

WHOLE CHILD PRIMER

4th Edition

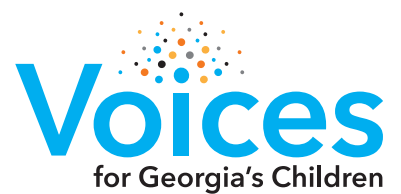


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AGENCY ACRONYMS

A Note Regarding "Relevant Entities"

Throughout this Primer we offer recommendations that can address the challenges outlined in each section. Please note that our use of the term "relevant entities" is meant to identify agencies and/or organizations that may be affected by our recommendations. It is not meant to imply that any listed agency is responsible for implementing or acting upon a recommendation.

AOC	Administrative Office of the Courts
AVLA	Atlanta Volunteer Legal Aid
BOR	Board of Regents
CACJ	Council of Accountability Court Judges
CASA	Court Appointed Special Advocates
CJCJ	Center on Juvenile and Criminal Justice
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCA	Department of Community Affairs
DCH	Department of Community Health
DEA	Drug Enforcement Agency
DECAL	Department of Early Care and Learning
DFCS	Division of Family and Children Services
DHS	Department of Human Services
DJJ	Department of Juvenile Justice
DNR	Department of Natural Resources
DPH	Department of Public Health
GaDOE	Georgia Department of Education
GACFV	Georgia Commission on Family Violence
GAPAC	Georgia Parent Advisory Council
GBHWF	Georgia Board of Health Care Workforce
GBI	Georgia Bureau of Investigation
GDA	Georgia Department of Agriculture
GDC	Georgia Department of Corrections
GOSA	Governor's Office of Student Achievement
GSFA	Georgia Student Finance Association
GVRA	Georgia Vocational Rehabilitation Agency
HUD	U.S. Department of Housing and Urban Development
LEA	Local education authority (school districts)
NPO	Non-profit organizations
OCI	Office of Insurance Commissioner and Fire Safety
OJJDP	Office of Juvenile Justice and Delinquency Prevention
PAC	Prosecuting Attorney's Council
PDC	Public Defenders Council
SAG	State Advisory Group, Georgia Criminal Justice Coordinating Council
SOS	Secretary of State
TCSG	Technical College System of Georgia
USG	University System of Georgia

BASIC DEMOGRAPHICS OF GEORGIA'S KIDS

Population

With a growing population of approximately 11 million, Georgia is one of the nation's fastest-expanding states and is home to more than 2.5 million children.¹ Nearly 23% of Georgia's residents are under the age of 18.² While half of Georgia's overall population is non-Hispanic White, the state has a large Black population and rapidly growing Hispanic, Asian, and multiracial communities.³ In fact, Georgia's Black child population is more than twice the national average.⁴ In contrast, the percentage of non-Hispanic White and Hispanic children in Georgia is below national percentages. Over the past decade, Hispanic, Asian and multiracial youth populations have increased (by 21%, 26%, and 28%, respectively), while the non-Hispanic White youth population has slightly declined (8%). Georgia's Black youth population has remained relatively stable.⁵

	Georgia	United States
Non-Hispanic White	41%	46%
Black	34%	14%
Hispanic	16%	26%
Asian	5%	6%
American Indian/Alaskan Native	<0.5%	1%
Native Hawaiian/Pacific Islander	<0.5%	<0/5%
Two or More	4%	5%

Table 1. Georgia Population vs. U.S. Population by Race and Ethnicity (Under Age 18)⁹

Housing

Housing instability affects many families with children in Georgia. While the state's overall homeownership rate is slightly above the national rate at 66%,⁶ renters—who often have lower incomes—face rising housing and rental costs. As housing prices have climbed by 60% and rent by 33% in recent years,^{7, 8} families, especially those with young children, are finding it harder to afford stable housing, particularly in urban areas. **In 2022, 28% of kids under age 18 lived in households where more than 30% of the monthly income was spent on housing costs** (i.e., rent, mortgage payments, taxes, insurance). Kids who live in low-income households are almost twice as likely to be in the same position.

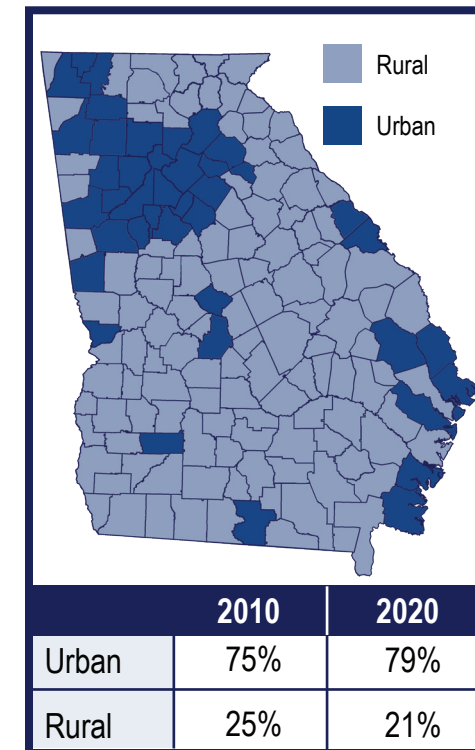


Figure 1. Rural v. Urban Population of Georgia 2010 and 2020¹⁵

Geographic Distribution

Nearly 80% of the state's population lives in urban areas, primarily in metro Atlanta and regional hubs in North and Coastal Georgia (see Figure 1 to the left).¹⁰ In rural areas, population decline has been steady, affecting many of the communities these children call home.¹¹

Income and Poverty

In 2022, Georgia's median household income was \$72,837, slightly below the national average of \$74,755, and the 22nd highest in the United States.¹² Georgia's poverty rates reveal significant disparities in economic well-being across the state, particularly in rural and minority communities (see Figure 2 below). Approximately 18% of the state's children live in poverty. Black and Hispanic children are more than twice as likely to live in poverty than White children (see Table 2 below).¹³ These rates are most pronounced in rural southern Georgia, where poverty is exacerbated by limited access to healthcare (e.g., pediatric and primary care, behavioral health, obstetrics/gynecology, and specialty services) and scarce resources such as employment opportunities and the prevalence of food deserts.¹⁴ See *Uninsured Children* on page 12 for more details.

Non-Hispanic White	41%
Black	34%
Hispanic	16%
Asian and Pacific Islander	5%
Two or More	<0.5%

Table 2. Georgia Children Living in Poverty by Race and Ethnicity, 2023 (Under Age 18)

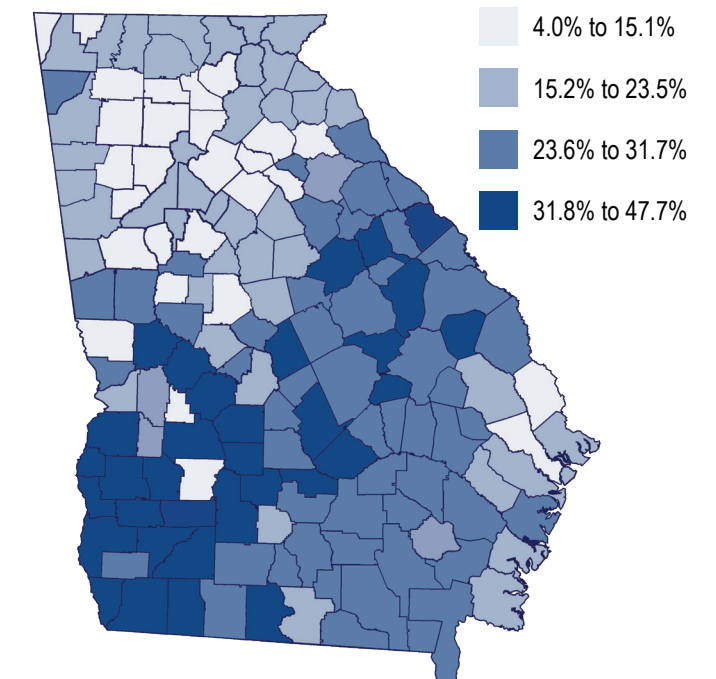


Figure 2. Children Living in Poverty¹⁶

In the following chapters, we'll explore the challenges facing Georgia's children in greater detail. The state's future hinges on the well-being of its youngest residents, yet differences in income, healthcare, education, and housing access underscore the urgent need for targeted policies to ensure every child in Georgia has a strong foundation to thrive.

EVERY CHILD DESERVES

- **To have the best possible health.**
- **To be able to trust healthcare 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.**

Ensuring that children have what they need to thrive is often more challenging than it appears. Getting them to well-child appointments, sports physicals, and vision and dental appointments can interrupt not only a child's school day but also a parent's workday. When you factor in visits to physical therapists; medical, vision, or dental specialists; behavioral health providers; or the local emergency room — not to mention managing health insurance, medical forms, and bills — it can feel like a full-time job for the entire family. Of course, these challenges become exponentially harder for families facing obstacles such as low income, finding child care and transportation, and securing doctor's appointments — simple to access healthcare. That is why we advocate for making health care for kids accessible, affordable, and sensible.

Kids generally incur lower healthcare costs. They tend to be healthier than adults, and while kids constitute the majority of Georgia's **Medicaid** program at 70%, they represent only 26% of the cost.^{17,18} When kids receive what they need — namely effective and timely care, nutritious food, safe and stable housing, and nurturing caregivers — they have fewer high-cost expenses and tend to remain healthier as they grow.

PREVENTATIVE AND WELL CARE

HEALTH

One-third of Georgia's young children miss their annual **well-child visits**, and less than half of the state's children of all ages have a regular primary care physician.^{19, 20} This can lead to missed vaccinations and the lack of timely examinations and assessments by trained medical professionals. As a result, these children may be left vulnerable to undiagnosed or untreated medical conditions, developmental disabilities (including vision and hearing impairments), mental health challenges, and more.

Approximately one in four of Georgia's children under the age of 3 is not up to date with their childhood immunizations, per the Centers for Disease Control and Prevention's (CDC) recommended immunization schedule.²¹ Each unvaccinated child is at risk of serious and often deadly diseases.²² If contracted, these diseases can endanger infants, other unvaccinated children, and individuals with compromised immune systems.

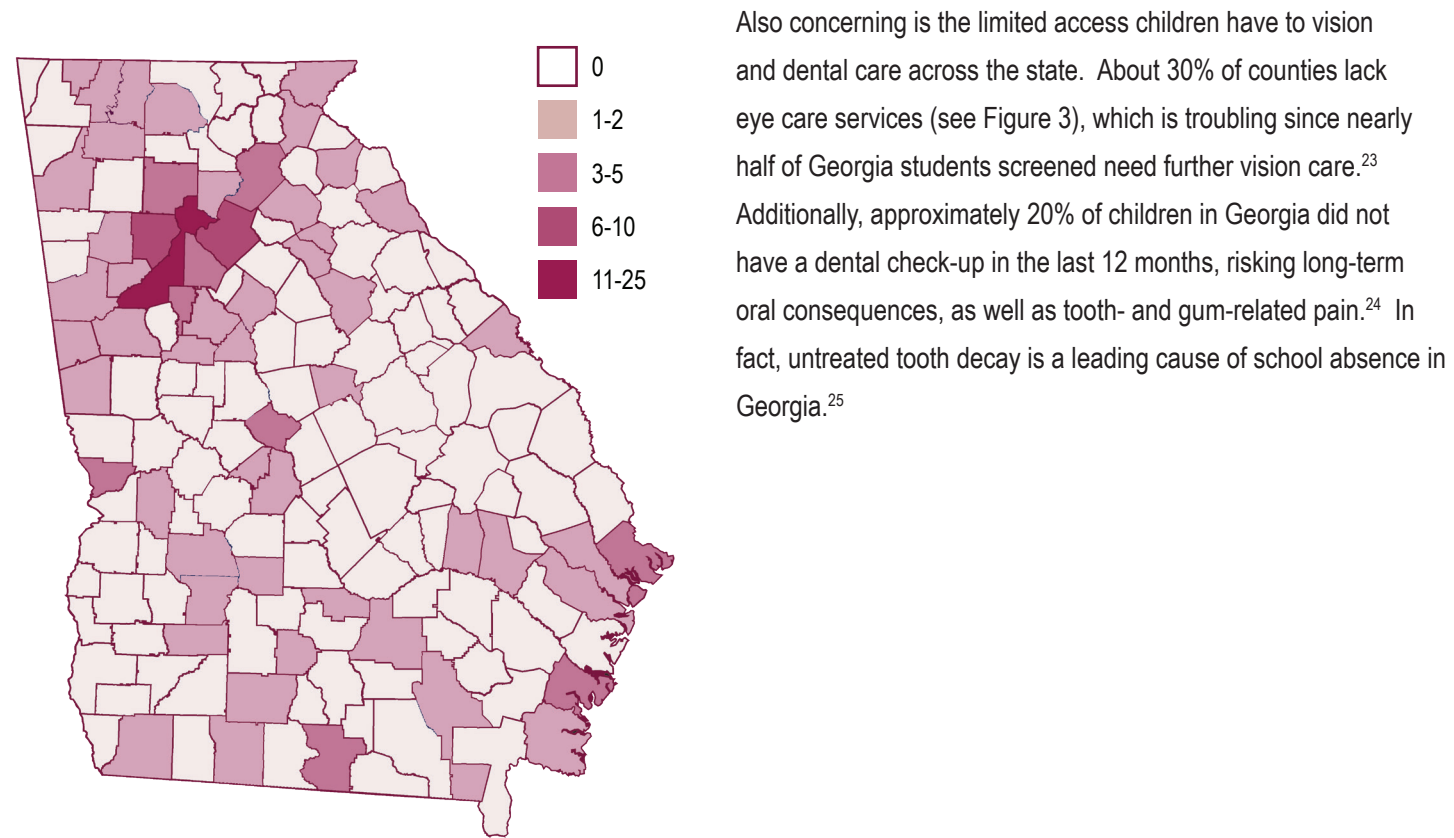


Figure 3. Available Eye Care* in Georgia, by County, 2024²⁶

*Eye care service providers were defined in this study as optometrists and ophthalmologists.

Recommendations

- Redouble efforts to increase participation in regularly scheduled well-child visits and vaccinations.
Relevant entities: DCH, DPH
- Increase education and public awareness efforts on the importance and safety of vaccines for children and youth.
Relevant entities: DPH, DCH, GaDOE, DECAL
- Improve legislator and caregiver understanding of the importance of childhood and adolescent vaccinations, preventive well-child doctor visits, and regular vision and dental care.
Relevant entities: DPH, DCH, DHS, GaDOE, DECAL
- Incentivize expanded or varied pediatric and dental office hours to make it easier for working parents to bring children in for exams.
Relevant entities: DCH, DPH, DBHDD
- Enact multiyear continuous Medicaid eligibility for children from birth until their 6th birthday to ensure continuity of preventive care.
Relevant entities: DCH
- Continue to invest in startup funding to expand the availability of comprehensive school-based health centers that also include behavioral health services and supports.
Relevant entities: DCH, GaDOE, DPH
- Ensure that all children on Medicaid/PeachCare for Kids® receive the full complement of services and supports to achieve optimal health.
Relevant entity: DCH

UNINSURED CHILDREN

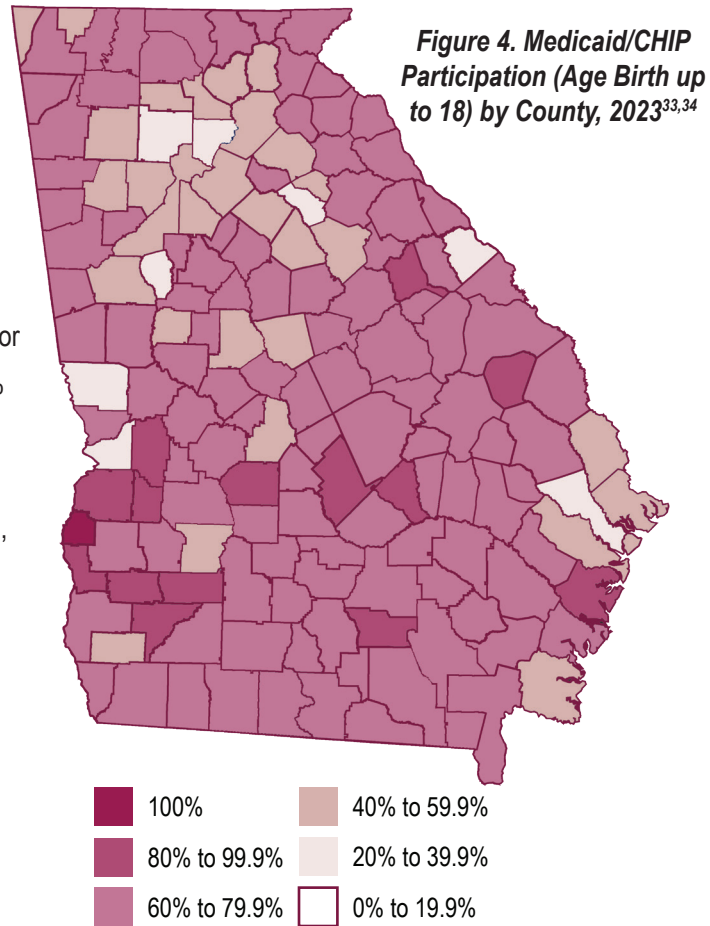
Funded by both the federal and state government, Medicaid and **PeachCare for Kids®** (a/k/a Children’s Health Insurance Program or CHIP) together insure 1.4 million children and youth in Georgia, aged 0 through 18.²⁷ (See Figure 4 below.) That equates to 56% of the state’s kids under 19.²⁸ Eligibility is mainly income-based but can vary based on age and health condition. Medicaid also covers all children and youth in the state’s foster care system and some of those detained by the Georgia Department of Juvenile Justice (DJJ).

Georgia has long struggled to get and keep eligible children enrolled in Medicaid. However, when the COVID-19 pandemic occurred, the federal government relaxed Medicaid rules to allow those enrolled in the program at that time, as well as new enrollees, to remain covered without needing to reapply each year. Recently, the federal government rescinded this rule, and every state had to redetermine eligibility for its Medicaid members – a process known as **“Medicaid Unwinding.”** This involved reviewing the eligibility of Georgia’s 2.8 million members, approximately 70% of whom were children. Because of this, more than 700,000 adults and children lost their health care coverage, with 80% losing coverage simply because the state did not have enough information to determine their eligibility (also called a “procedural denial”). In short, Georgia’s challenge to enroll eligible kids in Medicaid has been exacerbated by the ending of a pandemic-era policy.

Youth transitioning out of the juvenile justice or foster care systems face challenges in maintaining health care coverage, largely because the state does not ensure that health care eligibility and enrollment are secured before they exit the system or help these youth maintain coverage in the subsequent years after separation from the system.

Lack of health insurance leads to inconsistent care and can lead to poor lifelong health outcomes. In 2023, 160,000 of Georgia’s children (6.4% of children under age 19) did not have health insurance, ranking it as the twelfth-highest number of uninsured children in the nation²⁹ (see Table 3 on page 13). Hispanic children are disproportionately affected, being three times more likely to be uninsured than White children and twice as likely as Black children.^{30, 31}

Parents and caregivers who do not have health insurance (in Georgia, totaling nearly 300,000 in 2022³²) face challenges that impact the health, well-being and financial stability of their families, placing additional strain on time, **mental health**, and resources for all household members, including children.



HEALTH

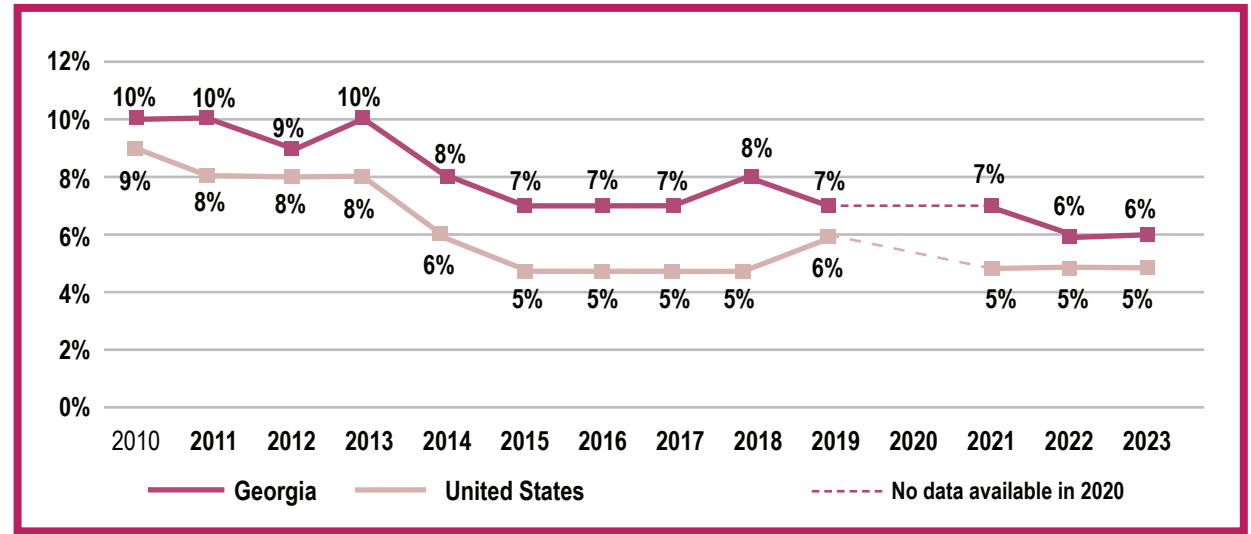


Table 3. Percent of Uninsured Children in Georgia v. U.S., 2010-2021³⁵

Recommendations

- Implement multiyear continuous Medicaid eligibility for children from birth until their 6th birthday to facilitate care for children and decrease the state's administrative burden associated with Medicaid applications.
Relevant entities: DCH
- Improve technical assistance for all public benefits application processes, including a publicly available list of organizations that assist families with public benefits applications.
Relevant entities: DHS, DECAL, DCH
- Increase marketing and assistance efforts for Medicaid and PeachCare for Kids® enrollment.
Relevant entities: DHS, DECAL, DCH
- Ensure data is checked across agencies to determine if eligible former foster youth are losing coverage.
Relevant entities: DCH, DHS
- 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.
Relevant entities: DCH
- Enact federal reforms to allow Medicaid payments for case management and assessment services provided to youth in state detention facilities, and ensure the reinstatement of Medicaid coverage within a 60-day period following their release.
Relevant entities: DCH, DJJ, DHS
- Improve public and private insurance options for all adults caring for or living with children.
Relevant entities: DCH, OCI

PREGNANT WOMEN AND INFANTS

Medicaid covers pregnant and postpartum women, with 149,167 women in Georgia enrolled in 2023.³⁶ Notably, Georgia was one of the first states to extend postpartum Medicaid for up to 12 months following the birth of a child.³⁷ Additionally, Georgia Medicaid administers the **Planning for Healthy Babies** demonstration project and the **Centering Pregnancy** group prenatal care program—both designed to reduce the incidence of low-birthweight and preterm births in the state and to increase the utilization of postpartum care.

Also important to good maternal and child health is cross-collaboration among agencies with similar program goals, such as Women, Infant, and Children (WIC) and Medicaid's priority to support pregnant and postpartum women, infants, and young children through adequate nutrition and health care access. For example, we know that breastfeeding can lower a child's risk of infection, reduce moms' risk of high-blood pressure, and support bonding between the new dyad.³⁸ These agencies have the opportunity to coordinate lactation resources to support new mom and child health.

