Dear Policymaker, Child Advocate and Friend,

Welcome to the January 2020 edition of All about Kids: Factsheets on Georgia's Children. Throughout this book, you’ll find an array of data and research on topics across the spectrum of child policy. Our goal is to provide you with one easy-to-use reference guide that you can refer to as you develop and contribute to the policies affecting children in our state. We begin the book with a look at the Two-Gen approach as it is important to consider both adults and families when creating policies.

The nature of child policy is a fluid and expansive area of study. While this book is fairly comprehensive, we are constantly developing additional factsheets to help ground policy discussions in data. That’s why we have included a pocket in the back of this book where you can add new documents as we create them.

At Voices for Georgia’s Children and Georgia Statewide Afterschool Network, we recognize children's needs are interconnected. We uniquely focus on the “whole child,” which allows us to identify how different policies affect children on multiple levels. This compilation breaks down relevant points of information we hope will be beneficial in guiding policy discussions. We hope you agree that the best way to figure out how to help our children and youth is to assess relevant data and work with those who have expertise in the various fields affecting children. Children make up about 30 percent of our population, but 100 percent of our future.

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

Most sincerely,

Erica, Katie, Polly and Melissa
Acknowledgements

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

About Voices for Georgia’s Children

Voices for Georgia’s Children seeks to help all children thrive through research and analysis, public education, convening, and engagement with decision-makers. Our work is framed in a holistic “whole child” perspective that allows us to identify how different policies impact children and to propose solutions that benefit children on multiple levels.

For more information, visit georgiavoices.org.

About Georgia Statewide Afterschool Network

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

For more information, visit afterschoolga.org.
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The Two-Generation (2Gen) approach to policy and programs disrupts generational cycles of poverty and poor outcomes by taking the whole family into account - focusing on the needs of the entire family, rather than on children or parents alone. Any policy, program, or service for parents or children, including those for early care and education, health, child welfare, and juvenile justice, can use a 2Gen approach.

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

44% of Georgia’s children are in families with low incomes.

A $3,000 increase in a parents’ income when their child is young is associated with a 17% increase in their child’s future earnings.

Children with college savings between $1 and 499 are 3 times more likely to go to college and 4 times more likely to graduate.
2Gen Models in Georgia

**Department of Early Care and Learning (DECAL)**

DECAL's Childcare and Parent Services (CAPS) program:

- provides access to high-quality and affordable early learning for families with low incomes
- helps young learners achieve school readiness for greater academic gains in the long-term
- assists families in achieving stability and self-sufficiency by providing financial support for childcare

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

**Department of Juvenile Justice**

The Department of Juvenile Justice's (DJJ) multi-organization Parenthood Project strives to enhance relationships between youth committed to secure placement who are parents and their children. Parenthood Project includes:

- Nurturing Parenting: parent skills training
- Storybook Moms and Dads, where a youth-parent is recorded reading a children's book aloud and the book/recording are sent to their child
- Angel Tree, which provides Christmas gifts for children on behalf of their parents

**Network of Trust School Health Program**

The Network of Trust school health program in Albany works with pregnant teens and young mothers to:

- Promote healthy moms and babies
- Increase mother’s self-esteem
- Increase rates of school attendance and graduation

The Network of Trust also works to decrease the rate of child abuse.

Sources: [https://tinyurl.com/2GenReferences](https://tinyurl.com/2GenReferences)

Rev. 12/2019
A child’s brain develops at a remarkable pace between birth and age eight. Missing key milestones during this crucial period can lead to developmental delays. It is critical that everyone knows what to expect during each stage of a child’s early development, since early detection and intervention can help kids stay on track.

**0-1:**
- Seek and respond to attention.
- Develop trust, love, and security when adults respond appropriately.
- Communicate emotions through sounds, facial expressions, and body movements.
- Start to learn about sounds and words, and become aware of their bodies.

**1-2:**
- Learn difference between familiar adults and strangers.
- Begin to develop self-confidence and some independence, but still seek adult support.
- Develop the ability to communicate, listen, and follow simple instructions.
- Rapidly develop new vocabulary and respond appropriately in conversation.

**2-3:**
- Learn to share and respect the rights of others, but can’t resolve peer conflicts on their own.
- Begin to show a sense of satisfaction in their own abilities and preferences.

www.georgiavoices.org
Building Blocks of Brain Development

3-4

Become more comfortable interacting with adults and play cooperatively with other children.

Begin to identify more complex emotions like frustration, jealousy, and enthusiasm.

Able to engage in organized activities and problem-solve to achieve tasks.

Sources: https://tinyurl.com/y8vgrww9

4-5

Begin to form and maintain friendships with peers and seek to please adults.

Distinguish positive and negative emotions and identify what causes them.

Distinguish between real life and fantasy and begin to use imagination.

