

| Appendix E: Relevant Federal and State Agencies

Judicial Agencies

United States Office of Justice Programs

As a federal grantmaking agency at USDOJ, USOJP provides juvenile justice–related research, statistics, and other resources, including [USOJJDP](#). USOJJDP is the only federal agency that provides direct annual juvenile delinquency prevention funds to the states and has done so for the past 50 years.⁴³⁸ While other federal agencies provide funding and resources for children, young adults, and their families, only USOJJDP offers direct resources to delinquent youth in Georgia’s juvenile courts. In FY 2023, Federal Juvenile Justice Title II Awards to all 55 states and territories was \$75 million, an increase of \$5 million from the previous year.⁴³⁹ See [Criminal Justice Coordinating Council](#) below for more information regarding USOJJDP direct funding to Georgia and the **four core protections** related to that funding.

Georgia Council of Accountability Court Judges

CACJ was established in 2015 and has a state budget of \$36.2 million for FY 2024. Its purpose is to improve accountability courts and their work by establishing standards and practices based on the National Drug Court Institute’s model to reduce recidivism among offenders with substance abuse problems.⁴⁴⁰

Georgia Administrative Office of the Courts

AOC supports Georgia’s judiciary, and its FY 2024 state budget totaled \$25.2 million. This support includes policymaking, information technology, court administration, budget, and financial services to all state courts, including the CJCJ. AOC collects self-reported, aggregate caseload data from all Georgia courts (i.e., superior, state, magistrate, juvenile). Additionally, as referenced in the data section, AOC administers the [JDEX](#) Project, a data system designed to assist juvenile courts in providing better outcomes for youth by informing legal advocacy and decision-making. As JDEX data collection becomes more robust, it will be a more effective tool.⁴⁴¹ For additional information on AOC data collection and JDEX, see [Section 5: State Juvenile Justice Data and Trends](#).

Georgia Council of Juvenile Court Judges

CJCJ is composed of all judges of courts exercising jurisdiction over juveniles. CJCJ provides juvenile courts with administrative support, including legal support (e.g., research, legislative information, and sample orders) and specialized training for continuing judicial education and citizen review panel volunteers. Additionally, CJCJ provides information technology through the [JCATS](#) software and system enhancements. CJCJ also supports administration of CHINS cases with a statewide CHINS coordinator.⁴⁴² CJCJ’s FY 2024 state budget is \$9.8 million.⁴⁴³

Georgia Criminal Justice Coordinating Council (CJCC)

CJCC is an executive branch organization established in 1981. Its mandate is to “develop criminal justice legislative and executive policy proposals; serve as the statewide clearinghouse for criminal justice information and research; and serve in an advisory capacity to the governor on issues impacting the criminal justice system” among 11 areas of criminal justice coordination. Additionally, CJCC manages the Georgia Crime Victims Compensation Program and acts as the state administrative agency for federal formula and competitive grant programs. Its state budget for FY 2024 was \$122.8 million.⁴⁴⁴

CJCC also administers state and federal juvenile grants and is the recipient agency for USOJJDP grant funding. Since Georgia is a participating state in the Juvenile Justice and Delinquency Prevention Act, USOJJDP funding comes with four requirements, also known as the “four core protections”: deinstitutionalization of status offenders, removal of juveniles from adult jail and lockup, sight and sound separation of juveniles from adult offenders, and addressing racial and ethnic disparities in the juvenile justice system.⁴⁴⁵ CJCC also supports Georgia’s SAG, which advises the governor and General Assembly on juvenile justice matters affecting the youth and families of Georgia and develops and monitors the state’s three-year juvenile justice plan. In FY 2024, CJCC’s Juvenile Justice Unit administered approximately \$12 million in state and federal grant funds provided to local communities across the state in competitive grant opportunities. Approximately, \$1.4 million of these were federal juvenile funds.⁴⁴⁶

Prosecuting Attorney’s Council of Georgia

PAC provides essential services to elected and appointed prosecutors in Georgia, including training, legal research, professional guidance, trial support, and managing payroll, budgeting, and technology. There are two types of prosecutors in Georgia. The district attorney is the chief prosecutor within Georgia’s 50 judicial circuits, which consist of one to eight counties each. As elected officials, district attorneys manage felony trials, appeals, juvenile cases, and advise the grand jury, supported by a full-time staff. In 67 of Georgia’s 159 counties, misdemeanor cases are handled by the solicitor general, an elected county officer. This role may be full-time or part-time depending on the county. In areas without a state court, misdemeanors are prosecuted by the district attorney.⁴⁴⁷

Georgia Public Defender’s Council

In Georgia, juveniles are entitled to legal representation in cases of dependency, delinquency, CHINS, and traffic offenses. The state of Georgia administers indigent defense services for trials in all areas except where local governments choose to administer their own services. GPD, an independent state agency, offers effective and ethical defense for qualifying low-income residents facing criminal charges, fulfilling the U.S. Constitution’s mandate. Its Youth Advocacy Division ensures legal representation for all youth accused of a crime.⁴⁴⁸

