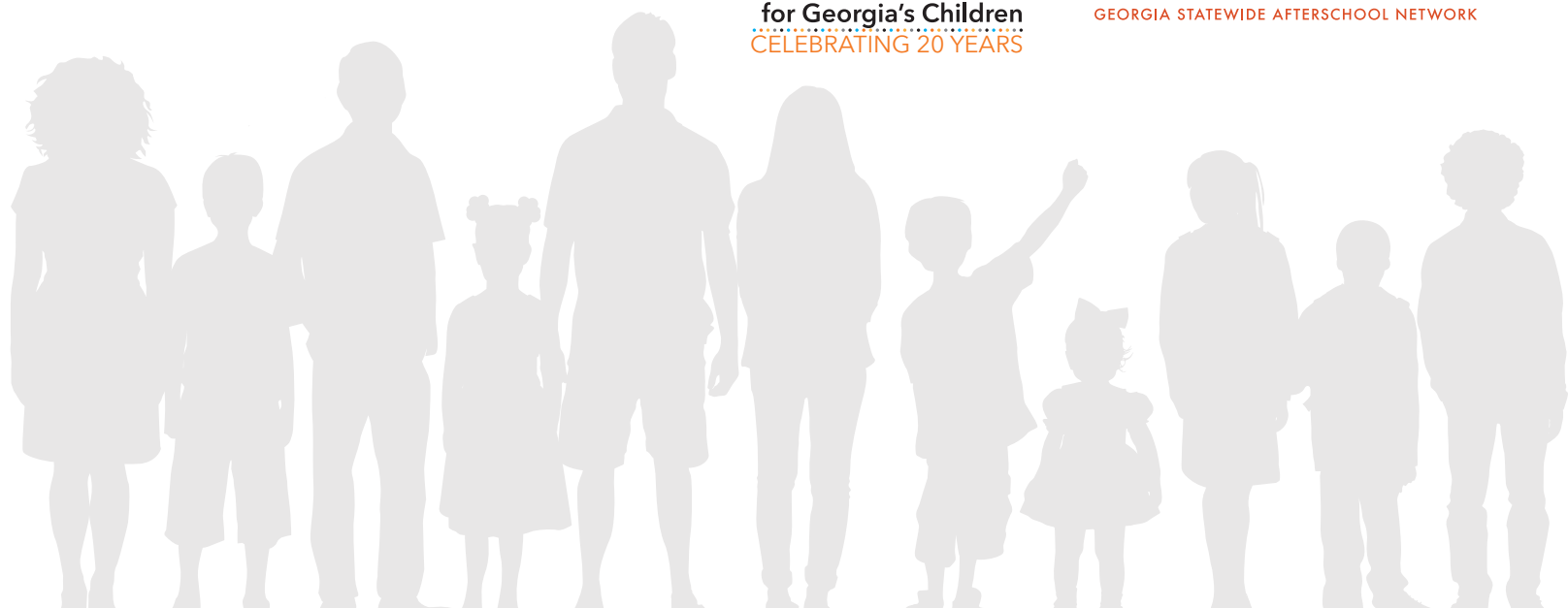
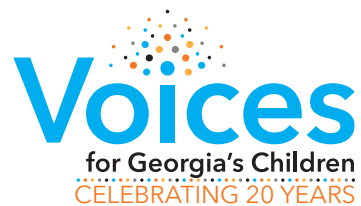


WHOLE CHILD PRIMER

Third Edition



INTRODUCTION

whole child primer

Welcome to the *Whole Child Primer, 3rd Edition*. Voices for Georgia's Children and the Georgia Statewide Afterschool Network (GSAN) 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 resources 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 more than 2.5 million children.

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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.¹

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 that interferes with their ability to learn in a typical classroom may have a 504 plan.²

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.³

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.⁴

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.⁵

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 are supported by Georgia's Department of Behavioral Health and Developmental Disabilities, Department of Early Care and Learning, Division of Family & Children Services, Department of Public Health, and Department of Education.⁶

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.⁷

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.⁸

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).⁹

Bias

Bias is an inclination or predisposition for or against something.¹⁰

Building Opportunities in Out-of-School Time (BOOST) grants program

The Building Opportunities in Out-of-School Time (BOOST) grants program is a collaborative partnership between the Georgia Department of Education (GaDOE) and the Georgia Statewide Afterschool Network (GSAN). It is funded through the American Rescue Plan Act, which allocates \$85 million in grants to afterschool and summer learning in Georgia over the course of three years (2021–2024). This program directly supports the expansion of access to afterschool and summer learning programs, the reduction of barriers to participation for all youth, and an increase in programmatic quality with a focus on provider sustainability.¹¹

Centering Pregnancy

Centering Pregnancy is a care model that enables certified nurses, doctors, and midwives to provide women with pregnancy- and birth-related information in a group setting. As a result, expectant mothers learn together and support each other throughout their pregnancies.¹²

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.¹³

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.¹⁴

Child-parent psychotherapy

An intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral issues. Therapeutic sessions include the child and parent or primary caregiver, with the key goal of supporting and strengthening the relationship between the child and their caregiver with the purpose of restoring the child's functioning.¹⁵

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 income subsidies to pay for quality child care, afterschool, and summer programs for children up to age 12 and for children with special needs up to age 17.¹⁶

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.¹⁷ CHINS programming has been successful at diverting youth who have committed status offenses away from further justice system involvement when adequately funded and managed. In addition, each juvenile court is required to implement a CHINS program.

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 Family Functional Therapy, Thinking for a Change, and Aggression Replacement Training, in order to reduce criminogenic behavior.¹⁸

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.^{19,20}

Court-Appointed Special Advocate (CASA)

Court-Appointed Special Advocates 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.²¹

DFCS Out-of-School Services Program

The DFCS Out-of-School Services Program (previously the Afterschool Care Program) is a competitive grant program funded through Temporary Assistance to Needy Families and state dollars that provides support to afterschool and summer learning programs.²²

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.²³

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.

GLOSSARY CONT'D

Dual Enrollment

Dual Enrollment is a program that provides funding for students at eligible high schools that are enrolled to take approved postsecondary coursework for credit toward both high school and college graduation requirements.²⁴

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.²⁵

Early Head Start/Head Start

Early Head Start is a federally funded community-based program for infants and toddlers (up to age 3) in families with low incomes or pregnant women and their families.²⁶ 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.²⁷ 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.²⁸ (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 their 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 care by incentivizing states to reduce placement of children in congregate care.²⁹

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.³⁰

Federal poverty guidelines

The federal poverty guideline (FPG) is a poverty threshold issued by the Department of Health and Human Services (HHS) used to calculate eligibility for a variety of state and federal programs. The FPG can vary by family size. According to the 2022 FPG, an annual income for a family of four of \$47,750 and for a family of three of \$23,030, etc., is considered to be living at 100 percent of the federal poverty level.³¹

Federally Qualified Health Center (FQHC)

A Federally Qualified Health Center is an outpatient clinic that qualifies for specific reimbursements under Medicare and Medicaid. FQHCs 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.³²

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.³³

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.³⁴

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 percent to 185 percent of the federal poverty guidelines are eligible for free or reduced-price meals, respectively.³⁵

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.³⁶

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.³⁷

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.³⁸

Get Georgia Reading (GGR) Campaign

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 look at early literacy and learning during the first eight years of life, and inspire conversations that identify gaps and where to locate resources to fill those gaps.³⁹

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.⁴⁰

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 (birth to age 5), and their families are linked to resources and opportunities to improve well-being.⁴¹

HOPE Scholarship

The HOPE Scholarship is a merit-based scholarship that provides tuition assistance 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.⁴²

The HOPE Grant

HOPE Grant (a separate program from the HOPE Scholarship) is available to Georgia residents who are working towards a certificate or diploma (continuing education programs are not eligible) at an eligible college or university in Georgia. The grants are funded by the Georgia Lottery for Education.

GLOSSARY CONT'D

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. These grants are funded by the Georgia Lottery for Education.

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.

Hope Scholarship

HOPE Scholarship is a merit-based award which is funded by the Georgia Lottery and available to Georgia residents who have demonstrated academic achievement. The scholarship provides money to assist students with a portion of the tuition cost at a HOPE Scholarship eligible college or university. HOPE Scholarship academic eligibility includes include a minimum of 3.0 HOPE GPA and a minimum of 4 full rigor credits.

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 disability identified under the Individual with Disabilities Act that impacts learning.⁴³

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.⁴⁴

Inclusive

Including everyone, especially allowing, accommodating, and seeking people who have historically been excluded (because of their race, gender, sexuality, or ability).⁴⁵

Juvenile Detention Alternatives Initiative (JDAI)

The Juvenile Detention Alternatives Initiative 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 39 states, including Georgia, where it is housed within the Council of Juvenile Court Judges. In Georgia, JDAI is operating in seven counties: Athens-Clarke, Chatham, Clayton, Fulton, 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 JJDP creates a federal-state partnership for the administration of juvenile justice and delinquency prevention.⁴⁶

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. The juvenile justice grants fund evidence-based programming including Aggression Replacement Therapy, Botvin LifeSkills Training, Brief Strategic Family Therapy, Connections Wraparound, Functional Family Therapy, Multidimensional Family Therapy, Multisystemic Therapy, and Thinking for a Change. 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 the Department of Juvenile Justice by 42 percent across the participating counties (see Community Services Grant Program).⁴⁷

Juvenile Life Without Parole (JLWOP)

A criminal sentence for life without the opportunity for parole imposed on a child under the age of eighteen.

Kinship care

Kinship care refers to a temporary or permanent arrangement in which a relative or any nonrelative adult who has a long-standing relationship or bond with the child and or family has taken over the full-time, substitute care of a child whose parents are unable or unwilling to do so. Kinship care may be established through an informal arrangement, legal custody, guardianship order, a relative foster care placement, or kinship adoption.⁴⁸

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.⁴⁹

Multi-Agency Treatment for Children (MATCH) team

This team, created by the Mental Health Parity Act, builds on the existing System of Care infrastructure to attempt to increase access to community-based services and support for children with complex and unmet treatment needs. The team is also intended to help strengthen interagency collaboration (working with existing state and local infrastructure) and coordination to better serve youth and families across the state.

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.⁵⁰

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.⁵¹ (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.⁵²

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. BMI is a measure used to determine whether a child is overweight or obese.⁵³

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. BMI is a measure used to determine whether a child is overweight or obese (see Obesity).⁵⁴

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 percent of the federal poverty guidelines) is eligible for PeachCare.⁵⁵

Peer support

Peer support is offered by people who have been successful in the recovery process and who then help others experiencing similar situations. Certified Peer Specialist Services is the program that implements trained peer support services, which are Medicaid-reimbursable (see Certified Peer Specialist).⁵⁶

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 aged 18 to 44 who do not have health insurance and have incomes up to 211 percent of the federal poverty level.⁵⁷ 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 schoolwide, targeted, and individualized interventions and supports to improve school climate for all students.⁵⁸

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. The formula is used to finance Georgia's public schools. The current QBE formula was established in 1985.⁵⁹

GLOSSARY CONT'D

Quality Rated

Georgia's quality rating and improvement 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 voluntarily participating in Georgia's Quality Rated, programs make a commitment to work continuously to improve the quality of care they provide to children and families. Quality Rated is administered by the Georgia Department of Early Care and Learning.⁶⁰

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.⁶¹

Recidivism

A person's relapse into criminal behavior after the person has received sanctions or undergone intervention for a prior crime.⁶²

Sandra Dunagan Deal Center for Early Language and Literacy

Georgia's designated state research and training facility for the advancement of early language and literacy skills for children birth to age 8; founded in 2017.

School-based health centers

School-based health centers (SBHC) are health clinics based inside schools, including, but not limited to, health care, dental, and behavioral health services.⁶³

School-based mental health program

A school-based mental health (SBMH) program is located in a school setting and provides a continuum of mental or behavioral health care to students and their families.⁶⁴

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.⁶⁵

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 community, juvenile justice personnel, and others – that develop and implement effective strategies to address student misconduct.⁶⁶

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, school system, or agency in a community-oriented policing assignment to work in collaboration with one or more schools. SROs provide law enforcement, law-related counseling, and law-related education to students, faculty, and staff.⁶⁷

Social worker

Social workers help people solve and cope with problems in their everyday lives.⁶⁸ Clinical social workers also diagnose and treat mental, behavioral, and emotional concerns. 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.⁶⁹

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 Program (see Free and reduced-price meal).⁷⁰

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.⁷¹

System of Care (SOC)

System of Care is framework that aims to decrease strained community-based child-serving systems and increase access to and coordination of children's behavioral health services for children with and at risk for mental health challenges.

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.⁷²

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.⁷³

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.⁷⁴

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. 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.⁷⁵

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. Trauma has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.⁷⁶

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.⁷⁷ This includes five key components: early childhood education, adult and postsecondary 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.⁷⁸

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.⁷⁹

Zell Miller Grant

Zell Miller Grant is a merit base program available to Georgia residents who are working towards a certificate or diploma at a Technical College System of Georgia (TCSG) or University System of Georgia (USG) institution.

Zell Miller Scholarship

Zell Miller Scholarship is a merit-based award, which is funded by the Georgia Lottery and is available to Georgia residents, similar to the HOPE Scholarship, but with more stringent academic requirements. The scholarship provides money to assist students with the tuition cost of attending a Zell Miller Scholarship-eligible college or university. To be eligible for the Zell Miller Scholarship, students must graduate from high school with a 3.70 cumulative GPA as calculated by Georgia Student Finance Commission (GSFC) AND an SAT score of 1200 OR an ACT score of 26.



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, transportation, or other 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.





Did You Know?

Children tend to be healthier than adults, and therefore less expensive in terms of health care. While kids constitute the majority of Georgia's Medicaid program, they represent only 28 percent of the cost.^{80,81} When kids get what they need – namely, effective and timely care, good nutrition, safe and stable housing, and nurturing caregivers – they 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 approximately 43,400 women in Georgia enrolled in 2021.⁸² Changes to Georgia law passed during the 2022 legislative session extended coverage from six months following pregnancy to 12 months following pregnancy, which will result in better health for both mother and baby. Notably, Georgia is one of only 20 states (including Washington, D.C.) with extended postpartum Medicaid.⁸³ Additionally, Georgia Medicaid administers the Planning for Healthy Babies demonstration project as well as Centering Pregnancy 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.

Continuation of these programs and other initiatives exploring drivers of maternal mortality and infant health is critical. Georgia's pregnancy-related death rate and infant death rate are among the highest in the nation (25.1 maternal deaths per 100,000 births and six infant deaths per 1,000 live births) – due in large part to structural inequities in access to quality health care.^{84,85}

Black women suffer pregnancy-related deaths at a rate of 2.3 times that of White women,⁸⁶ and Black infants die at twice the rate of White infants.⁸⁷

Problematic is the fact, that as of 2020, 82 of Georgia's 159 counties had no OB-GYN practitioners,⁸⁸ leaving many in rural areas without specialty care. What's more, women who are in jail or in prison frequently lack access to prenatal and postpartum care while confined, endangering outcomes for both mother and infant.⁸⁹ Secure housing, too, plays a role in infant health as eviction during pregnancy is associated with premature births and lower infant birth weight, especially in second and third trimesters.⁹⁰

Also important to good maternal and child health, but in short supply, are 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 and that the mother is doing well.

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

VOICES RECOMMENDATIONS

- Create and fund an interagency-stakeholder commission, overseen by the GA DPH and guaranteed standing for at least 5 years, to assess current home visiting efforts in Georgia and elsewhere, to develop consensus on best models and practices for home visiting, and to develop expansion and funding strategies to increase access to home visiting in this state. Require annual, publicly available reports of such commission.
- Implement home visiting pilot programs, and grow existing home visiting programs as identified by the (above) commission.
- 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.
- Allow a judge to defer sentenced confinement for inmates who are pregnant unless the woman poses a significant threat or danger to any person or unless declined by the pregnant woman.

ATTENTION TO PREGNANT WOMEN AND INFANTS

Notable policies resulting from the 2022 Legislative Session:

- \$28.2 million for 12-month postpartum Medicaid extension
- \$1.4 million (state and federal) for donor milk for newborns
- Approximately \$146,000 to fund pilot projects for rural maternal health
- \$680,000 to fund a pilot program to address maternal mortality
- Senate Bill 496, which requires a medical examiner's inquiry for the death of a pregnant or recently pregnant woman (excluding certain circumstances)

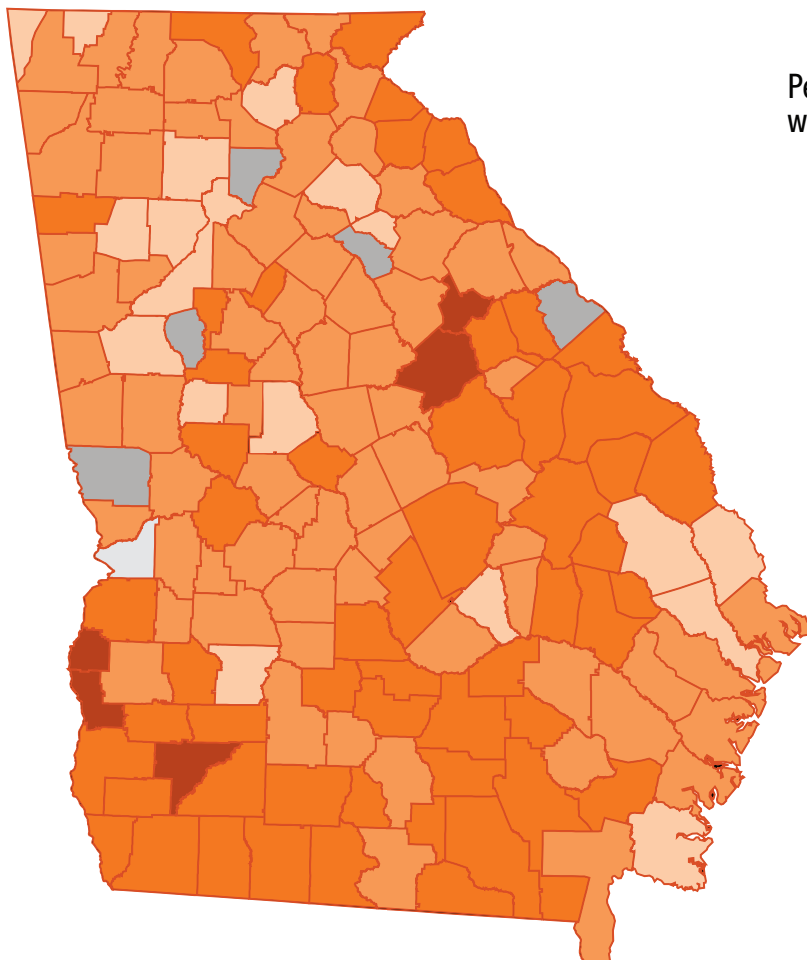
MEDICAID AND PEACHCARE FOR KIDS®

Funded by both the federal government and the state, **Medicaid and PeachCare for Kids® (a/k/a Children's Health Insurance Program or CHIP) together insure 1.5 million children and youth in Georgia, aged 0 through 18.**⁹¹ That equates to 58 percent of the state's kids under 19.⁹² Eligibility is predominantly income-based but can also vary based on age and health condition. Noteworthy is that Medicaid also covers all children and youth in Georgia's foster care system and some of those detained by the Georgia Department of Juvenile Justice (DJJ).

