Behavioral Health Professionals](#)
- [Whole Child Primer, 3rd Edition](#)



Suicide was the **fourth** leading cause of death for Georgia children aged 5-17 in 2022.<sup>1</sup>

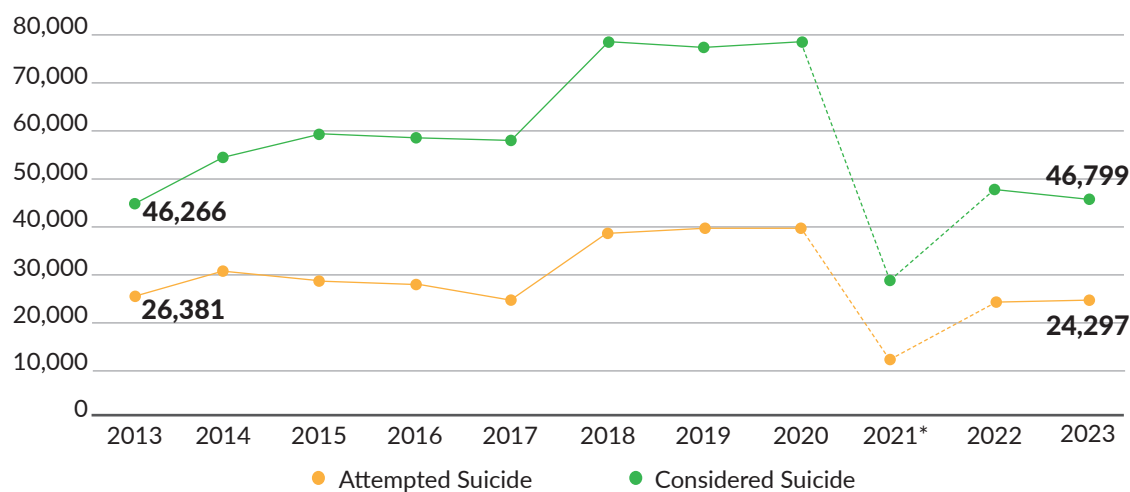
## Youth Suicides in Georgia, Ages 5-17

Source: State Child Fatality Review Panel



## Georgia Student Health Survey

Source: Georgia Department of Education



**In 2023:**  
**73,081** students reported having seriously considered harming themselves  
**44,330** students reported having harmed themselves

Important to note: Responses on the Student Health Survey have been lower post-2021 than prior to that date. In 2022, there were 418,705 responses in comparison to 725,229 responses in 2020.

The number of children, age 0-17 in Georgia who visited emergency rooms for reasons related to suicide **more than doubled** between 2008 and 2022.<sup>3</sup>

\*The Georgia Student Health Survey was not administered during the 2020-2021 school year. Instead, the GaDOE developed a brief Student Wellness Survey to highlight non-academic barriers to learning.

# Warning Signs of Suicidal Behavior

These signs may mean that someone is at risk for suicide. Risk is greater if the behavior is new or has increased, and if it seems related to a painful event, loss, or change. Risk is also greater with the presence of multiple warning signs.<sup>4</sup>

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting online about wanting to die
- Making plans for suicide

## Protective Factors to Prevent Suicide

There are a range of protective factors at the individual, relationship, and community levels that can buffer individuals from suicidal thoughts and behaviors.<sup>5</sup>

### Individual Protective Factors:

- Effective coping and problem-solving skills
- Reasons for living (i.e., family, friends, pets, etc.)
- Strong sense of cultural identity

### Relationship Protective Factors:

- Support from partners, friends, and family
- Feeling connected to others

### Community Protective Factors:

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

## Comprehensive Prevention Strategies and Examples<sup>6</sup>



### Identify and assist persons at risk

Examples: training for community leaders, suicide screening, teaching warning signs, referral to professional help (e.g., 988 Suicide and Crisis Lifeline, My GCAL line and app)



### Ensure access to effective treatment

Examples include: safety planning, evidence-based treatment, and reducing financial, cultural, and logistical barriers to care



### Reduce access to means of suicide

Examples: educating families, distributing gun safety locks, changing medication packaging, installing barriers on bridges



### Promote social connectedness and support

Examples: social programs for specific population groups, promote healthy peer norms, and engage community members in shared activities



### Support safe care transitions and organizational linkages

Examples: formal referral protocols, interagency agreements, crosstraining, follow-up contacts, rapid referrals, and patient/family education



### Respond effectively to individuals in crisis

Examples: mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support programs



### Provide coping and problem solving skills

Examples: Skills training, including parenting programs and education programs that support resilience



### Provide immediate and long-term support after a suicide

Examples: protocols to respond effectively and compassionately after a suicide, supports for people bereaved by suicide



### Substance Use Disorder:<sup>1</sup>

Recurrent use of substances that causes clinically and functionally significant impairment and failure to meet major responsibilities

### Non-substance Disorder:<sup>2</sup>

Behavioral addictions that lead to significant psychosocial and functional impairments

## Substances Used and Misused by Youth

Drug	Type and Consumption			Impact on Health
<b>Alcohol</b>	Depressant	Liquid	In beverages	Impaired brain functioning; increased risk of cancer; weakened immune system; decreased heart health and functioning; damage to the liver and other organs; and increased risky behaviors <sup>3, 4</sup>
<b>Cocaine</b>	Stimulant	Fine, white powder	Snorted, smoked, or injected	Impaired brain functioning; decreased appetite; damage to nose, intestines, and bowels; increased alertness, insomnia, anxiety, and erratic behavior; increased risk for heart issues; and increased risk for infectious diseases <sup>5, 6</sup>
<b>Marijuana*</b>	Psychoactive	Greenish, gray mixture of dried, shredded leaves, stems, seeds, flowers; or resin	Smoked or eaten	Decreased coordination and reaction time; hallucinations, anxiety, panic attacks and psychosis; problems with mental health, learning, and memory; and damage to the respiratory system <sup>7, 8</sup>
<b>Opioids</b>	Pain relievers, depressants, & stimulants	Tablet, capsule, or liquid	Swallowed or injected	Drowsiness, nausea, constipation, and confusion; slowed breathing and death; and increased risk of infectious diseases <sup>9, 10</sup>
<b>Tobacco</b>	Stimulant	Cigarettes, cigars, bidis, hookahs, snuff, or chew	Smoked, snorted, chewed, or vaporized	Increased blood pressure, breathing, and heart rate; greatly increased risk for cancer; and increased risk for chronic bronchitis, emphysema, heart disease, cataracts, and pneumonia <sup>11, 12</sup>

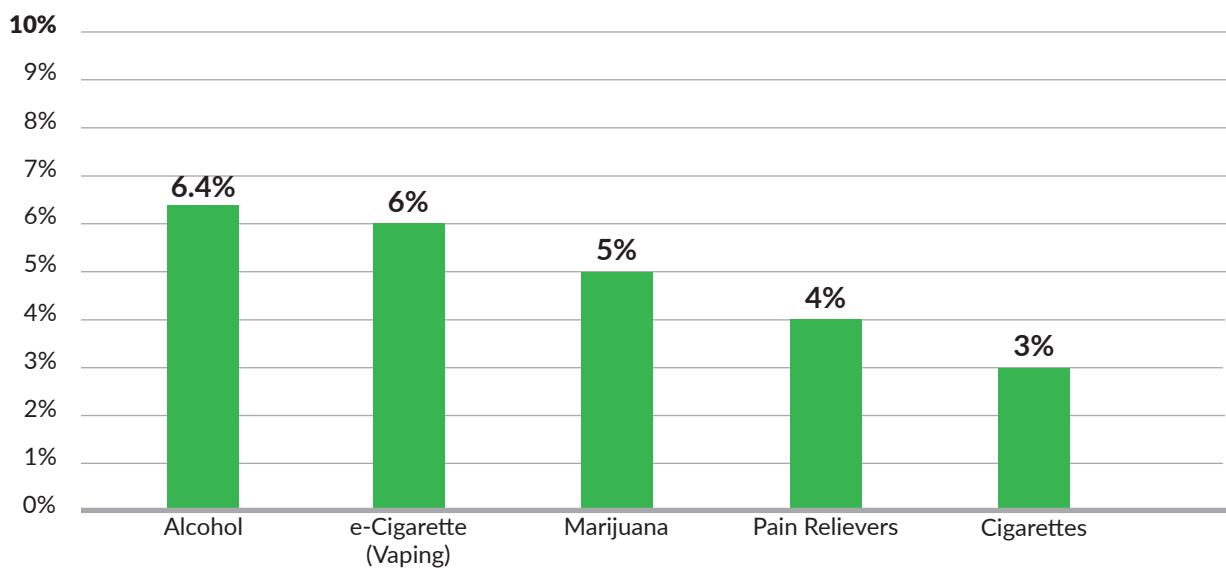
\*Legislation passed in 2017 and 2018 that expanded the conditions for which cannabis oil can be prescribed to include post-traumatic stress disorder (PTSD), intractable pain, Tourette's syndrome, Autism Spectrum Disorder, Epidermolysis bullosa, Alzheimer's disease, human immunodeficiency syndrome, autoimmune disease, and peripheral neuropathy.

## Non-substance Disorders

Drug	What it is	Impact on Health
<b>Pathological Gambling</b>	A formally recognized and treatable addiction to regulated and non-regulated gambling and betting that causes significant problems in a child's life	Loss of means to protect well-being (e.g., money, school materials, food, etc.); stress and guilt associated with loss and debt; damaged relationships; and increased risk for mental health disorders, crime, substance use, and risky behaviors
<b>Disordered Eating</b>	Serious and sometimes fatal disorders (i.e., Anorexia Nervosa, Bulimia Nervosa, Binge-Eating) that involve a disruption in an individual's eating behaviors and thoughts about food and body weight. <sup>13</sup> Common behaviors may include being extremely restrictive in the amount and type of food consumed or binge-purge cycles, which involve binge eating followed by purging episodes through vomiting, laxatives, diuretics, fasting or excessive exercise <sup>14</sup>	Bone and muscle deterioration; brittle hair and nails; low blood pressure; slowed breathing and pulse; lethargic or sluggish; development of acid reflux disorder; worn tooth enamel; chronically inflamed and sore throat; and damage to major organs, including possible multi-organ failure <sup>15</sup>

## Did you know?

- **Alcohol, marijuana, and nicotine vaping products** are the most commonly used substances among adolescents.<sup>16</sup>
- **More than 16,000** Georgia high school students reported using marijuana in the last 30 days.<sup>17</sup>
- Georgia has the **5th highest** marijuana possession arrest rate in the nation and a Black person is **3 times more likely** to be arrested for possession than a White person.<sup>18</sup>
- In the 2023 Georgia Health Student Survey, **24% of girls** and **11% of boys** reported forced vomiting, using laxatives, or avoiding food in the last 30 days in order to lose weight.<sup>19</sup>
- In the last month, Georgia students say they have used the following substances:<sup>20</sup>



The Georgia Student Health Survey is offered annually. "The last month" refers to the month prior to the students completing the survey. This measure is used to assess alcohol and drug use among youth and can be compared to national data from the Youth Risk Behavior Surveillance System (YRBSS).

Opioids are a class of drugs that act in the nervous system to produce feelings of pleasure and pain relief.<sup>1</sup> They can be generally classified into three categories:<sup>2</sup>

## Prescription Opioids

These can be prescribed by doctors to treat moderate to severe pain, but can have serious risks and side effects.

Common types are: oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone.

## Fentanyl

Fentanyl is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain.

The illegal manufacture and distribution of fentanyl has been on the rise in several states.

## Heroin

Heroin is an illegal opioid.

Heroin use has increased across the United States among men and women, most age groups, and all income levels.

**Addiction** (termed “substance dependence” by the American Psychiatric Association) is defined as a **brain disease** that leads to compulsive substance use despite harmful consequences.<sup>3</sup>

## Opioids and Georgia’s Children

Opioid misuse and addiction can negatively impact childrens’ and adolescents’ lives in multiple ways. Parental misuse, during pregnancy or otherwise, can lead to unintended consequences for their children, including health challenges at birth, inadequate supervision, or other experiences which could negatively affect a child’s short- or long-term wellbeing. Youth opioid misuse may result in addiction, potentially impacting a child’s academic performance, brain development, or life span.

## Impact of Parental Misuse

Neonatal Abstinence Syndrome (NAS) is a set of clinical withdrawal signs and symptoms present in a newborn infant that results from the abrupt discontinuation of chronic fetal exposure to illegal or prescription drugs that were used or abused by the mother during pregnancy.<sup>4</sup>

**762** confirmed cases of NAS in Georgia in 2017, and **20%** were attributed to opioids<sup>5</sup>

More than **1 in 3** infants with NAS were born to mothers 25-29 years of age<sup>6</sup>

**41.5%** of children who entered foster care from July 2022 to June 2023 did so due to parental substance abuse<sup>7</sup>

## Misuse Among Georgia’s Youth

During the 2022-2023 school year, among middle and high school students:



Nearly **15,500 students** reported taking a prescription drug painkiller than was not prescribed for them within the last 30 days<sup>8</sup>



Approximately **9,500 students** reported using heroin within the last 30 days<sup>9</sup>



# Opioid Deaths Among Adolescents (Ages 10-19) in Georgia

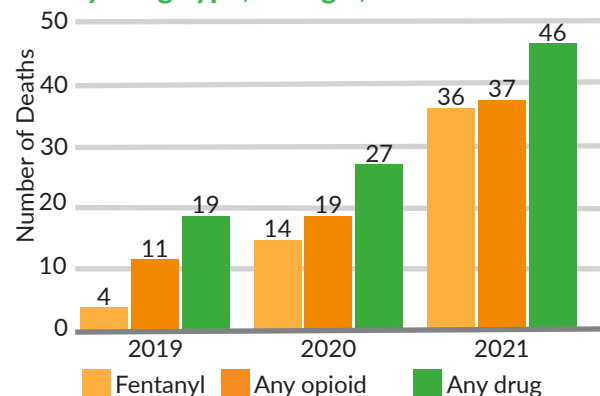
From 2019 to 2021, Georgia saw:<sup>10</sup>

- a **236% increase** in opioid overdose deaths
- a **800% increase** in overdoses involving fentanyl
- Fentanyl overdoses rise to **78% for adolescents**, compared to 53% for adults

In 2021, **80%** of all overdose deaths among adolescents involved opioids.<sup>11</sup>

Opioid-involved overdoses accounted for **7,954** emergency department visits and **2,822** hospitalizations.

Overdose Deaths Among Adolescents by Drug Type, Georgia, 2019-2021<sup>12</sup>



## Select Examples of Georgia's Response

- Pharmacists across the state are allowed to dispense naloxone/Narcan, an opioid overdose reversal drug (effective in 2017).<sup>13</sup>
- The Opioid and Substance Misuse Unit is implementing a sustainable, collaborative, and multi-disciplinary approach, by forming eight workgroups and one supporting committee on Multicultural Inclusion; Prevention Education; Maternal Substance Use; Data and Surveillance, Prescription Drug Monitoring Program, Treatment and Recovery; and Control and Enforcement; Harm Reduction and Hospice. Each workgroup outlined strategic next steps for the state.<sup>14</sup>
- The Criminal Justice Coordinating Council (CJCC) received funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to create the Georgia Opioid Affected Youth Initiative competitive grant opportunity that supports strengthening opioid misuse and overdose data collection, overdose prevention training, treatment and recovery services, and more.<sup>15</sup>
- Secured \$636 million from the multi-state opioid settlement with three major pharmaceutical distributors to strengthen state and local prevention efforts.<sup>16</sup>

## Recommendations

- Increase state funding for treatment and prevention efforts, including youth-focused opioid misuse awareness campaigns and evidence-based positive youth development and resilience programs (e.g., Strengthening Families, Prevention Clubhouses).
- Ensure annual collection and reporting of opioid-related data, including NAS/Neonatal Opioid Withdrawal Syndrome (NOWS), youth misuse, and fatal and non-fatal overdoses.
- Encourage naloxone (Narcan) availability within schools, afterschool sites, community programs, and similar settings serving children and adolescents.
- Leverage internet-based learning networks (e.g., Maternal Health ECHO) to provide healthcare providers consultation, training, and collaboration opportunities for treating NAS/NOWS, pregnant women with opioid misuse challenges, and to increase awareness of family-centered treatment and recovery support services.
- School Districts: Allocate a portion of opioid settlement funding to train teachers, school nurses, and counselors to increase identification of youth opioid misuse and improve access to services and supports.

Autism and Autism Spectrum Disorder (ASD) are used interchangeably to describe a group of complex disorders of brain development that impact how people communicate, interact, and behave.<sup>1</sup> **Behaviors associated with ASD can be evident in children prior to two years old, however most signs and symptoms begin to appear between 2-3 years old.**<sup>2</sup> Therefore, early intervention services are crucial, as they are more effective when provided early in life.<sup>3</sup> Additionally, early diagnosis and intervention for autism have long-term positive effects on symptoms and skills.<sup>4</sup> Unfortunately, accessing early intervention and autism services can be difficult, with barriers including the availability of qualified and adequately trained professionals, the lack of transportation, and gaps in healthcare coverage.



## Diagnosing Autism Spectrum Disorder

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the primary tool for diagnosis of ASD. In order for a child to be diagnosed with ASD, the DSM-5 requires that they demonstrate a combination of:<sup>5</sup>

### Persistent deficits in social communications and interactions:

- Ability to engage in social interactions between two or more people
- Nonverbal communicative behaviors used for social interaction
- Developing, maintaining, and understanding relationships

..... **AND** .....

### Restricted and repetitive patterns of behaviors, interest, and activities:

- Repetitive motor movements, use of objects, or speech
- Insistence on sameness; inflexible adherence to routines
- Highly restricted, abnormally intense, and fixated interests
- Hyper- or hyporeactivity to sensory input; unusual interest in sensory aspect of environment

## Autism and Co-Occurring Conditions

Autism is often associated with other intellectual delays or structural/language disorders. Additionally, many individuals with autism also experience symptoms of another mental health diagnosis. For example, **70% of individual with autism may have one additional mental diagnosis, and 40% may experience two or more combined mental diagnoses.** Some common co-occurring diagnoses include: ADHD, anxiety, depression, development and coordination disorders, and learning disorders.<sup>6</sup>

## Autism Spectrum Disorder in Georgia



**66,966** children, ages 3-17, were diagnosed with autism in 2022.<sup>7</sup>

### Factors related to apparent increase in prevalence:<sup>8</sup>

- Improved diagnosis criteria
- Environmental influences, such as parental age at conception, prematurity, and birth weight
- Increased awareness and earlier screenings

# Behavioral Analysts in Georgia<sup>9</sup>

Applied Behavior Analysis is an evidence-based therapy used for people with autism and other developmental disorders that addresses language and communication, attention and memory, and behavior concerns.<sup>10</sup>

Certification	Doctoral (BCBA)	Master/Graduate (BCBA)	Bachelor (BCaBA)	RBT	Total
Statewide Count	89	1,429	72	6,200	7,790

**BCBA:** Board Certified Behavior Analyst

**BCaBA:** Board Certified Assistant Behavior Analyst

**RBT:** Registered Behavior Technician

## Stay Tuned

Voices, along with various community partners and state agencies, is committed to supporting children and families access autism services. Therefore, Voices is leading a systems evaluation to determine how to increase access to autism early intervention services, diagnosis channels, and resources. We all look forward to sharing our findings with you soon!

## Recommendations

- Increase workforce capacity to serve, and availability crisis services and supports for, individuals with dual diagnoses (e.g., behavioral health disorder and intellectual/developmental disability).
- Require public and private insurers to allow ABA therapy upon autism diagnosis from primary care physician or child psychiatrist while waiting for a psychological evaluation.
- Develop a Registered Behavior Technician (RBT) program within the Technical College System of Georgia to help meet the state's need for a larger autism and behavioral health workforce.
- Review and, if necessary, strengthen policies, procedures, state licensing provisions and quality monitoring of residential treatment and respite care for children and youth with behavioral health conditions, including serious emotional disturbance, substance use disorders, and autism.
- Assess gaps in coordination of services through Babies Can't Wait (Department of Public Health) and the Preschool Special Education Program (Georgia Department of Education), then structure and fund programs adequately.
- Encourage schools to partner with community providers of autism services to increase availability of supports in academic settings.
- Promote early identification educational opportunities for new and existing child care workforce members to better serve infants and young children aged 0-4 and their caregivers.

## Specific Learning Disability

Learning disabilities are due to genetic and/or neurobiological factors that alter brain functioning in a way which affects one or more processes related to learning.<sup>1</sup> While all children can exhibit symptoms that can indicate a learning disability, children with a **specific learning disability (SLD)** have symptoms that do not disappear as they grow older.<sup>2</sup> Learning disabilities and intelligence are NOT related.<sup>3</sup> The majority of students who receive special education services are served under the SLD category.<sup>4</sup>

**79,403**

children across the state's 200+ school districts have been diagnosed with a SLD.<sup>5</sup>

**Approximately 34%**

of Georgia's students receiving special education services have a SLD.<sup>6</sup>

## What is dyslexia?<sup>7</sup>

**Dyslexia**, which is recognized as a SLD, is considered a language-based learning disability. Children with dyslexia usually experience difficulties with reading, as well as other language skills such as spelling, writing, and pronouncing words. Dyslexia impacts academic success for students in traditional instructional environments. Additionally, in its more severe cases, dyslexia can also qualify them for special education, special accommodations, or extra support services.

## Symptoms to Look For<sup>8</sup>

Children with dyslexia often show difficulty with the following:



### Early Literacy Challenges

- Rhyming
- Identifying the beginning, middle, and ending sounds in words
- Reading and writing their own name



### Reading Challenges

- Learning the sounds that correspond with letters
- Sounding out words
- Differentiating similar looking letters or words
- Reading accurately (may leave out parts of words or add sounds)
- Text comprehension



### Writing Challenges

- Spelling
- Correct use of capitalization and punctuation
- Legible handwriting and spacing

## Screening for Dyslexia in Georgia's Children

In 2022, Georgia's State Board of Education approved a new rule which supports K-3rd grade students who have characteristics of dyslexia through timely and effective screenings and referrals, as well as increased access to resources for children and parents.<sup>9</sup> This rule can be found [here](#).

## Common Characteristics of Dyslexia<sup>10</sup>

Age Group	Potential Difficulties
Kindergarten through 2nd grade	<ul style="list-style-type: none"><li>• Reading errors aren't connected to the sounds of the letters on the page (e.g., will say "puppy" instead of the written word "dog" when there is an illustrated page with a dog)</li><li>• Expresses how hard it is to read or disengages when it is time to read</li><li>• A familial history of reading trouble</li><li>• Unable to sound out simple words like cat, map, nap</li></ul>
2nd grade and higher	<ul style="list-style-type: none"><li>• Very slow to acquire reading skills; reading may be slow and awkward</li><li>• Avoidance of reading; gaps in vocabulary as a result</li><li>• Confuses words that sound alike, such as saying "tornado" for "volcano"</li><li>• Mispronunciation of long, unfamiliar, or complicated words</li></ul>

### Dyslexia and Co-Existing Conditions<sup>11, 12</sup>

Dyslexia often overlaps with other distinct conditions. For example, children diagnosed with dyslexia may also be diagnosed with attention-deficit/hyperactivity disorder (ADHD), struggle with peer relationships, or experience poor self-image. Therefore, comprehensive diagnosis and treatment plans are crucial to support children with dyslexia.