GPD funding comes from a combination of state and local government sources, as well as fees collected from applicants and defendants. The state primarily provides funding but local governments also allocate some funding for overhead costs. While there have been issues with financial support for juvenile representation in the years since juvenile reform, GPD has seen substantial budget growth since 2020, hitting a high of \$108.3 million for the FY 2024.⁴⁴⁹

It is important to note that although public defenders aim to provide quality representation to justice involved youth, they are often burdened by large caseloads and a lack of funding and other resources. The resources that do exist are often miniscule compared to law enforcement and prosecutors. Furthermore, these resources may be managed by larger entities that do not provide the specialization needed to effectively represent juveniles.⁴⁵⁰ As such, the actual quality of representation may not meet the desired quality and children and families may be negatively affected.

Georgia Supreme Court Committee on Justice for Children

The Supreme Court of Georgia’s Committee on Justice for Children oversees the federally funded Court Improvement Program. This program aims to create and implement a data-driven strategy for the ongoing enhancement of juvenile dependency cases. Presently, the Committee on Justice for Children is engaged in several projects including the Cold Case Project and CPRS.⁴⁵¹

Child Welfare Agencies

Georgia Office of the Child Advocate

The Office of the Child Advocate (OCA) serves as an ombudsman’s office and oversees Georgia’s child welfare system. It also provides case evaluations, policy and practice consulting, education, and advocacy. As Georgia’s ombudsman’s office for child welfare, OCA investigates complaints regarding individual or systemic issues and attempts to resolve these concerns. OCA also provides training on several critical child dependency matters, including (1) online Guardian ad Litem (GAL) training opportunities for attorneys wishing to be GALs (to meet the code’s requirements) and (2) the Statewide Model Child Abuse Protocols,^{xl} designed to ensure the cooperation and coordination of agencies involved in a child abuse case so that cases are handled efficiently while minimizing the stress placed upon the allegedly abused child.⁴⁵² OCA’s FY 2024 state budget is \$1.4 million.⁴⁵³

Georgia Division of Family and Children Services

DFCS is Georgia’s primary child welfare agency, with an FY 2024 state budget of \$1.4 billion. As a division of the DHS, DFCS “investigates reports of child abuse; finds foster and adoptive homes for abused and neglected children; issues [SNAP, Medicaid, and TANF]; helps out-of-work parents get back on their feet; and provides numerous support services and innovative programs to help families in need.”⁴⁵⁴ Additionally, DFCS supports kinship caregivers and foster parents through training, education, and financial support; and provides licensing and oversight to Child Caring Institutions (CCIs),^{xli} including Qualified Residential Treatment Programs.^{xlii} DFCS also distributes funding to reduce child neglect and abuse and mitigate the effects of poverty across the state.⁴⁵⁵

DFCS Information Sharing Systems

Court Process Reporting System

CPRS is an online database used to share child-specific **case plan** information with juvenile courts. CPRS interfaces with the DFCS case management system (Georgia SHINES), and case plan data is uploaded daily. See **Figure E.1.** on p. 100. Access is pre-approved by DFCS and local juvenile court judges.⁴⁵⁶ GaDOE provides attendance and academic performance information to CPRS through a matching system, but the information is only uploaded every six months. While this provides insight into a child’s school history, it does not allow users access to current information. DJJ does not share data with CPRS.

Through CPRS, court staff (e.g., judges, clerks, GALs), CASA volunteers, and CJCJ panels can access DFCS case plans, relative search information, assessment recommendations, visitation schedules, medical and educational information, and other documents subject to end-user restrictions to access based on their position. DFCS and Special Assistant Attorney Generals can obtain court orders, although there is no policy mandating that courts must upload orders.⁴⁵⁷ CPRS also provides capabilities for CASAs and panels to submit reports and reviews directly through the portal.^{458,459} Although CPRS access is offered in every county, not all court staff may be accessing it. Further, information depends on the accuracy and timeliness of SHINES data and the court’s entry of court orders into the system.

^{xl} The child abuse, sexual abuse, and sexual exploitation protocols are revised periodically to account for changes in the code and to update for any changes in best practices. They were most recently updated in 2021.

^{xli} CCIs are child-welfare facilities that provide full-time room, board, and watchful oversight to six or more children through 18 years of age outside of their own homes. They are often referred to as “group homes.” [Child Caring Institutions \(CCI\) | Georgia Department of Human Services](#)

^{xlii} Established under the Families First Prevention Services Act, Qualified Residential Treatment Programs are CCIs that use a trauma-informed treatment model, facilitate family involvement and outreach, provide family-based aftercare, and have licensed nursing and clinical staff available at all times. [Family First impact on DFCS.pdf](#).