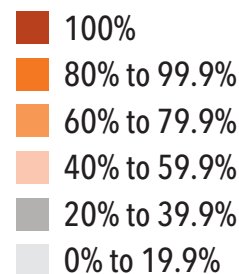
VOICES RECOMMENDATIONS

- Urge the federal government to continue the pandemic-initiated increased federal match funding (Federal Medical Assistance Program or FMAP) for Medicaid and CHIP. (For example, currently, FMAP has a temporary increase of 6.2 percentage points, with the federal government paying roughly 72 cents for every dollar spent on Medicaid, and the state paying 28 cents.)⁹⁵
- Ensure that children on Medicaid/PeachCare for Kids, particularly those with disabilities and chronic physical and behavioral health conditions, 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, 2021^{93,94}



Percentage of Children with Medicaid/CHIP



Medicaid Data: Georgia Department of Community Health. Office of Analytics and Program Improvement, Data Request, Calendar Year 2021 Medicaid and PeachCare for Kids Data Request. Retrieved August 2022. Medicaid and PeachCare for Kids note, some data represented may include duplicated numbers.

Child Population Data: United States Census Bureau. American Community Survey 5-year Estimates Data Profiles, Georgia Demographic and Housing Estimates by County 2020, DP05, Children 0 - 19 years old. Retrieved August 2022. Population note, some population data may be undercounted.

MEDICAID SUPPORT FOR KIDS WITH DISABILITIES

Years of advocacy for children and youth with disabilities have resulted in Medicaid supports (see callout box) 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 2021, the program served 4,115 children with disabilities.⁹⁶

VOICES RECOMMENDATIONS

- Continue to 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, including making COVID-19 flexibilities permanent (i.e., family caregiver reimbursement).
- Improve technical assistance for benefits application processes.
- Fund home-based services to assist families and keep children with disabilities from entering the foster care system.

New Options Waiver (NOW) Program and Comprehensive Supports Waiver Program (COMP)

New Options Waiver (NOW) Program and Comprehensive Supports Waiver Program (COMP) offer home- and community-based services for people with intellectual or developmental disabilities.⁹⁷ While COMP serves individuals with more intensive needs, both waiver programs support individuals with intellectual or developmental disabilities to:⁹⁸

- Increase independence and quality of life.
- Maintain community living, either on their own (if age 18 or older), in a family home, or with residential support and supervision.

While NOW and COMP waivers are primarily for people 18 or older, the significant waiting list for these waivers remains a concern for families of younger children with disabilities, who ultimately will age into the need for such support.

The Georgia Pediatric Program (GAPP)

The Georgia Pediatric Program (GAPP) serves eligible children under the age of 21 with medically necessary skilled nursing services or personal care support. The following pandemic-driven practice and policy changes have the potential to better support children within this program:

- The Department of Community Health (DCH) submitted an 1115(a) waiver during the height of the pandemic, allowing family caregivers to be reimbursed for care delivered.
- HB 911 (appropriations bill) passed during the 2022 legislative session, increasing the reimbursement rate for home- and community-based providers.

SCHOOL-BASED HEALTH INITIATIVES

Comprehensive school-based health centers (SBHCs), often affiliated with Federally Qualified Health Centers, improve health outcomes by serving children – and often their family members and school staff – where they are (and with their parent’s permission!) – in school.⁹⁹ This improves vaccination rates, school attendance, health literacy, and overall support for children with and without disabilities or chronic conditions.¹⁰⁰ 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 nurses, counselors, and social workers, are likewise critical in addressing health and behavioral needs of students and staff.

VOICES RECOMMENDATIONS

- Continue to invest in startup funding to expand the availability of comprehensive SBHCs that include behavioral health services and supports.
- Ensure adequate state and local funding to guarantee a licensed, competitively paid nurse in every school.

TELEHEALTH

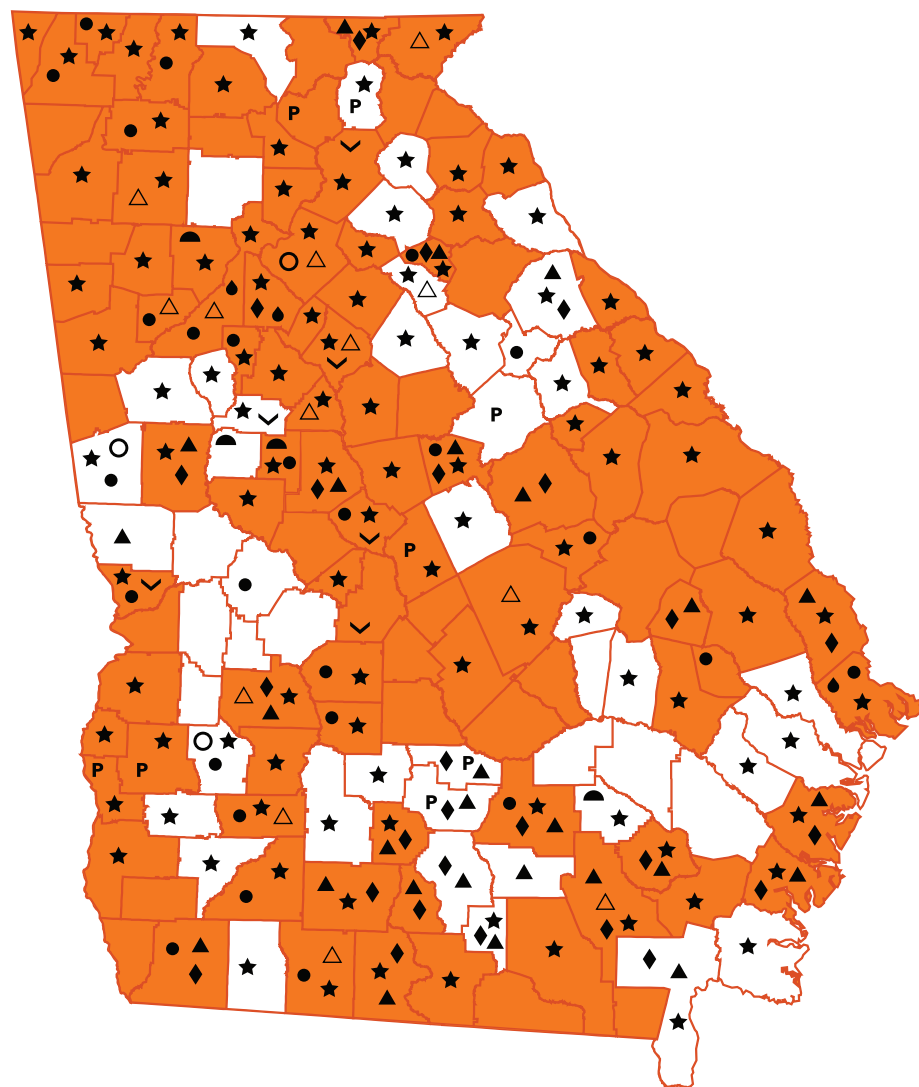
Remote health care diagnosis and provision have been available in various capacities in Georgia for more than 20 years. However, the onset of the coronavirus pandemic and related policy changes have significantly expanded the ways providers can serve children and families through telephone, video chat, 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, **telehealth flexibilities have been critical to protecting Georgians’ access to health and behavioral health services, especially needed during a global pandemic.**¹⁰¹ Prior to the pandemic, telehealth visits represented only 1 percent of all pediatric visits. By April 2020, pediatric telehealth visits increased to more than 15 percent nationally.¹⁰² And 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 COVID-19 pandemic – it’s highly likely use would

have dropped even lower had telehealth not been as accessible.^{103,104} Yet despite improved telehealth flexibilities throughout the COVID-19 pandemic, children and families of color and in rural areas, as well as those with lower incomes, struggled to access needed care due to limited broadband access.^{105,106}

VOICES RECOMMENDATIONS

- Ensure effective and equitable telehealth practice and outcomes, including emphasis on quality control, 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 – particularly in rural and underserved communities.

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



- At least one school with Georgia Apex Program (school-based mental health services)¹⁰⁷
- Limited on-site health services¹⁰⁸
- Comprehensive SBHCs (includes behavioral health services)¹⁰⁹
- P Pending establishment of Comprehensive SBHC
- ✓ Project Aware¹¹⁰
- ◆ Telehealth services¹¹¹
- Medical Mobile Unit¹¹²
DeKalb: 10 schools
Chatham: 22 schools
Fulton: 27 schools
- DBHDD Substance Abuse Clubhouse¹¹³
- △ DBHDD Mental Health Resiliency Clubhouse¹¹⁴
- ★ Schools trained in Positive Behavioral Interventions and Supports
- ▲ School districts using the Georgia Partnership for Telehealth network^{115,116}

SCHOOL-BASED HEALTH CENTER GROWTH

The number of active SBHCs in Georgia has increased dramatically from 2 in 2013 to 102 in 2022. What's more, the Georgia Department of Education (GaDOE) has provided startup funding to open **six new SBHCs during the 2022-2023** school year in Ben Hill, Clay, Lumpkin, Pickens, Twiggs, and White counties.

During the 2022-2023 school year, GaDOE will fund an additional six SBHC planning grants. If each new county identified successfully completes the planning process, it will receive startup funding to open a SBHC the following school year.

Georgia has also allocated \$125 million of federal funding to support planning and startup of new SBHCs.¹¹⁷

FOOD ACCESS

One in seven of Georgia's kids suffers daily food insecurity due to poverty and barriers to food access (e.g., lack of grocery stores, transportation, etc.). Furthermore, **Georgia's Black and Latin households with children experience food insecurity at higher rates than their White counterparts**, now and prior to the coronavirus pandemic. The federal government sponsors an array of child-feeding programs which provide nutrition education, food benefits, meals and snacks to participants in school, home, child care and afterschool / summer settings. Program examples include Supplemental Nutrition Assistance (SNAP), Women, Infant, and Children (WIC), National School Lunch Program (NSLP), and Child and Adult Care Food Program (CACFP). Such programs have been shown to support child health and developing, all while addressing long-standing inequities (e.g., food insecurity, disparate chronic health outcomes, etc.).^{118,119}

VOICES RECOMMENDATIONS

- Maintain expanded state and federal access and funding (which began during the COVID-19 pandemic) for nutrition programs, such as school and summer feeding programs.
- Enact technology and culturally appropriate policy and practice changes to increase WIC program enrollment and utilization (currently approximately 202,200 are enrolled, but estimates show this is less than half of the eligible population).¹²⁰
- Simplify CACFP enrollment and participation processes by reducing paperwork and maximizing technology to collect data, conduct virtual visits, and provide remote resources.
- Expand and improve farm-to-school and farm-to-early care and education initiatives to 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 or community farming activities and food preparation.



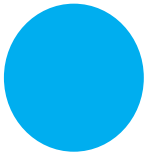
1 in 7
children in Georgia
struggle with
food insecurity



FOOD INSECURITY AND CHILD OBESITY

COVID-19 impacted school operations and daily routines, increased stress, and decreased physical activity and nutrition access, which lead to weight gain among youth.¹²¹ In fact, a large national study of children 2-19 years old found that the proportion of children with obesity increased significantly during the pandemic – from 19.3 percent of children with obesity in August 2019 to 22.4 percent a year later.¹²² **Even before the pandemic, the percentage of Georgia’s youths and adolescents with obesity increased from 15 percent in 2018-2019 to 18 percent in 2019-2020.**¹²³ Such children are much more likely to experience adulthood obesity and a myriad of negative health consequences

tied to obesity, such as heart disease or type 2 diabetes.¹²⁴ Moreover, children in families with low income are 1.6 times more likely to be obese than their peers in families with middle or high incomes.¹²⁵ 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 federal food programs or farm-to-school and farm-to-early care and education, play a critical role not only in food security, but also in childhood obesity prevention.



Did You Know?

While many would argue that the United States has a relatively robust health care system, centuries-long racial, ethnic, geographic, economic, and gender inequities have set a trajectory that finds many of today's parents and caregivers struggling to attain quality health care for their children.¹²⁹

UNINSURED CHILDREN IN GEORGIA

With 176,000 uninsured kids under the age of 19, **Georgia has the fourth-highest number of uninsured children by population of all 50 states and the District of Columbia.**¹²⁶ The absence of health insurance ultimately results in inconsistent care and can lead to poor lifelong health outcomes. Latin children in Georgia are three times as likely to lack health insurance

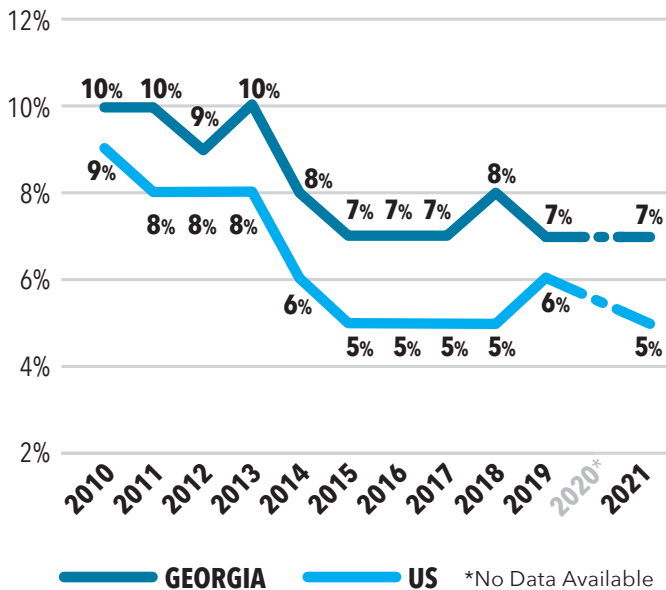
as White children, and more than twice as likely to lack health insurance compared to non-Latin children, in large part due to language barriers, cultural differences, and concerns about immigration status.^{127,128} Lack of health insurance for adults who care for children, whether parents or otherwise, also hinders health and financial stability of children and families.

VOICES RECOMMENDATIONS

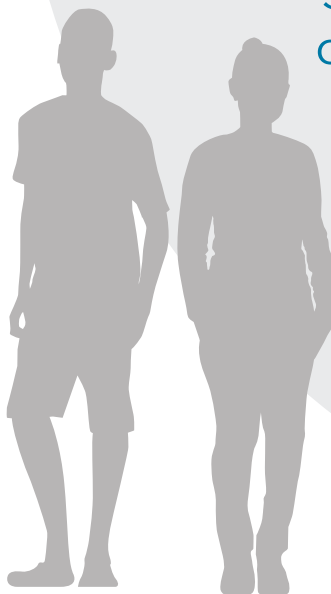
- Guarantee 12-month eligibility for all children on Medicaid in order to facilitate care for children and decrease the state's administrative burden associated with Medicaid churn.ⁱ
- Ramp up Medicaid and PeachCare for Kids enrollment marketing and technical assistance for families with children, particularly Latin families.
- Eliminate the five-year waiting period for lawful immigrant children to apply for Medicaid/ PeachCare for Kids (commonly referred to as the ICHIA option, or the Immigrant Children's Health Improvement Act option).
- Streamline Medicaid enrollment and renewals for young adults aging out of foster care.
- Allow Head Start programs and SBHCs to screen for presumptive eligibility for Medicaid, which allows children to access Medicaid/CHIP services while their application is being fully processed.
- Support federal legislation that allows for medical assistance under Medicaid for youth committed to state detention centers.
- Improve public and private insurance options for all adults caring for or living with children.

i. Medicaid churn describes the temporary loss of Medicaid coverage in which enrollees disenroll and then re-enroll within a short period of time. Churn occurs for several reasons, including short-term changes in income or circumstance that make them temporarily ineligible.

