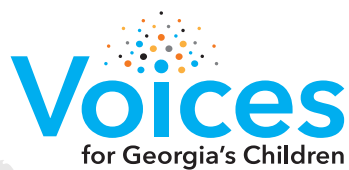


WHOLE CHILD PRIMER

February 2021 Edition



INTRODUCTION

whole child primer

Welcome to the *Whole Child Primer 2021*. Voices for Georgia's Children and the Georgia Statewide Afterschool Network have teamed up to bring you this one-stop guide to child policy in Georgia. The pages that follow contain an easy-to-read overview of policy, data, and targeted recommendations to improve lifelong outcomes for all kids, birth through young adulthood. Because we take a "whole child" approach to our work, the reach of this *Primer* is wide, and though not exhaustive, it highlights key aspects of physical and behavioral health; child protection and safety; effective discipline and juvenile justice; and child care, enrichment, and youth engagement.

Time and again, determined advocates of all sorts have worked to chip away at barriers impeding Georgia's kids. Yet, as data throughout this *Primer* and elsewhere illustrate, until we intentionally and holistically address inequities stemming from income level, racial bias and racism, educational status, geography, disability, and gender and sexual orientation bias, efforts to help the children and youth of our state will fall woefully short. Whether intentional or inadvertent, old or new, broad or narrow, policies and practices that result in various kinds of discrimination or bias prevent countless children from reaching their fullest potential, forcing kids to climb extremely steep pathways to success and expend excessive amounts of resource and energy just to arrive at what would be the starting point for those who have the advantage of living free of discrimination and bias.

At Voices, we strive to make sure public and private policy and practice provide every child uninhibited access to opportunity. We hope you will join us in this work, securing the brightest future for every child and thereby securing the brightest future for our state.

Thank you in advance for your attention to this *Primer* and for your kind and thoughtful concern for Georgia's 2.5 million children.

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PHYSICAL HEALTH

THE BASICS

Making sure kids have what they need to thrive can be harder than it looks. Getting them to well-child appointments, sports physicals, and dental appointments can interrupt not only a child's school day, but also a parent's workday. When you add in things like visits to physical therapists, medical or dental specialists, behavioral health providers, or the local emergency room, not to mention managing health insurance, medical forms, and bills, it can be a full-time job for the whole family. Of course, all this becomes exponentially harder for families who have income, child care, housing, or transportation obstacles. That is why so many stakeholders spend a great deal of energy trying to make health care for kids accessible, affordable, and sensible.

EVERY CHILD DESERVES

To have the best possible health.

To be able to trust health care professionals and the health care system to take care of him and fight for his best interests.

To have the power to ask for what she needs and know that she will be heard.



BRIGHT SPOTS

Children tend to be healthier than adults, and therefore less expensive in terms of healthcare. **While kids comprise roughly 69% of Georgia's Medicaid program¹, they represent only 37% of the cost².** When kids get what they need – namely, effective and timely care, good nutrition, safe and stable housing, and nurturing caregivers – children have fewer high-dollar expenses and tend to be healthier as they grow up.

ATTENTION TO PREGNANT WOMEN AND INFANTS

Medicaid covers pregnant women and postpartum care, with nearly 50,000 women in Georgia enrolled in 2019.³ Changes in Georgia law passed during the 2020 legislative session extends this coverage from two months postpartum to six months postpartum, which will result in better health for both mother and baby. Additionally, Georgia Medicaid administers the Planning for Healthy Babies demonstration project as well as CenteringPregnancy group prenatal care – programs developed to reduce the number of low birth weight and preterm births in the state and increase utilization of postpartum care. Considering Georgia's pregnancy-related death rate and infant death rate are among the highest in the nation (28 maternal deaths per 100,000 births and seven infant deaths per 1,000 live births) – and that due in large part to structural inequities in access to quality healthcare **Black women suffer pregnancy-related deaths at a rate 2.7 times that of White women⁴ and Black infants die at more than twice the rate of White infants⁵** – continuation of these programs and the expanded postpartum coverage is critical. Problematic, however, is the fact that (as of 2018) 76 of Georgia's 159 counties had no OB-GYN practitioners⁶, leaving many in rural areas

lacking accessible specialty care. Also important to good maternal and child health, but in short supply, are evidence-based home visiting programs. These early intervention and family-centered visits by nurses and skilled professionals to the homes of pregnant women and new parents help families with guidance, resources, and skills to ensure children are physically, socially, and emotionally healthy.

VOICES RECOMMENDATIONS

- Extend Medicaid postpartum coverage from six months following birth up to 12 months.
- Expand evidence-based or promising home visiting programs.
- Continue to invest in maternal depression and maternal and infant mortality reduction initiatives.
- Incentivize obstetricians, especially obstetricians of color, to practice in rural and underserved areas.

76 of Georgia's
159 counties have no
OB-GYN practitioners

MEDICAID AND PEACHCARE FOR KIDS® (A/K/A CHILDREN'S HEALTH INSURANCE PROGRAM OR CHIP)

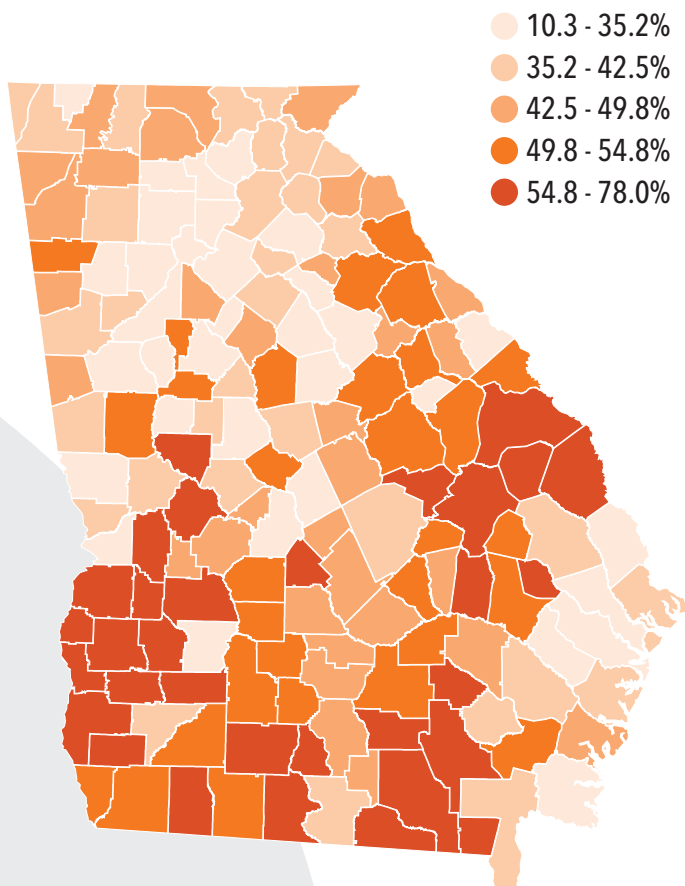
Funded by both the federal government and the state, these programs together insure **1.3 million children and youth** in Georgia, aged 0 through 18.^{7,8,9} That equates to 52% of the state's kids under 19.¹⁰ Children in rural areas of the state are particularly reliant on Medicaid as a source of health insurance. Eligibility is predominantly income-based but can also vary based on age and health condition. Noteworthy is that Medicaid covers all children and youth in Georgia's foster care system and many of those detained by the Georgia Department of Juvenile Justice.

VOICES RECOMMENDATIONS

- Urge the federal government to continue the pandemic-initiated increased federal match funding (Federal Medical Assistance Program or FMAP) for Medicaid and CHIP. (Currently, with the increased FMAP, the federal government pays roughly 74 cents for every dollar spent on Medicaid and the state pays 26 cents.)
- Ensure that children on Medicaid/PeachCare for Kids, particularly those with disabilities, receive the full complement of services and supports they need to achieve optimal health.

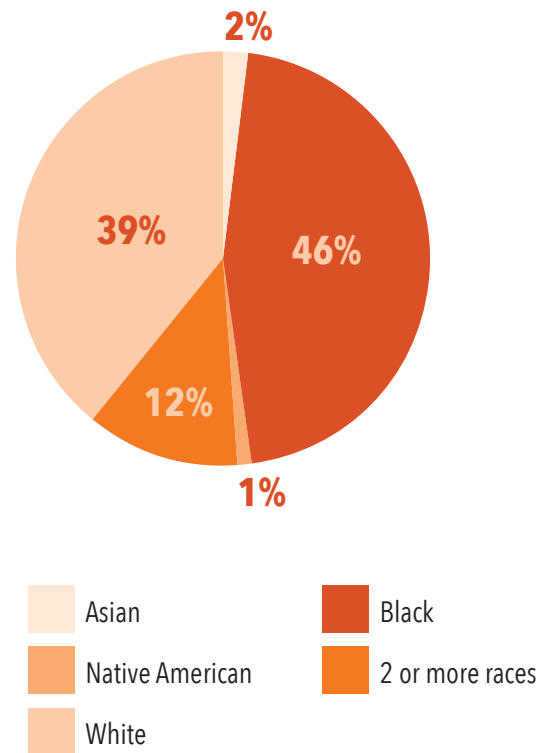
MEDICAID/CHIP PARTICIPATION (AGE BIRTH UP TO 18) BY GEORGIA COUNTY, 2019

Percentage of Children
with Medicaid/CHIP



CHILDREN ENROLLED IN MEDICAID/CHIP, 2018

By Race



Source: Georgia Department of Community Health data.

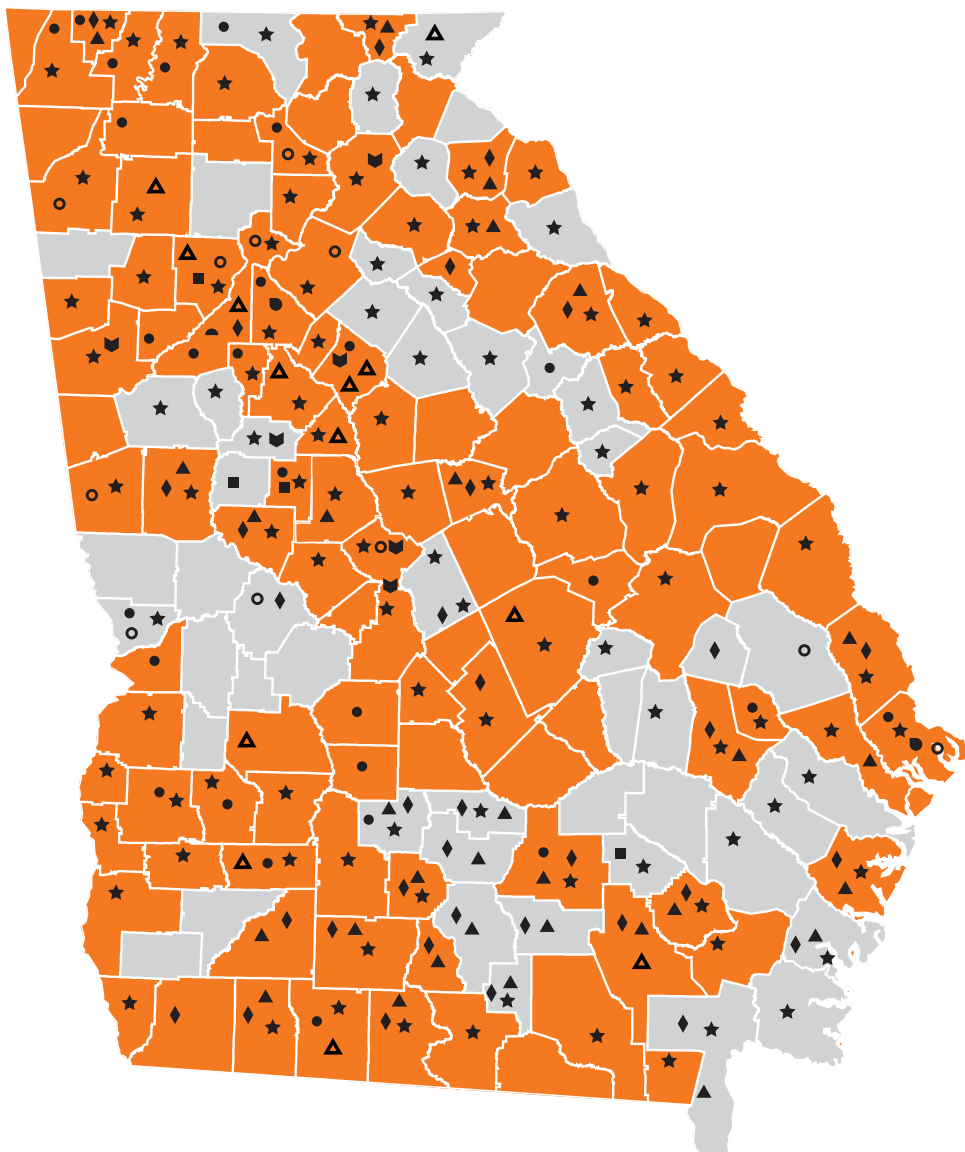
SCHOOL-BASED HEALTH INITIATIVES

Comprehensive school-based health centers (SBHCs),¹¹ often affiliated with Federally Qualified Health Centers, improve health outcomes by serving children (and often their family members and school staff) where they are – in school. This improves vaccination rates, school attendance, health literacy, and overall support for children with and without disabilities.¹² An added bonus is that the health (and attendance) of staff often improves when an SBHC is on site. School-based health personnel, such as school nurses, counselors, and school social workers, are likewise critical in addressing health and behavioral needs of students and staff.

VOICES RECOMMENDATIONS

- Invest in startup funding to expand comprehensive SBHCs.
- Provide enough state funding to ensure a licensed nurse in every school.

SNAPSHOT OF HEALTH AND BEHAVIORAL HEALTH SERVICES AND SUPPORTS IN SCHOOLS AND AFTERSCHOOL SETTINGS



- Have at least one school taking part in the Georgia Apex Program (school-based mental health services)
- No schools participating in the Georgia Apex Program
- Limited on-site health services
- Comprehensive SBHCs (includes behavioral health services)
- Project Aware
- Telehealth services
- Limited on-site behavioral health services
- Medical Mobile Unit
*DeKalb and Chatham's Medical Mobile Units serve 4 schools
- DBHDD Substance Abuse Clubhouses
- DBHDD Mental Health Resiliency Clubhouses
- Schools trained in Positive Behavioral Interventions and Supports
- School districts using the Georgia Partnership for Telehealth network

TELEHEALTH

Remote health care diagnosis and provision have been available in various capacities in Georgia for more than 20 years. However, the onset of the coronavirus pandemic and related policy changes have significantly expanded the ways providers can serve children and families through telephone, video chat, and more. When a family has access to adequate cell service and broadband connectivity, telehealth can minimize competing challenges such as transportation or lack of child care, thereby helping kids and parents keep medical appointments. Further, **these flexibilities have been critical to protecting Georgians' access to behavioral health services, especially needed during a global pandemic.**¹³ While the use of outpatient behavioral health services by Medicaid/CHIP beneficiaries declined over the course of 2020, resulting from social distancing constraints and financial challenges related to the pandemic,¹⁴ it's highly likely use would have dropped even lower had telehealth not been as accessible. Data show that nationally, children of color were less likely to have access to care prior

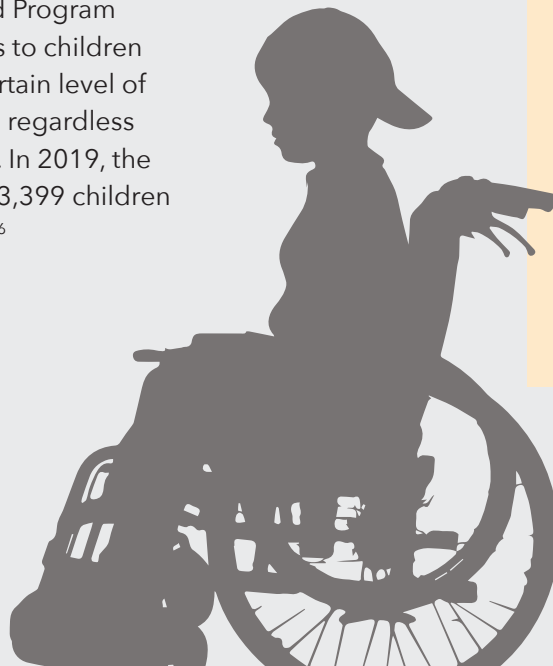
to the public health emergency.¹⁵ Therefore, we are hopeful that improved flexibility in telehealth protocols, with accountability for quality of care, will help reduce racial inequities in health care access among Georgia's children.

VOICES RECOMMENDATIONS

- Ensure effective and equitable telehealth practice and outcomes, including emphasis on quality control and maintaining pandemic-related telehealth flexibilities and provider reimbursements (e.g., insurance reimbursement for consultation and services provided via telephone, video chat, and the like).
- Continue to aggressively reduce barriers to cellphone service and broadband connectivity statewide.

MEDICAID SUPPORT FOR KIDS WITH DISABILITIES

Years of advocacy for children and youth with disabilities have resulted in Medicaid supports that provide services designed to keep kids out of institutional settings and at home. As an example, the Katie Beckett Medicaid Program provides benefits to children who require a certain level of institutional care, regardless of family income. In 2019, the program served 3,399 children with disabilities.¹⁶



VOICES RECOMMENDATIONS

- Increase state funding for disability waivers and caregiver respite to improve access for all eligible children.
- Prioritize attaining quality, home-based care for children and youth currently in institutions, hospitals, or nursing homes.
- Improve technical assistance for benefits application processes.
- Fund preventive and interventive home-based services to assist families and keep children with disabilities from entering the foster care system.