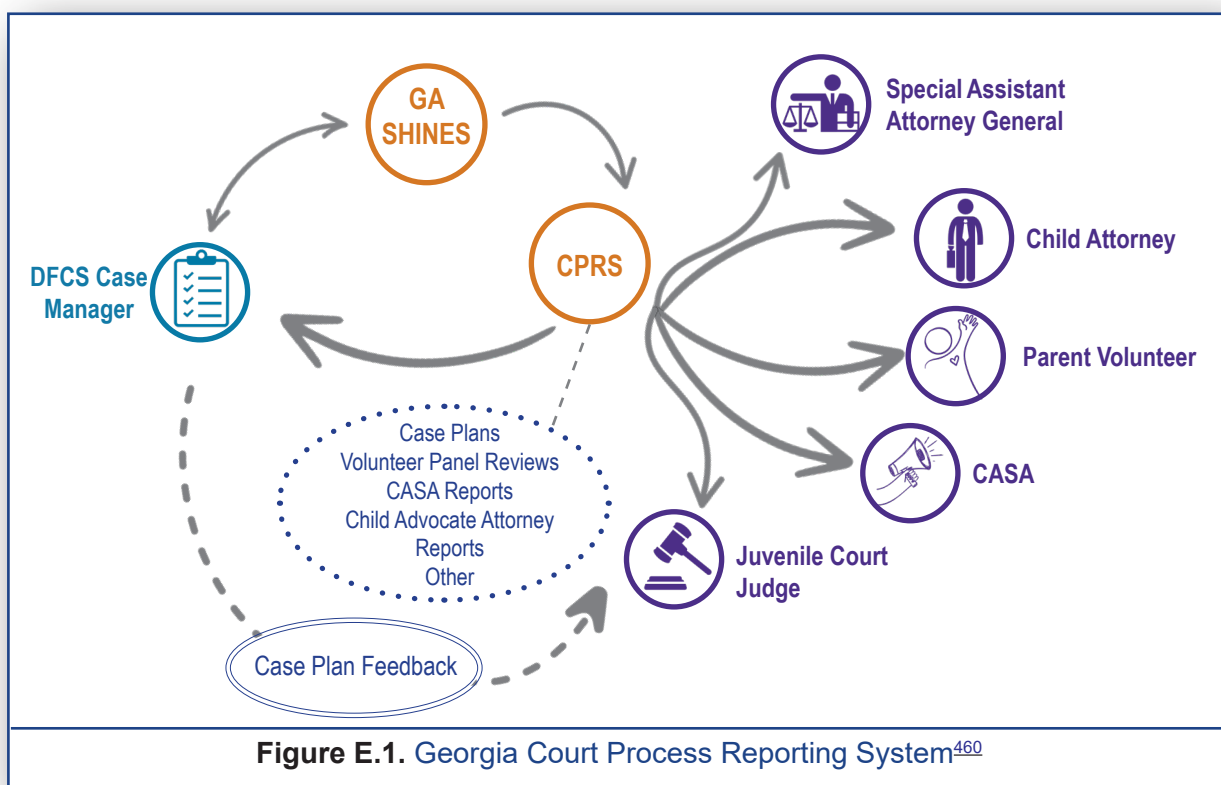


Figure E.1. Georgia Court Process Reporting System⁴⁶⁰

Georgia Communicare:

Georgia Communicare (Communicare) is an information portal supported by DFCS that allows access to case data, evaluations, assessments, and other SHINES documents to external parties to a foster care case, including biological parents, foster parents, and CASAs. The DFCS information available through Communicare is more robust than what is provided through CPRS; however, Communicare does not have any court information and is unavailable to court staff.⁴⁶¹ Like CPRS, the quality of information in Communicare is highly dependent on the timely and accurate entry of data. Issues with DFCS workforce turnover can impact the agency's ability to properly train caseworkers on data entry and potentially leave gaps in available information.

Despite these efforts in cross-agency information sharing, some child-serving agency staff and court staff voiced frustration regarding the difficulty they experience in trying to get a complete picture of a child's history based on various interviews we conducted for this report. State agency staff and other interested parties expressed a need for a single statewide database containing real-time data and reliable information from all agencies (i.e., DFCS, DJJ, individual court CMSs, GaDOE, school districts, CASA) to serve cross-over youth more effectively.

Physical and Behavioral Health Agencies

Georgia Department of Public Health

With a state budget of \$370 million for FY 2024, DPH is tasked as the lead agency in preventing disease, injury, and disability, promoting health and well-being, and preparing for and responding to disasters from a health perspective.⁴⁶² DPH provides health services and resources for children and expectant mothers, including peri- and postnatal care, early intervention (e.g., Babies Can't Wait^{xliii}) and preventive

^{xliii} Babies Can't Wait is Georgia's early intervention program that provides early identification and screening of children with developmental delays and chronic health conditions. It seeks to improve the developmental potential of children from birth through age 3 and support caregivers to enhance children's learning and development. [Babies Can't Wait | Georgia Department of Public Health](#)

services, care coordination, home visiting, and autism screening and interventions.^{463,464} These services are vital to cognitive development and provide opportunities for early intervention to keep children from developing behaviors that, left untreated, may result in delinquent behavior.