PERCENT OF UNINSURED CHILDREN IN GEORGIA VS U.S., 2010 - 2021¹³¹

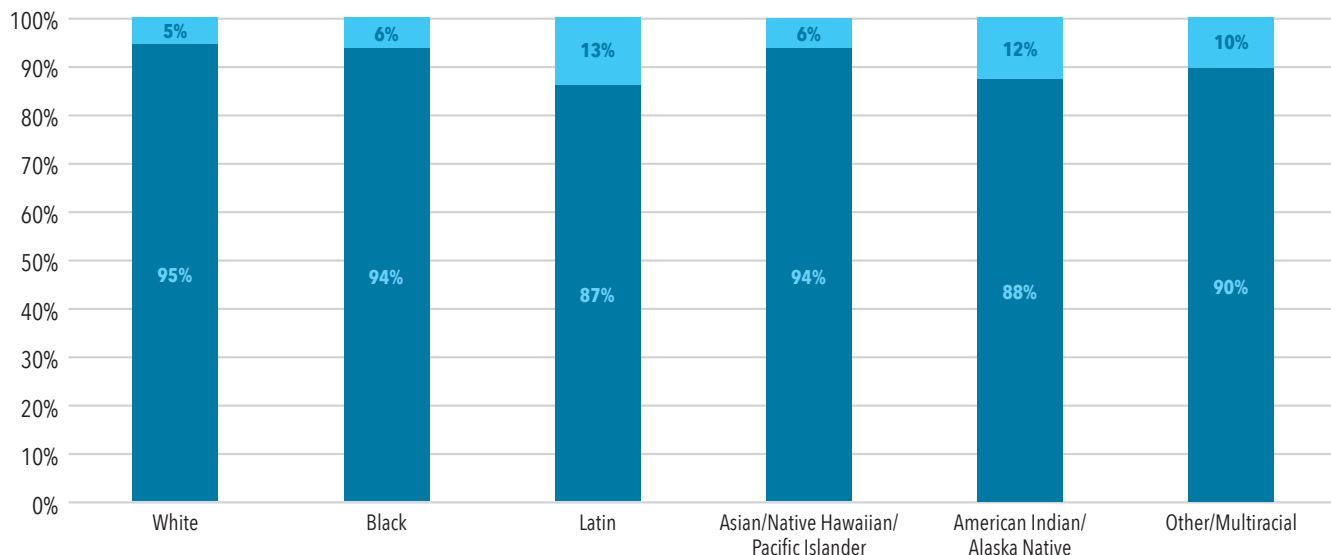


176,000
children are
uninsured in Georgia,
ranking Georgia the
4th highest uninsured
child population
in the nation



INSURANCE STATUS AMONG CHILDREN IN GEORGIA, BY RACE AND ETHNICITY¹³⁰

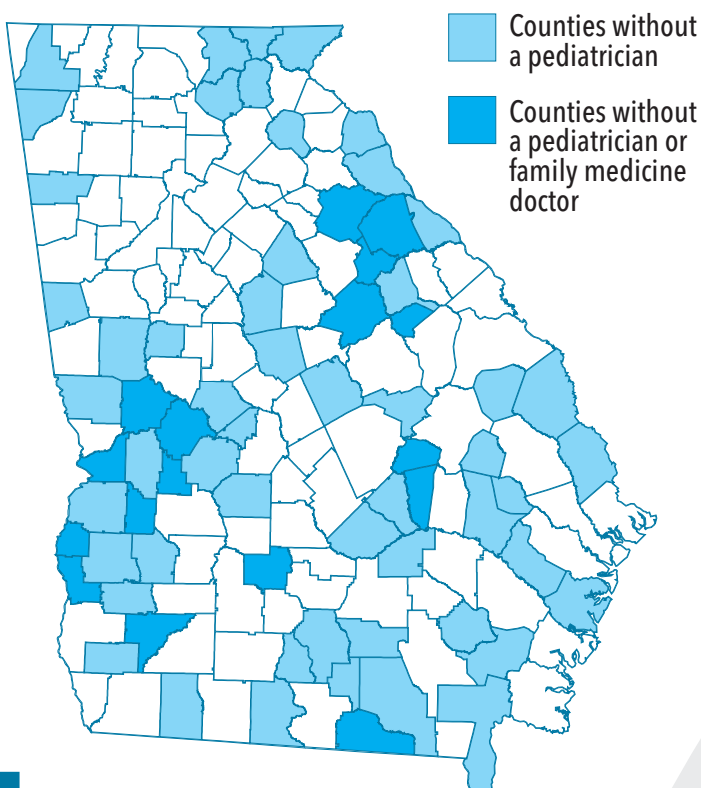
■ % Insured ■ % Uninsured



BARRIERS TO ACCESSING HEALTHCARE

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 Addressing Implicit Bias on page 29).¹³² 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 health and 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. **These challenges can be all the greater for children who live in homes where the total income level is under \$55,500 for a family of four.¹³³ Important to note is that Black, Latin, 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 ones** (see Inequity in Opportunity, Structural Bias, and Racism Lead to Gaps in Wealth on page 27).¹³⁴

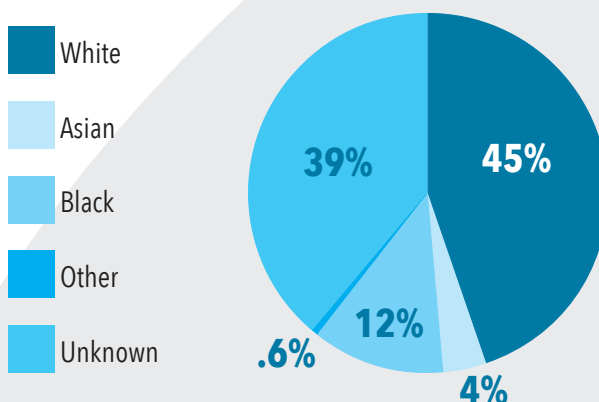
GEORGIA COUNTIES WITHOUT A PEDIATRICIAN, 2020¹³⁶

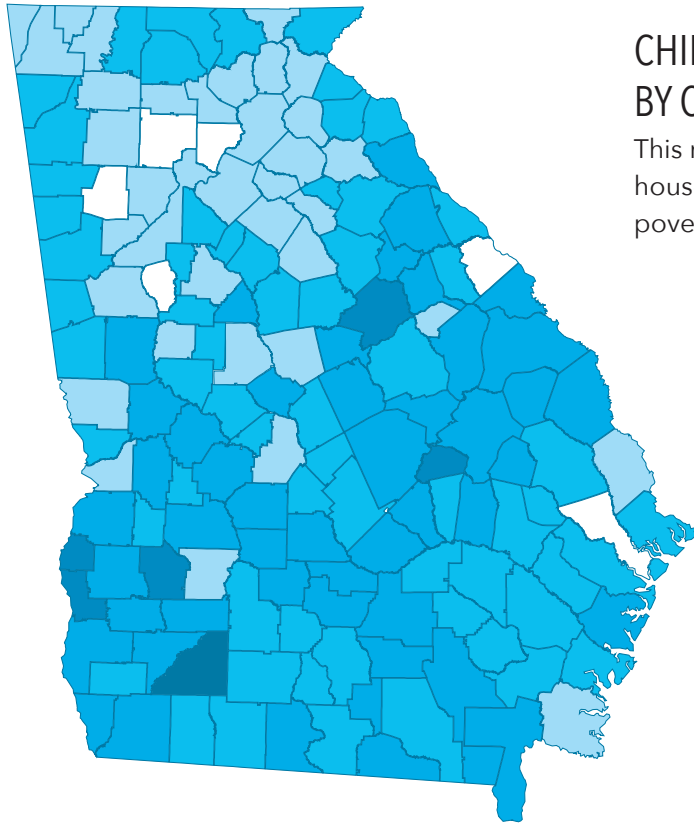


VOICES RECOMMENDATIONS

- Ensure adequate Medicaid/PeachCare for Kids reimbursement rates for pediatric primary and specialty care providers.
- Direct CMOs to reinvest a portion of their profits into communities they serve, in order to impact Social Determinants of Health.
- 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.
- Continue to support the expansion of comprehensive SBHCs by allocating startup funding to underserved counties and communities (see School-Based Health Initiatives on page 20).
- 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)).
- Redouble efforts to increase participation in regularly scheduled well-child visits and vaccinations.

GEORGIA PEDIATRIC PHYSICIANS BY RACE, 2020¹³⁵





CHILD POVERTY RATE IN GEORGIA BY COUNTY, 2020¹³⁸

This map displays the percentage of children living in households with incomes at or below 100% of the federal poverty level (see chart below) for every county in Georgia.



**Statewide Child
Poverty Rate**
19%

2022 Federal Poverty Guidelines

Family/Household Size	100%
1 person	\$13,590
2 people	\$18,310
3 people	\$23,030
4 people	\$27,750

INEQUITY IN OPPORTUNITY, STRUCTURAL BIAS, AND RACISM LEAD TO GAPS IN WEALTH

With approximately one in five children living in poverty in Georgia, the state has among the highest rates of child poverty in the nation, particularly among the rural, Black, and Latin populations. 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 generations (see Addressing Implicit Bias on page 29). Additionally, factors such as limited tax base that restricts investment in education and health care, as well as historical societal and infrastructure constructs that include limited opportunities or low wage occupations may contribute to higher rates of poverty in rural areas.¹³⁷

PREVENTIVE AND WELL-CARE FOR CHILDREN

Approximately, 1 in 4 of Georgia's children under the age of 3 are not up-to-date with their childhood immunizations based on the CDC's recommended immunization schedule.¹³⁹ **Unvaccinated children are at risk of serious and often deadly diseases, and should those kids contract viruses that cause such diseases, they can endanger infants or other children who have not been vaccinated, and 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.¹⁴⁰ 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.¹⁴¹ In fact, untreated tooth decay is a leading cause of school absence in Georgia.¹⁴²

VOICES RECOMMENDATIONS

- Increase efforts to vaccinate Georgia's children and youth.
- Improve consumer understanding 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 communitywide strategies and communication to encourage and facilitate well-child visits for all children and youth.
- Enact multiyear continuous eligibility for children 0 to 3 years old on Medicaid in order to support continuity of preventive care (e.g., well-child visits, immunizations, disability screenings) and sick care in the critical early years. Such continuous eligibility will also decrease the administrative burden for the state.

REDUCING YOUTH TOBACCO USE

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 26.¹⁴⁵ A recent Georgia Department of Education survey showed that nearly 60,000 Georgia students in middle and high school reported smoking cigarettes, e-cigarettes, and/or other tobacco products.¹⁴⁶ What is more, the Georgia Department of Public Health Youth Tobacco Surveillance report found that approximately 27% of high school students believe that e-cigarettes are less addictive than cigarettes.¹⁴⁷ However, youth that smoke e-cigarettes and other tobacco products are more likely to smoke cigarettes in the future.¹⁴⁸ The largest impact on cigarette demand by youths 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.¹⁴⁹

VOICES RECOMMENDATIONS

- Increase the excise tax on tobacco products.
- Prohibit e-cigarettes (vaping) in the same places where smoking is currently prohibited.
- Fund, increase, and improve public anti-smoking and anti-vaping campaigns.

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^{143,144}

ADDRESSING IMPLICIT BIAS

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.¹⁵⁰ As reported by patients, the most common biases that are exhibited in patient-provider interactions include dominant communication styles, fewer demonstrated positive emotions, limited patient engagement in treatment decisions, failure to provide interpreters when needed, and negative nonverbal communication cues (e.g., closed body language, limited eye contact, shorter office visits).¹⁵¹ **Recent studies have found that some physicians exhibit racial bias toward both children and adults.** Sometimes racial/gender biases are demonstrated in the use of microaggressions, which are subtle, intentional or unintentional, slights or insults that communicate derogatory, hostile, or negative messages about an individual, solely based on the individual being a member of a community that has been historically marginalized and that reinforce stereotypes.^{152,153,154}

Key to overcoming this challenge is the collection of patient experience and outcomes data – disaggregated by demographics – 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 by highlighting strengths and gaps in the system.

Additionally, when communication tools, forms, and methods for sharing information are as easy as possible for the consumer to use, patient engagement is likely to improve, possibly offsetting preconceived ideas borne by a provider about the patient.

VOICES RECOMMENDATIONS

- Integrate implicit bias, trauma awareness, and cultural competency training into degree programs and training for all medical professionals and administrators.
- Expand and encourage development of financial and other supports that lead to diversification of the health care workforce at all levels of care.
- Fund and incentivize specialty-focused, culturally aware, and linguistically appropriate training, services, supports, and communications to increase and improve access to health care.
- Continue to standardize the certification processes for health workers who often are trusted members of, and share language, ethnicity, and socioeconomic status with the communities they serve. Also identify pathways for reimbursement of services.
- Encourage consumer equity advisory panels to be convened regularly by health providers and institutions holding state contracts.
- 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.

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.¹⁵⁵ 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 lifespan.

Access to needed behavioral health services and supports has been a long-standing challenge for children and families in Georgia. In 2020, 45 percent of our kids aged 3–17 struggled to or could not access needed mental health treatment and counseling.¹⁵⁶ What's more, the need for behavioral health support is increasing. The Georgia Department of Education Student Health Survey (hereafter referred to as the Georgia Student Health Survey) – an anonymous statewide survey administered by GaDOE – captures student perspectives on mental health, suicidal ideation, substance use, school climate, and more. Georgia students in grades 6–12 reported feeling depressed, sad, or withdrawn at a 14 percent higher rate in 2020 than in 2019. This may not be too surprising given the isolation that many felt during the height of the pandemic. However, reports of anxiety among girls have steadily increased over the last six years. In 2016, only 14 percent (46,581) of girls reported anxiety, compared to 52 percent (97,116) of girls in 2022.¹⁵⁷ And over the last two years, close to a quarter of students reported harming themselves on purpose and/or considered attempting suicide – 24 percent (91,617) in 2022 and 23 percent (53,649) in 2021.¹⁵⁸ Since 2017, suicide has been the second-leading cause of death among youth aged 10–19 in Georgia, with rates rising among Black youth faster than any other racial/ethnic group.¹⁵⁹

Research has shown that from birth 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.¹⁶⁰ 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 their success.¹⁶¹

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.





Did You Know?

In Georgia, there is an encouraging combination of research, public awareness, action, and political will that has shown we can mitigate or even prevent many mental and behavioral health challenges and 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 legislative bodies and 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 & Children Services (DFCS); 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. **Significant policy advancements passed and funded in the 2022 legislative session have provided even more impetus for thoughtful improvements in this field** (see "Georgia's Crisis in Youth Mental Health" on page 33).

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.¹⁶² 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.
- Expand funding of supportive education, housing, and employment policies and practices that promote inclusion.
- Require the State Board of Education to issue guidance affirming that mental health-related school absences are excusable.

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 misuse and alcohol and drug addiction.¹⁶³

GEORGIA'S CRISIS IN YOUTH MENTAL HEALTH

In 2020, forty-five percent of Georgia's children aged 3–17 had difficulty accessing or were unable to access needed mental health treatment and counseling.¹⁶⁴

In the 2021–2022 Georgia Student Health Survey, approximately **73,000** students reported having seriously considered harming themselves.¹⁶⁵

Approximately **70 percent** of youth in DJJ long-term facilities have a mental health diagnosis severe enough to require ongoing treatment.¹⁶⁶

GEORGIA'S RESPONSE

In recent years, government stakeholders have worked to address the deficit in mental health care through strategy, legislation, and budget allocations resulting from the work by various task forces, study committees, and the governor's Behavioral Health Reform and Innovation Commission (BHRIC).

Bills passed in Georgia's 2022 legislative session:

- House Bill 1013, Mental Health Parity Act – A sweeping array of policies improving accountability for payers of behavioral health services, workforce development, consumer consideration, as well as numerous other policies. Please see Appendix A on page 88 for the Georgia House of Representatives Budget and Research Office summary of the bill.
- House Bill 412 – Creates a licensure process for applied behavioral analysis (ABA) therapists who serve children with autism.
- House Bill 972 – Affects licensing requirements for professional counseling, social work, and marriage and family therapists.
- Senate Bill 403 – Develops policy for behavioral health professionals to accompany public safety officers on certain calls.

BEHAVIORAL HEALTH OF GEORGIA STUDENTS IDENTIFIED

The 2021-2022 Georgia Student Health Survey of sixth- through 12th-grade students revealed that:

- Nearly half of all students reported feeling depressed.¹⁶⁷
- Nearly one-third reported experiencing intense anxiety within the last month.¹⁶⁸
- Over 24,000 reported attempting suicide, and nearly 48,000 reported having seriously considered attempting suicide (suicidal ideation).
- Over 173,000 reported substance misuse (see chart on page 35 for substance type)

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 to children, but also work with families to identify and address problems such as a lack of access to food, unstable housing, poverty, violence in the home or community, family instability, untreated parental mental illness or parental substance misuse and other impactful challenges.

OPIOID OVERDOSES AMONG CHILDREN, ADOLESCENTS, AND YOUNG ADULTS

Opioid misuse and unintended overdose among youth and emerging adults is a concern (see 2021 Child and Youth Opioid Statistics on page 35).¹⁶⁹ Opioid misuse in adolescence generally correlates with riskier use in adulthood.¹⁷⁰ While the prevention of opioid misuse, abuse, and addiction is complicated, leveraging strategic, coordinated harm-reduction approaches (e.g., Naloxone availability and awareness, Good Samaritan policies, and attention to drivers for rehab facility recidivism)¹⁷¹ may prevent deaths.

DRUG, ALCOHOL, AND TOBACCO MISUSE FOR 6TH THROUGH 12TH GRADE STUDENTS, 2021-2022¹⁷²

	Number of Students Reporting Use	Percentage of Students Reporting Use
Heroin	9,215	2%
Methamphetamines	9,535	2%
Sedatives	10,347	3%
Cigarettes	10,990	3%
Stimulants	11,731	3%
Prescription painkillers	14,452	4%
Use of other prescription drug that was not prescribed to them	14,865	4%
Other tobacco	15,238	4%
Marijuana	22,562	6%
Vaping	27,022	7%
Alcohol	27,622	7%

CHILD AND YOUTH OPIOID STATISTICS, 2021

	< 1 year	1-4 years*	5-9 years	10-14 years	15-17 years	18-19 years	20-24 years	Total
ER and inpatient opioid overdoses	13	34	7	40	73	129	557	853
ER and inpatient heroin overdoses	0	0	0	1	3	17	203	224
Opioid deaths	0	4	0	2	16	20	112	154
Heroin deaths	0	0	0	0	0	1	9	10

* Opioid overdoses in children under five are usually determined to be unintentional, however some overdoses in infants are considered homicides.^{173,174} Efforts that mitigate unintentional opioid-related harm to children, include prescribing smaller quantities and emphasizing safe storage practices and disposal of unused prescriptions.¹⁷⁵

YOUTH BEHAVIORAL HEALTH IN GEORGIA TWO YEARS INTO THE COVID-19 PANDEMIC

Through 12 two-hour virtual focus group sessions with diverse youth and caregivers across the state, Voices and partners were able to better understand the mental health needs experienced by Georgia's young people during the pandemic, and identify barriers and facilitators to navigating the behavioral health system.

Voices and the Georgia Rural Health Innovation Center facilitated caregiver focus groups that comprised various caregiver types (e.g., parents, foster parents, legal guardians). Youth trained in research methods and focus group facilitation,¹⁷⁶ along with staff from Voices and VOX ATL, conducted focus groups with youth ages 12-18.

As most of the available pandemic mental health data exists solely on a national level, the following findings – based on the experiences and perceptions of Georgia's caregivers and youth – add invaluable context for understanding the unique needs of our state.