5-6

Begin to understand other points of view.

Express feelings and ideas verbally and maybe even through artwork.

Begin to use comparative adjectives and answer “who?”, “what?”, and “why?” questions.

6-8

Become concerned with others’ opinions and seek approval from adults and peers.

May view self based on school performance, appearance, and ability to make friends.

Begin to understand time and sequencing and develop judgment of right and wrong.
Quality early care is critical to Georgia’s economy — it generates jobs and revenue, while equipping kids with the tools they need to be the workforce of tomorrow.

### Early Care in Georgia’s Economy

\[
\begin{align*}
\text{Annual Earnings} & \quad \text{Economic Activity} & \quad \text{Economic Impact} \\
$2.5 \text{ BILLION} & \quad $2.2 \text{ BILLION} & \quad $4.7 \text{ BILLION}
\end{align*}
\]

The early care industry generates $2.5 billion in annual earnings and $2.2 billion in additional economic activity. This translates to a $4.7 billion annual investment in the Georgia economy.

### Investing in Early Care Creates Jobs

Georgia’s Early Care Industry employs approximately 67,500 people who work in a variety of jobs including:

- Teachers
- Administrators
- Kitchen Staff
- Office Staff
- Drivers

Additionally, every 100 jobs in early care generates an additional 26 jobs in other industries.

### Early Care Supports Georgia’s Parents

494,000 or 65% of Georgia’s children under the age of six have parents in the labor force.

### Parents with children enrolled in Early Care Programs have been shown to:

- Miss fewer days at work
- Earn more income to support the family
- Stay employed at higher rates

### Georgia’s working parents earn $24 billion per year supported by the availability of child care.

www.georgiavoices.org
Early Care Brightens Our Children’s Futures

How Early Care Benefits Children

- **School Readiness**
- **Behavioral and Social Development**
- **Health and Well-being**

These benefits lead to:

- Lower retention rates
- Lower likelihood of repeating a grade
- Reduced dependency on public welfare systems
- Lower involvement in the criminal justice system
- Improved long-term health

All of which reduces public spending in the long run.

For every $1 spent expanding early learning initiatives…

up to $8.60 is returned in benefits to society, about half of which comes from increased earning for children when they grow up.

**Creates the Workforce of Tomorrow**

Quality early care has been shown to increase:

- Third grade reading proficiency
- High-school graduation rates
- College attendance

Therefore better preparing Georgia’s youngest learners for the jobs of tomorrow.

Children who are in enrolled in early care programs have the potential to gain between **$9,166** and **$30,851** more in lifetime earnings than other adults their age who did not receive similar care.

**Why should Georgia invest in its youngest learners?**

1. Investments made at the start of a child’s life accumulate throughout their entire lives.

2. Young children under the age of eight have the greatest capacity for change. Interventions are often more effective at this age and can have lasting impacts for years to come.

3. Early education gives young children skills they continue to build on throughout the continuum of their education.

Sources: https://tinyurl.com/y44mgjy3
Quality Early Learning in Georgia

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

WHAT IS QUALITY?

Although the elements of quality early care will vary by age, quality early learning should:

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

QUALITY INITIATIVES IN GEORGIA

Georgia Early Learning and Development Standards (GELDS)

GELDS are Georgia’s high-quality, research-based early learning standards created by Bright from the Start: Georgia Department of Early Care and Learning (DECAL) for children ranging from birth to age five.

The standards define the desired content and outcomes for early learning that are aligned with K-12 standards. The standards support children’s individual rates of development, approaches to learning, and cultural contexts.

The standards are organized into five domains of learning with corresponding standards and age-specific indicators. The five domains of learning are:

1. Physical Development and Motor Skills
2. Social and Emotional Development
3. Approaches to Play and Learning
4. Communication, Language and Literacy
5. Cognitive Development and General Knowledge

Early Education Empowerment Zones (E³Zs)

In 2014, DECAL established four E³Zs in regions of the state with large populations of underserved young children with high needs.

- North: Catoosa, Whitfield, Murray, Gordon and Gilmer counties
- East: Clarke County
- Central: Bibb County
- South: Colquitt, Cook, Brooks, Lowndes and Echols counties

Georgia invested in early education empowerment zones (E³Zs) by providing increased childcare subsidies, voluntary center-based home visiting services, health screenings, assessments and referrals, additional professional development for educators, and support to get 100% of programs quality rated.

This three-year pilot was federally funded as a part of the Early Learning Race to the Top grant and successfully improved the quality of education through targeted services. The four selected regions serve as models for other communities across the state. After a tremendous impact, the state is now continuing the investment through Early Education Community Partnership Regions, which will serve the four E³Zs and scales the support across any community desiring to improve outcomes for young children in Georgia.

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

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

Benefits for Parents and Families

Quality Rated helps parents and families find high-quality child care so they can make the most informed choice for their child.