Another opportunity is **home visiting** programs (See Figure 5 below), in which early intervention and family-centered visits are conducted by nurses and skilled professionals who visit the homes of pregnant women and new parents. They provide families with guidance, resources, and skills to ensure mother and child are physically, developmentally, and emotionally well. Georgia has a variety of home visiting programs overseen by DPH, including a cross-agency pilot (e.g., DCH, DHS, DECAL, DBHDD), Perinatal Health Partners, located in 13 counties, that incorporate clinical elements such as postpartum depression screening and supports, blood pressure checks, feeding

assessments, and infant and child developmental screenings — all designed to improve mother and infant outcomes.³⁹

Even so, Georgia's **pregnancy-related death** rate and infant death rate are still among the highest in the nation (35.7 maternal deaths per 100,000 births and seven infant deaths per 1,000 live births) — due in large part to lack of access to quality health care before, during, and after pregnancy.^{40,41} Black women suffer pregnancy-related deaths at a rate twice that of White women⁴², and Black infants die at nearly twice the rate of White infants.⁴³ As of 2022, 82 of Georgia's 159 counties had no OB-GYN practitioners,⁴⁴ 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.⁴⁵ 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.^{46,47}

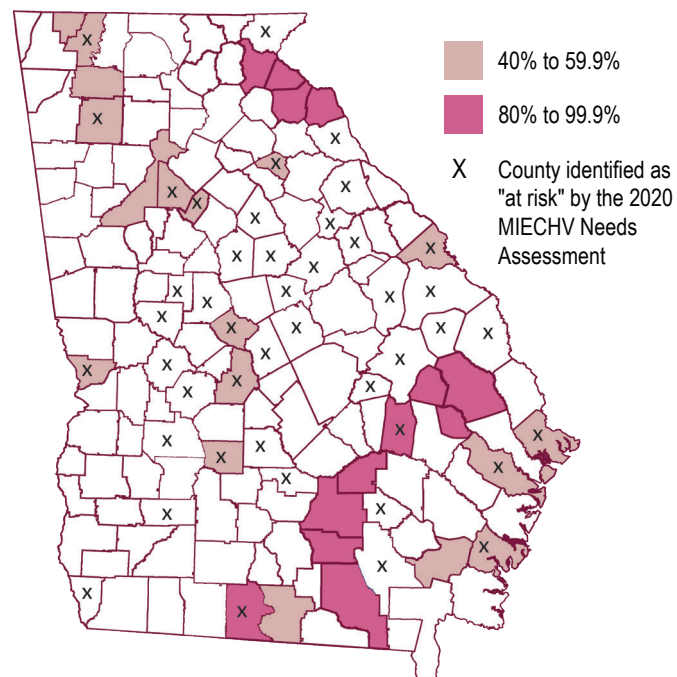


Figure 5. Georgia's Home Visiting Program, Program Model Type Coverage by County⁴⁸

HEALTH

Recommendations

- Expand evidence-based home visiting programs to improve access across the state.
Relevant entity: DPH
- Continue to invest in maternal depression and maternal and infant mortality reduction initiatives.
Relevant entities: DPH, DCH, DBHDD
- Incentivize obstetricians, especially those from underrepresented communities, to practice in rural and underserved areas.
Relevant entities: GBHWF, GSFC
- Encourage courts to offer alternative sentencing and bond amounts for defendants who are pregnant and pose no risk to the public, unless declined by the pregnant woman.
Relevant entities: Courts, PAC
- Further collaboration between WIC and Medicaid through bi-directional data sharing and alignment of relevant nutrition and health measures and activities.
Relevant entities: DPH, DCH
- Ensure that every pregnant woman has access to a high-quality hospital strength double-electric breast pump and breastfeeding supports immediately upon delivery and throughout the postpartum period.
Relevant entity: DCH

HEALTH CARE SUPPORT FOR KIDS WITH DISABILITIES

Years of advocacy for children and youth with disabilities have resulted in Medicaid services and supports designed to keep kids out of institutional settings or foster care and at home. For instance, the **Katie Beckett Medicaid Program** provides benefits to children who require a certain level of institutional care, regardless of family income. In 2023, the program served 5,324 children with disabilities.⁴⁹ Similarly, Childkind developed the Take Charge! Medically-Based Parenting model to support Medicaid-eligible and low-income families who have children with complex medical needs and developmental disabilities to navigate the health system and minimize the likelihood of these children entering the foster care system.

The **Georgia Pediatric Program (GAPP)** serves eligible children under the age of 21 with medically necessary skilled nursing services or personal care support. A pandemic-driven practice and policy change increased support for children within this program by allowing family caregivers to be reimbursed for care delivered, and in 2023 DCH submitted an amendment to the state's 1115 waiver to permanently allow this change. As of this writing, the state can continue reimbursing for family caregiving, while awaiting final approval from the Centers for Medicare & Medicaid Services (CMS).⁵⁰

New Options Waiver (NOW) Program and Comprehensive Supports Waiver Program (COMP) offer home- and community-based services and supports for people 18 or older with intellectual or developmental disabilities.⁵¹ While COMP serves individuals with more intensive needs, both waiver programs are intended to increase independence and quality of life by supporting an individual to live in the community, either on their own (if age 18 or older), in a family home, or with residential support and supervision.⁵²

While NOW and COMP waivers are primarily for people 18 or older, the planning list is long, meaning it can take quite a while for a waiver to be granted. This can cause concern for families of younger children with disabilities who will eventually require such support. Notably, there is an ongoing effort by the state executive and legislative branches to address the large NOW and COMP waiting lists through increased state funding, additional slots, and improved provider reimbursement rates. Although the waiting lists are far from eliminated, the commitment to their reduction is a welcome advancement.

Recommendations

- Continue to increase state funding for disability waivers (NOW/COMP) to improve access for all eligible children.
Relevant entities: DBHDD, DCH
- Increase and fund caregiver respite services.
Relevant entities: DBHDD, DCH
- Prioritize attaining quality home- and community-based care for children and youth currently in institutions, hospitals, or nursing homes.
Relevant entity: DBHDD
- Increase funding for the Take Charge! Medically-Based Parenting program to improve coordination and quality of care and services for families and prevent children with disabilities from entering the foster care system.
Relevant entities: DCH, DHS, DBHDD

HEALTH SYSTEMS AND INFRASTRUCTURE

Even when a child has insurance coverage, finding medical and dental providers who are available, well-trained, accept the child's health insurance, speak the child's preferred language, and practice with a tailored approach to individual beliefs and values, can be difficult. What's more, various barriers to care, such as provider location (see Figure 6 below), transportation issues, lack of broadband connectivity, inconsistent cellphone coverage, low health literacy, language challenges, generational or situational poverty, and parent work schedules — put the health and well-being of many of Georgia's children and youth at risk each and every day. Additionally, the state's hospitals have struggled to remain open due to declining reimbursement rates and operating margins.^{53, 54} Over the last decade, 12 hospitals have closed, predominantly in rural communities, leaving residents without access to emergency services and other essential health services.⁵⁵ Alarming, Georgia is at risk of an additional 18 rural hospital closures, largely due to limited health coverage options for caregivers and other adults.⁵⁶

These challenges can be all the greater for children who live in homes where the total income level is under \$57,720 for a family of four.⁵⁷ In Georgia, Black, Latino, and multiracial children, and children living in rural areas, make up majority of those living in poverty.⁵⁸

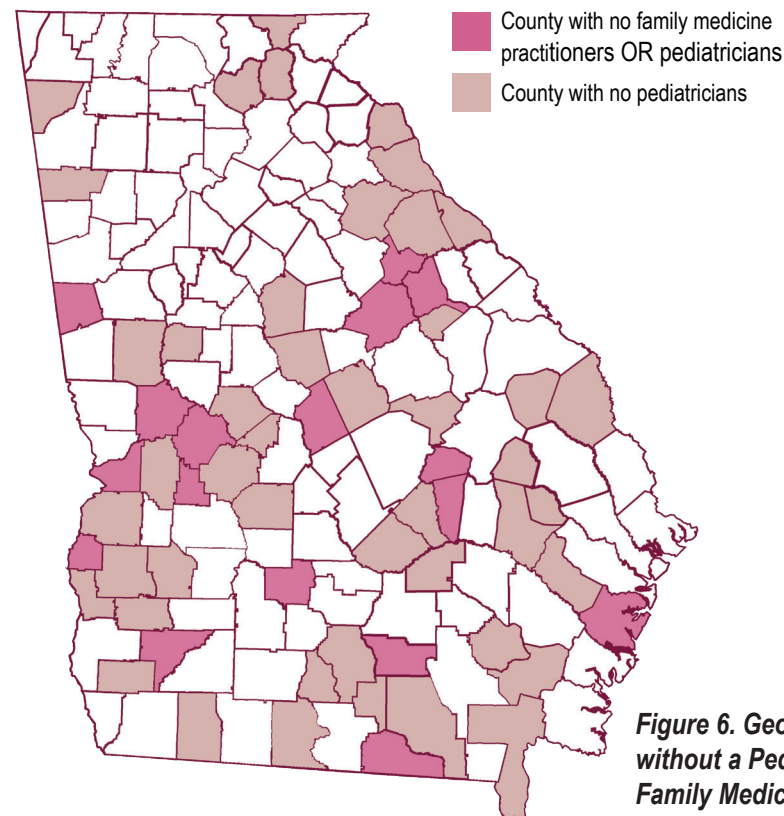


Figure 6. Georgia Counties without a Pediatrician or Family Medicine Practitioner, 2022⁵⁹

Recommendations

- Increase Medicaid/PeachCare for Kids[®] reimbursement rates for pediatric primary and specialty care providers.
Relevant entity: DCH
- Direct Care Management Organizations (CMOs) to reinvest a portion of their profits into communities they serve in order to impact other factors affecting health.
Relevant entity: DCH
- Increase provider presence (physical, behavioral, oral, and maternal health) in areas of high need through provider incentives, loan forgiveness, provider housing, and the cultivation of health-focused students of underserved populations via K-12 and afterschool programming.
Relevant entities: DCH, GSFA, GaDOE, DHS, DECAL
- Increase health coverage options for adults and caregivers to support access to local providers and hospitals.
Relevant entities: DCH, DBHDD, OCI
- Support the effective implementation of telemedicine/telehealth. (see Telehealth page 26)
Relevant entity: DCH
- Increase the number of comprehensive school-based health centers by allocating startup funding (see School-Based Health Care on page 24).
Relevant entity: DPH

HEALTH CARE AND MISCONCEPTIONS

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 with whom they work or serve. Such interactions can intimidate, deter, and insult children and families, leaving those families feeling disenfranchised, uncared for, or without hope.⁶⁰

As reported by patients, the most common behaviors 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).⁶¹

Sometimes provider misconceptions are demonstrated in the use of subtle slights or insults, intentional and unintentional, that communicate derogatory, hostile, or negative messages about an individual, solely based on the individual being a member of a community that has been marginalized, and that reinforce stereotypes.^{62, 63}

Overcoming this challenge requires a multifaceted approach that includes prioritizing strategies to vary and enhance the health care workforce and standardize communication and interpersonal engagement training among health care professionals and paraprofessionals. Also important is the need to collect 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 patient to use, engagement is likely to improve, possibly offsetting preconceived ideas borne by a provider about the patient, and vice versa.

HEALTH

Recommendations

- Incentivize broadening the health care workforce at all levels of care.
Relevant entities: DCH, USG, TCSG, DBHDD, DHS, DPH, SOS
- Integrate communication and interpersonal engagement training into degree programs and continuing education training for all medical professionals and administrators.
Relevant entities: Georgia Medical Composite Board, USG, TCSG, DCH
- Encourage consumer advisory panels and patient advocates to be convened regularly by providers and institutions holding state contracts.
Relevant entity: DCH
- Standardize certification processes for community health workers (trusted members of communities they serve, who may share language, ethnicity, and socioeconomic status with those residents) and identify pathways for reimbursement of services.
Relevant entities: DPH, DCH
- Collect and publish disaggregated data by race, ethnicity, geography, economic status, and gender.
Relevant entities: DCH, DHS, DBHDD, DECAL, DPH, GaDOE

FOOD / NUTRITION ACCESS

Inadequate nutrition access has had a clear impact on Georgia's child and adolescent health. One in five of Georgia's kids experiences hunger and about 15% of the state's youth aged 10 to 17 years old struggled with **obesity** in 2022.^{64, 65} Furthermore, Georgia's Black and Latino households with children experience **food insecurity** at higher rates than their White counterparts.⁶⁶ We know that many children face these challenges due to poverty, limited access to nutritious food, and neighborhood infrastructure. Therefore, policies and programs that disrupt barriers to nutritious food access for low-income families, such as federal food programs, **farm-to-school/farm-to-early care and education**, and child care and after school setting standards, play a critical role not only in nutrition security, but also in childhood obesity prevention.

The federal government sponsors an array of child-feeding programs, which provide nutrition education, food benefits, and reimbursements for meals and snacks to participants in school, home, and child care and afterschool/summer settings. This includes the **Supplemental Nutrition Assistance Program (SNAP)**, WIC, National School Lunch Program (NSLP), and **Child and Adult Care Food Program (CACFP)**. These programs have been shown to support child health and development, while also addressing long-standing challenges (e.g., food insecurity, disparate chronic health outcomes, etc.).^{67, 68}

Cross-agency collaboration between agencies with similar eligibility and population health priorities can, and should, leverage these food programs to address nutrition access and related health outcomes. For example, WIC and Medicaid are well-positioned to advance their maternal and child health goals by coordinating efforts. Aligning WIC activities — such as nutrition assessments, breast pump and lactation support, food packages, and education — with Medicaid initiatives like food insecurity screenings, benefits referrals, care coordination, postpartum support, and well-visits can drive meaningful progress.

Another key opportunity for the state to reduce hunger and improve nutrition access for children lies with the federal **Summer Electronic Benefits Program (S-EBT)**. If Georgia were to participate, this program would provide a food cash benefit during the summer months for students eligible for the NSLP. While hundreds of feeding sites and community partners across the state work to combat heightened child hunger during the summer — caused by barriers like food costs and transportation — S-EBT can supplement resources and improve food access for children.

Recommendations

- Leverage state and federal funding to increase access to existing, and participate in new, nutrition programs.
Relevant entities: DHS, GaDOE
- Improve technology to increase WIC program enrollment and utilization by improved technology, effective outreach and consumer-designed food packages, and Medicaid coordination.
Relevant entities: DPH, DCH
- Simplify CACFP enrollment and participation by reducing paperwork and maximizing technology to collect data, conduct virtual visits, and provide remote resources.
Relevant entity: DECAL
- Leverage Georgia's Quality Rating and Improvement System to support early care and education and afterschool programs in creating a nutritious food environment for young and school age children.
Relevant entity: DECAL
- 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 curricula, and work with local entities to introduce children and youth to nearby commercial or community farming activities and food preparation.
Relevant entities: GaDOE, DECAL, GDA

SCHOOL-BASED HEALTH CARE

Comprehensive **school-based health centers (SBHCs)** improve health outcomes by serving children — and often their family members and school staff — where they spend the majority of their time.⁶⁹ This improves vaccination rates, school attendance, health literacy, and overall support for children with and without disabilities or chronic conditions.⁷⁰ An added bonus is that the health and attendance of staff often improves when an SBHC is on site.⁷¹

Informed consent from parents or guardians is required for a child or youth to be seen by SBHC personnel, just as it is for a child to be seen by a **school nurse**. Plus, SBHC professionals work alongside and in collaboration with other school staff, including school nurses, counselors, and social workers.

As of this writing, Georgia has 119 comprehensive SBHCs that have served more than 114,000 students. (see Figure 7 below). Many of these are affiliated with **Federally Qualified Health Centers (FQHC)** and offer services based on the needs of the population as determined by school and community leaders and parents. Services can include dentistry, vision services, primary care, behavioral health, and more.

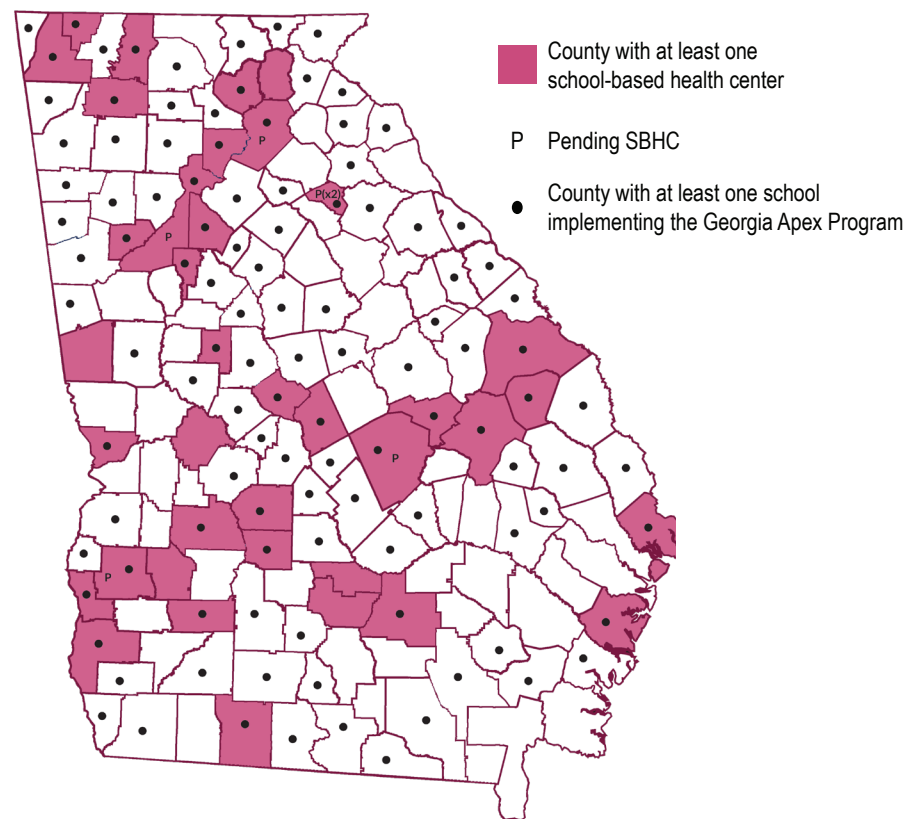


Figure 7. Snapshot of School-Based Health and Behavioral Health Services and Supports in Schools and Afterschool Settings

Recommendations

- Continue to increase state and federal funding for medical sponsorship (FQHC and non-FQHC) to support the development and expansion of school-based health services throughout the state, especially in high-need, rural areas.
Relevant entities: DCH, GaDOE, DPH
- Continue to promote the integrated mental health and primary care model in SBHCs.
Relevant entities: DCH, GaDOE, DPH
- Ensure parent consent/participation in medical decision-making within the SBHC model.
Relevant entity: GaDOE
- Ensure adequate state and local funding to guarantee a licensed, competitively paid nurse in every school.
Relevant entity: GaDOE

TELEHEALTH

Telehealth refers to the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration.⁷² By contrast, **telemedicine** is a subset of telehealth, focusing exclusively on delivering healthcare services and education remotely through telecommunications technology.⁷³

When a family has access to adequate cell service and/or broadband connectivity (See Figure 8 below), telehealth can help kids and parents keep medical appointments by minimizing competing challenges such as transportation or lack of child care.

Remote health care services and diagnostics have been available in Georgia for at least 20 years and have grown to include teledentistry and telebehavioral health. However, prior to the pandemic, telehealth visits represented only 1% of all pediatric visits. It was the onset of the coronavirus pandemic and related policy changes that significantly expanded the ways providers could serve children and families through telephone, video chat, and more. Notably, children and families were able to receive virtual prescriptions for certain controlled substances (e.g., **attention-deficit/hyperactivity disorder** medications) without an in-person visit.

By April 2020, pediatric telehealth visits increased to more than 15% nationally.⁷⁴ Since the height of the pandemic, telehealth usage has slightly declined but remains above pre-pandemic levels.⁷⁵ Yet, despite improved telehealth flexibilities throughout the COVID-19 pandemic, children and families of color, those living in rural areas, and those with lower incomes, struggled to access needed care due to limited broadband access.^{76, 77, 78} Telehealth continues to be an important option for children and families as it helps to reduce longstanding barriers to care like a lack of transportation and provider shortages — ultimately giving communities access to primary and specialty care that otherwise would not be available.^{79, 80, 81}

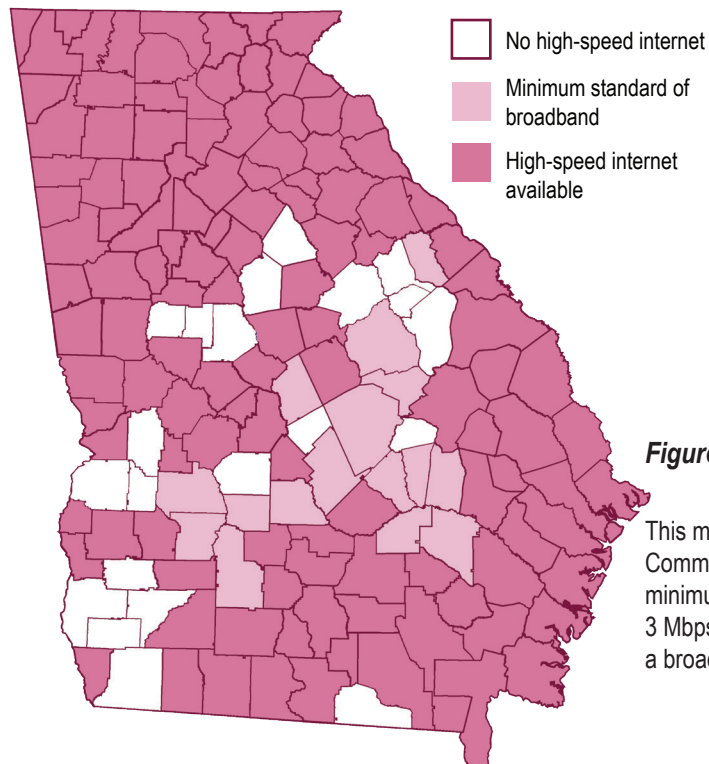


Figure 8. Georgia Broadband Access, June 2021⁸²

This map shows the broadband scores from the Federal Communications Commission (FCC). The broadband score is an index based on the FCC's minimum standard of broadband of 25 megabits per second (Mbps) download and 3 Mbps upload. A geography with speeds of 25/3 equals 100. Areas identified with a broadband score lower than 100 do not have high-speed internet.

Recommendations

- Ensure effective and accessible telehealth practice and outcomes, including emphasis on quality control, telehealth flexibilities, and provider reimbursements (e.g., insurance reimbursement for consultation and services provided via telephone, video chat, and the like).
Relevant entity: DCH
- Establish teleprescribing protocols for select controlled substances, such as medications for attention deficit hyperactivity disorder.
Relevant entities: DEA, GA Composite Medical Board, DPH
- Continue to aggressively reduce barriers to cellphone service and broadband connectivity statewide — particularly in rural and underserved communities.
Relevant entity: DCA

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.

Over the past decade, there has been a growing recognition of the role behavioral health plays in all aspects of child and family life. Let's begin by distinguishing between mental health, behavioral health, and developmental disabilities.

Mental health includes our emotional, psychological, and social well-being; it affects how we think, feel, and act.⁸³ **Behavioral health** is a state of mental and emotional being and/or choices and actions that affect wellness; behavioral health challenges include alcohol and drug misuse or addiction, disordered eating, and other addictive behaviors.^{84, 85} **Developmental disabilities** are a group of conditions due to an impairment in physical, learning, language, or behavior areas that begin during the child's developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.⁸⁶

The significant need for behavioral health services in Georgia is evident across multiple data sources. In 2022, 48% of kids aged three through 17 struggled to, or could not, access needed mental health treatment and counseling.⁸⁷ The 2024 **Georgia Department of Education Student Health Survey** (hereafter referred to as the Georgia Student Health Survey) revealed that 50% of students in grades six through 12 reported feeling depressed, sad, or withdrawn. Additionally, nearly 10% of students reported harming themselves (70,881) on purpose and/or seriously considered attempting suicide (73,495).⁸⁸

Autism spectrum disorder (ASD) is a developmental disability that affects thousands of children in Georgia, creating significant challenges for families seeking care and support. In 2022, 66,966 children in Georgia ages three through 17 were diagnosed with ASD.⁸⁹ Provider shortages, the cost of services, and a lack of physician awareness are barriers to care for children with autism.

INCREASED AWARENESS

Post-pandemic, there has been a great effort to destigmatize mental health. More people are aware of and discuss the well-researched fact that a person's brain development from birth to around age 26 is greatly impacted by experiences, many 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, addiction, poor physical health, suicide, and more.⁹⁰

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, unstable housing, and experiencing community violence or discrimination have all been found to contribute to a child's toxic stress and impede their success.⁹¹ Equally important, however, are **Positive Childhood Experiences (PCEs)**, which can buffer kids from the effects of traumatic experiences. Key protective factors in PCEs include things like being able to talk with family about feelings, knowing that family is supportive during difficult times, engaging in community traditions, feeling a sense of belonging, feeling supported by friends, having at least two non-parent adults who genuinely care, and feeling safe and protected by an adult in the home.⁹²

While improved societal interest in mental health has been helpful for countless individuals and families, some are now concerned that the increased awareness, especially through social media, has resulted in information that's unreliable and potentially harmful. It is important to understand and include in responsible mental health messaging that both positive and even negative emotions have a function. Emotions provide insight and help us to understand the world around us. Additionally, even negative emotions are a part of mental health, and it is important to evaluate and manage these feelings in a healthy and constructive way. For example, a student feeling some anxiety because he has an upcoming test is appropriate and understandable and may even direct behavior such as studying. This "anxiety" is appropriate and proportional to the context. However, if a student feels anxiety for no reason, for long periods of time, and it is impacting their ability to engage in daily activity, then supports, skill building, or professional guidance may help them to navigate.