Isolation, uncertainty, and drastic lifestyle changes resulting from the COVID-19 pandemic exacerbated mental health issues in both caregivers and youth:

- Access to mental health care before and during the pandemic was extremely limited due to a shortage of providers, inadequate insurance coverage, high costs, and insufficient information.
- Identity (e.g., race/ethnicity, gender), family characteristics (e.g., foster family, single-parent household), and social status create barriers to seeking and receiving mental health care.
- School-based mental health care is limited due to administrative demands, training deficiencies, and shortages of school guidance counselors.
- Knowledge of local mental health resources varies. Better communication about and awareness of those that do exist were identified as critical needs.



IN THEIR OWN WORDS

"I'm the system of care. I am the one that holds it together. I have to coordinate the therapist and the doctors. Actually, we have three doctors, so I have to coordinate all of them and I have to coordinate with the schools and I have to coordinate with the case workers. I am the one that keeps everybody in the know and I'm the one that has to pursue it. If there's any questions, I have to follow up with them."

Caregiver, Clarke County

"I think a lot of us [children of immigrants] mentioned previously that ... our identity makes it more difficult for us, I guess, to seek mental health care because of the stigma around it and maybe not having really anybody nearby or close that we can talk to."

Youth, Age 16, Henry County

"[W]e have a ton of schools but [there are] a ton of kids in them. And we just recently got one counselor in every single school, and that was a huge deal. But [my daughter's school] has 400 kids to one counselor, and so they're just completely overwhelmed."

Caregiver, Camden County

"[There were instances of] individuals not knowing where to go, because issues started coming up in households where issues may not have existed before, and so now we have just a wave of people seeking [behavioral health care], but they don't really know where to go because the schools were not even prepared to deal with the influx."

Caregiver, Richmond County

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.** Unlike much behavioral health treatment for adults and older youth, these interventions place both the caregiver and the child at the center of the treatment. 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 (DECAL) (classroom behavioral support specialists, an infant and early childhood mental health director, and the Inclusion and Behavior Support Helpline) are the primary government contact points for mental health for those aged 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 and their caregivers often struggle with unmet needs.

VOICES RECOMMENDATIONS

- Facilitate Medicaid and private insurance billing for mental health services for children under 4, including use of Diagnostic Classification: 0–5 (an age-appropriate tool for assessing young children for mental health and developmental disorders).
- Promote educational opportunities for new and existing health and child care 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.
- Make services accessible where families are, such as Neonatal Intensive Care Unit, child care, court systems, etc. (e.g., CARES (Certified Addiction Recovery Empowerment Specialist) in Northeast Georgia, Infant Early Childhood Mental Health Consultation, Infant Toddler Courts Program).

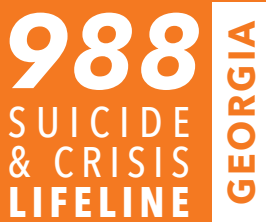
INFANT AND TODDLER MENTAL HEALTH

In 2021, Georgia joined 32 other states in forming the Georgia Association for Infant Mental Health (GA-AIMH), whose mission is to promote family, infant, and early childhood mental health throughout the state. In particular, GA-AIMH works to build capacity among child-serving providers and caregivers to better support and care for infant and young children with mental health needs. Through the efforts of GA-AIMH, DECAL, the Georgia Early Education Alliance for Ready Students (GEEARS) and others, since 2021, an additional 100 clinicians across **120 counties have been trained in Child-Parent Psychotherapy, which supports young children and their families** who have experienced trauma, mental health, or behavioral issues.

GEORGIA COVID-19 EMOTIONAL SUPPORT LINE

1-866-399-8938

The COVID-19 Emotional Support Line connects individuals who have been emotionally, physically, or financially impacted by COVID-19 to needed resources.



The 988 suicide and crisis telephone hotline launched in July 2022, offers Georgians an easy-to-remember three-digit number for immediate behavioral health crisis resources and support.

THE GEORGIA CRISIS AND 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 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 – 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).
- Leverage the peer support workforce to boost cultural and linguistic diversity within behavioral health services.

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 the leadership of the Department of Behavioral Health and Developmental Disabilities (DBHDD), these supports have become available for children and youth. Since Georgia Parent Support Network took over training in February 2021, they have trained 140 Certified Peer Specialists (youth and parent).¹⁷⁷

SCHOOL-BASED MENTAL HEALTH

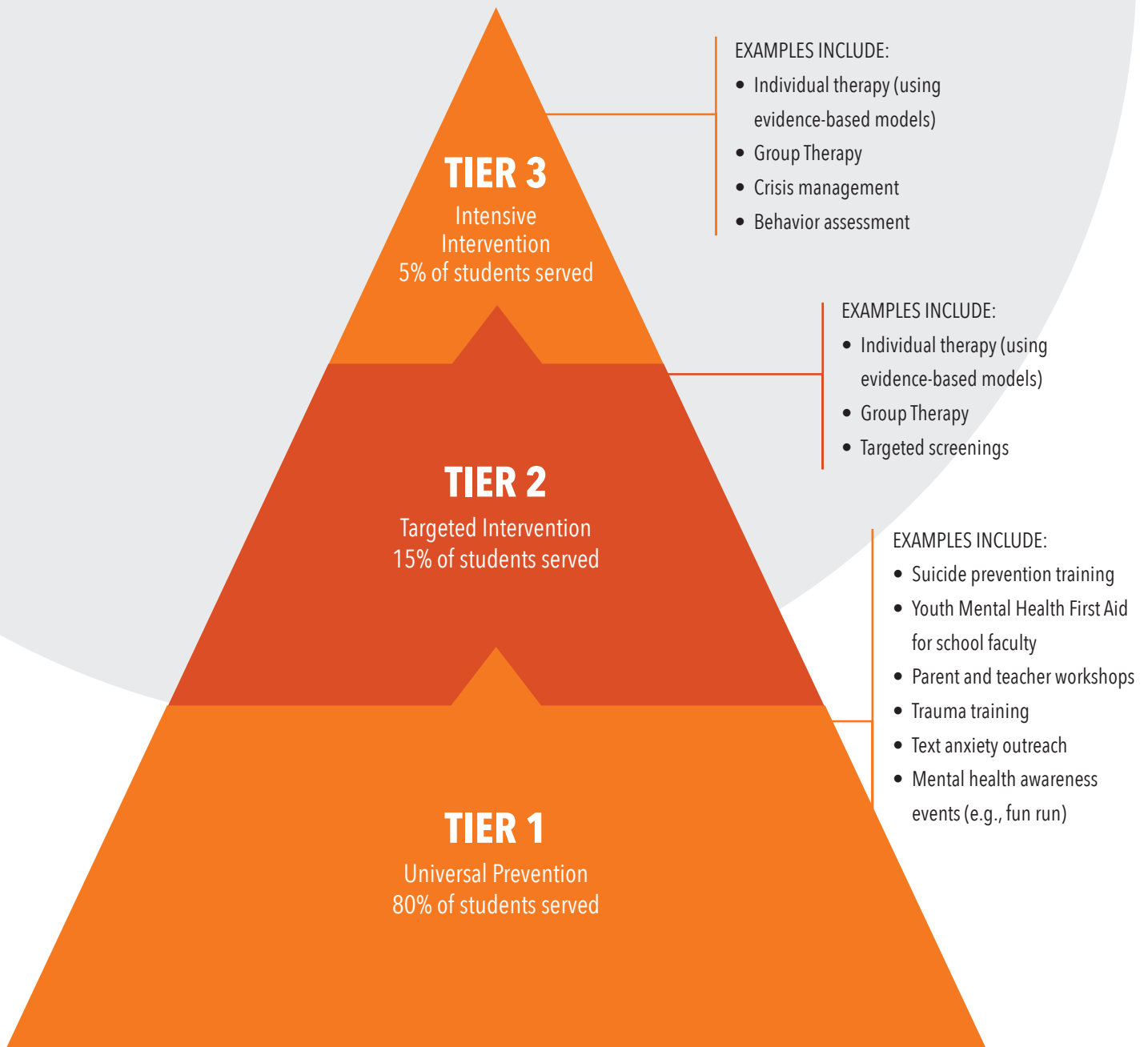
Like comprehensive SBHCs (see School-Based Health Initiatives on page 20), school-based mental health initiatives can help children navigate home and school challenges by providing services without logistical barriers. For example, **the Georgia Apex Program, overseen by DBHDD, is found in more than 731 schools**¹⁷⁸ and leverages local Community Service Boards and private mental health providers to enable access to mental health supports for children and youth in rural and high-needs 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, which 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.

However, due to limited staff capacity, insufficient financial resources, or other reasons, schools may struggle to provide robust behavioral health services directly. What is more, school counselors and social workers are an untapped and overworked resource. The recommended ratio for school counselors and social workers is one to every 250 students; yet the mandated counselor-to-student ratio in Georgia is one counselor for every 450 students, and the Georgia Department of Education funds one social worker for every 2,475 students. Despite being educationally qualified, current ratios paired with the daily responsibilities of school counselors (e.g., guiding registration, assisting with college applications) and social workers (e.g., direct service referrals, assessments), may prevent them from providing or helping children access needed mental health services and supports.

VOICES RECOMMENDATIONS

- Continue to fund and expand PBIS and the Georgia Apex Program.
- Ensure that school-based health (SBMH) centers are comprehensive and facilitate access to behavioral health services.
- Provide enough state funding to ensure, at a minimum, one licensed counselor and one social worker for every 250 students.
- Encourage Georgia Apex and school-based mental health programs to create partnerships with afterschool and summer learning programs to extend services to youth during out-of-school time.
- Leverage existing training and resources (e.g., Sources of Strength, Teen Mental Health First Aid, 4-H, Georgia Campaign for Adolescent Power and Potential, Community Resiliency Model, Free Your Feels (FYF) campaign), including afterschool and summer learning programs, to develop teen-led or -focused mental health support programs and initiatives.
- Explore opportunities to integrate Certified Peer Specialists–Youth and –Parent into SBMH 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
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.	1,424 ¹⁷⁹	62%
Georgia Apex Program strives to build capacity and increase access to mental health services for school-age youth throughout the state.	731 ¹⁸⁰	32%
Sources of Strength is an evidence-based curriculum that involves training youth to build skills to prevent suicide, bullying, and substance use/ misuse.	237 ¹⁸¹	10%
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.	32,444 ¹⁸² educators and school staff	n/a





Georgia has **fewer than 100** child and adolescent psychiatrists, or **less than four per 100,000 children**

LACK OF TRAINED WORKFORCE

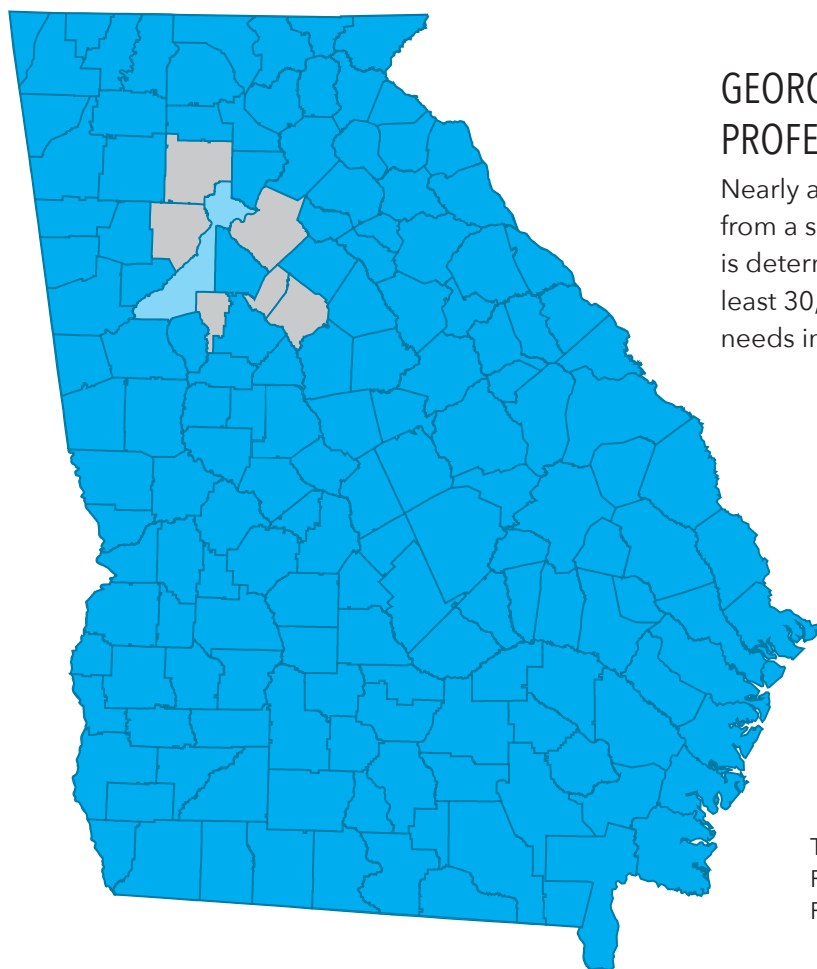
As with other sectors of health care, all levels of mental and behavioral health providers are in short supply, but particularly those who specialize in children and adolescents. The state currently has 99 child and adolescent psychiatrists, or less than four per 100,000 children.¹⁸³ Challenges in educational opportunity and cost, insurance billing, professional mentorship, and secondary trauma,¹⁸⁴ 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.¹⁸⁵

Because of legislation passed and funded in 2022 (see "Georgia's Crisis in Youth Mental Health, Georgia's Response" on page 33) Georgia is just starting to collect detailed data when non-M.D. mental or behavioral health providers apply or renew licensure. This information will help drive workforce development strategy by providing useful details, including provider demographics and languages spoken, which patients or payment types a provider accepts, specialties and certifications a provider has, where one actually practices, and when one plans to retire.

When the availability of culturally and linguistically responsive providers is factored in, the workforce challenge is magnified. **More than 1.5 million (14 percent) of Georgia's residents speak a language**

other than English at home. Studies have shown that behavioral health services are more effective in the individual's native language and when the behavioral health provider understands the potential impacts of a client's culture (e.g., coping style, stigma, preferred social supports). Based upon the current licensing requirements for mental health professions, the following may be major barriers to foreign-trained behavioral health professionals seeking licensure in Georgia: limited or no recognition of foreign education; no recognition of practical experience (practicum/supervision) gained in a foreign setting; and issues navigating the licensure process. Together, these barriers result in such a prohibitive amount of time and cost (particularly for re-education and training), that most foreign-trained behavioral health professionals either forgo practicing in the state or are employed below their level of expertise.

Making sure behavioral health providers are able to meet the needs of children and youth with autism or other developmental disabilities is also key to a successful behavioral health system. What's more, competency in treating and coordinating care and services for children who have more complicated needs, including multiple diagnoses, requires strategic and thoughtful design of not just post-secondary and graduate level course offerings, but also supervision for licensure, an emphasis on child and family-centered, integrated case management, and adequate reimbursement rates for those in the field.



GEORGIA'S MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

Nearly all – 151 of 159 – of Georgia's counties suffer from a shortage of mental health professionals, which is determined by a population to provider ratio of at least 30,000 to 1 (20,000 to 1 if there are unusually high needs in the community).

- Whole county is a shortage area
- Part of county is a shortage area
- None of county is a shortage area

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

VOICES RECOMMENDATIONS

- Allocate funding to strengthen crisis support and intervention services, including continued implementation of 988 and mobile crisis services for children and adolescents.
- Explore opportunities to increase training in evidence-based practices that improve services and supports for individuals with dual diagnoses (i.e., behavioral health disorder and intellectual/developmental disability).
- 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.
- Expand authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently.
- Explore and advocate for pathways to expand and standardize culturally responsive care training.
- Identify and dismantle barriers to licensing for foreign-educated and/or culturally diverse behavioral health professionals.

BEHAVIORAL HEALTH COVERAGE

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. This has been particularly apparent when it comes to youth accessing psychiatric residential treatment facilities (PRTFs), which provide intensive inpatient residential mental health treatment for youth and young adults with serious emotional disturbance that cannot be safely treated in the community.¹⁸⁶

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 accept health insurance at all – further reducing access for families. 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

- Include robust quality measures for behavioral health services in Care Management Organization (CMO) contracts in order to improve such things as case management, care coordination, communications, and practices.
- Monitor Medicaid CMO prior authorization for Psychiatric Residential Treatment Facility (PRTF) and other intensive inpatient and community behavioral health services (e.g., Intensive Customized Care Coordination Model (IC-3), Intensive Family Intervention (ICI)). Where aggregate data indicate the need for closer examination, use neutral panel of experts to assist with deep dives into individual cases.
- Encourage the practice of combining primary health care and mental health care in one setting, and ensure payer reimbursement for such integrated care.
- Streamline the insurer provider certification process as well as billing practices to encourage more providers to accept public and private health insurance.
- Incentivize the use of electronic health records and participation in data sharing systems among behavioral health providers.

THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

The Mental Health Parity and Addiction Equity Act (MHPAEA), passed by Congress and signed into federal law in 2008, 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.^{187,188}

In 2022, the Georgia legislature passed its own Mental Health Parity Act, which is structured to improve adherence to the MHPAEA and also, in short, secures policy and protocols to develop and expand Georgia’s behavioral health workforce, ensure more consumer-friendly service provision and authorization, and encourage and enable more effective and efficient interagency communication, collaboration, and results for all residents with behavioral health needs. Particular attention was paid to adults with behavioral health needs who may or do encounter the criminal justice system, as well as children living in challenging situations or who have particularly complicated needs. For a detailed summary of Georgia’s Mental Health Parity Act, see Appendix A on page 88.

CAREGIVER MENTAL HEALTH ACCESS

Years of neuroscience research have clearly shown the effects that 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 ACEs (see The Basics on page 30).¹⁸⁹ In addition, untreated caregiver behavioral or mental health conditions can result in family environments that are stressful for adult and child alike.¹⁹⁰ To mitigate the effects of trauma, local and state agencies, direct service providers, and community partners must meaningfully embed trauma awareness in their cultures, practices, and policy by focusing on ongoing education, building on positive attributes, and practicing cultural humility.¹⁹¹ Child-serving agencies can also build a multisystem trauma-informed approach by promoting transparency between professionals and the families they serve, collaborating with other child service providers, and instilling a belief that recovery from trauma is possible.¹⁹² In short, when not tended to, the repercussions of a caregiver's trauma or unmet behavioral health challenges can beget trauma from one generation to the next.