Parents can use the FREE, online tool to access information about specific programming including safety and inspection reports, teacher credentials, and ages served. To find Quality Rated programs in your area, visit www.QualityRated.org.

Benefits to Georgia

Regardless of their rating, all programs that participate are committed to improving the quality of their program by going above and beyond Georgia's licensing standards. At a community and state level, Quality Rated creates a shared understanding of quality learning and a commitment to achieving it. By 2020, all childcare centers receiving child care subsidies (CAPS) must be quality rated.

Of the approximately 5,000 state licensed and monitored child care programs, more than 3,500 are Quality Rated.

### Percentage of Licensed Programs that are Participating in Quality Rated Per County

- **0-24%**
- **25-49%**
- **50-59%**
- **60-69%**
- **70-79%**
- **80-89%**
- **90-100%**

### Star Rating Statewide Count

- 521
- 949
- 408

Sources: https://tinyurl.com/QualityLearning2019
Childcare and Parent Services (CAPS): An Overview

The Childcare and Parent Services (CAPS) program offers low-income families subsidies to pay for quality child care, afterschool and summer programs for children up to age 12 and for children up to age 17 with special needs. CAPS is federally funded through the Child Care and Development Fund (CCDF) and is administered by the Department of Early Care and Learning (DECAL). In 2018, Georgia received more than $223 million in federal child care subsidy funds.

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

WHO IS ELIGIBLE FOR CAPS?

To qualify for entry into the CAPS program, family income must not exceed 50% of the state median income.

For example, a family of four cannot initially make more than $36,601 a year, and can continue to receive a CAPS scholarship until their income reaches $62,221.

To qualify for the very low income priority group:

A family of four cannot make more than $25,750 a year.

PRIORITY GROUP ELIGIBILITY

Because CAPS scholarships are limited, children in the following situations are given priority:

- Child Protective Services
- Custody of the Division of Family and Children Services
- Domestic violence situations
- Disabled
- Enrolled in Georgia’s Pre-K Program
- Participating in or transitioning from TANF
- Experienced a natural disaster
- Lack fixed, regular and adequate housing
- Very low income as defined by CAPS
- Grandparents raising grandchildren
- Minor parents
- Need to protect

www.georgiavoices.org
Parents who receive CAPS must complete 24 hours a week of approved activities to stay eligible for the CAPS scholarship.

Approved activities can include:

- **Employment**
  - Paid employment or volunteering at Head Start/Early Head Start facilities

- **Education**
  - Participation in middle or high school, GED programs, vocational training programs, and associate degree programs*

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

*For parents enrolled with the Technical College System of Georgia (TCSG): every credit hour equals two hours towards the required 24 hours a week of approved activities. For example, if a parent is enrolled in a class that counts as 3 credit hours with TCSG, they earn 6 credit hours a week towards the required 24.

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

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**CHANGES TO THE CHILD CARE DEVELOPMENT FUND FOR 2019-2021**

Georgia received an extra **$93 million** in CCDF funds for FY 2019-2021.

As of September 17, 2018, parent fees were significantly reduced, not to exceed **7%** of family income.

By 2020, all CAPS sites must be Quality Rated.

Sources: [https://tinyurl.com/CAPSRef2019](https://tinyurl.com/CAPSRef2019)
Georgia’s Pre-K Program is a voluntary, free program available to all of Georgia’s four-year-olds regardless of parental income. Approximately 1.6 million Georgia students have been served by Georgia’s Pre-K since it began in 1992. The program continues to be nationally recognized for its success.

80,493 kids enrolled in Georgia’s Pre-K in the 2018-19 school year. Representing 60% of all four-year-olds in Georgia.

Georgia’s Pre-K operates in all of the state’s 159 counties in 1,871 locations which operate 3,860 Pre-K Classes.

Approximately 48% are located in a public school system and 51% are located in private centers. 1% – other (technical colleges and university systems)

Demand is Still High

Georgia is one of only nine states and D.C. that provides high-quality care to more than 50% of 4-year-olds.

Of Georgia’s 4-year-olds are not currently enrolled. Some receive supplemental forms of care, while others receive no care at all.

At the end of the 2018-19 school year, there still were 4,602 kids on the waitlist.

Georgia’s Pre-K Improves Outcomes

In 2011, the Georgia General Assembly began a multi-year evaluation led by the Frank Porter Graham Child Development Institute. So far, the study has found that children enrolled in the Georgia Pre-K Program:

- Make greater growth than expected for typical developmental growth
- Sustain gains made in Pre-K through kindergarten and first grade

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

- Math Skills
- Language & Literacy Skills
- Social-emotional Skills

These gains happened for all students, regardless of gender and income differences and are sustained through the end of first grade.
About Georgia’s Pre-K

Administered by Bright from the Start: Georgia Department of Early Care and Learning

- Maximum of 22 kids per class
- Operates 180 days a year

Required to use the Georgia Early Learning and Development Standards (GELDS)

- Hearing, vision, and dental screenings are required
- Required to have a lead teacher and assistant teacher
- All Pre-K lead and assistant teachers must meet credential requirements

659 of the Pre-K centers are Quality Rated, a voluntary, quality rating system for early and child care centers.