NUTRITION PROGRAMS

The federal government sponsors an array of child-feeding programs that serve infants and children. This includes food for babies and their mothers, as well as meals and snacks for children at school, after school, and during the summer. **One in six of Georgia's kids suffers daily food insecurity due to poverty and barriers to food access.**¹⁷ According to U.S. Census Household Pulse Survey data from September 2020, 430,000 Georgia households with children reported food insecurity during the COVID-19 pandemic. This shows an increase of 8 percent since the pandemic began.¹⁸ Additionally, systemic barriers to affordable, nutritious foods, coupled with the disproportionate impact of the pandemic have left **Georgia's Black and Latino households with children experiencing food insecurity at nearly three times the rate of White families prior to and during the coronavirus pandemic.** Clearly, food programs, foundational to child health, development, and lifelong success, have been irreplaceable in this time of crisis and in addressing longstanding inequities.

VOICES RECOMMENDATIONS

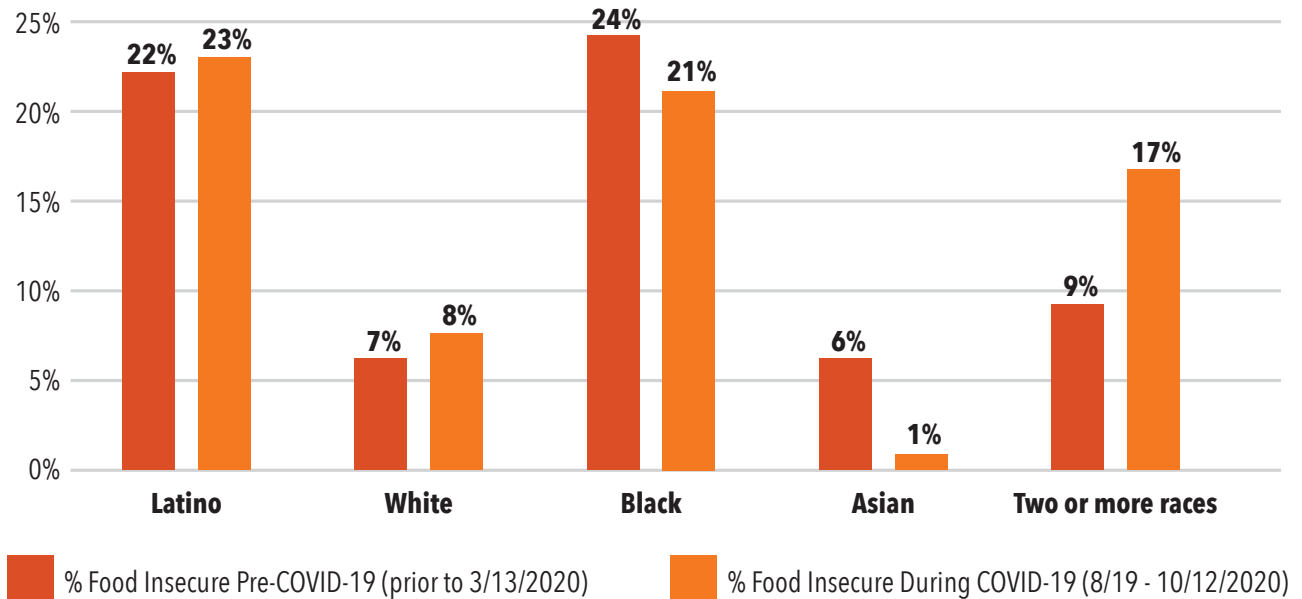
- Ask the federal government to maintain pandemic-related expanded access and funding for nutrition programs such as the Supplemental Nutrition Assistance Program (SNAP) and school and summer feeding programs.
- Expand and improve farm-to-school and farm-to-early care and education programs and initiatives that procure locally grown foods for school meals and snacks, integrate food preparation and nutrition into school curricula, and work with local entities to expose children and youth to nearby commercial and/or community farming activities and food preparation.
- Enact policy and practice changes to increase WIC program utilization (currently approximately 203,000 are enrolled,¹⁹ but estimates show this is only about half of the eligible population).²⁰

430,000

Georgia households with children reported **food insecurity** during the COVID-19 pandemic



PERCENTAGE OF GEORGIA FAMILIES EXPERIENCING FOOD INSECURITY PRIOR TO AND DURING THE CORONAVIRUS PANDEMIC BY RACE / ETHNICITY



Source: This graph reflects an average of reported food insecurity among the Census Household Pulse Survey round 2 Georgia responses, which include weeks 13-16.

FOOD INSECURITY AND CHILD OBESITY

Georgia ranks 24th among the 50 states and the District of Columbia for childhood obesity, with 15 percent of Georgia's youth aged 10-17 years being obese. Such children are much more likely to be obese in adulthood and experience a myriad of negative health consequences tied to obesity, such as heart disease or type 2 diabetes. Moreover, children in low-income families are 1.6 times more likely to be obese than their peers in middle- or high-income families. **This disparity is driven by a variety of issues, including an absence of nearby grocery stores or farmers**

markets; the cost of healthy, less-processed foods; and neighborhood infrastructure that deters physical activity. Therefore, policies and programs that disrupt barriers to nutritious food access for low-income families, such as Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), Child and Adult Care Food Program (CACFP), or farm-to-school and farm-to-early care and education, not only play a critical role in food security, but also in childhood obesity prevention.²¹

CHALLENGES

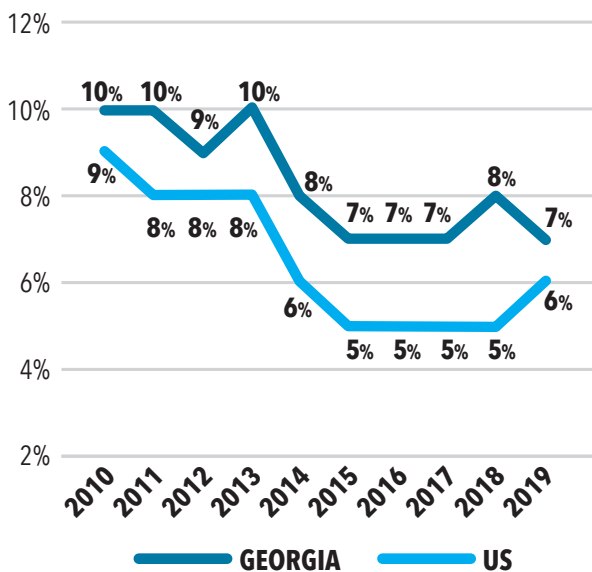
While many would argue that the United States has a relatively robust health care system, centuries-long inequities stemming from racial, ethnic, geographic, economic, and gender discrimination have set a trajectory that finds many of today's parents and caregivers struggling to attain health care for their children.²² Why?

THE INSURANCE CHALLENGE

With 197,000 uninsured kids under 19, Georgia has the fourth-highest number of uninsured children by population of all 50 states and the District of Columbia.^{23 24} The absence of health insurance ultimately results in inconsistent care and can lead to poor lifelong health outcomes. Latino children in Georgia are three times as likely to lack health insurance

as White children, and more than twice as likely to lack health insurance as Black children.²⁵ in large part due to language barriers, cultural differences and concerns about immigration status.²⁶ **Lack of health insurance for adults who care for children, whether parents or otherwise, also hinders health and financial stability of children and families.**

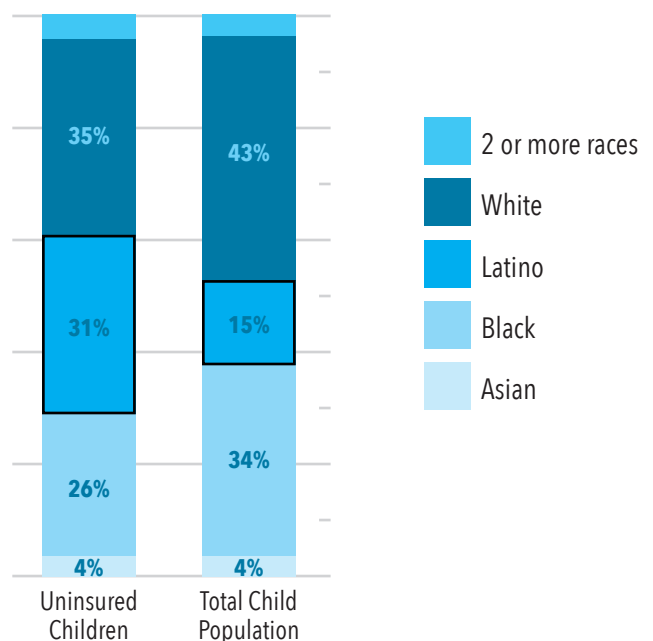
PERCENT OF UNINSURED CHILDREN IN GEORGIA VS U.S., 2010 - 2019

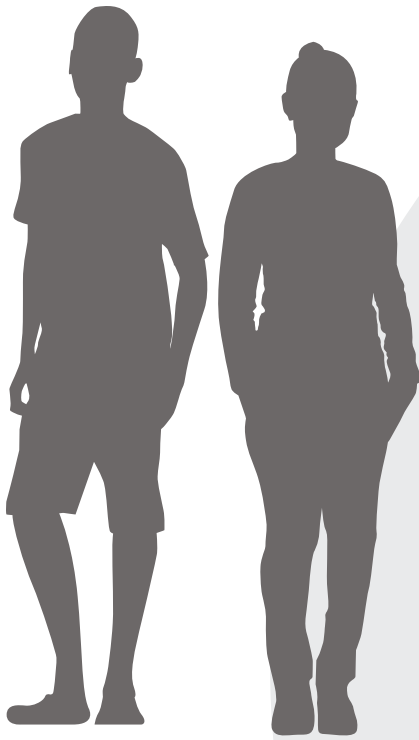


Source: American Community Survey data, 2019.

PERCENT OF UNINSURED CHILDREN VS TOTAL CHILD POPULATION (IN GEORGIA)

By Race and Ethnicity, 2019





197,000
children are **uninsured**
in Georgia, the 4th highest
population in the nation

VOICES RECOMMENDATIONS

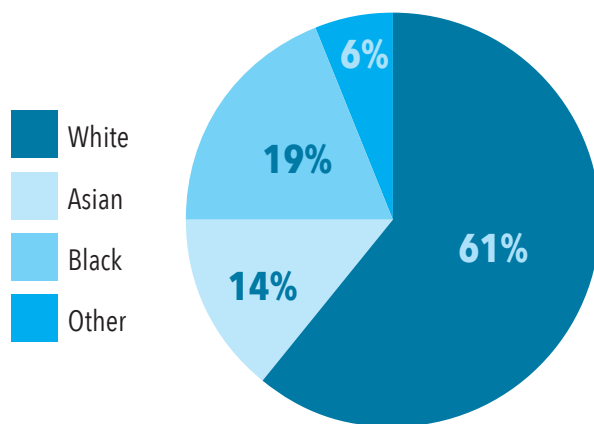
- Streamline public health insurance eligibility determinations and enrollment when families enroll their children in other public benefit programs. (For instance, if income level qualifies a family for food assistance, the children would be eligible for Medicaid because they would naturally fall within the Medicaid income guideline.)
- Ramp up Medicaid and PeachCare for Kids enrollment marketing and technical assistance for families with children, particularly Latino families.
- Eliminate the five-year waiting period for lawful immigrants to apply for Medicaid/PeachCare for Kids (commonly referred to as the ICHIA option, or the Immigrant Children’s Health Improvement Act option).
- Improve public and private insurance options for all adults caring for or living with children.
- Advocate for the federal government to rescind the Public Charge Ground of Inadmissibility final rule, which requires noncitizens who are requesting an “extension of stay” or change in status to demonstrate that they have not received public benefits above a certain threshold. This includes such benefits as Medicaid, SNAP, and housing assistance.

THE ACCESS CHALLENGE

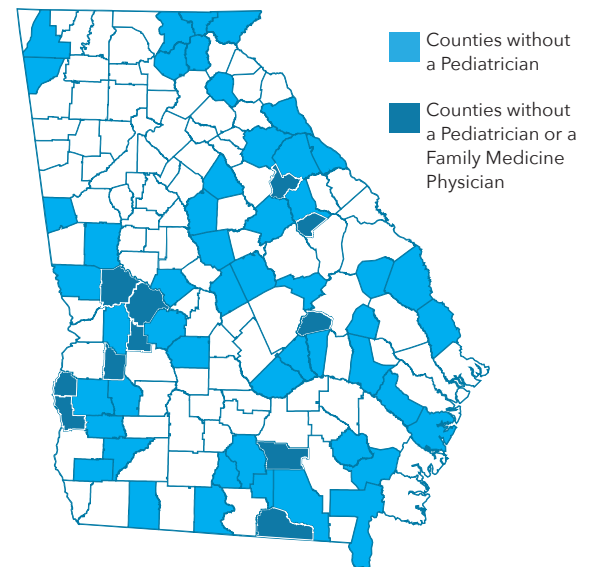
Even if a child has insurance coverage, it can be hard to find medical and dental providers who are available, well-trained, accept the child's health insurance, speak the preferred language, and are culturally competent (See The Bias Challenge on p. 17).²⁷ What's more, long-standing barriers to care, such as location of providers, lack of broadband connectivity, inconsistent cellphone coverage, low health literacy, language challenges, and generational or situational poverty, put the well-being of many of Georgia's children and youth at risk each and every day. Such barriers, coupled with parent/

guardian employment, transportation, or other logistical challenges, can lead to missed well-child visits and vaccinations. Such challenges can be all the greater for children who live in homes where the total income level is under \$52,400 for a family of four.²⁸ Important to note is that Black, Latino, and Multiracial children make up nearly 70 percent of children living in homes of this income level, and that rural areas have higher rates of children living in poverty than urban ones²⁹ (See Inequity in Opportunity, Structural Bias, and Racism Lead to Racial/Ethnic Gap in Wealth on p. 15).

GEORGIA PEDIATRIC PHYSICIANS BY RACE, 2018



GEORGIA COUNTIES WITHOUT A PEDIATRICIAN OR A FAMILY MEDICINE PHYSICIAN, 2017



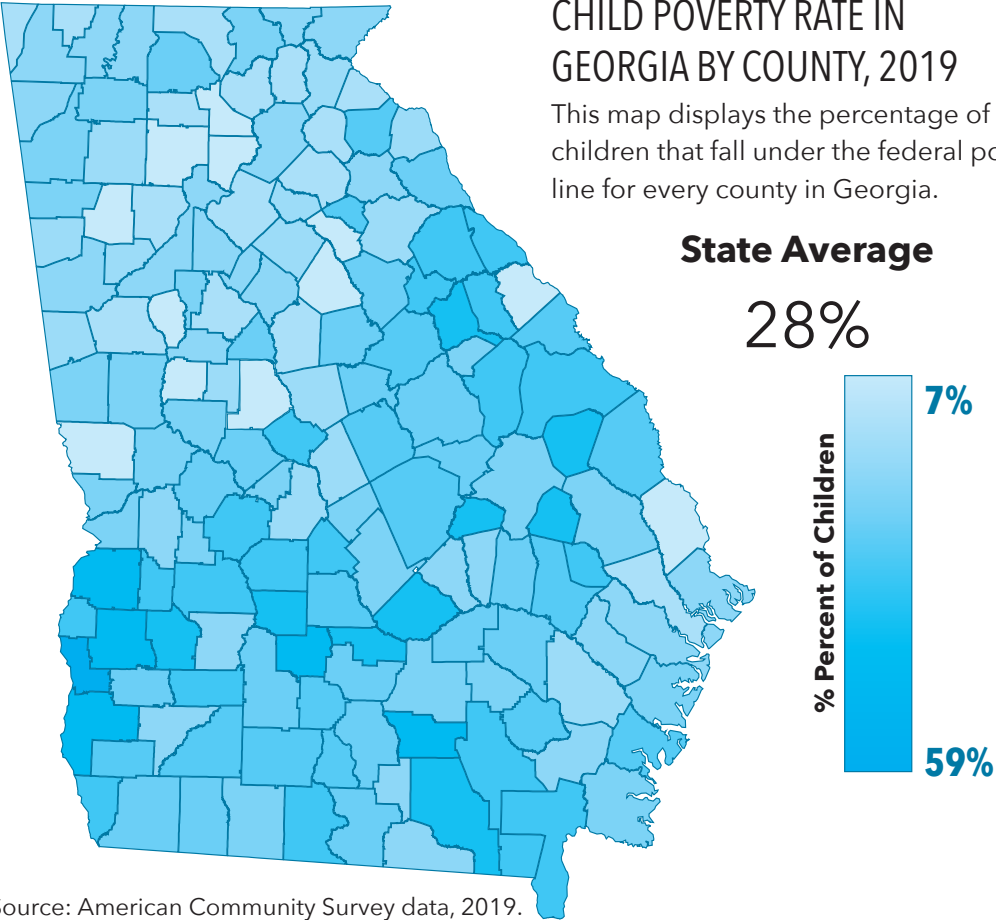
Based on 2017 Licensure Renewal Data

VOICES RECOMMENDATIONS

- Ensure adequate Medicaid/PeachCare for Kids reimbursement rates for pediatric primary and specialty care providers.
- Continue to incentivize pediatric providers and specialists (including dentists and dental hygienists) to make regular visits to areas of high need, and support the effective implementation of telemedicine/telehealth to cover the time between those visits.
- Intentionally encourage, recruit, and support students of color and from rural areas for professions in the medical and dental fields.
- Support youth enrichment activities and programs that encourage students to study medicine, nursing, dentistry, or other medical or medical support personnel (e.g., Georgia Department of Education's Georgia HOSA (Health Occupations Students of America)).

CHILD POVERTY RATE IN GEORGIA BY COUNTY, 2019

This map displays the percentage of children that fall under the federal poverty line for every county in Georgia.



INEQUITY IN OPPORTUNITY, STRUCTURAL BIAS, AND RACISM LEAD TO RACIAL/ETHNIC GAP IN WEALTH

With approximately one in five children in poverty in Georgia, the state has among the highest rates of child poverty in the nation. Black and Latino children are three times as likely to experience poverty in Georgia as White children. A breadth of research shows that systemic factors contribute to racial/ethnic wealth gaps. Barriers – rooted in structural bias – to homeownership, employment and benefits, and high-quality education are among the reasons that the wealth gap has persisted through generations³⁰ (See The Bias Challenge on p. 17).