RECOGNIZING TRAUMA AND BIAS

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, ethnic, socioeconomic, gender and sexual orientation representation in our behavioral health workforce does not adequately match that of our population, limiting access to care, particularly culturally competent care, for many.** This can result in children and youth feeling ignored, misunderstood, or uncared for by the very people who have been tasked to help them. 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

- Ensure health insurance coverage, including coverage for mental health and substance use treatment services, for all adults, regardless of income, work, or court-involved status.
- Expand access to peer-support and evidence-based treatments available to parents who are incarcerated or otherwise court-involved (e.g., via DFCS, various accountability courts, child support orders, child custody cases, and so on).
- 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).

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 continuing education requirements.
- Intentionally encourage, court, and support culturally and geographically diverse students for professions in mental and behavioral health fields (e.g., GaDOE's Georgia HOSA (Health Occupations Students of America)).
- Leverage the peer support workforce to boost cultural and linguistic diversity within behavioral health services.

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 DFCS is the predominant player in the child-protection field – tasked with oversight for the approximately 10,500 children in their care¹⁹³ – other agencies, including DECAL, GaDOE, DPH, DCH, 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.





Did You Know?

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 children and changing the approach to children¹⁹⁴ and families at risk of or entering the child welfare system. Georgia’s Juvenile Justice Reform Act, human trafficking legislation,¹⁹⁵ 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, **implementation of the federal Family First Prevention Services Act (FFPSA) of 2018 is underway.** The act 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.¹⁹⁶

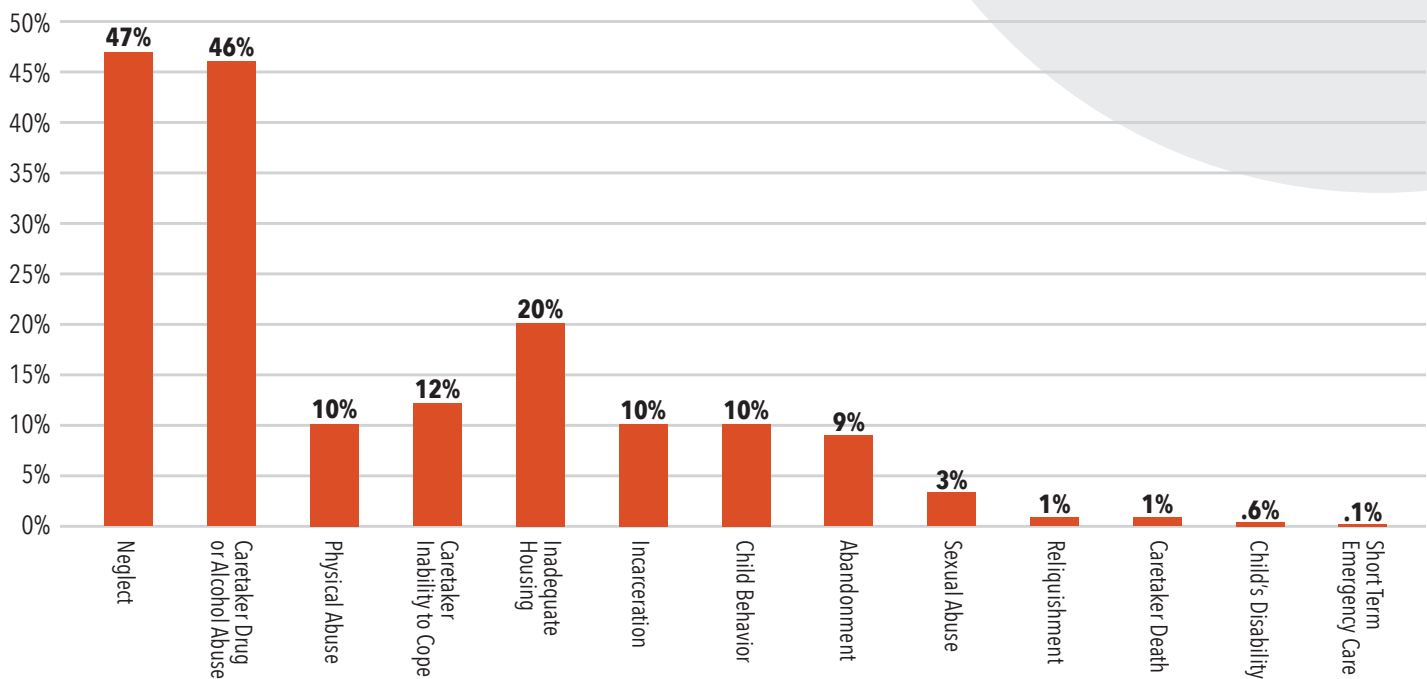
VOICES RECOMMENDATIONS

- 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 at home. Additionally, children may also suffer neglect or abuse from caregivers outside of their homes or families. 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.¹⁹⁷

REASONS FOR A CHILD'S REMOVAL FROM HOME JULY 2021 THROUGH JUNE 2022



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 making recommendations and collaborating with state agencies and local partners. DFCS oversees the Parent Advisory Council, which makes recommendations on policy and practice based on the lived experience 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 statewide Child Abuse and Neglect Prevention Plan (CANPP)**.¹⁹⁸ This road map (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 raises up ideas and current thinking around abuse and neglect prevention, ongoing 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

- Ensure regular, robust data sharing between child-serving agencies.
- Encourage all state agencies to adopt and actively implement the CANPP.
- Support relationships and collaboration between foster care providers in the private and public sectors (see page 53).
- Review, and if necessary, strengthen policies, procedures, state licensing provisions and quality monitoring of residential treatment and respite care for children and youth with behavioral health conditions, including serious emotional disturbance, substance use disorders, and autism.

ACCOUNTABILITY COURTS

Parental incarceration accounts for 10 percent of child welfare removals.¹⁹⁹ Georgia's accountability courts work to provide effective alternatives to incarceration for nonviolent offenders, many of whom are parents. These courts have successfully mentored adults who experience substance misuse, mental health concerns, and unemployment. Family Treatment, Adult Felony Drug, Mental Health, DUI, Juvenile Justice, and Veteran Accountability courts take a restorative approach, giving individuals well-structured, evidence-based opportunities to address barriers to personal and societal success before resorting to more punitive measures.²⁰⁰ 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 misuse, etc.) that result in delinquent child support payments.²⁰¹ Clearly, accountability courts result in more stable families and fewer child-parent separations, giving children the safety and nurturing they need to thrive.²⁰²

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.

173 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.

FIND HELP GEORGIA

Find Help Georgia is an easy way for residents to get connected with help with safety, financial assistance, food pantries, medical care, child care, and more. <https://findhelpga.org/>

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

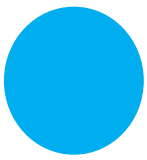
Led by DFCS, it encourages nonprofits, philanthropies, governments, businesses, and communities to collaborate to build a safety net for children and families.

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.



Did You Know?

Through the DFCS' 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.²⁰⁷ Still, from July 2020 through June 2022, there were 10,065 substantiated cases of child maltreatment.²⁰⁸ Pending safety concerns, over 5,000 children were removed from their homes.²⁰⁹

NAVIGATING FAMILY DYNAMICS

Children can be removed from the home for neglect (which can stem from inadequate food, shelter, supervision, parental alcohol or drug misuse, or a lack of access to education or medical care), parental incarceration, physical abuse, sexual abuse, or a child's own endangering behavior²⁰³ (see Preventing Child Abuse and Neglect on page 33). **Of the children removed from July 2021 through June 2022, 49 percent were initially placed in foster care, 33 percent in kinship care (paid and unpaid), and 4 percent in group homes.**²⁰⁴ 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 accompanied it 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,²⁰⁵ and DFCS reported approximately 10 percent fewer reports in fiscal year (FY) 2020 than in 2018 and 2019.²⁰⁶

VOICES RECOMMENDATIONS

- Expand funding for and awareness of Find Help Georgia, a DFCS needs-based triage system for family support services that links families with DFCS-partnered, local organizations to help find resources for housing, food access, and other basic needs.
- Expand home visiting programs (EBHVs). (For more information on Home Visiting, see Attention to Pregnant Women and Infants on page 16.)
- 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 that Temporary Assistance for Needy Families (TANF) dollars are efficiently reaching as many families as possible to better improve long-term returns on the investment.
- Simplify and automate enrollment in and access to benefits for eligible families.
- 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.

Approximately **10,500** children are in foster care in Georgia

FOSTER CARE

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 10,497 children in the foster care system (as of June 2022),²¹⁰ **the sheer volume of need, combined with challenging behaviors or health conditions, can surpass placement opportunities, forcing DFCS to house children in hotels or DFCS offices** with designated DFCS caregivers, not only at extraordinary expense to the state, but often at emotional cost to the child.

More specifically, 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. Also, 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.²¹¹ Sadly, this means that around 600 youth age out of foster care each year, never having found a permanent “forever home.”²¹²

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 (the health insurance payer for all children in foster care) to fund such services.
- Develop inpatient and outpatient healthcare providers’ capacity to serve children with co-occurring behavioral health/developmental disability needs.
- 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 EDUCATION SERVICE DELIVERY

Since 2017, in partnership with the DFCS, the Multi-Agency Alliance for Children (MAAC) has served over 1,820 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 77 percent. Learn more about the LEADS program at maac4kids.org.²¹³

CHILDREN WITH HIGH BEHAVIORAL HEALTH NEEDS

Foster youth and some children at risk of entering the foster care system often have significant health care needs and are more likely to have developmental delays, behavioral problems, depression, anxiety, and other physical and mental health issues.²¹⁴ A lack of access to and coordination of health and behavioral health care has the potential to further traumatize an already vulnerable population of children – and burden an overwhelmed medical system that has seen a growing bed shortage and staffing problem in recent years.²¹⁵

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 or DFCS office and contract with two or more behavioral aides for 24 hours per day. This situation, commonly referred to as "hoteling," comes at a tremendous cost to the state, as well as to the well-being of the child. Currently,

DFCS leadership has placed priority upon better understanding, assisting, and finding placements for children in such challenging circumstances.

VOICES RECOMMENDATIONS

- Increase the availability of DFCS placements for children with severe behavioral health needs.
- Require any CMO serving children in foster care to create portable/sharable electronic health records for children in care.
- Monitor and improve PRTF maximum lengths of stay, discharge practices, services and supports, and access to intensive community services (e.g., Intensive Customized Care Coordination, Intensive Family Intervention).
- Monitor and boost access to Medicaid-covered behavioral health services that support a therapeutic foster care service model (e.g., family skill-building, family therapy, case management, Intensive Customized Care Coordination, Intensive Family Intervention) to support children and youth in foster care with serious emotional disturbance and their foster or kinship caregivers.

EMPLOYEE TURNOVER

Despite steady improvements in pay, operational policy, and the general professional climate of DFCS, employee turnover has been challenging as salaries in the private sector and lower job stress continue to lure away caseworker staff and others. In 2022, the turnover rate of child welfare workers was 55 percent.²¹⁶ 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. In an effort to stem staff turnover, the state used available revenues in FYs 2022 and 2023 to raise salaries for all state employees as well as significantly improve reimbursement rates for child-caring institutions, child-

placing agencies, foster parents, and relative caregivers in both the Department of Human Services and DJJ.

VOICES RECOMMENDATIONS

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

The turnover rate among child welfare workers is **55%**

SUPPORT FOR YOUTH WHO ARE TRANSITIONING OUT OF FOSTER CARE

DID YOU KNOW?

As of June 2022, there were approximately **700** youth aged **18-22 in foster care**.²¹⁷

About **one-quarter** of youth who age out of foster care **experience homelessness** by the age of 21.²¹⁸

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.²¹⁹

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 and 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.

INJURY, DEATH, AND VIOLENCE

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, other than a medical reason, for children under the age of 1.²²⁰ Motor vehicle crashes are the primary cause of death of kids overall, not counting medically related causes.²²¹ Drowning is a significant cause for toddlers,²²² as are 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 2020, **there 117,600 Georgia emergency room visits made by children with injuries.**²²³ 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, seat belts, and life preservers; and, of course, making sure that children are not left unattended.

Also important in injury and death prevention is reducing or, best yet, eliminating violent behaviors. In 2021, 107 children in Georgia died by homicide, making it the second-leading cause of death (not counting medical reasons) for children aged 0–17 in the state.²²⁴ **Violence of all sorts – involving children, youth, and adults alike – is driven by a complex combination of factors at individual, family, and community levels.** Factors may range from unaddressed trauma and tenuous coping skills, to belittling, condescension, and barriers caused by real and perceived individual, societal, and systemic biases (e.g., racism, sexism, genderism, homophobia, ethnic discrimination, and socioeconomic discrimination, to name but a few), to economic instability and lack of resources, negative social norms, and lack of social connections and family support. What's more, factors such as isolation, peer pressure, frustration or anger, Adverse Childhood Experiences (ACEs), toxic stress, and untreated

behavioral health issues can also trigger an extreme response to a situation or feeling.

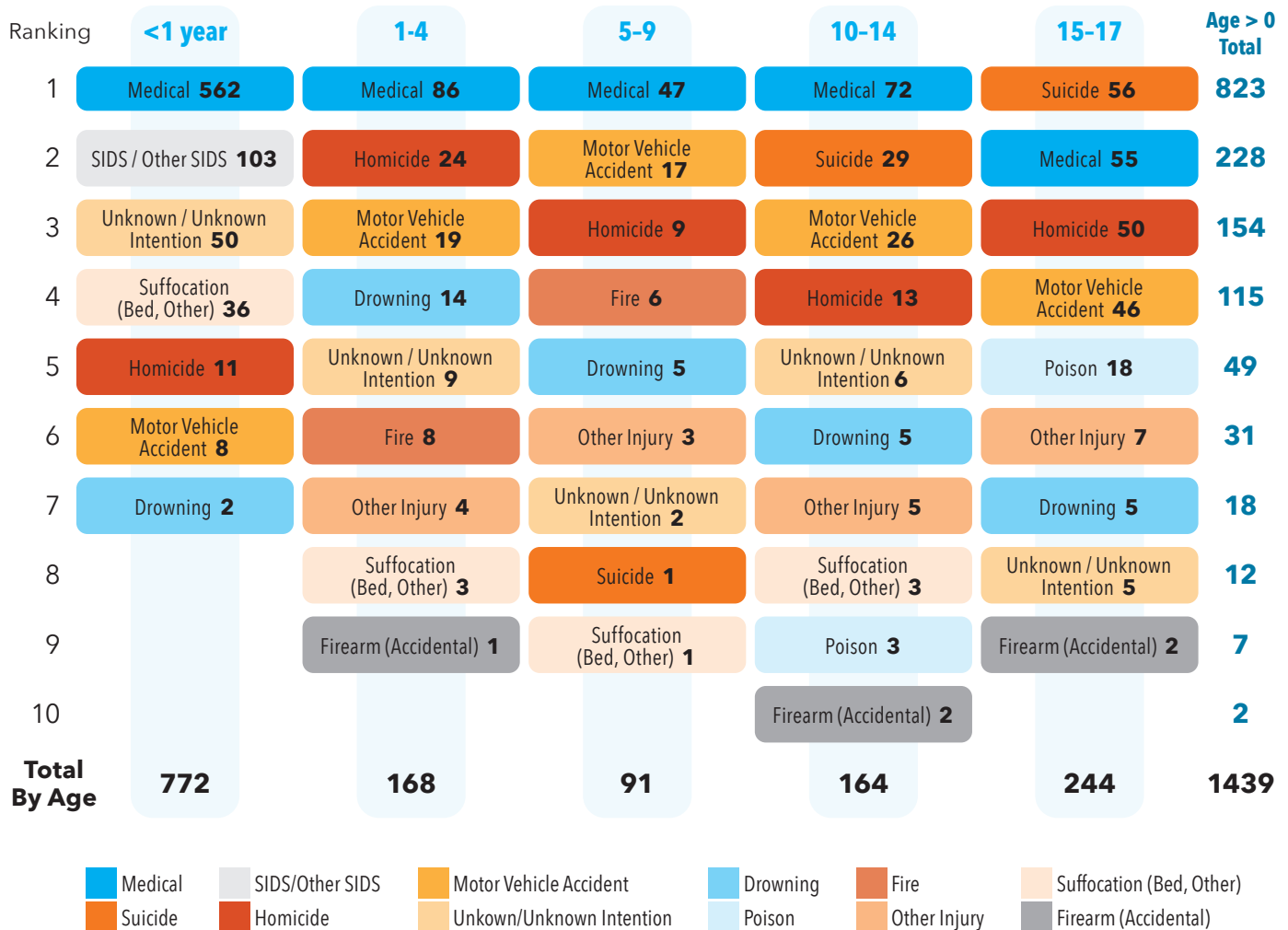
Georgia's reported incidences of assault, rape, and murder have worsened with stressful repercussions from the COVID-19 pandemic.²²⁵ While reported family violence incidence data show a slight increase during 2020, we know that pandemic-related stressors (e.g., financial strain, employment opportunity, stay-at-home orders) were likely to lead to more family violence incidences, and therefore underreported incidences should be considered when reviewing the data.^{226,227}

Policies, including economic ones, that can support families and reduce individual and family stressors, increase social cohesion and community interaction, promote positive social norms, and effectively address trauma and behavioral health are key. On the other hand, policies that reinforce or initiate trauma, create arbitrary barriers, or administer nontherapeutic, nonrestorative responses without consideration for long-term child or family outcomes, can exacerbate existing risk factors for violence by individuals of any age. For instance, barriers to housing resulting from a criminal record or a past eviction filing sometimes prevent caregivers and children from accessing the home and the help they need to safely live and thrive.

VOICES RECOMMENDATIONS

- Continue to expand and support state injury- and violence-prevention campaigns.
- Improve awareness, education, and services to prevent and combat family violence (e.g., domestic violence), dating violence, and sexual abuse.
- Ensure the use of and funding for evidence-based therapies for substance misuse, anger management, family violence, and youth violence.
- Increase opportunities for social cohesion and community building (e.g., At-Promise Youth and Community Centers).
- Improve Georgia's renter protection laws to reduce incidents of unsafe housing and eviction.
- Encourage use of life preservers and maintain swimming pool inspections as drafted in current law.