Funding Georgia’s Pre-K

$367 MILLION
GA Lottery dollars were allocated to Georgia’s Pre-K in 2019

For the 80,493 children enrolled in the 2018-19 school year

$4,369 was spent per child

In 2016, the Georgia General Assembly approved a $34 million increase for Pre-K salaries. Despite recent increases, Pre-K teacher salaries are lower than similar professions. Assistant teachers make $15,873/year. The average salary for lead teachers for the 2018 school year was:

- 4-yr Degree: $31,638
- 4-yr Degree & Certified: $40,338
- Masters Degree: $44,338

In comparison, the average wage for kindergarten teachers in Georgia is:

- $54,080

Research shows a significant factor in an early childhood teacher’s decision to leave the profession is low pay.

High turnover rates have been linked to lower program quality and shown to negatively impact a child’s social and emotional development and relationships between teachers, children, and parents.

Sources: https://tinyurl.com/y2nraoye
School Readiness in Georgia

Children entering Kindergarten with school readiness skills are more likely to experience academic success and better lifetime well-being than their peers.

What is School Readiness?

A child’s readiness for school includes:

- Detection and appropriate care for potential physical or mental disabilities.
- Emerging social and interpersonal skills.
- Evident early literacy and language skills.
- Possession of a general knowledge about the world.

School readiness is influenced by a child’s development, their family, community, schools, and the services they receive. Children from low income families, whose parents did not graduate high school, or do not speak English at home are less likely to have readiness skills. Multiple studies of Pre-K programs, including Georgia’s Pre-K, show that participation in Pre-K can greatly improve school readiness skills, particularly in high-risk populations.

Georgia’s Commitment to School Readiness

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) runs several programs to increase early readiness skills so students can enter Kindergarten ready to learn, including:

**Georgia’s Pre-K Program**

Approximately 1.6 million Georgia students have been served by Georgia’s Pre-K program since it began in 1992.

Evaluations have found that children enrolled in the Georgia Pre-K program:

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

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

- Math Skills
- Language & Literacy Skills
- Social-Emotional Skills

DECAL offers both the Rising Kindergarten and Rising Pre-K Summer Transition programs as additional supports for high risk, including:

**Summer Transition Programs**

- 208 classes at 146 program sites
- 6 week, intensive summer program
- A transition coach in each class to help families
- Low student-to-teacher ratio

Fast Facts

- Child’s family must be at or below 85% of the state median income

Sources: https://tinyurl.com/Readiness2019  Rev. 12/2019
Georgia’s Summer Transition Program

Georgia’s Summer Transition Program is an intensive six-week academic program to support high risk children to prepare them for Pre-K and Kindergarten.

Rising Kindergarten Summer Transition Program

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) offers the Rising Kindergarten Summer Transition Program to children registered to enter Kindergarten in the following:

Eligible children:
1. Did not participate in Georgia’s Pre-K Program or Head Start during the previous school year, and/or,
2. Need additional help in preparing for Kindergarten, and,
3. Whose family is at or below 85% of the state median income.

The Rising K Summer Transition Program serves up to:
- 2,496 children
- at 123 locations
- of which approximately 30% are located in a public school system
- in 53 counties
- which operate 156 classes
- 70% are located in private centers

Rising K Program has:
- Maximum of 16 kids per classroom
- Full day program operating for six weeks
- A lead and assistant teacher per class
- Provides/assists in coordinating care before and after school as needed through CAPS

Transition Coach

A notable difference between Georgia’s Pre-K Program and the Summer Transition Program is the requirement of a half-time transition coach for every class. The transition coach is responsible for:

- Actively seeking out students who would benefit from the program and meet the enrollment requirements
- Working with families to collect eligibility documentation
- Facilitating at least one family or parent engagement activity per week based on parents’ needs
- Connecting families with community resources
- Planning kindergarten transition activities

www.georgiavoices.org
Research from the Frank Porter Graham Child Development Institute indicated that:

Spanish-speaking DLLs are less likely than their peers to enroll in early care, directly affecting school readiness skills.

Both the English and Spanish language skills of participating children increased during the program.

The program helped children become more comfortable with school routines and increased independence.

While children made significant gains, a meaningful gap remained between DLLs and their peers.