THE WELL-CARE CHALLENGE

Within the last three years, **Georgia has fallen under the national average in childhood vaccinations – in 2019, ranking last in the country on the percentage of children aged 19-35 months who are immunized.**³¹ Unvaccinated children are at risk of serious and often deadly diseases, and should those kids contract such viruses, they can endanger infants or other children who have not been vaccinated, or people with compromised immune systems. Equally as concerning is that one-third of Georgia's young children miss their annual well-child visits, and less than half of Georgia's children of all ages have a medical home.³² This can cause them to miss vaccinations, as well as examination and assessment by trained medical professionals, leaving these kids vulnerable to undiagnosed or untreated medical conditions, developmental disabilities (including vision and hearing impairments), mental health challenges, and more. On a similar note, half of Georgia's children miss annual dental exams and teeth cleanings, risking long-term oral consequences as well as tooth- and gum-related pain.³³ In fact, untreated tooth decay is a leading cause of school absence in Georgia.³⁴

VOICES RECOMMENDATIONS

- Increase efforts to vaccinate Georgia's children and youth.
- Improve consumer understanding and awareness of the importance of childhood and adolescent vaccinations, preventive well-child doctor visits, and regular dental care.
- Promote, encourage, and incentivize expanded or varied pediatric and dental office hours to make it easier for working parents to bring children in for exams.
- Use community-wide strategies and communication to encourage and facilitate well-child visits for all children and youth.



One-third
of Georgia's young children
miss their annual well-child visits,
and fewer than half of Georgia's
children of all ages have
a medical home

THE BIAS CHALLENGE

Perhaps the most concerning part of this landscape is the trauma, insult, and poor outcomes that result from intentional or unintentional provider behaviors based on misperceptions about those they work with or serve. Unacknowledged and unaddressed implicit biases held by individuals in the health care system, from reception workers all the way up to physicians and top-level administrators, can intimidate, deter, and insult children and families, leaving those who are Black, Brown, immigrant, LGBTQ, have disabilities, or are in families with low incomes feeling disenfranchised, uncared for, and without hope.³⁵ The most commonly reported biases that are exhibited in patient-provider interactions include dominant communication styles, fewer demonstrated positive emotions, limited patient engagement in treatment decisions, and failure to provide interpreters when needed.³⁶ Recent studies have found that some physicians exhibit racial bias toward both children and adults.³⁷ Sometimes such biases lead to missed diagnoses or even altered institutional procedures, treatment recommendations, or care children receive.^{38 39} Key to overcoming this challenge is the collection of accurate data coupled with its honest and transparent presentation. **When data are accessible to the public, it increases individual and system-focused awareness, which in return can force change.** Additionally, making sure that communication tools, forms, and methods for sharing information are

as easy for the consumer to use as possible likewise increases not only understanding of strengths and gaps of a system, but also the utility and efficiency of the system itself.

VOICES RECOMMENDATIONS

- Develop user-friendly systems and forms that allow all health-related state and state-contracted providers to collect and disaggregate data by race, ethnicity, geography, economic status, and gender. Ensure that the state publishes these data on easily accessible dashboards on their websites.
- Integrate implicit bias, trauma awareness, and cultural competency training into degree programs and training for all medical professionals and administrators.
- Encourage consumer equity advisory panels to be convened regularly by health providers and institutions holding state contracts.
- Ensure that health forms and communications are easy to understand and linguistically and culturally appropriate for the consumer.

INCREASING GEORGIA'S TOBACCO TAX

According to the U.S. surgeon general, excise tax increases are an effective policy intervention to prevent the start of tobacco use and reduce the prevalence of use among adolescents and young adults. About nine out of 10 daily cigarette smokers first smoked by age 18, and 99 percent by age 26. A recent Georgia Department of Education survey showed that nearly 60,000 Georgia students in middle and high school reported smoking within the last month. The largest impact on

cigarette demand by youth is the perceived price of cigarettes. If the excise tax on tobacco products, currently \$1.45 lower than the national average, is increased, Georgia's kids will be less likely to start smoking and less likely to develop smoking-related chronic conditions later in life.⁴⁰



BEHAVIORAL HEALTH

THE BASICS

Many kids, including very young children, can face behavioral health challenges. Nationally, one in six children aged 2-8 years old has a diagnosed mental, behavioral, or developmental disorder.⁴¹ Undiagnosed, untreated, or inadequately treated conditions – such as autism spectrum disorder, attention deficit disorders, bipolar disorder, depression, anxiety, and substance use disorder – can result in poor immediate and lifelong outcomes, limiting educational attainment, physical health, employment, family relations, and even longevity. In Georgia, child and adolescent mental health needs often go unmet. In 2019, 41 percent of our kids aged 3-17 struggled to or could not access needed mental health treatment and counseling.⁴² And sometimes, even when help is available, parents and caregivers may not actually know how or where to find it. What's more, from birth up to around age 26, the development of a person's brain is greatly impacted by experiences, positive and negative, both of which can alter a child's long-term outcomes. Adverse childhood experiences (ACEs), such as physical or emotional abuse, household violence, or neglect, can lead to hindered learning, anger, hostility, depression, substance abuse, poor physical health, suicide, and more.⁴³ In addition to ACEs, other stressful situations can weaken the body's stress response system, causing what's known as toxic stress. Living in poverty or unstable housing and experiencing community violence or discrimination have all been found to contribute to a child's toxic stress and impede his or her success.⁴⁴

EVERY CHILD DESERVES

To have the best possible
mental well-being.

To feel that she can trust
adults to protect her from
trauma, and if she has
experienced trauma, to
help identify it and respond
with compassion and
resources to address it.

To know that he can share
his feelings without ridicule
or stigma, and that when
asking for help – either
with words or behavior –
he will be listened to and
taken seriously by the
people around him.



BRIGHT SPOTS

On the bright side, an encouraging combination of research, public awareness, action, and political will have shown that we can mitigate or even prevent many mental and behavioral health challenges and their repercussions for Georgia's kids.

INCREASED AWARENESS

Over the past decade there has been a steady increase in public and private understanding and awareness around the role mental health plays in all aspects of child and family life. Independent and collaborative work by Georgia's state agencies (notably, the departments of Behavioral Health and Developmental Disabilities; Community Health; Education; Early Care and Learning; Human Services, including the Division of Family and Children Services; Juvenile Justice; and Public Health, among others) as well as initiatives by other groups (notably, Georgia's Interagency Directors Team, Gov. Brian Kemp's Behavioral Health Innovation and Reform Commission, Gov. Nathan Deal's Commission on Child Mental Health (now expired), and an array of study committees and public-private partnership efforts) are all testament to commitment by our leaders to improve child and adolescent mental health.

Additionally, efforts by entities such as the Georgia Council on Developmental Disabilities and the Bobby Dodd Institute have continued to move Georgia toward an increasingly inclusive society by promoting

opportunities for persons with developmental disabilities and their families to live, learn, work, play, and worship in Georgia communities.⁴⁵ This philosophical shift away from isolation and institutional care helps children with developmental disabilities succeed, while reducing discrimination and the stigma of living with disability.

VOICES RECOMMENDATIONS

- Continue awareness campaigns, outreach, and practice at all levels to reduce stigma associated with mental and behavioral health challenges and developmental and other disabilities.
- Encourage open discussion of one's feelings as part of early learning, school-age, and postsecondary curricula and practice.
- Encourage, participate in, and fund inclusive classroom, event, and community policies and practices.

MENTAL HEALTH AND BEHAVIORAL HEALTH DEFINED

Mental health includes our emotional, psychological, and social well-being; it affects how we think, feel, and act.

Behavioral health is a state of mental and emotional being and/or choices and actions that affect wellness; behavioral health challenges *include substance use and alcohol and drug addiction.*⁴⁶

BEHAVIORAL HEALTH OF GEORGIA STUDENTS IDENTIFIED

The 2018-2019 Georgia Department of Education Student Health Survey of sixth-through 12th-grade students revealed that:

- Nearly **half** of all students reported feeling depressed.
- Nearly **one-third** reported experiencing intense anxiety within the last month.
- More than **61,000** students reported harming themselves.
- Nearly **40,000** reported attempting suicide, and nearly **78,000** reported having seriously considered attempting suicide.

Among Georgia's students who have seriously considered attempting suicide, the most commonly cited reason was "family reasons." As such, it is critical to children's mental health and well-being that child-serving systems not only provide access to mental health services, but also work to identify and address problems such as a lack of access to food, unstable housing, poverty, violence in the home or community, family instability, and other nondiagnosable – but impactful – challenges.⁴⁷

GREATER UNDERSTANDING OF BIRTH THROUGH 4-YEAR-OLD MENTAL HEALTH

Along with increased mental health awareness has come the recognition that mental health and social-emotional learning start at birth. As with many developmental concerns, the earlier that prevention, support, and intervention can begin, the greater a child's chance for life success. The Georgia Department of Public Health (DPH) (Children First program and Babies Can't Wait, among others) along with the Georgia Department of Early Care and Learning (classroom behavioral support specialists, a new infant and early childhood mental health director, and the Inclusion and Behavior Support Helpline) are the primary government contact points for mental health for ages 0-4, while the Georgia Department of Education (GaDOE) funds special education to serve qualifying children 3-4 years old.

Unfortunately, even with these options, behavioral health challenges are often overlooked, or needed services are not available. Subsequently, such young children often must continue with unmet needs.

VOICES RECOMMENDATIONS

- Facilitate insurance (Medicaid and private) billing for mental health services for children under 4.
- Promote educational opportunities for new and existing workforce members to better serve infants and toddlers aged 0-4 and their caregivers.
- Assess gaps in coordination of services through Babies Can't Wait (DPH) and Preschool Special Education Program (GaDOE), then structure and fund programs adequately.

THE GEORGIA CRISIS ACCESS LINE

1-800-715-4225



OR TEXT VIA THE MY GCAL APP

GCAL is available 24 hours a day, seven days a week, 365 days a year to help you or someone you care for in a crisis. GCAL can provide telephonic crisis intervention services, dispatch mobile crisis teams, assist individuals in finding an open crisis or detox bed across the state, and link individuals with urgent appointment services.

Download the My GCAL app from Google Play or the Apple iTunes store to access services via text.

FREE YOUR FEELS

Free Your Feels is a youth mental health awareness campaign encouraging Georgia's young people to explore their feelings and share them fearlessly. Its goal is to empower youth to speak out and express their real feelings, encourage adults and peers to check-in with each other and listen judgment-free, and to connect everyone to resources for further guidance or help.

Learn more at www.freeyourfeels.org.



PEER SUPPORT

For children and families battling mental health or substance use challenges, peer support – or formal or informal services provided by individuals with similar experience – can be a critical driver of recovery. For children and youth, peer support can refer to either a young adult who helps a child or an adult who helps the parent (so that the parent can better help the child). Peers assist in developing recovery goals and tools, provide support, and help build healthy home environments and social networks. Most importantly, peers encourage personal responsibility, informed decision-making, and hope that recovery is possible. Peer support can be provided formally by Certified Peer Specialists (CPSs) or informally by a noncertified parent or youth with some training and lived experience.

VOICES RECOMMENDATIONS

- Continue to fund formal and informal peer supports.
- Ensure that Medicaid care management organizations (CMOs) reimburse for peer support, and encourage private insurers to reimburse for formal peer support services.
- Increase the use of formal and informal peer supports in all child-serving behavioral health settings (e.g., schools, hospitals, and community health or mental health centers).

LEADING THE NATION IN PEER SUPPORT

For more than 20 years, Georgia has led the nation in its development and use of a formal peer support workforce. Georgia was the first state to bill Medicaid for mental health, addiction recovery, and whole health peer supports. More than 40 states and other countries have adopted peer supports based on the Georgia model. Under DBHDD's leadership, these supports have become available for children and youth. Currently there are approximately 270 CPSs (youth and parent) in the state.⁴⁸

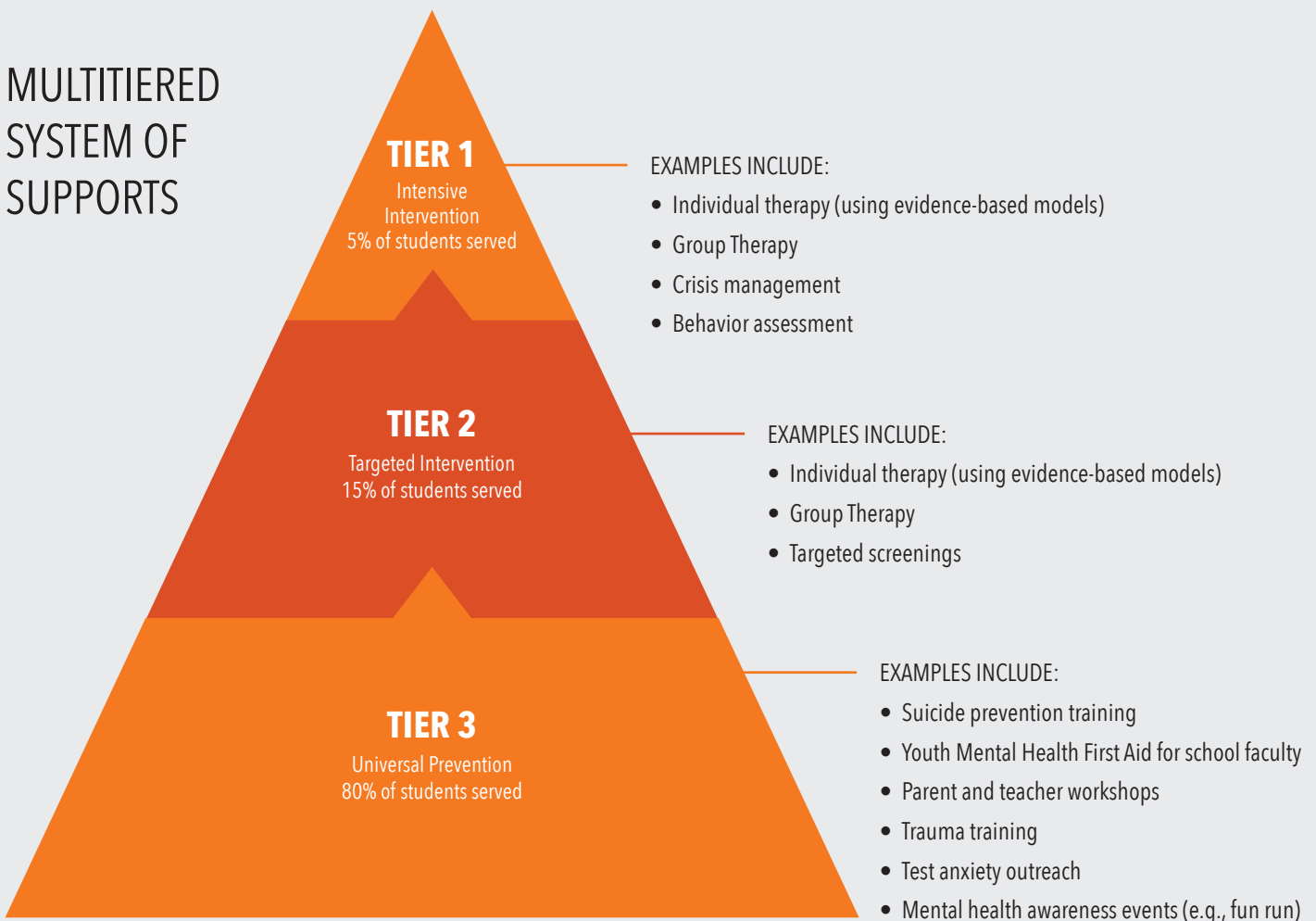
SCHOOL-BASED MENTAL HEALTH

Like comprehensive SBHCs (See School-Based Health Initiatives on p.8), **school-based mental health initiatives can help children navigate home and school challenges by providing services without logistical barriers.** For example, the Georgia Apex Program (Apex), overseen by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), is found in **more than 650 schools** and leverages local Community Service Boards and private mental health providers to support children and youth through a variety of mental health services in schools. Additionally, evidence-based interventions such as Positive Behavioral Interventions and Supports (PBIS), Youth Mental Health First Aid, Sources of Strength, and trauma-informed care training to help staff and student peers understand and address child and youth behavioral health needs tends to result in fewer punitive and unsuccessful responses to behavior and in longer-term achievement for kids.

VOICES RECOMMENDATIONS

- Continue to fund and expand PBIS and the Georgia Apex Program.
- Provide enough state funding to ensure a licensed counselor and social worker in every school.
- Continue and expand other school-based or directed programs and trainings (e.g., Youth Mental Health First Aid, Trauma 101, Sources of Strength).
- Require training in mental health and trauma response for special education certification.
- Encourage school-based mental health programs to create partnerships with and extend services to afterschool and summer learning programs.

MULTITIERED SYSTEM OF SUPPORTS



Programs that Support School-Based Mental Health in Georgia's Schools	No. of Schools Trained/Participating	Percentage of Total No. of Schools
<p>Positive Behavior and Intervention Supports is an evidence-based, data-driven framework proven to reduce disciplinary incidents, increase the sense of safety, and support improved academic outcomes in schools.</p>	<p>1,519</p>	<p>69%</p>
<p>Georgia Apex Program strives to build capacity and increase access to mental health services for school-age youth throughout the state.</p>	<p>650</p>	<p>30%</p>
<p>Sources of Strength is an evidence-based curriculum that involves training youth to build skills to protect themselves against pressures to misuse substances and encourages them to connect to their peers.</p>	<p>97</p>	<p>4%</p>
<p>Mental Health Awareness Training aims to increase the capacity of Georgia communities to reduce suicide risk that may contribute to suicide attempts and death by suicide.</p>	<p>28,149 educators and school staff</p>	<p>n/a</p>



CHALLENGES

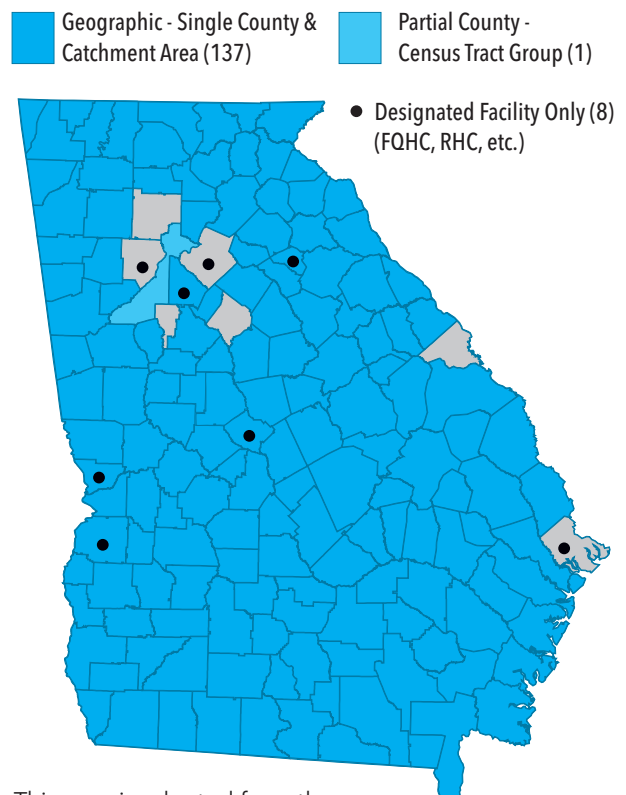
Unfortunately, stigma, disbelief, and blame have long followed those living with mental or behavioral health challenges. And while much has improved in terms of awareness and understanding of brain development, thoughts, feelings, and trauma, we have a long way to go in affording children the quantity and quality of supports and care they need to thrive.