LEADING CAUSES OF CHILD DEATH IN GEORGIA 2021, BOTH SEXES, ALL RACES²²⁹



INADEQUATE DATA AND DISPROPORTIONALITY

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, health care, 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,²²⁸ an issue that they are now working to better understand and remedy. This may be a result of outside factors that disproportionately affect certain communities.

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 disaggregated 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.

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.

REPORT CHILD TRAFFICKING

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

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.

FIND STATEWIDE RESOURCES TO SUPPORT FAMILIES

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.

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/helplineresourcemap.

FIND A FOOD BANK

To find a food bank near you, visit <https://feedinggeorgia.org/>

APPLY FOR HEALTHCARE OR FOOD ASSISTANCE

To apply for Medicaid, PeachCare for Kids®, food stamps, WIC, 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.

988 SUICIDE & CRISIS LIFELINE

The 988 suicide and crisis telephone hotline launched in July 2022, offers Georgians an easy-to-remember three-digit number for immediate behavioral health crisis resources and support.

FIND CHILD CARE

To find a child care provider near you, visit families.dec.state.ga.us.

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/dphhomevisiting 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.

HOMELSSNESS AND HOUSING INSECURITY

- There were 31,768 K-12 students that acknowledged homelessness in 2021.²³⁰
- At the height of the COVID-19 pandemic, 65 percent of Georgia families with children reported that they were “very likely” to be evicted in the next two months, as of July 2022 (according to a biweekly survey studying how the COVID-19 pandemic is impacting American households).²³¹
- Black student-aged youth experience homelessness at a 70 percent higher rate than white students.²³²
- LGBTQ youth experience homelessness at twice the rate of non-LGBTQ youth.²³³
- Twenty percent of foster placements cite inadequate housing as a reason for removal of a child from the home.²³⁴
- Children under 5 years old who experience homelessness are more likely to experience developmental delays and poor education outcomes than children who do not experience homelessness.²³⁵

Factors that may increase the risk of youth homelessness:

- Family problems, including conflict, neglect, abuse, and parental substance misuse
- Economic problems related to lack of affordable housing and parental unemployment or insufficient wages
- Mental health issues or substance misuse
- Involvement in the foster care system²³⁶
- Caregiver history of criminal justice involvement, eviction notification, or prior eviction^{237,238,239}

EFFECTIVE DISCIPLINE AND JUSTICE

THE BASICS

Research is clear about the effects of environment on the developing brain.²⁴⁰ 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.²⁴¹ Additionally, we know from neuroscience that different parts of the brain develop at different periods of growth and influence a child's decision-making.²⁴² The key to successfully changing inappropriate youth behaviors is to ensure that responses are developmentally appropriate.

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, they can be hopeful about their futures and that adults around them will help them succeed.





Did You Know?

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, 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 (PBIS), 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 continue to refer children to juvenile courts, laws and school policies have somewhat improved school tribunal and disciplinary accountability over recent years, with improved training for school hearing officers and school resource officers (SROs). What's more, GaDOE houses the Office of Whole Child Supports, which focuses on reducing student nonacademic barriers to success and, by so doing, often mitigates problematic behaviors that land kids in trouble.

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.
- Continue to expand Georgia's Apex Program and other behavioral health supports for children and their families (see page 41).

EDUCATION AT THE DEPARTMENT OF JUVENILE JUSTICE

DJJ is the 181st school district in the state and is accredited by Cognia, a nationwide evaluation and accrediting agency for schools. Georgia Preparatory Academy, the middle and high school within the DJJ school system, has 28 campuses across the state in detention and transitional centers. During the 2021-2022 school year, there were 4,226 total enrollments in the school system, with 1,189 of those enrollments receiving special education services. Additionally, Pathway to Success is a high school equivalency program that offers GED instruction and testing, and the Connections Graduate Program focuses on re-entry, work skills development, and postsecondary options for graduated youth under DJJ supervision. During the 2021-2022 school year, DJJ awarded 44 high school diplomas, 36 GED diplomas, and 14 technical certificates of credit.²⁴³

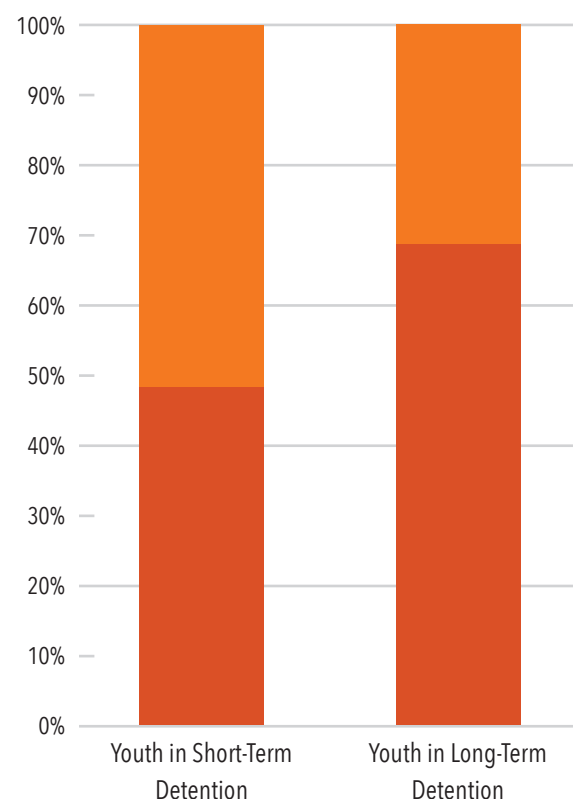
A MODEL FOR DECREASING RECIDIVISM AND SUPPORTING AT-RISK YOUTH: ATLANTA POLICE FOUNDATION'S AT-PROMISE YOUTH AND COMMUNITY CENTER

In 2020, 504 youth were enrolled in specialized services such as tutoring, counseling, and vocational training at the At-Promise Centers. 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 Centers 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 2020.²⁴⁴

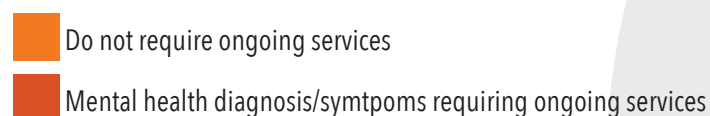
MENTAL HEALTH TREATMENT NEEDS AMONG YOUTH WHO ARE DETAINED IN GEORGIA, FY2020²⁴⁵



1/3 of youth have requiring mental health treatment have trauma related diagnoses

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

- Impulsive - Conduct Disorder
- Substance Use Disorder
- ADHD/Autism Spectrum Disorder
- Parent/Child Relationship problems
- Depressive Disorder
- Trauma
- Sleep-Wake Disorder



Georgia's youth detention
rate has dropped **42%** 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 but one of Georgia's counties for justice-involved youth at medium or high risk of reoffending. JJIG and Community Service Grants programs boast a 72 percent and 81 percent completion rate, respectively. These programs have contributed to a 42 percent overall reduction in juvenile incarceration – including a 45 percent reduction in the incarceration of Georgia's Black youth²⁴⁶ (see Disparities in Response on page 69).

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.**²⁴⁷

VOICES RECOMMENDATIONS

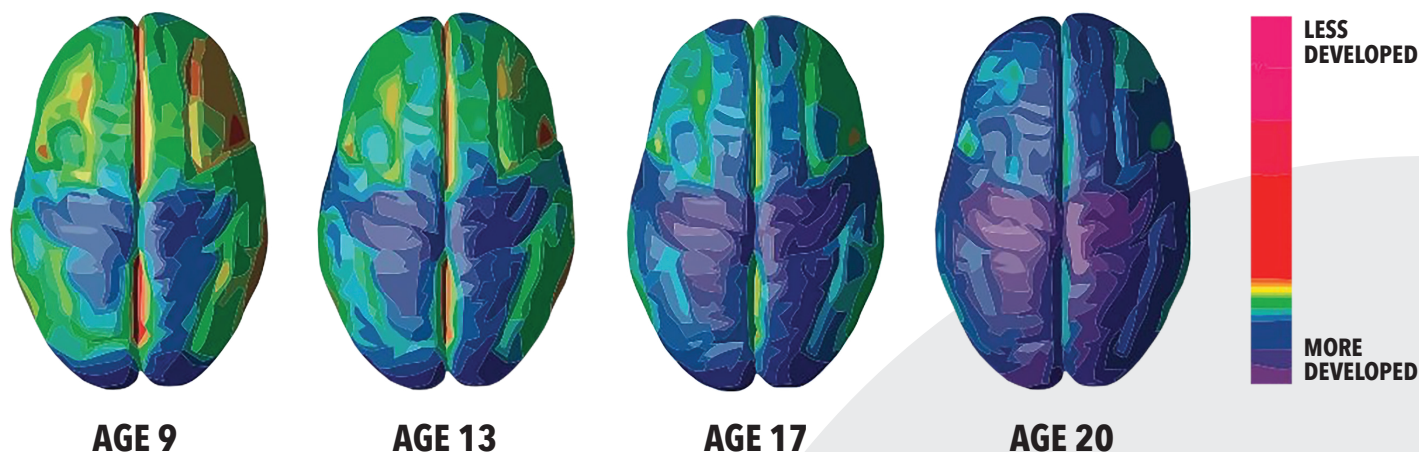
- Develop a reliable funding mechanism, coordination, and accompanying technical assistance support for all juvenile courts' CHINS programs.
- Expand preventive programs and opportunities for youth when school is not in session, including after school and over the summer.
- Use restorative and, when 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.
- 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 seven counties: Athens-Clarke, Chatham, Clayton, Fulton, Glenn, Newton, and Rockdale.²⁴⁸

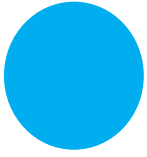
THE BRAIN ISN'T FULLY MATURE UNTIL AT LEAST AGE 25

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.



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. It can be argued that health and behavioral health services; housing supports; educational engagement; targeted workforce development; multiagency community centers; and affordable child care, summer, and afterschool programs for children and their family members can and do reduce the allure of gang involvement.²⁴⁹



Did You Know?

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 an individual 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.²⁵⁰

RAISE THE AGE

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, regardless of the charge. 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.
- Eliminate juvenile life without parole sentences or proxies equating to the same based on current brain development science.

WORKFORCE TURNOVER

Georgia DJJ’s juvenile correctional officers had an overall turnover rate of 73 percent in 2022, with a 95 percent turnover rate for entry level officers.²⁵¹ Low wages, long hours, and a challenging work environment are all factors affecting the supervision and care that 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 who themselves may be traumatized.²⁵² 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

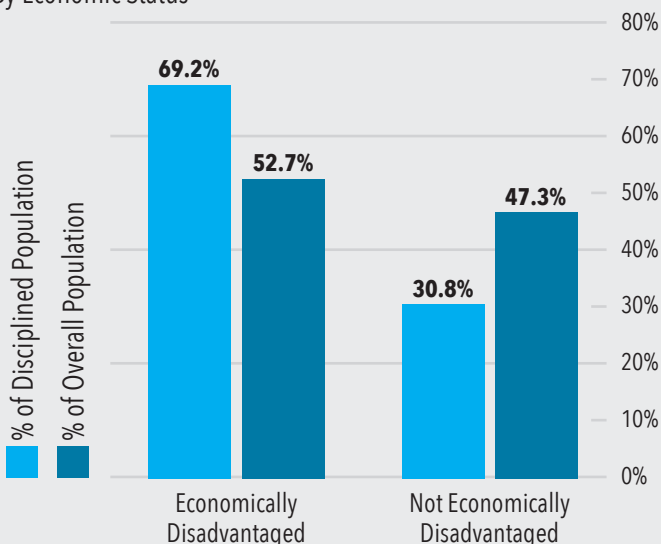
- Continue to increase DJJ salaries, staff mentoring, and support, and reduce overtime demands.
- Improve staff and youth safety by requiring all DJJ staff be trauma-informed and responsive.
- Provide secondary traumatic stress training as well as emotional and mental health supports for DJJ staff.
- Continue to improve and expand evidence-based, therapeutic and restorative programs that reduce recidivism and when possible, youth detention.

DISPARITIES IN RESPONSE

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 Latin peers.²⁵³ Similarly, children in families with low incomes are disciplined at nearly four times the rate of their peers.²⁵⁴ Further, varying disciplinary practices between schools and nonuniform collection of data make disproportionality difficult to measure and address.²⁵⁵ 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 Centers 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 Decreasing Recidivism and Supporting At-Risk Youth on page 65).

GEORGIA K-12 SCHOOL DISCIPLINARY INCIDENTS, 2021²⁵⁶
By Economic Statusⁱ



i. Economically Disadvantaged are classified as students who qualify for reduced or free lunch

VOICES RECOMMENDATIONS

- Require trauma awareness and implicit bias training for all 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. Quality child care is critical in creating a foundation of learning for young children, especially with most children aged 5 years and younger spending an average of 33 hours per week in an early care and education (ECE) setting.²⁵⁷ Moreover, quality ECE, K-12 education, and 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.





Did You Know?

Quality ECE 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 children and youth to an array of other experiences. Such a holistic approach to learning can also greatly expand and improve nonacademic skills such as communication, team building, and healthy habits, 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.

WHOLE CHILD EDUCATION

A whole child approach to education supports the academic and non-academic needs of students as well as their long-term development and success. This approach provides opportunities for each student to:

- Enter school healthy and learn about and practice a healthy lifestyle.
- Learn in an environment that is physically and emotionally safe for students and adults.
- Actively engage in learning and connect to the school and broader community.
- Have access to personalized learning and be supported by qualified, caring adults.
- Be challenged academically and prepared for success in college, further study, employment, and participation in a global environment.²⁵⁸

HOLISTIC APPROACH

Many of 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 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, emotional development, teamwork, academic enrichment, and other life skills of children across the age spectrum of birth to 12. DECAL oversees the education and care of nearly half of Georgia's approximately 785,000 children under age 6.²⁵⁹ Furthermore, DECAL manages the enduring success of Georgia's Pre-K Program, which serves approximately 73,000 4-year-olds in public school and private settings, preparing them for success as they enter elementary school.²⁶⁰ DECAL also supports access to high-quality, affordable care in early learning, afterschool, and summer settings and serves approximately 59,500 children via the Childcare and Parent Services (CAPS) program, Georgia's child care subsidy program.²⁶¹
- **Georgia Department of Education (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."²⁶² 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. In 2021, GaDOE, in partnership with the Georgia Statewide Afterschool Network (GSAN), allocated \$85 million via the Building Opportunities in Out-of-School Time (BOOST) grants, funded through the American Rescue Plan Act, to Georgia's afterschool and summer learning programs. The BOOST grant program is intended to support academic acceleration, connectedness and well-being utilizing a whole child approach²⁶³ (see more in Building Opportunities in Out-of-School Time on page 77).
- **Get Georgia Reading (GGR) Campaign** – Seeks to improve reading outcomes for Georgia's kids upon completion of third grade. GGR is based on a four-pillared framework²⁶⁴ promoted by public and private leaders and organizations, and relies on data showing connection between lifelong child and parent/caregiver well-being, physical and mental health, learning environment, and educator preparedness.
- **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.²⁶⁵ Considering that almost 7 percent of all students in the technical college system are single parents,²⁶⁶ the 2-Gen approach not only opens 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.
- **HOPE and Zell Miller Scholarships and Grants** – Use Georgia Lottery proceeds to fund merit-based and certain career-based scholarships and grants to assist with the cost of postsecondary education tuition.



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, physical health, and fitness.^{267,268} Physical activity also promotes children's healthy brain development in areas associated with attention, information processing, and coping.²⁶⁹ Along with physical activity's immediate impact on well-being, it supports long-term health outcomes and protects against developing chronic health conditions, such as diabetes, heart disease, high blood pressure, and some cancers.²⁷⁰

Throughout the pandemic, disruptions to school and household schedules negatively impacted youths' physical activity access (e.g., physical education class, recess, outdoor time) and magnified inactive behaviors. Unfortunately, many of the inactive behaviors remain. For example, in school year (SY) 2018-2019, one out of four students reported little to no physical activity during the week compared to SY 2021-2022, when it increased to one in three students.²⁷¹

And, as of 2022, it is now a legal requirement in Georgia that public schools provide daily recess (with some exception) to children in grades K-5.

CUMULATIVE EFFECTS OF ECE AND AFTERSCHOOL

Participation in high-quality ECE and afterschool programs yields both short-term and long-term positive results. Recent research has revealed that the effects of ECE and afterschool are cumulative. Youth who participate in both experiences tend to have higher academic achievement at age 15, in both reading and math. This means students who participate in both likely experience twice the benefits. In fact, this combination is believed to yield greater effect than maternal education – a well-studied factor of academic success.²⁷²

VOICES RECOMMENDATIONS

- In revisions to the current ECE Quality Rated standards, provide meaningful opportunity for improvement among all participating programs and accurately assess program quality in all areas critical to child development, including cognitive and life skills development, nutrition, and physical activity. (For more on Quality Rated, see Attention to Quality page 80.)
- Develop, provide, and incentivize opportunities for professionalization of the school-age child care workforce through credentials, certificates, and training.
- Create an interagency liaison to coordinate afterschool and summer programming between DECAL, DFCS, and GaDOE.
- 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, and parent-kid communication workshops sponsored by schools, faith groups, community development associations, or employers.
- Expand access to and incentivize schools to pursue GaDOE's Whole Child Model School Certification.
- Increase the number of Regional Education Service Agencies' (RESAs') wraparound coordinator positions.



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 achieve academically; improve behavior; consider and pursue science, technology, engineering, and math (STEM) or other in-demand careers; and stay out of trouble.^{273,274,275,276} Additionally, summer enrichment can prevent what's known as the "summer slide" by keeping kids' minds engaged and learning when school is out.²⁷⁷

Many afterschool and summer learning programs proved invaluable during the coronavirus pandemic by providing full-day care and support for virtual school and meals. What's more, **these programs provided and still provide pathways to new and recovered learning through enrichment programming and academic remediation and acceleration.**

Unfortunately, however, demand far exceeds supply for afterschool and summer learning programs (see Barriers to Affordable Care on page 78), illuminating the need to further incorporate out-of-school time programming in Georgia's education ecosystem.