The Rising Pre-K Summer Transition Program serves up to:

- **924** children
- **at** **51** locations
- **in** **21** counties
- **which operate** **66** classes

**22%** are located in a public school system & **78%** are located in private centers

Although similar to the Rising K program, the Rising Pre-K program differs in the following ways:

1. **Maximum of 14 kids per classroom**
2. **Teacher training to work with Dual Language Learners (DLL)**
3. **Both English and Spanish are used for instruction and behavior management**
4. **At least one teacher AND the transition coach must be fluent in Spanish**

Research from the Frank Porter Graham Child Development Institute indicated that:

- An estimated **24%** of Georgia’s 3 & 4 year olds are DLLs, with the vast majority speaking Spanish.

Combined, the Rising K and Pre-K Summer Transition Programs offered:

- **222** classes
- **at** **150** program sites

**in Summer 2019.**

The total budget* for both of the 2019 Summer Transition Programs was:

**$5.4 MILLION**

Approximately **$1,580** being spent **PER CHILD**

*budget funded by the Georgia Lottery and federal dollars

Sources: https://tinyurl.com/yb3uovtr
Research shows Farm and School initiatives improve children’s health and nutrition. Most of these programs start in K-12 school districts, but we can reach children earlier with Farm to Early Care and Education.

Farm to Early Care and Education activities have been shown to:

**Increase**
- Fruit and vegetable consumption, some of which may increase vitamin A, C, and E intake
- Healthy food consumption at home
- Willingness to try new foods
- Motor skills
- Life skills, social skills, and self-esteem
- Physical activity

**Decrease**
- Diet-related diseases among children
- Screen time
- Consumption of unhealthy foods and sodas

**Strategies that Work**
- Parent education and engagement
- Meal planning and preparation
- Curriculum where kids touch and taste food
- Gardening with children
- Fruit and vegetable boxes

**Agriculture and Georgia’s Economy**
Farm to ECE can have a significant positive impact on the state’s economy.

- Agriculture is the **#1** industry in Georgia.
- That’s approximately **$73.3 BILLION** contributed to the state’s economy.
- In 2017, there were **392,400** agriculture jobs in Georgia.
- That’s **1 in 7** Georgians.
- In 2017, farms covered **9.95 million** acres in Georgia.
- That’s **25%** of all the land in Georgia.

Sources: [https://tinyurl.com/FTECE2019](https://tinyurl.com/FTECE2019)
282,453 or 16% of Georgia's school-aged children participated in afterschool programs in 2014.

But

Nearly 600,000 or 40% more children would enroll if a program was available in their community.

That's a 14% increase in the demand for afterschool programs since 2004.

And Over 300,000 or 18% of Georgia's children are alone and unsupervised between the hours of 3pm and 6pm.

45% of programs say they must at least double capacity to serve all the kids in their community who need afterschool.

THE TOP FIVE AFTERSCHOOL PROVIDERS:

Public Schools
Religious Organizations
Private Schools
YMCAs
Boys and Girls Clubs
WHY DO WE NEED MORE PROGRAMS:

19% of juvenile violent crimes occur during school days between: 3pm and 7pm.

45% of students attending 90 days or more at a 21st CCLC afterschool program improved math and reading test scores.

90% of students in a 4-year afterschool program graduated high school.

25% fewer absences for students who are in afterschool programs for two years.

WHAT PARENTS SAY:

78% of Georgia’s parents say that afterschool programs help parents keep their jobs.

90% of Georgia’s parents are satisfied with their child’s afterschool program.

2.5 MILLION working parents are overly stressed by afterschool concerns, bringing stress to the work place, lessening productivity.

80% of parents were less worried about their child’s safety when in afterschool.

CONTACT US | For more information on afterschool in Georgia go to www.afterschoolga.org
Quality Afterschool: What it is & Where Georgia is Heading

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

HIGH QUALITY AFTERSCHOOL AND SUMMER LEARNING PROGRAMS:
- have flexible, well-rounded daily schedules with activities that are well organized, appropriate, and allow for learning new skills
- build upon what young people are learning during the school day
- are safe and clean and reflect the needs and interests of all youth
- nurture positive relationships and promote a respectful environment
- provide opportunities for physical activity and to practice healthy habits
- need great staff and volunteers and should support their growth and development
- have a clear mission, defined goals, and good financial management
- need to always be improving – data collection and analysis is key
- engage families and communities in the program

WHY DOES QUALITY MATTER:

THE ABCS: ATTENDANCE BEHAVIOR AND COURSEWORK
Participation in high quality afterschool programs can increase attendance, improve behavior and raise student achievement

CLOSING THE ACHIEVEMENT GAP
For low-income students who consistently participated in high-quality afterschool programs from kindergarten through fifth grade, the achievement gap in math scores between those students and their high-income peers was eliminated by fifth grade

BETTER HEALTH
One Georgia study shows that the prevalence of obesity decreased for children participating in afterschool programs compared to those who did not participate