## Policy Recommendations

- Shore up Child Find prior to the age of 6 and ensure that speech-language interventions are in place early.
- Provide training for ALL new teachers through the schools of education, relating to identifying dyslexia/reading problems and knowing how to teach students reading skills.
- Embrace the Cox Campus' "Read Right from the Start" program that provides instruction to existing teachers and educators on how to teach reading.
- Expand early screening by building the expertise of educators and healthcare professionals to detect the early signs of a learning disability.
- Work with the Sandra Dunagan Deal Center for Early Language and Literacy to ensure that the dyslexia piloted legislation from 2019 is well-implemented and well-evaluated.

Babies Can't Wait (BCW), which is housed in the Georgia Department of Public Health, is Georgia's early intervention program available to **children ages zero to three years old with disabilities and developmental delays.**<sup>1</sup> Through BCW, a team of multidisciplinary healthcare professionals assesses, educates, and implements a family service plan to help ensure children receive every opportunity to fulfill their potential.<sup>2</sup>

## Why is early intervention important?



The brain develops rapidly from birth to age three. **This is a critical window of opportunity to detect and address developmental delays before they become significant barriers to healthy development.** BCW staff work closely with physicians and healthcare providers to identify children showing signs of developmental disabilities or delays, so that needed supports can be provided early on, and long-term developmental challenges can be prevented or mitigated.



**babies can't wait**

## Who qualifies for services?

Family members/caregivers receive support and resources to enhance learning and development in the child's natural environment (e.g., home or community setting).<sup>3,4</sup> Anyone can refer a child to the program including, but not limited to:<sup>5</sup>



Parents



Childcare Providers



Doctors



Families can receive a free developmental evaluation to determine eligibility for services and supports.<sup>6</sup>

## Children Served by Babies Can't Wait



**17,151** children were served in FY21<sup>7</sup>



An increasing number of children are referred and eligible each year<sup>8</sup>

*It's likely that more children are in need of services than BCW can currently serve, given existing constraints.*



## Funding and Financing

### How is the program funded?

Federal funding is provided from the Office of Special Education Programs, Individuals with Disabilities Education Act. Babies Can't Wait also receives state funds.

### Who pays for services?<sup>9</sup>

- Services are first billed to the child's health insurance (where applicable and with parent permission)
- A sliding fee is determined based on income and family size
- BCW serves as a payor of last resort, if needed

## Effectiveness of Babies Can't Wait<sup>10</sup>

- **98.9%** received timely services
- **99.3%** received an initial evaluation, assessment, and initial Individualized Family Services Plan (IFSP) meeting within 45 days
- **99.6%** had IFSP developed with transition steps and services within timeline
- **100%** of Local Education Authorities (LEAs) were notified of a toddler's potential eligibility for Part B within timeline
- **99.8%** had a transition conference conducted within the required timeline
- **90%** received services in a home or community setting
- **84.2%** who entered early intervention below age expectations in the use of appropriate behavior to meet their needs substantially increased their behavior growth by age three or time of program exit

## What are the steps to receive early intervention services?<sup>11</sup>

- 1 Referrals** can be made by anyone including but not limited to a pediatrician, family member, care provider, or a parent/guardian for assessment. Assessment of children must start within 45 days of referral.
- 2 Intake** is conducted by BCW Service Coordinators (SC) and/or BCW Intake Service Coordinators (ISC) to assess potential delays or diagnoses. Early Intervention Coordinators (EIC) and Service Coordinators ensure that children receive assessments and services in a timely fashion and align with the care plan; they also ensure that timely and complete data is collected.
- 3 The Individualized Family Services Plan (IFSP) team**, which includes parent(s)/guardian(s), service provider(s), Service Coordinator(s), and anyone the family deems necessary, create an IFSP based on the child's needs.
- 4 Children and families receive services for conditions based on their IFSP up until their 3rd birthday. Services are provided by BCW local agency staff and contracted providers** (Physical Therapists, Occupational Therapists, Speech Language Pathologists, Special Instructors, and other BCW contracted providers.)
- 5 The child's progress is evaluated every six (6) months** or as needed based on the needs of the child and the concerns of the IFSP team. BCW Service Coordinators work with providers and families to determine if additional services are recommended<sup>12</sup>
- 6 Transition** plans begin at 27 months. BCW Service Coordinators help families develop a plan to determine which next step will support the child's developmental needs after they have exited the BCW program. Options for next steps include **private therapy services, private childcare, preschool special education classroom, Head Start/Early Head Start, or staying at home**. This includes creating an educational plan to compare all transition options.

Babies Can't Wait is a federally regulated program under the Individuals with Disabilities Education Act, specifically, Part C of the law. The program is to be a statewide, coordinated, multidisciplinary interagency system that provides early intervention services for infants and toddlers, and coordinates developmental, educational, and community supports for those children. However, eligibility criteria may vary state to state.

## Challenges to the Success of the Babies Can't Wait Program

While Babies Can't Wait is implemented in all 18 public health districts, the program has encountered challenges with having enough contractors, particularly in rural areas of Georgia, to meet all the service needs of the children enrolled. **Understaffing ultimately results in children/families receiving delayed services or not receiving the recommended services.**

### Recommendations to Strengthen Babies Can't Wait

- Work closely with local agency staff, stakeholders, and community partners to assess and address staff/program recruitment and retention issues.
- Streamline coordination and follow-up coordination/communication between referral source (e.g., physician) and program staff across the state.
- Continue to recruit providers to serve in all districts at numbers that meet the demand for services.
- Continue to offer telehealth as a platform for providing services to parents/caregivers where possible.
- Continue to explore whether there are early intervention services provided by the state which could be billed to Medicaid and/or private insurance (e.g., provider-to-provider consultations to coordinate services). If feasible, this would allow greater flexibility for IDEA Part C grant funds to support case management.







Adverse Childhood Experiences (ACEs), or early negative experiences, can lead to negative impacts later in life, such as **poor mental and physical health, lower academic achievements, and substance abuse.**

## What are ACEs?

In the research discussed here, ACEs refer to these experiences:<sup>1</sup>

- Homelessness
- Involvement in child welfare systems
- Medical trauma
- Natural disasters
- Neglect (physical/emotional)
- Household: substance abuse, mental illness, domestic violence, incarceration, parental abandonment, divorce, and loss
- Community violence
- Discrimination (including racism and sexism)
- Abuse (emotional/physical/sexual)
- Bullying/Violence of or by another child, sibling or adult

## The Impact of Adverse Childhood Experiences

Children with ACEs are at an increased risk of negative outcomes in multiple areas of their lives: <sup>2, 3</sup>



- Poor health, including mental health
- Substance abuse



- Depression
- Risky behavior
- Difficulty concentrating or making decisions



- Poor academic achievement
- Employment problems

## Prevalence of Adverse Childhood Experiences in Georgia<sup>4</sup>

Georgia collects data from adults about ACEs they experienced as children through the Georgia Behavioral Risk Factor Surveillance System (BRFSS).<sup>5</sup> The most recent available data is from 2020. (This research does not include the ACEs of neglect and/or having a family member attempt or die by suicide.)<sup>6</sup>

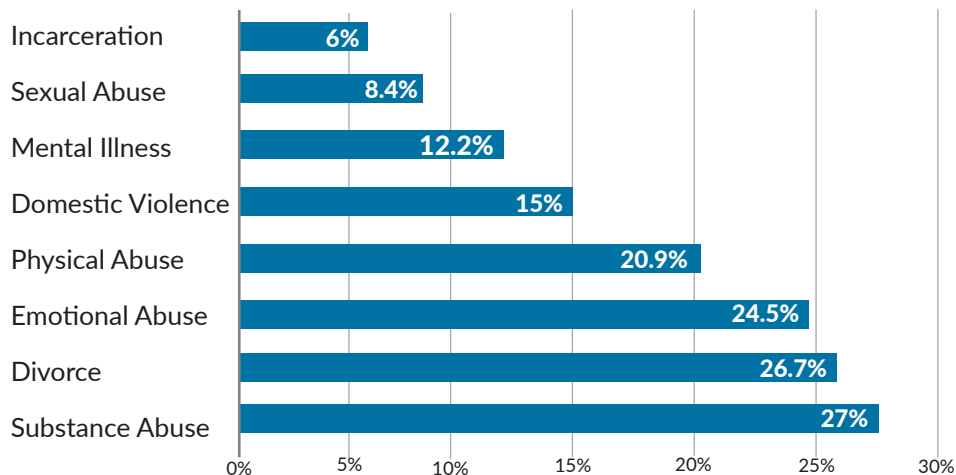
Nearly **3 in 5** surveyed Georgians reported having experienced at least one ACE.

**16.3%** of Georgians reported having experienced at least four ACEs.

**18%** experienced 4+ ACEs.

## Types of ACEs Experienced by Georgians<sup>7</sup>

The ACEs reported being experienced most frequently: being insulted or sworn at by one's parents (28.9%) and divorced parents (27.4%).



## Policy Recommendations

The following recommendations build protective factors around families. In order to adequately tackle ACEs and toxic stress, an adequate support system for each child should be at the center of any child policy platform.

### Early Care and Learning

- Create an environment where the effects of toxic stress are buffered with appropriate supports

### Early Intervention

- Increase access to health care and home visiting support, including screening, diagnosis, and intervention

### Parental Health

- Address parental mental and behavioral health to minimize, or even prevent, a child's exposure to traumatic environments

### Afterschool and Summer Learning Programs

- Increase funding and prevalence for quality afterschool and summer learning programs like the Boys and Girls Clubs and YMCAs to increase access and ensure affordability

### Foster Youth Care

- Maximize implementation of the federal Family First Prevention Services Act
- Develop procedures that enable continuity of behavioral health and primary care while youth are in foster care and after they're transitioning out of the system

### Juvenile Justice and School Discipline

- Train school resource officers and public safety officers who engage with children in child development and trauma awareness

### Workforce and Systems Development

- Train caregivers and child-serving professionals on the effects of trauma and stress on children and youth to ensure they respond appropriately to behaviors and initiate effective interventions

### Nutrition

- Increase funding for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

### Stable Housing

- Improve Georgia's renter protection laws to reduce incidents of unsafe housing and eviction



The Family First Prevention Services Act (FFPSA) changes the child welfare system by allowing states to use federal funds under Title IV of the Social Security Act to support families and prevent foster care placements. Georgia began phased implementation of FFPSA in Fall 2021<sup>1</sup> and the state's Title IV-E Prevention Plan was approved in October 2022<sup>2</sup>. There are two main components of the act:

- 1) optional foster care prevention services and programs
- 2) required changes to congregate care

Family First services, offered in several counties across the state, will include Multisystemic Therapy (MST) and Functional Family Therapy (FFT); two evidence-based treatments to address behaviors of youth at risk for out-of-home placement.<sup>3,4,5</sup> As of Fall 2023, MST services are offered in Chatham and Richmond counties, and FFT services are offered in DeKalb and Cherokee counties.<sup>6</sup>

## Evidence-Based Programs Included in Georgia's Prevention Plan<sup>7</sup>

### 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.

### Parents as Teachers

**Target population:** Expectant families 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 age to develop positive parenting skills.

### Brief Strategic Family Therapy (BSFT)

**Target population:** Family with children or adolescents (6 to 17 years) who display/are at risk for developing problem behaviors including drug use and dependency, antisocial peer association, 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.

### Multisystemic Therapy (MST)

**Target population:** Youth aged 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.

### Functional Family Therapy (FFT)

**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 and multicultural contexts.

# Facts about Foster Care Prevention and Services Programs<sup>8</sup>

## Who is eligible?



Children at imminent risk of entering foster care (children who receive ongoing family preservation services)



Children/youth post permanency and their caregivers



Expectant and parenting youth in foster care



Eligibility is **not** dependent on family income

## What Services and Programs are Eligible for Reimbursement for Title IV-E funds?<sup>2</sup>



Mental health services



Substance abuse prevention and treatment services



In-home parenting programs

## How does a state obtain funding for services or program?

- State must maintain a **written** prevention plan for each eligible child and collect data on programs and services administered.
- Services or programs must be **trauma-informed and evidence-based**.
- Services or programs must be based on promising, supported, or well-supported practices.

**Half of the cost of prevention services, training, and related administrative tasks can be covered by Title IV-E funds.**

## Congregate Care

FFPSA limits foster care payments for group homes for up to two weeks only.\* Although FFPSA limits federal reimbursement for foster care maintenance payments for group homes, the limitations do not currently impact the ability to place youth in group homes if it is determined to be the most appropriate placement.<sup>10</sup>

### Qualified Residential Treatment Programs (QRTP)\*\* must meet the following requirements:<sup>11</sup>

- Use a trauma-informed treatment model
- Have registered or licensed nursing and clinical staff onsite
- Facilitate family outreach and participation
- Document family integration into the treatment process
- Provide discharge planning and family-based supports for at least 6 months after discharge
- Meet the treatment needs of children as determined by an assessment within 30 days of placement
- Be licensed and accredited by one of the following:
  - Commission on Accreditation of Rehabilitation Facilities
  - Joint Commission on Accreditation of Healthcare Organizations
  - Council on Accreditation
  - Other nonprofit accrediting organization approved by the Secretary

\*This rule went into effect September 30, 2021.

\*\*Georgia does not have a definitive timeline for implementing QRTPs. A decision regarding timeline and implementation will be made when concerns around QRTPs being subject to the Medicaid Institution for Mental Disease (IMD) exclusion are resolved with the Department of Community Health and Centers for Medicare and Medicaid Services.<sup>12</sup>

The Federal Foster Care Program, also called Title IV-E, helps provide safe and stable out-of-home care for children until they are able to safely return home, placed permanently with adoptive families or legal guardians, or placed in other planned arrangements.<sup>1</sup>

## What has Georgia received from Title IV-E?

In FY 2024, the Department of Human Services is projected to receive \$144,695,726 for Title IV-E.<sup>2</sup> The Department of Juvenile Justice has thus far in FY24 received \$184,104.\*

Funding activities include:

- Monthly maintenance payments for daily care and supervision of eligible children<sup>3</sup>
- Administrative costs to manage the program at the state level<sup>4</sup>
- Training of staff and foster care providers<sup>5</sup>
- Title IV-E Child Welfare Education Program provides stipends, tuition and fees, and travel funds for competitively selected Master of Social Work (MSW) and Bachelor of Social Work (BSW) senior students to prepare them for competent professional child welfare practice<sup>6</sup>

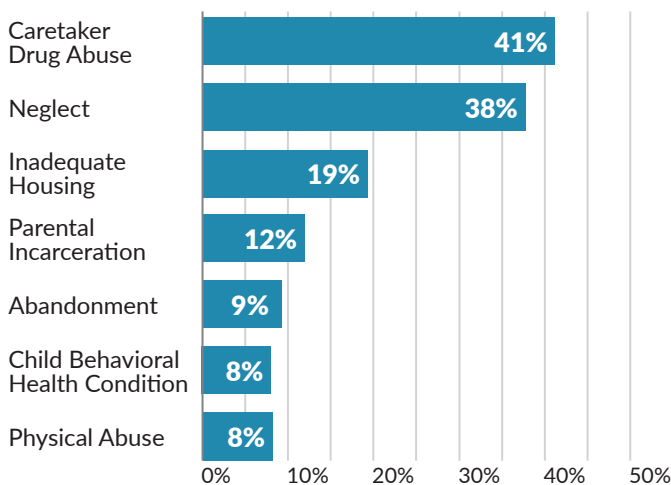
\* as of November 14, 2023

## What does Georgia's foster care system look like?



**10,843** kids were in Georgia's foster care system, as of March 31, 2023<sup>7</sup>

### Child and Family Circumstances at Removal<sup>8</sup>



A child can be removed from the home for more than one reason.  
Source: Georgia Division of Family and Children Services data

### Family First Prevention Services Act<sup>9</sup>

The Family First Prevention Services Act reformed Title IV-E to fund prevention services to youth in ongoing services/family preservation and their caregivers, and expectant or parenting youth in foster care.

The changes help keep children safe with their families and avoid the traumatic experience of entering foster care, emphasize the importance of children growing up in families, and help ensure children are placed in the least restrictive, most family-like setting appropriate to their needs.

### Title IV-E Prevention Program Components:<sup>10</sup>

- 12 months of the following activities\*:
  - Mental health and substance abuse prevention and treatment services
  - In-home parent skill-based programs
  - Kinship navigator programs
- Mandatory prevention plan for a child so that the child may remain safely at home
- Eliminates time limit for family reunification
- Evidence-based and trauma-informed requirements for all services and programs

\*Must be approved by Title IV-E Prevention Services Clearinghouse



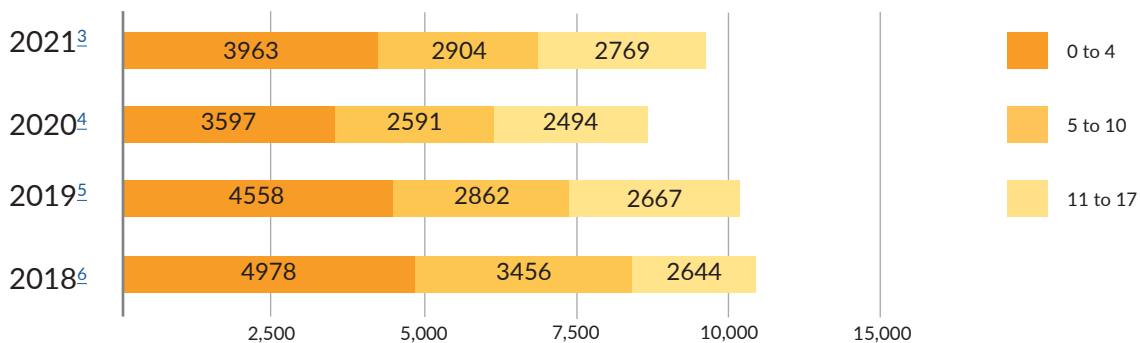


Brain development is impacted by both genetics and experiences. As children grow, their brains develop basic functions first (e.g., breathing), before progressing to more sophisticated function (e.g., complex thought).<sup>1</sup>

## What is child maltreatment?

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or other person in a child-serving role. There are four common types of abuse: **physical, sexual, emotional, and neglect.**<sup>2</sup>

### Substantiated Child Victims of Maltreatment in Georgia, by Age



## Maltreatment can:<sup>7</sup>

- Cause permanent fear response to certain triggers, even when there is no actual threat
- Destabilize emotion and stress regulation
- Delay developmental milestones
- Diminish executive functions like memory, attention, impulse control, etc.
- Decrease response to positive feedback or rewards
- Make social interactions more difficult

## Other Factors Impacting Development



### Responding to Stress

The timing and type of stress determines the impact on the brain.

**Positive stress:** moderate, brief, and generally a normal part of life<sup>8</sup>

**Tolerable stress:** more severe and long-lasting difficulties; can be damaging unless the stress is time-limited and buffered by relationships with adults that help the child adapt<sup>9</sup>

**Toxic Stress:** strong, frequent, and prolonged activation of the body's stress response system that disrupts healthy development<sup>10</sup>



### Sensitive Periods

Windows of time in development when certain parts of the brain may be more susceptible to certain experiences (e.g., strong attachments to caregivers formed during infancy)<sup>11</sup>



# Positive Childhood Experiences

Positive Childhood Experiences (PCEs) can help to mitigate the harm of abuse and help build resilience. The four building blocks of Healthy Outcomes from Positive Experiences, or HOPE, are:<sup>12</sup>



## Relationships

Relationships with other children, other adults, and through interactive activities



## Engagement

Developing a sense of connectedness through social or civic activities



## Environment

Safe, equitable, and stable environments where children and families live, learn, and play, including school and home environments



## Opportunities for Social-Emotional Development

Playing with peers, learning self-reflection skills, and collaborating in art, sports, drama, or music

## Policy and Practice Recommendations

- Expand evidence-based afterschool, out-of-school, and summer programs.
- Decrease family violence through the adoption and promotion of evidence-based practices and approaches.
- Increase access to evidence-based or research-informed programs for parenting skills and support that help parents/caregivers understand all stages of their child's development.
- Increase access to family-support services in emergency rooms and urgent-care facilities.
- Promote access to broadband internet technology for parents and caregivers to secure appropriate child-development tools and resources.
- Promote and expand comprehensive and specialized supports for families of children with disabilities.
- Promote policies that ensure at-risk families receive evidence-based parenting education.
- Promote strategies to ensure families can quickly recover from natural disasters and public-health crises.
- Promote the development of transition plans for state-placed children and youth (e.g., Department of Juvenile Justice, Division of Family and Children Services), and engage families in the planning process.
- Promote, link, and support information and referral systems.
- Shape social norms around positive parenting and family help-seeking in times of need (e.g., public-awareness campaigns).

Trauma-induced changes to the brain can result in varying degrees of **cognitive impairment** and **emotional dysregulation** that can lead to a host of problems, including difficulty with attention and focus, learning disabilities, low self-esteem, impaired social skills, and sleep disturbances.