Perhaps one of the greatest outcomes of the COVID-19 pandemic is large-scale funding targeted at out-of-school enrichment programs for school-age children and youth. In response to an array of challenges exacerbated by the pandemic, Georgia received nearly \$85 million in federal funding to target programming beyond the confines of school. These dollars have resulted in the quick, strategic, and thoughtful advancement of more than 150 quality afterschool and summer enrichment programs across the state. For the first time in Georgia's history, the opportunities and meaningful supports that youth enrichment programs offer children are receiving needed funding at a meaningful scale. For more on this funding, see Building Opportunities in Out-of-School Time on page 77.

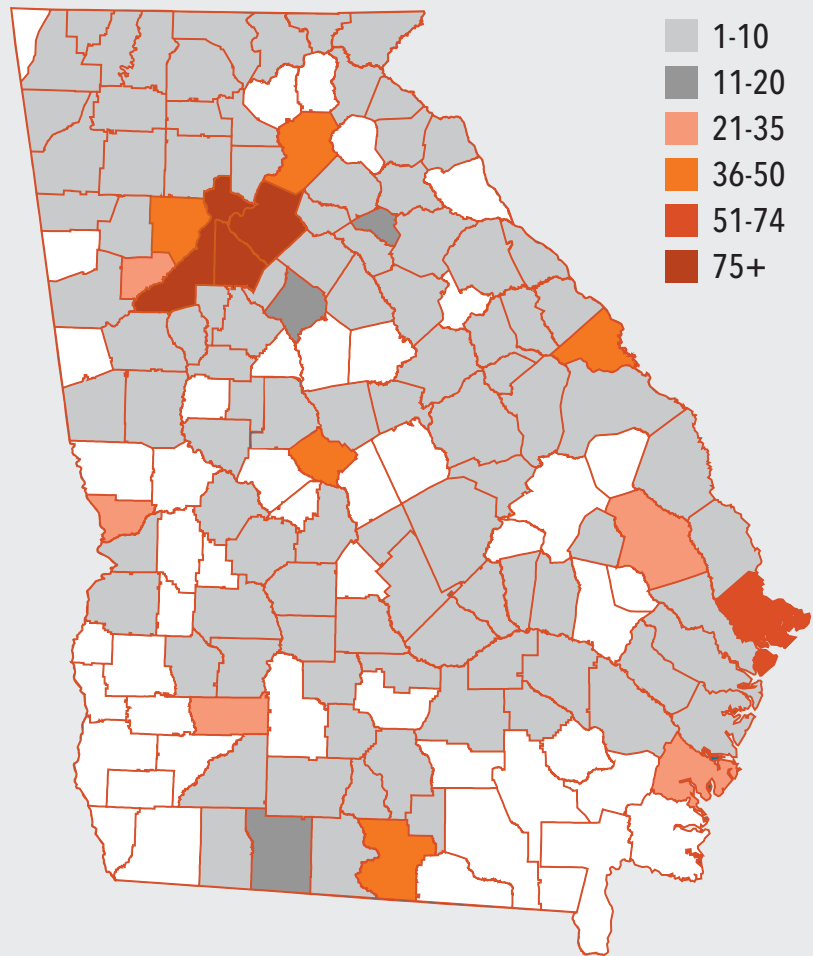
The Georgia General Assembly allocated an additional \$4.7 million from state revenue to the FY 22 budget and another \$4 million to the FY 23 budget to stem learning loss and to match and secure federal dollars used for the DFCS Out-of-School Services Program. This is the first time **Georgia's budget writers have prioritized state monies for out-of-school time programming, resulting in funding support for 69 afterschool programs.**²⁷⁸ Local education agencies (LEAs) are also recognizing the importance of summer programming in accelerating student learning. GaDOE allocated more than \$5.9 billion to school districts and state charter schools via Elementary and Secondary School Emergency Relief (ESSER) funds made available through various federal relief packages. In 2021, 80 percent of surveyed LEAs used ESSER funds to create a new summer program or expand an existing one.²⁷⁹

VOICES RECOMMENDATIONS

- Strengthen partnerships between school districts, community-based programs, and municipalities to align and improve academic and enrichment services and wraparound supports.
- Develop reliable protocols for interagency communication regarding implementation of similar youth enrichment programs.
- Ensure summer learning programs meet family and community needs by offering full-day programming that includes academics, enrichment, free transportation, and meals.

GOVERNMENT-FUNDED OUT-OF-SCHOOL TIME PROGRAMS BY COUNTY²⁸¹

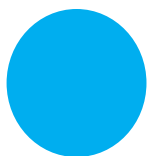
This map displays the number of out-of-school time program sites that received funding in 2022 from at least one of the following sources: 21st Century Community Learning Centers, BOOST, and Out of School Services.



BUILDING OPPORTUNITIES IN OUT-OF-SCHOOL TIME

The Building Opportunities in Out-of-School Time (BOOST) grants program is a collaborative partnership between GaDOE and GSAN, funded through the American Rescue Plan Act. **BOOST allocates \$85 million in grants to afterschool and summer learning in Georgia over the course of three years.** This program directly supports the expansion of access to afterschool and summer learning programs, the reduction of barriers to participation for all youth, and an increase in programmatic quality with a focus on provider sustainability. Target populations include youth receiving free or reduced-price lunch,

youth with disabilities, youth experiencing homelessness, youth experiencing foster care, English language learners, and migratory youth. In 2021, Georgia awarded \$27 million to support 101 grantees that collectively served over 67,000 youth via afterschool and over 78,000 youth via summer programming, including community-based organizations, colleges and universities, and municipalities that are addressing learning loss. The BOOST grants program currently supports youth-serving organizations in 72 of Georgia's 159 counties with more funds reserved to expand to additional rural communities in 2023.²⁸⁰



Did You Know?

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 below could mitigate some of the impediments above.

BARRIERS TO ACCESSING AFFORDABLE CARE

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.²⁸² Additionally, demand far exceeds the supply, leaving many families struggling to access quality care.²⁸³ Federal, state general fund, and Georgia Lottery dollars supplement child care and afterschool programs, 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 need it (approximately 15 percent in 2022).**²⁸⁴

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 some, the strain of the COVID-19 pandemic proved to be too great. And while ECE 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.²⁸⁵ 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

- Continue to expand and annualize state and federal funding to afterschool and summer learning programs to increase access and quality, ensure affordability of care, and reduce nonacademic barriers to learning, with specific focus on the ending of COVID-related funds.
- Continue to increase state and federal investment in Childcare and Parent Services (CAPS).
- Maintain full funding from the state lottery 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
Childcare and Parent Services	Children from birth to age 12 and up to age 17 with special needs. Eligibility requirements consider priority groups, state residency, age, citizenships and other qualified statuses, immunizations, proof of identity, state approved activity, and income.	59,499 ²⁸⁶	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.	22,327 ²⁸⁷	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.	23,089 ²⁸⁸	Federal
DFCS Out-of-School Services Program (previously known as Afterschool Care Program)	Families within low- to moderate-income communities and the foster care system (via Temporary Assistance for Needy Families).	22,845 ²⁸⁹	Federal and state
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.	73,177 ²⁹⁰	Georgia's Lottery for Education
Summer Transition Programs	Income eligibility: 85 percent of the state median income. Rising Pre-K Program: 4 years of age by Sept. 1 and whose home language is Spanish. Rising Kindergarten Program: 5 years of age by Sept. 1.	4,536 ²⁹¹	Federal and state
Learning Loss Grants	Children ages 5-17 years old and currently receive Supplemental Nutrition Assistance Program (SNAP)/ Food Stamps, Temporary Assistance for Needy Families (TANF), Medicaid or Supplemental Security Income (SSI) or have a household income 400% or less of the Federal Poverty Level (FPL). ²⁹²	4,400 ²⁹³	State

COST AS A BARRIER TO CHILD CARE AND AFTERSCHOOL CARE

Nationally, child care costs families who make less than 200% FPL (\$55,500 for a family of four) more than **one-third of their income.**²⁹⁴

In Georgia, parents identified **cost as the greatest barrier** to enrolling their child in an afterschool program.²⁹⁵



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 agencies (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. 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 state²⁹⁶ – including by geography, income, race, and ethnicity.**

Fortunately, LEAs have responded to COVID-19-related learning disruptions by offering extended instructional time, targeted tutorial services, and mental health supports for students. In 2021:

- 80 percent had created or expanded summer programs
- 72 percent had built tutoring programs
- 35 percent had invested in class size reduction
- More than two-thirds added positions like academic interventionists, teachers, school counselors and social workers, and nurses.²⁹⁷

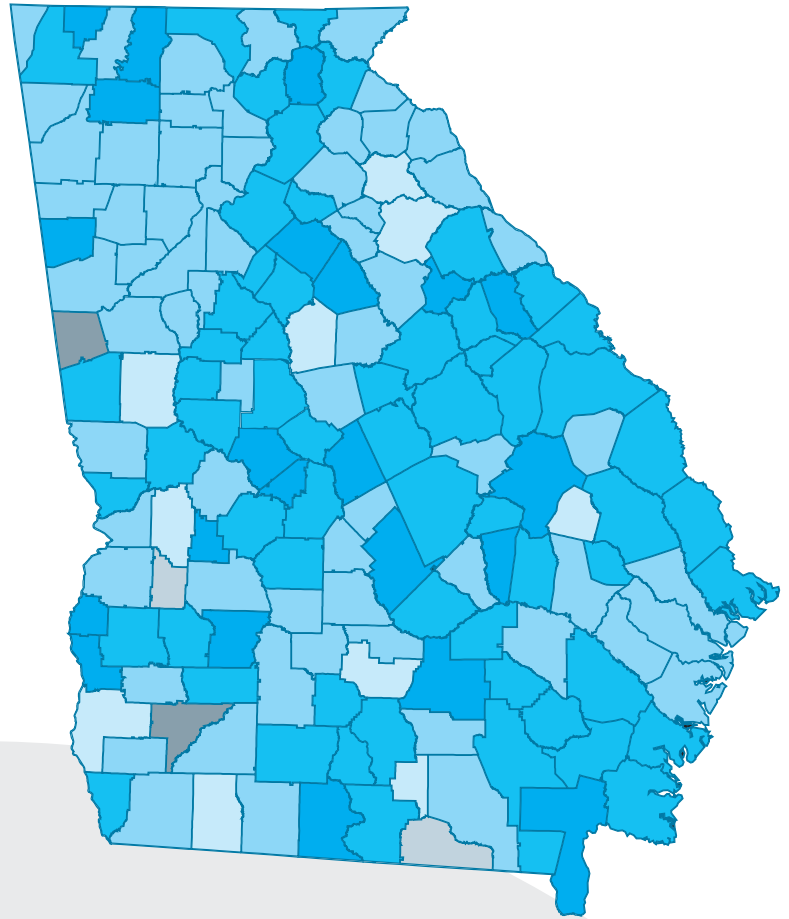
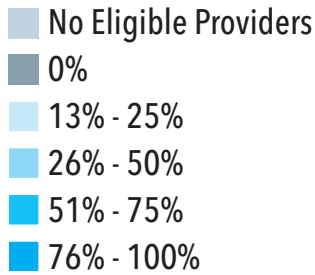
Early education, afterschool, and summer programs play a critical role in education and academic growth. However, incentivizing quality in those settings works differently since most programs are privately owned and run. To address this challenge, DECAL uses licensing requirements, as well as both the Georgia Early Learning and Development Standards (GELDS)²⁹⁸ and the Georgia Quality Rated program²⁹⁹ to guide, assess, improve, and communicate the level of quality in ECE centers and, to a lesser degree, school-age care. Enrollment in Quality Rated is voluntary, and providers that opt in receive additional technical assistance and support from the agency. All providers serving children receiving CAPS subsidies, however, are required to participate in Quality Rated.

On a similar note, the Georgia Afterschool and Youth Development (ASYD) Initiative³⁰⁰ is a collaborative effort between GSAN and GUIDE Inc. and is supported by GaDOE, DECAL, DFCS, DBHDD, and 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 Quality Rated and ASYD Quality Standards, which bodes well for more of Georgia's kids.

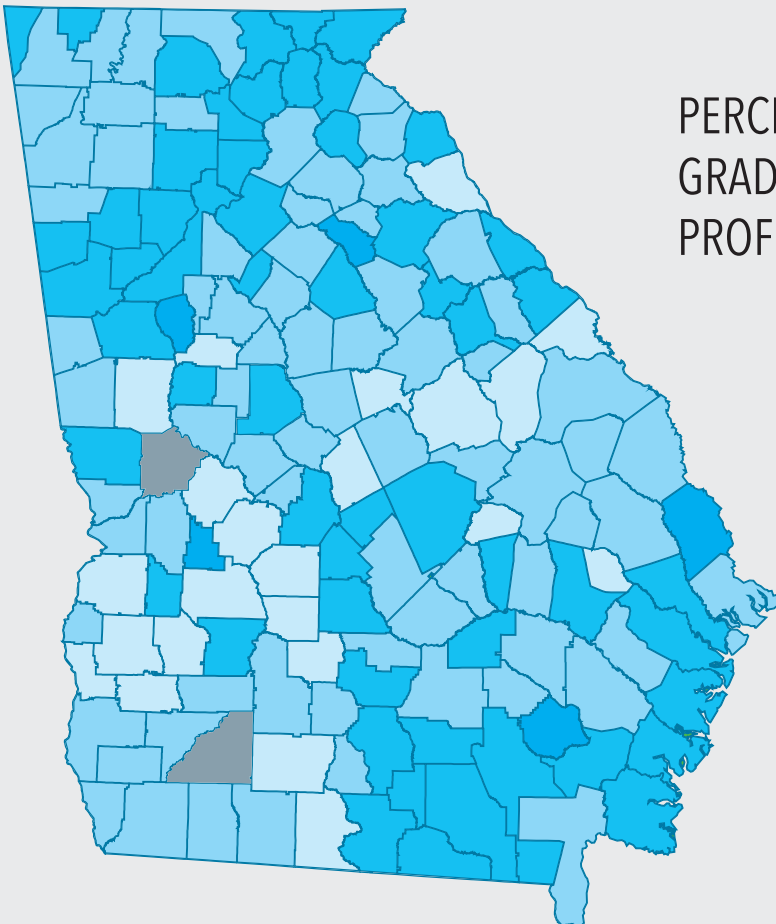
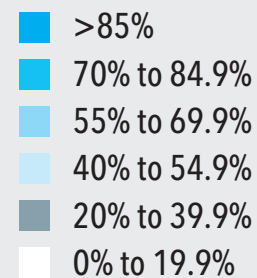
VOICES RECOMMENDATIONS

- Support the expansion and advancement of DECAL's school-age child care programs and policies, including training and technical assistance opportunities, licensing, and exemptions.
- Revise Quality Rated to incorporate school-age classrooms into star ratings and design school-age Quality Rated 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, DECAL, GaDOE, and DFCS).
- Promote use of youth and parent voice in school and program development and evaluation.
- Develop and fund methods to evaluate effectiveness of various summer and afterschool models and/or techniques.

PERCENTAGE OF LICENSED PROGRAMS THAT ARE QUALITY RATED PER COUNTY, 2022³⁰¹



PERCENTAGE OF GEORGIA 8TH GRADERS WITH GRADE LEVEL PROFICIENCY, 2022³⁰²



EQUITABLE ACCESS TO EDUCATION

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 Rehabilitation Act of 1973 Section 504 plan. Unfortunately, in practice, universal educational opportunity has been less than perfect. The Georgia Special Needs Scholarship Program, started in 2007, seeks to address education challenges for children with disabilities by using state dollars to provide vouchers towards private school attendance.³⁰³ While limited in annual state dollar allocation, the eligibility of the voucher has expanded over the years to include children with IEPs and 504 plans, causing concern by some that the program draws public dollars away from public education systems and without the same public accountability for outcomes.

While perhaps not considered “disability”, 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 39 percent less likely to graduate than their peers. In addition, skilled workforce supply, access, and cost can make free appropriate public education 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

- Ensure all current funding streams for public education are being best used to guarantee that 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.
- Encourage implicit bias training for those working across the child-serving spectrum, including those staffing educational and out-of-school facilities and programs.