CONFIDENCE AND SELF-EFFICACY
Students in afterschool programs develop better work habits, have more self-efficacy in the classroom and have better attitudes about school

PRODUCTIVE PARENTS
Parents report that they have less stress, fewer unscheduled absences and more productive work time when their children are enrolled in afterschool programs

MINIMIZING RISKS
The hours between 3:00 p.m. and 6:00 p.m. on school days are the most likely periods for juvenile crime and experimentation with drugs, alcohol, cigarettes and sex
WHERE IS GEORGIA HEADING:

GEORGIA AFTERSCHOOL & YOUTH DEVELOPMENT (ASYD) QUALITY STANDARDS

The Georgia ASYD Quality Standards is a collaborative project that is funded and endorsed by the Georgia Division of Family and Children Services, the Georgia Department of Education, the Georgia Department of Public Health and the Governor’s Office for Children and Families. These standards are research-based best practice guidelines that delineate the critical components of high quality youth development programs. When adopted by afterschool and youth development programs, the standards can be used as a framework for the design and implementation of high quality programs for youth from elementary through high school.

GEORGIA AFTERSCHOOL & YOUTH DEVELOPMENT (ASYD) CONFERENCE

The bi-annual Georgia ASYD Conference, hosted by the Georgia Division of Family and Children Services, the Georgia Department of Education, and the Georgia Department of Public Health, is an opportunity for afterschool programs across the state to come together. Through interactive workshops, afterschool professionals can learn best practices in positive youth development and organizational practices, network with their peers, and better understand how to utilize the Georgia ASYD Quality Standards.

For more information on the Georgia ASYD Quality Standards and Conference go to www.georgiaasyd.org

QUALITY RATED SCHOOL AGE PROGRAM

The Georgia Department of Early Care and Learning’s Quality Rated is a voluntary quality improvement system for child care and afterschool programs to achieve higher levels of quality. Afterschool programs have a specially tailored process to complete Quality Rated that reflects the population they serve.

Quality Rated can support afterschool programs with technical assistance, free training, minigrants, bonus packages for receiving a star rating, and marketing materials.

For more information on Quality Rated go to www.qualityrated.org

CONTACT US | For more information on afterschool in Georgia go to www.afterschoolga.org
The Landscape of Afterschool in Georgia

The Georgia Department of Education (GaDOE) and the Georgia Division of Family and Children Services (DFCS) FUND 548

These programs serve over 105,000 young people each year – ranging from Pre-K to high school.

75 COUNTIES are served by more than 1 program

50 OF 159 COUNTIES do not have any state funded programs

IN PARTNERSHIP WITH:

FOR MORE INFORMATION:
Visit GSAN’s Website: www.afterschoolga.org
(This page intentionally left blank.)
The ASYD Quality Standards are based on research from a variety of fields including education, child development and psychology, organizational psychology, business management and public health. Each standard aims to encourage positive short-term and long-term outcomes in youth based on best practices found through this research.

EVIDENCE-BASED, RESEARCH-DRIVEN:

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

Georgia joins 32 other states, including Arkansas, Florida, Nebraska and Indiana, which already have quality standards for their afterschool programs.

SELF-ASSESSMENT, NOT PUNISHMENT:

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

DESIGNED ESPECIALLY FOR PROGRAMS THAT:

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

A TOOL FOR CONTINUOUS IMPROVEMENT:

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

QUALITY ELEMENTS

9 Georgia’s standards are organized into nine categories called “Quality Elements”

- Programming & Youth Development
- Linkages with the School Day
- Environment & Climate
- Relationships
- Health & Well Being
- Staffing & Professional Development
- Organizational Practices
- Evaluation & Outcomes
- Family & Community Partnerships

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

The Standards Promote Education, Families and Health

SUPPORTING EDUCATORS AND STUDENT LEARNING

- Keep open and frequent lines of communication between program staff and school faculty
- Utilize and base activities on Georgia state academic standards
- Offer hands-on activities that further engage students in content from the school day
- Incorporate homework help and tutoring
- Teach students skills that will help them become academically successful, such as time management and teamwork

STRENGTHENING FAMILY PARTNERSHIPS

- Hold orientations for families to learn about the program
- Encourage families to visit and observe the program
- Share positive information and constructive feedback with families regularly through written notes, phone calls and face-to-face conversations
- Ask families for feedback about how to improve the program

ENCOURAGING HEALTHY LIFESTYLES

- Prevent bullying and harassment
- Teach healthy eating and cooking choices and offer healthy snacks
- Incorporate physical activity
- Communicate with and provide resources to families about health

FOR MORE INFORMATION:

Visit the Georgia ASYD Website: www.georgiaasyd.org
Visit GSAN’s Website: www.afterschoolga.org

SUPPORTED BY:
A Snapshot of 21st CCLC in Georgia

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

Nearly 26,000 kids participated in 21st CCLC in Georgia in 2019.