Therefore, it is critical for promotion activities, campaigns, and social media to practice responsible messaging and include guidance on understanding feelings, functional versus pathological responses, and coping strategies in the delivery of mental health awareness activities.

BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

Recommendations

- Encourage open discussion of how to identify, share, and manage feelings as part of early learning, school-age, and postsecondary curricula and practice.
Relevant entities: DPH, DECAL, GaDOE, USG, TCSG, DBHDD, DJJ
- Require the State Board of Education to issue guidance to school districts affirming that mental health-related school absences are excusable.
Relevant entity: GaDOE
- Continue outreach and awareness to reduce stigma particularly in rural communities and those with limited resources.
Relevant entities: DBHDD, DCH, DECAL, DJJ, DHS, GaDOE, DPH, USG, TCSG

TARGETED PROGRAMMING

Recently, the reported behavioral health of girls and Black youth has worsened. Reports of anxiety among girls have steadily increased over the last four years. In 2020, 40% (147,299) of girls in grades 6 through 12 reported anxiety⁹³, compared to 47% (173,069) of girls in 2024.⁹⁴ Additionally, suicide has been the second-leading cause of death among youth aged 10 through 19 in Georgia since 2017, with rates rising among Black youth faster than any other racial or ethnic group.⁹⁵ Targeted programming focused on anxiety, depression, and suicide can help address some of this documented need through early intervention and treatment.

Several mental health promotional activities and campaigns are helping to raise awareness of mental wellbeing and connection to suicide and crisis hotlines:

- **988**, the National Suicide Prevention Hotline, has not met the level of the need, but statewide and national efforts are working quickly to raise the phone number's profile.
- **Mental Health First Aid** provides individuals with skills to help an adult or adolescent experiencing a mental health or addiction challenge or crisis.
- **Sources of Strength**, a program implemented in schools, is designed to strengthen multiple sources of support, change social norms, and improve school culture. This program is designed to prevent suicide, violence, bullying, and substance abuse by encouraging connections between peers and adults.
- **Free Your Feels**, a campaign codeveloped by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and Voices for Georgia's Children, helps young people and the caring adults in their lives stay mentally healthy by connecting them to educational resources and youth-led or youth-informed mental wellness content.

BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

Recommendations

- Continue funding and implementing awareness campaigns around the value of good mental health, asking for help when needed, suicide prevention, ACEs, PCEs, resiliency, outreach, and practices at all levels to reduce the stigma associated with mental and behavioral health challenges and developmental disabilities.
Relevant entities: DBHDD, DCH, DECAL, DJJ, DHS, GaDOE, DPH, USG, TCSG
- Increase funding to strengthen implementation for and promotion of the 988 campaign to children, adolescents, and targeted populations.
Relevant entity: DBHDD
- Train caregivers and child-serving professionals on the effects of trauma and stress on children and youth to ensure they respond appropriately to behaviors and initiate effective interventions.
Relevant entities: DBHDD, DCH, DECAL, DJJ, DHS, GaDOE, DPH, USG, TCSG

CAREGIVER BEHAVIORAL HEALTH

The brain development of children and youth can be significantly influenced by the words and behaviors of the adults around them. When caregivers have untreated behavioral health conditions (including poor mental health and substance misuse or abuse), it can create a negative environment for both adults and children, and negatively affect a child's brain development (see ACEs on page 86).⁹⁶

To mitigate such negative effects, it is crucial for local and state agencies, direct service providers, and community partners to embed **trauma** awareness into their cultures, practices, and policies in the delivery of adult and family-focused mental and behavioral health care services. This can be achieved through ongoing education, building on positive attributes, and practicing self-reflection, allowing an openness to different beliefs and life experiences.⁹⁷ Child-serving agencies can also foster a multisystem **trauma-informed** approach by promoting family voice, collaborating with other service providers, and believing in the possibility of recovery from trauma.⁹⁸ This multiple-generation focus on the needs of the family, known as "2Gen," can disrupt generational cycles of negative outcomes.

BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

Recommendations

- Ensure health insurance coverage, including coverage that complies with state and federal parity laws for mental health and substance use treatment services, for all adults, regardless of income, work, or court-involved status.
Relevant entities: DHS, DCH, Office of Insurance Commissioner
- Expand access to peer-support and evidence-based treatments available to parents who are incarcerated or otherwise court-involved.
Relevant entities: Courts, DBHDD, DCH, DHS
- Better promote and connect to crisis and social service resources.
Relevant entities: DBHDD, DHS, DPH, GaDOE, DECAL, USG, TCSG, DJJ, GDC
- Expand maternal mental health and **substance use disorder** initiatives in public and private agencies.
Relevant entities: DPH, DCH, DBHDD, DHS, GDC

INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Along with increased mental health awareness has come the recognition that mental health and well-being start at birth. Thus, the earlier that prevention, support, and intervention can begin, the greater a child's chance for life success.

Interventions for the youngest Georgians place both the caregiver and the child at the center of the treatment. Challenging behaviors in young children often emerge in various ways and can stem from a wide range of underlying causes. DPH programs Children First and **Babies Can't Wait** among others, along with the Georgia Department of Early Care and Learning's (DECAL) initiatives — including classroom behavioral support specialists, infant and early childhood mental health directors, and the Inclusion and Behavior Support Helpline (known as Georgia SEEDS for Success) — serve as the primary government contacts for supporting early childhood social-emotional development. These programs address developmental delays and challenging behaviors in children from birth to age four. The Georgia Department of Education (GaDOE) also funds preschool special education to serve qualifying children aged three and four. Unfortunately, despite these resources, **behavioral health** challenges for this age group are often overlooked, misunderstood, or needed services are unavailable. As a result, many young children and their caregivers struggle with unmet needs.

To address this, DECAL is piloting a small **Infant Early Childhood Mental Health (IECMH) Consultation** program in the Savannah and Macon areas. This program provides early childhood caregivers, including parents and teachers, with access to a mental health professional who assists in identifying mental health issues early, fostering positive relationships, and connecting families and educators with necessary resources. The IECMH Consultant collaborates closely with the Inclusion and Behavior Support Specialist in early care and learning settings.

Additionally, in 2021, Georgia joined 32 other states in forming the Georgia Association for Infant Mental Health (GA-AIMH), with a mission is to promote family, infant, and early childhood mental health statewide. GA-AIMH focuses on building capacity among child-serving providers and caregivers to better support and care for infant and young children with mental health needs.

Since 2023, through the collaborative efforts of GA-AIMH, DECAL, the Georgia Early Education Alliance for Ready Students (GEEARS), and others, approximately 100 clinicians across 120 counties have been trained in **Child-Parent Psychotherapy**.⁹⁹ This evidence-based approach supports young children and their families facing trauma, mental health, or behavioral issues. That same year, Georgia THRIVE, the state's Infant-Toddler Court Program, was established to improve the health, safety, well-being, and development of infants, toddlers, and families in the child welfare system, particularly those at risk for or experiencing significant maltreatment. The program provides case management and tailored family support to infants and toddlers. The first Georgia THRIVE site is in Athens, GA, with additional sites planned for the coming year.

Recommendations

- Facilitate Medicaid and private insurance billing for mental health services for children under four by opening relevant billing codes, supporting innovative pilots, and exploring additional opportunities.
Relevant entities: DCH, OCI
- Promote and increase educational opportunities for all health and childcare workforce members on the subject of mental health for children ages zero through four and their caregivers.
Relevant entities: DECAL, DCH, DBHDD, DHS
- Assess gaps in coordination of services through Babies Can't Wait and Preschool Special Education Program, increase funding to support programs adequately, and increase provider rates/care coordinator pay.
Relevant entities: DPH, GaDOE
- Increase access to needed early childhood supports and services, including a neonatal intensive care unit, childcare, Infant and Early Childhood Mental Health Consultation, Infant Toddler Court Programs, and Certified Addiction Recovery Empowerment Specialists (CARES).
Relevant entities: DJJ, DPH
- Enact multiyear continuous Medicaid eligibility for children from birth until their 6th birthday to ensure continuity of preventive care.
Relevant entities: DCH

AUTISM

Autism spectrum disorder (ASD), which affects more than 66,900 Georgia children ages three through 17 years old, is a **developmental disability** that impacts communication, social interaction, and behavior.¹⁰⁰ Autism-related symptoms, which commonly include a child's disinterest in socializing or limited ability to communicate and a variety of other behaviors, often present between the ages of two and three years old, but may be present in children younger than two years of age.¹⁰¹ Many individuals with autism may also simultaneously experience symptoms of a mental health condition.¹⁰² Some of the most common co-occurring mental health conditions include ADHD, anxiety, depression, development and coordination disorders, and learning disorders.¹⁰³

Autism-related behaviors and communication patterns vary in levels of severity, and so do the corresponding service needs.¹⁰⁴ Unfortunately, as children age it is more difficult to access services, especially for the most intensive cases which require a more concentrated level of support. In Georgia, afterschool enrichment, respite care, and wrap around supports are extremely limited for high-needs adolescents and young adults with autism.

Various therapies and approaches have been developed to support those with autism, including Applied Behavior Analysis (ABA), an evidence-based therapy which addresses language, communication, attention, memory, and behavior.¹⁰⁵ ABA credentials range from technician to doctoral programs.^{106, 107, 108} Unfortunately, accessing early intervention and autism services can be difficult due to the limited availability of qualified and adequately trained professionals, lack of transportation, and gaps in healthcare coverage. These resource and workforce shortages can lead to insufficient intervention or treatment, inappropriate discipline stemming from a lack of understanding of the diagnosis, and increased strains on state resources and families as they struggle to support their child's needs.

Recommendations

- 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.
Relevant entity: TCSG
- Review and strengthen policies, procedures, state licensing provisions and quality monitoring of residential treatment for children and youth with behavioral health conditions, including serious emotional disturbance, substance use disorders, and autism.
Relevant entities: DBHDD, DECAL, DFCS, DCH
- Increase funding and support to expand respite care facilities and services for children and youth with behavioral health conditions, including autism, serious emotional disturbance, and substance use disorders.
Relevant entities: General Assembly, DBHDD, DFCS, DCH
- Promote early autism identification and classroom inclusion information such as signs and symptom education materials, developmentally appropriate curriculum, resources, and agency and community supports for new and existing childcare workforce members to better serve infants and young children aged zero through four and their caregivers.
Relevant entities: DECAL, DPH, DFCS, DBHDD
- Expand funding to support classrooms in educating children, youth, and young adults with different cognitive, physical, and developmental abilities.
Relevant entities: DBHDD, DECAL, GaDOE, GVRA
- Ensure billing codes, professional development opportunities, and wellness practices support the sustainability, and expansion of, a qualified autism workforce (e.g., BCBA, BCaBA, RBT, other therapists, and qualified healthcare professionals).
Relevant entities: DBHDD, DCH, DPH
- Ensure adequate behavioral health and developmental disability training for school staff, public safety officers, and other additional discipline-related fields.
Relevant entities: DBHDD, GaDOE, DECAL, DJJ

SCHOOL-BASED MENTAL HEALTH

Like SBHCs (see School-Based Health Care on page 24), school-based mental health (SBMH) initiatives can help children and families by providing behavioral health services and supports without logistical barriers. For example, the **Georgia Apex Program**, overseen by DBHDD, is found in more than 735 schools¹⁰⁹ and leverages local **Community Service Boards** and private providers to enable access to mental health supports for children and youth in rural or high-needs schools. Programs delivering comprehensive SBMH systems, like the Apex Program, provide services ranging from universal prevention to intensive intervention addresses the needs of all students (see Figure 9 below). Interventions such as those listed in the Table 4 on p. 41 are also key to reducing punitive and unsuccessful responses to behavior and to increasing long-term achievement for kids.

In addition to community providers, key school staff such as **school counselors** and **social workers** are well equipped to support comprehensive SBBH. Unfortunately, many such staff lack the bandwidth to broadly provide these services and supports. 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.^{110, 111} Additionally, Georgia averages one social worker to 1,958 students.¹¹² Daily responsibilities of school counselors such as guiding registration and assisting with college applications and that of social workers such as tracking truancy, direct service referrals, and assessments can limit the behavioral health help licensed counselors and social workers are trained to provide.

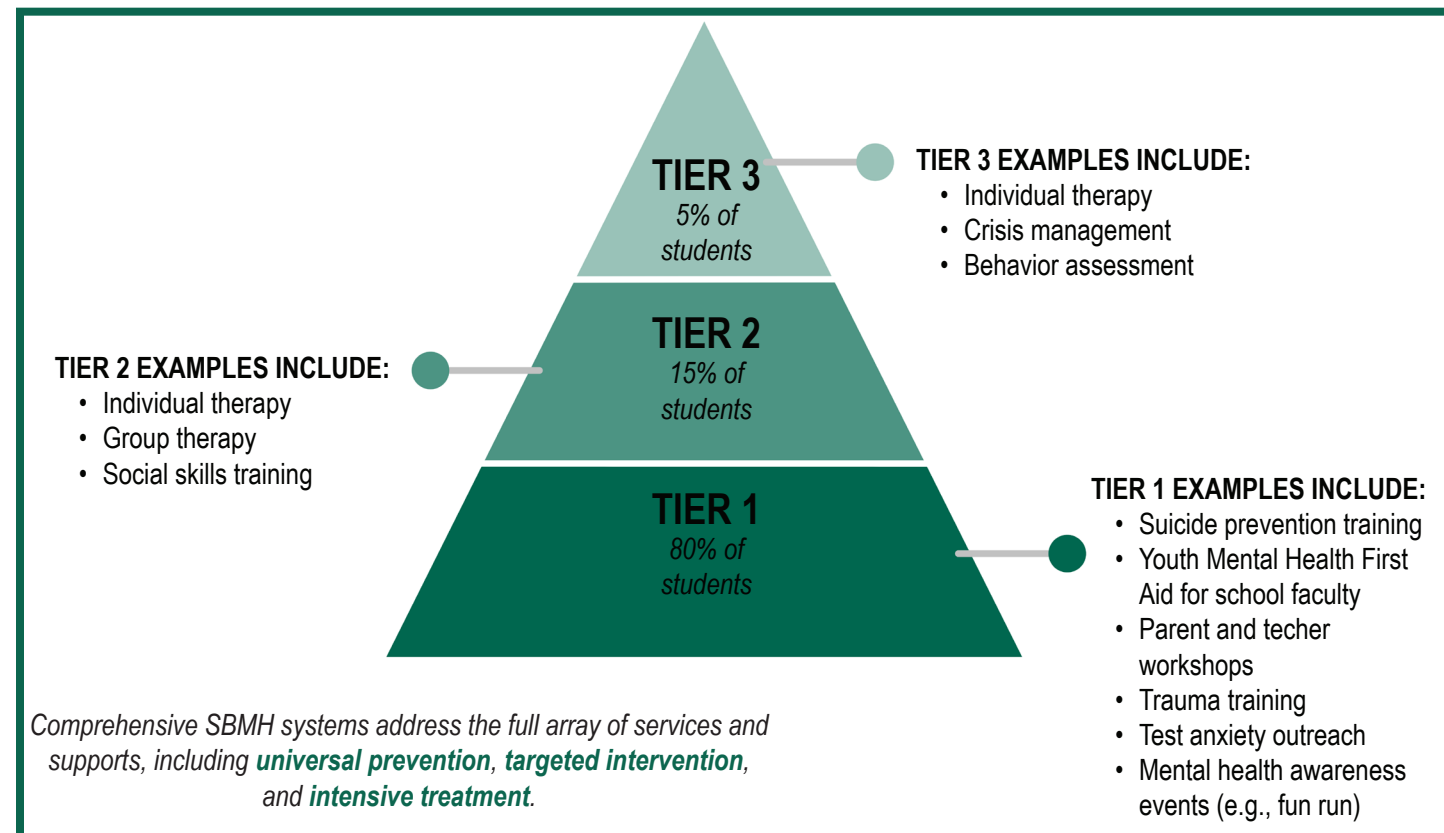


Figure 9. Multitiered System of Supports

BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

Program	Description	No. of Schools/Percentage of School Training or Participating
Positive Behavioral Interventions Supports (PBIS)	An evidence-based, data-driven framework proven to reduce disciplinary incidents, increase the sense of safety, and support improved academic outcomes in schools.	1,688 / 64% ¹³
Georgia Apex Program (Apex)	Builds capacity and increase access to mental health services for school-aged youth throughout the state.	735 / 33% ¹⁴
Sources of Strength	An evidence-based curriculum that helps youth to build skills to prevent suicide, bullying, and substance use/misuse.	237 / 10% ¹⁵
Mental Health Awareness Training	Increases the capacity of Georgia communities to reduce suicide risk.	34,900 / N/A ¹⁶ educators and school staff

Table 4. Programs that Support School-Based Mental Health in Georgia's Schools

Recommendations

- Continue to fund and expand Positive Behavioral Interventions and Supports and the Georgia Apex Program.
Relevant entities: GaDOE, DBHDD
- Ensure that SBBH centers are comprehensive and facilitate access to behavioral health services.
Relevant entities: DBHDD, GaDOE
- Provide enough state funding to ensure, at a minimum, one licensed counselor and one social worker for every 250 students.
Relevant entity: GaDOE
- Encourage **school-based mental health programs** to create partnerships with afterschool and summer learning programs to extend services to youth during out-of-school time.
Relevant entities: DBHDD, GaDOE, DECAL
- Leverage existing training and resources, including afterschool and summer learning programs, to develop teen-led or -focused mental health support programs and initiatives (e.g., Sources of Strength, Teen Mental Health First Aid, and Free Your Feels).
Relevant entities: DBHDD, GaDOE
- Explore opportunities to integrate Certified Peer Specialists–Youth and –Parent into SBBH programs.
Relevant entities: DBHDD
- Recognize and support local investments in SBMH that have demonstrated success in increasing access to mental health services and facilitate ongoing dialogue across communities to promote expansion of investments.
Relevant entities: GaDOE

SUBSTANCE MISUSE: ALCOHOL, MARIJUANA, AND TOBACCO

Substance misuse among youth is influenced by a variety of factors, including peer pressure, societal norms, and exposure to substance use within the family environment.^{117, 118} Media and advertising play a significant role, often using social media marketing or other mediums to introduce young people to new vape flavors and to portray alcohol as a way to have fun, gain popularity, or reduce stress.^{119, 120} According to the 2023-2024 Georgia Student Health Survey, more than 40,000 middle and high school students reported consuming alcohol within the last 30 days.

Other contributors of youth substance misuse include underlying mental health challenges and societal factors such as easy access to drugs and the glamorization of substance use.^{121, 122} One example: the legalization of medical marijuana. While intended to provide therapeutic benefits to those in need, it can complicate efforts to prevent marijuana use and abuse among youth. Georgia's journey began in 2015 with Haileigh's Hope Act, which allowed individuals with select conditions to possess low-THC oil.¹²³ Since then, the list of allowable conditions has doubled, and the state's first medical marijuana dispensary opened in 2023.¹²⁴ While legalization can help those who have one of the 17 allowable conditions, it can also reduce the perceived risks, increase access due to the availability of dispensaries, and send a message that conflicts with drug misuse prevention programs.^{125, 126}

Preventing access to substances is a key strategy in reducing youth substance misuse.¹²⁷ Both the U.S. Surgeon General and the Community Preventive Services Task Force identify excise tax increases as an effective policy intervention to deter the initiation of tobacco and alcohol use and to reduce their prevalence among adolescents and young adults. For instance, Georgia's excise tax on tobacco products is \$1.45 lower than the national average. Raising this tax could significantly decrease the likelihood of Georgia's youth starting to smoke and developing smoking-related chronic conditions later in life.¹²⁸ According to the Georgia Student Health Survey, more than 88,000 students in middle and high school reported smoking cigarettes, e-cigarettes, and/or other tobacco products.¹²⁹ Nicotine in any form can be addictive, and its use during adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control.¹³⁰ Alarmingly, youth who use e-cigarettes and other tobacco products are more likely to smoke traditional cigarettes in the future.¹³¹

Addressing the drivers of substance misuse requires a comprehensive approach that encompasses education, early intervention, mental health support, regulatory measures, and community engagement. It also requires effective cessation or rehabilitation policies and programs that are evidence-based and take into account the environment a child or youth lives in, as well as the fact that they will eventually return to that environment if removed.

Recommendations

- Increase funding to promote youth-informed substance misuse prevention programs and campaigns.
Relevant entities: Legislature, DBHDD, GaDOE
- Utilize programs like Sources of Strength in schools to strengthen support systems, change social norms, and improve school culture.
Relevant entities: DBHDD, GaDOE
- Increase promotion of youth-focused recovery support groups (e.g. Alcoholics Anonymous, Al-anon).
Relevant entity: DBHDD
- Increase the excise tax on alcohol and tobacco products.
Relevant entity: General Assembly
- Fund, increase, and improve public anti-smoking and anti-vaping campaigns, including messaging about the drivers of substance misuse among youth (e.g., peer pressure, family environment/parental approval).
Relevant entities: DPH, DBHDD

SUBSTANCE MISUSE: OPIOIDS

Opioid misuse in adolescence generally correlates with riskier use in adulthood.¹³² Over the last two years, opioid overdose deaths have increased across all age groups. Of note, synthetic opioid overdoses (including fentanyl) have increased, and heroin overdoses have decreased in Georgia.¹³³ According to a national survey, the majority of youth reported obtaining opioids from their friends or relatives (56%), while a smaller percentage acquired them through the healthcare system (25%) or other means (19%).¹³⁴ While the prevention of opioid misuse, abuse, and addiction is complicated, leveraging strategic, coordinated harm-reduction and recovery approaches (e.g., Naloxone availability and awareness, **Good Samaritan policies**, intentional investment of opioid abatement funds, diversion programs, and attention to drivers for rehab facility recidivism)ⁱ may prevent deaths.

	<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	7	42	3	25	106	123	439	744
ER and inpatient heroin overdoses	1	1	0	2	5	18	115	142
Opioid deaths	0	3	0	1	16	14	144	178
Heroin deaths	0	0	0	0	0	1	10	11

Table 5. Child and Youth Opioid Statistics, 2022

ⁱOpioid overdoses in children under five are usually determined to be unintentional; however, some overdoses in infants are considered homicides.^{136, 137} Efforts that mitigate unintentional opioid-related harm to children include prescribing smaller quantities and emphasizing safe storage practices and disposal of unused prescriptions.¹³⁸

Of additional concern is the increase in the trafficking of fentanyl mixed with xylazine. Xylazine, also known as “Tranq,” is a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use. According to the U.S. Drug Enforcement Administration, xylazine and fentanyl drug mixtures place users at a higher risk of suffering a fatal drug poisoning, however because xylazine is not an opioid, naloxone (Narcan) does not reverse its effects.¹³⁵

Recommendations

- Increase promotion of the state's Good Samaritan law.
Relevant entities: DBHDD, GaDOE
- Leverage opioid abatement funds to support youth-focused and youth-informed prevention, treatment, and harm-reduction efforts.
Relevant entity: Opioid Abatement Trustee
- Fund and increase Naloxone awareness campaigns and training.
Relevant entity: DBHDD
- Continue to fund, provide training to, and expand the reach of family treatment courts to provide dependency diversion programs for parents, caregivers, and youth.
Relevant entities: Council of Accountability Court Judges, Council of Juvenile Court Judges, Office of Juvenile Justice and Delinquency Prevention

ⁱ Naloxone is designed to rapidly reverse opioid overdose. Good Samaritan policies provide immunity to an individual who reports a medical emergency involving drug and/or alcohol violations.

BEHAVIORAL HEALTH INSURANCE COVERAGE

While many mental and behavioral health services and treatments are covered by health insurance, insurers may exclude certain services or, in some cases, obstruct reimbursement. For instance, they may require prior authorization for services and prescription drugs or determine that a covered service is not “medically necessary,” denying payment for the service with little transparency in the determination process. Even more problematic is when children need an intervention that is not covered under their insurance, or when the insurance company is unwilling to approve specific treatments, combinations of treatments, or sufficient quantities of treatment to effectively address an issue. Furthermore, when insurers impose stricter rules on covering behavioral health services compared to physical health services, it violates state and federal parity laws.

For children with behavioral health needs, obtaining a mental health diagnosis is often the first hurdle to meeting medical necessity. Consequently, children without a diagnosed mental disorder who still need preventive or early intervention mental health services, such as therapy, are rarely able to utilize health insurance to pay for these services. As a result, the administrative burden of the insurance certification process and subsequent billing requirements deter many behavioral health providers, especially solo practitioners, from accepting health insurance at all, further reducing access for families.