SCREENING FOR DYSLEXIA IN GEORGIA'S PUBLIC SCHOOLS

The Georgia General Assembly passed a law in 2019 requiring school systems to start screening all kindergarten students and at-risk students in grades 1–3 for characteristics of dyslexia beginning in 2024–2025. School systems may also, but are not required to, screen for other disorders, which include aphasia, dyscalculia, and dysgraphia.³⁰⁵ GaDOE established a three-year pilot program to demonstrate and evaluate the effectiveness of early reading assistance programs for students with risk factors for dyslexia. The pilot program included seven school districts that screened students, provided reading interventions and administered assessments to determine their

effectiveness, and reported results. GaDOE also contracted with a consultant to support the pilot districts, developed capacity-building resources such as a dyslexia informational handbook and various resources on multitiered systems of support, and provided data supports for pilot districts. Following the pilots, the Georgia State Board of Education approved a rule in September 2022 for all public schools in Georgia to start screening students for characteristics of dyslexia by 2024. Schools must also provide academic intervention and monthly monitoring for students deemed to have characteristics of dyslexia.³⁰⁶

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.³⁰⁴

GEORGIA'S INVESTMENT IN WHOLE CHILD EDUCATION

Georgia Department of Early Care and Learning

The Short Term Assistance Benefit for Licensed Entities (STABLE) supports licensed child care providers trying to stabilize their cost by supporting the child care workforce, reducing the financial burden of child care for families, and ensuring a safe and healthy environment.³⁰⁷

Approximately \$922 million

Funded by Coronavirus Aid, Relief, and Economic Security (CARES), Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), American Rescue Plan Act (ARPA)

Providing Our Workforce Essential Recognition (POWER) supports retention of the early learning workforce through multiple rounds of supplemental payments directly to professionals.³⁰⁸

Approximately \$98.5 million

Funded by ARPA, CRRSA

The Supporting Onsite Learning for Virtual Education (SOLVE) program provides scholarships to pay for care, supervision, and support for families with students (aged 5-12 or up to age 22 for students with disabilities) enrolled in a Georgia public school system or charter school offering a primarily virtual learning model.³⁰⁹

\$17 million-\$19 million

Funded by Governor's Emergency Education Relief Fund (GEER)

The School-Age Help and Relief Effort (SHARE) Grant helped support child care providers caring for and supporting school-age children (aged 5-12 years) throughout the school year and those providing summer academic and social enrichment programs for school-age youth.³¹⁰

\$3.7 million

Funded by CRRSA

Georgia Department of Education

Educator retention bonuses were used to provide one-time, \$1,000 retention bonuses to all K-12 educators and support staff in the state.³¹¹

\$230.5 million

Funded by ARPA, CRRSA

The Building Opportunities in Out-of-School Time (BOOST) grant program supports the expansion of access to afterschool and summer learning programs, the reduction of barriers to participation for all youth, and an increase in programmatic quality with a focus on provider sustainability.³¹²

\$85 million

Funded by ARPA

GaDOE's ARPA plan includes:

- Funding for state-level school nurse, school psychologist, wraparound supports coordinator, school social worker, SBHC coordinator, and Medicaid Program Consultant to support student needs (\$2.1 million)
- Establishing school-based health centers (SBHCs) (\$4 million)
- Funding for school counselors, school nurses, school psychologists, school social workers, and other education support professionals (\$7.6 million)
- Providing mental health awareness training for educators to identify suicidal thoughts, abuse, and trauma experienced by students (\$1.5 million)
- Coordinating state and community resources and services to provide wraparound supports (\$2 million)³¹³

\$17.2 million³¹⁴

Funded by ARPA

The Georgia Network for Educational and Therapeutic Support (GNETS) grant provides a program that offers therapeutic services and supports to students with severe disabilities with emergency relief funds to address the impact that COVID-19 has had, and continues to have, on GNETS programs across Georgia.³¹⁵

\$6 million

Funded by CARES

SUPPORTS UTILIZING COVID-19 RELIEF FUNDS

School nursing funds were provided to LEAs and GNETS facilities to fund additional school nursing personnel, supplies, telehealth services, and other similar needs. This grant allocated more resources directly to school nursing programs to offset the additional costs related to the impacts of COVID-19.³¹⁶

\$5.8 million

Funded by CARES

The Special Education Supplemental Relief grant provides local education agencies funding necessary to offset the increased costs of special education services due to the impact of COVID-19 and gives LEAs the ability to better serve special education students during the pandemic.³¹⁷

\$3 million

Funded by CARES

Office of the Governor

Awarded to the **Boys & Girls Clubs of Georgia** to advance student academic achievement by addressing learning recovery and other critical needs of youth brought on by the COVID-19 pandemic.³¹⁸

\$27 million

Funded by GEER I, GEER II

Awarded to **Rock Eagle 4-H Center** for improvements to the facility to increase safety and expand learning experience opportunities.³¹⁹

\$2.2 million

Funded by GEER I

Awarded to **Georgia Youth Science & Technology Centers Inc.** to strengthen STEM learning with real-world information from industries in the state via afterschool enrichment options, family science events, and providing technology to students.³²⁰

\$1 million

Funded by GEER I

Awarded to DECAL's **Summer Transition** Program in summer 2023 to offer high-quality instruction with a focus on language, literacy, and math to reduce the achievement gap.³²¹

\$12 million

Funded by GEER II

Awarded to Georgia's **School-Based Health Center Program** to help strengthen healthcare options for families across the state, including those in underserved and rural communities.³²²

\$125 million

Funded by GEER II

Awarded to the **Georgia Alliance of YMCAs' Learning Loss Program** through facilities across the state, which will facilitate learning recovery in an engaging and student-centric approach that incorporates technology and e-games.³²³

\$2 million

Funded by GEER II

Awarded to GaDOE to fund **Special Needs** Teaching Resources, Special Needs Equipment Grant for Georgia's State Schools, and Hearing/Vision Loss for Infants and Elementary-aged Students (to train and equip schools for mass screenings).³²⁴

\$9.1 million

Funded by GEER II

Awarded to the **Georgia Public Library Service** to replenish the connectivity and remote learning devices in public libraries throughout the state that were used more significantly during the pandemic.³²⁵

\$2.3 million

Funded by GEER II

RAPID RESPONSE FROM AFTERSCHOOL AND CHILDCARE PROVIDERS

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.³²⁶ Similarly, staff report workplace fatigue, with many choosing new careers that offer higher wages, benefits, and flexibility.³²⁷

Georgia, like the rest of the nation, has spent years 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. In metro Atlanta, the average decline in achievement growth over one year reached as high as seven months loss in eighth-grade math and seven and a half months loss in seventh-grade reading. Additionally, **students eligible for free or reduced-price meals and historically marginalized student groups, including Black students, Hispanic students, and English language learners, experienced a larger decline in achievement growth.**³²⁸ Nationally, afterschool program providers have stepped up to meet the challenges posed by this shift in learning outcomes. Federal and state emergency funds were allocated to buoy schools, ECE programs, community-based afterschool and summer learning programs, and child-feeding programs, to name a few. And even with access to stimulus dollars, ingenuity, and Herculean effort on the part of teachers, administrators, and others, ECE programs and public schools continue to fight daunting, virus-related obstacles, such as illness, challenges with virtual learning, and overall fatigue from what has become multiple years of pandemic-driven stress in the workplace.

VOICES RECOMMENDATIONS

- Conduct research on the ECE and youth development workforces, including wages and benefits, staffing shortages, recruitment, and retention.
- Explore strategies to address teacher burnout and encourage staff retention, including better pay, protecting teachers' time, supporting their mental health and well-being, and professional development support.
- Continue to expand broadband infrastructure and to consider it as a utility in order to guarantee universal access, regardless of income or location, and allow children to keep digital devices and/or Wi-Fi hotspots if families cannot otherwise afford them.
- Proactively plan for and design effective ways to compensate for disrupted learning, both in and out of school, especially for children who live with special needs, are in low-income households, or have experienced trauma.
- Encourage mental health and peer supports for educators and child care providers as well as children and youth in their care.
- Reconsider how, where, and when children learn.



APPENDIX A

MENTAL HEALTH PARITY ACT

(HOUSE BILL 1013, RALSTON-7TH)

COPIED FROM THE HOUSE BUDGET & RESEARCH
OFFICE DAILY REPORTS, "LEGISLATIVE DAY 38"

PART I: 'GEORGIA MENTAL HEALTH PARITY ACT'

House Bill 1013 requires that health care insurance plans that provide coverage for mental health treatment or substance use disorders do so in accordance with the federal 'Mental Health Parity and Addiction Equity Act of 2008.' Health insurers must also provide an annual comparative analysis report to the insurance commissioner, which will be available on the Office of the Commissioner of Insurance and Safety Fire's (OCI) website. Failure to submit timely reports can result in fines ranging from \$2,000 to \$5,000. The commissioner is to ensure compliance with mental health parity requirements among health insurers and establish a process for addressing complaints about mental health parity violations. Insurers that do not comply with mental health parity may face punitive action including monetary penalties, compliance plans, or reprocessing of claims. A mental health parity officer is appointed by the commissioner.

The bill revises the definition of "department" to reference OCI rather than the Department of Community Health (DCH) in the existing Act. Further, this bill creates a new definition for "generally accepted standards of mental health or substance use disorder care" and defines it as independent standards of care and clinical practice recognized by certain specialty health care providers, including psychiatry, psychology, clinical sociology, addiction medicine and counseling, and behavioral health treatment.

Additionally, the definition specifies valid, evidence-based sources of accepted standards of mental health or substance use disorder care. The definition of "medical necessity,"

"medically-necessary care," or "medically necessary and appropriate" is also revised to include behavioral health services that screen, prevent, diagnose, manage, or treat an illness.

HB 1013 requires that state health insurers providing coverage for mental health and substance use disorders do so to the same degree as the treatment for a physical illness, and coverage extends to a spouse and dependent(s) covered under a plan. Health insurers must provide annual comparative analysis reports to the DCH commissioner, which will be available on the department's website.

The DCH commissioner is to perform parity-compliance reviews of state health insurers on an annual basis as well as establish a process for addressing complaints about mental health parity violations. The DCH and OCI commissioners are required to make reasonable efforts to provide culturally and linguistically sensitive materials to consumers through the complaint process. Health insurers are not allowed to prohibit same-day reimbursement for someone who sees separate mental health and primary care providers in the same day.

Care management organizations (CMOs) are required to maintain a minimum 85 percent medical loss ratio (MLR) or a higher minimum established in a contract between DCH and a CMO. If the minimum ratio is not met, the CMO must provide a remittance of the amount determined by DCH. The department will post on its website the aggregate MLR for all CMOs, the MLR for each CMO, and required remittances.

PART II: WORKFORCE AND SYSTEM DEVELOPMENT

The bill authorizes service cancelable educational loans for Georgia residents enrolled in educational training for primary care medicine, psychiatry, mental health, substance use, clinical nurse specialist in mental health, or other licensed clinicians or specialists. Loans are conditional on the student agreeing to practice as a professional within an approved geographical area of the state.

The Georgia Board of Health Care Workforce is required to create a Behavioral Health Care Workforce Database to collect

and analyze surveys for behavioral health care professional applicants and licensees. Licensing boards will require these surveys to be completed by professionals upon licensure, and the surveys must include the professional's demographics, practice status, education and training, specialties, average hours worked per week, percent of practice engaged in direct care, retirement plan if retiring in the next five years, child and adolescent specialized training, information on accepting new patients, and types of accepted insurance, including Medicaid and Medicare.

PART III: ASSISTED OUTPATIENT TREATMENT

HB 1013 creates a three-year assisted outpatient treatment grant program to establish the efficacy of the assisted outpatient treatment model in Georgia.

The bill defines “assisted outpatient treatment” as involuntary outpatient care provided by a community service board or a private provider in collaboration with other community partners in order to: identify current residents who qualify as outpatients; establish procedures that lead to a petition being filed in the appropriate probate court when an individual is believed to be an outpatient; provide evidence-based treatment and case management under an individualized plan; safeguard the due process rights of those alleged to require and those civilly committed to involuntary outpatient care; establish communication between the court and providers; continually evaluate each care plan and respond to non-compliance; partner with law enforcement agencies to provide an alternative to the arrest, incarceration, and prosecution of individuals who may qualify as outpatients; and maintain a patient’s connection to treatment services upon transition to voluntary outpatient care.

The Department of Behavioral Health and Developmental Disabilities (DBHDD) will establish a grant program for the implementation of assisted outpatient treatment and provide three years of funding, technical support, and oversight to five grantees. The grantees must be a collaboration between community service boards or private providers, probate courts or other courts with jurisdiction, and sheriffs’ offices.

The bill outlines the process for the application and award of the grants.

HB 1013 requires the DBHDD to contract with a third-party organization or consultant prior to awarding the grants in order to evaluate the program and its effectiveness. The grantees must provide the required information to the third-party organization or consultant, and the department must contractually require the third-party organization or consultant to produce a report and send it to the governor and the chairpersons of the respective House and Senate Health and Human Services committees by December 31, 2025.

Current statute states that when a law enforcement officer has probable cause to believe that an individual is mentally ill and requiring involuntary treatment, the officer is able to take that person to a physician or emergency receiving facility for an examination. HB 1013 states that the officer can transport a patient to a receiving facility if they have probable cause to believe the individual is mentally ill requiring involuntary treatment and have consulted with a physician who authorizes transportation for the purpose of evaluation. The officer is required to write a detailed report about the circumstances of the person’s detainment, which will become a part of the patient’s clinical record. These provisions also apply to those hospitalized for and arrested for penal offenses due to substance abuse disorder.

The governing county authority where the patient is found is required to arrange initial emergency transportation, and the transportation provider is prohibited from releasing the patient to any place other than the receiving facility. At the community mental health center’s request, the court is required to order the sheriff to carry out subsequent transportation appropriate to the patient’s condition. The patient can also be transported by family and friends to the health center’s satisfaction. No female patient is allowed to be transported without another female present unless there is an emergency situation or they are accompanied by a male family member.

PART IV: MENTAL HEALTH COURTS AND CORRECTIONS

Subject to appropriations, the Criminal Justice Coordinating Council (CJCC) will create a grant program to fund accountability courts serving the mental health and co-occurring substance use disorder population to implement trauma-informed treatment and designate an employee to issue technical assistance to the courts. The council will also create a grant program to fund emergency transportation cost for local governments depending on funds.

HB 1013 adds to the list of authorized expenditures of the County Drug Abuse Treatment and Education Fund to include drug abuse treatment and education programs relating to controlled substances, alcohol, and marijuana for adults and children. Additionally, the fund can be used by a mental health court division that serves those with co-occurring substance use disorders.

The bill expands the powers and duties of the Office of Health Strategy and Coordination (OHSC) to: partner with the Department of Corrections and Department of Juvenile Justice to evaluate mental health wraparound services to meet client needs in the state reentry plan; partner with the Department of Community Supervision to evaluate the ability to share mental health data between agencies in order to facilitate identifying and treating people under community supervision who receive community-based mental health services; oversee coordination of mental health policy and behavioral health services across state agencies; develop and implement a solution to ensure appropriate health care services and supports; develop solutions to systemic barriers impeding delivery of behavioral health services; focus on goals to resolve issues related to behavioral health services; monitor and evaluate implementation of

goals and recommendations to improve behavioral health access; establish common outcome measures to evaluate agencies in overseeing mental health services; and create a comprehensive formulary for behavioral health prescriptions under state health plans. Lastly, OHSC is to examine ways to increase certified peer specialists in rural and other underserved or unserved communities and conduct a survey or study on the emergency transport of individuals.

The state will fund at least five new co-responder programs, each of which will have a minimum of one team. Behavioral health co-responders are included in the entities trained at the Georgia Public Safety Training Center.

The Mental Health Courts and Corrections Subcommittee of the Georgia Behavioral Health Reform and Innovation Commission is authorized to submit recommendations to DBHDD regarding the development and future expansion of the program and continue exploring community supervision strategies. The subcommittee is also tasked with continuing to explore community supervision strategies for individuals with mental illnesses.

HB 1013 adds the following persons to the Behavioral Health Coordinating Council: the commissioner of the Department of Early Care and Learning; the commissioner of the Technical College System of Georgia; a behavioral-health expert employed by the University System of Georgia and designated by the chancellor of the university system; the Office of the Child Advocate; an expert on early-childhood mental health appointed by the governor; an expert on child and adolescent health appointed by the governor; and a pediatrician appointed by the governor.

PART V: CHILD AND ADOLESCENT BEHAVIORAL HEALTH

DBHDD is to provide the following annual reports to OHSC: complaints made by individuals receiving behavioral health services; status of housing placements and needs; programs designed to serve disabled infants, children, and youth; and performance and fiscal status of each community service board.

HB 1013 clarifies that community service boards provide mental health, developmental disabilities, and addictive diseases services to both adults and children.

The bill adds a deadline of October 1, 2024, for the creation of a statewide system for sharing of data between various state agencies for the purposes of the care and protection of children.

The Multi-Agency Treatment for Children (MATCH) team is established within DBHDD and is composed of members from the following agencies: the Division of Family and Children Services (DFCS); the Department of Juvenile Justice; the Department of Early Care and Learning; the Department of Public Health; the Department of Community Health; the Department of Human Services; the Department of Education; the Office of the Child Advocate; and the Department of Corrections. The MATCH team facilitates cross-agency collaboration to explore resources and solutions for the treatment needs of children.

PART VI: BEHAVIORAL HEALTH REFORM AND INNOVATION COMMISSION

HB 1013 requires DCH to study and submit a report by December 31, 2022, for its insurance programs (Medicaid, PeachCare® for Kids, and the State Health Benefit Plan) that compares reimbursement rates for mental health services to other states; reviews reimbursing providers of mental health care services; provides an accurate accounting of mental health fund distribution across state agencies; reviews medical necessity of denials for adolescent behavioral health services; and implements coordinated health care for foster youth with claims being immediately shared with DFCS.

The Behavioral Health Reform and Innovation Commission is authorized to collaborate with DBHDD to develop assisted outpatient treatment fidelity protocols and education for grantees; consult with DBHDD in the selection of a research consultant or entity; coordinate initiatives to assist local communities to keep those with serious mental illness out of detention facilities; convene with various health plans and providers to examine how to develop a mechanism to meet

the behavioral health needs of youth and young adults in state custody; provide adoptive caregivers with necessary support; and establish an advisory committees to evaluate methods to create pathways of care and develop and recommend solutions for appropriate health care services.

The bill requires the Georgia Data Analytic Center Project's administrator to prepare an annual unified report of suspected mental health parity violations with data received from OCI and DCH.

The bill also requires DCH to provide Medicaid coverage for any prescription prescribed to an adult by a licensed practitioner medically necessary for the treatment of delusion and mood disorders, including schizophrenia and bipolar disorder, if certain criteria are met.

The abolishment date of the Behavioral Health Reform and Innovation Commission is extended from June 30, 2023 to June 30, 2025.

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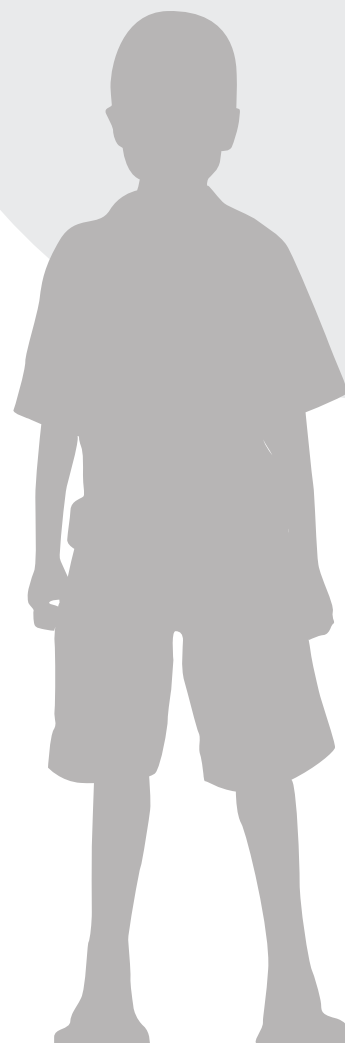
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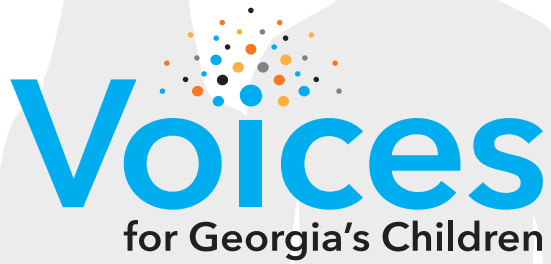
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Voices' mission is to advance laws, policies, and actions that improve children's lives.