In 2019, Georgia awarded nearly $39 MILLION for 21st CCLC programming.

Out of the 287 program sites that serve Georgia’s children:

- 62% are located in schools
- 42% are located in community based organizations
- 3% are located in institutions of higher education

190 of the programs operate over the summer.

Demographics of students served by 21st CCLC in Georgia:

- Grades K-5: 15,192
- Grades 6-8: 6,180
- Grades 9-12: 4,377

67% of 21st CCLC sites are in urban areas

33% of 21st CCLC sites are in rural areas

89% are eligible for free or reduced lunch.
Georgia’s 21st CCLC programs offer students the equivalent of at least 45 additional school days.

21st CCLC programs attempt to enroll students who previously did not meet state standards.

9 out of 10 children who participated in 21st CCLC in Georgia increased homework completion.

8 out of 10 children who participated in 21st CCLC in Georgia improved classroom behavior.

77% of those who participated in 21st CCLC improved/maintained an A, B, or C in their English grades.

76% of those who participated in 21st CCLC improved/maintained an A, B, or C in their math grades.

73% of eligible programs were not funded for the 2016 – 2017 school year.

OF THOSE WHO PARTICIPATED IN 21st CCLC:

GED Prep Movie Nights Sporting Events

To learn more about afterschool programs in Georgia please visit www.afterschoolga.org.

To learn more about Georgia’s 21st CCLC program please visit www.gadoe.gov.

IN PARTNERSHIP WITH:

Georgia Department of Education

Georgia Statewide After School Network
Support for Afterschool in Georgia

PARENT SATISFACTION WITH AFTERSCHOOL PROGRAMS HAS RISEN IN THE LAST DECADE:

PARENTS SATISFIED WITH THEIR CHILD’S AFTERSCHOOL PROGRAM

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>Safe Environment</th>
<th>Quality of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>82%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>87%</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>90%</td>
<td>86%</td>
<td></td>
</tr>
</tbody>
</table>

PARENTS REPORT A RANGE OF BENEFITS OF AFTERSCHOOL PROGRAMS:

- **70%** Reduction of risky behavior
- **64%** Gain workforce skills
- **59%** Excites children about learning
- **79%** Peace of mind for parents at work
- **78%** Help working parents keep jobs

SUPPORT EXTENDS BEYOND JUST PARENTS WHO ARE SERVED BY AFTERSCHOOL PROGRAMS:

- **92%** of working mothers say afterschool programs are important in 2012
- **82%** of school superintendents say afterschool programs are important in 2011
- **88%** of parents in Georgia support public funding for afterschool programs

OVER 200 ORGANIZATIONS are involved as partners, supporters or local leaders in afterschool including:

- US Department of Education
- United Way of America
- National Association of School Psychologists
- National Education Association

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

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2. Personal communication with Nikki Yamshiro. (July 2, 2015) Email.
Navigating Healthcare for Children

Each child presents with his or her own unique needs, which means that healthcare approaches are specific to the individual. Children may have to navigate multiple conditions at the same time. As a result, there are varying levels of support and care needed to address a child’s well-being. Access to high quality healthcare is essential in order to prevent or treat illness and injury, assess and alleviate needs, and improve quality of life of children in Georgia.

Wellchild
A child’s well-being can be addressed through many approaches of care, including prevention, intervention, or treatment. Care can include screenings, check-ups, and education.

Behavioral Health
In Georgia, an estimated 23% of children have one or more emotional, behavioral, or developmental conditions. Some services to address these conditions can include: counseling, substance abuse treatment, medication, and therapeutic interventions.

Pre-existing conditions
Thousands of Georgia children encounter significant health obstacles as a result of chronic conditions, such as cancer, asthma, sickle cell anemia, and developmental disabilities.

Newborns
Quality pre/post-natal care provides resources for both mother and child. Early care, such as screenings and education, create a healthy start for all children.

State Custody
Medicaid covers approximately 13,000 children in Georgia’s child welfare system and most children under supervision by the Department of Juvenile Justice. Behavioral Health services, among others, are key to helping children through tough times, improving public safety and reducing recidivism.

Incidental
Life happens. Acute conditions, such as cavities, broken bones, colds and concussions, can easily consume a family’s time and income.

How are Georgia’s Children Covered?

1,315,810 are covered by Medicaid.