| Georgia Department of Community Health

DCH provides health care benefits under the Medicaid and PeachCare for Kids programs. These programs serve approximately 3 million residents (about 1 in 4 Georgians).⁴⁶⁵ Medicaid serves low-income residents who are pregnant, are more than 65 years old, are legally blind, are disabled, need nursing home care, or are a child or teenager. Medicaid income thresholds vary based on the category of recipient.⁴⁶⁶ PeachCare provides coverage for children whose families' incomes exceed the Medicaid threshold. DCH also oversees the State Health Benefit Plan (which provides health care benefits for approximately 660,000 state employees and family members), health care facility regulation, and the Office of Rural Health.⁴⁶⁷ Its FY 2024 state budget is \$4.8 billion.⁴⁶⁸

DCH contracts with CMOs to deliver Medicaid/PeachCare benefits for approximately 1.4 million children statewide, many of whom interact with the juvenile justice system.⁴⁶⁹ Because of their wide reach, CMO contract terms and oversight can determine access to and the quality of services for youth in the community who may be at risk of, or have had, justice involvement. Additionally, Georgia Families 360 provides managed care for approximately 27,000 youth receiving foster care and adoption services as well as select youth in the juvenile justice system.⁴⁷⁰ However, under federal law, the state may not use federal Medicaid funding to cover health services for incarcerated youth unless the youth is admitted to an inpatient medical institution (e.g., hospital, nursing facility, residential treatment facility) for more than 24 hours. As such, the state is responsible for covering all other health care costs for youths in custody.⁴⁷¹ DJJ and DCH are currently working together to expand access to Medicaid-covered services for juveniles who are incarcerated in light of recent federal legislation (see below).⁴⁷²

Federal Legislation to Support Use of Medicaid for Justice-Involved Youth

Federal SUPPORT Act

The federal SUPPORT Act passed in 2018 prohibits states from terminating Medicaid eligibility for incarcerated individuals under age 21 and former foster care youth up to age 26. Under the SUPPORT Act, instead of ending eligibility, states can suspend eligibility or Medicaid benefits for unqualified services. This allows incarcerated youth to more easily access Medicaid-covered inpatient services while incarcerated and reenroll in Medicaid upon release. As of the time of this report, however, these provisions have not been incorporated into the State Medicaid Plan for Georgia.⁴⁷³

Consolidated Appropriations Act

The Consolidated Appropriations Act will allow states to use federal funding to provide screenings, diagnostic services, and case management to eligible juveniles prior to and upon release from incarceration, beginning January 1, 2025; however, it will be up to the state to incorporate the specific terms of these services into the State Medicaid Plan.⁴⁷⁴

Georgia Department of Behavioral Health and Developmental Disabilities

DBHDD provides treatment and support services to help Georgians with mental and behavioral health challenges achieve recovery through strength-focused interventions. DBHDD is also charged with assisting individuals with intellectual and developmental disabilities and provides home settings and care to individuals who do not live with their families. For those who live with their family, support services are focused on disability-specific areas to assist their daily living activities. DBHDD operates state hospitals and provides local services through contracts with community-based providers. The department's FY 2024 state budget is \$1.6 billion.⁴⁷⁵

DBHDD and DJJ have a collaborative relationship, often working together to find services and placement for youth with behavioral health issue and developmental disorders.⁴⁷⁶ Youth with mental health and developmental disorders often become involved with the juvenile justice system, as these diagnoses are typically associated with behavioral issues and, in some cases, aggression. It should also be noted that circumstances aside from the behavioral aspects of a disability (e.g., poverty, parental treatment, and failure of schools to address disabilities properly) may contribute to offending behaviors.^{477.478.479}

Through its various offices, DBHDD provides the following key behavioral health services for children, young adults, and families: care management services, **Georgia APEX** Program, mobile crisis team services, Prevention and Mental Health Resiliency Clubhouses, **MATCH**, Behavioral Crisis Centers, Crisis Stabilization Units (CSUs), and psychiatric residential treatment facilities (PRTFs).⁴⁸⁰

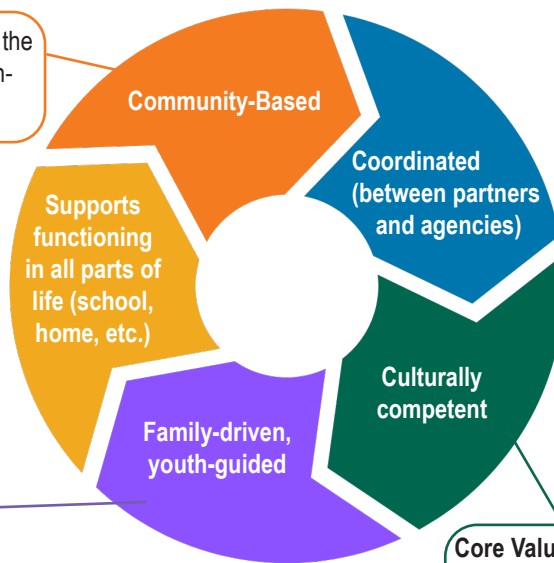
Within DBHDD:

- **Office of Prevention Services (OPS)** provides “prevention leadership, strategic planning, and services to improve the mental/emotional well-being of communities, families, and individuals in Georgia.” Through a series of contracts, OPS ensures that prevention services for substance abuse, suicide, and mental health promotion are available across the state.⁴⁸¹
- **Office of Forensic Services** provides forensic evaluations and treatment for those adults under the jurisdiction of superior and state courts and behavioral health, competency, and jurisdictional transfer evaluations to youth in juvenile courts.⁴⁸²
- **Division of Intellectual and Developmental Disabilities** helps individuals with disabilities lead independent lives and live in the most integrated settings. Eligibility for services is contingent on intellectual disability that occurred during the developmental years or a developmental disability that substantially impairs functioning, such as cerebral palsy or epilepsy.⁴⁸³
- **Office of Children, Young Adults and Families** focuses primarily on supporting a **SOC** for these populations providing services such as evaluation, assessment, diagnosis, crisis assessment, counseling and therapy, medication, physician services, and community support.⁴⁸⁴ For additional information on the SOC, see **Figure E.2.** on p. 103.

SOC is “a spectrum of effective, community-based services and supports for children and youth with or at-risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, to help them function better at home, in school, and throughout life.”⁴⁸⁵

Core Value: SOC should be **community-based**, with the focus of services as well as management and decision-making responsibility resting at the community level

Core Value: SOC should be **child, family, person-centered, and family and community-focused**, with the needs of the child or individual and family dictating the types and mix of services provided health agency responsible for coordinating children’s services (typically a DBHDD Community Service Board)



Core Value: SOC should be **culturally competent**, with the agencies’ programs, and services that are responsive to the cultural, linguistic, racial, and ethnic differences of the populations they serve

Figure E.2. System of Care⁴⁸⁶

Local Interagency Planning Teams

LIPTs are part of SOC infrastructure and one of the only resources for late intervention for justice-involved youth, aside from services provided by courts and DJJ. LIPTs are committees operating on a regional level, charged with reviewing and modifying decisions about the placement of children and adolescents with severe behavioral health needs or addictive diseases in out-of-home treatment or placement settings. An LIPT is tasked with ensuring that children have access to coordinated systems and supports and various placement services, that fragmentation and duplication of services are limited, and that there is an effective referral and screening system to ensure appropriate care.⁴⁸⁷

Each LIPT must include a local representative from the following:

- The community mental health agency responsible for coordinating children’s services (typically a DBHDD Community Service Board (CSB))
- DFCS and DHS
- DJJ
- DPH
- A member of the special education staff of the local education agency
- The Georgia Vocational Rehabilitation Agency⁴⁸⁸

Committees may also include the special education administrator from the child’s school, parents of the child, and caseworkers from any agencies involved with the child. Each agency member has a specified role corresponding to their area of work. For example, the committee member from DJJ identifies community-based services and supports to prevent youth from entering the system and to support youth upon re-entry.⁴⁸⁹ Referrals to LIPTs are made via schools, child-serving agencies, and parents.⁴⁹⁰

Multi-Agency Treatment for Children

In addition to LIPTs, the state MATCH team facilitates collaboration across state agencies to find resources and solutions for children with complex treatment needs. Although similar in mission, MATCH differs from LIPTs in that it operates at the state level while LIPTs function at a local level. MATCH can also access a pool of funds and has the authority to make temporary exceptions to state policies while seeking treatment options for youth. Further, MATCH monitors and evaluates laws, policies, and practices that create barriers to accessing timely and appropriate care and makes recommendations on how to remove these barriers.⁴⁹¹

To be eligible for a MATCH referral, a youth must have complex behavioral health needs and cannot be privately insured.⁴⁹² Currently, MATCH referrals are mostly made through LIPTs. However, the team maintains a “No Wrong Door” referral pathway⁴⁹³, as reflected in **Figure E.3.** below.