Additionally, for youth needing to access more costly and intensive behavioral health services, such as **Psychiatric Residential Treatment Facilities (PRTFs)**, prior authorization can severely limit their access to life-saving care.¹³⁹ These inpatient residential facilities provide intensive mental health treatment for young people with serious emotional disturbances who cannot be safely treated in the community.

Another significant challenge is the inability to bill for certain aspects of integrated care between primary (i.e., physical health) care and behavioral health providers. Integrated care ensures children and families receive a **continuum of care** that seamlessly address their physical, mental, and social service needs.¹⁴⁰ The current billing challenges hinder critical coordination of services, which can produce better overall health outcomes for children, particularly for those with co-occurring conditions. Implementing data-sharing agreements and utilizing electronic health records among behavioral health providers could also help streamline communication and improve coordinated care.

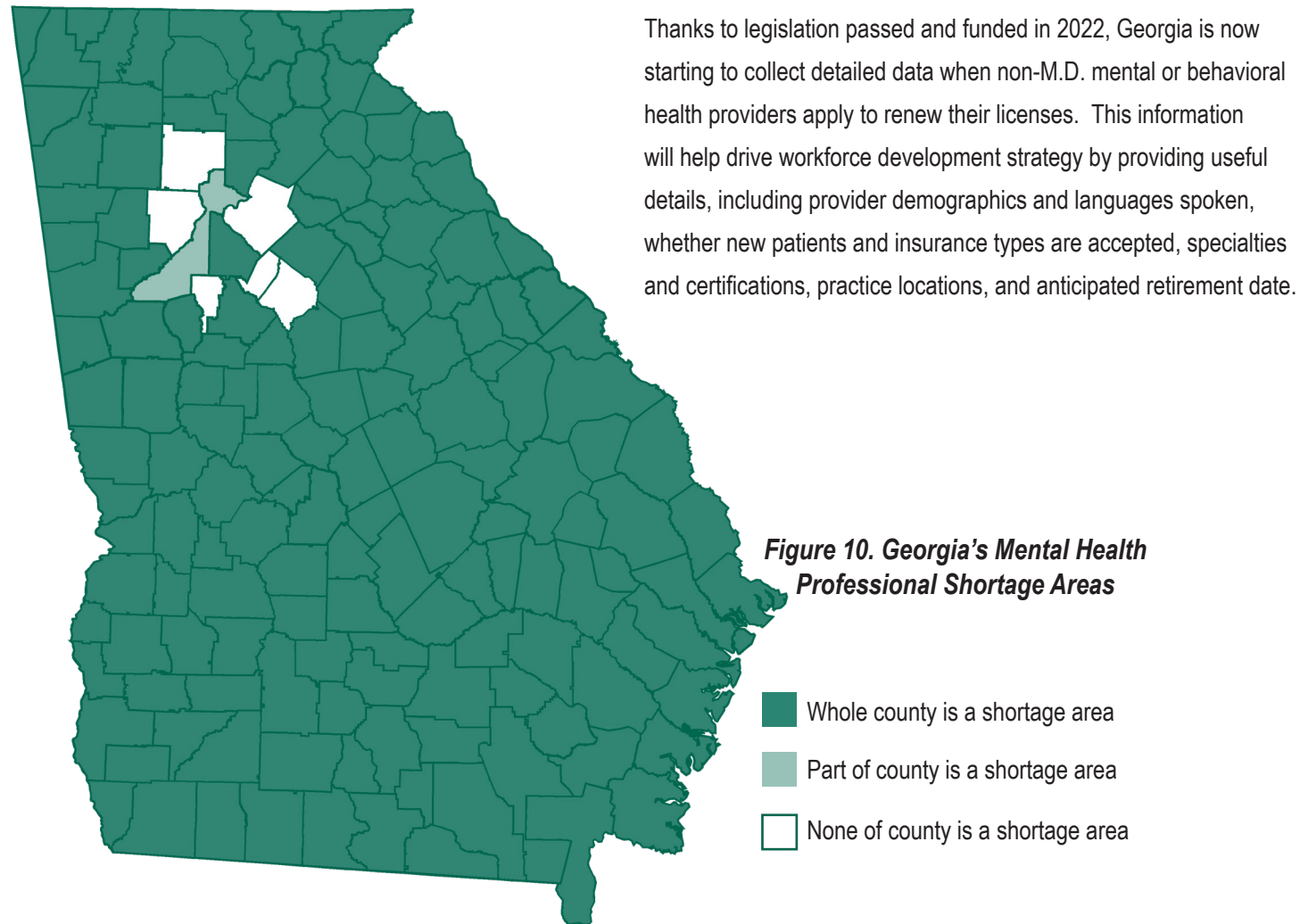
Recommendations

- Require Care Management Organizations (CMOs) to adhere to robust quality measures for children's behavioral health services and outcomes.
Relevant entity: DCH
- Monitor and publicly post Medicaid CMO prior authorization data for Psychiatric Residential Treatment Facilities (PRTFs) and other key intensive inpatient and community behavioral health services (e.g., Intensive Customized Care Coordination (IC-3), Intensive Family Intervention (IFI)). Continue to expand the implementation of CCBHs (Certified Community Behavioral Health Clinics) statewide to increase access to integrated care) as a model of community-based integrated care.
Relevant entity: DCH
- Incentivize combining primary health care and mental health care in one setting (known as “integrated care”) via ensured payer reimbursement.
Relevant entities: DBHDD, DCH
- Streamline the insurer provider certification process and billing practices to encourage more providers to accept public and private health insurance.
Relevant entities: DCH, OCI
- Incentivize the use of electronic health records and participation in real-time data sharing systems among insurers and behavioral health providers.
Relevant entities: DBHDD, DCH, OCI
- Enforce parity such that insurance companies treat behavioral health equal to physical health by enhancing accountability and tracking submission of parity data as required by state and federal law.
Relevant entities: DCH, DBHDD, OCI

BEHAVIORAL HEALTH PROFESSIONAL WORKFORCE SHORTAGE

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. That is fewer than four per 100,000 children.¹⁴¹ Georgia's mental health professional shortage areas almost exclusively fall in rural counties, and less than half of the state's psychiatrists accept Medicaid.¹⁴² Additionally, some providers, such as psychiatric nurses, have the potential to mitigate the impact of the shortage but are hindered by scope of practice limitations set by the state.

Nearly all — 151 of 159 — of Georgia's counties suffer from a shortage of mental health professionals (see Figure 10 below), which is defined by a population to provider ratio of at least 30,000 to one (20,000 to one if there are unusually high needs in the community).



Recommendations

- Increase reimbursement rates to encourage more providers to accept public and private health insurance.
Relevant entities: DCH, DBHDD, OCI
- Develop more programs to certify master- and doctoral-level nurses in psychiatric practice.
Relevant entities: DCH, TCSG, USG
- Explore innovative ways to expand opportunities to deploy Georgia's peer workforce as an essential element of the BH workforce.
Relevant entity: DBHDD

MEETING KIDS WHERE THEY ARE

The intimate and personal nature of most psychological exams and therapies demands that a patient have a significant level of trust in their provider so that the patient can speak freely, engage in the work, or try a medication. Building trust may be more successful if a provider exhibits a genuine and deep understanding of a patient's particular culture, language, and community. Studies emphasize the importance of behavioral health services being delivered in an individual's native language and by providers who understand their cultural background. With more than 1.5 million residents in Georgia speaking a language other than English at home, a multilingual professional workforce is necessary. However, foreign-trained behavioral health professionals face barriers in obtaining licensure in Georgia, including limited recognition of foreign education and practical experience, as well as navigating the licensure process. These obstacles often lead to high costs and time investments, causing many professionals to either not practice in the state or work below their expertise level.

Georgia is also in need of more professionals who reflect the population of the state. Further, expanding the pool of providers serving those with co-occurring conditions/dual diagnoses is also important.

Recommendations

- Expand and standardize training to better support underrepresented communities.
Relevant entity: DBHDD
- Eliminate barriers to licensing for foreign-educated behavioral health professionals.
Relevant entities: DCH, DBHDD
- Train individuals working with children — including school staff, afterschool professionals, law enforcement, juvenile court personnel, healthcare providers, and staff — to consider *all* aspects of a situation in recognizing trauma, understanding behavioral challenges, and addressing misperceptions and/or discrimination.
Relevant entities: DCH, DPH, GaDOE, DBHDD, DJJ, DECAL, DHS
- Require Georgia's behavioral health providers to undergo regular communication and interpersonal engagement training as part of their existing continuing education requirements.
Relevant entity: DBHDD
- Intentionally encourage, court, and support students from underrepresented populations for professions in mental and behavioral health fields (e.g., GaDOE's Georgia HOSA (Health Occupations Students of America)).
Relevant entity: GaDOE

PEER SUPPORT

Peer support refers to a system of assistance and mutual aid where individuals with similar experiences or backgrounds provide emotional, social, and practical support to one another. It involves sharing lived experiences, empathy, encouragement, and guidance in a non-judgmental and understanding environment. Peer support can take various forms, including one-on-one interactions, support groups, online forums, or structured programs. It is often used in healthcare settings, mental health recovery, addiction recovery, and various other contexts to complement professional services and promote well-being through shared understanding and solidarity among peers. 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. For children and youth, certified peer support may involve a young adult who provides guidance and assistance to a child or an adult who supports a parent to help them better address their child's needs. Informal peer support may include a teen helping another teen in a range of settings like schools, hospitals, and community health or mental health centers. For both children and families battling mental health or substance use challenges, peer support can be a critical driver of recovery.

In 2024, Georgia celebrated 25 years of leadership and innovation in peer support practice, continuing to set the standard nationwide for developing and utilizing a formal peer support workforce. Georgia was the first state to bill Medicaid for peer supports addressing mental health, addiction recovery, and whole health needs. Today, more than 40 states and other countries have adopted peer supports based on Georgia's model. Since the Georgia Parent Support Network assumed responsibility for training in February 2021, they have trained 376 Certified Peer Specialists (both youth and parent).

Recommendations

- Continue to fund formal and informal peer supports.
Relevant entities: DBHDD, DCH, DHS, GaDOE
- Ensure that Medicaid care management organizations (CMOs) reimburse adequately for peer support and encourage private insurers to reimburse for formal peer support services.
Relevant entity: DCH
- 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) to improve outcomes.
Relevant entities: DBHDD, GaDOE, DCH, DHS, DJJ
- Create strong career pathways for certified youth peer support specialists and ensure that clinical and administrative leaders understand and support the role of peer specialists in the recovery process.
Relevant entities: DBHDD, GaDOE, USG

SYSTEM OF CARE AND INFRASTRUCTURE

System of Care (SOC) is a spectrum of effective, community-based services and support for children and youth at risk for or who experience mental health challenges. SOC aims to decrease strained community-based **child-serving systems** and increase access to and coordination of children's behavioral health services. Services and supports must include such guiding principles as being individualized, developmentally appropriate, and delivered in the least restrictive environment.

Georgia's SOC is supported both foundationally and practically by the following entities:

- **Behavioral Health Coordinating Council (BHCC)** - The BHCC works to improve the provision of behavioral health services by increasing coordination between relevant state agencies, legislators, consumers and their families, and the state ombudsman. The BHCC is chaired by the DBHDD Commissioner, and provides high-level support for and guidance to Mindworks Georgia.
- **Mindworks Georgia** - Formerly known as the Interagency Directors Team, Mindworks Georgia serves as the primary state director-level, multi-agency collaborative working to improve Georgia's SOC. Mindworks Georgia is a workgroup of the BHCC and is responsible for developing and implementing Georgia's SOC State Plan.
- **Multi-Agency Treatment for Children (MATCH)** – Led by DBHDD, MATCH is a state-level team made up of representatives from each child-serving state agency (DFCS, DJJ, DECAL, DHP, DCH, DHS, GaDOE, OCA, and DOC). MATCH facilitates cross-agency coordination (reviewing cases and identifying services) for certain systems-involved children with complex, unmet behavioral health needs.
- **Local Interagency Planning Teams (LIPTs)** - Statutorily created under O.C.G.A. 49-5-220 and led by a volunteer chairperson at the local or county level, LIPTs bring together local child-serving agency representatives, families and partners to improve and coordinate services for youth with a mental health diagnosis. LIPTs may refer complex cases requiring additional service identification to MATCH.

Together, these entities form Georgia's SOC infrastructure, collaborating to enhance coordination among agencies and state and local partners to improve children's mental health across the state.

Recommendations

- Enhance infrastructure and standardization of processes for LIPTs.
Relevant entity: General Assembly, DBHDD
- Revise the code to appoint a LIPT chairperson to serve each region and allot funding for compensation to fill leadership vacancies to ensure more effective and consistent leadership and implementation.
Relevant entities: General Assembly, DBHDD
- Encourage participating state agencies to ensure agency representation at all LIPT meetings.
Relevant entities: DBHDD, BHCC, Mindworks Georgia, DHS/DFCS, DJJ, DPH, local education agencies, GVRA, and community organizations
- Address barriers to family participation (e.g., transportation, the stigma around system involvement) in LIPT meetings.
Relevant entities: General Assembly, DBHDD
- Update Medicaid billing codes to increase Medicaid billable services for MATCH referrals.
Relevant entity: DCH
- Encourage health care providers, behavioral health providers, insurers (including CMOs / Medicaid), DBHDD, DFCS and DJJ to participate in real-time electronic data sharing, allowing for coordinated, high quality healthcare.
Relevant entities: DCH, DBHDD, DFCS, DJJ

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

A child's sense of safety and overall development relies on nurturing relationships and supportive environments. While good public policy is essential, the role of parents, caregivers, and community members in addressing children's needs and perspectives is equally critical. Effective child protection begins with preventive efforts, long before danger arises.

Although the Division of Family and Children Services (DFCS) is the predominant player in the child-protection field — tasked with oversight for the approximately 10,400 children in its care¹⁴³ — other agencies, including the Department of Early Care and Learning (DECAL), the Georgia Department of Education (GaDOE), the Department of Public Health (DPH), the Department of Community Health (DCH), Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Juvenile Justice (DJJ), the Georgia Office of the Child Advocate (OCA), and the Justice for Children Committee of the Georgia Supreme Court, all have vital roles in keeping children safe. Important to know, 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.

Child neglect and abuse, which often lead to physical, emotional, and psychological harm¹⁴⁴, can necessitate family preservation efforts or placement in foster care. Contributing factors such as limited access to healthcare, housing, education, and childcare, as well as community violence and systemic flaws, exacerbate family stress and heighten risks to children. To protect children effectively, Georgia's child safety efforts must adopt a holistic "Whole Child" approach. This strategy involves collaboration among biological families, foster care providers, caseworkers, volunteers, communities, agencies, and the courts.

NEGLECT AND ABUSE

Neglect is one of the top reasons children are removed from their homes in Georgia. In FY 2023, 38.17% of DFCS removals cited neglect as at least one reason.¹⁴⁵ The Centers for Disease Control and Prevention (CDC) defines neglect as “the failure to meet a child’s basic physical and emotional needs, including housing, food, clothing, education, access to medical care, and having feelings validated and appropriately responded to.”¹⁴⁶ While neglect has historically been categorized as a type of abuse and can be equally detrimental, it is important to distinguish neglect as an issue separate from abuse with its own causes and potential solutions.¹⁴⁷ The basis for understanding the difference between abuse and neglect is that neglect is generally passive while abuse is considered to always be intentional.^{148, 149} This is not to say that neglect cannot be intentional, only that neglect may result from circumstances which are out of the parent or caregiver’s immediate control. Families experiencing poverty and lacking sufficient resources are more likely to be reported for neglect.^{150, 151} Therefore, a critical component of ensuring the safety of children and their families is addressing and mitigating family-level factors, including access to food, shelter, transportation, and healthcare.

Child abuse can also precipitate a child’s removal from the home. Often **substantiated child abuse** can result in criminal allegations and charges for the involved adult(s). Child abuse can come in different forms, including physical, sexual, and emotional abuse.¹⁵² In FY 2023, 20% of reports to DFCS alleged physical, sexual, or emotional abuse and approximately 11% of removals cited physical or sexual abuse as the reason.^{153, 154} Abusive behaviors towards children, as well as adults, are often tied to power and control dynamics within relationships, economic instability, untreated health or behavioral health conditions, discrimination, disaster, lack of education on healthy relationships, untreated mental health issues, substance abuse, and generational cycles of violence. Additionally, children may also suffer abuse from caregivers, adults, or even other youth outside of their homes or families. Other reasons for a child’s removal from the home can include the caretaker’s incarceration, abandonment, caretaker’s death, short term emergency care, or the caretaker’s inability to manage a child, a child’s behavior, or disability (see Figure 11 below).

Recommendations

- Ensure adequate, affordable health insurance coverage, including coverage for mental health and substance use treatment services, for all adults, regardless of income, work, or court-involved status.
Relevant entities: DHS, DCH, OIC
- Promote the development of quality substance use disorder services, including individual and family residential treatment facilities and peer support programs, which incorporate evidence-based therapies to address parent or caregiver trauma.
Relevant entities: DCH, DPH, DHS/DFCS, DBHDD
- Expand access to peer-support and evidence-based treatments available to parents who are incarcerated or otherwise court-involved.
Relevant entities: Courts, DBHDD, DCH, DHS
- Increase availability and funding for family violence resources and child advocacy centers across the state.
Relevant entities: DHS/DFCS, CJCC
- Increase funding and support to expand respite care facilities, as well as to increase services for children and youth with behavioral health conditions, including autism, serious emotional disturbances, and substance use disorders.
Relevant entities: General Assembly, DBHDD, DFCS, DCH
- Develop inpatient and outpatient healthcare providers’ capacity to serve children with co-occurring behavioral health/developmental disability needs.
Relevant entities: DCH, DPH, DHS, DBHDD
- Ensure school implementation of annual, age-appropriate body safety and awareness education for students K–9 in order to help protect against child abuse.
Relevant entity: GaDOE
- Simplify and automate enrollment in and access to benefits for eligible families (e.g., health insurance, food, child care, and housing).
Relevant entities: DPH, DCH, DHS/DFCS, DECAL
- 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.
Relevant entity: DHS/DFCS
- Develop innovative approaches (e.g., transportation grants for community, mobile meal trucks) to increase access to summer meals for children.
Relevant entities: GaDOE, DECAL
- Increase the availability and fair distribution of quality and affordable housing policies, including rent and mortgage subsidies, and quality legal representation, which protect families and children from unsafe housing, hardship or baseless evictions, and untenable fees and penalties.
Relevant entities: DCA, GCA, AVLA, Legal Aid

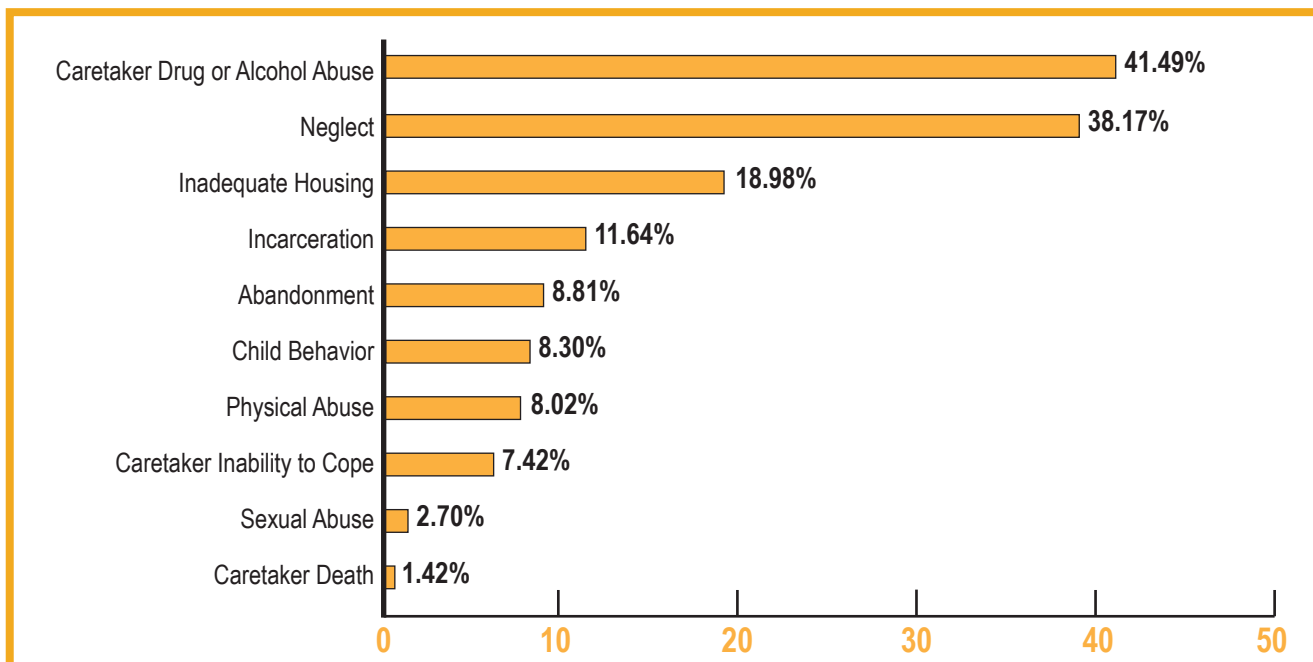


Figure 11. Reasons For A Child’s Removal From The Home¹⁵⁵

PREVENTION INITIATIVES

DFCS has a host of programs designed to prevent children from entering the child welfare system. At the forefront of these efforts is the Promoting Safe and Stable Families Program (PSSF), which uses federal funding to build state and community capacity to meet the needs of families in crisis and at risk of child welfare intervention.¹⁵⁶ This includes Family Preservation Services' intensive support and therapeutic services that improve family functioning and stability, which are provided to families that encounter DFCS, to ensure that children can be safely maintained in their homes.¹⁵⁷ In addition, DFCS leverages federal funds under Title IV of the Social Security Act (made possible through the federal **Family First Prevention Services Act (FFPSA)**) to support families and prevent **foster care** placements through evidence-based treatments and other services in several counties across the state.¹⁵⁸

DFCS also leads the development of Georgia's Child Abuse and Neglect Prevention Plan (CANPP),¹⁵⁹ which includes input from hundreds of partners and presents a clear view and comprehensive approach to child safety. Georgia Essentials for Childhood, a statewide collaborative led by DFCS, DPH, and Prevent Child Abuse Georgia (PCA-GA), works to implement the CANPP and promote safe, stable, and nurturing relationships and environments for children. Another statewide collaborative, Strengthening Families Georgia, led by the Georgia Association for the Education of Young Children and PCA-GA, seeks to embed protective factors into various systems and services. Locally, DFCS's State of Hope initiative brings together nonprofits, philanthropies, government, business, and communities to build local safety nets in each DFCS region to ensure family self-sufficiency and prevent child abuse and neglect.

Additionally, home visiting programs provide pregnant women and new parents with guidance, resources, and skills to ensure mother and child are physically, developmentally, and emotionally well. DPH oversees several home visiting programs in Georgia that incorporate clinical elements, such as postpartum depression screenings and supports, blood pressure checks, feeding assessments, and developmental screenings — all designed to improve mother and infant outcomes. In addition to home-visiting, in-home services for children with complex medical or developmental diagnoses can also prevent children from entering state care. One such demonstration project, implemented by Childkind and funded by the National Institutes of Health, is called **Take Charge! Medically-Based Parenting**. This program sends a case manager and a nurse to eligible homes to help families with child bonding and wellbeing, parenting, and family sustainability.

Furthermore, parental incarceration accounts for 11.64% of child welfare removals. By providing effective alternatives to incarceration for nonviolent offenders, many of whom are parents, **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.¹⁶⁰ 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.¹⁶¹

Also critical to prevention are the various electronic tools that facilitate connections for individuals in need of social services. Platforms include 211, operated by United Way of Greater Atlanta, Find Help Georgia, and Unite Us. Additionally, the Georgia Health Information Network (GaHIN), which electronically connects disparate systems and data sources in order to support improved quality of care, better health outcomes, and reductions in cost, now incorporates information related to social determinants of health.