-Child Welfare Information Gateway, Supporting Brain Development in Traumatized Children and Youth



School safety refers to the **physical** and **psychological** well-being of students and school staff, and requires attention to precursors of violence, including prevention, early intervention, and recovery strategies.<sup>1</sup> School safety is multi-faceted and should be addressed with input from the students, parents, staff, local law enforcement, and community members.<sup>2</sup>








School shootings resulting in injury and/or death were **more than 13x higher** in 2021 than 2011.<sup>3</sup>

The percentage of public schools reporting cyberbullying incidents **more than doubled** between 2010 and 2020, even while in-person bullying decreased.<sup>4</sup>

Students aged 12-18 were almost **twice as likely** to report being afraid of attack or harm at school than away from school during the school year in 2019.<sup>5</sup>

**Fewer than half** (42%) of public schools provided mental health treatment services to students with the greatest factors limiting mental health services being inadequate funding, inadequate access to mental health professionals, and policies regarding the school's requirement to pay for treatment.<sup>7</sup>

## What Georgia Students Say About Their Safety at School<sup>6</sup>

-  **57%** reported students at their school fight a lot
-  **21%** reported being bullied or threatened in the past 30 days
-  **59%** reported feeling unsafe at school in the past 30 days
-  **25%** disagreed that they know an adult at school they could talk with if they need help
-  **14%** disagreed that they know what to do if there is an emergency at school

# School Violence

## What is school violence?<sup>12</sup>



Bullying



Fighting



Sexual violence



School shootings



## What causes school violence?<sup>8</sup>

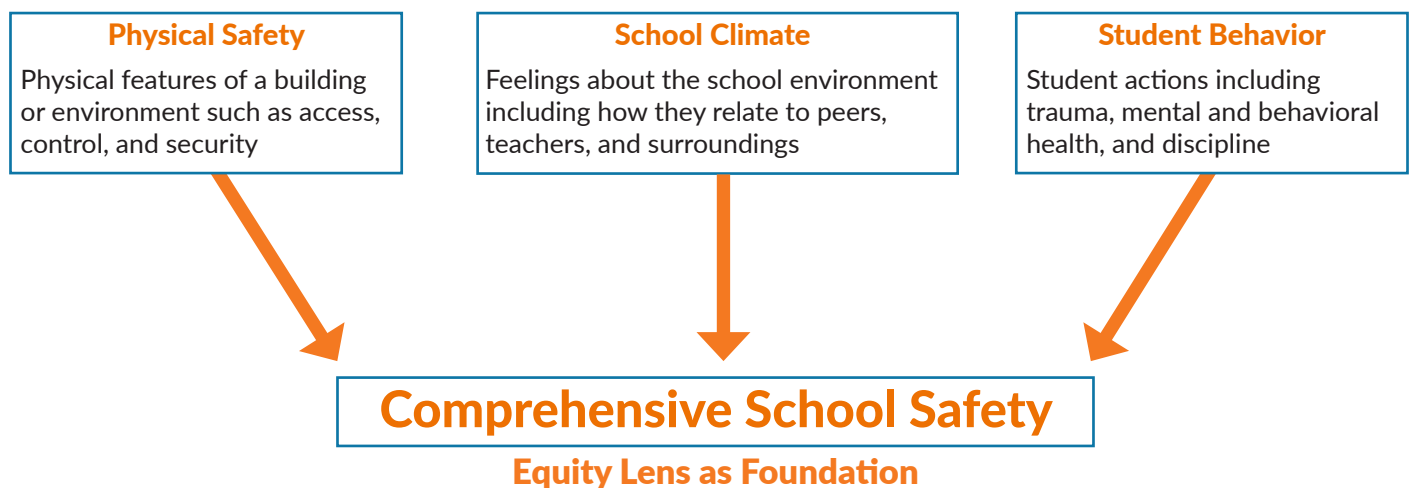
1. Delinquent peer associations
2. Antisocial attitudes and behavior
3. Negative and/or violent school setting

## Youth who experience violence tend to:<sup>9,10</sup>

- Have worse academic and psychosocial outcomes
- Report higher rates of behavioral and mental health problems
- Be more likely to experience academic difficulties and future violence victimization and/or perpetration
- Skip or drop out of school

Most school violence is predictable and preventable. To prevent and/or mitigate violence, schools and communities must develop and implement a comprehensive school safety framework that is multifaceted, tailored to the school and community context, and involves members of the school, community, police, juvenile justice, and mental health response teams.<sup>11</sup>

## National Institute of Justice Comprehensive School Safety Framework



# How Georgia is Working to Keep Schools Safe

The following are some examples of Georgia's efforts to ensure school safety:<sup>i</sup>



**School Safety Plan:** the state requires all schools to have a School Safety Plan that addresses each school's response to violence, threats, natural disasters, or other emergency situations that may occur (see [School Safety Plan Guide](#))<sup>13</sup>



**School Safety Hotline:** designed for crisis prevention, the School Safety Hotline allows students to anonymously pass on information relating to an unsafe situation in school (i.e., weapons violations, bomb threats, drugs or alcohol, bullying, etc.), initiating immediate and appropriate action<sup>14</sup>



**Center for School Safety:** an online school safety clearinghouse hosted by Georgia Department of Education in collaboration with the Georgia Department of Emergency Management which offers links to trainings, events, laws and guidelines, and other resources for Georgia Schools and Community Partners<sup>15</sup>



**School Climate Star Rating:** a rating of a school's climate (on a 1-5 star scale) to help each school determine if they're on the correct path to improvement. The rating is based on data obtained from student, teacher, and parent surveys; student discipline; a safe and substance-free learning environment information; and attendance.<sup>17</sup>



**K-12 Student Discipline Dashboard:** a dashboard showing discipline data for all public schools (K-12), by school year, school district, school, and various subgroups<sup>18</sup>



**Behavior Support Process:** a mechanism for identifying and addressing those behaviors and environmental influences that promote the positive emotional, mental, social, and physical health needs of students. The delivery model should be student-centered, family-focused, prevention oriented, community-based, and goal oriented, and provide customized supports and services that build on students' strengths and integrate school- and community-based services<sup>19</sup>



**Georgia Tiered-System of Supports for Students:** provides a tiered system of supports for the districts, schools, and students. The tiered system includes evidence-based interventions and screenings that will provide the different levels of support needed to maximize student achievement and reduce behavior problems.<sup>20</sup>



**School Social Work:** school social workers are trained and qualified to analyze barriers to learning, assist with mental health and behavioral concerns, and provide positive behavioral, academic, and classroom support in consultation with teachers, parents, and administrators to promote student achievement.<sup>21</sup>



**Georgia Student Health Survey:** an anonymous, statewide survey administered online each year to students in grades 3-12. Survey results assist in the identification of safety, climate, and health issues that impact student achievement and help guide school prevention and intervention strategies.<sup>16</sup>

<sup>i</sup> For a complete list of Georgia's School Safety efforts, see <https://www.gadoe.org/wholechild/Pages/default.aspx>.

## Recommendations

### Policymakers:

- Continue to collaborate with Georgia Emergency Management and Homeland Security Agency to provide training, technical assistance, and other resources for school safety, including regular and mandatory trainings for School Resource Officers.
- Continue to fund school-based behavioral health programs, including Project AWARE, the Georgia Apex Program, and Mental Health First Aid.
- Provide additional funding to ensure adequate staffing levels of school-employed mental health professionals (i.e., school counselors, school psychologists, school social workers, and school nurses) to ensure that services are high quality, effective and available to all students.

### State Agencies and Schools:

- Continue to provide ongoing, high quality, relevant school safety training to all school staff and ensure that school safety planning includes representation of diverse stakeholders (i.e., principals, teachers, parents, school resource officers, school-employed mental health professionals, and other specialized instructional support personnel).
- Integrate, when possible, the principles of Crime Prevention Through Environmental Design (CPTED) when designing schools. These principles include informal and formal means of access control; surveillance and the ability to be aware of one's entire surroundings; and territoriality, which is creating a sense of shared ownership and responsibility for a space.
- Regularly review Georgia Student Health Surveys and use disciplinary data ([as reported by GOSA](#)) to address a negative school climate and inequities in school discipline and ensure that discipline policies are clear and applied consistently to all students.
- Continue the use of and build upon multi-tiered systems of supports, including PBIS and integrate mental health and wellbeing programs and anti-bullying programs into curriculum.
- Provide access to mental health supports for all students and ensure that there are appropriate school-employed mental-health professional to student ratios in all schools.
- *See additional recommendations on Voices' [School-Based Mental Health Fact Sheet](#).*

### Additional Resources to Make Schools Safer:

- [Policy Recommendations for Implementing the Framework for Safe and Successful Schools](#)
- [Framework for Safe and Successful School Environments](#)
- [Position Statement: Safe and Supportive Schools](#)
- [Synthesizing Knoelwedge on Equity and Equity-Based School Safety Strategies](#)



“Hoteling” is the practice of housing a child whose behavior or mental health conditions prevent them from being successfully placed in a traditional placement (e.g., foster family or group home). These are most often children with multiple mental and/or behavioral health conditions who require 24-hour supervision to prevent them from causing harm to themselves and others.

## The Practice of “Hoteling” Children

Although significantly reduced from numbers cited at the beginning of 2023, children in foster care with complex needs continue to be housed in hotels or Division of Family and Children Services (DFCS) offices on a regular basis.<sup>1</sup>

### Who are the children being “hoteled”?

Hoteled children often have complex needs, including one or more behavioral health diagnosis(es) and/or a history of maltreatment. For example, of the 60+ youth in hotels as of January 2023:<sup>2</sup>

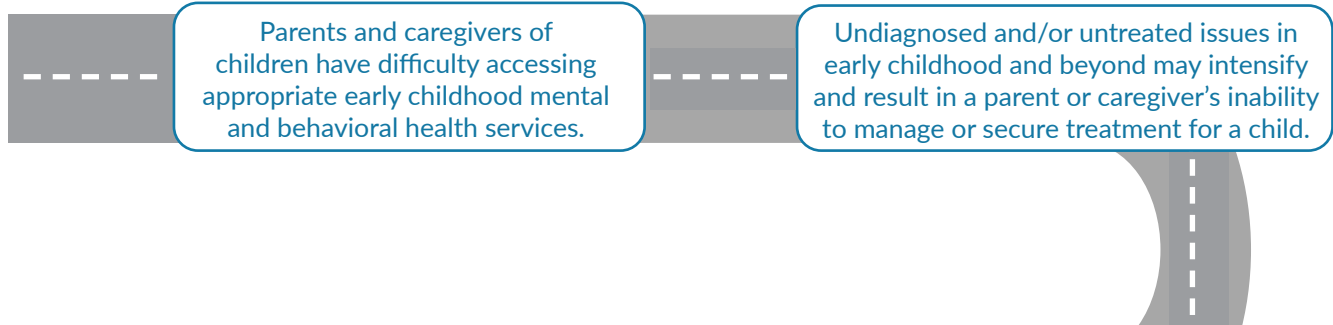
- 67% were abused or neglected
- 16% had confirmed autism or a suspected autism diagnosis
- 11% had an IQ below 70

### How much does it cost to “hotel” children in Georgia?

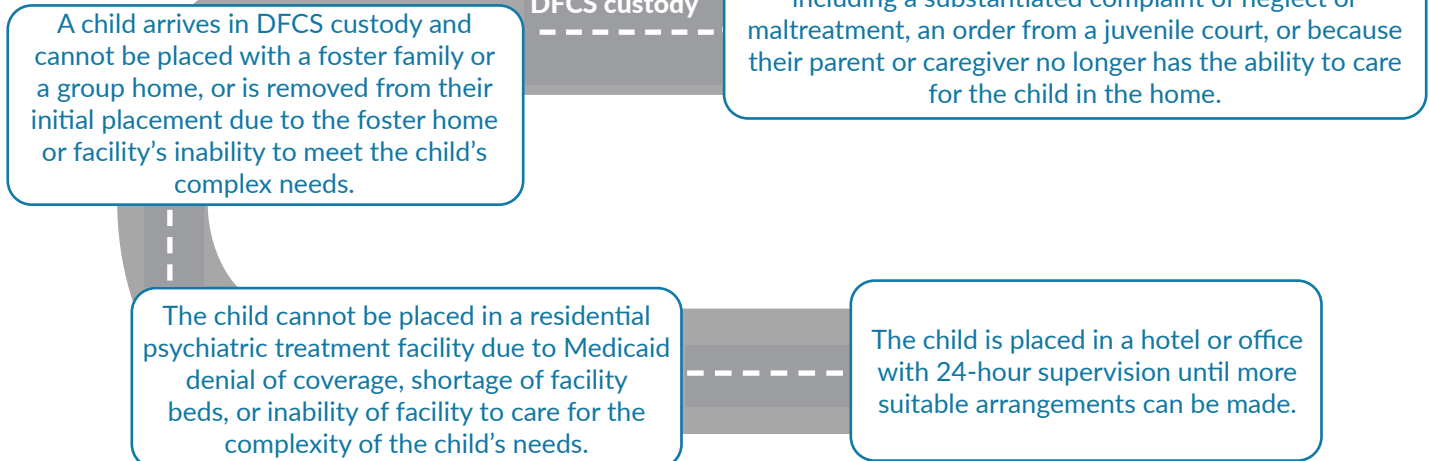
DFCS spends an average of \$1,200 per day to hotel a child in its custody.<sup>3</sup> This includes the cost of the room, meals, and behavior aides, whose standard rate is \$1,000 per day, per child.<sup>4</sup> Some children require more than one behavioral health aide.

## The Path to “Hoteling”

When a child is in the home:



After a child enters DFCS custody:



<sup>1</sup> According to Commissioner Broce’s testimony to the Joint Appropriations Committee on January 17, 2023, it costs “anywhere from \$75 to \$210, the Maximum Watchful Oversight range for placing a child with a foster family or group home.”

## Policy Recommendations<sup>ii</sup>

### Prevention/Early Screening (Infants and Young Children):

- Assess gaps in the coordination of services through Babies Can't Wait (Department of Public Health) and the Preschool Special Education Program (Georgia Department of Education), then structure and fund programs adequately.
- Facilitate Medicaid and private insurance billing for mental health services for children under 4, including the use of Diagnostic Classification: 0-5 (an age-appropriate tool for assessing young children for mental health and developmental disorders).
- Promote educational opportunities for new and existing workforce members to better serve infants and young children aged 0-4 with developmental/behavioral needs and their caregivers.
- Expand evidence-based or promising home visiting programs to more counties and include certified home visitors as qualified providers for Medicaid reimbursement.

### Families First Prevention Services Act (FFPSA):

- Expand Georgia's FFPSA services to include programs that support kinship caregivers, in-home parent skill-based programs, and evidence-based mental health programs that specifically address families with children who have complex behavioral needs.
- Create an exemption to allow Qualified Residential Treatment Programs to receive Medicaid payments.

### Early Intervention/Intervention:

- Develop inpatient and outpatient healthcare providers' capacity to serve children with co-occurring behavioral health/developmental disability needs.
- The Department of Community Health should ensure that there are adequate provider networks (including behavioral health providers, especially providers who can diagnose and treat autism).
- Fund and use home-based nursing support and training programs for biological families who have children with disabilities in order to preserve families and incentivize placements.
- Ensure that school-based health centers are comprehensive and facilitate access to behavioral health services.
- Explore opportunities to integrate Certified Peer Specialists-Youth and Certified Peer Specialists-Parent into school-based mental health programs.

### Late Intervention (Crisis and/or DFCS custody):

- Monitor Medicaid Care Management Organizations (CMOs) prior authorization for Psychiatric Residential Treatment Facilities (PRTFs) and other intensive inpatient and community behavioral health services (e.g., Intensive Customized Care Coordination Model (IC-3), Intensive Family Intervention (IFI)). Where aggregate data indicate the need for closer examination, use a neutral panel of experts to assist with deep dives into individual cases.
- Incentivize (via increased reimbursement rates or other means) PRTFs to provide high-quality services and supports for individuals with dual diagnoses (e.g., mental health disorder, plus an intellectual/developmental disability like autism).
- Identify and bundle a number of different Medicaid services (e.g., IFI or IC-3, plus various therapies, family training, high-touch case management, etc.) to ease the process of obtaining much-needed benefits.
- Invest in building a strong network of well-paid, well-trained therapeutic foster parents who are willing and able to care for children with complex behavioral health needs who do come into state custody.
- Increased per diem rate.
- Technical support and training.
- Greater communication and support from caseworkers.
- Increase access to medical history for caseworkers and foster parents.
- Placement of behaviorally complex children in families that do not have other children.
- Require stricter state licensing and quality monitoring of facilities providing inpatient and/or residential children's behavioral health services.

## Policy Recommendations, continued

- Allocate funding to strengthen crisis support and intervention services for adults working with children, including continued implementation of, and funding for, 988 and mobile crisis services for children and adolescents.

### Supports Across the Continuum:

- Incentivize (via increased reimbursement rates or other means) and train healthcare providers and agencies to provide high-quality services and supports for individuals with dual diagnoses (e.g., mental health disorder, plus intellectual/developmental disability like autism).
- Encourage the practice of combining primary health care and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline insurer provider certification, prior authorization, and billing practices and increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees, and increase access to services for families.
- Include robust quality measures for behavioral health services in CMO contracts.
- Develop more university programs to certify master- and doctoral-level nurses in psychiatric practice and leverage the existing nurse workforce.
- Develop a Registered Behavior Technician (RBT) program within the Technical College System of Georgia to help meet the state's need for a larger autism and behavioral health workforce.

<sup>ii</sup> For further recommendations, see select [2023 Children's Behavioral Health Recommendations for Georgia](#)







Georgia defines “homeless” as lacking a fixed, regular, and adequate nighttime residence. This can include a primary nighttime residence that is not meant for human habitation or a shelter designated to provide temporary living arrangements.<sup>1</sup> McKinney-Vento defines “youth homelessness” more broadly to include children and youth who:<sup>2</sup>

- Share the housing of other due to the loss of housing, economic hardship, or a similar reason;
- Live in motels, hotels, trailer parks, or camp grounds due to the lack of alternative adequate accommodations;
- Live in an emergency or transitional shelter or are abandoned in hospitals;
- Have a primary nighttime residence that is a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings; or live in cars, parks, public spaces, abandoned buildings, substandard housing, bus, or train stations, or similar settings; or,
- Who are migratory children living in one of the above circumstances.

## Facts on Child Homelessness in Georgia



### How Many Children Experience Homelessness?

#### Georgia’s pre-school aged population:

Approximately **36,000** children under age six experienced homelessness in 2019, with more than 1,500 served in Early Care and Education environments.<sup>3</sup>

#### Georgia’s K-12 population:

**36,579** K-12 students experienced homelessness in the 2021-2022 school year.<sup>4</sup>

### Where are unstably housed children living?<sup>5</sup>

- **72%** reported as being doubled up, i.e., staying with extended family or friends.
- **23%** reported staying in extended stay hotel/motels.

## Housing Insecurity in Georgia

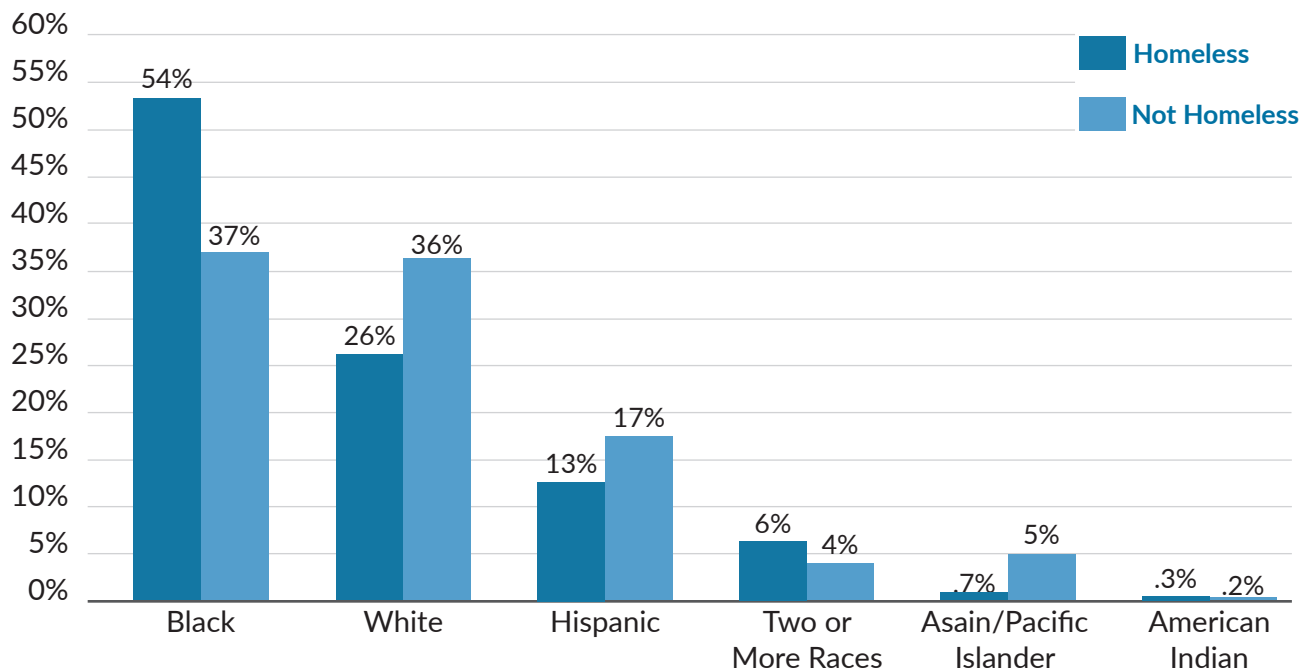


Housing insecurity directly impacts children. According to the U.S. Census Household Pulse Survey taken at the end of August 2023, **68%** of respondents, 18 years and older, say they are very likely or somewhat likely to be evicted from their house in the next 2 months.<sup>6</sup>

**2,784** people in families with children and **479** unaccompanied youth in Georgia were counted as homeless in a 2022 Housing and Urban Development point in time survey.<sup>7</sup>

**In FY23, approximately 19% of foster care placements cite inadequate housing as a reason for removal of a child from the home.<sup>8</sup>**

## Homeless v. Non-Homeless Students, by Race and Ethnicity



**Black** students make up a disproportionate amount of Georgia's homeless student population.<sup>15</sup>

## Impact of Child and Youth Homelessness

Students experiencing homelessness are more likely to:<sup>9 10 11</sup>

- be suspended
- miss school
- have poor academic performance
- drop out of school



**Risk factors for child and youth homelessness:**<sup>12 13 14</sup>

- Family conflict/abuse/neglect
- Economic instability/poverty
- Race (Black, Indigenous, and People of Color)
- Sexual orientation (LGBTQ+)
- Mental health issues
- Substance abuse
- Housing insecurity/Lack of affordable housing
- Involvement with the foster care or juvenile justice system
- Transitioning out of foster care or residential/institutional facilities

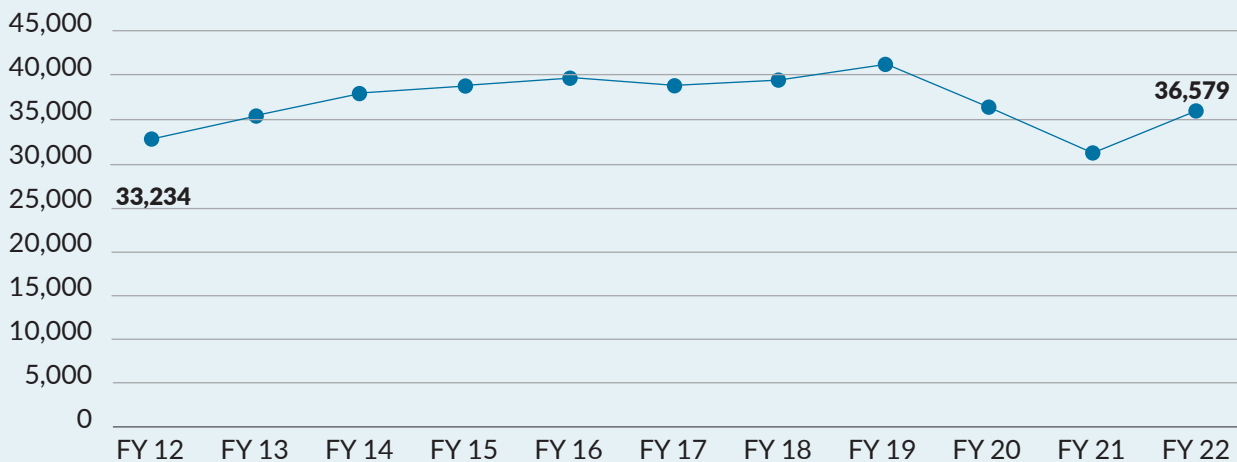
## McKinney-Vento Homeless Assistance Act

The primary piece of federal legislation focused on **addressing the needs of homeless people in the United States**. It was signed into law in 1987 and has been amended and reauthorized several times.