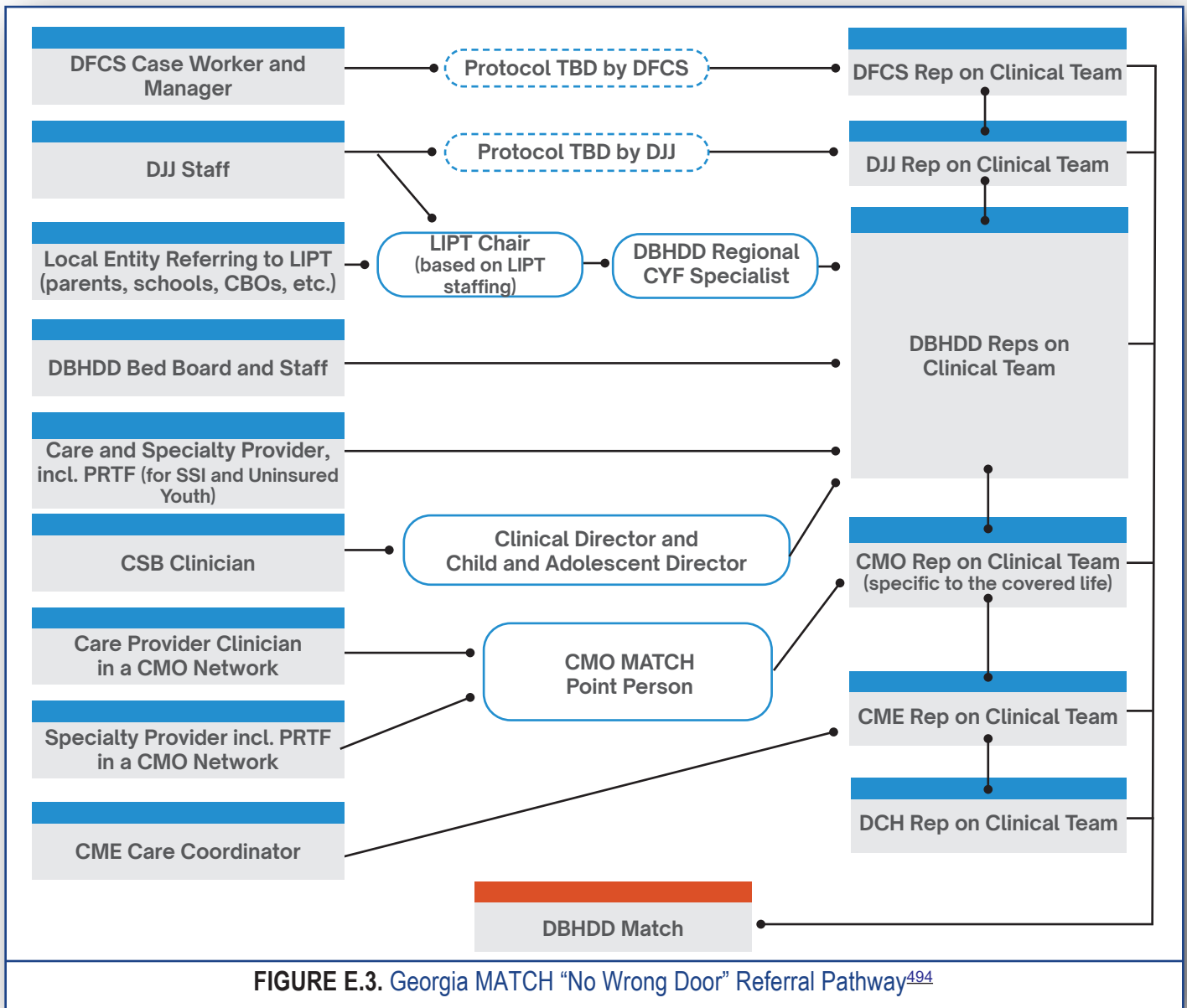
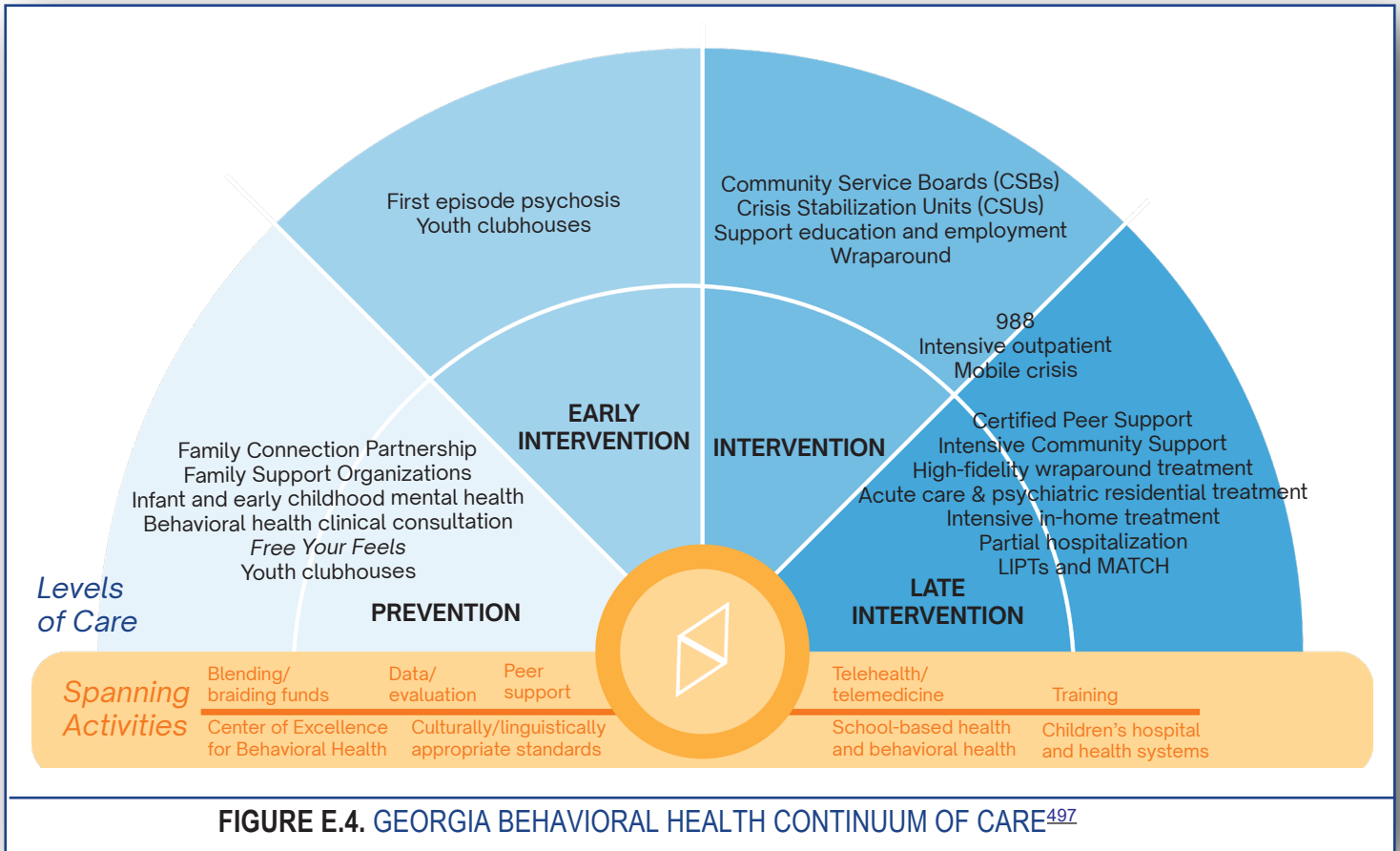