THE WORKFORCE CHALLENGE

As with other sectors of health care, all levels of mental and behavioral health providers are in short supply, but particularly those who specialize in children and adolescents. The state has fewer than 200 child and adolescent psychiatrists, or eight per 100,000 children.⁴⁹ Challenges in educational opportunity and cost, insurance billing, professional mentorship, secondary trauma,⁵⁰ as well as the necessary but overwhelming demand for mental and behavioral health treatment, have left countless children and parents struggling to find care in their communities. **Georgia's mental health professional shortage areas almost exclusively fall in rural counties, and less than half of the state's psychiatrists accept Medicaid.**⁵¹ What's more, because Georgia does not collect detailed data when non-M.D. mental or behavioral health providers apply or renew licensure, key information to help drive workforce development strategy is not available. This means we do not know such things as which patients or payment types a provider accepts, specialties and certifications a provider has, where one actually practices, or when one plans to retire (See The Payer Challenge on p. 28).

GEORGIA'S MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

Nearly all – 151 of 159 – of Georgia's counties suffer from a shortage of mental health professionals



This map is adapted from the State Office of Rural Health's State of Georgia Mental Health Professional Shortage Area Map from May 2020.



Georgia has **fewer than 200**
child and adolescent psychiatrists,
or **eight per 100,000 children**

VOICES RECOMMENDATIONS

- Collect data on licensed behavioral health providers similar to how data is collected for all Georgia physicians (known as a Minimum Data Set Survey, or MDSS), allowing Georgia to capture and report comprehensive, consistent, and reliable data on providers and their practice settings, and pursue data-informed workforce solutions.
- Create state-funded scholarships and loan forgiveness for behavioral health providers, particularly those trained in high-need, evidence-based therapies.
- 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.
- Develop more programs to certify master- and doctoral-level nurses in psychiatric practice in order to leverage the existing nurse workforce.

THE PAYER CHALLENGE

One of the greatest barriers across the behavioral and mental health spectra is the issue of who pays for which treatment or part of treatment. While many mental and behavioral health services and treatments are covered by health insurance, insurers may require prior authorization for certain services or prescription drugs to be rendered, and may also determine that a covered treatment or service is not “medically necessary” and deny payment for the service, with little transparency in the determination process. This can cause problems when children or youth need an intervention that does not have an associated pay code or when the insurance company is not willing to approve either a certain treatment, a combination of treatments, or an adequate quantity of treatment to reverse or mitigate the issue.⁵² Further, **a mental health diagnosis is often the first hurdle to meeting medical necessity**; therefore, children without a diagnosed mental disorder, who are nonetheless in need of a preventive or early intervention mental health service (e.g., therapy), are rarely able to use health insurance to pay for such services. Subsequently, the administrative burden of insurance billing causes many behavioral health providers, especially solo practitioners, not to engage in the health insurance system at all. **Another significant challenge is the inability to bill for certain aspects of integrated care between primary care and behavioral health providers.** This prevents critical coordination of care that can produce better overall health outcomes for kids.

VOICES RECOMMENDATIONS

- Encourage the practice of combining primary health care and mental health care in one setting, and ensure payer reimbursement for such integrated care.
- Require Medicaid CMOs to post all prior authorization requirements online for providers in one clear table (including all documents and standards required for authorization) and to provide examples of sample authorizations, so that payment for treatment is less likely to be denied due to nonmedical reasons.
- Develop an independent “external medical review” option, similar to what is required for private insurers, to evaluate Medicaid denials or reductions to treatment based on medical necessity.
- Publish a public, independent assessment of CMO behavioral health track records, including information on the accessibility of all services on the continuum of care, denials, and appeals.
- Streamline the insurer provider certification process as well as billing practices to encourage more providers to accept public and private health insurance.

THE MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires the equal treatment of mental health conditions and substance use disorders to physical health conditions in insurance plans. For example, if a plan includes unlimited doctor visits for a chronic condition like diabetes, then it must offer unlimited visits for a mental health condition such as schizophrenia. It is important to note, however, that when a health insurance plan’s physical health offerings are limited, then its mental health coverage will be similarly limited. Medicaid CMOs are also subject to the MHPAEA.^{53 54}

THE CAREGIVER CHALLENGE

Years of neuroscience research have clearly shown the effects trauma and the environment can have on the developing brain. Child and youth brain development can be positively or negatively affected by the words and behaviors of people – particularly adults – around them. Therefore, when those adults do not have access to mental or behavioral health care, it can negatively impact the brain development of the child. It also impacts the parent-child relationship and increases the likelihood that the child will suffer worse outcomes in the long-term as a result of adverse childhood experiences (See The Basics on p. 18).⁵⁵ In addition, untreated caregiver behavioral or mental health conditions can result in family environments that are stressful for adult and child alike.⁵⁶

VOICES RECOMMENDATIONS

- Ensure health insurance coverage, including coverage for mental health and substance use, for all adults, regardless of income or work status.
- Provide all adults working with children ways to connect children and families to services and supports they need (e.g., awareness of the Georgia Crisis and Access Line).
- Continue to fund and expand maternal mental health initiatives in public and private agencies (e.g., PEACE for Moms, a partnership between DPH, Emory University, and the Healthy Mothers, Healthy Babies Coalition of Georgia).

THE BIAS CHALLENGE

The intimate and personal nature of most psychological exams and therapies demands, among other skills, a deep level of cultural competency so that patients can trust the provider enough to speak freely, engage in the work, or try a medication. **The racial, socioeconomic, ethnic, and geographic representation in our behavioral health workforce does not adequately match that of our population, limiting access to care, particularly culturally competent care, for many.**⁵⁷

This can result in children and youth feeling ignored, misunderstood, or uncared for by the very people who have been tasked to help them.⁵⁸ Such challenges can be overcome, however, by helping behavioral health providers and other child-serving professionals understand the value of cultural competency and realize their own implicit biases, and by building a more inclusive workforce that better reflects the population being served.

VOICES RECOMMENDATIONS

- Continue to implement training for those working with children (school personnel, afterschool and summer learning professionals, school resource officers, public safety officers, juvenile court personnel, health care providers, and staff, etc.) about recognition of trauma, behavioral challenges, and biases.
- Require Georgia's behavioral health providers to undergo regular cultural competency training as part of their existing training requirements.
- Intentionally encourage, court, and support students of color and from rural areas for professions in mental and behavioral health fields (e.g., Georgia Department of Education's Georgia HOSA (Health Occupations Students of America)).

PROTECTION AND SAFETY

THE BASICS

Engaging and nurturing relationships and environments form the bedrock of child and youth protection as well as overall child development. While good public policy is crucial to keeping kids safe, it is especially important that the adults – namely parents, family, caregivers, teachers, neighbors, and community members – remain focused on the child or youth and attentive to child (and family) needs and perspectives. In fact, the best preventive efforts to “keep children safe” begin well before a child is ever in danger. Although the state Division of Family and Children Services (DFCS) is the predominant player in the child protection field – tasked with caring for approximately 12,000 children in their care⁵⁹ – other agencies, including the Department of Early Care and Learning (DECAL), GaDOE, DPH, the Department of Community Health, DBHDD, the Georgia Office of the Child Advocate, and the Justice for Children committee of the Georgia Supreme Court all have vital roles in keeping children safe. Important to know, too, and perhaps contrary to popular perception, is that the mission and main work of DFCS is not to separate families but, rather, to preserve them.

EVERY CHILD DESERVES

To fall asleep each night and wake up each day knowing that he and his family are safe and have access to help when needed.

To know that adults will listen to her and react in an appropriate, timely fashion when she has been hurt or is in need of help.

To trust that adults will hear and see them without prejudice or bias and that the systems tasked with keeping them safe will not increase their trauma, fear, or hopelessness in doing so.



BRIGHT SPOTS

Generally speaking, child protection and safety efforts in Georgia and across the nation strive for a holistic approach to caring for children and their caregivers. Engaged biological families, foster care providers, caseworkers, Court Appointed Special Advocate (CASA) volunteers, supportive communities, multiple agencies, and informed courts make this whole-child approach possible.

LAWS REFORMING CHILD WELFARE

The last decade has seen steady improvement in state and federal child welfare law, encouraging more timely dependency proceedings and meaningful representation for children⁶⁰ and changing the approach to children and families at risk of or entering the child welfare system. Georgia's Juvenile Justice Reform Act, Mandated Reporter Law,⁶¹ human trafficking legislation,⁶² plus a myriad of other state laws and regulations, have consistently improved those government structures, like DFCS, courts, and supporting agencies tasked with keeping children safe. Additionally, planning for and implementation of the federal Family First Prevention Services Act (FFPSA) of 2018 is underway. FFPSA is structured to prevent children from entering foster care by allowing federal reimbursement for mental health services and substance use treatment for parents, and in-home parenting skill training. The law also encourages states to reduce the use of nontherapeutic congregate care (e.g., group homes) for children in the foster care system.⁶³

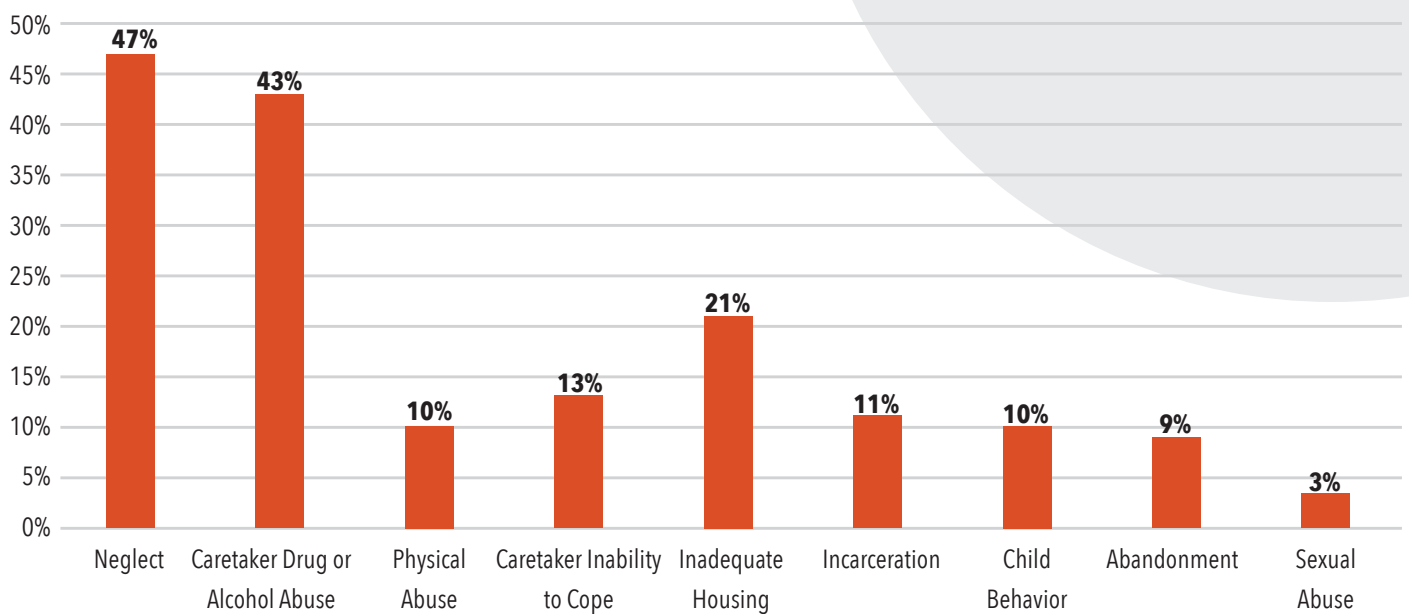
VOICES RECOMMENDATIONS

- Support the development of quality substance use disorder services in the state, including individual and family residential treatment facilities and peer support programs.
- Work with DFCS and other public and private providers to maximize implementation of the federal Family First Prevention Services Act.
- Improve public and private insurance options for all adults caring for or living with children.

PREVENTING CHILD ABUSE AND NEGLECT

Family stressors such as poverty, health conditions, mental illness, addiction, discrimination, or disaster can trigger situations or behaviors that result in the intentional or unintentional neglect or abuse of a child. The prevention of child abuse and neglect requires a comprehensive approach at several levels, involving multiple sectors. A child can be removed from the home for multiple reasons, as reflected here.⁶⁴

REASONS FOR A CHILD'S REMOVAL FROM HOME OCTOBER 2019 THROUGH SEPTEMBER 2020



A child can be removed from the home for more than one reason.

Source: Georgia Division of Family and Children Services data.

THE ROLE OF PARENT AND YOUTH VOICE

Parent and youth advisory and advocacy groups lift up the community by advising and collaborating with state agencies and local partners. DFCS oversees both the Youth Advisory Board and the Parent Advisory Council, which make recommendations on policy and practice based on the lived experiences of its members. Additionally, youth advocacy groups such as EmpowerMEnt, a Multi-Agency Alliance for Children initiative, aim to embed youth voice in the child welfare system to improve the foster care experiences of youth in and transitioning out of care.

COLLABORATION

No single state agency, nonprofit organization, or group alone can keep children safe. The responsibility and work belong to all of us. Nowhere is that argument more clearly made than in Georgia's new statewide child abuse and neglect prevention plan (CANPP).⁶⁵ This roadmap (which will be revisited annually and updated every five years) includes input from hundreds of stakeholders from across the state, including providers, parents, caregivers, agencies, advocates, experts, and concerned residents, and presents a clear view and comprehensive approach to child safety. While the CANPP is new, cross-sector work in child protection is not. Collaborative efforts by an array of stakeholders have resulted in improved family preservation, child-family reunification, and foster-biological family communication and mentoring.

VOICES RECOMMENDATIONS

- Encourage all state agencies to adopt and actively implement the CANPP.
- Support relationships between foster care providers in the private and public sectors, such as the Home in 5 coalition.
- Ensure frequent data-sharing between child-serving agencies.

ACCOUNTABILITY COURTS

11 percent of children are in foster care because their parents are incarcerated. Georgia's accountability courts work to provide effective alternatives to sentencing for nonviolent offenders, many of whom are parents, rather than incarcerating them. **These courts have successfully mentored adults who experience substance use disorders, mental health concerns, and unemployment.** Family Treatment, Adult Felony Drug, Mental Health, DUI, and Veteran Accountability courts take a restorative approach, giving individuals well-structured, evidence-based opportunities to address barriers to personal and societal success before employing more punitive measures.⁶⁶ While not statutorily under the Council of Accountability Court Judges, the DFCS Parental Accountability Court takes a similar approach, working with noncustodial parents

to remove underlying challenges (e.g., employment, education, substance use, etc.) that result in delinquent child support payments.⁶⁷ Clearly, accountability courts result in more stable families and fewer child-parent separations, giving children the safety and nurturing they need to thrive.⁶⁸

VOICES RECOMMENDATIONS

- Fund and increase the number of all varieties of accountability courts across the state.
- Promote evidence-based therapies to address existing parent or caregiver trauma.

149 accountability courts
operate in the state under the Council
of Accountability Court Judges of Georgia

EXAMPLES OF COLLABORATIONS FOR CHILD SAFETY

CHILD FATALITY REVIEW

Led by the Georgia Bureau of Investigation, it promotes more accurate reporting and evaluation of child fatalities.

THE COLD CASE PROJECT

Overseen by the Justice for Children Committee of the Georgia Supreme Court, it is a joint project between the executive and judicial branches of government to better serve children who, based on statistically predictive computer modeling, may be likely to age out of foster care without a “forever family.”

CORE STATE VIOLENCE INJURY PREVENTION PROGRAM

Led by Georgia DPH, it helps the state address its most pressing injury and violence issues.

GEORGIA ESSENTIALS FOR CHILDHOOD

Led by DFCS, DPH, and Prevent Child Abuse Georgia, it is made up of work groups that create and implement ways to promote safe, stable, and nurturing relationships and environments for children.

GEORGIANS FOR REFUGE, ACTION, COMPASSION, AND EDUCATION (GRACE) COMMISSION

Led by First Lady Marty Kemp and the Georgia Department of Administrative Services, it is composed of public officials, law enforcement, businesses, and nonprofit organizations and combats the threat of human trafficking in the state.

HOME IN 5

A partnership focused on youth in DFCS Region 5 (northeast Georgia) between public agencies, private organizations, and concerned citizens.

STATE OF HOPE

Led by DFCS, it encourages nonprofits, philanthropies, governments, businesses, and communities to collaborate to build a safety net for children and families.

STRENGTHENING FAMILIES GEORGIA

Led by the Georgia Association for the Education of Young Children and Prevent Child Abuse Georgia, it is a framework of protective factors to be embedded into systems and services.