PROTECTION & SAFETY

Recommendations

- Work with DFCS and other public and private providers to maximize implementation of the federal FFPSA, including expansion of evidence-based programs used.
Relevant entities: DHS/DFCS
- Encourage all state agencies to adopt and actively implement the CANPP.
Relevant entities: All state agencies
- 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.
Relevant entities: DCH, DPH, DHS, DBHDD
- Continue to fund and expand local agency collaborations like State of Hope to strengthen families and stabilize communities.
Relevant entity: DHS/DFCS
- Expand availability of home visiting programs (for more information on home visiting, see Pregnant Women and Infants on page 16.)
Relevant entity: DPH
- Continue to fund, provide training to, and expand the reach of accountability courts providing alternatives to incarceration for parents and caregivers.
Relevant entities: Courts, CACJ, CJCC
- Encourage courts to offer alternative sentencing and bond amounts for defendants who are pregnant and pose no risk to the public, unless declined by the pregnant woman.
Relevant entities: Courts, PAC
- Coordinate efforts and refine information for helplines that assist in finding resources for housing, food access, and other basic needs.
Relevant entity: DHS/DFCS
- Ensure regular, robust data sharing between child-serving agencies.
Relevant entities: DCH, DHS/DFCS, DPH, DJJ, GaDOE
- Require any care management organization serving children in foster care to create portable/sharable real-time electronic health records for children in care.
Relevant entities: DCH, DHS/DFCS
- Fund the Take Charge! Medically-Based Parenting program to enhance coordination and quality of care and services for families, as well as prevent children with disabilities from entering the foster care system.
Relevant entities: DCH, DHS, DBHDD

FOSTER CARE

While child safety and healthy family preservation are the fundamental objectives for DFCS, out-of-home placements for children are sometimes necessary to ensure a child's short- or long-term safety. A child can be removed from home during the processes of assessments, legal proceedings, case plans, reunifications, or while arranging adoptions or guardianships. Ultimately, in the realm of child welfare, "permanency" is the goal for each child who comes into care. According to Child Welfare Information Gateway, permanency means a safe and "permanent, stable living situation, ideally one in which family connections are preserved" and can happen upon reunification with a child's family of origin or through another sort of court mandated permanency goal, such as guardianship or adoption.¹⁶²

When a child is removed from the home, DFCS prioritizes child placements with nonoffending family or people close to and known by the family, which is known as "**kinship care**." These placements are less traumatic for a child than with families they don't know or in group homes, which are referred to as **Child Caring Institutions** (CCIs). However, securing kinship placements can be difficult because of location, caregiver age or finances, caregiver relationships with the biological parents, or simply a lack of available kin. This is where traditional foster parents and group homes fill in.

If a suitable kinship placement is not available, a child may be placed in a traditional foster home. For these placements, the state provides support in the form of foster parent training, financial support and Medicaid benefits for the child, case planning, respite care, and other **wraparound services**.¹⁶³ Despite ongoing recruitment efforts by the state, the number of foster parents has fallen since the COVID-19 pandemic, while the number of youths needing placements continues to grow.^{164, 165}

Youth who have intellectual or developmental disabilities, behavioral health concerns, or a lack of foster or kinship options may be placed in a CCI as it may be difficult for them to find traditional foster homes for them. CCIs provide room and board, watchful oversight, and, in some instances, contract with behavioral health service providers to provide clinical services. When necessary (and when space is available), children or youth who are in foster care and who have higher behavioral health needs may also be placed in Psychiatric Residential Treatment Facilities (PRTFs). Reimbursement rates, unfortunately, are exceedingly and problematically low for CCIs, which bear the bulk residential facility foster placements.

Recently, Georgia lawmakers passed legislation which designates Qualified Residential Treatment Programs (QRTPs) as a category of CCI. Created by the FFPSA, a QRTP is a new designation of placement "that has a trauma-informed treatment model that is designed to address needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances, and meets other requirements outlined in the Act." Ideally, QRTPs are intended to fill a need for placement that serves children who require more support than a CCI can deliver, but less than is provided by a PRTF. Currently, however, there is no definitive timeline for the implementation of QRTPs in Georgia.¹⁶⁶

Recommendations

- Boost foster parent recruitment and training, and create CCIs and other specialized care placements in communities where placement needs are highest.
Relevant entity: DFCS
- 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.
Relevant entities: DHS/DFCS, DBHDD, DCH
- Support relationships and collaboration between foster care providers in the private and public sectors.
Relevant entity: DHS/DFCS
- Assess funding, oversight, and quality opportunities for residential and respite care for children and youth with behavioral health conditions and developmental disabilities.
Relevant entities: General Assembly, DHS/DFCS, DCH, DBHDD
- Increase rates for CCIs to ensure staff quality and retention, training and implementation of **trauma-informed care**, and de-escalation techniques to support the transition of CCIs into QRTPs and to ensure that children in CCIs receive high quality support and services.
Relevant entity: DHS/DFCS

VOICE, MENTORSHIP, AND LEGAL SUPPORT

Efforts to prevent child abuse and neglect emphasize integrating family and youth voices into the child welfare program. DFCS oversees the Parent Advisory Council, which makes recommendations on policy and practice based on the lived experience of its members.¹⁶⁷ Additionally, youth advocacy groups such as EmpowerMEnt, a Multi-Agency Alliance for Children (MAAC) initiative, aim to embed the youth voice in the child welfare system to improve the foster care experiences of those in and transitioning out of care.^{168, 169}

Another way to incorporate youth and family voices into the child welfare process is through peer mentoring for parents and foster youth. Parent peer mentors or “parent partner” programs can operate through community providers, courts, or state agencies. Although the role of parent peer mentors varies from program to program, peer mentors with lived experience typically provide support and motivation to other parents as they navigate the child welfare system and legal process. Parent peer mentors help advocate, promote collaboration, prevent family separation, and expedite reunification.^{170, 171} Although there are parent peer programs in Georgia for other systems (e.g., behavioral health), there are none specific to parents and caregivers in the child welfare system.

Peer mentors can also play a crucial role in supporting youth and youth adults in, and transitioning out of, the foster care system. For those who age out without achieving permanency, the risks of homelessness, limited educational attainment, unemployment, physical and behavioral health challenges, involvement with the justice system, and a lack of social connections significantly increase.¹⁷² Peer mentors can provide guidance, present opportunities, and support and encourage their mentees. In turn, youth working with peer mentors may build confidence, enhance communication skills, form healthier relationships, make better life choices, develop resilience, and connect with a broader support network, leading to more positive outcomes.^{173, 174} Additionally, adult mentors play a vital role in supporting youth in or aging out of foster care. Programs such as Waymark’s Community4Youth and Embark Georgia offer valuable guidance and foster social connections.^{175, 176} These initiatives help students in foster care transition to post-secondary education and navigate life thereafter.

Additionally, quality legal representation for children and parents/caregivers in child welfare cases can improve outcomes, reduce trauma, and promote fairness in case planning and services.¹⁷⁷ While all children in Georgia are appointed an attorney, this does not guarantee “quality.” Child attorneys are often burdened by heavy caseloads and may not have timely access to the child’s history, current circumstances, and individual needs. Further, although parents and caregivers have the right to an attorney, many families cannot afford the associated costs. Also problematic are both individual misconceptions and systemic flaws, which can interfere with consistency of representation for both child and adult, as well as inadequate availability of resources to meet requirements of a reunification or permanency case plan.

Recommendations

- Continue to include parent voices in the DFCS decision-making process through the Georgia Parent Advisory Council (GAPAC).
Relevant entities: DHS/DFCS, GAPAC
- Create a DFCS youth advisory council or other mechanism to routinely gather feedback from current and former foster youth (e.g., through surveys, focus groups, and interviews) to incorporate lived experience into the DFCS decision-making process.
Relevant entity: DHS/DFCS
- Create a formal parent peer support program for parents and caregivers of children involved in the child welfare system.
Relevant entity: DHS/DFCS
- Develop a lived experience peer support program for foster youth to offer mentorship for current foster youth, provide expertise for policy creation, assist DFCS and partner agency staff in training caseworkers to promote effective engagement with youth, and assist with professional development.
Relevant entity: DHS/DFCS
- Ensure policy and funding to support the provision of timely and quality legal representation in dependency proceedings for both youth and parents/caregivers.
Relevant entities: Courts, General Assembly
- Establish a state-funded entity to coordinate, initiate, and support quality assurance and improvement for children’s lawyers.
Relevant entities: OCA, CJCJ, DFCS, Court Improvement Project (of the Supreme Court’s Committee on Justice for Children)

NORMALCY AND SERVICES FOR YOUTH AND YOUNG ADULTS

“Normal” activities – going to a friend’s house, having a summer job, taking a school trip, participating in sports or afterschool activities, going to summer camp, dating, or going out to socialize with friends – are essential for youth to develop interests and skills, build lasting relationships, and learn to take controlled risks. When a child is placed in foster care away from their community, they can lose a sense of connection to family, friends, familiar places, and activities that bring a sense of normalcy to their lives. Youth in CCI may be particularly constrained from engaging in everyday activities due to facility policies or necessary protection measures.¹⁷⁸ While there is a growing consensus that these age-appropriate activities should be facilitated for youth in care, foster youth in Georgia continue to express a need for more normalcy in their daily lives.¹⁷⁹

Experiencing normalcy is sometimes even more challenging for older youth and young adults aging out of foster care. Given that many people prefer fostering or adopting infants or younger children, DFCS struggles to find placements and adoptions for tweens and teens. About four in five adoptions from foster care in Georgia take place when the child is age 10 or younger.¹⁸⁰ Sadly, this means that around 600 youth age out of foster care each year, never having found a permanent “forever home.”¹⁸¹

Quite a number of these youth struggle to find housing once they age out of care. A lack of awareness around available supports, like targeted housing vouchers, Medicaid eligibility, and other forms of assistance for youth only serve to impede opportunities for success. Additionally, former foster youth are less likely than their peers to enroll in post-secondary education.¹⁸² For those that do, living expenses, housing, and lack of help in navigating academic demands can all be barriers to completing their education. This is where peer mentorship programs can help. Young adults with lived experience can assist foster youth as they move out of the system and become self-sufficient. Programs like Embark Georgia can also assist youth experiencing or who have experienced foster care transition to their post-secondary education, including assistance with campus resources and tools, life-skills development, and resources designed specifically for hidden populations.¹⁸³

Recommendations

- Ensure that caseworkers receive proper training so that they are able to inform youth of all available options and services for transition.
Relevant entity: DHS/DFCS
- Provide foster families, kinship caregivers, and group homes with adequate reimbursement for extracurricular activities for foster youth.
Relevant entity: DFCS
- Ensure funding for out-of-school time (OST) programs (i.e., afterschool and summer youth development programs) with designated space for foster youth.
Relevant entities: DFCS, GaDOE, USG
- Ensure that programs for transition-aged youth, such as the Independent Living Program and Extended Youth Foster Care Services, are adequately funded.
Relevant entity: DHS/DFCS
- Ensure that all Independent Living Programs include services to help connect youth to employment opportunities.
Relevant entity: DHS/DFCS
- Ensure former foster youth have access to post-secondary education, including a scholarship program for four-year state universities and stipends for the associated costs of housing.
Relevant entities: Georgia Lottery, Georgia Student Finance Commission, Board of Regents, USG, TCSG, and individual campuses as needed
- Incentivize and fund all two- and four-year institutions in Georgia and technical colleges to offer intentional programming and maintain an adequate number of staff dedicated to supporting current and former foster youth and youth who have experienced homelessness.
Relevant entities: TTCSG, Board of Regents, DFCS
- Ensure ongoing data sharing to allow an analysis of college enrollment, employment, and other outcomes for former foster youth.
Relevant entities: DFCS, USG, TCSG, and individual campuses as needed

CHALLENGES

Aside from a general shortage of foster homes, a number of challenges affect Georgia's child welfare system's ability to ensure positive outcomes for kids and families who touch or enter the system.

Children with Complex Health/Behavioral Health Needs: Children in foster care or at risk of entering the system often face complex physical, mental, developmental, and behavioral health challenges, such as oppositional defiant disorder, anxiety and depressive disorders, and autism, which are often co-occurring. In many cases, a child's unmanaged severe behavior results in state care. Children exhibiting behaviors deemed too aggressive for traditional foster care placements, like Maximum Watchful Oversight (foster care placement for children with severe behavior), and denied access to Medicaid-funded PRTFs are left without a place to go. In such cases, DFCS may resort to "hoteling," where children are housed in hotels or DFCS offices with 24/7 care provided by multiple behavioral aides. This approach comes at a tremendous cost to the state, as well as to the well-being of the child.

Quality and Oversight for Residential Facilities Providing Behavioral Health Treatment: Agency licensure and oversight for the array of residential facilities for children, including those for foster care, is extremely complex. Reports of poor conditions, abuse, and inadequate services within certain facilities are cause for concern as they may cause additional trauma and worsen existing behavioral health conditions.^{184, 185} Many residential facilities are privately owned and for-profit, and functioning with varying degrees of oversight. What's more, states often contract with these facilities to house high needs foster youth in part due to a shortage of community-based services that could allow children to be treated while remaining in a home environment. This redirects public monies and perpetuates a lack of investment in community services.

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 FY 2023, the turnover rate of child welfare workers was 47.8%.¹⁸⁶ 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, and achieving permanency for many of Georgia's most vulnerable kids.

Inadequate Data and Disproportionality: Data shows that Black youth are overrepresented in Georgia's foster care system. Misperceptions about race and poverty can impact how decisions are made which may account for some disproportionality. Additionally, partners from different sectors of a child's life (e.g., health, behavioral health, education, justice, etc.) often struggle to share pertinent information about children in care, hindering progress at all levels. Deeper analyses of these factors, as well as better data sharing processes, can improve the efficiencies and outcomes in the system overall and reduce system and individual discrimination, help children achieve permanency faster, help caregivers keep children safe and nurtured, and perhaps even reduce child removal or multiple placements altogether.

PROTECTION & SAFETY

Recommendations

- Identify sustainable funding sources for services for children and youth with significant behavioral health needs.
Relevant entities: DBHDD, DCH, DHS/DFCS, DJJ
- 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.
Relevant entities: DHS/DFCS, DBHDD, DCH
- 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.
Relevant entities: DCH, DHS/DFCS
- Assess funding, oversight, and quality opportunities for residential and respite care for children and youth with behavioral health conditions, including serious emotional disturbances, substance use disorders, and autism.
Relevant entities: State legislature, DHS/DFCS, DCH, DBHDD
- Increase reimbursement rates for CCIs to ensure staff quality and retention and to insure that children in CCIs receive high-quality support and services.
Relevant entity: DHS/DFCS
- Continue efforts to fund DFCS to maintain or expand staff levels and to ensure employment commitment of caseworkers and other staff.
Relevant entity: DHS/DFCS
- Ensure that DFCS has the proper oversight and support for caseworkers so that they may maintain contact with foster youth to the extent that each youth requires.
Relevant entity: DHS/DFCS
- Ensure regular, robust data sharing between child-serving state agencies.
Relevant entities: DCH, DHS/DFCS, DPH, DJJ, GaDOE

SAFE AND SECURE HOUSING

In FY 2024, 46,070 students were identified as being homeless, highlighting the fact that many of Georgia’s children lack the basic necessity of a safe and stable home. Family homelessness in Georgia has become a critical issue that demands a coordinated, multi-system approach.¹⁸⁷

The **McKinney-Vento Act** is a federal law that ensures educational stability and support for children and youth experiencing homelessness by providing access to education, transportation, and essential services. Data collected under this act indicate most homeless children in Georgia are “doubled up,” meaning they share living arrangements with others due to a loss of housing or economic hardship. These students, along with those in temporary accommodations like hotels or transitional housing, often fall outside the U.S. Department of Housing and Urban Development (HUD) definition of homelessness, which restricts their access to crucial support services. The discrepancy in the definitions of homelessness leads to gaps in data collection and impacts policy and funding decisions. Expanding the definition of housing instability to include a broader range of living situations is essential to effectively supporting these families.

The educational impact of homelessness is profound. Homeless children frequently face a cycle of absenteeism and poor academic performance, with more than 50% of chronically absent students lacking stable housing.¹⁸⁸ These students are 18% less likely to graduate, face higher rates of in-school and out-of-school suspensions, and are expelled at twice the rate of their non-homeless peers.¹⁸⁹ Instability and lack of support can exacerbate behavioral issues, leading to harsher disciplinary actions that further disconnect them from education. Younger children are particularly vulnerable, with those under five more likely to experience developmental delays and poor educational outcomes.¹⁹⁰ Children experiencing homelessness also face increased rates of chronic illnesses, behavioral health conditions, and inadequate access to healthcare.¹⁹¹ Rising housing costs nationwide have led to increased evictions and foreclosures, forcing displaced families into lower-quality housing, which further compounds health risks.¹⁹² These combined challenges can severely hinder children’s overall development, learning, and long-term well-being.

Certain groups are disproportionately affected by homelessness in Georgia. During the 2022-2023 school year, Black students experienced homelessness at a rate 70% higher than their White counterparts. Additionally, students with disabilities and LGBTQ youth faced significantly higher rates of homelessness than their peers.¹⁹³ What is more, about 19% of foster care placements in Georgia cite inadequate housing as a reason for removing a child from their home.¹⁹⁴ Addressing these disproportionate impacts is crucial to ensure that vulnerable children and families are not overlooked, and that Georgia can reduce poverty and homelessness to create pathways to long-term stability for all.

Rarely used but potentially promising is the federal **Family Unification Program (FUP)**, which provides housing vouchers to families at risk of separation due to inadequate housing and to youth aging out of foster care who lack stable housing. These vouchers, administered through local public housing authorities, help eligible families secure safe, affordable housing, preventing the need for child welfare interventions. For foster youth, FUP vouchers can offer a critical lifeline, providing up to 36-months of housing assistance to help them transition to independent living. By addressing housing instability, FUP helps keep families together and supports foster youth in building a stable future.¹⁹⁵

PROTECTION & SAFETY

Shelter Type	Preschool Child Count	School-Aged Child Count	Total Child Count
Hotels/Motels	133	8,888	9,021
Unsheltered	11	848	895
Doubled up	754	28,437	29,191
Shelters, Transitional Housing	59	2,357	2,3416
Total	957	40,530	41,487*

Table 6. Title IX, Part A 2022-2023 Statewide Data¹⁹⁶

Source: School year 2022-2023 Student Record Data Collection System (SR 2023).

*Due to student mobility and record collection, a student may be counted more than once. 41,448 is the actual total of Homeless Children and Youth in FY 2023.

Recommendations

- Increase the availability and fair distribution of quality and affordable housing, and support policies, including expanding the definition of housing instability and providing rent and mortgage subsidies, to protect families and children from unsafe housing, hardship or baseless evictions, and untenable fees and penalties.
Relevant entities: HUD, DCA
- Evaluate the effectiveness of the Family Unification Program (FUP) vouchers for families whose lack of adequate housing is the primary factor for removal of children or is delaying the reunification of children currently in foster care.
Relevant entities: HUD, DFCS
- Support policies that facilitate housing opportunities for people with past evictions, criminal histories, and mental or behavioral health conditions.
Relevant entities: HUD, DCA
- Increase local school system (via the Regional Education Service Agencies (RESAs)) outreach to expand funding for McKinney-Vento Education for Homeless Children and Youth programs.
Relevant entity: GaDOE
- Develop clear guidelines to better help youth who have matriculated out of or who have aged out of K-12 education and who are experiencing or have experienced homelessness.
Relevant entities: GaDOE, DHS/DFCS, DCA, USG, TCSG
- Create and fund community-based resources, such as drop-in centers and job-training, to prevent youth who age out of foster care and unaccompanied youth from becoming homeless.
Relevant entities: DHS/DFCS, TCSG, DCA

SEXUAL VIOLENCE AND EXPLOITATION

Child sexual abuse is the exploitation of a child for the sexual gratification of another person. Sexual abuse includes both touching and non-touching offenses, such as fondling, sodomy, rape, masturbation, indecent exposure, and child pornography. Nearly one-third of victims are abused by family members.¹⁹⁷ Abusers can also be neighbors, religious leaders, teachers, family members, or anyone who interacts with children.¹⁹⁸

The majority of children who are sexually abused do not tell anyone about it. Thus, child sexual abuse is often underreported.¹⁹⁹ Even so, and likely underestimated, available information shows that 1 in 4 girls and 1 in 13 boys experience child sexual abuse.²⁰⁰ What's more, of the children removed from their home in Georgia in 2023, nearly 3% were removed for reasons that included sexual abuse.²⁰¹

It is important to note that the sexual orientation of a person does not make them more likely to sexually abuse children.²⁰² Moreover, while men are consistently identified as the majority of offenders in cases of child sexual abuse, it is crucial to acknowledge that women also commit these acts.²⁰³

Sometimes, sex offenders are youth or children, but it's important to understand is that 40 to 80% of juvenile sex offenders have themselves been victims of sexual abuse. These children are often responding to their own trauma, and interventions for juvenile sex offenders have been shown to be particularly effective. Studies universally confirm that juvenile sex offense recidivism is relatively low with an estimated rate of 7%.²⁰⁴

Commercial Sexual Exploitation of Children (CSEC) is a critical issue in Georgia and is exacerbated by the state's major transportation hubs, including Hartsfield-Jackson Atlanta International Airport. The Georgia Bureau of Investigation (GBI) reports that hundreds of children are trafficked annually, with Atlanta ranking as one of the top cities for CSEC in the United States. The state has responded with robust initiatives, such as the First Lady Marty Kemp's GRACE Commission, the Georgia Coalition to Combat Human Trafficking, and the Georgia Statewide Human Trafficking Task Force, which unites law enforcement, nonprofits, and community stakeholders in a coordinated effort to combat trafficking. Recent legislation has increased penalties for traffickers and expanded support services for survivors, including a growing number of legal supports. Child welfare systems play a crucial role in this battle, as children in foster care or those who have experienced abuse are particularly vulnerable to trafficking. Organizations like Wellspring Living and Street Grace are on the front lines providing critical education, advocacy, and recovery services to survivors. Despite these efforts, challenges remain in identifying victims early and ensuring they receive comprehensive care and support to break the cycle of exploitation.

In 2018, Georgia mandated age-appropriate sexual abuse and assault awareness education for all students K-9th grade,²⁰⁵ guided

PROTECTION & SAFETY

by Georgia's Child Sexual Abuse and Exploitation Prevention Technical Assistance Resource Guide (TARG) outlining sexual abuse prevention strategies.²⁰⁶ These trainings are ongoing.

Recommendations

- Ensure school implementation of annual, age-appropriate body safety and awareness education for students K–9th grade in order to help protect against child abuse.
Relevant entities: GaDOE, LEAs
- Increase availability and funding for family violence resources, child advocacy centers, and specialized courts for CSEC across the state.
Relevant entities: CJCC, Courts, GACFV
- Foster coordination between state agencies, local law enforcement, child welfare organizations, and nonprofits to create a comprehensive response to sexual abuse, as well as exploitation.
Relevant entities: CJCC, GBI, DFCS, Local Law Enforcement, NPOs
- Increase funding for support services, such as counseling, legal aid, and advocacy for survivors of sexual abuse and exploitation. Ensure that these services are easily accessible and tailored to meet the needs of survivors, including those from marginalized communities.
Relevant entities: DBHDD, PDC, PAC, CJCC
- Implement mandatory, comprehensive training for educators, healthcare providers, law enforcement, and child welfare professionals on recognizing, responding to, and reporting sexual abuse, as well as exploitation. This training should include trauma-informed care and child development considerations.
Relevant entities: DFCS, GaDOE, LEAs
- Expand and fund educational programs in schools and communities to raise awareness about CSEC, including recognizing signs of exploitation and safe reporting practices.
Relevant entities: GaDOE, LEAs
- Enhance data collection on CSEC cases to better understand the scope of the problem and allocate resources more effectively. This includes standardized reporting procedures for law enforcement, social services, and educational institutions.
Relevant entities: PAC, Local law enforcement, DFCS, GaDOE, CJCC, Courts, PDC, CJCC
- Ensure that CSEC survivors are not criminalized and are provided with appropriate legal protections.
Relevant entities: GBI, PAC, Local Law Enforcement, DFCS, Courts, PDC

INJURY, DEATH, AND VIOLENCE

Child safety issues go beyond abuse and neglect. Risks include cars, guns, bikes, water, bedding, fire, heat, and poisoning. Georgia's Injury Prevention Advisory Council and the state Child Fatality Review Panel work across agencies to assess data and recommend policies to keep children and youth safe.

In Georgia, accidental suffocation and strangulation, often due to unsafe sleep environments, leads the non-medical causes of death for infants under one. For toddlers, drowning, motor vehicle crashes, and homicide are significant causes of death. Both infants and older teens are particularly at risk of dying by homicide. In 2023, 111 children died by homicide in Georgia, making it the leading non-medical cause of death for ages 0–17. The methods of homicide differ by age group: blunt force trauma is most common for children under five, while firearms are predominant for older teens (15-17 years).²⁰⁷

Near-death incidents and serious injuries are also major concerns. In 2022, 140,000 children visited Georgia emergency rooms for injuries.²⁰⁸ The majority of childhood fatalities and serious injuries are preventable, prompting various statewide campaigns focused on safe infant sleep, prevention of childhood lead poisoning, swimming pool and boating safety, firearm safety, and the proper use of car seats, seat belts, and life preservers. Additionally, these campaigns emphasize the importance of ensuring children are not left unattended.