### McKinney-Vento Education for Homeless Children and Youth Program

The section of the McKinney-Vento Homeless Assistance Act dealing with **problems faced by homeless youth with enrolling, attending, and succeeding in school**. The program requires state education agencies ensure each homeless child has equal access to the same free and appropriate public education as their peers.

### McKinney-Vento Count of Homeless Students in Georgia\*



\*The COVID-19 pandemic may have impacted data collection and homelessness may be higher than recorded.

**In FY 22, the Georgia Department of Education subgranted more than \$2.7 million for homelessness initiatives in 48 school districts.**<sup>16</sup>

### Examples of 2020-2021 McKinney-Vento Programs in Georgia<sup>17, 18</sup>

#### Marietta City Schools

**\$54,130**

The Marietta City School District used a Whole Child Approach, working with community partners to provide wraparound services for McKinney-Vento students and families.<sup>19</sup>

#### Cobb County

**\$104,157**

The district used American Rescue Plan funds to identify and support 1,454 students to remain in their schools of origin at a 42% success rate.

#### Muscogee County

**\$86,193**

The district dedicated a week to allow students to attend college and career fairs, complete financial aid application, conduct scholarship searches, and prepare for college admission tests. They also used funds to deliver school supplies and uniforms to homes, shelters, and hotels and granted parents access to the on-campus store and computer lab.

## Policy Recommendations

### For Everyone

- Improve public awareness of the scope and impact of homelessness on children and families.
- Improve program design and service delivery to meet unique needs to homeless children and families.

### State and Local Policies

- Expand funding for Find Help Georgia, a comprehensive directory of community resources including financial assistance, food access, medical care, child care, job training, and other essential needs.
- Improve Georgia's renter protection laws to reduce incidents of unsafe housing and eviction.
- Increase the availability and equitable distribution of quality and affordable housing and support policies, including rent and mortgage subsidies, which protect families and children from unsafe housing, hardship or baseless evictions, and untenable fees and penalties.
- Support policies that facilitate housing opportunities for people with past evictions, criminal histories, and mental health issues.
- Improve access to educational opportunities that will ensure success for children and youth who are homeless.
- Create and fund community-based resources, such as drop-in centers and job-training, to prevent youth who age out of foster care and unaccompanied youth from becoming homeless.
- Collect data on housing status to increase knowledge of the scope of homelessness.

Child sexual abuse is the exploitation of a child for the sexual gratification of an adult or caregiver. Sexual abuse includes both touching and non-touching offenses.<sup>1</sup>

## Prevalence of Sexual Abuse of Children

Child sexual abuse is often underreported.<sup>2</sup> As such, the following data points likely underestimate the frequency of sexual abuse.



**1 in 4** girls experience child sexual abuse.<sup>3</sup>



**1 in 13** boys experience child sexual abuse.<sup>4</sup>



Of the children removed from their home in 2023,<sup>\*</sup>  
**3%** were removed for reasons of sexual abuse.<sup>5</sup>

\* A child may be removed for more than one reason.

## Types of Offenses

### Touching Offenses:

- Fondling
- Sodomy
- Rape
- Intercourse
- Masturbation

### Non-touching Offenses:

- Child pornography
- Indecent exposure

## Who are the victims?

**91%** of children know their abuser.<sup>6</sup>

Certain groups of children and youth are more at risk of being sexually abused:<sup>7</sup>



Females

Children living in single parent households



Youth with physical, emotional or cognitive disabilities

Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth



Children who have been sexually abused are more likely to:<sup>8</sup>

- Show physical aggression
- Experience behavioral health problems
- Attempt suicide
- Become delinquent
- Perform poorly in school
- Abuse alcohol or other drugs
- Become pregnant

## Who are the perpetrators?

Nearly **one-third** of victims are abused by family members.<sup>9</sup>

People who sexually abuse children look just like everyone else. Abusers can be neighbors, religious leaders, teachers, family members, or anyone who interacts with children.<sup>10</sup> The majority of children who are sexually abused DO NOT tell anyone about it. Many children are afraid of getting in trouble, worried about what people will think, or simply do not understand what is happening to them.<sup>11</sup>

## Did you know?

- The sexual preference of a perpetrator **does not** make them more likely to sexually abuse children.<sup>12</sup>
- There is **no research** that says a transgender person is more likely to sexually abuse children than someone who is not transgender.<sup>13</sup>
- Although men are consistently shown to commit the majority of child sexual abuse, **women are also abusers**.<sup>14</sup>
- In 2018, Georgia **mandated** age-appropriate sexual abuse and assault awareness education for all students K-9<sup>th</sup> grade.<sup>15</sup>
- Georgia's Child Sexual Abuse and Exploitation Prevention **Technical Assistance Resource Guide (TARG)** outlines sexual abuse prevention strategies.<sup>16</sup>

## Labeling Youth as Sexual Predators



- Juveniles represent **one-fourth** of all sex offenders and **one-third** of known offenders against other juveniles.<sup>17</sup>
- **40% to 80%** of juvenile sex offenders have **themselves been victims of sexual abuse**. These children are often responding to their own trauma.<sup>18</sup>
- Juvenile sex offenders are unlikely to commit another sex offense later in life.<sup>19</sup> Studies universally confirm that juvenile sex offense recidivism is relatively low with an estimated rate of 7%.<sup>20</sup> In addition, interventions for juvenile sex offenders have been shown to be particularly effective.<sup>21</sup>

## How Can I Help?

- Encourage community members to learn how they can prevent child sexual abuse. For example, consider taking a Darkness to Light Stewards of Children training. Learn more at [www.d2l.org](http://www.d2l.org).
- Educate adults, youth, and children about the harm caused by treating others as sexual objects.
- Develop relationships with your local state and federal representatives, and educate them about child sexual abuse and exploitation.

**If you suspect that a child is being abused, call the Division of Family and Children Services at 1-855-GACHILD immediately to report your concerns.**

Lead is a naturally occurring element found in small amounts in the earth's crust. While it has some beneficial uses, it can be toxic to humans and animals.<sup>1</sup> When lead is inhaled or swallowed, it can lead to serious health consequences as well as death.<sup>2</sup>

## What is childhood lead exposure and poisoning?

Lead exposure occurs when a child comes in contact with lead by swallowing or breathing in lead or lead dust.<sup>8</sup> After a child inhales or swallows lead, it quickly enters the blood stream. No safe blood level in children has been identified.

### Lead poisoning is defined as 3.5 µg/dL (micrograms per deciliter).<sup>2</sup>

Children's bodies absorb lead more easily, affecting brain and other physical development in organs and the nervous system.<sup>4</sup> Children under age 6 are at the greatest risk of lead poisoning.<sup>5</sup> Even low levels of lead can result in:



Speech, language, and behavior problems



Learning disabilities and Attention-Deficit Hyperactivity Disorder (ADHD)



Lower IQ



Nervous system damage

Higher levels of lead - also called elevated blood lead levels - can cause coma, convulsions, intellectual disabilities, developmental disabilities, seizures, and death. Elevated blood lead levels can require expensive medical treatment and exacerbate health conditions.<sup>6</sup> Prenatal exposure can cause miscarriage, premature birth, and damage to the baby's brain, kidneys, and nervous system.<sup>7</sup>

## Lead Exposure and Georgia's Kids



In 2022, 88,852 of Georgia's children were screened for lead poisoning. Of those, **3,400 children** had **lead poisoning measuring 3.5 µg/dL or more.**<sup>3</sup>

### Who is likely to be exposed to lead?

According to 2021 Georgia Department of Public Health (DPH) data, childhood lead poisoning is more prevalent in Asian, Black, and Multiracial children than White children.<sup>13</sup>

Of Georgia's 159 counties, **16** were identified as locations where children living may have a higher risk of being exposed to lead: Bibb, Chatham, Clayton, Cobb, Colquitt, DeKalb, Dougherty, Floyd, Fulton, Gwinnett, Hall, Houston, Laurens, Muscogee, Richmond, and Troup.<sup>14</sup>

## Progress for Georgia's Kids

In 2022, Georgia signed into law stronger protections for children who may be exposed to lead.<sup>10, 11</sup> The legislation supports GaDPH in:

- hiring additional lead inspectors statewide to investigate cases of lead exposure;
- educating families on exposure reduction; and,
- engaging with property owners to reduce and eliminate lead sources.

The [Clean Water for Georgia Kids Program](#) supports schools and early care and education (ECE) programs through testing, communications, and providing low-cost recommendations on how to remove lead from drinking and cooking water. The program is funded by the Environmental Protection Agency and is free to participants.<sup>12</sup>



## Where is lead found?



### Water

Drinking water can be contaminated when it passes through older lead pipes, newer brass pipes, or copper pipes that are joined with lead solder.<sup>15</sup>



### Paint

Older dwellings (those built prior to 1978) are more likely to contain lead-based paint. The use of lead in residential paints was banned in 1978.<sup>18</sup>



### Soil

Lead-based exterior paint flakes can pollute yards, playgrounds, industrial sources, or other sites. Lead is naturally occurring and can be found in high concentrations in some areas.<sup>16</sup>



### Herbal or folk remedies

Greta, azarcon, and other traditional medicines from India, China, Bhutan, and others can contain lead.<sup>19</sup>



### Toys and Other Items

May be present in those imported from other countries.<sup>17</sup>



### Small metal objects

Can be swallowed by children<sup>20</sup>

## Protecting Your Family from Lead Poisoning



Have your child tested



Get your home checked for lead hazards



Test your water



Clean regularly



Remove shoes or wipe off soil before entering the house

## Policy Recommendations

- Explore and establish funding opportunities to support ECE programs in lead pipe and fixture mitigation and remediation efforts.
- Expand Georgia law to include blood lead level monitoring and mitigation strategies for women of childbearing age (DPH) and children under six years of age.
- Develop and implement multi-year lead test and mitigation strategies in built environments and drinking water at schools, childcare facilities, and other non-home locations where children spend time.\* Explore federal and other public or private funding mechanisms to cover costs.
- Expand partnerships to increase blood lead level testing sites (e.g., clinics, labs, point of care). (DPH)
- Encourage Care Management Organizations (CMOs) to increase well-child visits and mandatory Medicaid child lead screenings.\*\* Ensure that Medicaid / DCH is accurately monitoring and reporting lead screening. (DCH)
- Assess and address built environment for each child whose blood lead level is equal to or greater than the CDC action level, especially for children under 3 years old. (DPH, GEPD)

\*Consider leveraging the Georgia Lead Poisoning Prevention Act of 1994 to develop lead testing and mitigation strategies for drinking water.

\*\*Medicaid federally requires that every state provides at least 80% of Early and Periodic Screening, Diagnostic and Treatment recipients with timely medical screens, including lead screening for under age six.<sup>21</sup> Federal data show that from 2015 to 2019, Medicaid lead screening rates steadily declined in Georgia (from approximately 108,000 to 96,000) for ages 0-6.<sup>22</sup> Note: Medicaid reported that this data was incorrectly reported so numbers will vary.<sup>23</sup>



Drowning is the **eighth** leading cause of unintentional death for children ages 1-17 years old in Georgia.<sup>1</sup> In 2022, 34 children in that age group drowned,<sup>2</sup> and there were 194 emergency room visits drowning and submersion.<sup>3</sup> **Most drownings of children ages 1 to 4 happen in swimming pools.**

## Water-Related Injuries in the U.S.

While the biggest threat to children around unexpected, unsupervised access to water is drowning, every year thousands of children are treated in the emergency room for non-fatal water-related injuries.<sup>4</sup>

### Estimated Number of Emergency Room-Treated Nonfatal Pool or Spa Injuries, 2020-2022

	Younger than 5	5-14 years	Total <15 years
<b>Average</b>	4,800	1,500	6,300
<b>2022</b>	4,500	1,900	6,400
<b>2021</b>	5,500	1,300	6,800
<b>2020</b>	4,400	1,300	5,800

Source: U. S. Consumer Product Safety Commission: National Electronic Injury Surveillance System

## Swimming Pool Rules and Regulations

The Georgia Department of Public Health (DPH) is responsible for ensuring public swimming pools are clean, healthy, and safe. In addition to **adult supervision**, there are laws in place regarding fencing, pool drains, and clean water that are critical to pool safety.

### Public Pool Barriers<sup>5</sup>

- All outdoor swimming pools and spas should have a barrier (e.g., fence, safety cover, wall, building wall, or a combination) which completely surrounds or covers the pool or space, and obstructs access.
- Top of the barrier should be at least 4 feet high.
- Pedestrian access gates should be self-closing and self-latching; other gates should have a self-latching device.

### Public Pool Drains<sup>6</sup>

- Suction outlets must have been tested and meet approved standards.
- The main drain must be visible through the water from the pool edge.
- All drain covers and grates must meet appropriate standards.



## Clean Water

Children under 4 years of age, and those not toilet-trained, are required to wear a swim diaper in a public swimming pool.<sup>7</sup>

### HOWEVER IT IS IMPORTANT TO KNOW:

Swim diapers are not leak proof. Diarrhea-causing germs may be delayed from leaking into the water for a few minutes, but these germs still contaminate the water.<sup>8</sup>

## Why are pool inspections important?

Germs that cause water illnesses can be spread in recreational settings when swallowing water that has been contaminated with **fecal matter**.<sup>9</sup> Appropriate levels of disinfectants kill most germs within minutes, but some can survive for days.<sup>10</sup>

Germ <sup>11</sup>	Symptoms Can Include:	Time It Takes to Kill or Inactivate Germs in Chlorinated Water <sup>16</sup>
E.coli O157:H7 Bacterium	Watery or bloody diarrhea, fever, abdominal cramps, nausea, vomiting <sup>12</sup>	Less than 1 minute
Hepatitis A virus	Fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, dark urine, jaundice <sup>13</sup>	About 16 minutes
Giardia parasite	Diarrhea, gas, greasy stools that tend to float, stomach or abdominal cramps, upset stomach or nausea/vomiting, dehydration (loss of fluids) <sup>14</sup>	About 45 minutes
Crypto parasite	Watery diarrhea, stomach cramps or pain, dehydration, nausea, vomiting, fever, weight loss <sup>15</sup>	About 10.6 days

\*1 part per million (ppm) free chlorine at pH 7.5 or less and a temperature of 77°F (25°C) or higher. Source: CDC

## Swimming Pools in Georgia

To ensure minimum standards are met, DPH regularly inspects public swimming pools. Public swimming pools must have:<sup>17</sup>



A clearly labeled emergency shut-off valve



A trained operator perform a minimum of two weekly visits and document conditions



Regular collection of water samples to test



### DPH's 7 Prevention Steps for Healthy and Safe Swimming<sup>18</sup>

- Closely supervise children in the water
- Don't swim when you have diarrhea
- Shower before you enter the pool
- Don't swallow the water you swim in
- Don't urinate in the water and always report fecal matter
- Don't swim if pool drain covers are missing, broken, or can't clearly be seen
- Report hazards to your local health department or environmental health office

### Department of Juvenile Justice’s Mission Statement

Adopted in 2020, the Georgia Department of Juvenile Justice (DJJ) transforms young lives by providing evidence-based rehabilitative treatment services and supervision, strengthening the well-being of youth and families, and fostering safe communities.<sup>1</sup>

## Juvenile Justice Reform Act of 2013

In 2012, members of the Special Council on Criminal Justice Reform studied Georgia’s juvenile justice system and crafted recommendations to improve public safety and reduce costs. These recommendations and resulting legislation, the Juvenile Justice Reform Act of 2013, reorganized, revised, and modernized Title 15, Chapter 11 of the Official Code of Georgia Annotated, a section of state law known as the Juvenile Code.

In addition to improving public safety and reducing costs, the new code aimed to strengthen family relationships in order to allow each child to live in safety and security.

Policies and practices include:

- Increased use of evidence-based programs
- Treating youth in the community rather than in secure facilities
- Juvenile Justice Incentive Grant Program, which aims to reduce recidivism

### Signs of Progress from 2013 to 2022<sup>2</sup>

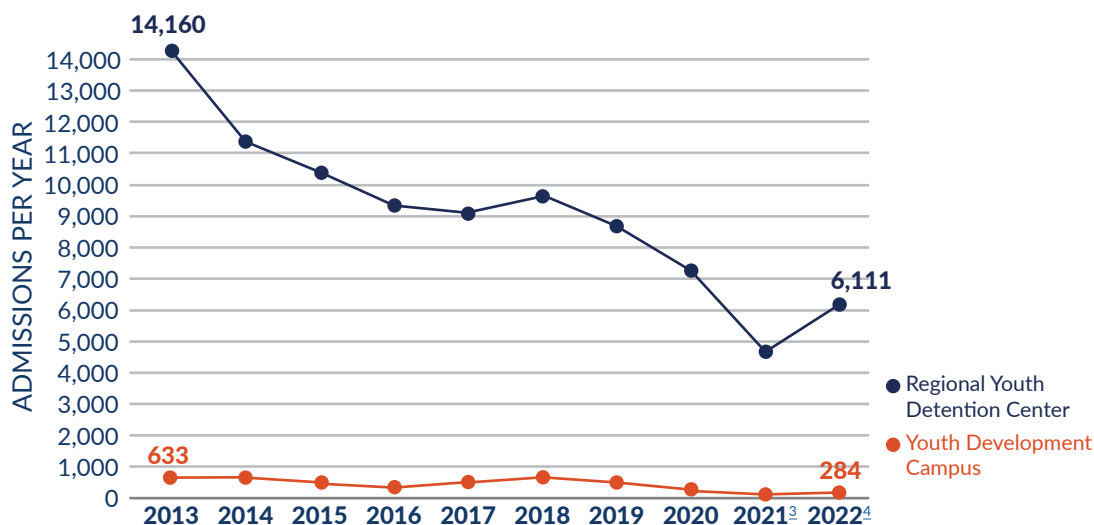
- ↓ 57% reduction in short-term secure confinement
- ↓ 55% reduction in secure detention
- ↓ 53% reduction in overall commitments to DJJ

## Georgia Youth in Secure Residential Facilities

The Department of Juvenile Justice has two secure residential facilities for juveniles in custody:

**Regional Youth Detention Centers (RYDCs)** provide temporary, secure care and supervision to youth who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement.

**Youth Development Campuses (YDCs)** provide secure care, supervision, and treatment services to youth committed to DJJ custody for the short and long-term.



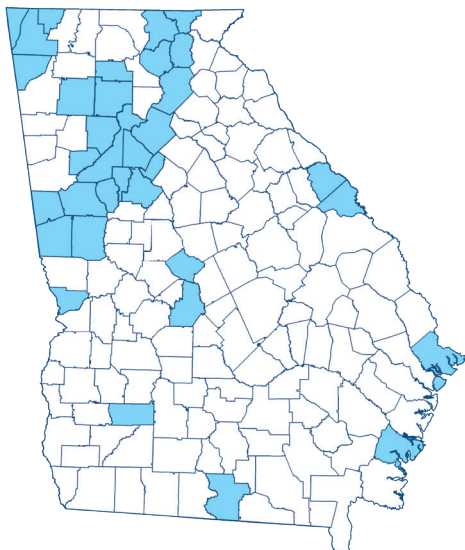
## Supporting High-Risk Youth on Probation

More than 16,000 youth have received evidence-based services through either the **Juvenile Justice Incentive Grant (JJIG)** or the **Community Service Grant (CSG)**.<sup>5,6</sup> Nearly every county in Georgia is eligible to receive these grants to reduce the number of out-of-home placements of youth. The grants provide funding and technical support for juvenile courts to deliver evidence-based treatment programming for juvenile offenders in their home communities.

### Juvenile Justice Incentive Grant (JJIG)

administered by the Criminal Justice Coordinating Council

In FY23, JJIG served 927 at-risk youth.<sup>7</sup> 68% of those youth were Black.<sup>8</sup>



Counties served by JJIG

#### Funding of JJIG

	Initial (2013)	Current (2023)
State	\$5 million	\$7.9 million <sup>2</sup>
Federal	\$1 million	\$126,000 <sup>10</sup>

#### Cost Savings of JJIG in FY23<sup>11</sup>

It costs \$90,000+ per year to house a child outside the home.

Number of youth diverted with a successful outcome: 590

Avoided cost of detaining youth due to diversion: \$53.1 million

#### JJIG Outcomes in 2023<sup>12</sup>

Out-of-Home Placements: 62%

Reduction in out-of-home placements compared with FY14 baseline

Program Completion: 73%

Successful completion rate for youth in JJIG placements

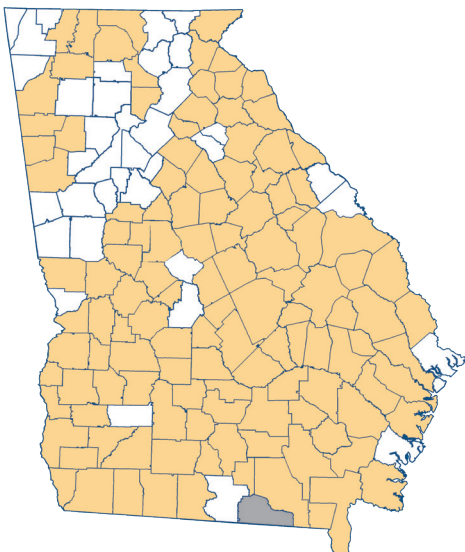
School Engagement: 93%

Youth who were actively enrolled in, or had completed, school

### Community Service Grant (CSG)

administered by the Department of Juvenile Justice

In FY23, CSG served 392 at-risk youth.<sup>13</sup> 65% of those youth were Black.<sup>14</sup>



CSG CSG Eligible

#### Funding of CSG

	Initial (2014)	Current (2023)
State	\$1.6 million	\$3.2 million <sup>15</sup>

#### Cost Savings of CSG in FY23

It costs \$90,000+ per year to house a child outside the home.