SYSTEM OF CARE

Led by DBHDD, it is a framework that aims to decrease strained child-serving systems and increase access to and coordination of children’s behavioral health services.

CHALLENGES

Through the Division of Family and Children Services' Promoting Safe and Stable Families Program, services are provided to prevent child abuse and neglect and to prevent the unnecessary separation of a child from their family.⁶⁹ Still, from October 2019 to October 2020, there were 8,727 substantiated cases of child maltreatment.⁷⁰ Pending safety concerns, nearly 5,000 children were removed from their homes.

THE FAMILY DYNAMIC CHALLENGE

Children can be removed from the home for neglect (which can stem from inadequate food, shelter, supervision, parental alcohol or drug abuse, or a lack of access to education or medical care), parental incarceration, physical abuse, sexual abuse, or a child's own endangering behavior⁷¹ (See Preventing Child Abuse and Neglect on p. 33). Of the children removed between October 2019 through September 2020, **57 percent were initially placed in family foster care, 33 percent in kinship care (paid and unpaid), and 7 percent in group homes.**⁷² DFCS also provides reunification services to safely minimize the length of time a child is in foster care.

The onslaught of the coronavirus pandemic and the illness, economic hardship, and mental challenges that have accompanied it have increased stress on families and severely diminished opportunities for school staff and other mandatory child abuse reporters to see and check in with children. Relatedly, reports of child abuse were down by half in April 2020 following school closures, and DFCS reported approximately 50,000 fewer reports in fiscal year 2020 than in each of the previous five years.⁷³

VOICES RECOMMENDATIONS

- Explore the use of a DFCS needs-based triage system for Family Support Services in order to link families with DFCS-partnered, local organizations to connect families with resources for housing, food access, and other basic needs.
- 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.
- Ensure school implementation of annual age-appropriate body safety and awareness education for students K-9 in order to help protect against child sexual abuse.

12,392 children are in foster care in Georgia

THE FOSTER CARE CHALLENGE

While family preservation and safe, healthy parent-child reunification are the primary goals for each child in foster care, out-of-home placements play a crucial role while assessments, legal proceedings, case plans, reunifications, or adoptions are being sorted out. DFCS workers prioritize child placements with nonoffending family or people close to and known by the family. This is referred to as “kinship care,” and it can be less traumatic for a child than placement with families they don’t know or in group homes (referred to as “congregate care”). However, securing kinship placements can be difficult because of location, caregiver age or finances, caregiver relationships with the biological parents, or simply lack of available kin. This is where traditional foster parents and group homes fill in. **Yet, with 12,392 children in the foster care system (as of June 2020)⁷⁴, the sheer volume of need can surpass placement opportunities, forcing DFCS to house children in hotels with designated DFCS caregivers, not only at extraordinary expense to the state, but often at emotional cost to the child.** In addition, kids who require more complicated engagement can be hard to place and keep there. Children who have disabilities, have experienced trauma, chronically run away, are struggling with their mental health, or are simply exhibiting normal teenage rebellion can confound foster caregivers and, thus, often find themselves in placement after placement. Given that many people appear to prefer fostering or adopting infants or younger children, the agency struggles to find placements and adoptions for teens.

About four in five adoptions from foster care in Georgia take place when the child is age 10 or younger.⁷⁵ Sadly, this means that about **700 youth age out of foster care each year, never having found a permanent “forever home.”**

VOICES RECOMMENDATIONS

- Expand efforts to recruit and onboard kinship and foster care families and, once they are onboarded, ensure that they have the assistance they need.
- Improve access to services and respite opportunities, as well as technical and emotional support, for kinship and foster caregivers to help maintain placements for youth with high medical or behavioral needs. Identify opportunities for Medicaid to fund such services.
- Develop provider capacity to serve children with co-occurring behavioral health/ developmental disability needs through inpatient and outpatient care.
- 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.

THE MULTI-AGENCY ALLIANCE FOR CHILDREN (MAAC) EDUCATION SERVICE DELIVERY PILOT

Since 2017, in partnership with the DFCS, MAAC has served over 1,700 students in foster care in Fulton and DeKalb counties to improve educational outcomes. The Learn, Educate, Achieve, Dream, and Succeed (LEADS) program successfully boosted graduation rates for these students to three times what they were previously, from 24 percent to 75 percent. Learn more about the LEADS program at maac4kids.org.

CHILDREN IN FOSTER CARE WITH HIGH BEHAVIORAL HEALTH NEEDS

Hundreds of children in the foster care system who are dually diagnosed with serious mental illness and a developmental disability (e.g., autism) struggle to access the intensive care and placement that they need. In many of these cases, the child's unmanaged severe behavior is the underlying reason they have come into the state's care. When these children are too aggressive or destructive for Maximum Watchful Oversight (foster care placement for children with severe behavior), yet are denied admission to a psychiatric residential treatment facility (PRTF) by Medicaid, they are left with nowhere to go. In some cases, DFCS must place the child in a hotel and contract with two or more behavioral aides for 24 hours per day. This comes at a tremendous cost to the state, as well as to the well-being of the child.

THE RESOURCE CHALLENGE

Despite steady improvements in pay, operational policy, and the general professional climate of DFCS, employee turnover remains a challenge as salaries in the private sector and lower job stress continue to lure away caseworker staff and others. In 2019, the turnover rate of child welfare workers was 34 percent.⁷⁶ This can result in instability for families who have DFCS involvement and for children in foster care, sometimes hindering follow-through on case plans, placements, or permanency for many of Georgia's most vulnerable kids. Likewise, although Georgia's per diem rates for kinship and foster care have improved and reimbursement rates for congregate care have inched up, there is still a long way to go in order to remove financial anxiety for many of Georgia's foster care providers.

VOICES RECOMMENDATIONS

- Continue efforts to fund DFCS to maintain or expand staff levels and to ensure employment commitment of caseworkers and other staff.
- Ensure adequate reimbursement for private providers and families in the foster care system.

The turnover rate among
child welfare workers is **34%**

THE INADEQUATE DATA AND DISPROPORTIONALITY CHALLENGE

Data show some disproportionality in Georgia’s foster care system, indicating more attention and resources are needed in order to better identify the exact disparities, as well as their potential causes and cures. The child welfare system is a complex one with many factors (e.g., poverty, healthcare, housing, child care, employment) impacting how a family comes to engage with it. Data analyses can help us better understand the relationships between various factors – from the role that biological family (and even foster family) income levels have on a child’s experience, to the relationship of caseworker or child race and gender to outcomes related to placement or adoption. For example, a recent DFCS analysis showed that **Black children (aged 6-13) remain in foster care disproportionately longer than their White peers**,⁷⁷ an issue that they are now working to better understand and remedy. If done frequently,

this type of enhanced data collection and deep analysis of demographic data, practices and policies across the child welfare system would help comprehensively identify and address biases in our systems, and support more equitable, successful outcomes for children and youth.

VOICES RECOMMENDATIONS

- Gather, analyze, and make publicly available data collected to understand potential inequity and biases within family- and child-serving systems.
- When inequity and biases exist, develop policies and practices with the intent to counteract them.

SUPPORT FOR YOUTH WHO ARE TRANSITIONING OUT OF FOSTER CARE

DID
YOU
KNOW?

As of January 2020, there were approximately **725** youth aged **18-22 in foster care**.

About **one-quarter** of youth who age out of foster care **experience homelessness** by the age of 21.

Federal grants are offered to states for services to help youth successfully transition to adulthood, including help with housing, education, employment, financial management, and emotional support.⁷⁸

Program Name	Description
Transitional Living Supports for Current and Former Foster Youth	This program supports the transition of youth from foster care to self-sufficiency to prevent homelessness. Eligible expenses include housing (up to three months), furniture, utilities, food assistance, transportation, and clothing; eligible youth are aged 18-21 who have elected to remain in extended foster care.
Chafee Funded Life Skills Trainings	These trainings are designed to provide eligible youth with various life skills to assist them in being self-sufficient when they decide to leave foster care at 18 or age out at 21.
Education and Training Vouchers Program	This program provides postsecondary training and education to youth who have aged out of or exited foster care after age 16.

THE INJURY CHALLENGE

Child safety is not always something that involves abuse and neglect. Incidents involving such things as cars, guns, bikes, water, bedding, fire, heat, and lead or chemical poisoning can all result in serious injury and even death to a child. In fact, Georgia's Injury Prevention Advisory Council (convened by DPH) and the state Child Fatality Review Panel (convened by the Georgia Bureau of Investigation) both work across agencies to assess data and recommend policies to keep children and youth safe. **Accidental suffocation and strangulation caused by the sleep environment (most often soft bedding or airway obstruction) is the number-one cause of fatality for children under the age of 1.**

Motor vehicle crashes are the primary cause of death of kids overall, not counting medically related causes. Drowning is a significant cause for toddlers, as is homicide, and deaths due to children left in car seats in unattended vehicles. Near-death or serious injuries are especially worrisome in all these categories as well. In 2019, there were more than 176,000 Georgia emergency room visits made by children with injuries.⁷⁹

The majority of fatalities and serious injuries are in fact preventable, which has prompted an array of important statewide campaigns encouraging safe sleep; prevention of childhood lead poisoning; swimming pool, boating, and firearm safety; the use of car seats, seatbelts, and life preservers; and, of course, making sure that children are not left unattended.

VOICES RECOMMENDATIONS

- Continue to expand and support state injury-prevention campaigns.
- Reduce Georgia's legal lead poisoning level to match that recommended by the U.S. Centers for Disease Control and Prevention.
- Maintain swimming pool inspections as drafted in current law.

CHILD DEATHS IN GEORGIA

In 2019, the following numbers of children died due to the specified causes:

1,116 **medical causes**
(birth defects, cancers, and other issues)
92 **motor vehicle crash**
67 **homicide**
59 **suicide**

32 **drowning**
15 **fall or other injury**
39 **suffocation**
5 **fire and smoke exposure**
5 **accidental shooting**

Source: Georgia Department of Public Health, Online Analytical Statistical Information System, Mortality Web Query, 2019 Deaths, age 0-18.

RESOURCES

TO SUPPORT CHILD
WELL-BEING AND
PREVENT CHILD ABUSE
AND NEGLECT

REPORT CHILD ABUSE

To report child abuse or neglect, call 1-855-GACHILD.

GET HELP RELATED TO DOMESTIC VIOLENCE

For 24/7 help related to domestic violence, call Georgia's Statewide Domestic Violence Hotline at 1-800-33-HAVEN.

REPORT CHILD TRAFFICKING

To report suspected cases of child trafficking, call the National Human Trafficking Hotline at 1-888-373-7888.

CONNECT TO SUPPORTIVE PROGRAMS FOR PARENTS

To talk to trained bilingual professionals who can connect parents to supportive programs (such as afterschool and child care, counseling, parent support, and more) in their area, call the 1-800-CHILDREN Helpline.

FIND STATEWIDE RESOURCES TO SUPPORT FAMILIES

To use the 1-800-CHILDREN Resource Map, which contains over 3,000 local and statewide programs designed to assist and support families, visit bit.ly/helplinerresource.

FIND A FOOD BANK

To find a food bank near you, visit georgiafoodbankassociation.org/find-your-food-bank.

APPLY FOR HEALTHCARE OR FOOD ASSISTANCE

To apply for Medicaid, PeachCare for Kids®, food stamps, scholarships to support families with students who are learning virtually, and other benefits go to gateway.ga.gov.

FIND MENTAL HEALTH SUPPORT

If you are in need of immediate mental health assistance, call the Georgia Crisis and Access line at 1-800-715-4225 or download the MyGCAL app to receive help via text.

FIND CHILD CARE

To find a child care provider near you, visit families.decal.ga.gov.

GET LEGAL ASSISTANCE

For legal assistance with housing, domestic violence, and other legal matters call Georgia Legal Services Program at 1-833-GLSPLAW.

FIND HOME VISITING SUPPORT

To find a home [visiting program](#) in your area, go to bit.ly/dphomevisiting or call 1-855-707-8277.

LEARN ABOUT COVID-19 AND THE VACCINE

For questions about COVID-19 and the COVID vaccine, call Georgia Department of Public Health's COVID-19 Vaccine Hotline at 1-888-357-0169.

GET EMOTIONAL SUPPORT

For free and confidential assistance to callers needing emotional support as a result of the COVID-19 pandemic, call or text the Georgia Department of Behavioral Health and Developmental Disabilities Emotional Support Line at 866-399-8938.

EFFECTIVE DISCIPLINE AND JUSTICE

THE BASICS

Research is clear about the effects of environment on the developing brain.⁸⁰ It is also clear about the damage that nonrestorative, punitive reactions to misbehavior can cause to a child's mental and physical development and future.⁸¹ Additionally, we know from neuroscience that different parts of the brain develop at different periods of growth and influence a child's decision-making.⁸² The key to successfully changing inappropriate youth behaviors is to ensure that any responses to misbehavior are developmentally appropriate (See the Georgia Department of Juvenile Justice's new mission statement in the Glossary on p. 65).

EVERY CHILD DESERVES

To know that she will not be threatened, disciplined, punished, detained, or hurt for her race, ethnicity, gender identity, immigration status, income level, or for legal behavior stemming from trauma, fear, or her developmental situation or stage.

To trust that he will be treated in an unbiased, developmentally appropriate way for behavior that falls outside of law or regulation and that he will have supportive adult representation and assistance for such situations.

To know that despite their mistakes or other behaviors, that they can be hopeful about their futures and that adults around them will help them succeed.



BRIGHT SPOTS

In 2013, Georgia’s lawmakers revised the state’s antiquated juvenile code, passing the 225-page Juvenile Justice Reform Act. Since then, systems, programs, and philosophies in Georgia’s juvenile courts, Department of Juvenile Justice (DJJ), and affiliated entities have continued to evolve and improve the understanding and practice of laws affecting children under the age of 17. This means that, more and more, Georgia is able to use developmentally appropriate, rehabilitative practices to divert kids from detention or incarceration, practice restorative justice, employ counseling and therapies, and educate.

IMPROVED SCHOOL UNDERSTANDING

Increased use of school programs and philosophies that support Positive Behavioral Interventions and Supports, mental health interventions, and wraparound services for children and families have proven key in reducing misbehavior as well as in-school and out-of-school suspensions. While **Georgia’s public schools still refer more children to juvenile courts than law enforcement** does, laws and school policies have recently improved school tribunal and disciplinary accountability with increased training for school hearing officers and school resource officers (SROs).

VOICES RECOMMENDATIONS

- Fund and implement child development training and child trauma awareness for public safety officers who engage with children in any way (e.g., in schools, domestic violence, and neglect situations, etc.).
- Support state and federal efforts to gather, accurately assess, disaggregate, and make public data regarding school safety and violence.
- Eliminate corporal punishment in all schools.

EDUCATION AT DJJ

DJJ is the 181st school district in the state and is accredited. Georgia Preparatory Academy, the middle and high school within the DJJ school system, has 30 campuses across the state in detention and transitional centers. More than 3,700 students were enrolled in the district in 2019, and an additional 1,200 were enrolled in special education. Additionally, Pathways to Success is an adult education program that offers GED instruction and testing, and the Connections Graduate Program focuses on re-entry, work skills development, and postsecondary options for youth under DJJ supervision. In 2019, DJJ awarded 37 high school diplomas, 70 GED diplomas, and 68 Technical Certificates of Credit.⁸³

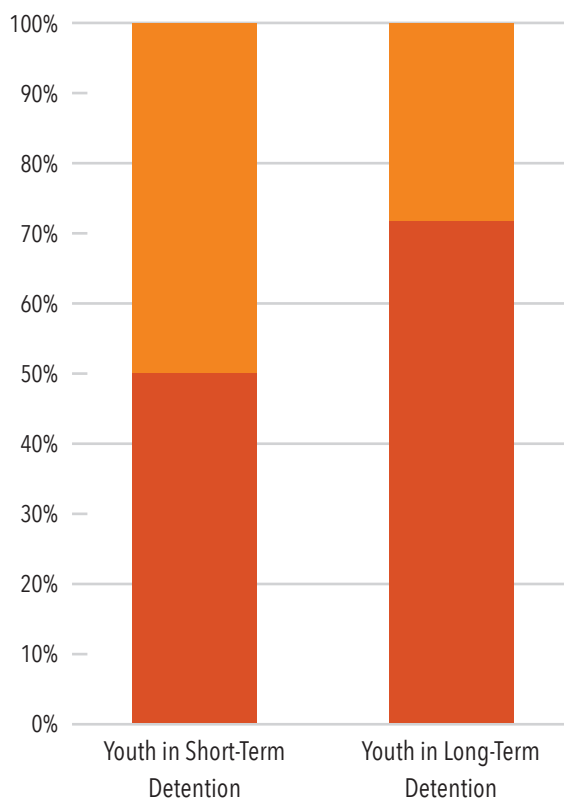
A MODEL FOR DECREASING RECIDIVISM AND SUPPORTING AT-RISK YOUTH: CHRIS 180'S AT-PROMISE YOUTH AND COMMUNITY CENTER

In 2020, 504 youth were enrolled in specialized services such as tutoring, counseling, and vocational training at the At-Promise Center. Following that year:

- Only **3 percent** of youth reoffended, or recidivated
- **96 percent** of participating high school seniors graduated
- **91 percent** of students who applied for employment secured jobs

Through a partnership with Fulton County Juvenile Court, the At-Promise Center worked with 59 high-risk youth who were convicted of felonies. These youth were provided with behavioral health and case management services while in jail and after their release, and were connected with jobs through First Step Staffing and the Urban League of Greater Atlanta. **Only 6 percent of these youth were rearrested in 2020.**⁸⁴

IDENTIFYING MENTAL HEALTH TREATMENT NEEDS AMONG YOUTH WHO ARE DETAINED IN GEORGIA, 2019



1/3 of the youth have post-traumatic stress disorder, trauma, or stress diagnoses

All youth receive a mental health screening within two hours of admission to a Georgia Department of Juvenile Justice secure facility, and, if an assessment finds that services are needed, an individualized treatment plan is developed.