Promoting children's well-being is incomplete without addressing the pervasive issue of family violence and its effects on young lives. Family violence in Georgia takes a significant toll on children, stemming from a multitude of factors, including unaddressed trauma, economic instability, harmful social norms, and lack of support. From 2018 to 2021, Georgia's state-certified family violence programs served 381,385 victims, nearly 28,000 (7%) of whom were children.²⁰⁹ The impacts of family violence extend beyond the physical; exposure to violence at a young age has been shown to increase the incidence of mental health conditions such as PTSD, anxiety, depression, self-harm, and suicide.²¹⁰

Because child safety issues extend beyond abuse and neglect and encompass risks from cars, guns, bedding, violence, and more, it is essential to implement policies that foster positive social norms, address trauma, promote family support, and improve systems. It is critical to address Georgia's service gaps in areas such as substance abuse, behavioral health, shelter capacity, violence interruption, and anti-violence education.

PROTECTION & SAFETY



Figure 12. Leading Causes of Child Death In Georgia 2023, All Races.²¹¹

Continued p. 76

INJURY, DEATH, AND VIOLENCE *CONTINUED*

PROTECTION & SAFETY

Recommendations

- Implement comprehensive education programs on healthy relationships and violence prevention in schools starting at early ages.
Relevant entities: CJCC, Courts, DCS, DOC, GaDOE, Commission on Family Violence, Coordinated state child-serving agencies
- Develop public awareness campaigns to reduce stigma, promote available resources, and educate on various forms of abuse in addition to physical violence.
Relevant entities: CJCC, Courts, DCS, DOC, Commission on Family Violence, Coordinated state child-serving agencies
- Ensure the use of and funding for evidence-based therapies for substance misuse, anger management, family violence, and youth violence.
Relevant entities: CJCC, Courts, DCS, DOC, Commission on Family Violence, Coordinated state child-serving agencies
- Increase opportunities for social cohesion and community building (e.g., At-Promise Youth and Community Centers) through initiatives that encourage community involvement, such as volunteer programs, mentorship opportunities, and neighborhood events, to strengthen bonds and create a sense of belonging and connection among residents.
Relevant entities: NPOs, Local governments
- Encourage use of life preservers and maintain swimming pool inspections as drafted in current law.
Relevant entities: DNR, DPH, Local Parks and Recs
- Launch public awareness campaigns to educate gun owners on the importance of safe storage in preventing intentional or unintentional harm.
Relevant entities: DPH, Public Safety Entities, DCA
- Acknowledge and address existing service gaps in shelter capacity and increase affordable housing options to alleviate future homelessness and domestic violence survivors to find safe housing.
Relevant entities: DCA, DHS/DFCS

EVERY CHILD DESERVES

- **To feel assured that he will be treated with fairness and respect.**
- **To trust that they will be treated in a fair, developmentally appropriate way for behavior that falls outside of law or regulation and that they will have supportive adult representation and assistance for such situations.**
- **To know that despite her mistakes or other behaviors, she can be hopeful about her futures and that adults around her will help her succeed.**

EFFECTIVE DISCIPLINE & JUSTICE

Research is clear about the effects of environment on the developing brain. Adolescents, based on their brain development stage, are more prone to impulsive actions, accidents, fights, and risk-taking behaviors. Current brain research shows that one's environment also significantly impacts brain development.²¹² Additionally, the research is also clear that punitive reactions to misbehavior can harm a child's mental and physical development and future.²¹³ The key to successfully changing inappropriate youth behaviors is to ensure that these factors are considered and that our system responses are developmentally appropriate.^{214,215}

In 2013, Georgia lawmakers, taking into consideration these developmental concerns, revised the state's 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 can use developmentally appropriate, rehabilitative practices to divert kids from detention or incarceration, practice restorative justice, employ counseling and therapies, and educate.

Still, more than 7,000 youth received daily supervision from DJJ during fiscal year 2023. Secure detention centers processed more than 6,000 admissions and maintained an average daily count of 969 individuals.²¹⁶ However, these statistics represent only part of a broader story.

A Simple Guide to Georgia's Juvenile Justice System

How the System is Structured

Georgia handles youth crime and child protection through a special court system made for young people. This system works differently from adult courts and aims to help youth rather than just punish them.

Who the System Serves

The system works with:

- Youth under 17 who break the law
- Children who need protection from abuse or neglect
- Children who need services
- Youth up to age 21 who get in trouble before turning 17
- Young people up to age 23 who need help with becoming independent adults

How the System is Unique

Unlike most states that have unified court systems, Georgia has two distinct types of courts:

1. County-administered Courts - "Independent":
 - Found in bigger cities and counties
 - Administered and mostly paid for by the county
 - Handle about half of all youth cases in the state
2. State-administered Courts - "Dependent":
 - Found in smaller counties
 - Administered by the Department of Juvenile Justice (DJJ)
 - Handle the other half of youth cases in state

What the Department of Juvenile Justice (DJJ) Does:

- Runs detention centers for youth
- Provides counseling and treatment
- Operates a school system for detained youth
- Supervises youth on probation
- Helps youth return to their communities

Key Parts of DJJ:

Community Programs

- Supervise youth living at home
- Provide counseling and support
- Help youth stay in school
- Work to prevent future problems

Detention & Confinement Centers (Two Types)

- Short-term detention centers (**Regional Youth Detention Centers (RYDCs)**) for youth waiting for court
- Long-term confinement centers (**Youth Development Campus (YDCs)**) for youth serving longer sentences
- Both provide education, counseling, and medical care

Education

- Runs its own accredited school system
- Helps youth earn high school diplomas or General Educational Developments (GEDs)
- Teaches job skills
- Last year (state fiscal year 2023) helped:
 - » 31 youth graduate high school
 - » 40 youth earn GEDs
 - » 30 youth earn job certificates

When Youth Get in Trouble (Delinquency Cases)

First Steps

- Police or others report the problem
- Court staff decide if youth need detention
- Many cases are handled without going to court

Court Process

- Judge hears the case
- Youth can have a lawyer
- Court decides how to help the youth

Possible Outcomes

- Supervision in the community (probation)
- Short stay in detention (up to 30 days)
- Longer stay in detention
- Counseling and treatment programs

When Children Need Protection (Dependency Cases)

- State investigates reports of abuse or neglect
- Children might stay with relatives or foster families
- Goal is to keep families together when safe
- Services provided to help families improve

When Children Need Services (CHINS)

- Youth committing **status offenses** like truancy, runaway, ungovernable behavior, or curfew violation can be categorized under CHINS (**Children in Need of Services**).
- These cases are handled by providing necessary services rather than labeling them for rehabilitation.
- The court arranges suitable services to address the needs of these youth.

A Focus on Help, Not Just Punishment

The system tries to:

- Keep youth close to home when possible
- Provide education and job training
- Help with mental health and addiction
- Work with families to prevent future problems
- Give youth the skills to succeed

Georgia's juvenile justice system costs about \$357 million in state funds per year to operate. This money goes toward helping young people get back on track and keeping communities safe. The system aims to turn young lives around through education, counseling, and support rather than just punishment.

BEHAVIORAL HEALTH AND DEVELOPMENTAL SUPPORT

Among youth detained in Georgia in FY2023:^{217, 218}

- 48% of youth in RYDC and 65% in YDCs were on the **mental health caseload**;
- Disruptive disorders were the most common diagnoses, followed by substance-use disorders, neurodevelopmental disorders, trauma, and depression;
- 48% of youth in secure facilities had a neurodevelopmental disorder diagnosis (not including ADHD), and almost all youth diagnosed with ADHD had a co-occurring conduct disorder; and,
- 40% of youth in secure facilities were diagnosed with trauma- and **stressor-related disorders**.

These data reveal concerning patterns among youth in the system — illustrating that mental health services were required for most of the confined youth and almost half of those in short-term detention and highlighting an urgent need for expanded behavioral health support both within facilities and local communities.

The intersection of behavioral health and justice involvement is stark, evidenced by substantial mental health caseloads and co-occurring conditions among detained youth. Despite Georgia's preventive behavioral health initiatives through schools and community programs, access barriers — as well as a misinterpretation of behaviors and preconceived beliefs — may prevent youth from receiving needed interventions, increasing their vulnerability to court involvement. Youth feedback in Georgia emphasizes the pressing need for expanded behavioral health access across youth, family, and community levels.

Existing late intervention programs like Match and LIPTs that serve multi-systems involved youth with behavioral health needs face operational constraints and serve limited populations under strict criteria. CHINS programs that aim to intervene earlier during the process struggle with sustainable funding, effective coordination, comprehensive data collection, and resource availability across communities. Furthermore, while courts and DJJ provide behavioral health services, the inherent trauma of court proceedings and confinement often compounds existing mental health challenges, necessitating continuous, high-quality care throughout and beyond system involvement.

EFFECTIVE DISCIPLINE & JUSTICE

Recommendations

- Continue to enact policies and funding to support the availability of comprehensive school-based behavioral health services, and high-quality community behavioral health services via Certified Community Behavioral Health Clinics.
Relevant entities: GaDOE, DBHDD
- Continue to implement and improve 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.) on how to recognize trauma, behavioral challenges, and one's own misperceptions.
Relevant entities: DCH, DPH, GaDOE, DBHDD, DJJ, DECAL, DHS
- In accordance with requirements under the federal Consolidated Appropriations Act, create an amendment to the Medicaid State Plan to allow Medicaid payments for case management and assessment services for incarcerated youth and ensure the reinstatement of Medicaid coverage for eligible youth as soon as possible or, at the latest, within a 60-day period following their release.
Relevant entities: DCH, DJJ
- Facilitate Medicaid reimbursement and access for behavioral health treatments proven to reduce court involvement and recidivism.
Relevant entities: DCH, DJJ
- Address barriers, including financial, to agency collaboration and family participation in LIPT meetings and other preventative services for behavioral health.
Relevant entities: General Assembly, DBHDD
- Continue to streamline the process for DJJ clinicians to refer youth in secure confinement to residential treatment facilities and ensure that there is bed space available for DJJ youth.
Relevant entities: DCH, DJJ, CMOs
- Provide sufficient state funding to ensure, at a minimum, one licensed counselor and one social worker for every 250 students.
Relevant entities: General Assembly, GaDOE

POVERTY AND ADVERSE CHILDHOOD EXPERIENCES

Environmental and domestic circumstances significantly influence youth trajectories. Risk factors for system involvement include economic hardship, adverse childhood experiences (ACEs), and limited community support systems. In Georgia, almost 1 in 5 of youth have experienced multiple ACEs, emphasizing the importance of trauma-responsive strategies and community-based support programs statewide.

ACEs are potentially traumatic events that occur, causing high levels of stress that interfere with healthy brain development and can lead to high-risk behaviors and negative health outcomes in adulthood. They are not often caused by a single factor. Instead, a combination of factors (risk and protective) at the individual, relationship, community, and societal levels can increase or decrease the risk of violence.^{219, 220}

Economic hardship emerges as a fundamental risk factor for justice system involvement, manifesting at both family and community levels. Caregivers with low incomes experience heightened stress, potentially disrupting family dynamics and weakening protective factors such as supportive relationships and parental oversight. Communities experiencing poverty often face elevated crime rates, drug activity, and **gang** presence, while lacking constructive youth engagement opportunities — factors that may increase delinquent behavior.²²¹

Additionally, economic constraints can limit access to quality behavioral health and educational interventions. Beyond poverty, various family and community-level ACEs increase justice system vulnerability. Family-specific ACEs include parental separation, mental illness, substance use, neglect, and abuse — factors prevalent in justice-involved populations. Community-level ACEs encompass violence, discrimination, and bullying, potentially triggering trauma responses and high-risk behaviors.

The intersection of race and poverty provides crucial context: Black youth are more than twice as likely to live in poverty and experience ACEs at higher rates compared to their White peers. This disparity may contribute to their disproportionate representation in the justice system. 18% of Georgia's children experience two or more ACEs, with Black and Hispanic children showing higher prevalence rates than White youth.²²²

What are examples of ACEs?²²³

- Living with a family member who:
 - » Has a mental illness
 - » Is addicted to alcohol or another substance
 - » Is in prison
- Witnessing violence within or outside the home
- Physical, sexual, and verbal abuse
- Physical and emotional neglect
- Loss of a parent due to separation, divorce or other reason
- **Racism** or gender discrimination
- Bullying

EFFECTIVE DISCIPLINE & JUSTICE

Recommendations

- Simplify and automate enrollment and access to social supports and crucial benefits that families living in or near poverty levels rely on (e.g., SNAP, TANF, the National School Lunch Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid), and coordinate “live” support with community resource referral platforms to ensure connections to housing, food access, and other basic needs. *Relevant entities: DHS/DFCS, DCH, DBHDD, DECAL, GaDOE, DPH*
- Increase the availability and distribution of quality, affordable housing and supportive policies (e.g., rent and mortgage subsidies) to protect families and children from unsafe housing, hardship or baseless evictions, and untenable fees and penalties. *Relevant entities: U.S. Department of Housing and Urban Development, Georgia Department of Community Affairs*
- Increase opportunities for social cohesion and community building through initiatives that encourage community involvement, such as afterschool and summer programs (e.g., At-Promise Youth and Community Centers), volunteer programs, mentorship opportunities, and neighborhood events, to strengthen bonds and create a sense of belonging and connection among residents. *Relevant entities: Nonprofit organizations, Local governments*
- Ensure adequate, affordable health insurance coverage, including coverage for mental health and substance use treatment services, for all adults, regardless of income, work, or court-involved status. *Relevant entities: DHS, DCH, Office of Insurance Commissioner (OCI)*
- Significantly expand funding for domestic violence services, with a focus on increasing shelter capacity, affordable housing options, mental health and substance abuse treatment, and improving services in rural areas. *Relevant entities: Georgia Commission on Family Violence, General Assembly, CJCC*

SCHOOL-TO-PRISON PIPELINE

Educational outcomes are significantly intertwined with juvenile justice involvement, with academic performance gaps, disciplinary actions, and high dropout rates showing notable disparities from non-justice involved youth. While Georgia has implemented various successful student support and fair discipline initiatives, certain practices continue to push youth from schools into the justice system. What's more, a lack of clarity as to the role of law enforcement personnel while on campus can result in such unnecessary justice system involvement for behaviors that might be better managed through home and community interventions. Plus, **zero-tolerance policies**, high suspension rates, and underperforming alternative schools disrupt academic progression and alienate youth from typical educational experiences.

However, inappropriate direction of law enforcement personnel in schools, or staffing of such who lack training particular to working in schools and with children and youth, can shift disciplinary authority away from educators and can escalate court referrals. This pattern disproportionately impacts Black, mixed-race, and disabled youth, correlating with their overrepresentation in Georgia's juvenile justice system.²²⁴

Furthermore, students with disabilities in Georgia are disproportionately disciplined and referred to juvenile court. The figure below illustrates the over-representation of students with disabilities in every category of discipline.²²⁵

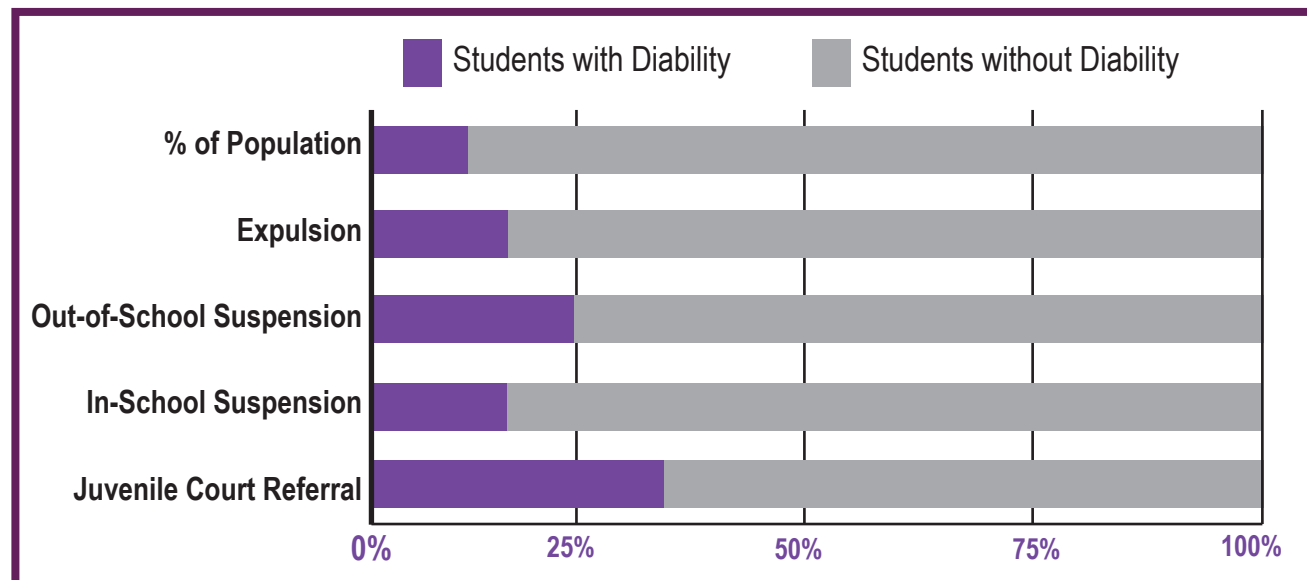


Figure 13. Discipline Consequence by Disability Status

EFFECTIVE DISCIPLINE & JUSTICE

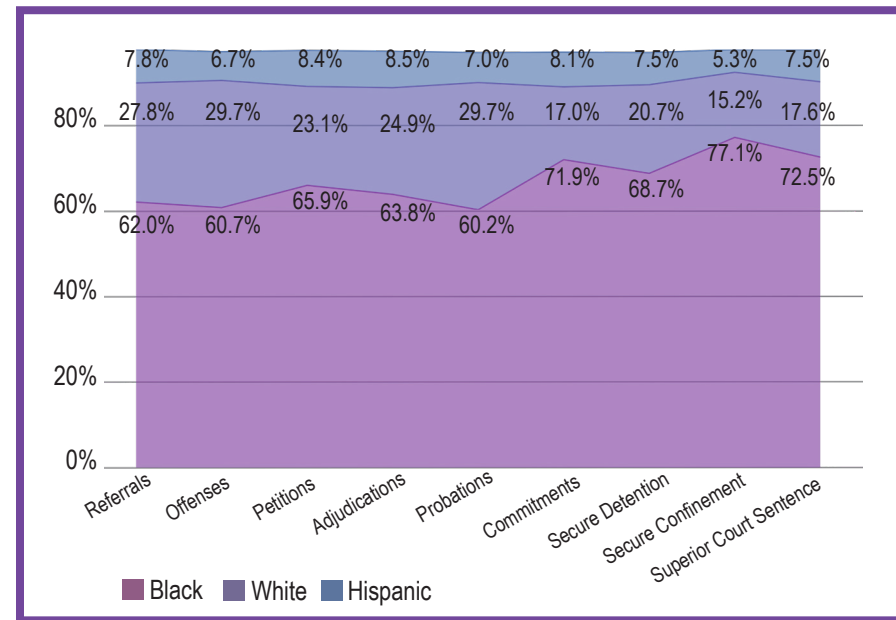
Recommendations

- Re-examine the use of zero-tolerance policies and alternatives to suspension or other exclusionary discipline practices to prevent disruption of education.
Relevant entities: GaDOE, Local education agencies (LEAs)
- Regularly review Georgia Student Health Survey and disciplinary data (as reported by GOSA) to identify and work to address negative school climate and partiality in school discipline.
Relevant entities: GaDOE, GOSA, LEAs
- Continue to use and build upon integrated multi-tiered systems of support in schools, including PBIS and mental health and wellbeing programs in school curriculum.
Relevant entities: DBHDD, GaDOE, Community organizations, LEAs
- Ensure that school codes of conduct are evidence-based, trauma-informed, balanced, and include input from local child-serving partners (e.g., mental health providers, social workers, juvenile courts) to ensure fairness and reduce the number of referrals to juvenile court.
Relevant entities: DBHDD, Community organizations, GaDOE, LEAs
- Expand federal and state funding for afterschool and summer learning programs to increase access, ensure affordability, as well as provide learning and behavioral health supports.
Relevant entities: General Assembly, U.S. Congress

THE SUBJECTIVITY PROBLEM

A critical concern within juvenile justice systems nationwide is the disproportionate presence of Black youth throughout the process.^{226,227} Research consistently demonstrates that Black youth encounter disproportionate treatment at every stage of the juvenile justice process compared to their White peers — from initial court referrals through adult court transfers, and this disparity in Georgia grows more pronounced at each stage of juvenile justice engagement.^{228, 229} Within Georgia, youth themselves express concerns about unfair treatment, particularly regarding arrest practices.²³⁰

Two primary theories attempt to explain these racial and ethnic disparities (REDs). The differential behavior theory suggests disproportionality stems from certain youth groups (who are exposed to more environmental risk factors) commit more offenses, while the differential treatment theory points to systemic bias in how Black youth, Indigenous youth, and youth of color are processed through the justice system.²³¹ Decision-making authority within the juvenile justice system rests heavily with law enforcement, educational staff, prosecutors, and court personnel. While statistical evidence clearly shows racial disproportionality, measuring decision making partiality presents challenges, as individuals rarely acknowledge such predispositions.



A notable 2017 multi-state study across Louisiana, California, and Pennsylvania revealed that when questioned about disproportionate minority contact (DMC), most system professionals strongly rejected intentional prejudice or minimized its significance. Paradoxically, some respondents justified DMC by suggesting higher crime rates among Black youth.²³² This widespread reluctance to acknowledge systemic partiality underscores the critical importance of education and awareness campaigns, a need echoed by youth responses in the CJCC Youth Survey advocating for enhanced training among system personnel to address misperceptions about the

populations with whom they engage.²³³

Males typically face higher rates of court referrals, secure detention, and adult court transfers, while experiencing lower rates of diversion, case dismissal, and mental health treatment referrals compared to females. However, research reveals complex patterns

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suggesting a "paternalistic paradox" — while girls often receive initially lenient treatment, they tend to face longer supervision periods and higher rates of residential treatment recommitment, possibly reflecting both protective instincts and punishment for defying gender expectations.²³⁴

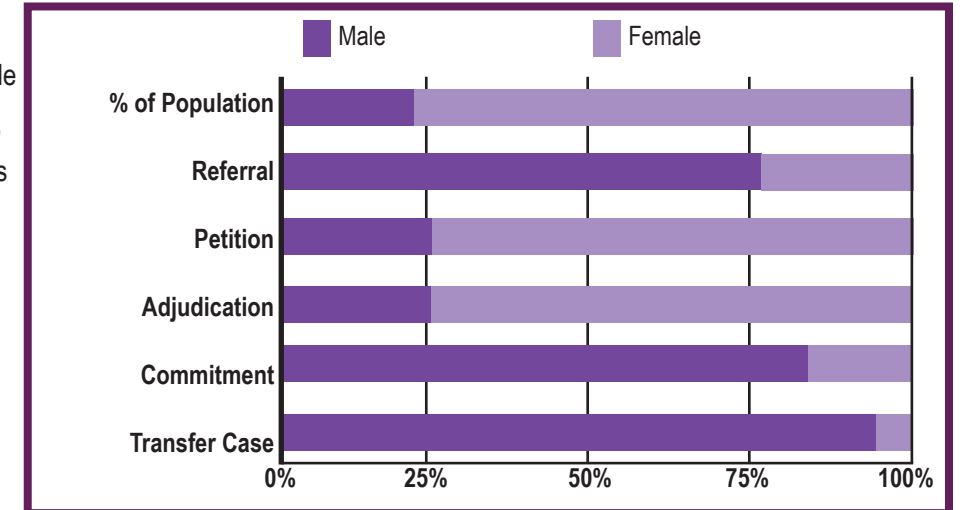


Figure 15. Percentage of Youth Population v. Percentage of Delinquency Decision Point By Gender (Georgia) (Average 2013-2022)

Recommendations

- Investigate and address the factors contributing to overrepresentation of certain populations in all delinquency and CHINS decision points, including implementation of recommendations and guidance provided through the Youth in Custody Practice model initiative.
Relevant entities: DJJ, Individual courts, AOC/CJCJ, CJCC
- Expand the use of community-based, evidence-based alternatives to detention and confinement, especially for nonviolent and low-risk youth, and address the factors that contribute to the overrepresentation certain demographics in the system.
Relevant entities: DJJ, Individual courts, Community organizations
- Require Georgia's healthcare providers, school personnel, law enforcement, frontline court staff and court administrators, and DFCS supervisors and caseworkers to undergo communication and interpersonal engagement training as part of their initial and on-going training or continuing education requirements.
Relevant entities: DBHDD, DHS/DFCS, LEAs, GaDOE, AOC/CJCJ, Individual courts, DJJ
- Ensure that school codes of conduct are evidence-based, trauma-informed, balanced, and include input from local child-serving stakeholders (e.g., child and adolescent behavioral health providers, social workers, Juvenile Courts).
Relevant entities: DBHDD, GaDOE, Individual courts, Community organizations
- Increase opportunities for social cohesion and community building (e.g., At-Promise Youth and Community Centers) through initiatives that encourage community involvement, such as after-school and summer programs, volunteer programs, mentorship opportunities, and neighborhood events, to strengthen bonds and create a sense of belonging and connection among residents.
Relevant entities: NPOs, Local governments

AGENCY COORDINATION, INFORMATION SHARING AND DATA LIMITATIONS

Georgia's child-serving system faces significant challenges in information management and inter-agency coordination, particularly due to the absence of an integrated statewide database. This fundamental gap undermines the system's ability to conduct meaningful analysis and develop data-driven strategic planning. The challenge is especially acute when managing cases of youth involved in multiple systems, as limited information exchange between agencies hinders the delivery of comprehensive, coordinated care.