Number of youth diverted with a successful outcome: 248

Avoided cost of detaining youth due to diversion: \$22.32 million

#### CSG Outcomes in 2023<sup>16</sup>

Out-of-Home Placements: 57%

Reduction in out-of-home placements compared with FY14 baseline

Program Completion: 76%

Successful completion rate for youth in CSG placements

School Engagement: 92%

Youth who were actively enrolled in, or had completed, school

## JJIG and CSG Evidence-Based Programs\*

Program	Description
Seven Challenges	Program designed specifically for adolescents with drug problems to motivate decisions and commitments to change and to support success in implementing the desired change
Trauma Focused-Cognitive Behavioral Therapy	Evidence-based treatment for children and adolescents impacted by trauma and their parents to overcome the negative effects of traumatic life events
Multi-Systemic Therapy-Problem Sexual Behavior	Similar to Multi-Systemic Therapy but uses family and peer level interventions to address problematic sexual behaviors
Multi-Systemic Therapy	Intensive individual-based family intervention that addresses the environmental factors that impact chronic and/or violent youth offenders
Aggression Replacement Training	Group-based intervention that addresses aggression and violence by improving moral reasoning and social skill competency
Functional Family Therapy	Individual-based family intervention that addresses delinquency, violence, substance use, and/or disruptive behavior disorders by reducing risk factors and increasing protective factors
Thinking for a Change	Group-based intervention that addresses the criminogenic thinking of offenders by developing, problem-solving, and social skills

JJIG Program

JJIG and CSG Program

\*This is a list of what applicants and existing grantees could choose from in FY23, but grantees can continue to use previous interventions that may not appear on this list.

## Other Services and Programs

Program	Description
Office of Behavioral Health Services (OBHS)	Provides mental health services including mental health assessments, general counseling and case management, sexually harmful behaviors treatment, and substance abuse treatment, utilizing evidence-based interventions
Project Safety Neighborhoods (PSN) Initiative	A partnership between the Office of Reentry Services and the U.S. Attorney's Office for the Northern District that works to reduce the re-offense rate among youth by providing individual and group mentoring in the community
The F.R.E.S.H. (Focusing Resources Effectively to Sustain Hope) Start Youth Initiative	Provides current and former DJJ-involved youth supervised in the community with career opportunities
Office of Residential and Community-Based Services (ORS)	Provides residential placement services to juvenile justice-involved youth within a total of 55 residential locations statewide





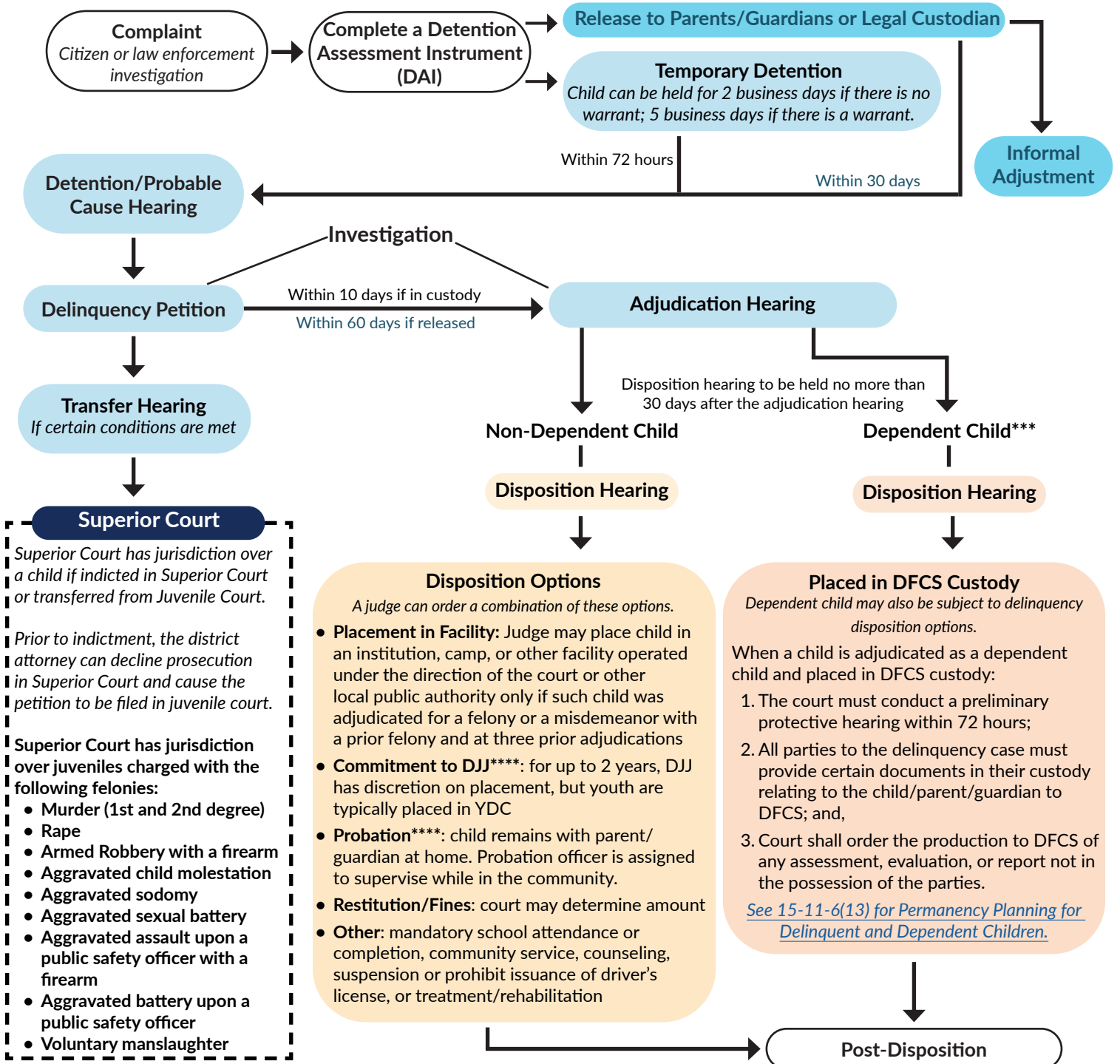
# Georgia's Juvenile Justice Process for Delinquency Cases

A child may come in contact with the juvenile justice system through a **delinquency, dependency** or a **Child in Need of Services (CHINS)\*** complaint.

## Who is considered a juvenile in Georgia's court system?

Georgia classifies offenders as juveniles if they are under the age of 17. **It is one of only three states that processes all 17-year-olds as adults.\*\***

The following is a map of the delinquency process:



Key:  Not in custody  In DJJ Custody  In Parent's Custody

Superior Court  Non-Dependent Child  Dependent Child



## Terms to Know

**Adjudication Hearing:** Fact-finding proceeding to determine whether the facts alleged in the petition or other pleadings are true. This is the juvenile court equivalent to a trial in civil cases. Standard of proof is clear and convincing evidence in delinquency dependency and CHINS (Children in Need of Services); standard is beyond a reasonable doubt in delinquency proceedings. (OCGA 15-11-181; OCGA 15-11-441; OCGA 15-11-582)

**Community-based risk reduction program:** Programming designed to identify children and families at risk of future court-involvement for the purpose of developing and implementing intervention actions or plans and providing services and resources. (OCGA 15-11-38)

**Delinquency Petition:** A legal document that alleges that a child is abused, neglected, or abandoned which may be filed by the Division of Family and Children Services, a child's guardian ad litem, or any other person who has knowledge of the facts alleged. (OCGA 15-11-3(5))

**Detention Assessment Instrument (DAI):** A standardized and validated tool, required prior to detention, that measures the youth's risk to reoffend and risk to flee before court proceedings occur. The DAI was implemented in 2000 to provide greater structure and consistency, focus the use of detention resources on high risk youth, reduce inappropriate detention by identifying youth who can be safely released, and establish a basis for DJJ to monitor detention assessment operations. The DAI is completed by DJJ or court intake staff at the time a youth is arrested or picked up by law enforcement.

**Disposition Hearing:** Proceeding to determine which placement is best suited to the protection and physical, mental, and moral welfare of a child adjudicated dependent, delinquent, or "child in need of services". In Delinquency and CHINS cases, the disposition proceeding will also determine if the child is in need of treatment, rehabilitation, or supervision and may include community service and/or restitution. (OCGA 15-11-210; OCGA 15-11-600; OCGA 15-11-442)

**Guardian ad litem:** Officer of the court who is appointed to represent the best interest of the child in abuse and neglect proceedings, custody proceedings, and sometimes in delinquency or unruly proceedings. May be an attorney or layperson. Often referred to as "G.A.L." (OCGA 15-11-2(35))

**Informal Adjustment:** An informal adjustment is the disposition of a case other than by formal adjudication and disposition. (OCGA 15-11-2(39)) It often involves referral to a community-based risk reduction program.

**Juvenile Justice Reform Act of 2013:** A comprehensive update to Georgia's juvenile justice statute, which resulted in improved responses to young offenders. This data-driven approach has reduced recidivism, saved taxpayer dollars, improved public safety, and helped misbehaving youth get back on track to success

**Post-Disposition:** Treatment that is received after the case has been disposed of.

**Predisposition Investigation:** A predisposition investigation, or PDI, is ordered by the court to obtain more information from a youth and family in order to determine what services or assistance is needed to help a youth move forward and stay out of the juvenile justice system. (OCGA 15-11-590) During this time, a Guardian Ad Litem may be appointed to represent the best interest of the child.

**Probation:** Probation is the release from detention, subject to a period of good behavior under supervision of a course officer. (OCGA 15-11-601)

**Transfer Hearing:** A hearing in juvenile court to determine whether jurisdiction over a juvenile case should remain in juvenile court or be transferred to adult court. In Georgia, these are commonly referred to as "440 cases" which encompass the most serious offenses such as murder, rape, aggravated assault, etc. (OCGA 15-11-561)

**Regional Youth Detention Center (RYDC):** Regional Youth Detention Centers provide temporary, secure care and supervision to youth who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement. In addition, youth who have been committed to the custody of DJJ are sometimes placed in an RYDC while awaiting treatment in a community program or a long-term facility.<sup>1</sup>

**Youth Development Campus (YDC):** A Youth Development Campus provides secure care, supervision and treatment services to youth who have been committed to Department of Juvenile Justice custody for short- and long-term programs. Every YDC provides education, vocational programming, health and mental health treatment, food services, resident counseling, substance abuse treatment/counseling, and family visitation.<sup>2</sup>

\* More information: [Georgia Juvenile Justice Process for Children in Need of Services factsheet](#)

\*\* More information: [Raising the Age in Georgia factsheet](#)

\*\*\* If a child is also adjudicated as a dependent child, prior to being placed in the custody of DFCS, the court shall consider on the record what services have been provided to the child/parent/guardian; what efforts have been made to find other secure placement; and whether a child protective services report was made.

\*\*\*\* In any case in which DJJ or a county operated probation office believes a child to be dependent, it shall make a report to the Statewide Child Protective Services Communication Center and notify the DFCS office in the disposition county.



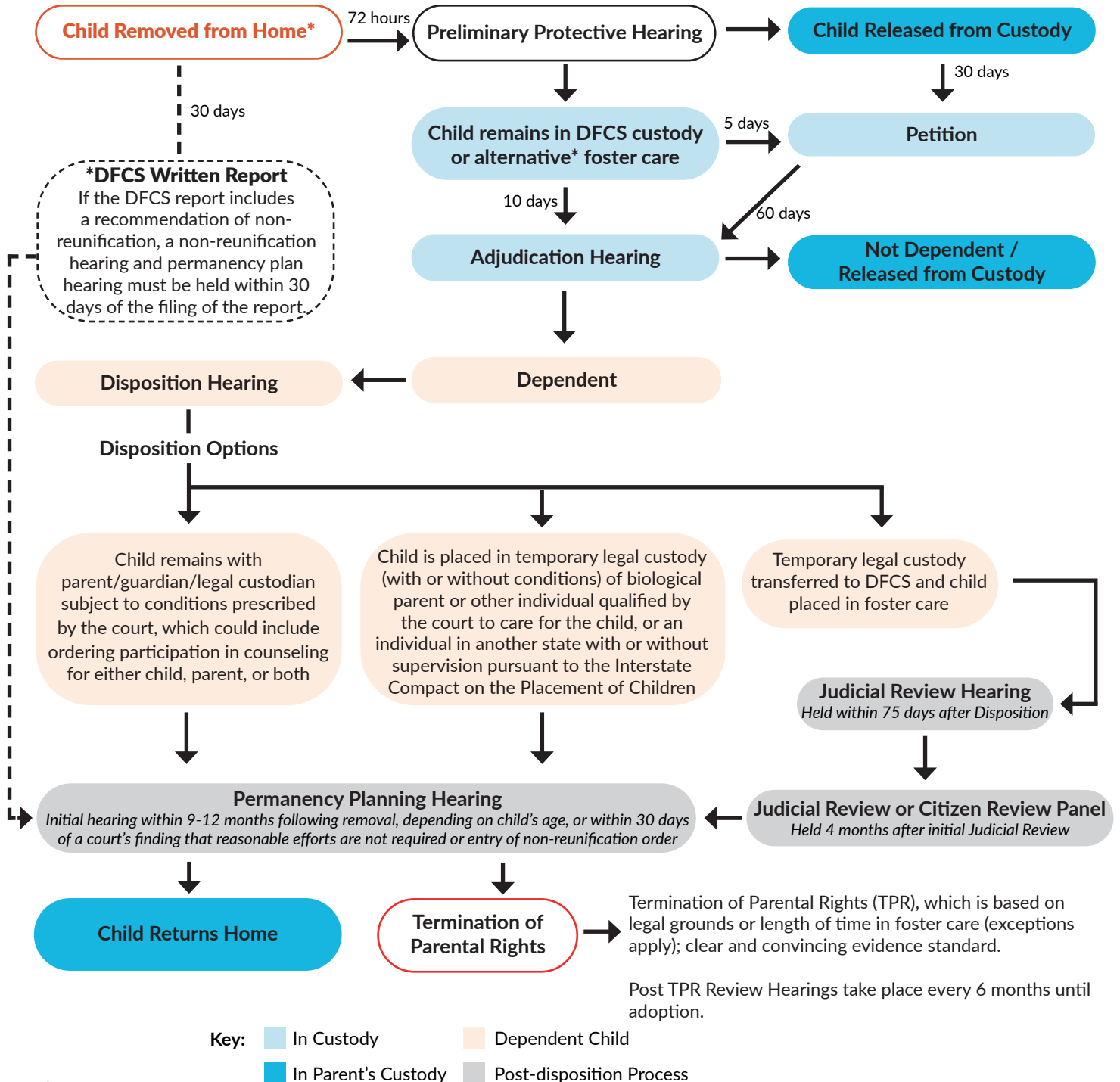
# Georgia's Juvenile Justice Process for Dependency Cases

A child may come in contact with the juvenile justice system through a **delinquency, dependency** or a **Child in Need of Services (CHINS)** complaint.

## Who is considered Dependent?

A "dependent" child is a one whose physical or mental health and welfare is substantially at risk of harm from abuse, neglect, or exploitation and who may be further threatened by the conduct of others, such as a parent, caregiver, or other person inside the home. (OCGA 15-11-100)

The following is a map of the process if a child is declared dependent and released into the custody of the Division of Family and Children Services (DFCS):



## Terms to Know

**Adjudication Hearing:** Fact-finding proceeding to determine whether the facts alleged in the petition or other pleadings are true. This is the juvenile court equivalent to a trial in civil cases. Standard of proof is clear and convincing evidence in delinquency dependency and CHINS (Children in Need of Services); standard is beyond a reasonable doubt in delinquency proceedings. (OCGA 15-11-181; OCGA 15-11-441; OCGA 15-11-582)

**Dependency Petition:** A legal document that alleges that a child is abused, neglected, or abandoned. A Dependency Petition can be filed by DFCS, a guardian ad litem, or any other person who has knowledge of the facts alleged. (OCGA 15-11-150)

**DFCS Written Report:** Within 30 days from the date that the child is removed from the home, DFCS must submit a written report which includes details of the reasons for removal, the reunification plan, and the reasons for non-reunification (OCGA 15-11-200)

**Disposition Hearing:** Proceeding to determine which placement is best suited to the protection and physical, mental, and moral welfare of a child adjudicated dependent, delinquent, or “child in need of services”. In Delinquency and CHINS cases, the disposition proceeding will also determine if the child is in need of treatment, rehabilitation, or supervision and may include community service and/or restitution. (OCGA 15-11-210; OCGA 15-11-600; OCGA 15-11-442)

**Judicial Review Hearing:** Within 75 days of a child being adjudicated as a dependent child, the court shall hold a review hearing to determine:

1. Whether a child adjudicated as a dependent child continues to be a dependent child;
2. Whether the existing case plan is still the best case plan for such child;
3. The extent of compliance with the case plan by all participants;
4. The appropriateness of any recommended changes to such child's placement;
5. Whether appropriate progress is being made on the permanency plan;
6. Whether all legally required services are being provided to a child adjudicated as a dependent child, his or her foster parents if there are foster parents, and his or her parent, guardian, or legal custodian;
7. Whether visitation is appropriate and, if so, approve and establish a reasonable visitation schedule;
8. Whether, for a child adjudicated as a dependent child who is 14 years of age or older, the services needed to assist such child to make a transition from foster care to independent living are being provided; and
9. Whether reasonable efforts continue to be made to prevent or eliminate the necessity of such child's removal from his or her home and to reunify the family after removal of a child adjudicated as a dependent child, unless reasonable efforts were not required. (OCGA 15-11-216)

**Permanency Planning Hearing:** Proceeding to determine permanent goal/plan for child. Subsequent permanency planning hearings are held every 6 months.

**Preliminary Protective Hearing:** If a child is removed from the home, the court shall hold a preliminary protective hearing within 72 hours of removal to determine whether or not the child will remain in DFCS custody or be returned to the home. (OCGA 15-11-145)

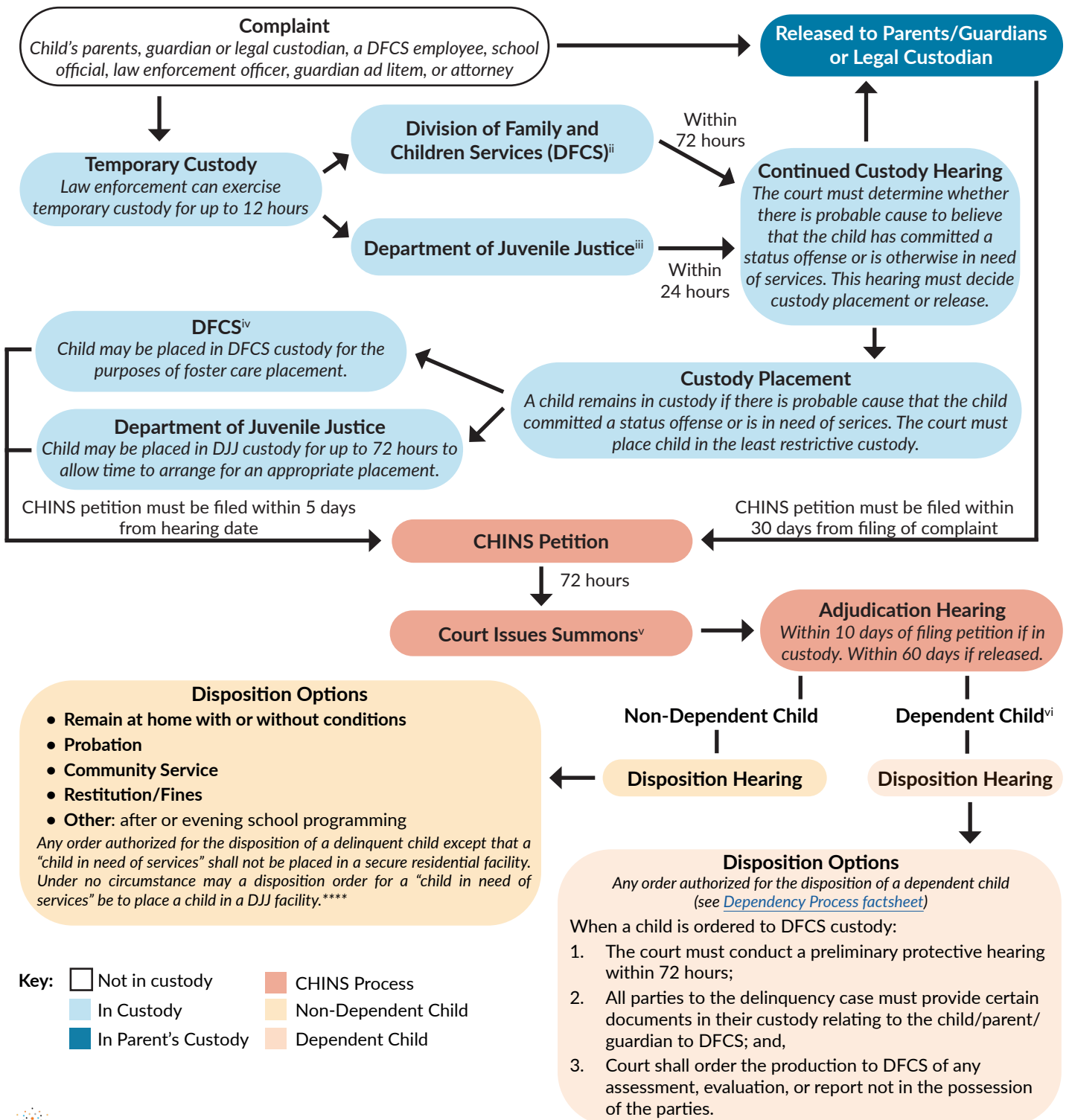


# Georgia's Juvenile Justice Process for A Child in Need of Services (CHINS)

A child may come in contact with the juvenile justice system through a **delinquency, dependency, or a Child in Need of Services (CHINS)** complaint.