The most common diagnoses among youth who are detained in Georgia:

- trauma
- substance use disorder
- attention deficit/hyperactivity disorder or autism spectrum disorder
- impulsive conduct disorder
- major depressive disorder
- parent-child relationship problem

Source: Georgia Department of Juvenile Justice 2019 Annual Report.

Georgia's youth detention rate has dropped **40%** since 2013

EFFECTIVE RESPONSE TO DELINQUENCY

A combination of state and federal dollars pays for the successful Juvenile Justice Incentive Grants (JJIGs), implemented via the Criminal Justice Coordinating Council, and Community Service Grants (CSGs), implemented via DJJ. Together these grants fund evidence-based therapies in all of Georgia's counties for justice-involved youth at medium or high risk of reoffending. JJIG and CSG programs boast a 70 percent and 74 percent completion rate, respectively, and contribute to a 40 percent reduction in juvenile incarceration – including a **42 percent reduction in the incarceration of Georgia's Black youth**⁸⁵ (See The Bias Challenge on pg. 49). In addition, when adequately funded and overseen, Children in Need of Services (CHINS) programming used by all of the state's juvenile courts has been successful at helping youth who have committed status offenses get back on track without unnecessary justice system involvement. What's more, access to age-appropriate afterschool and summer enrichment activities has been shown to stave off youth misbehavior by reinforcing self-esteem, academic performance, and healthy behaviors.⁸⁶ As has been generally true with state and national criminal justice reform over the past decade, using such an array of policy and practices has resulted in better use of tax dollars and increased public safety.

VOICES RECOMMENDATIONS

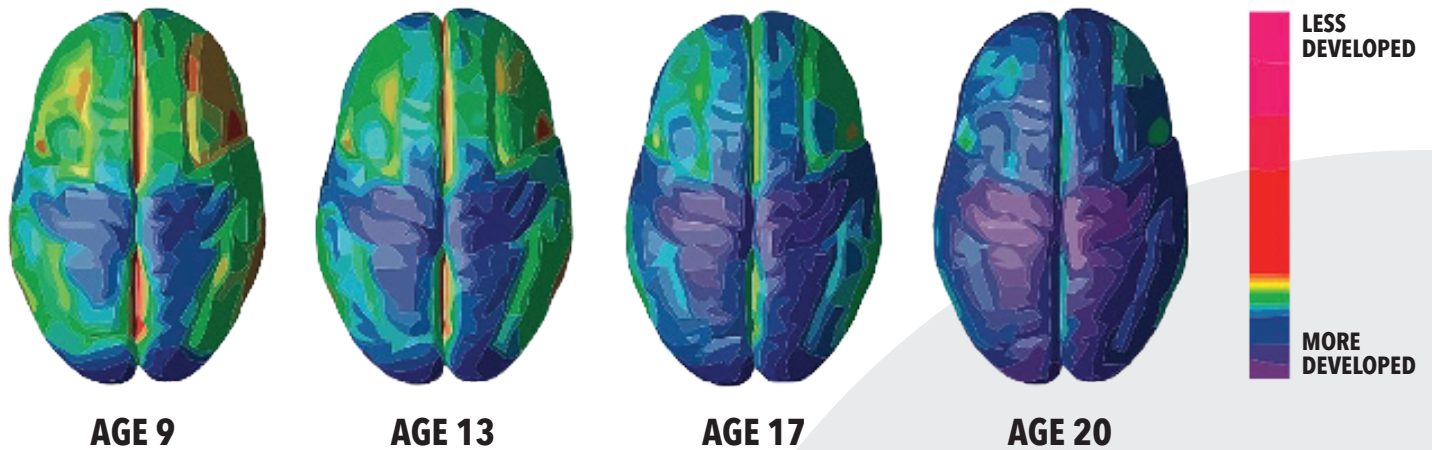
- Use restorative and, when necessary, evidence-based or promising therapeutic responses to behavior that threatens the safety of children or others.
- Continue funding evidence-based interventions for children at high or medium risk of reoffending through the Juvenile Justice Incentive Grant Program and Community Services Grants Program.
- Improve technical assistance and develop a reliable funding mechanism for all juvenile courts' CHINS programs.
- Expand preventive programs and opportunities for youth when school is not in session, including after school and over the summer.
- Strengthen partnerships between community-based afterschool programs, school districts, juvenile courts, and other community partners to align services for young people (e.g., through Local Interagency Planning Teams (for children with behavioral health needs) or truancy-prevention programs).

JUVENILE DETENTION ALTERNATIVES INITIATIVE

The Juvenile Detention Alternatives Initiative (JDAI) was developed by the Annie E. Casey Foundation in December 1992 to help jurisdictions reduce their reliance on secure detention while ensuring public safety through more effective and efficient systems that accomplish the purposes of juvenile detention. In Georgia, JDAI now operates in six counties: Athens-Clarke, Chatham, Clayton, Glenn, Newton, and Rockdale.⁸⁷

THE BRAIN ISN'T FULLY MATURE UNTIL AT LEAST AGE 25

During adolescence the brain is still developing. The prefrontal cortex, which houses executive functioning skills that control impulses, judgment, and decision-making, is one of the last areas of the brain to develop.



Adapted from a National Institute of Mental Health, UCLA Laboratory of Neuro Imaging graphic.

A NOTE ON YOUTH GANG AFFILIATION

Key among the reasons young people join gangs is the need for stability not offered by family or community. Poverty, unaddressed trauma, family dysfunction, and education challenges all factor in, as well as the developmentally normal urge to be with and approved by peers. **Research has shown that the most effective prevention and intervention strategies help kids develop skills to navigate and cope with challenges, and support their families and communities.** Behavioral health services, housing supports, educational engagement, targeted workforce development, multiagency community centers, and affordable child care, summer, and afterschool programs can and do contribute to gang elimination.⁸⁸

CHALLENGES

When past trauma, ACEs, or self preservation responses are factored in, child and youth behaviors can require even deeper analysis in order to respond in ways that are developmentally and situationally appropriate, and that effectively guide her toward life success. Historically, however, the lack of such analysis as well as implicit biases (particularly those related to race, gender, ethnicity, geography, or income) at different public safety or justice contact points have pushed countless youth into the juvenile justice system, ever increasing the odds that these kids will “graduate” to the adult criminal justice system.⁸⁹

THE AGE CHALLENGE

Unfortunately, **Georgia remains one of only three states that treats 17-year-olds as adults in the criminal justice system**, denying these youth the restorative care and services found in the juvenile justice system. Knowing what we know about adolescent brain development and its potential for rehabilitation, it is not surprising that youth placed in the adult system tend to recidivate (or reoffend) and go deeper into the adult criminal justice system as they grow older. While awareness has grown regarding the age issue, neither law nor implementation strategy has been passed or developed in Georgia to date. What’s more, when brain development and adolescent behavior are factored into increasingly frequent discussions about juvenile life without parole, concerns arise about the fairness and equity of such a policy when children have not had the opportunity for rehabilitation.

VOICES RECOMMENDATIONS

- Expand the jurisdiction of juvenile courts to encompass children under 18.
- Eliminate provisions that automatically transfer (without juvenile court approval) certain youth to adult courts.
- Consider elimination of juvenile life without parole sentences based on current brain development science.

THE WORKFORCE CHALLENGE

Georgia DJJ's juvenile correctional officers had a turnover rate of 94 percent in 2019.⁹⁰ Low wages, long hours, and a challenging work environment are all factors affecting the supervision and care incarcerated youth receive, often endangering both youth and DJJ staff themselves. Additionally, juvenile justice staff members are at risk of developing secondary traumatic stress, or indirect trauma, resulting from their close work with youth that are most often highly traumatized.⁹¹ What's more, the high turnover rate can impede the delivery of effective therapies, mentoring, and engagement with the kids in DJJ's care. That means that

fulfilling DJJ's designated mission is all the harder to achieve, no matter how good the agency's intentions.

VOICES RECOMMENDATIONS

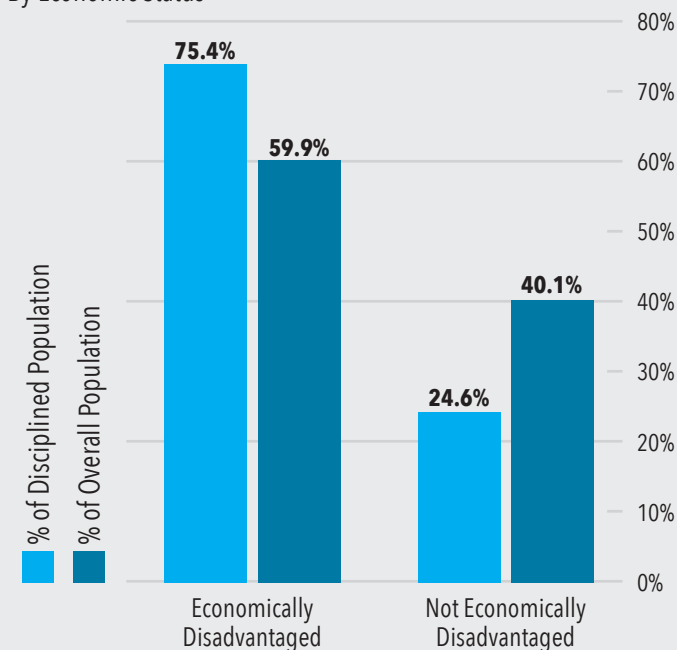
- Increase DJJ salaries, staff mentoring, and support, and reduce overtime demands.
- Improve staff and youth safety by requiring all DJJ staff be trauma informed and responsive.

THE BIAS CHALLENGE

Data show that responses to real or perceived misbehavior in schools and in public safety are racially disproportionate. **In Georgia, Black children are more likely to receive out-of-school suspension for the same offense as their White and Latino peers.**⁹² Similarly, children in families with low incomes are disciplined at nearly four times the rate of their peers. Further, inequitable school disciplinary practices and systemic, nonuniform collection of data make

disproportionality difficult to measure and address.⁹³ Equipping all child-serving staff – from bus drivers to afterschool providers, school resource officers to administrators – with training on implicit bias, cultural competency, and how to respond to trauma, mental health concerns, and challenging youth behavior can give them the support they need to reduce these inequities and meet kids' needs. A few public safety and community partnership initiatives, such as the At-Promise Center in Atlanta and the Front Porch Resource Center in Savannah, have improved outcomes for youth, as well as understanding and communication between local residents and police. (See A Model for Reducing Recidivism on pg. 45)

GEORGIA K-12 SCHOOL DISCIPLINARY INCIDENTS, 2019⁹⁴
By Economic Status



Source: Governor's Office of Student Achievement K-12 Student Discipline Dashboard data.

VOICES RECOMMENDATIONS

- Require trauma awareness and implicit bias training for law enforcement personnel.
- Expand and create positive engagement initiatives between public safety personnel and the communities they serve.
- Ensure that school codes of conduct are data-reliant, trauma-informed, free of inadvertent bias, and developed in coordination with local child-serving stakeholders (such as child psychologists, social workers, and juvenile courts) (See a School-Justice partnership toolkit at bit.ly/schooljustice).

CARE, ENRICHMENT, AND YOUTH ENGAGEMENT

THE BASICS

Scientific research shows that the human brain achieves the vast majority of its development (but not all) by about the age of 25. This means that for children to reach their fullest potential, learning can and should be varied, enriching, and empowering from birth onward. Kindergarten through postsecondary education is a crucial part of that process, yet enrichment outside of the traditional classroom can make the difference in a young person's whole child development, academic success, and problem-solving and life skills.

EVERY CHILD DESERVES

To have high quality,
nurturing, and
enriching care and
experiences whether at
home, in school, or out
of school.

To know that he
has the confidence,
resilience, and
supports to overcome
challenges and learn
from them.

To know that her world
is full of opportunity
and that she has the
backing of those
around her to achieve
her fullest potential.



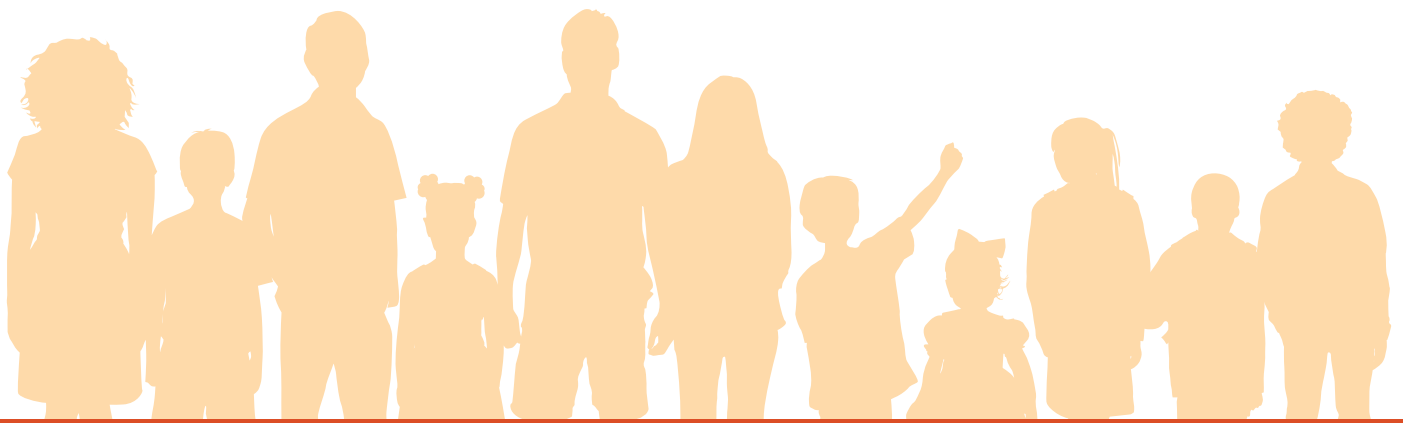
BRIGHT SPOTS

Quality early care and education from birth to age 5 and out-of-school time (namely, after school and during the summer) programs for kids aged 5-18 significantly enhance academic learning and expose them to an array of other experiences. Such a holistic approach to learning can greatly expand and improve social-emotional outcomes as well as personal and career goals and achievements. Even more, these enriching programs also provide parents and guardians peace of mind while at work, allowing them greater workplace productivity.

HOLISTIC APPROACH

Increasingly, Georgia's policymakers approach education with a "whole child" perspective, encompassing not just academics, but also a myriad of experiences, problem-solving skills, and opportunities for social-emotional, physical, and cognitive growth that can be attained in school and out. Plus, more and more, state leaders appear to embrace the concept that learning starts at birth and continues throughout one's life. This understanding is evident across the state agency spectrum. Some examples:

- **Georgia Department of Early Care and Learning (DECAL)** – Focuses on the safety, social-emotional development, and academic enrichment of children across the age spectrum of birth to 12. DECAL oversees the enduring success of Georgia's Pre-K program, which serves approximately 82,000 4-year-olds in public school and private settings, preparing them for success as they enter elementary school, and supports access to high-quality, affordable care in early learning, afterschool, and summer settings.
- **GaDOE** – Maintains a "whole child" philosophy, which states, "Educating the whole child means to acknowledge AND address non-academic factors that impact academic outcomes while expanding learning opportunities."⁹⁵ GaDOE's Office of Whole Child Supports empowers local districts and schools to provide a whole-child education and makes available data-rich resources and toolkits explaining how to create and support a whole-child learning environment.
- **Get Georgia Reading (GGR) Campaign** – Based on a four-pillared framework⁹⁶ promoted by public and private leaders and organizations to improve reading outcomes for Georgia's kids upon completion of third grade. GGR relies on data showing connection between lifelong child and parent/caregiver well-being, physical and mental health, learning environment, and educator preparedness.



IMPORTANCE OF PHYSICAL ACTIVITY FOR CHILDREN

Research overwhelmingly shows that recess and physical activity have a positive impact on academic performance, classroom engagement and productivity, social-emotional development, and fitness. Building physical activity into education is associated with a 6 percent increase in standardized test scores and higher academic performance in math, reading, and science. Physical activity also promotes children's healthy brain development in areas associated with attention, information processing, and coping.⁹⁹

- **Two-Generation (2-Gen) Innovation partnership between DECAL and the Technical College System of Georgia (TCSG)** – Promotes and funds projects connecting children from families with low income to high-quality early learning opportunities, while helping parents attain postsecondary education, training, and gainful employment.⁹⁷ Considering that more than one-quarter of all students in the technical college system are women with children under the age of 18,⁹⁸ the 2-Gen approach not only opens up opportunities for parent and child but can also support necessary child care as parents take classes and strive to achieve their education.
- **Dual Enrollment Program** – Allows qualified students in grades 9-12 to take part-time or full-time college courses at their high school or on a postsecondary campus and receive high school and college credit simultaneously, all with the goal of college or career preparation.
- **The HOPE Scholarship and Grants** – A merit-based scholarship and several types of grants are offered by the state to assist with the cost of postsecondary education tuition (See Glossary for more details).

VOICES RECOMMENDATIONS

- In revisions to the current early care and education (ECE) Quality Rated standards, give meaningful weight to a program's quality in all areas critical to child development, including cognitive and social-emotional development, nutrition, and physical activity.
- Support the expansion and advancements of DECAL's school-age child care programs and policies, including Quality Rated, training and technical assistance opportunities, and licensing.
- Increase the number of Regional Education Service Agencies (RESAs) wraparound coordinator positions.
- Employ 2-Gen approaches more often in other policy areas, such as programs for incarcerated parents and their children, community centers with literacy classes for adults and children, or parent-kid communication workshops sponsored by schools, faith groups, community development associations, or employers.

YOUTH ENRICHMENT AND ENGAGEMENT

Georgia is fortunate to have a number of excellent afterschool and summer learning organizations that provide both care and enrichment for Georgia's children and youth aged 5-18: 4-H, Boys & Girls Clubs, YMCAs, YWCAs, and 21st Century Community Learning Centers to name but a few. Kids who attend such programs are more likely to have better academic outcomes; improve social-emotional skills; consider and pursue science, technology, engineering, and math (STEM) or other in-demand careers; and stay out of trouble. Additionally, summer enrichment can prevent what's known as the "summer slide" by keeping kids' minds engaged and learning when school is out. **Many afterschool and summer learning programs have proven invaluable during the coronavirus pandemic by providing full-day care, support for virtual school, and meals when schools were physically closed and parents needed help or had to work.** Unfortunately, however, demand far exceeds supply for afterschool and summer

learning programs (See The Cost-Access Challenge on p. 56), implying the need for a statewide effort to further incorporate out-of-school time programming into what are currently school-centric educational strategies.