The state's vast geographic expanse, encompassing 159 counties, further compounds these coordination challenges within the juvenile justice and child welfare systems. The impact is particularly pronounced for crossover youth - those involved in both systems simultaneously. Even when information is technically available, system partners frequently report receiving incomplete or outdated data, creating barriers to effective service delivery. This information gap is especially problematic in the courts, where judges and staff often struggle to access comprehensive child welfare and educational histories.²³⁵

Without complete information, courts may make decisions that inadvertently lead to deeper system involvement for vulnerable youth. The complexity of Georgia's juvenile court structure presents obstacles to consistent data collection and analysis. For example, while DJJ maintains detailed recidivism tracking for cases within its jurisdiction, independent courts overseeing approximately half of the state's juvenile population may operate with varying data collection standards. This bifurcation results in fragmented data reliability, making it difficult to assess system-wide outcomes and implement evidence-based improvement.²³⁶

Beyond basic case management data, there are substantial gaps in data collection that may assist with analyzing other crucial factors that significantly influence youth outcomes, such as education, housing, income level, food security, etc. These determinants include economic stability, educational access and achievement, healthcare availability, and community context. The current system's limited ability to track and analyze these factors prevents a holistic understanding of the challenges facing system-involved youth and their families.²³⁷ Enhanced collection of geographic data (e.g., zip codes) could provide more nuanced insights into prevention strategies and help target service needs across different communities and populations.

Additionally, Georgia does not collect delinquency or CHINS intervention and service delivery data at the state-level which further complicates system improvement efforts. Without comprehensive data on these interventions, it becomes nearly impossible to evaluate service effectiveness, identify best practices, or justify resource allocation for prevention and early intervention programs. This data gap particularly affects the system's ability to implement evidence-based practices and maintain accountability for program outcomes.

To address these challenges, Georgia needs a coordinated approach to information management that includes standardized data

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collection protocols across all jurisdictions, improved information-sharing mechanisms between agencies, and enhanced capacity to analyze the factors that influence youth outcomes. Such improvements would enable better-informed decision-making at both the case and system levels, ultimately leading to more effective interventions for youth and families involved in Georgia's child-serving systems.

Recommendations

- Better and more consistently identify **crossover youth** and evaluate integrated systems approaches to improve their outcomes.
Relevant entities: General Assembly, Individual courts, DJJ, DHS/DFCS, AOC
- Create a comprehensive data system to share robust and timely information and data between the DJJ, individual juvenile courts, and other child-serving agencies to better identify needs, prevention strategies, and outcomes. Provide targeted training on data analysis for juvenile court personnel.
Relevant entities: Individual courts, DJJ, DHS/DFC, AOC/CJCJ, DCH, CASA
- Encourage and enforce cooperation and coordination among the various agencies and courts that administer, oversee, and support the juvenile justice system.
Relevant entities: General Assembly, Governor's Office, Independent courts, DJJ, DHS/DFC, AOC/CJCJ, GaDOE, DHS, DBHDD, Community organizations
- Collect meaningful data, standardize data definitions (including CHINS and recidivism), and enforce data fidelity, and accurate and timely data reporting across all counties to evaluate youth outcomes.
Relevant entities: General Assembly, Individual courts, CJCJ, DJJ
- Collect and report court interventions and outcomes across all counties to evaluate the effectiveness of court services and programs.
Relevant entities: General Assembly, Individual courts, CJCJ, DJJ
- Explore ways to operationally merge and share Medicaid and benefits data with juvenile justice data to provide insight into income status, behavioral health needs, and juvenile justice involvement.
Relevant entities: Individual courts, CJCJ, DJJ, DHS, DCH

POLICY AND PROCEDURAL ISSUES

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A decade after juvenile reform, Georgia still allocates approximately two-thirds of its juvenile justice budget (\$229 million in FY 2023) to detention and secure confinement.²³⁸ Redirecting resources toward front-end, community-based services could enhance system efficiency and outcomes for children and communities.

Georgia remains among only four states that process seventeen-year-olds through adult courts. Current policies charging younger youth who commit serious felonies in the adult system, also known as **SB 440 cases, juvenile life without parole (JLWOP)** sentences, and the lower age of majority (17 years), all limit age-appropriate sentencing and rehabilitation opportunities. These approaches increase costs, show minimal public safety benefits, and correlate with higher recidivism.²³⁹ Moreover, Black youth's overrepresentation in both SB 440 cases and JLWOP sentences suggests potential partiality in case handling.²⁴⁰

Additionally, a lack of dedicated funding streams creates significant implementation challenges for the CHINS process. Counties must operate within their resource constraints, often lacking adequate staffing and community services. This results in inconsistent statewide implementation and compromises meaningful data collection.

What is more, staffing issues persist throughout the system, particularly within secure facilities, affecting both quality of care, safety, and rehabilitation. The DJJ encounters significant challenges in maintaining and recruiting juvenile correctional officers (JCOs). Since

2019, JCO Series I and II turnover has exceeded 90%, with facilities operating above 45% JCO I vacancies since 2020. As of June 2024, JCO Series 1 vacancy rates remain at approximately 46%.

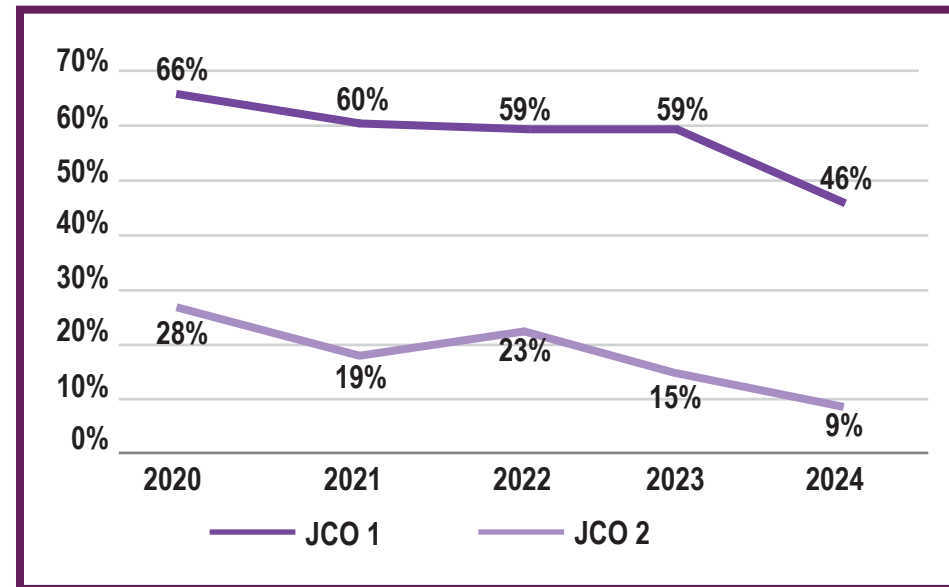


Figure 16. Georgia DJJ JCO I and JCO II Vacancy Rates (2020-2024)²⁴¹

Recommendations

- Develop a plan for fully funding, implementing, and evaluating CHINS policy.
Relevant entities: General Assembly, CHINS coordinators, Individual courts, DJJ, CJCJ, CJCC
- Create or continue the use of a youth advisory council or other mechanism (e.g., through surveys, focus groups, and interviews) to routinely gather feedback from current and former justice-involved youth to incorporate lived experience into the juvenile justice decision-making process.
Relevant entities: Individual courts, DJJ, CJCC/SAG
- Create a task force to review Georgia's policies on SB 440 cases, the age of criminal majority (17-year-olds), and JLWOP sentences.
Relevant entities: General Assembly, DJJ, CJCC, CJCJ, Individual courts, PAC, GPD

EVERY CHILD DESERVES

- To have high-quality, nurturing, and enriching care, education, 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.

The early years of life and adolescence are critical periods for cognitive, social, and emotional development.²⁴² Adolescence is often referred to as “the second most critical period of development” after early childhood,²⁴³ presenting opportunities for positive growth, recovery from adverse childhood experiences, and heightened sensitivity to environmental influences.²⁴⁴ To help children reach their full potential, learning should be varied, enriching, and empowering from birth onward.

Quality early care and education (ECE), K-12 education, and out-of-school (OST) time, including **afterschool and summer learning program** play a pivotal role in fostering lifelong growth and skills. High-quality ECE for children under five enhances cognitive development, motor skills, and social relationships²⁴⁵, while OST programs for youth aged 5-18 promote academic success, non-academic skills, and career aspirations. These programs also provide caregivers with peace of mind and enable workforce productivity.

Georgia offers a wide variety of ECE options, including licensed child care centers, family learning homes, Georgia Pre-K, and Early Head Start and Head Start, alongside enriching youth development programs for older youth like 4-H, Boys & Girls Clubs, YMCAs, and **21st Century Community Learning Centers**. These initiatives boost academic achievement^{246, 247}, improve youth mental health^{248, 249, 250}, inspire interest in STEM and other careers²⁵¹, and mitigate the “**summer slide**.”²⁵²

During the COVID-19 pandemic, Georgia made significant investments to enhance these programs, ensuring workforce retention, addressing learning loss, and supporting families, demonstrating their importance for children's development and community well-being.

WHOLE CHILD APPROACH

A whole child approach to education supports the academic and non-academic needs of students as well as their long-term development and success. Georgia's early education and K-12 environments use evidence-based curricula and qualified teaching and program staff. These academic settings also have a longstanding commitment to addressing non-academic factors that impact child's success. For example, Head Start health managers, school social workers, and certain other roles connect families to early intervention, nutrition, and health services. The establishment and expansion of school-based health centers (SBHCs), school-based behavioral health (SBBH) initiatives and services, and the school nurse workforce have all benefited Georgia's students and their families (see Figure 10 on page 24 and Figure 13 on page 41).

Employing this whole child 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.²⁵³

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 and out of school. State leaders continue to embrace the concept that learning starts at birth and continues throughout one's life. This commitment is reflected in ongoing investments (e.g., allocated state funding, increased staff support, etc.) across various state agency priority populations and programming. Some examples include the **Building Opportunities in Out-of-School Time (BOOST) Grants Program**, the **Get Georgia Reading Campaign**, the **Two-Generation (2-Gen)** Innovation Partnership, Georgia's **Dual Enrollment** program, and the **HOPE** and **Zell Miller Scholarships and Grants**.

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Recommendations

- Employ 2-Gen approaches more often in policy areas to support child and family outcomes.
Relevant entities: DECAL, GaDOE, DJJ, DBHDD, DFCS, TCSG
- Expand access to and incentivize local education authorities (LEAs) and local schools to build systems that lead, support, and align whole child support initiatives.
Relevant entity: GaDOE
- Provide on-site healthcare services to students to increase access to care, improve healthcare outcomes, and close educational opportunity gaps.
Relevant entities: GaDOE, LEAs, Local schools
- Expand access to wraparound services, especially for vulnerable populations, such as unhoused children, foster youth, and children living in poverty. Wraparound services could include providing food and clothing, additional counseling or mental health services, access to afterschool and summer programs, or referrals to community resources.
Relevant entities: DECAL, GaDOE, LEAs, Local schools
- Develop simple, transparent, and open-ended instructional systems that allow students to demonstrate skills mastery through diploma seals, badges, micro-credentials, and other performance assessments.
Relevant entities: GaDOE, LEAs, Local schools
- Partner with the business community to expand access to work-based learning experiences.
Relevant entities: LEAs, Local schools

ACCESS AND AFFORDABILITY

Child care represents a significant expense for many working parents, often exceeding monthly rent or mortgage costs.²⁵⁴ Unfortunately, the demand for quality care far outpaces supply, leaving numerous families struggling to access it. For example, Georgia has approximately 785,000 children ages zero – five, but only about 368,000 licensed child care slots available.²⁵⁵ Further in Georgia alone, more than 600,000 children would enroll in an afterschool program if one were available to them.²⁵⁶ Compounding the issue, Georgia has the largest economic disparity in access to OST programs nationwide and leads the country in unmet demand for both afterschool and tutoring programs.²⁵⁷

Federal, state general funds, and Georgia Lottery dollars help subsidize child care, afterschool, and summer programs, benefiting both providers and families. However, limited funding means only a fraction of those in need actually receive support. Temporary COVID-19 relief funding from the American Rescue Plan Act provided some innovative solutions, such as GaDOE's BOOST Grants Program²⁵⁸ and the expansion of the CAPS program, which increased enrollment by 10,000 children and raised income eligibility thresholds.²⁵⁹ Unfortunately, this funding expired on September 30, 2024, leaving families and providers without these critical resources.

The weekly cost of child care varies based on factors such as the child's age, program structure, activity types, transportation, and the inclusion of skill-building activities. See Table 7 below for the average weekly charges by providers (not the actual cost of delivering care).

Infants and Toddlers	3-5 Year Olds	5-15 Year Olds
Family Child Care Homes \$125	Family Child Care Homes \$125	After School Programs \$85
Child Care Centers: \$154	Child Care Centers: \$138	Voluntary Summer Programs: \$166

Table 7. Average Weekly Charges by Child Care Providers in Georgia^{260, 261, 262}

Child care and youth development organizations often operate under precarious financial conditions. Staffing, facility overhead, transportation, licensure, safety education, meal provisions, and fluctuating enrollment can determine their sustainability. While ECE programs and providers operate on thin margins, afterschool and youth programs face even greater financial challenges, as funding eligibility criteria frequently overlook their unique contexts, such as exemptions from licensing and serving older children and teens. Moreover, no government funding stream exists for OST programs specifically designed for children or youth with disabilities, forcing these programs to depend on grants and philanthropic support.

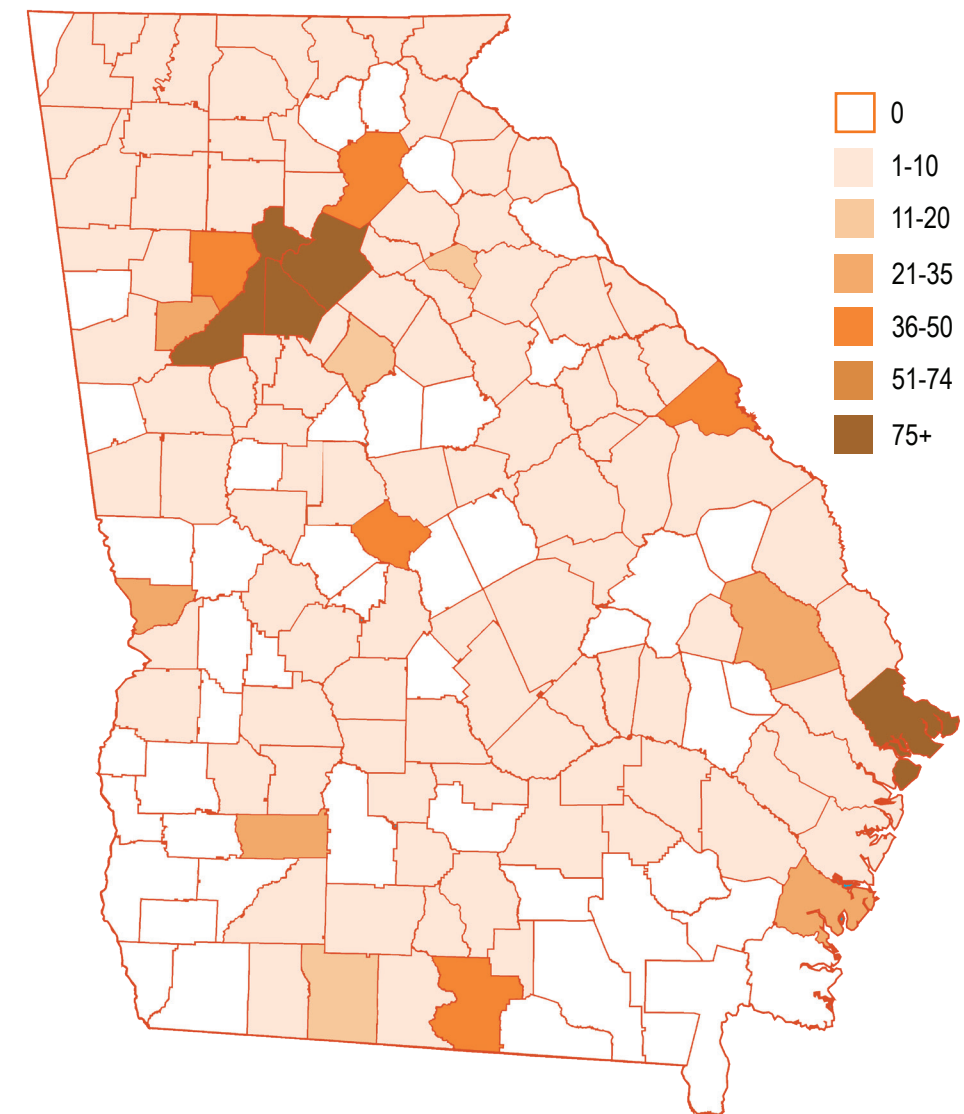


Figure 17. Government-funded Out-of-School Time Programs, by County (FY 2024)^{263, 264, 265, 266}

ACCESS AND AFFORDABILITY

CONTINUED

CARE & EDUCATION

Program	Description	Funding Amount	Environment Served	Agency Responsible
21st Century Community Learning Centers (CCLC) ²⁶⁷	Provides opportunities for academic enrichment and tutorial services	\$39,348,814 (federal)	<ul style="list-style-type: none"> Afterschool Summer Learning 	GaDOE
Building Opportunities in Out-of-School Time (BOOST)	Supports the expansion of access to, and improved programmatic quality of, evidence-based afterschool and summer learning programs	\$85,048,634 (ARP, expired September 2024)	<ul style="list-style-type: none"> Afterschool Summer Learning 	GaDOE, in partnership with the Georgia Afterschool Statewide Network
Childcare and Parent Services (CAPS) ^{268, 269}	Provides scholarships via the Child Care and Development Fund (CCDF) to assist families with low incomes with the cost of childcare while they work, go to school, receive training, or participate in other work-related activities	Approximately \$280 million (includes CCDF and a \$9.27 FY25 state budget increase)	<ul style="list-style-type: none"> Early Care and Education School-age child care (Ages 6-12, up to age 17 for children with disabilities) 	DECAL
Georgia Pre-K Program ²⁷⁰	A voluntary, free pre-kindergarten program available to all four-year-olds in Georgia	\$489,997,949 (FY25 state budget, including the \$97,633,884 FY25 increase)	<ul style="list-style-type: none"> Early Care and Education 	DECAL
Learning Loss Grants ²⁷¹	Funds programming to reduce learning loss for Georgia's youth	\$2 million (state) There have been significant reductions since 2022.	<ul style="list-style-type: none"> Afterschool Summer Learning 	DFCS, in partnership with the United Way of Greater Atlanta
Out-of-School Services Program ²⁷²	Provides funding to organizations serving communities with low-to-moderate incomes and the foster care system when kids are not in school	\$15.5 million via TANF (federal)	<ul style="list-style-type: none"> Afterschool Summer Learning 	DFCS
Early Head Start (EHS; 0-3 years old) and Head Start (HS; 3-5 years old)	Promotes school readiness children and connect children and families to varying community and health services	Approximately \$289,000,000 during FFY2023 (federal)	<ul style="list-style-type: none"> Early Care and Education 	DECAL

Table 8. Child Care, Afterschool, and Summer Learning and Enrichment Programs with Designated Funding in FY24

Recommendations

- Create and fund BOOST 2.0, an afterschool and summer enrichment grants program modeled after the BOOST grants program, at \$20 million per year.
Relevant entity: General Assembly
- Create an interagency liaison to coordinate afterschool and summer programming between agencies supporting child care and youth development programs, including DECAL, DFCS, and GaDOE.
Relevant entity: General Assembly
- Continue to increase state and federal investment in CAPS.
Relevant entity: General Assembly
- Maintain full funding from the state lottery for the Georgia Pre-K program.
Relevant entity: General Assembly

LICENSING V. EXEMPTION

All programs providing group care for children in Georgia are required to obtain a location-based license or an exemption from DECAL. Georgia has approximately 3,100 licensed child care learning centers, 1,500 licensed family child care learning homes, and 6,500 programs exempt from licensing.²⁷³ Child care learning centers are programs that receive pay for providing care for seven or more children, under 18 years of age, for less than 24 hours per day.²⁷⁴ This can also include “school-age centers,” which consist of licensed programs serving exclusively school-age children (ages 5 – 12 years) before and after the normal school day and follow many of the same guidelines (not inclusive of summer learning programs and camps).²⁷⁵ Family child care learning homes operate in a private residential home, and receive pay for providing care for three children, but no more than six, under 18 years of age, for less than 24 hours per day.²⁷⁶ There are seven exemption categories for programs that may not be subject to licensure:

- Category 1: Government Owned and Operated
- Category 2: National membership School-Aged (e.g., Boys and Girls Clubs of America, etc.)
- Category 3: Private Schools
- Category 4: Short term care (less than four hours / day and less than ten hours / week, operated on-site by religious facility, retail store, etc., after school activities or clubs, etc.)
- Category 5: Faith-based Accredited or Religious Schools
- Category 6: Reserved (no additional details provided)
- Category 7: Day Camp programs and school break

Safe learning environments are critical to a child’s development, caregivers’ trust in the program, and qualified staff retention. DECAL supports licensed child care learning centers, school-age centers, and family child care learning homes through annual compliance monitoring, technical assistance, and training to ensure health and safety standards and quality of care.²⁷⁷ DECAL also conducts annual compliance visits for health and safety standards to exempt child care providers receiving subsidy payments through the CAPS program. Two exemption categories that are eligible to receive CAPS funding (e.g., government-owned and operated programs, and day camps and school break programs).²⁷⁸

Due to the critical nature of young children’s safety, DECAL has maintained a concerted effort and commitment to providing transparent information on the state of ECE environments to the public. As caregivers work to select the program that best fits their needs, they are able to explore licensing status, incident report violations and remediation, and quality ratings through DECAL’s child care program database.

Recommendations

- Develop new and separate licensing rules and regulations for school-age programs to be more developmentally appropriate and relevant to the ages served.
Relevant entity: DECAL
- Review, assess, and train staff to ensure all licensure compliance visit protocols are comprehensive of all category topics within licensure rules and regulations.
Relevant entity: DECAL
- Compare, and where appropriate align, licensing rules and regulations with other setting standards (e.g., Quality Rated Improvement Systems) to reduce administrative burdens on program staff.
Relevant entity: DECAL
- Expand exemption categories eligible to receive CAPS funding to include National membership School-Aged.
Relevant entity: DECAL

ATTENTION TO QUALITY

Quality learning environments are essential to the growth and development of Georgia’s learners. These environments include safe, supportive, interactive, and engaged environments²⁷⁹, age-appropriate child-teacher ratios, individualized instruction, well-trained teachers, and proper social, physical and emotional development supports. For grades K–12, GaDOE assists local education agencies with guidance and resources, while the Governor’s Office of Student Achievement is tasked with the evaluation of school performance, using an array of metrics including graduation rates, student academic achievement, and makeup of the student body. Multiple studies have shown how quality early care and learning, as well as out-of-school environments, impact outcomes for young children in their early years and well beyond. In fact, research has shown that the effects of participation in both high-quality 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. In fact, this combination is believed to yield greater effect than maternal education — a well-studied factor of academic success.²⁸⁰

While early education, afterschool, and summer programs play a critical role in education and academic growth, monitoring and incentivizing quality in those settings works differently since most programs are privately operated. Therefore, DECAL uses mandatory licensing requirements, **Georgia Early Learning and Development Standards (GELDS)**,²⁸¹ and the voluntary Quality Rated, **Georgia Quality Rated and Improvement System (QRIS)**²⁸² to measure quality. While licensing and the GELDS are required processes and approaches for programs, Quality Rated is a voluntary, tiered rating system which providers opt into. QRIS guides, assesses, improves, and communicates the level of quality in child care programs. Further, providers who participate receive additional technical assistance and support from the agency. Currently, DECAL is in the process of revising Quality Rated to ensure the system evenhandedly serves all programs and address the cognitive, behavioral, and physical health needs of all children in ECE and afterschool classrooms, while alleviating the administrative burden on program staff.