## Who is considered a Child in Need of Services?

A "Child in Need of Services" is a child who is in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation AND meets certain criteria (see criteria on p2.). If a child meeting said criteria is brought before the court, services are provided to attempt to divert the child away from delinquency.<sup>i</sup> The following is a map of the CHINS process:



## Terms to Know

**Case Plan:** If a child is alleged or adjudicated to be a **Child in Need of Services** and is placed in foster care, the child shall be required to have a case plan which addresses the child and parents' strengths and needs, the problems contributing to the child's behaviors, identification of the least restrictive placement for the child, and an assessment of services available to the child. (O.C.G.A. 15-11-404)

**"Child in Need of Services":** A "Child in Need of Services" under Georgia law means a child who is in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation AND meets one of the following criteria: (O.C.G.A. 15-11-2 (11))

- Habitually truant from school
- Habitually disobedient of the reasonable commands of his or her parent/guardian/legal custodian
- Runaway
- Committed an offense applicable only to a child (e.g., underage possession of alcohol)
- Wanders or loiters about the streets, highway, or any public place, between the hours of 12:00 A.M. and 5:00 A.M.
- Disobeys the terms of supervision contained in a court order which has been directed to such child, who has been adjudicated a CHINS
- Patronized any bar where alcoholic beverages are being sold, unaccompanied by his or her parent parent/guardian/legal custodian, or who possesses alcoholic beverages
- Committed a delinquent act and is in need of supervision but not in need of treatment or rehabilitation

**Delinquency Petition:** A legal document that alleges that a child is abused, neglected, or abandoned which may be filed by the Division of Family and Children Services, a child's guardian ad litem, or any other person who has knowledge of the facts alleged. (OCGA 15-11-3(5))

**Least Restrictive Custody:** The level of custody which safeguards the child's best interests and protect the community (e.g., release to parent, foster care, other court-approved placement that is not secure, or secure residential facility). (OCGA 15-11-404)

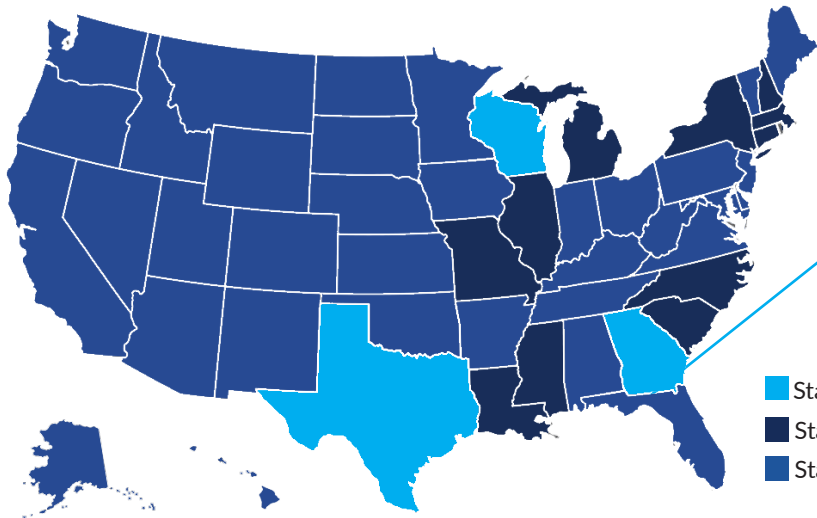
**Nonsecure Facility:** Nonsecure residential facilities are community residential facilities that provide 24-hour care in a residential setting that are not hardware secured. These nonsecure community residential programs include group homes, emergency shelters, wilderness/outdoor therapeutic programs, and other placements that provide 24-hour care in a residential setting. (OCGA 15-11-2(49))

**Secure Facility:** Secure facility is defined as a hardware secure residential institution operated by or on behalf of DJJ and shall include a youth development center or a regional youth detention center. (OCGA 15-11-2(67))

- i For more information regarding the delinquency process, see Voices' [Georgia Juvenile Justice Process for Delinquency Cases factsheet](#).
- ii If a youth is placed in foster care, the child must have a case plan.
- iii If a youth is placed in a secure or nonsecure DJJ facility (for no longer than 24 hours), then:
  - 1) a DAI must have been conducted,
  - 2) statute criteria must apply (e.g., child is "alleged runaway, habitually disobedient, and/or failed to appear at a scheduled hearing")
- iv A court-issued summons goes to the child, parent/guardian, DFCS, or other public agencies or necessary parties. The summons requires the person to come for the adjudication to participate in the hearing.
- v Prior to being placed in the custody of DFCS, the court shall consider on the record what services have been provided to the child/parent/guardian; what efforts have been made to find other secure placement; whether a child protective services report was made.
- vi In any case in which DJJ believes a child to be dependent, it shall make a report to the Statewide Child Protective Services Communication Center and notify the DFCS office in the disposition county.



Georgia is **one of only three states** that processes all 17-year-olds as adults in the criminal justice system, sending them to adult court rather than through the juvenile justice system.<sup>1</sup>



### In 2022, in Georgia:

- 3,842 17-year-olds were arrested.<sup>2</sup>
- 20% were for violent crimes.<sup>3</sup>
- 140 counties had **fewer than 50 arrests** of 17-year-olds.<sup>4</sup>

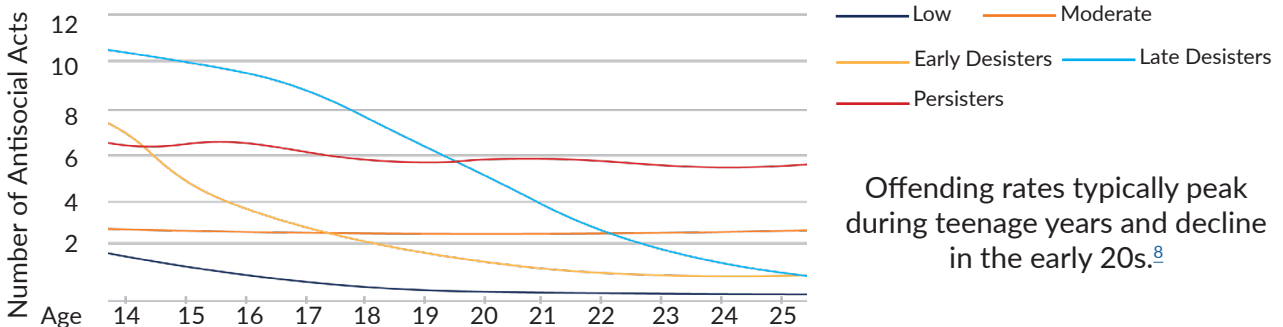
- States that have not yet raised the age
- States that have raised the age since 2007
- States that raised the age prior to 2007

**If Georgia raises the age of juvenile court jurisdiction to 18, youth as young as 13 charged with certain violent felonies may still be tried as adults. Such crimes include murder, rape, armed robbery committed with a firearm, aggravated child molestation, aggravated sodomy, aggravated sexual battery, and voluntary manslaughter.**

## Why raise the age of juvenile court jurisdiction?

A growing body of research shows 17-year-olds are still in the **adolescent phase** of brain development, a fundamentally different stage than that of an adult. Executive function skills, which allow for self-control, regulating emotions, and understanding different points of view,<sup>5</sup> are not yet fully developed. When compared to adults, 17-year-olds are:<sup>6</sup>

- less capable of impulse control
- more likely to overreact to situations
- less able to consider the consequences of their actions
- more susceptible to negative peer influences
- more likely to change course if given the right support



Offending rates typically peak during teenage years and decline in the early 20s.<sup>8</sup>

The U.S. Supreme Court\* finds adolescents are **more capable of change** than adults and should be given the **opportunity to rehabilitate**.<sup>7</sup>

\*Graham v. Florida (2010)

## Juvenile v. Adult Criminal Justice Systems

Juvenile courts and juvenile court-ordered plans take a more holistic approach to rehabilitation when compared to the adult criminal justice system. By using a youth's naturally high capacity for change and growth, we can **redirect behavior** into more healthy and socially positive outcomes. In short, responding to a 17-year-old's misbehavior in **developmentally appropriate ways** can reduce the likelihood that the child will commit offenses as an adult.<sup>2</sup> The following are some of the various services offered by the Juvenile Justice System in Georgia:



Mental health treatment/  
substance abuse counselors



Diversion programs



Career development and  
job readiness training



Evidence-based programs



Accountability courts



Education opportunities

**Juvenile courts prepare youth for adulthood while recognizing they are still children.**

## Reducing Detention Rates While Improving Public Safety

Evidence-based alternatives to detention have been proven to reduce the likelihood of criminal activity.<sup>10</sup> By employing these strategies, Georgia has seen a **55% reduction** in juvenile incarceration since 2013.<sup>11</sup>

Georgia's **Juvenile Justice Incentive Grants (JJIG)** and **Community Service Grants (CSG)** fund the delivery of evidence-based programs proven effective for juveniles: Seven Challenges, Trauma Focused-Cognitive Behavioral Therapy, Multisystemic Therapy-Problem Sexual Behavior, Multi-Systemic Therapy, Aggression Replacement Therapy, Functional Family Therapy, and Thinking for a Change.<sup>12,13</sup> Together these grants make these therapies available to juvenile court jurisdictions encompassing 99% of Georgia's at-risk youth population.<sup>14</sup>

### JJIGs in 2023



Served **927** youth at moderate or high risk to reoffend<sup>15</sup>



**73%** successfully completed their evidence-based programs<sup>16</sup>



**93%** were actively enrolled in or had completed high school<sup>17</sup>



**62%** reduction in out-of-home placements in JJIG-participating counties<sup>18</sup>

### CSGs in 2023

Served **392** youth at moderate or high risk to reoffend<sup>19</sup>

**76%** successfully completed their evidence-based programs<sup>20</sup>




**92%** were actively enrolled in or had completed high school<sup>21</sup>

**57%** reduction in out-of-home placements in CSG-participating counties<sup>22</sup>


## Outcomes from Raising the Age

States that have recently raised the age as part of their juvenile justice reform efforts have experienced **no** or **minimal cost increases** while lowering arrest and detention rates. Connecticut, Illinois, and Massachusetts have seen significant drops in juvenile arrests after raising the age up to 18.<sup>23</sup>


### North Carolina: Outcomes from Year Three

-  As of December 2019, 16- and 17-year-olds in North Carolina go into the juvenile court system.<sup>24,25</sup>
-  The number of criminal complaints received dropped by 5.4% from 2020 to 2021.<sup>26</sup>
-  Although the number of delinquency complaints has risen since 2019 (54%), there has been a 57% increase in the number of 16 and 17-year-old juveniles served in community programs.<sup>27</sup>

### Connecticut Outcomes

-  Juvenile arrests have decreased by 50% since moving 16- and 17-year-olds from the adult justice system to the juvenile system in 2010.<sup>28</sup>

### Massachusetts Outcomes

-  Juvenile delinquency arraignments have decreased by 60% since raising the age in 2013.<sup>29</sup>

## Preparing for the Future

The Georgia Department of Juvenile Justice (DJJ) is the 181<sup>st</sup> school district in the state. **Georgia Preparatory Academy** is the middle and high school within the DJJ school system with 28 campuses across the state in detention and transitional centers. An online version of the Georgia Preparatory Academy is available for youth under DJJ supervision who are unable to return to public high school. Additionally, **Pathways to Success** is an adult education program that offers GED instruction and testing. The **Connections Graduate Program** focuses on re-entry, work skills development, and post secondary options.<sup>35</sup>

## Fast Facts

- Nationally, youth are **36 times** more likely to commit suicide in an adult facility than a juvenile facility.<sup>30</sup>
- In 2022, the average daily caseload of youth in Georgia receiving mental health services was **515**.<sup>31</sup>
- From 2014-2023, more than **16,000 youth** have received individual or group therapy through evidence-based models delivered by the Georgia juvenile justice system.<sup>32, 33</sup>
- Data show lower level offenders emerge from incarceration **more inclined** to conduct criminal activity after being confined with higher level offenders.<sup>34</sup>







Approximately 40% of gang members in the United States are 18 years old or younger.<sup>1</sup>

## How does Georgia define a gang?

Georgia law states a “criminal street gang” is any organization, association, or group of three or more persons who engage in criminal gang activity (e.g., rape, racketeering, criminal trespass, or any offense that involves violence, use of a weapon, or possession of a weapon, among others).

A gang can be established by a common name or identifying signs, symbols, tattoos, graffiti, attire, or other distinguishing characteristics.<sup>2</sup>

## What is youth violence?

Youth violence is the intentional use of force or power by 10- to 24-year-olds to threaten or harm others.<sup>3</sup> Homicide is the **third leading cause of death** for 10- to 24-year-olds and the **number one cause of death for Black youth**.<sup>4</sup> The estimated cost of youth violence is almost **\$100 billion per year**.<sup>5</sup> Committing youth violence increases the risk for:<sup>6</sup>



Substance use



Depression



Suicide



Academic challenges and school drop-out



Behavioral and mental health conditions

**Most youth who commit violence lack positive supports from parents, schools, peers, and their community.**

## Factors that Impact Youth Violence and Gang Membership

The more risk factors a young person experiences, the greater their chance of committing youth violence, including through gang membership;<sup>8</sup> however, exposure to protective factors reduces this chance.<sup>9</sup> Given this, prevention strategies are aimed at increasing crucial supports in a youth’s life, including security, connectedness, and safety.



### Risk Factors:<sup>7</sup>

- Child abuse and neglect
- Youth alcohol or drug use
- Academic problems or school discipline issues
- Mental health conditions
- Parent-child separation/ lack of parent involvement
- Exposure to community violence
- Poverty
- Parental substance abuse and/or parental criminality
- Housing instability
- Social rejection
- Aggressive, violent, or delinquent behavior



### Protective Factors:

- Parental involvement
- Family support system
- Coping and interpersonal skills
- Positive social connections
- Peer support
- Academic achievement
- Reducing alcohol and drug use

## Comprehensive Gang Model: Five Core Strategies

The Comprehensive Gang Model is a set of five interrelated core strategies that offer a comprehensive, collaborative approach to prevent and reduce gang violence. The five strategies are:

### Community Mobilization

community engagement and collaboration

**Community Mobilization:** Involvement of local citizens, including former gang members and community groups and agencies, and the coordination of programs and staff functions within and across agencies

### Opportunities Provision

education, training, and employment programs

**Opportunities Provision:** The development of a variety of education, training, employment, and reentry programs specific to engaging gang-involved youth and young adults.

### Social Intervention

outreach and access to provision of services for gang-involved youth and their families

**Social Intervention:** Youth-serving agencies, schools, street outreach workers, grassroots groups, faith-based organizations, law enforcement agencies, and other criminal justice organizations reaching out and acting as links between gang-involved youth and their families, the conventional world, and needed services.

### Suppression

community policing with formal and informal social controls and accountability measures

**Suppression:** Formal and informal social controls procedures and accountability measures, including law enforcement and close supervision or monitoring of gang-involved youth, by criminal justice agencies working in collaboration with community based service providers, schools, and grassroots groups.

### Organizational Change & Development

development of policy for effective use of resources

**Organizational Change and Development:** Development and implementation of policies and procedures that result in the most effective use of available and potential resources to better address the gang problem.

Source: National Gang Center, 2020

## Prevention Strategies Implemented in Georgia



### Promote Family Environments that Support Healthy Development

#### Approach:

- Early childhood home visitation
- Parenting skill and family relationship programs

#### How This Looks in Georgia:

- Home visiting and parental skill building (through the Department of Public Health (DPH) and Division of Family and Children Services (DFCS))
- Strengthening Families Georgia



### Provide Quality Education Early in Life

#### Approach:

- Preschool enrichment with family engagement

#### How This Looks in Georgia:

- Georgia Pre-K
- Head Start
- Childcare and Parent Services (CAPS)
- Quality Rated Child Care

# Prevention Strategies Implemented in Georgia, continued



## Strengthen Youth Skills

### Approach:

- Universal school-based programs

### How This Looks in Georgia:

- Georgia Apex Program
- Youth Mental Health First Aid and Teen Mental Health First Aid
- Positive Behavioral Interventions and Supports
- Comprehensive school-based health centers



## Wrapping Children At-Risk Children with an Array of Supportive Services

### Approach:

- Cognitive behavioral treatment

### How This Looks in Georgia:

- Cobb Co. Juvenile Court's R.I.S.I.N.G Program diverts participants from the juvenile justice system by offering a specialty court that has been developed based on an accountability court structure



## Connect Youth to Caring Adults and Activities

### Approach:

- Mentoring programs
- Afterschool programs

### How This Looks in Georgia:

- Boys and Girls Club
- 21st Century Community Learning Centers
- Afterschool Care Program (DFCS)
- YMCAs
- 4-H
- Prevention Clubhouses (Department of Behavioral Health and Developmental Disabilities)



## Create Protective Community Environments

### Approach:

- Modify the physical and social environment
- Reduce exposure to community-level risks
- Street outreach and community norm change

### How This Looks in Georgia:

- Community oriented policing
- Afterschool programs and community centers like the @PromiseCenter
- Front Porch Community Resource Center
- Juvenile Detention Alternatives Initiative
- Norms change programs like CureViolence (happening in some Southwest Atlanta neighborhoods)



## Intervene to Lessen Harms and Prevent Future Risk

### Approach:

- Treatment to lessen the harms of violence exposures
- Treatment to prevent problem behavior and further involvement in violence
- Hospital-community partnerships

### How This Looks in Georgia:

- Trauma-Focused Cognitive Behavioral Therapy
- Evidence-based programs for cognitive restructuring, problem-solving, and crisis management (Department of Juvenile Justice - DJJ)
- Georgia Preparatory Academy (DJJ)
- Pathways to Success
- Connections Graduate Programs
- Educational and vocational opportunities
- Mental health and substance abuse treatment through DJJ

# Policy Recommendations

## Prevention

- Ensure that training on trauma-informed care and implicit/explicit bias is provided to all stakeholders who engage with children in any way (e.g., law enforcement, school resource officers, school faculty and staff, child care and afterschool providers, DJJ staff, child welfare and foster care settings.)
- Increase the number of mental health and social work professionals in schools.
- Expand federal and state funding to afterschool and summer learning programs to increase access and ensure affordability.
- Ensure that school codes of conduct are evidence-based, trauma-informed, free of bias, and include input from local child-serving stakeholders (e.g., mental health providers, social workers, juvenile courts).

## Intervention

- Increase funding for intervention programs that provide outreach workers and train community members as credible messengers to diffuse community conflict after violence occurs (e.g., Neighborhood Planning Units and CHRIS180).
- Increase funding for restorative programs for children and youth (e.g., Children in Need of Services (CHINS), Public Safety and Community Violence Reduction Grant, Juvenile Incentive Grant Program, and Community Service Grants Program).
- Strengthen partnerships between community-based afterschool programs, school districts, juvenile courts, and other community partners to align services for young people through Local Interagency Planning Teams or truancy prevention programs.
- Promote the use of mentoring and apprenticeships programs (e.g., partner with local chambers of commerce, rotary clubs, chapters of 100 Black Men, Big Brothers Big Sisters, or other civically focused organizations).

## Restoration

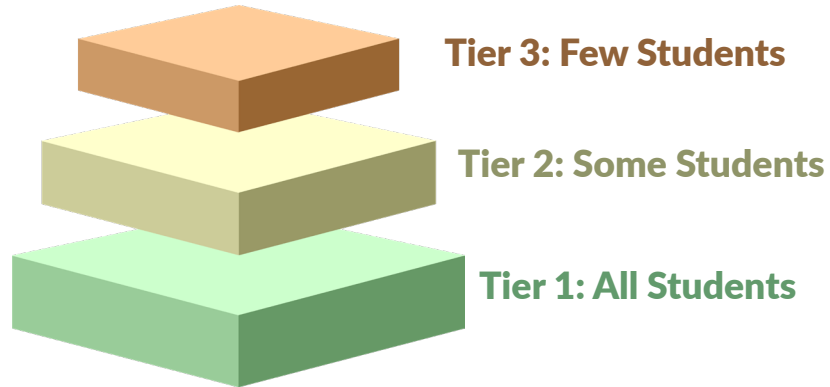
- Raise the maximum age of juvenile court jurisdiction to 18 years of age.
- Develop effective juvenile accountability courts, including education on violence, community involvement, and wraparound services that support the youth and the youth's family.
- Increase access to evidence-based practices for mental and behavioral health in schools.
- Increase access to educational and work remediation.



Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, data-driven framework for supporting students' behavioral, academic, social, emotional, and mental health.<sup>1</sup> PBIS is proven to reduce disciplinary incidents, increase the sense of safety, and support improved academic outcomes in schools.<sup>2</sup>

## A Multitiered Approach to Prevention

PBIS incorporates a three-tiered approach to develop schoolwide, targeted, and individualized interventions and supports to improve school climate.<sup>3</sup>



### Tier 1: Universal, Primary Prevention

Establishes a foundation for delivering regular, proactive support and preventing behaviors.

What does Tier 1 look like?

- Well-defined school-wide expectations
- Explicit teaching of expectations and skills to set students up for success
- Response to unwanted behavior in a respectful, instructional manner

### Tier 2: Targeted, Secondary Prevention

Supports students who are at risk of developing more serious problem behaviors before those behaviors start.

What does Tier 2 look like?

- Additional instruction and practice for behavioral, social, emotional, and academic skills
- Increased use of prompts or reminders
- Additional opportunities for positive reinforcement

### Tier 3: Intensive and Individualized, Tertiary Prevention

Delivers more intensive, individualized support to students that did not experience success with Tier 1 and Tier 2 supports.

What does Tier 3 look like?

- Engaging in functional behavioral assessments and intervention planning
- Coordinated support through wraparound and person-centered planning
- Individualized, comprehensive, and function-based supports

**PBIS is not a curriculum, nor is it something that can be learned during a one-day professional development seminar. It is an ongoing commitment to supporting students, educators, and families.**

# Why implement PBIS?

Research shows that when PBIS is implemented as designed, there are improved outcomes:



## Students

- Improved academic performance<sup>4</sup>
- Higher social-emotional competence<sup>5</sup>
- Reduced bullying behaviors<sup>6</sup>
- Decreased rates of student-reported drug/alcohol abuse<sup>7,8</sup>



## Discipline

- Fewer office discipline referrals<sup>9,10,11</sup>
- Fewer suspensions<sup>12</sup>
- Lower rate of restraint and seclusion<sup>13</sup>



## Teachers

- Improved perception of teachers<sup>14</sup>
- Better school organizational health and school climate<sup>15,16</sup>
- Higher perception of school safety<sup>17</sup>

## Recommendations on How to Implement PBIS

### Teachers and Students:<sup>18</sup>

- Arrange the classroom in such a way that facilitates the most typical instructional activities (e.g., tables for centers, separate spaces for individual work, circle area for group instruction)
- Maintain regular two-way communication with families to ensure families have the opportunity to share information and feedback
- Explicitly teach and visibly post steps for specific routines to promote independence
- Adopt 3-5 schoolwide expectations as classroom expectations
- Differentiate instruction to provide equitable benefits to students
- Incorporate students' preferences into learning opportunities to increase connections during instruction

### Teachers and Administration:<sup>19</sup>

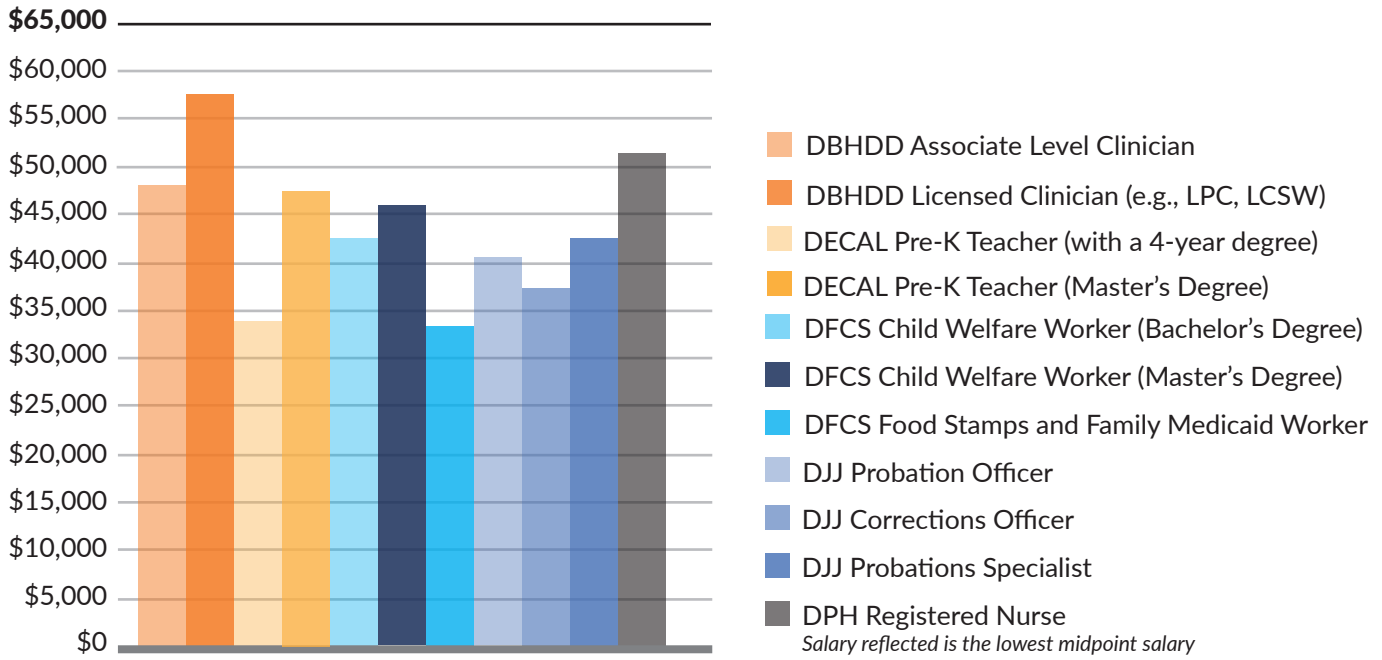
- Collaborate and develop a shared vision and approach to support and respond to student behavior
- Establish 3-5 positively-stated school-wide expectations
- Explicitly teach school-wide expectations and other key social, emotional, and behavior skills to set students up for success
- Establish a continuum of recognition strategies to provide specific feedback and encourage appropriate behavior
- Establish a continuum of response strategies to provide specific feedback, re-teach appropriate behavior, and discourage inappropriate behavior

**The number of PBIS-trained schools in Georgia has increased by 331% (from 392 to 1,688) since 2013.<sup>20</sup>**



Child-serving state agency workers help children and families obtain support for their **most basic needs**.