VOICES RECOMMENDATIONS

- Expand state funding to afterschool and summer learning programs to increase access and quality and ensure affordability of care.
- Strengthen partnerships between school districts and community-based programs to align learning experiences for children.
- Develop reliable protocols for interagency communication regarding implementation of similar youth enrichment programs.

EFFECTIVENESS OF 21ST CENTURY COMMUNITY LEARNING CENTERS

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

In 2020, Georgia awarded more than \$41 million for 21st CCLC programming, which allowed 239 program sites to serve 26,518 youth. One hundred seventy-seven of these programs also provided enrichment programming over the summer. Of the children who participated in 21st CCLC in Georgia, nine out of 10 increased homework completion and eight out of 10 improved

classroom behavior. Ninety-six percent of parents and 89 percent of students reported satisfaction with their 21st CCLC program.

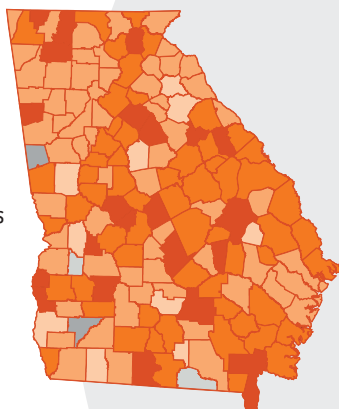
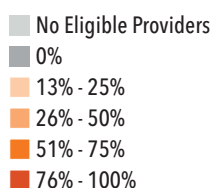
21st CCLC programs attempt to enroll students who previously did not meet state standards. Due to the COVID-19 public health emergency, Georgia suspended testing requirements for FY 2020; however, academic data from FY 2019 showed that of those participating in 21st CCLC, 75 percent improved or maintained an A, B, or C in their English grades and 80 percent improved or maintained an A, B, or C in their math

ATTENTION TO QUALITY

For grades K-12, Georgia is a state that statutorily leaves much quality and academic control of K-12 schools in the hands of the local school district leadership. GaDOE assists local education authorities (LEAs) with guidance and resources, while the Governor's Office of Student Achievement (GOSA) is tasked with the evaluation of school performance. GOSA's evaluation is intended to encourage improvement and uses an "A-F" grading system based on an array of metrics including graduation rates, student academic achievement, and makeup of the student body. Access to quality programming and supports is pivotal. Understanding how well students are doing and making investments to improve quality programming based on that information is key to advancing educational growth. Supporting academic achievement is needed beyond the K-12 setting, particularly given the education gaps we see across the state¹⁰¹— including by geography, income, race, and ethnicity. (See map on right below)

Early education, afterschool, and summer programs play a critical role in education and academic growth. However, incentivizing quality in those settings works differently since most programs are privately owned and run. To address this challenge, DECAL uses licensing requirements, as well as both the Georgia Early Learning and Development Standards (GELDS)¹⁰² and the Georgia Quality Rating and Improvement System (QRIS)¹⁰³ to guide, assess, improve, and communicate the level of quality in early childhood education centers and, to a lesser degree, school-age care. Enrollment in QRIS is voluntary, but once a provider has opted in, the agency offers additional technical assistance and support. However, by December 2021, all providers serving children receiving Childcare and Parent Services (CAPS) subsidies will be required to

PERCENTAGE OF LICENSED PROGRAMS THAT ARE QUALITY RATED PER COUNTY



Source: Georgia Department of Early Care and Learning data.

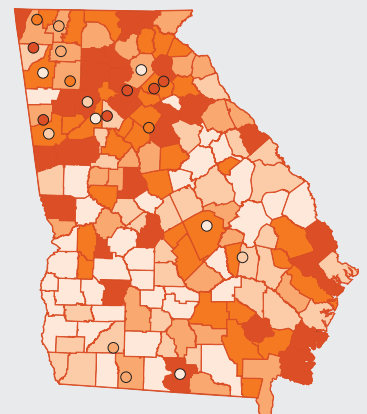
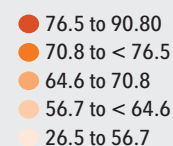
participate in QRIS. On a similar note, the Georgia Afterschool and Youth Development (ASYD) Initiative¹⁰⁴ is a collaborative effort between Georgia Statewide Afterschool Network (GSAN) and GUIDE Inc. and is supported by the GaDOE, DECAL, the Georgia Division of Family and Children Services, the Georgia DBHDD, and the Georgia DPH, among others. The hallmarks of the initiative are research-based guidelines for high-quality youth-development programs and a sizable biennial conference. Steadily, providers of all kinds are embracing QRIS and ASYD standards, which bodes well for more of Georgia's kids.

VOICES RECOMMENDATIONS

- In licensed child care centers, incorporate school-age classrooms into the current ECE QRIS and design the school-age QRIS to be inclusive of more types of programs, including those that are license-exempt.
- Ensure all early education and youth development professionals have access to high-quality training that is appropriate and relevant to youth served.
- Incentivize use of ASYD standards with grants and technical assistance from state agencies responsible for overseeing afterschool and youth development programming (namely, the Department of Early Care and Learning, Department of Education, and the Division of Family and Children Services).
- Promote use of youth and parent voice in school and program development and evaluation.

PERCENTAGE OF GEORGIA 8TH GRADERS WITH GRADE-LEVEL READING PROFICIENCY, 2017

2017 Percent 8th Graders Reading on Grade Level



Source: Governor's Office of Student Achievement Interactive Education Data Map.

CHALLENGES

Like most policies, those related to learning and care do not exist in a bubble, isolated from a child's environment. Income, location, discrimination, language, communication, gender, family stability, community climate, and access to health, mental health, nutrition, or transportation services are but a few of the factors that can impede a child's lifelong success. With that said, addressing the challenges listed here could mitigate some of the impediments above.

THE COST-ACCESS CHALLENGE

For working parents, child care can and often does consume a significant portion of family income, sometimes surpassing what a family spends monthly on rent or a mortgage.¹⁰⁵ Additionally, demand far exceeds the supply, leaving many families struggling to access quality care.¹⁰⁶ Federal, state general fund, and Georgia Lottery dollars supplement child care and afterschool, helping providers and families alike. However, the **limited funding for the state's child care subsidy program means that it is able to support only a small percentage of the children and families that qualify for it (15 percent in 2016).**¹⁰⁷

Additionally, financial viability can be precarious for child care, afterschool, and youth development organizations. Staffing, facility overhead, transportation, licensure, safety education, and feeding costs as well as enrollment fluctuation can make or break a child care or youth development program, and for many, the strain of the COVID-19 pandemic proved to be too great (See The Pandemic Challenge on p. 59). And while early childhood education centers run on a thin margin, afterschool and youth development programs have even less access to supplemental dollars since

the licensure and other parameters unique to serving older children are often overlooked when funding eligibility criteria are created. Noteworthy is that **more than 600,000 Georgia children would enroll in an afterschool program if it were available to them.**¹⁰⁸ Also, to date, there is no allocated government funding stream for afterschool or youth development for children or youth with disabilities, forcing that population to rely on grants and philanthropic dollars for out-of-school time activities and programs.

VOICES RECOMMENDATIONS

- Increase federal and state funding for child care and youth development programs – especially for CAPS and 21st CCLC.
- Maintain full funding from Georgia's Lottery for Education for Georgia's Pre-K Program.
- Fund and expand partnerships to ensure transportation to and from afterschool and summer learning programs.

CHILD CARE, AFTERSCHOOL, AND SUMMER LEARNING AND ENRICHMENT PROGRAMS WITH DESIGNATED FUNDING

Program	Eligibility	Participation	Funding Source
Child and Parent Services	Children from birth to age 12, eligibility requirements consider priority groups, state residency, age, citizenship and other qualified statuses, immunizations, proof of identity, state-approved activity, and income. ¹⁰⁹	48,911 ¹¹⁰	Federal and state
Early Head Start and Head Start	Children from birth to age 5, pregnant women, and their families with incomes below the poverty guidelines. ¹¹¹	28,125 ¹¹²	Federal
21st CCLC	Populations of students in which 40 percent or more are eligible for free or reduced-price meal status or target their services to schools identified by the state as being in need of support. ¹¹³	26,518 ¹¹⁴	Federal
DFCS Afterschool Care Program	Families within low- to moderate-income communities and the foster care system (via Temporary Assistance for Needy Families). ¹¹⁵	29,139 ¹¹⁶	Federal
Georgia Pre-K	Children must be 4 years of age on or before Sept. 1 of the school year and must be a resident of Georgia. ¹¹⁷	80,328 ¹¹⁸	Georgia's Lottery for Education
Georgia Rising Pre-K and Georgia Rising Kindergarten	Income eligibility: 85 percent of the state median income. Rising Pre-K age eligibility: 4 years of age by Sept. 1 and whose home language is Spanish Rising K age eligibility: 5 years of age by Sept. 1 in the fall. ¹¹⁹	1,933 ¹²⁰	Federal and state

COST AS A BARRIER TO CHILD CARE AND AFTERSCHOOL CARE

Nationally, child care costs families who make less than 200% FPL (\$52,400 for a family of four) more than **one-third of their income.**¹²¹

And in Georgia, parents identified **cost as the greatest barrier** to enrolling their child in an afterschool program.¹²²



THE INEQUITY CHALLENGE

The U.S. Constitution allows each child the right to equal educational opportunity regardless of race, ethnicity, religion, sex, income level, or immigration status. Additionally, **federal statute guarantees a “free appropriate public education” (FAPE) for children with disabilities or differences**, requiring schools to provide specialized educational services free of charge for each child with an Individualized Education Plan (IEP) and/or accommodations under a 504 plan. Unfortunately, in practice, universal educational opportunity has been less than perfect. A child’s opportunity to achieve can be affected by trauma, foster care system involvement, and residual effects of discriminatory policies in housing, health, employment, income, and transportation, as well as bias and indifference among child-serving providers. Consider these statistics: The vast majority of students lacking access to internet or a computer for distance learning are in low-income families, students who identify as homeless are less likely to be proficient in reading and math, and students in foster care are 30 percent less likely to graduate than their peers.¹²³ In addition, skilled workforce supply, access, and cost can make FAPE challenging for schools to implement. All of these factors can result in stress for all involved, sometimes

in litigation, and worst of all, in a child having unmet educational needs.

VOICES RECOMMENDATIONS

- Assess all current funding streams for public education to ensure dollars are being best used to guarantee each and every child is provided the opportunities and supports needed for maximum academic and life success.
- Train all ECE, school, and youth program personnel to understand, recognize, and mitigate biases that may prevent children from learning and achieving their best.
- Train all ECE, school, and youth program personnel to be trauma-responsive.
- Support the work of the Sandra Dunagan Deal Center for Early Language and Literacy, K-12 literacy coaches, dyslexia identification and intervention initiatives, and other reading supports for all age students.

STUDENT LEARNING SUPPORTS: INDIVIDUALIZED EDUCATION PLAN VS. 504 PLAN

An Individualized Education Plan (IEP) is a blueprint for a child’s special education experience at school, while a Section 504 plan (in reference to Section 504 of the Rehabilitation Act of 1973) is a blueprint for how a child will have access to learning at school. Students with an IEP must have a certain disability (per the Individuals with Disabilities Education Act) that impacts their learning. The IEP provides special education services to meet the specific needs of the child. Students with a 504 plan, however, may have any disability – loosely defined as something that substantially limits a basic life activity – that interferes with their ability to learn in a typical classroom. Thus, a child who doesn’t qualify for an IEP may qualify for a 504 plan, which may provide accommodations to aid the child’s learning in the classroom, such as extended time or a quiet place to take a test.¹²⁴

THE PANDEMIC CHALLENGE

The onset of the coronavirus brought with it nothing less than widespread crises in child care, youth enrichment, and education. The closure of Georgia's schools and early childhood and youth-serving facilities, coupled with unreliable virtual access, community demands, and fear of contagion, left families and businesses reeling. Georgia, like the rest of the nation, has spent months scrambling to fill in policy and practice gaps so that essential and other workers could work and so their children could receive the safe and enriching care and education they need. Following statewide school closures in late spring of 2020, more than 24 percent remained physically closed (offering virtual learning only) as of September 2020.¹²⁵ **Nationally, afterschool program providers have stepped up to meet the challenges posed by this shift in learning settings, with nearly seven in 10 physically open, and one-quarter of additional providers offering virtual programming.**¹²⁶ Federal and state emergency funds were allocated to buoy schools, early childhood education centers, and child-feeding programs, to name a few. Unfortunately, however, the majority of afterschool and youth development programs, unlike licensed early childhood education centers, have not been eligible for stimulus operational grants due to licensure and service parameters that are particular to the population they serve. And even with access to stimulus dollars, ingenuity, and Herculean effort on the part of teachers, administrators, and others, early childhood education centers and public schools continue to fight daunting, virus-related obstacles, such as illness, availability and affordability of personal protective equipment (PPE) supplies, designing and implementing new safety

protocols and procedures, and teachers and families inexperienced with or unable to access virtual learning. As of the writing of this Primer, it remains unclear how many child-serving programs of all levels have shuttered their doors, never to open again, nor how much wider the education and opportunity gaps for children of color or with disabilities, low income, or geographic barriers (See The Inequity Challenge on p. 58) will grow as a result of the COVID-19 pandemic.

VOICES RECOMMENDATIONS

- Consider broadband as a utility and build infrastructure to guarantee universal access, regardless of income or location.
- Allow children to keep digital devices and/or Wi-Fi hotspots if families cannot otherwise afford them.
- Reconsider how, where, and when children learn.
- Identify for replication innovative and successful strategies to reach and educate youth, such as school-community partnerships, utilizing alternative locations for services, virtual programming and connections with older youth and families, and safety measures.
- Proactively plan for and design effective ways to compensate for lost learning, both in and out of school, especially for children who live with special needs, are in low-income situations, or have experienced trauma.

CRITICAL RAPID RESPONSE FROM AFTERSCHOOL AND CHILD CARE PROVIDERS

When the pandemic hit, child care and afterschool providers rapidly and masterfully reconfigured their staffing, locations, and protocols in order to reopen safely and carefully. Many offered new full-day slots for school children tasked with virtual learning, despite uncertainty about enrollment in such an option. This has allowed parents – especially those deemed “essential workers” – to work and support the social-emotional and academic needs of children. These programs have also played a critical role in meal provision to children and families, as well as served as a connection point to other community supports and essential services. As of December 2020, an estimated 79 percent of child care providers were open in Georgia, as well as 100 percent of Boys & Girls Clubs and YMCAs across the state.

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21st Century Community Learning Centers (CCLC)

The 21st Century Community Learning Centers (CCLC) program is the only federal funding stream dedicated to afterschool, before school, and summer learning.¹²⁷

504 Plan

A Section 504 plan (in reference to Section 504 of the Rehabilitation Act of 1973) is a blueprint for how a child with a disability will have access to learning at school and provides accommodations to aid the child's learning in the classroom, such as extended time or a quiet place to take a test. Students with any disability which interferes with their ability to learn in a typical classroom may have a 504 plan.¹²⁸

Accountability Courts

Accountability courts were established in Georgia in 2012 to provide effective alternatives to sentencing for nonviolent offenders and reduce the state's prison population. The courts do this by combining judicial oversight of offenders with treatment, counseling, and behavior modification to address underlying issues or extenuating circumstances.¹²⁹

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences are events occurring during childhood that are potentially traumatic, or undermine a child's sense of safety or stability. Examples include: experiencing violence, abuse, or neglect; witnessing violence at home or in their community; having a family member attempt or die by suicide; or growing up in a household with substance misuse, mental health challenges, or instability due to parental separation or household member incarceration.¹³⁰

Afterschool and Summer Learning Program

Afterschool and summer learning programs provide children (aged 4-18) a safe and enriching place to go when school is not in session.¹³¹

Afterschool and Youth Development (ASYD) Quality Standards

The Georgia Afterschool and Youth Development Quality Standards is a guiding framework for afterschool and summer learning providers to evaluate and improve the quality of programming. The ASYD Quality Standards have been approved or endorsed by Georgia's Department of Behavioral Health and Developmental Disabilities, Department of Early Care and Learning, Division of Family and Children Services, Department of Public Health, and Department of Education.¹³²

Autism Spectrum Disorder (ASD)

Autism spectrum disorder is a developmental disorder that affects communication and behavior. Although autism can be diagnosed at any age, it is said to be a "developmental disorder" because symptoms generally appear in the first two years of life.¹³³

Babies Can't Wait (BCW)

Babies Can't Wait is Georgia's evidence-based, community-centered early intervention program that provides screening, treatment, and support services for certain infants and toddlers (birth up to age 3) with disabilities and developmental delays.¹³⁴

Behavioral Health

A state of mental and emotional being and/or choices and actions that affect wellness. Behavioral health challenges include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental disorders (See Mental Health).¹³⁵

Bias

Bias is an inclination or predisposition for or against something.¹³⁶

Certified Peer Specialist (CPS)

A Certified Peer Specialist is an individual who is trained and certified to provide ongoing support to individuals and their families receiving mental health or substance use recovery supports and services. CPSs work from the perspective of their lived experience.¹³⁷

Child and Adult Care Food Program (CACFP)

The Child and Adult Care Food program is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who attend participating child care centers, afterschool care programs, and adult day care centers. CACFP also provides reimbursements for meals served to children residing in emergency shelters.¹³⁸

Child-Serving Systems

A system, such as child welfare, juvenile justice, or health care, that serves children.