FIGURE E.3. Georgia MATCH “No Wrong Door” Referral Pathway⁴⁹⁴

The MATCH team includes representatives from DFCS, DJJ, DECAL, DPH, DCH, GaDOE, Prevent Child Abuse Georgia, and the GDC. Additionally, MATCH maintains a clinical team of behavioral health clinicians from child-serving state agencies and other key stakeholders who meet regularly to resolve referrals and identify barriers to accessing needed services.⁴⁹⁵

Continuum of Care

While SOC provides a network of services, COC focuses on providing a range of services and care across different levels of intensity within various settings. DBHDD’s COC is a service continuum that recognizes four stages of intervention based on risk and provides multiple opportunities to address behavioral health issues with an array of traditional and non-traditional services and supports.⁴⁹⁶ See **Figure E.4.** below. Ideally, delinquent behavior would be pre-empted in the first three stages of the COC; however, many children become justice-involved due to systemic barriers.



Prevention

Early identification, accurate diagnosis, and effective treatment are critical for children, young adults, and their families dealing with behavioral health challenges.

Early Intervention

Early intervention requires identifying and providing effective early supports to children and young adults who are at risk of poor outcomes.

Intervention

This level consists of skills-based interventions focused on reducing behavioral health challenges that are provided in individual, family, and/or group settings.

Late Intervention

This area provides interventions and supports for improving mental health among children and adolescents with higher acuities.

Select Service Descriptions within the Continuum of Care

Care Management Services: CMOs help participants locate and obtain necessary waivers and other State Plan Services, along with medical, social, and educational services, whether funded within the program or not. These services are provided at two locations in the state.

Georgia Apex Program: The Georgia Apex Program is a school-based mental health program designed to build infrastructure and increase access to mental health services for school-aged youth by placing mental health providers in school settings to deliver therapeutic support. Apex provides earlier detection of students' behavioral health needs; and greater access to behavioral health services, and allows for greater coordination between community providers and local schools.

Mobile Crisis Team Services (MCTS): MCTS are community-based, face-to-face services provided to individuals in an active crisis who have behavioral health issues or a developmental or intellectual disability at any time or day.

Prevention Clubhouses: Prevention clubhouses are support centers where participation is limited to youth who are at high risk for alcohol and drug abuse, are involved in ongoing detention and/or alternative school, have parent(s) with current or past addiction, have sibling(s) currently receiving treatment for substance abuse disorder, or experience education or social issues. Currently, three prevention clubhouses operate in Dawson, LaGrange, and Norcross.

Mental Health Resiliency Clubhouses: The Resiliency Clubhouse program aims to deliver a variety of services to help children and families handle solitude, judgment, and struggles related to mental health conditions. Designed for high-risk youth ages 12-17, each clubhouse offers educational aid, work opportunities, peer companionship, family inclusion, social events, and programs to engage youths and aid in behavior and symptom management. Currently, 13 Resiliency clubhouses operate across Georgia.