## Child-Serving Agency Entry-Level Salaries



### Department of Behavioral Health and Developmental Disabilities

Clinicians and social workers at Community Service Boards (CSBs), which are safety net mental health providers based in communities, provide direct services to youth in the community and sometimes in schools. These services include individual, group, and family therapy. The following salary information is specific to DBHDD (hospitals and community-based providers) and does not include the CSBs. However, many CSBs use the state salary structure, through their respective average starting salaries will likely vary.

#### Base-Level Salaries (as of 2023)<sup>1</sup>

Associate Level Clinician (not licensed)	\$47,900
Licensed Clinician (e.g., LPC, LCSW)	\$57,610

### Department of Early Care and Learning

Georgia Pre-K teachers teach 4- and 5-year-old children, 5 days a week, 180 days per year. The school day is 6.5 hours, and sometimes longer to provide before- and after-school care.

#### Base-Level Salaries (as of 2023)<sup>2</sup>

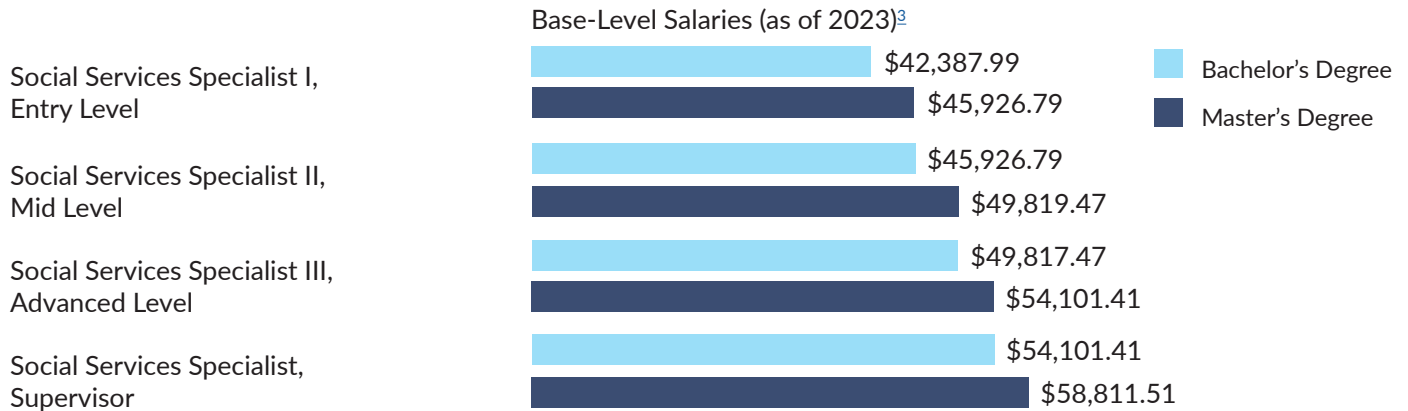
Pre-K Teacher, 4-year degree	\$34,315.60
Pre-K Teacher, 4-year degree & Certified	\$42,820.73
Pre-K Teacher, Master's degree	\$47,373.04



## Department of Human Services/Division of Family and Children Services

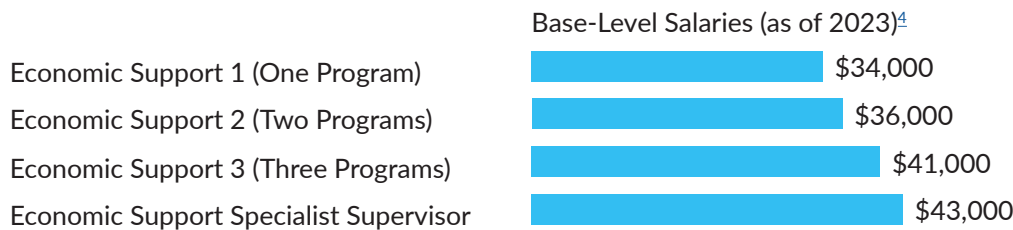
### Child Welfare

Child welfare workers provide investigative and comprehensive case management for children experiencing abuse or neglect. They assess safety concerns, identify physical, educational, and behavioral needs of the child, parents, and foster parents, and ensure those needs are addressed.



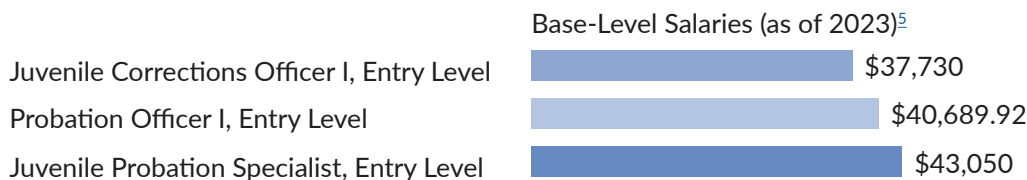
### Office of Family Independence

Employees in the Office of Family Independence manage SNAP/Food Stamp and Family Medicaid cases. They determine applicant eligibility and process applications.



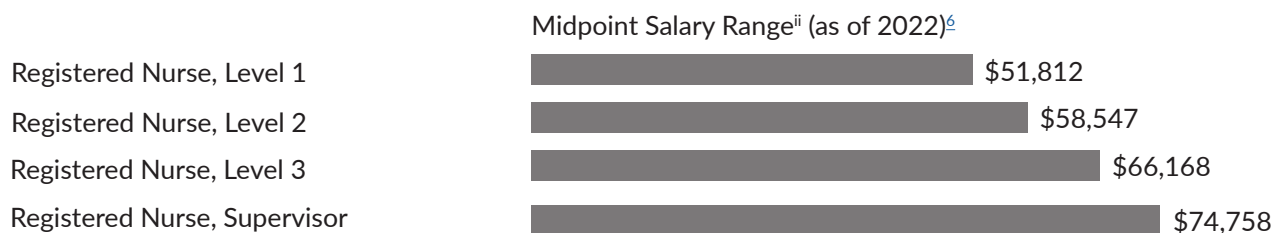
## Department of Juvenile Justice

DJJ staff are responsible for youth under DJJ supervision, both in detention facilities and on probation in communities.



## Department of Public Health

DPH Registered Nurses provide nursing care, including for populations with special needs during natural disasters and emergencies.



<sup>i</sup> Salaries were effective July 1, 2023.

<sup>ii</sup> Amounts shown reflect the midpoint salary ranges for the positions listed.

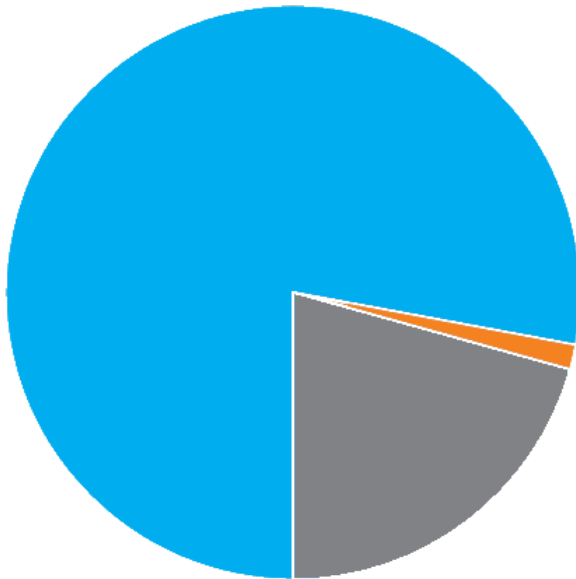


In state fiscal year 2024,<sup>1</sup> federal funds\* will go to nine state agencies serving Georgia’s children:

	State Agency	SFY 2024 Budget
DCH	Department of Community Health	\$9,687,933,882
DHS	Department of Human Services	\$1,105,913,996
DPH	Department of Public Health	\$395,951,809
DBHDD	Department of Behavioral Health and Developmental Disabilities	\$149,263,138
DECAL	Department of Early Care and Learning	\$475,649,841
DOE	Department of Education	\$2,099,148,714
CJCC	Criminal Justice Coordinating Council	\$84,133,730
DOD	Department of Defense	\$98,172,961
DJJ	Department of Juvenile Justice	\$6,418,775
<b>TOTAL</b>		<b>\$14,102,586,846</b>

\*Reported budget totals do not include federal COVID-19 relief funds.

## Federal Funding by Policy Area



### 81%

#### Health and Human Services

- Department of Behavioral Health and Developmental Disabilities
- Department of Community Health
- Department of Human Services
- Department of Public Health

### 1%

#### Public Safety

- Criminal Justice Coordinating Council
- Department of Defense
- Department of Juvenile Justice

### 17%

#### Education

- Department of Early Care and Learning
- Department of Education

# COVID-19 Relief Funding Allocations<sup>2</sup>



## Capital Projects Fund

**Budget: \$250 billion**

**Funding Source: American Rescue Plan Act**

Addresses many challenges revealed by the pandemic, especially in rural America and low- and moderate-income communities, helping to ensure that all communities have access to the high-quality, modern infrastructure needed to thrive, including internet access.

*End date: December 31, 2026*



## Emergency Rental Assistance Program II

**Budget: \$437 billion**

**Funding Sources: American Rescue Plan Act, Consolidated Appropriations Act**

Makes funding available to assist households that are unable to pay rent or utilities.

*End date: September 25, 2025*



## Governor's Emergency Education Relief Fund II

**Budget: \$47 billion**

**Funding Sources: American Rescue Plan Act; Coronavirus Aid, Relief, and Economic Security (CARES) Act; Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act**

Provides support through grants to local educational agencies (LEAs), institutions of higher education (IHEs), and other education-related entities with emergency assistance.

*End date: September 30, 2024*



## Homeowner's Assistance Fund

**Budget: \$354 billion**

**Funding Source: American Rescue Plan Act**

Aids homeowners who have experienced financial hardship due to the pandemic with mortgage payments, homeowner's insurance, utility payments, and other specified purposes.

*End date: September 30, 2026*

*See the next page for the Coronavirus State and Local Fiscal Recovery Fund.*



## Coronavirus State and Local Fiscal Recovery Fund

**Total Funds: \$4.8 billion**

Funded by the **American Rescue Plan Act**, this grant addresses inequities and fosters recovery and prosperity for all Georgians through strategic investments in workforce development, public health, and infrastructure programs as well as assistance to certain populations experiencing negative economic impacts.



### Broadband

#### **Broadband Infrastructure** **\$408 million**

Provides grants to support broadband infrastructure projects. Approximately 70,000 locations are estimated to be served by funded projects.

*End Date: October 31, 2026*



### Public Health

#### **COVID-19 Mitigation Hospitals** **\$170 million**

Supports licensed hospitals that provide services to prevent and mitigate COVID-19 to the general public.

*End Date: December 1, 2024*

#### **COVID-19 Prevention and Mitigation Assisted Living Communities and Personal Care Homes with 25+ Beds** **\$47 million**

Supports licensed Assisted Living Communities and Personal Care Homes with 25+ beds that provide services to prevent and mitigate COVID-19 to the general public.

*End Date: December 1, 2022*

#### **School-Based Health Centers** **\$125 million**

Funds the Georgia Department of Education in providing grants that support the planning, infrastructure/space renovations, start-up staffing, and start-up medical supplies for School-Based Health Centers for approved Title I schools in Georgia.

*End Date: October 31, 2026*



### Housing/ Neighborhoods

#### **Georgia Investments in Housing Grant** **\$100 million**

Supports nonprofits that are 501(c)(3) or 501(c)(19) tax-exempt organizations who provide affordable housing and aid individuals experiencing homelessness.

*End Date: October 31, 2026*

#### **Improving Neighborhood Outcomes in Disproportionally Impacted Communities** **\$223 million**

Supports projects that promote improved physical and mental health and safety outcomes (e.g., green spaces, recreational facilities, sidewalks).

*End Date: October 31, 2026*



### Water and Sewer

#### **Drinking Water Projects to Support Increased Population** **\$484 million**

Supports drinking water projects that address present or prevent future violations of health-based drinking water standards.

*End Date: October 31, 2026.*

#### **Water/Sewer Infrastructure** **\$600 million**

Supports investments in necessary improvements to water and sewer infrastructures.

*End Date: November 30, 2026*



### Economic Relief

#### **Hotel Relief Program** **\$150 million**

Provides direct aid to hotels who can demonstrate a negative economic impact of COVID-19.

*End Date: December 1, 2023*

#### **Negative Economic Impact** **\$325 million**

Funds projects that respond to economic harms to workers, families, small businesses, impacted industries, and the public sector.

*End Date: November 30, 2026*

#### **Victim's Services** **\$50 million**

Supports nonprofits that are 501c3 or 501c19 tax exempt organizations who experienced economic harms incurred as a result of COVID-19.



### Public Safety

#### **Judicial Grant** **\$120 million**

To combat violent crime and help support the Georgia judiciary's recovery from COVID-19 with funding to address court backlogs in cases with a primary focus on serious violent felonies.

*End Date: December 31, 2026*

#### **Public Safety and Community Violence Reduction Grant** **\$83.5 million**

Funds to address violent gun crime and community violence that have increased as a result of COVID-19, or to address a decrease in public sector law enforcement staffing as a result of COVID-19.

*End Date: October 31, 2026*

# State Programs Receiving Federal Funding

## Health and Human Services

**\$11,339,062,825**

### Department of Behavioral Health and Developmental Disabilities (DBHDD)

Community Mental Health Services Block Grant  
Medical Assistance Program (Medicaid)  
Social Services Block Grant

Substance Abuse Prevention and Treatment Block Grant  
Temporary Assistance for Needy Families

### Department of Community Health

Medical Assistance Program (Medicaid)

State Children's Insurance Program

### Department of Human Services

Medical Assistance Program (Medicaid)  
Social Services Block Grant  
Temporary Assistance for Needy Families  
CAPTA, Child Care, and SNAP  
Low-Income Home Energy Assistance

Title IV-E: Adopt Assistance and Foster Care  
Title IV-B: Promoting Safe and Stable Families  
Title IV-D: Child Support Enforcement  
Community Services Block Grant

### Department of Public Health

Infants and Toddlers with Disabilities Grant  
Maternal and Child Health Services Block Grant  
Temporary Assistance for Needy Families

Preventive Health and Health Services Block Grant  
Women, Infants, and Children Program  
Immunizations and Vaccines for Children Grant

## Public Safety

**\$188,725,466**

### Criminal Justice Coordinating Council

Temporary Assistance for Needy Families  
Family Violence Prevention and Services Act  
Edward Byrne Memorial Justice Assistance Grant  
Residential Substance Abuse Treatment for Prisoners  
Paul Coverdell Forensic Science Improvement Grants\*

Juvenile Justice and Delinquency Prevention  
VOCA Victim Assistance Formula  
VOCA Victim Compensation Formula  
Sexual Assault Services Formula Grant  
STOP Violence Against Women Formula Grant

### Department of Defense

STARBASE  
National Guard Youth Challenge and Job Challenge

United States Department of Agriculture

### Department of Juvenile Justice

Education  
National School Lunch Program  
Re-Entry/2nd Change

Residential Substance Abuse Treatment  
Title IV-E: Foster Care

\*denotes grants that do not benefit children but contribute to the total federal funds received

## Education

**\$2,574,798,555**

### Department of Early Care and Learning

Child and Adult Care Food Program  
Child Care and Development Block Grant  
Child Care Development Fund  
Head Start  
National School Lunch Program

Preschool Development Grant  
Race to the Top: Early Learning Challenge Grant  
State Administrative Expenses for Child Nutrition  
Team Nutrition Grants

### Department of Education

21st Century Community Learning Centers  
Career and Technical Education  
Charter Schools  
Child Nutrition Discretionary Grants  
Comprehensive Literacy Grants  
Education for Homeless Children and Youth  
Education for Migratory Children  
English Language Acquisition State Grants  
Fresh Fruits and Vegetables Program  
Grants for State Assessments and Related Activities  
Maternal and Child Health Services Block Grant  
Mathematics and Science Partnerships  
Migrant Education Coordination Programs  
National Assessment of Educational Progress

National School Lunch Program  
Race to the Top: Early Learning Challenge Grant  
Rural Education  
School Breakfast Program  
School Improvement Grants  
Special Education Grants  
Special Education Grants to States  
Special Milk Program for Children  
State Administrative Expenses for Child Nutrition  
Student Support and Academic Enrichment Program  
Substance Abuse and Mental Health Services  
Supporting Effective Instruction State Grant  
Title I Grants to Local Education Agencies  
Title I Neglected and Delinquent Children and Youth

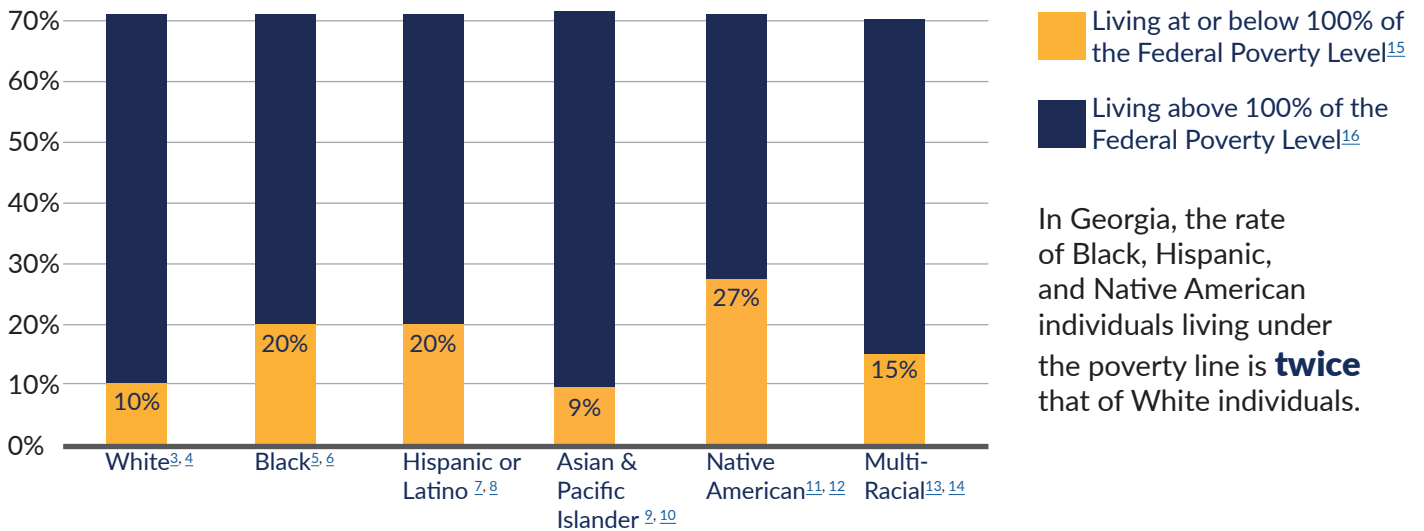


The U.S. [Federal Poverty Guidelines](#) determine financial eligibility for certain federal programs. The poverty guidelines are published in January by the U.S. Department of Health and Human Services, and are designated by the year in which they are issued (i.e., guidelines issued in January 2023 are the 2023 poverty guidelines).<sup>1</sup>

## 2023 Federal Poverty Guidelines<sup>2</sup>

Family/Household Size	100%	200%	400%
1 person	\$14,580	\$29,160	\$58,320
2 people	\$19,720	\$39,440	\$78,880
3 people	\$24,860	\$49,720	\$99,440
4 people	\$30,000	\$60,000	\$120,000

### Georgia Poverty Rates by Race/Ethnicity



## Federal and State Program Eligibility Based on Federal Poverty Guidelines

Certain federal programs use the Federal Poverty Guidelines to determine eligibility. The following chart details specific programs and the maximum yearly income a family of four can earn to remain eligible.

Program	Maximum Yearly Income (Family of 4)	Maximum % of Guidelines
Childcare and Parent Services - Initial Eligibility	\$44,966 <sup>17</sup>	150% <sup>26*</sup>
Supplemental Nutrition Assistance Program	\$39,000 <sup>18</sup>	130% <sup>27</sup>
Medicaid for Pregnant Women	\$66,000 <sup>19</sup>	220% <sup>28</sup>
Women, Infants, and Children	\$55,000 <sup>20</sup>	185% <sup>29</sup>
Medicaid (children up to 1 year)	\$63,000 <sup>21</sup>	210% <sup>30</sup>
Medicaid (children ages 1-5)	\$46,200 <sup>22</sup>	154% <sup>31</sup>
Medicaid (children ages 6-18)	\$41,400 <sup>23</sup>	138% <sup>32</sup>
PeachCare for Kids <sup>®</sup> (children ages 0-18)	\$74,100 <sup>24</sup>	247% <sup>33</sup>
Marketplace (Health Insurance) Premium Tax Credit	\$120,000 <sup>25</sup>	400% <sup>34</sup>

\*CAPS - Initial Eligibility for Very Low-Income Priority Group: **\$15,000** (maximum income) is based on **50% of state median income** (not federal income levels)

## Federal and State Program Definitions

**Childcare and Parent Services (CAPS):** The Childcare and Parent Services (CAPS) program offers low-income families subsidies to pay for quality child care, afterschool, and summer programs for children up to age 12 and for children up to age 17 with special needs. [See Voices' CAPS factsheet for more details](#)

**Express Lane Eligibility (ELE):** ELE, implemented in October 2022, allows the state to automatically enroll or renew eligible children in Medicaid or PeachCare for Kids®. This should allow close to 70,000 of Georgia's previously uninsured children to gain coverage.