Childcare and Parent Services (CAPS)

The Childcare and Parent Services program offers families with low incomes 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.¹³⁹

Children in Need of Services (CHINS)

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: habitually truant from school; habitually disobedient of the reasonable commands of his or her parent, guardian, or legal custodian; runaway; committed an offense applicable only to a child; wanders or loiters about the streets, highway, or any public place between midnight and 5 a.m.; disobeys the terms of supervision contained in a court order that 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, guardian, or legal custodian) or who possesses alcoholic beverages; or committed a delinquent act and is in need of supervision but not in need of treatment or rehabilitation.¹⁴⁰

Community Services Grant (CSG) Program

The Community Services Grant Program was initially funded in 2014 with a similar mission to the Juvenile Justice Incentive Grant Program (See Juvenile Justice Incentive Grant). Combining state and federal dollars, the two programs offer funding and technical support for a set of nationally recognized evidence-based treatment programs, including Multisystemic Therapy, Family Functional Therapy, Thinking for a Change, and Aggression Replacement Training, in order to reduce criminogenic behavior.¹⁴¹

Continuum of Care

The Continuum of Care is an integrated system of care providing a spectrum of services that range in intensity. The term can relate to different areas of work, such as health care or homelessness.

Court-Appointed Special Advocate (CASA)

Court-appointed special advocate volunteers are volunteers who advocate for the well-being of Georgia’s children in foster care. They are specially trained to speak up for a child’s best interests. Their sole purpose is to provide compassionate, individualized attention that will help each child in foster care find a safe, permanent home.¹⁴²

DFCS Afterschool Care Program

The DFCS Afterschool Care Program is a competitive grant program funded through Temporary Assistance to Needy Families and provides support to afterschool and summer learning programs.¹⁴³

Cultural Competence

Cultural (and linguistic) competence is a set of behaviors, attitudes, and policies that enable effective work in cross-cultural situations such that service providers understand and respond effectively to the needs brought by the client, patient, beneficiary, or consumer.¹⁴⁴

Disaggregate (data)

Separating data into smaller groupings, often based on characteristics such as sex, family income, race or ethnic group.

Disproportionality

The ratio between the percentage of persons in a particular group (e.g., racial, ethnic, socioeconomic) or having a certain experience compared to the percentage of the same group in the overall population.

Dual Enrollment

Dual Enrollment is a program that provides funding for students at eligible high schools that are enrolled to take approved college-level coursework for credit toward both high school and college graduation requirements.¹⁴⁵

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

The Early and Periodic Screening, Diagnostic, and Treatment benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.¹⁴⁶



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Early Head Start/Head Start

Early Head Start is a federally funded community-based program for infants and toddlers (up to age three) in families with low incomes, or pregnant women, and their families.¹⁴⁷ Head Start is a federally funded program that provides comprehensive early childhood education, health, nutrition, and parent involvement services to children in families with low incomes (and their families).

Equity

The guarantee of optimal treatment, access, opportunity, and advancement while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups.¹⁴⁸ The principle of equity acknowledges that there are historically underserved and underrepresented populations, and that fairness regarding these unbalanced conditions is needed to assist equality in the provision of effective opportunities to all groups.

Evidence-Based Practice

A practice or program supported by a large amount of scientific research (i.e., data-based), including findings from program evaluations and outcome analyses.¹⁴⁹ (Evidence-based practices are different from promising practices, which include measurable results and report successful outcomes but are not yet backed by enough research evidence to support its scalable effectiveness.)

Family First Prevention Services Act (FFPSA)

The Family First Prevention Services Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. FFPSA aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skills training. It also seeks to improve the well-being of children already in foster by incentivizing states to reduce placement of children in congregate care.¹⁵⁰

Farm-to-School/Farm-to-Early Care and Education

Farm-to-School/Farm-to-Early Care and Education enriches the connection communities have with fresh, healthy food and local food producers by incorporating local food purchasing and nutrition education practices at schools and early care and education sites.¹⁵¹

Federal Poverty Guidelines

The federal poverty guidelines are a measure of income issued every year by the U.S. Department of Health and Human Services. The 2020 federal poverty guidelines are used to calculate eligibility for a variety of federal and state programs. For instance, an annual income for a family of four with an annual income of \$26,200, a family of three \$21,720, etc., is considered to be living at 100% of the federal poverty level.¹⁵²

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.¹⁵³

Food Insecurity

Food insecurity is defined by the U.S. Department of Agriculture as a lack of consistent access to enough food for an active, healthy life.¹⁵⁴

Foster Care

Foster care is a system in which a minor has been placed into a regular foster family home, a relative foster home, or a foster-to-adopt home. The placement of the child is normally arranged through the government or a social service agency.



Free and Appropriate Public Education (FAPE)

The Individuals with Disabilities Education Act requires a school district to provide a “free appropriate public education” to each qualified person with a disability who is in the school district’s jurisdiction, regardless of the nature or severity of the person’s disability.¹⁵⁵

Free and Reduced-Price Meal

Free and Reduced-Price Meals are nutritionally balanced, low-cost (i.e., reduced price) or free lunches provided to children each school day by the National School Lunch Program. The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130% to 185% of the federal poverty guidelines are eligible for free or reduced price meals, respectively.¹⁵⁶

Gang

Georgia law (O.C.G.A. § 16-15-3) 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). According to Georgia law, a gang can be established by a common name or identifying signs, symbols, tattoos, graffiti, attire, or other distinguishing characteristics.

Gender Identity

Gender identity is a person’s internal sense of being male, female, some combination of male and female, or neither male nor female.¹⁵⁷

Georgia Apex Program (Apex)

The Georgia Apex Program, funded by the Georgia Department of Behavioral Health and Developmental Disabilities, promotes collaboration between community mental health providers and schools to provide school-based mental health services and supports, including training for school staff.¹⁵⁸

Georgia Department of Juvenile Justice Mission Statement (Adopted in 2020)

The Georgia Department of Juvenile Justice transforms young lives by providing evidence-based rehabilitative treatment services and supervision, strengthening the well-being of youth and families, and fostering safe communities.

Georgia’s Pre-K Program

Georgia’s Pre-K Program is a state lottery-funded educational program for all 4-year-old children in Georgia, regardless of parental income, pending program capacity. Georgia’s Pre-K Program is designed to prepare participating children for kindergarten.¹⁵⁹

Get Georgia Reading Campaign (GGR)

Get Georgia Reading is a collaboration of more than 100 public and private partners that are finding new ways of working together across Georgia, across sectors, across agencies and organizations, and across the early years and early grades, using data to inform decision-making. The common agenda consists of four research-based pillars: Language, Nutrition Access, Positive Learning Climate, and Teacher Preparation and Effectiveness. These four pillars provide a new way of looking at early literacy and learning during the first eight years of life, opening the doors to conversations that identify gaps and where to locate resources to fill those gaps.¹⁶⁰

Home in 5

Home in 5 is a partnership between public and private organizations and concerned citizens who are working to make a positive change for youth in foster care and families in DFCS Region 5 (Athens-Clarke, Barrow, Elbert, Green, Jackson, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale, and Walton counties). Together with local agencies, Home in 5 facilitates informational events, foster parent trainings, and recruitment. The goal of the program is not simply to increase the number of foster homes in Region 5, but also to increase the resources available to sustain them.¹⁶¹

Home Visiting

Home visiting offers support and comprehensive services to families at risk of negative child outcomes through home visits and group socialization experiences. At-risk pregnant women, children (aged birth to 5) and their families are linked to resources and opportunities to improve well-being.¹⁶²

HOPE Scholarship

The HOPE Scholarship is a merit-based scholarship that provides assistance toward the cost of tuition at eligible public and private Georgia postsecondary institutions. A student must graduate from an eligible high school with a minimum 3.0 HOPE GPA (as calculated by Georgia Student Finance Commission) and meet specific rigor course requirements.¹⁶³

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The HOPE Grant

The HOPE Grant is available to Georgia students who meet certain academic achievement standards, among other criteria, and who are working towards a certificate or diploma at an eligible college or university in Georgia.

The HOPE Career Grant

The HOPE Career Grant is available to HOPE Grant-qualified students who enroll in certain majors in fields where there are more jobs available than there are skilled workers to fill them.

The HOPE GED Grant

The HOPE GED Grant is available to students who earned a General Education Development (GED) diploma from the Technical College System of Georgia.

Individualized Education Plan (IEP)

An Individualized Education Plan is a blueprint for a child's special education experience at school and provides special education services to meet the specific needs of the child. Students with an IEP must have a certain disability (per the Individuals with Disabilities Education Act) which impacts their learning.¹⁶⁴

Implicit Bias

The tendency to process information based on unconscious associations and feelings (even when these are contrary to one's conscious or declared beliefs) that affect our understanding, decisions, and actions.¹⁶⁵

Inclusive

Including everyone, especially allowing, accommodating, and seeking people who have historically been excluded (because of their race, gender, sexuality, or ability).¹⁶⁶

Juvenile Detention Alternatives Initiative (JDAI)

The Juvenile Detention Alternatives Initiatives was developed by the Annie E. Casey Foundation in December 1992 to help jurisdictions reduce their reliance on secure detention while ensuring public safety through more effective and efficient systems that accomplish the purposes of juvenile detention. JDAI now operates in 40 states, including Georgia, where it is housed within the Council of Juvenile Court Judges. In Georgia, JDAI is operating in six counties: Athens-Clarke, Chatham, Clayton, Glenn, Newton, and Rockdale.

Juvenile Justice and Delinquency Prevention Act (JJDP)

The Juvenile Justice and Delinquency Prevention Act was reauthorized in 2018 with bipartisan support. The JJDP is based on a broad consensus that children, youth, and families involved with the juvenile and criminal courts should be guarded by federal standards



for care and custody, while also upholding the interest of community safety and the prevention of victimization. The JJDPA creates a federal-state partnership for the administration of juvenile justice and delinquency prevention.¹⁶⁷

Juvenile Justice Incentive Grant (JJIG) Program

The Juvenile Justice Incentive Grant program was launched in 2013 because many of Georgia's regions lacked community-based programs, leaving juvenile court judges with few dispositional options short of commitment to state facilities. In addition to providing courts with alternatives to out-of-home placements, the incentive grants have helped reduce short-term program admissions and felony commitments to Department of Juvenile Justice by 56% across the participating counties¹⁶⁸ (See Community Services Grant Program).

Juvenile Life Without Parole

A criminal sentence for life without the opportunity for parole.

Local Interagency Planning Team (LIPT)

Each community in Georgia is required to establish a Local Interagency Planning Team to improve and facilitate the coordination of services for children living with severe behavioral health needs or addictive diseases.¹⁶⁹

Maternal Mortality

Maternal mortality is the death of a woman while pregnant or within one year of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.¹⁷⁰

Medicaid

Medicaid 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.¹⁷¹ (Medicare is the federal health insurance program for people who are 65 or older and certain younger people with disabilities.)

Mental Health

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. Mental health also impacts our physical health, and is a consideration for children even from birth, as they grow and reach developmental and emotional milestones.¹⁷²

Obesity

Obesity is defined as a Body Mass Index (BMI) at or above the 95th percentile for children and teens of the same age and sex.¹⁷³ BMI is a measure used to determine whether a child is overweight or obese.

Overweight

Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex.¹⁷⁴ BMI is a measure used to determine whether a child is overweight or obese (See Obese).

PeachCare for Kids®/Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program, known as PeachCare for Kids® in Georgia, provides medical coverage for individuals under age 19 whose parents earn too much to qualify for Medicaid, but not enough to pay for private coverage, up to a certain threshold. A family of four with an annual income of \$64,714 (247% of the federal poverty guidelines) is eligible for PeachCare.¹⁷⁵

Peer Support

Peer support is offered by people who have been successful in the recovery process who then help others experiencing similar situations. Certified Peer Specialist Services is the program that implements trained peer support services, which are Medicaid reimbursable¹⁷⁶ (See Certified Peer Specialist).

Planning for Healthy Babies®

Planning for Healthy Babies® (P4HB) is a program from the Georgia Department of Community Health created to reduce the number of low birth-weight and very low birth-weight births in the state. P4HB offers no-cost family planning services for women age 18 to 44 who do not have health insurance and have incomes up

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to 211% of the federal poverty level.¹⁷⁷ The Planning for Healthy Babies program consists of three services: Family Planning, Interpregnancy Care (includes family planning and additional services for women who have delivered a very low birth weight baby), and Resource Mother (a case management service for women who have delivered a very low birth weight baby).

Positive Behavioral Interventions and Supports (PBIS)

Positive Behavioral Interventions and Supports is an evidence-based, data-driven framework proven to reduce disciplinary incidents, increase the sense of safety, and support improved academic outcomes in schools. PBIS schools apply a multitiered approach to prevention, using disciplinary data and principles of behavior analysis to develop school-wide, targeted, and individualized interventions and supports to improve school climate for all students.¹⁷⁸

Quality Basic Education (QBE) Formula

The Quality Basic Education formula is a comprehensive funding framework for providing a quality basic education to every student in Georgia.¹⁷⁹ The formula is used to finance Georgia's public schools. The current QBE formula was established in 1985.

Quality Rating and Improvement System (QRIS)

The Quality Rated and Improvement System (Quality Rated) is Georgia's system to determine, improve, and communicate the quality of programs that provide child care. Quality Rated assigns one, two, or three stars to early care and education and school-age care programs that meet or exceed the minimum state requirements. By participating in Georgia's voluntary Quality Rated program, programs make a commitment to work continuously to improve the quality of care they provide to children and families. Quality Rated is administered by Georgia Department of Early Care and Learning.¹⁸⁰

Racism

A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race; the systemic oppression of a racial group to the social, economic, and political advantage of another.¹⁸¹

Recidivism

A person's relapse into criminal behavior, after the person has received sanctions or undergone intervention for a prior crime.¹⁸²

School-Based Health Centers

School-based health centers are health clinics based inside schools, including, but not limited to, healthcare, dental, and behavioral health services.¹⁸³

School-Based Mental Health Program

A program located in a school setting that provides a continuum of mental or behavioral health care to students and their families.¹⁸⁴

School Code of Conduct

A school code of conduct specifies behavior that is accepted or prohibited in the school as well as in any setting that is related to the school. A code of conduct generally states the behavior expected to be demonstrated by the student.¹⁸⁵

School-Community Partnership

A school-community partnership is when schools and community organizations/providers, such as afterschool care providers, mental health providers, and law enforcement, come together in support of children's well-being.

School-Justice Partnership

A School-Justice Partnership is a group of community stakeholders - including school administrators, the law enforcement community, court system actors, juvenile justice personnel, and others - that develop and implement effective strategies to address student misconduct.¹⁸⁶

School Resource Officer (SRO)

A school resource officer is a career law enforcement officer with sworn authority who is deployed by an employing police department or agency in a community-oriented policing assignment to work in collaboration with one or more schools.¹⁸⁷ SROs provide law enforcement, law-related counseling, and law-related education to students, faculty, and staff.¹⁸⁸

Social Worker

Social workers help people solve and cope with problems in their everyday lives. Clinical social workers also diagnose and treat mental, behavioral, and emotional issues.¹⁸⁹ Child and family social workers protect vulnerable children and support families in need of assistance.

Status Offense

Noncriminal acts that were previously considered violations of the law simply by virtue of a minor offender's age. Typical status offenses include truancy, running away from home, violating curfew, underage use of alcohol, and general ungovernability.¹⁹⁰

Substantiated Child Abuse

A substantiated report of child abuse occurs after an assessment has been made and the reported abuse or neglect was found to exist by the Division of Family and Children Services' Child Protective Services.

Summer Feeding Programs

Summer feeding programs provide meals to children 18 or younger during the summer months when school is not in session. Funding for these programs comes from the National School Lunch Program and the Summer Food Service Program¹⁹¹ (See Free and Reduced Price Meal).

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program offers nutrition assistance to millions of eligible individuals and families who have low incomes, through electronic benefit cards.¹⁹²

Technical College System of Georgia (TCSG)

The Technical College System of Georgia is the state agency that supervises the state's 22 technical colleges and offers free tuition for several programs of study in high-demand career areas. TCSG also provides adult education, including free GED preparation classes and testing, an adult literacy program, and economic and workforce development programs.¹⁹³

Telehealth

Telehealth refers to the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration.¹⁹⁴

Telemedicine

Telemedicine is a subset of telehealth that refers solely to the provision of health care services and education over a distance, through the use of telecommunications technology.¹⁹⁵

Toxic Stress

Toxic stress can occur when a child experiences strong, frequent, and/or prolonged adversity (such as

physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, racism, discrimination, or the accumulated burdens of family economic hardship) without adequate adult support.¹⁹⁶ This kind of prolonged stress response can impact brain development and developing organ systems, and increases the risk for stress-related disease and cognitive impairment.¹⁹⁷

Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening, and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.¹⁹⁸

Two-Generation Approach (2-Gen)

Two-Generation approaches focus on creating opportunities for and addressing the needs of both children and their families, with the goal of creating economic stability.¹⁹⁹ This includes five key components: early childhood education, adult and post-secondary education and workforce pathways, economic supports and assets, health and well-being, and social capital.

Well-Child Visits

Well-child visits are routine doctor visits for comprehensive preventive health services that occur when a baby is young and annual visits until a child reaches age 21. Services include physical exam and measurements, vision and hearing screening, and oral health risk assessments.²⁰⁰

Wraparound Services (in schools)

"Wraparound" is a method where a school engages children through an established set of supports in cooperation with external partners to serve the child or family's needs that are preventing the child from greater achievement. Examples of wraparound services include support for mental health, substance use, or teen parenting, adult education, and related adult supports.²⁰¹

Zell Miller Grant

The Zell Miller grant is available for Georgia students who meet certain academic achievement standards, among other criteria, are working towards a certificate or diploma at TCSG or University System of Georgia institution.

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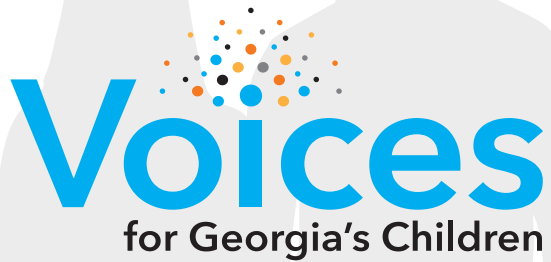
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