Multi-Agency Treatment for Children: MATCH is a statewide team comprising representatives from each child-serving state agency. It facilitates cross-agency collaboration by reviewing cases of children with complex needs that cannot be met through their local communities. The MATCH committee is responsible for finding resources for these referred children and youth.

Behavioral Health Crisis Centers: Behavioral health crisis centers provide walk-in 24/7 access to psychiatric crisis assessment, intervention, and counseling for those experiencing abrupt and substantial changes in behavior. They also provide screening and referral for appropriate outpatient services and community resources for individuals not in crisis but seeking access to behavioral health care. There are currently five behavioral health crisis centers: Marietta, Griffin, Albany, Thomasville, and Valdosta.

Crisis Stabilization Units: CSUs are a component of the BHCCs and are designed for youth needing short-term, acute stabilization. They are a residential alternative to inpatient hospitalization and are available 24/7/365 for receiving and evaluating youth and adults across Georgia. The average length of a stay in a CSU is approximately six days. Four CSU programs address behavioral health needs across the state.

Psychiatric Residential Treatment Facility: PRTFs are treatment facilities that offer intensive inpatient treatment for mental health and substance abuse to individuals aged 5-21 who have severe emotional disorders and require active treatment unavailable outside of a residential setting. These services are necessary when less intensive treatment options are ineffective or not medically advisable. The state has seven such PRTF locations available.

Georgia Department of Education

While local city and county governments are responsible for providing educational services for children, GaDOE is the state agency that provides support and guidance for public education in Georgia to ensure that laws are followed and that monies appropriated for education are properly allocated. In addition to overseeing curriculum and academic achievement, GaDOE must also ensure that federal Individuals with Disabilities Education Act (IDEA) requirements are met, that students and families are provided with an array of services and supports, and that discipline is administered fairly.⁴⁹⁸ The FY 2024 state budget was \$11.9 billion.⁴⁹⁹

GaDOE and school systems are intrinsically linked to the juvenile justice system as academic performance, school-based behavioral health, and school discipline can play a significant role in determining whether youth may become justice-involved. Low-performing schools, lack of support, and harsh discipline practices are associated with the “[school-to-prison pipeline](#)” that puts students on a path from school to juvenile court involvement and, in many cases, adult incarceration. See [Section 6: School-to-Prison Pipeline](#) for further discussion.

Federal law requires schools to provide special education to children with certain disabilities, including intellectual disabilities; speech, language, visual, or hearing impairment; serious emotional disturbance; traumatic brain injury; orthopedic impairments; autism spectrum disorder; developmental delay; and specific learning disabilities.⁵⁰⁰ Specific learning disabilities are “neurodevelopmental disorders that are typically diagnosed in early school-aged children (although they may not be recognized until adulthood).⁵⁰¹ They are characterized by a persistent impairment in at least one of three major areas: reading, written expression, and/or math and are the most common disability among students in the United States.⁵⁰²

For youth with disabilities or special needs for effective learning, GaDOE offers an Individualized Education Program (IEP) or a 504 Plan. An IEP provides individualized special education and services to meet a child’s specific needs. A 504 Plan similarly provides services and changes to the learning environment to meet the child’s needs as adequately as other students. The primary difference is that IEP eligibility requires that a child has one or more of the 13 specific disabilities listed in IDEA. In contrast, a 504 Plan requires that the child has any disability, including learning or attention issues.⁵⁰³ For additional information on the IEP and 504 plans, see [GaDOE Special Education](#).

Because academic performance and school discipline can be useful in determining treatment options and progress for justice-involved youth, schools often share student information and records with individual courts and DJJ. Most of the information shared between schools, the courts and DJJ happens at a local level. Some schools and courts have formal or informal agreements on data and probation officers may visit the child’s school to obtain information and speak with school staff. On an agency level, however, GaDOE does not have a data sharing agreement with DJJ and any student data or information requested must go through an open records request and is subject to review by GaDOE’s Student Data Privacy Review Board.⁵⁰⁴

The Office of Whole Child Supports within GaDOE supports various services and programs to maintain a positive school culture, identify and address student mental health needs, and prevent school discipline issues through safe and supportive school environments.

These include: PBIS, school safety initiatives and programs, Mental Health Awareness Training, school social work and school nursing programs, Multi-tiered System of Supports (MTSS), Project AWARE, SBHCs, wraparound services, and partnerships with DBHDD on programs like Georgia Apex.^{xliv,505,506}

^{xliv} GaDOE does not financially support the Georgia Apex program.

School-based Behavioral Health Services and Supports⁵⁰⁷

GaDOE supports an array of trainings, services, and supports to maintain a positive school climate, identify and address student mental health and behavior needs, and prevent school discipline issues.

Universal



^{xlv} Project AWARE is funded by a grant from the United States Substance Abuse and Mental Health Services Administration and that currently benefits three local education agencies in Georgia.

^{xlvi} Georgia Apex is funded by DBHDD.