On a similar note, the Georgia Afterschool and Youth Development (ASYD) Initiative²⁸³ 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 the **ASYD Quality Standards**, research-based guidelines and self-assessment 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.

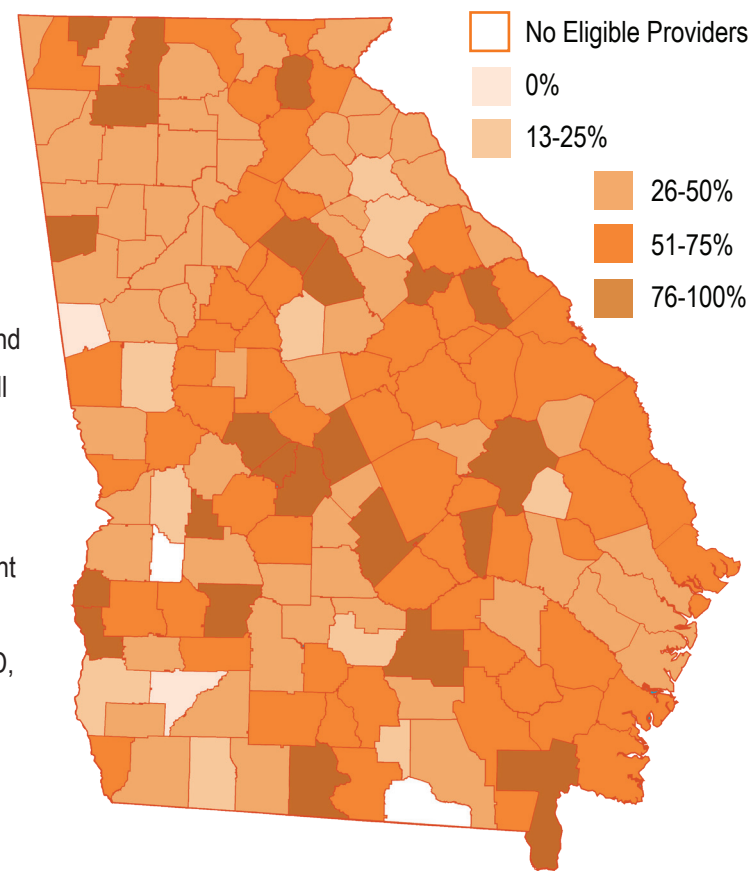


Figure 18. Percentage of Licensed Programs That Are Quality Rated Per County, 2022²⁸⁴

Recommendations

- Develop and implement policies and programs to ensure staff retention and workforce stability, such as budget allocations for meaningful ECE and OST wages, benefits, and staff-child ratios, as well as comprehensive training.
Relevant Entities: DECAL, GaDOE
- Increase QRIS incentives and support for classroom teachers and ECE program staff within the rating reward package at all levels, with additional support for programs serving children in under-resourced areas of the state.
Relevant Entity: DECAL
- Include health components (behavioral health, physical activity, nutrition) within each level of the Quality Rated scoring system.
Relevant Entity: DECAL
- Support the expansion and advancement of school-age child care programs and policies, including age-appropriate and relevant training and technical assistance opportunities, designated quality improvement funds, and continuation of the ASYD Certificate and Micro-Credential programs.
Relevant Entity: DECAL
- Revise QRIS to incorporate school-age classrooms into star ratings and design school-age Quality Rated to include more types of programs, including those that are license-exempt.
Relevant Entity: DECAL
- Incentivize use of ASYD Quality Standards with grants and technical assistance from state agencies responsible for overseeing afterschool and youth development programming.
Relevant Entities: DECAL, GaDOE, DFCS

WORKFORCE

Throughout the past few years, the decline of staff satisfaction, retention, and recruitment within child-serving sectors, specifically ECE, K-12, and OST environments have been well-documented. Low-wages, burnout, and strained working conditions (e.g., hours, stress, lack of managerial support) are leading causes to turnover within ECE and OST environments. Workforce stability and growth impact a child's opportunity to develop their sharing and teamwork skills, cognitive functioning, and school readiness.

High quality learning environments require highly skilled staff that are rewarded for their contributions and enjoy job quality commensurate with their impact. According to a youth field workers survey administered by the American Institutes of Research, most professionals who work with youth in Georgia indicate their top reasons for choosing their job as passion or interest in the subject matter or setting; wanting to work with kids; and being compelled by a mission or calling. For example, a common theme among Georgia's ECE center, home, and EHS/HS staff is their expressed passion for nurturing and educating young children, and supporting the well-being of their families.^{285, 286, 287} Georgia's youth field workers indicated that 86% of them felt valued at work and 88% of them felt like they belonged at their organization.²⁸⁸

Unfortunately, ECE staff shared that high stress levels, low wages, limited value of their profession, and lack of classroom and mental health supports all contribute to their negative experience in or exit from the field.^{289, 290, 291} Likewise, 48% of teachers surveyed indicated that they feel burned out, with the main causes being lack of support from administrators and difficulty covering living expenses.²⁹² In the youth field, 42% also felt burned out at work and 31% reported less stress as something they would change about their job.²⁹³ Additionally, 43% of professionals have indicated similar displeasure with their compensation, while less than two-thirds of full-time professionals and a significantly lower number of part-time professionals receive benefits through their employment.²⁹⁴ A sustainable child care and OST sector ensures opportunities for working caregivers and child-serving employees, as well as provides children with quality education and enrichment programs.

Recommendations

- Develop and implement policies and programs to ensure staff retention and workforce stability, such as budget allocations for meaningful ECE and OST wages, benefits, and staff-child ratios, as well as comprehensive training.
Relevant entities: DECAL, GaDOE
- Encourage mental health and peer supports for educators and child care providers as well as children and youth in their care.
Relevant entity: DECAL

PROMOTING SUCCESS AND WELL-BEING FOR SCHOOL-AGE CHILDREN

Some young children may enter kindergarten not ready to succeed because of family and community factors like low parental education, community poverty, and the lack of access to quality health and childcare services.²⁹⁵ The Georgia Partnership for Excellence in Education (GPEE), whose mission it is to inform and influence Georgia leaders for the improvement of student achievement, recommends state agencies create a single child development strategy to address widening opportunity and resource gaps, especially for our most vulnerable children.

Through the EdQuest Georgia initiative, GPEE has identified four factors that are critical to students' success and well-being once they enter the school environment.²⁹⁶ Two of the factors relate to students: attendance and agency. The other two factors are the domain of the adults in the school building: accelerated learning and teacher quality.

Attendance

In 2024, 20.7% of Georgia students were identified as chronically absent. This included 24.8% of students who were economically disadvantaged compared to 11.2% of those who were not.²⁹⁷ Chronic absence, marked by missing more than 10% of school days, is linked to several adverse outcomes, including low achievement on standardized tests, diminished quality of life, and increased involvement in the juvenile justice system. Fortunately, strategies such as promoting positive school culture, increased access to preventative healthcare services, access to afterschool and summer programs, and improved family and community engagement can address the root causes of chronic absenteeism.

Agency

In the K-12 context, agency refers to the degree to which students feel like they play an active role in determining how they learn. Students expressing high agency are more likely to report feeling engaged and motivated. Educators can empower students by expanding access to experiential learning opportunities and providing content related to careers and the skills requirements and expected entry-level wages for those fields.

Accelerated Learning

Acceleration involves personalizing learning based on students' needs, regardless of background or current performance. Acceleration contrasts with remediation, a practice focused on revisiting content from previous school years. Students of color and youth attending schools serving impoverished communities are more likely to endure cycles of remediation that stifle student growth. Teachers can deliver grade-level content while interventionists or tutors provide supplemental academic support. Educators can use digital assessments and learning software to monitor student performance and identify specific interventions for skills not yet mastered.

CARE & EDUCATION

Teacher Quality

Teacher quality relates to the knowledge, skills, and dispositions that educators possess to accelerate student learning. While definitions of quality often focus on teacher-specific factors, school culture and working conditions, school leadership, and how educators collaborate also shape instructional quality. The EdQuest Georgia Coalition identified burnout as the primary threat to maintaining instructional quality. To ensure a more stable and effective workforce, district and school leaders must address the underlying causes that contribute to educator burnout: poor working conditions, noncompetitive salaries, inadequate preparation, and lack of professional growth opportunities.

Recommendations

- Provide on-site healthcare services (i.e., through a SBHC) to students to increase access to care, improve health outcomes and reduce health-related absenteeism, and close educational opportunity gaps.
Relevant entities: LEAs, Local schools
- Expand access to wraparound services, especially for vulnerable populations, such as unhoused children, foster youth, and children living in poverty. Wraparound services could include providing food and clothing, additional counseling or mental health services, access to afterschool and summer programs, or referrals to community resources.
Relevant entities: LEAs, Local schools
- Develop simple, transparent, and open-ended instructional systems that allow students to demonstrate skills mastery through diploma seals, badges, micro-credentials, and other performance assessments.
Relevant entities: LEAs, Local schools
- Partner with the business community to expand access to work-based learning experiences.
Relevant entities: LEAs, Local schools
- Support learner-centered instruction – a model in which students are agents of their own learning and can apply skills in real-world and work-based learning environments.
Relevant entities: LEAs, Local schools
- Adopt individual career and academic plans (iCAPs) that document student milestones related to career exploration, applying for college or financial aid, and taking the ACT or SAT. Local school systems should pair iCAPs with proactive career counseling to improve students' institutional match (e.g., academic profile and career interests) and fit (e.g., college cost, location, and campus attributes), two indicators associated with post-secondary persistence and completion.
Relevant entities: LEAs, Local schools

STUDENT SUPPORTS

To ensure students succeed, we must consider the classroom environment, curriculum, and teaching style, as well as their individual learning needs. By recognizing these needs and appropriately adapting, accommodating, or modifying the learning environment, we can positively impact a child’s academic success, emotional well-being, and confidence.

Fortunately, certain protections exist to support students within educational settings. Various federal and state policies and laws guarantee children the right to an equal educational opportunity, regardless of race, ethnicity, religion, sex, income level, or immigration status. Federally, the **Individuals with Disabilities Education Act (IDEA)** and the **Rehabilitation Act of 1973** ensure that schools provide free services to eligible children with specific learning needs or abilities. These services are typically outlined in **Individualized Education Plans (IEPs)** or **Section 504 Plans**.

At the state level, Georgia has taken steps to support students with learning differences, including passing Senate Bill 48 in 2019 which requires school systems to screen all students in kindergarten through grade 3 for characteristics of **dyslexia**.

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

Table 9. Common Characteristics of Dyslexia³⁰⁰

School systems may also choose to screen for other learning disorders, including **aphasia**, **dyscalculia**, and **dysgraphia**.²⁹⁸ The Georgia State Board of Education implemented this legislation by approving a rule in September 2022 requiring all public schools to screen students for dyslexia characteristics by 2024. Schools must also provide academic interventions and conduct monthly monitoring for students identified as having dyslexia characteristics.²⁹⁹

Beyond mandatory requirements, the Georgia Department of Education (GaDOE) demonstrates its longstanding commitment to student success through its Office of Whole Child Supports. This commitment includes deploying integrated instructional supports, implementing mental health and well-being initiatives, and incorporating student feedback via student advisory council representation.

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.
Relevant entity: GaDOE
- 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.
Relevant entity: GaDOE
- Train all ECE, school, and youth development program personnel to be trauma-responsive and to provide whole-child support to students.
Relevant entity: GaDOE
- 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.
Relevant entity: GaDOE, DECAL
- Encourage mental health and peer supports for educators and child care providers as well as children and youth in their care.
Relevant entity: GaDOE, DECAL

GLOSSARY

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.³⁰¹

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.³⁰²

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.³⁰³

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.³⁰⁴

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.³⁰⁵

Aphasia

Aphasia is a disorder that affects how you communicate. It can impact your speech, as well as the way you write and understand both spoken and written language.³⁰⁶

Attention-deficit/hyperactivity disorder

Attention-deficit/hyperactivity disorder (ADHD) is a chronic condition that affects millions of children and often continues into adulthood. ADHD includes a combination of persistent problems, such as difficulty sustaining attention, hyperactivity and impulsive behavior.³⁰⁷

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.³⁰⁸

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.³⁰⁹

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).³¹⁰

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.³¹¹

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.³¹²

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.³¹³

Child abuse

Abuse can include any of the following: physical injury or death inflicted upon a child by a parent, guardian, legal custodian, or other person responsible for the care of a child by other than accidental means. It can include physical, sexual, or emotional abuse.³¹⁴

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.³¹⁵

Child Caring Institutions (CCIs)

A Child Caring Institution (CCI) is any child-welfare facility which either primarily or incidentally provides full-time room, board and watchful oversight to six or more children through 18 years of age outside of their homes.³¹⁶

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 17.³¹⁷

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.³¹⁸

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.³¹⁹ 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.

Child-serving systems

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

GLOSSARY

Commercial Sexual Exploitation of Children (CSEC)

Commercial Sexual Exploitation of Children (CSEC) refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. Examples of crimes and acts that constitute CSEC: child sex trafficking/the prostitution of children; child sex tourism involving commercial sexual activity; commercial production of child pornography; and/or online transmission of live video of a child engaged in sexual activity in exchange for anything of value. CSEC also includes situations where a child, whether or not at the direction of any other person, engages in sexual activity in exchange for anything of value, which includes non-monetary things such as food, shelter, drugs, or protection from any person. Depending on the specific circumstances, CSEC may also occur in the context of internet-based marriage brokering, early marriage, and children performing in sexual venues.³²⁰

Community service board (CSB)

Community Service Boards (CSBs) are created in OCGA §37-2-6 et seq. as public corporations and instrumentalities of the state to provide services for mental illness, intellectual/developmental disabilities, and/or addictive diseases. CSBs also serve persons with Medicaid. Individuals with other insurances are served based on the CSB's capacity and local need.³²¹

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.³²²

Community-based intervention

Community-based interventions refer to programs and initiatives that aim to improve the health and well-being of specific population groups within a defined local community.³²³

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.^{324, 325}

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.³²⁶

Crossover youth

Youth who are involved in both the child welfare and juvenile justice systems.

Developmental disability

A group of conditions due to an impairment in physical, learning, language, or behavior areas that begin during the child's developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

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.³²⁷

Disaggregate (data)

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

Disproportionality

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

Dual enrollment

Dual Enrollment is a program that provides funding for students at eligible high schools that are enrolled to take approved postsecondary coursework for credit toward both high school and college graduation requirements.³²⁸

Dyscalculia

Dyscalculia is a learning disorder in math, which may cause problems with the following skills: understanding how numbers work and relate to each other, doing math problems, learning basic math rules, using math symbols, understanding word problems, and organizing and recording information while solving a math problem.[xxxi]

Dysgraphia

Dysgraphia is a learning disorder in writing, which may cause problems with the following: slow handwriting that takes a lot of work, trouble recalling how to form letters, copy shapes and draw lines, handwriting that's hard to read, trouble putting thoughts into writing, written text that's poorly organized or hard to understand, and/or trouble with spelling, grammar and punctuation.³²⁹

Dyslexia

Dyslexia is a learning disorder in reading, which causes an individual to have trouble picking out different speech sounds in words and learning how letters relate to those sounds.³³⁰

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.³³¹

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.³³² 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).

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.³³³ (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 Service 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.³³⁴

Family Unification Program (FUP)

The Family Unification Program, which is funded by the United States Department of Housing and Urban Development, serves families and youth ages 18 to 24 who are working with DFCS.³³⁵

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

GLOSSARY

producers by incorporating local food purchasing and nutrition education practices at schools and early care and education sites.³³⁶

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.³³⁷

Federally Qualified Health Centers (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.³³⁸

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.³³⁹

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.³⁴⁰

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.³⁴¹

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.

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.³⁴²

Georgia Department of Education Student Health Survey/Georgia Student Health Survey

An annual, anonymous survey from the GaDOE that collects information from students across the state of Georgia. Topics in the survey include: school climate and safety, peer and adult social support, bullying, mental health, substance abuse, and suicidal ideation, and more.

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 Early Learning and Development Standards (GELDS)

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

Georgia Pediatric Program (GAPP)

The Georgia Pediatric Program, under the Department of Community Health, eligible children under 21 years of age who are medically fragile and in need of medically necessary skilled nursing care and/or medically necessary personal care support.³⁴³

Georgia Pre-K

Georgia Pre-K is a state lottery-funded educational program for all 4-year-old children in Georgia, regardless of parental income, pending program capacity. Georgia Pre-K is designed to prepare participating children for kindergarten.³⁴⁴

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.³⁴⁵

Good Samaritan policies

State laws that protect people from civil and criminal liability who help others in an emergency.

Guardian ad Litem

Appointed by a court to represent the interest of a minor or someone who is legally incompetent.

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.³⁴⁶

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.³⁴⁷

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.

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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 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.

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.³⁴⁸

Hoteling

Hoteling is the practice of housing a child whose behavior or mental health condition prevents them from being successfully placed in a traditional placement (e.g., foster family or group home). These are most often children with multiple mental and/or behavioral health conditions who require 24-hour supervision to prevent them from causing harm to themselves and others.

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.³⁴⁹

Individuals with Disabilities Education Act (IDEA) / Rehabilitation Act of 1973

A federal law that governs how public schools serve children with disabilities.

Infant Early Childhood Mental Health (IECMH) Consultation

A prevention-based approach that pairs a mental health consultant with adults who work with infants and young children.³⁵⁰

Informed consent

Informed consent is the ethical and legal requirement for medical treatment. A patient has the right to fully understand and agree to any medical procedure or treatment he or she receives before it proceeds.

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.³⁵¹

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).³⁵²

Juvenile Life without Parole (JLWOP)

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

Katie Beckett Medicaid Program

Established in 1982, the Katie Beckett Medicaid Program enables children under age 19 who have disabilities or complex medical needs to receive care in a home setting rather than an institution.

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.³⁵³

Learning loss grant

The learning loss grants are state funding administered by DFCS's Out of School Services Program and awarded to organizations to help students catch up after falling behind as a result of the COVID-19 pandemic.

Local Interagency Planning Teams (LIPTs)

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.³⁵⁴

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.³⁵⁵

McKinney-Vento Act

A federal program that ensures children and youth experiencing homelessness can enroll in and attend school without barriers.

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.³⁵⁶ (Medicare is the federal health insurance program for people who are 65 or older and certain younger people with disabilities.)

Medicaid unwinding

Medicaid unwinding is the process by which states resumed normal Medicaid operations after the COVID-19 Public Health Emergency. It included restarting eligibility renewals and terminations for individuals who were no longer eligible.³⁵⁷

GLOSSARY

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.³⁵⁸

Mental health caseload

All youth who have an identified mental health disorder, including psychiatric disorders, that DFCS believes need psychiatric or psychological care.³⁵⁹

Multi-Agency Treatment for Children (MATCH)

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.

Neglect

Neglect means any of the following: the failure to provide proper prenatal care or control, subsistence, education as required by law, or other care or control necessary for a child's physical, mental, or emotional health or morals; the failure to provide a child with adequate supervision necessary for the child's well-being; the abandonment of a child by their parent, guardian or legal custodian.³⁶⁰

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.³⁶¹

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).³⁶²

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.³⁶³

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).³⁶⁴

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.³⁶⁵ 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.³⁶⁶

Positive childhood experiences (PCEs)

Positive childhood experiences (PCEs) stem from safe, stable, nurturing relationships and environments. PCEs can prevent or protect children from traumatic events, toxic stress, or adverse childhood experiences (ACEs).³⁶⁷

Pregnancy-related death

A pregnancy-related death is a death that occurs during pregnancy or within one year of the end of pregnancy, and is caused by the pregnancy or its management. This includes deaths from pregnancy complications, or from an unrelated condition that was aggravated by the pregnancy.

Psychiatric Residential Treatment Facilities (PRTFs)

Non-hospital facilities that provide inpatient psychiatric care for children and adolescents who need residential treatment for mental health conditions.

Quality Rating and Improvement System (QRIS)

Georgia's Quality Rating and Improvement System, Quality Rated, is a voluntary tiered rating and improvement system for early and school-age care programs administered by DECAL. QRIS is meant 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.³⁶⁸

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.³⁶⁹

Recidivism

A person's relapse into criminal behavior after the person has received sanctions or undergone intervention for a prior crime.³⁷⁰

Regional Youth Detention Center (RYDC)

A DJJ facility that offers temporary secure care and supervision for youth who are charged, found delinquent, and/or waiting for placement elsewhere. The length of stay can vary from a few hours to several years, depending on how quickly the case is resolved.

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.

SB 440 felony case

A case that involves any juvenile aged 13 to 16 who has committed a specific violent felony. These juveniles are tried as adults in superior court. Felonies in this category, known as the "7 deadly sins," include murder, armed robbery with a firearm, rape, voluntary manslaughter, aggravated sexual battery, aggravated sodomy, and aggravated child molestation.

School counselor

School counselors are professionally certified individuals who help student succeed in school and plan their career. School counselors help students form healthy goals, mindsets, and behaviors.³⁷¹

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School nurse

A school nurse provides health care and support for students and staff in a school setting.

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.³⁷²

School-based health center (SBHC)

A school-based health center (SBHC) is a health clinic based inside a school, including, but not limited to, health care, dental, and behavioral health services.³⁷³

School-based mental health (SBMH) 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.³⁷⁴

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.³⁷⁵

Section 504 Plan

A blueprint for how a child with disabilities (defined as something that substantially limits a basic life activity) will have access to learning at school. For example, providing accommodations to aid a child's learning in the classroom, such as extended time or a quiet place to take a test.³⁷⁶

Social determinants of health (SDOH)

Social determinants of health (SDOH) are the conditions in the environment where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. SDOH can be grouped into the 5 domains, including economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.³⁷⁷

Social worker

Social workers help people solve and cope with problems in their everyday lives. Clinical social workers also diagnose and treat mental, behavioral, and emotional 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.³⁷⁸

Stressor-related disorder

A mental health condition that can develop after experiencing a stressful or traumatic event.

Substance use disorder

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

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 Electronic Benefits Program (S-EBT)

Reduces summer hunger by providing additional resources to purchase food during the summer months for families whose children are certified to receive free or reduced-price school meals during the school year.³⁷⁹

Summer feeding program

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).³⁸⁰

Summer slide

The loss of academic skills that students experience during summer break.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible individuals and families who have low incomes, through electronic benefit cards.³⁸¹

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.

Take Charge! Medically-Based Parenting model

A program that helps parents and caregivers with complex medical needs. The program is designed to improve the health and well-being of children and families.

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.³⁸²

Telecommunications technology

A broad term that refers to the transmission of information over a distance (i.e., radio, television, telephones, and the internet).

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.³⁸³

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.³⁸⁴

Toxic stress

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

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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.³⁸⁵

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.³⁸⁶

Trauma-informed care

Practices that recognize and respond to the needs of those who have suffered trauma to avoid re-traumatization, inform best practices, and promote more effective healing.³⁸⁷

Trauma-related disorder

A mental health condition that develop after experiencing or witnessing a traumatic event (e.g., post-traumatic stress disorder (PTSD), acute stress disorder, and reactive attachment disorder).

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.³⁸⁸ 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 visit

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.³⁸⁹

Wraparound services

"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.³⁹⁰

Youth Development Campus (YDC)

A DJJ facility that offers long-term secure care and treatment for post-adjudicated youth who are committed to DJJ or require specialized treatment or services (e.g., treatment for sexual offenses, substance abuse treatment).³⁹¹

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.

Zero-tolerance policy

A state policy around any amount of bullying, physical violence, or having weapons at school, which, regardless of circumstances, will result in automatic suspension, expulsion, or assignment to an alternative school based on the offense.^{392, 393}

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Voices

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Thank you for taking the time to read this report. If you have questions or would like to discuss our findings further, please don't hesitate to reach out to us.

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