**Marketplace (Health Insurance) Premium Tax Credit:** Individuals with incomes at 100-400% FPL who purchase health insurance through the Health Insurance Marketplace can receive federal premium tax credits to reduce their monthly insurance premium payments.

**Medicaid:** Medicaid in the United States is a joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, like nursing home care and personal care services. [See Voices' How Medicaid and PeachCare Money Work factsheet for more details](#)

**PeachCare for Kids®:** PeachCare for Kids® is a comprehensive health care program for uninsured children (under age 19) living in Georgia, whose parents earn too much to qualify for Medicaid, but not enough to pay for private coverage. [See Voices' How Medicaid and PeachCare Money Work factsheet for more details](#)

**Supplemental Nutrition Assistance Program (SNAP):** SNAP offers nutrition assistance to millions of eligible individuals and families with low-income through electronic benefit cards.

**Temporary Assistance for Needy Families (TANF):** TANF is the state's monthly cash assistance program supporting low-income families with children under age 18, children age 18 attending school full-time, and pregnant women. Parents receiving TANF benefits must engage in work activities. Families can only receive assistance for 4 years.\*\*

**Women, Infants, and Children (WIC):** The Women, Infants, and Children program provides supplemental foods, health care referrals, and nutrition education for pregnant, breastfeeding and non-breastfeeding postpartum women with low-incomes, and to infants and children up to age five who are found to be at nutritional risk. During 2022, Georgia WIC is transitioning benefits from paper vouchers to an electronic benefit transfer (EBT) card.

\*\*All adult recipients are required to participate in work activities and training for at least 30 hours weekly. These work activities help recipients gain the experience needed to find a job and become self-sufficient.

Receipt of cash assistance is limited to 48 months (4 years) in a lifetime. Temporary extensions to the 48-month limit may be granted on a case-by-case basis via hardship waivers.

# Brain Development Basics

The early years of a child's life are important for later health and development. This is particularly true for brain development. Although the brain continues developing and changing into adulthood, the first eight years build a foundation for future learning, health, and success.<sup>1</sup>

## Stages of Brain Development

Different structures of the brain develop at different rates and times.<sup>2</sup> Brain development can be disrupted by chronic exposure to stress hormones (e.g., cortisol, adrenaline, etc.). Significant adversity in childhood can lead to a vicious cycle of stress that is toxic to important brain structures.<sup>3</sup> [See our Child Maltreatment: Effects on the Brain factsheet for more.](#)



### Early Child Brain Development<sup>4</sup>

- Neurons are created and form connections both before and after birth.
- Brainstem and midbrain fully develop first, governing functions necessary for life like heart rate, breathing, eating, and sleeping.



### Young Child Brain Development<sup>5</sup>

- Formation of synapses occur at a high rate.
- Higher function brain regions (governing emotion, language, and abstract thought) grow rapidly in the first three years.
- By age two, a child has formed 100 trillion synapses.
- Synapses are eliminated as experiences deem them unnecessary. This is known as pruning.
- By age three, a child's brain is nearly 90% of its adult size.



### Adolescent Brain Development<sup>6</sup>

- Prior to puberty, there is a growth spurt in the areas of the brain governing planning, impulse control, and reasoning.
- While these areas develop, teenagers can act impulsively, make poor decisions, and take increased risks (all normal behaviors for this stage).
- More pruning occurs in the teenage years.
- Limbic system grows and transforms.

## Terms to Know

**Neuron:** nerve cells that send messages across the body to allow you to do everything from breathing to talking, eating, walking and thinking<sup>7</sup>

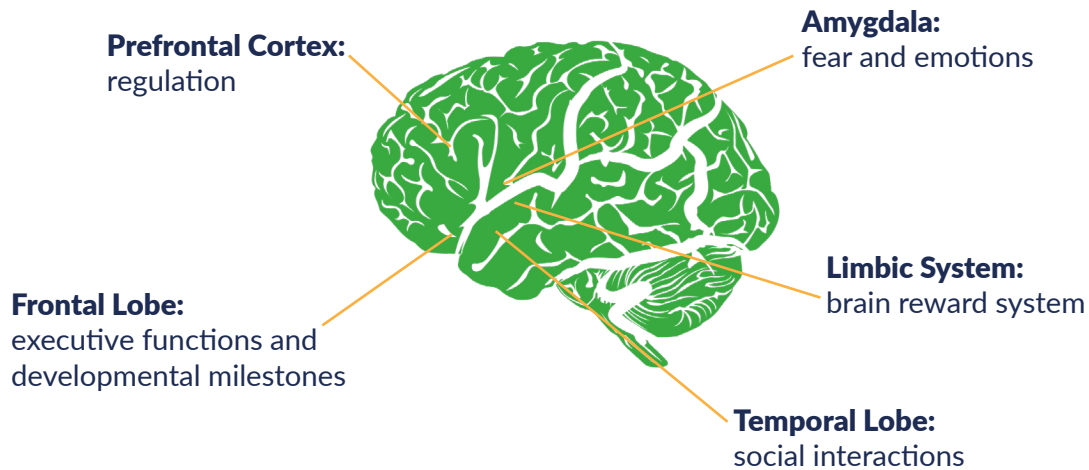
**Synapse:** the place where neurons connect and communicate with each other<sup>8</sup>

**Pruning:** the selective elimination (or “weeding out”) of non-essential synapses based on a child's specific experiences<sup>2</sup>





# Parts of the Brain and Their Functions



**Amygdala:** the processing center for emotions; associated with survival instincts (e.g., fight or flight); also plays a role in aggression, learning through rewards and punishment, handling unconscious memory (e.g., tying a shoe or riding a bike), learned behaviors related to addiction, and ties emotions we connect to memories<sup>10</sup>

**Brainstem:** responsible for many of the vital functions in life, such as breathing, consciousness, blood pressure, heart rate and sleep<sup>11</sup>

**Frontal lobe:** one of the five lobes of the brain; handles reasoning, social understanding, executive functions, voluntary muscle movements, and learning and recalling information<sup>12</sup>

**Limbic system:** assists in various processes relating to cognition, including spatial memory, learning, motivation, emotional processing and social processing<sup>13</sup>

**Midbrain:** the highest part of the brainstem which is responsible for certain reflexes, helps with visual and auditory process, contributes to the control of eye movement, regulating auditory and visual processing, motor control, arousal, and alertness<sup>14</sup>

**Prefrontal cortex:** one of the last places in the brain to mature; the prefrontal cortex manages insight, foresight, and planning capabilities<sup>15</sup>

**Temporal lobe:** a pair of areas on the brain's left and right sides, which play a role in managing emotions, processing information from senses, storing and retrieving memories, and understanding language<sup>16</sup>

# Early Childhood Developmental Milestones

A child's early years are critical for later health and development.<sup>1</sup> Missing key milestones during this crucial period may indicate developmental delays. Early detection and intervention can help kids stay on track, so it is critical to know what to expect during the early stages of a child's development. Between birth and age 5, a child's brain develops more than at any other time in life.



**95% of brain growth happens by kindergarten.<sup>2</sup>**

## THE FIRST YEAR OF LIFE<sup>3</sup>



### 0 to 3 months

- Holds head up when on stomach
- Begins to smile
- Learns to briefly calm self (e.g., brings hand to mouth and suck on hand)

### 3 to 6 months

- Copies movements and sounds
- Begins to babble
- Rolls from stomach to back

### 6 to 9 months

- Begins to sit with support
- Plays peek-a-boo
- Knows familiar faces

### 9 months to 1 year

- Crawls and pulls to stand
- Uses simple gestures (e.g., shakes head, waves)
- Responds to simple spoken requests

## THE SECOND YEAR OF LIFE

### mama 1-2 years

- Knows several words
- Points to show something is interesting
- Plays simple pretends

cat  
dada

## THE THIRD YEAR OF LIFE



### 2-3 years

- Finds objects that are hidden
- Engages in conversation
- Begins to run
- Follows instructions with 2-3 steps

## THE FOURTH YEAR OF LIFE



### 3-4 years

- Cooperates with other children
- Dresses self
- Sings songs or poems from memory
- Plays roles (e.g., parent, teacher, animal)

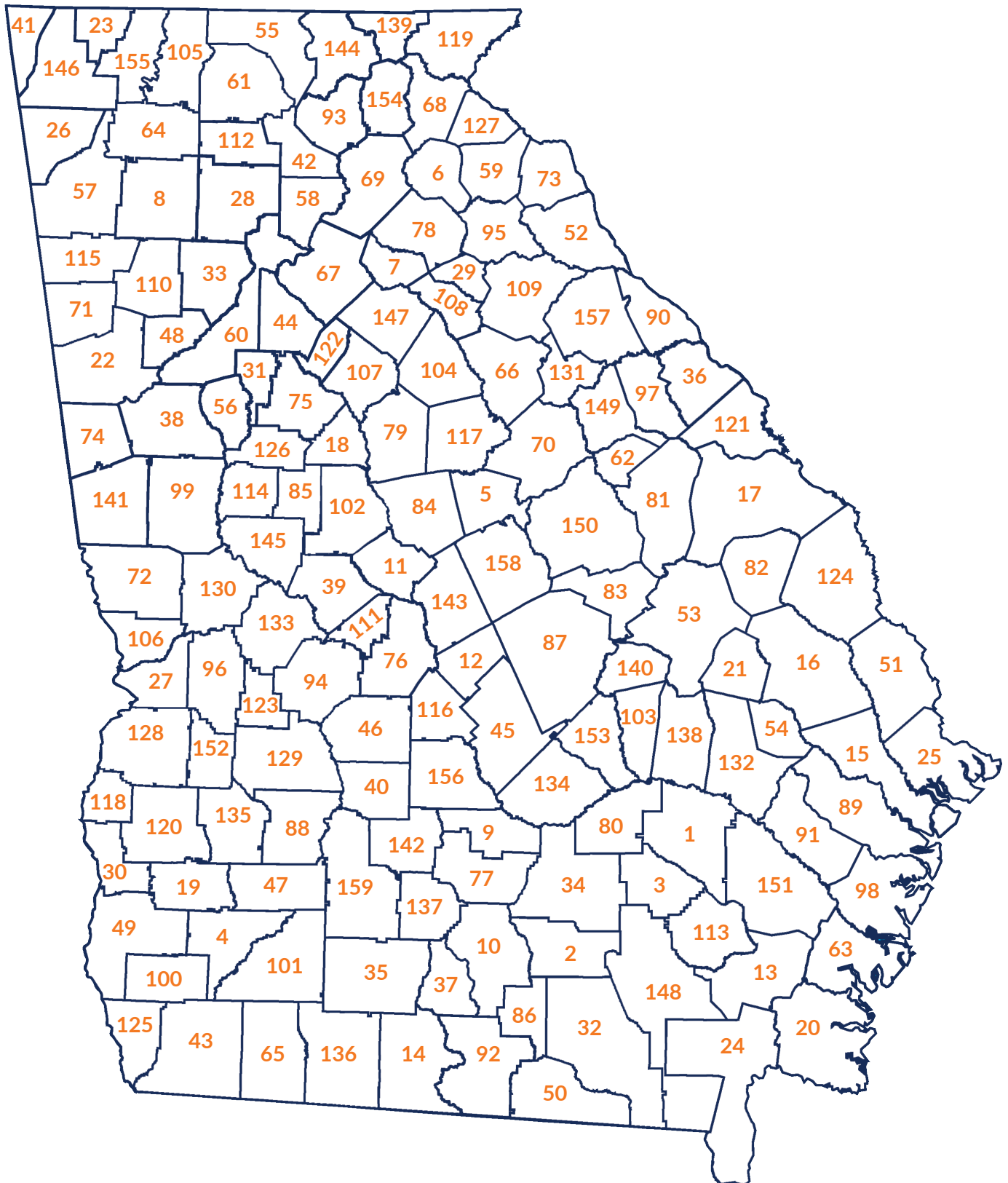
Note: It is important to remember that children may develop skills on slightly different timelines. Therefore, developmental milestone achievements may not fully align with the provided time frames and may be met at slightly different times.





# State of Georgia with Counties

Georgia is divided into **159 counties**. The following map of Georgia assigns a number to each county, in alphabetical order, and can be referenced to the county name on page 2.



## List of Georgia Counties

1 - Appling	43 - Decatur	85 - Lamar	127 - Stephens
2 - Atkinson	44 - DeKalb	86 - Lanier	128 - Stewart
3 - Bacon	45 - Dodge	87 - Laurens	129 - Sumter
4 - Baker	46 - Dooly	88 - Lee	130 - Talbot
5 - Baldwin	47 - Dougherty	89 - Liberty	131 - Taliaferro
6 - Banks	48 - Douglas	90 - Lincoln	132 - Tattnall
7 - Barrow	49 - Early	91 - Long	133 - Taylor
8 - Bartow	50 - Echols	92 - Lowndes	134 - Telfair
9 - Ben Hill	51 - Effingham	93 - Lumpkin	135 - Terrell
10 - Berrien	52 - Elbert	94 - Macon	136 - Thomas
11 - Bibb	53 - Emanuel	95 - Madison	137 - Tift
12 - Bleckley	54 - Evans	96 - Marion	138 - Toombs
13 - Brantley	55 - Fannin	97 - McDuffie	139 - Towns
14 - Brooks	56 - Fayette	98 - McIntosh	140 - Treutlen
15 - Bryan	57 - Floyd	99 - Meriwether	141 - Troup
16 - Bulloch	58 - Forsyth	100 - Miller	142 - Turner
17 - Burke	59 - Franklin	101 - Mitchell	143 - Twiggs
18 - Butts	60 - Fulton	102 - Monroe	144 - Union
19 - Calhoun	61 - Gilmer	103 - Montgomery	145 - Upson
20 - Camden	62 - Glascock	104 - Morgan	146 - Walker
21 - Candler	63 - Glynn	105 - Murray	147 - Walton
22 - Carroll	64 - Gordon	106 - Muscogee	148 - Ware
23 - Catoosa	65 - Grady	107 - Newton	149 - Warren
24 - Charlton	66 - Greene	108 - Oconee	150 - Washington
25 - Chatham	67 - Gwinnett	109 - Oglethorpe	151 - Wayne
26 - Chattooga	68 - Habersham	110 - Paulding	152 - Webster
27 - Chattahoochee	69 - Hall	111 - Peach	153 - Wheeler
28 - Cherokee	70 - Hancock	112 - Pickens	154 - White
29 - Clarke	71 - Haralson	113 - Pierce	155 - Whitfield
30 - Clay	72 - Harris	114 - Pike	156 - Wilcox
31 - Clayton	73 - Hart	115 - Polk	157 - Wilkes
32 - Clinch	74 - Heard	116 - Pulaski	158 - Wilkinson
33 - Cobb	75 - Henry	117 - Putnam	159 - Worth
34 - Coffee	76 - Houston	118 - Quitman	
35 - Colquitt	77 - Irwin	119 - Rabun	
36 - Columbia	78 - Jackson	120 - Randolph	
37 - Cook	79 - Jasper	121 - Richmond	
38 - Coweta	80 - Jeff Davis	122 - Rockdale	
39 - Crawford	81 - Jefferson	123 - Schley	
40 - Crisp	82 - Jenkins	124 - Screven	
41 - Dade	83 - Johnson	125 - Seminole	
42 - Dawson	84 - Jones	126 - Spalding	



## Common Acronyms and Abbreviations

Below is a guide that lists acronyms and abbreviations that are used throughout Voices' factsheets.


AA	Afterschool Alliance
AAP	American Academy of Pediatrics
ABA	Applied Behavior Analysis
ABD	Aged, Blind, and Disabled
ACE	Adverse Childhood Experience
ACF	Administration for Children and Families
ACLU	American Civil Liberties Union
ACO	Accountable Care Organization
ADA	Americans with Disabilities Act
ADHD	Attention-Deficit Hyperactivity Disorder
AHYD	Adolescent Health and Youth Development
ASD	Autism Spectrum Disorder
ASYD	Afterschool and Youth Development Quality Standards
ATAC	Afterschool Technical Assistance Collaborative
AYP	Adequate Yearly Progress
BCaBA	Board Certified Assistant Behavior Analyst
BCBA	Board Certified Behavior Analyst
BCLPC	Barton Child Law and Policy Center
BCW	Babies Can't Wait
BHCC	Behavioral Health Coordinating Council
BHPMS	Behavioral Health Performance Measurement System
BMI	Body mass index
BOOST	Building Out-of-School Time Grants Program
BSFT	Brief Strategic Family Therapy
C & A	Child and Adolescent
CACFP	Child and Adult Care Food Program
CAPC	Child Abuse Protocol Committee
CAPS	Childcare and Parent Services
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CBAY	Community-based Alternatives for Youth
CCDF	Child Care and Development Fund
CCLS	21st Century Community Learning Centers
CCS	Child Care Services Division
CCSP	Community Care Services Program
CDBG	Community Development Block Grant
CDC	Centers for Disease Control and Prevention
CEA	Correctional Education Association
CFR	Child Fatality Review
CHINS	Children in Need of Services
CJCC	Criminal Justice Coordinating Council
CME	Care Management Entity
CMO	Care Management Organization
CMS	Children's Medical Services

CMS	Centers for Medicare and Medicaid Services
COMP	Comprehensive Supports Waiver
CON	Certificate of Need
CPS	Certified Peer Specialists
CPS	Child Protective Services
CRIPA	Civil Rights of Institutionalized Persons Act
CSB	Community Service Boards
CSG	Community Service Grants
CST	Community Support Team
CSU	Crisis Stabilization Unit
CTFC	Children's Trust Fund Commission
CYCC	Children and Youth Coordinating Council
CYF	Office of Children, Young Adults, and Families
CYSCHN	Children and Youth with Special Healthcare Needs
DAS	Division of Administrative Services
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCH	Department of Community Health
DCS	Department of Community Supervision
DCSS	Department of Child Support Services (DHS)
DD	Developmental Disability
DECAL	Department of Early Care and Learning
DFCS	Division of Family and Children Services
DHS	Department of Human Services
DJJ	Department of Justice
DLL	Dual Language Learner
DOE	Department of Education
DOJ	Department of Justice
DOL	Department of Labor
DPH	Department of Public Health
DSS	Division of Support Services
DYS	Division of Youth Services
EBHV	Evidence-based Home Visiting
ECE	Early Childcare and Education
EECP	Early Education Community Partnerships
EHR	Electronic Health Record
EHS	Early Head Start
EIC	Early Intervention Coordinators
ELE	Express Lane Eligibility
EMSC	Emergency Medical Services for Children
EPAC	Educational Programming, Assessment, and Consultation
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FAY	Full Academic Year
FFPSA	Family First Prevention Services Act
FFS	Fee for Service
FFT	Functional Family Therapy
FNS	Food and Nutrition Services
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center

FTECE	Farm to Early Care and Education
FTS	Farm to School
FY	Fiscal year
GA-CAN	Georgia Children's Advocacy Network
GAPP	Georgia Pediatric Program
GaPSC	Georgia Professional Standards Commission
GBI	Georgia Bureau of Investigation
GCAL	Georgia Crisis and Access Line
GDA	Department of Agriculture
GELDS	Georgia Early Learning and Development Standards
GNETS	Georgia Network for Educational and Therapeutic Supports
GOCF	Governor's Office of Children and Families
GOSA	Governor's Office of Student Achievement
GPSN	Georgia Parent Support Network
GSAN	Georgia Statewide Afterschool Network (a division of Voices for Georgia's Children)
GSE	Georgia Standards of Excellence
GSFC	Georgia Student Finance Commission
HFR	Health Facilities Regulation
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HMO	Health Maintenance Organization
HOPE	Healthy Outcomes of Positive Experiences
ICF-MR	Intermediate Care Facilities for Mental Retardation
ICWP	Independent Care Waiver Program
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IFI	Individualized Family Intervention
IFSP	Individualized Family Service Plan
ISP	Individualized Service Plan
JDAI	Juvenile Detention Alternatives Initiative
JJIG	Juvenile Justice Incentive Grants
LEA	Local Education Agency
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, and more
LIHEAP	Low Income Home Energy Assistance Program
MATCH	Multi-Agency Treatment for Children
MCO	Managed Care Organization
MHAT	Mental Health Awareness Trainings
MHPA	Mental Health Parity Act
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
Milestones	Georgia Milestones
MOE	Maintenance of Effort
MST	Multisystemic Therapy
NAS	Neonatal Abstinence Syndrome
NOW	New Options Waiver
NSLP	National School Lunch Program
OCA	Office of the Child Advocate
OCI	Office of Insurance and Safety Fire Commissioner



OCR	Office for Civil Rights in the U.S. Department of Health and Human Services
OFI	Office of Family Independence
OIG	Office of Inspector General
OPB	Governor's Office of Planning and Budget
PBIS	Positive Behavioral Interventions and Supports
PCA	Prevent Child Abuse Georgia
PCE	Positive Childhood Experiences
PPACA	Patient Protection and Affordable Care Act
PRTF	Psychiatric Residential Treatment Facility
PSSF	Promoting Safe and Stable Families
QCC	Quality Care for Children
QRTP	Qualified Residential Treatment Programs
RBT	Registered Behavior Technician
RESA	Regional Education Service Agency
RSM	Right from the Start Medicaid
RTA	Raising the Age (of Juvenile Court Jurisdiction)
RYDC	Regional Youth Detention Centers
SACS	Southern Association of Colleges and Schools
SAMHSA	Substance Abuse and Mental Health Services Administration
SBBH	School-based behavioral health
SBHC	School-based health center
SBMH	School-based mental health
SBP	School Breakfast Program
SBTH	School-based telehealth
SC	Service Coordinator
SCHIP	State Children's Health Insurance Program
SED	Serious Emotional Disease
SFSP	Summer Food Service Program
SHARE	School-Age Help and Relief Effort Grants Program
SHBP	State Health Benefit Plan
SLD	Specific Learning Disability
SNAP	Supplemental Nutrition Assistance Program
SOC	System of Care
SOURCE	Service Options Using Resources in Community Environments
SSA	Social Security Administration
SSAS	Single Statewide Accountability System
SSBG	Social Services Block Grant
SSI	Social Security Income
SSO	Seamless Summer Option
TANF	Temporary Assistance for Needy Families
TCSG	Technical College System of Georgia
USDA	United States Department of Agriculture
USG	University System of Georgia
VFC	Vaccines for Children
WIC	Women, Infant, Children Nutrition Program
YDC	Youth Development Center
YMHFA	Youth Mental Health First Aid



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