262,135
PRIVATE

1,334,587
UNINSURED

217,000

www.georgiavoices.org
Sources: https://tinyurl.com/Navigating2020

Rev. 12/2019
How Medicaid and PeachCare Money Work

Georgia Dollars: $3,411,794,877

Federal Match: $7,484,287,748

Total Amount: $10,896,082,625

Fee for Service
State pays providers directly per service (DCH manages physical health care/costs, DBHDD manages behavioral health care/costs)

Georgia Families 360° Managed Care
State pays CMO per member per month to manage care/costs

Georgia Families Managed Care
State pays CMOs per month to manage care/costs

**CHILD POPULATION TYPE**
Primarily children that are blind or disabled, including those enrolled in Katie Beckett

**AGES SERVED**
Blind, disabled: ALL
Katie Beckett: 0 until 19

**KEY REQUIREMENTS**
Disability, income limits

**CHILD POPULATION TYPE**
Children in foster care, receiving adoption assistance, and in some juvenile justice programs

**AGES SERVED**
Foster Care: 0 until 26
Adoption Assistance: 0 until 18
Juvenile Justice: While in state custody

**KEY REQUIREMENTS**
In foster care or receiving adoption assistance, juvenile justice eligible while in state custody in certain programs

**CHILD POPULATION TYPE**
Children under age 19 with incomes below 138-210% FPL, depending on age (Medicaid) and below 247% FPL (PeachCare). Newborns born to mothers enrolled in any Medicaid program.

**AGES SERVED**
0 until 19
Newborns: 0 until 13 months

**Medicaid Income Limits**

<table>
<thead>
<tr>
<th>AGE</th>
<th>FPL</th>
<th>INCOME (for 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>210%</td>
<td>$54,075</td>
</tr>
<tr>
<td>1-5</td>
<td>154%</td>
<td>$39,655</td>
</tr>
<tr>
<td>6-18</td>
<td>138%</td>
<td>$35,535</td>
</tr>
</tbody>
</table>

**PeachCare Income Limits**

<table>
<thead>
<tr>
<th>AGE</th>
<th>FPL</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18</td>
<td>247%</td>
<td>$63,603</td>
</tr>
</tbody>
</table>

www.georgiavoices.org
<table>
<thead>
<tr>
<th>Medicaid</th>
<th><strong>1,315,810 children served</strong>*7</th>
</tr>
</thead>
</table>

**WHAT IS IT?**
Medicaid is a jointly funded, Federal-State medical assistance program for low-income individuals and families.

**HOW IS IT FUNDED?**
Medicaid is financed through a combination of federal and state funds. The federal dollars vary year to year based on facts like the per capita income. Georgia’s federal financial participation matching rate for Medicaid is 67.30% for the Federal Fiscal Year 2020.8

**WHO DOES IT COVER?**
It covers children, pregnant women, the aged, blind, and/or disabled people. All Georgia Medicaid beneficiaries must be citizens or legal residents for 5 years.

**WHAT DOES IT COVER?**
In Georgia, Medicaid covers primary, preventive, specialty, dental, and vision care. In addition, the insurance covers hospitalization, emergency room visits, prescription medications, and mental health care.

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<table>
<thead>
<tr>
<th>PeachCare for Kids</th>
<th>Georgia’s Children’s Health Insurance Program (CHIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>262,135 children served*7</td>
<td></td>
</tr>
</tbody>
</table>

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

**HOW IS IT FUNDED?**
Federal matching funds are available to subsidize more than 75 percent of the benefit cost less premiums with the remaining percentage coming from the state. The percentage of federal matching funds is adjusted annually. Georgia’s enhanced federal financial participation matching rate for CHIP is 88.61% for the Federal Fiscal Year 2020.9

**WHO DOES IT COVER?**
In Georgia, CHIP covers children of families earning at or below 247% of the federal poverty level (FPL) -- that’s at or below $63,603 for a family of four.10

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

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*Unduplicated Number of Children Ever Enrolled in CHIP and Medicaid, Federal Fiscal Year (FFY) 2018

Sources: [https://tinyurl.com/MedicaidPeachCare2020](https://tinyurl.com/MedicaidPeachCare2020)
Two Ways to Get Kids Covered

In Georgia, 92 percent of children have health coverage. Many are insured through Medicaid and the Children’s Health Insurance Program (CHIP), known as PeachCare for Kids. **Georgia has the 5th highest number of uninsured children in the nation with a gap of an estimated 217,000 kids.**

**TWO THINGS GEORGIA CAN DO TO COVER MORE THAN 50% OF ELIGIBLE CHILDREN:**

**Guarantee enrollment for children for 12 continuous months to ensure that temporary surges in family income, like seasonal overtime, don’t wreak havoc and cause kids to lose coverage. Continuous eligibility also enables Georgia to better measure the quality of care children receive.**

**Use SNAP (Supplemental Nutrition Assistance Program) eligibility data to automatically enroll eligible children. This would allow tens of thousands of Georgia’s children to gain coverage while reducing the administrative burden on the state to collect and review previously verified data.**

**217,000 of Georgia’s children are uninsured.**

**the majority are eligible for, but not enrolled in Medicaid or PeachCare.**

**WHAT’S AT RISK WHEN KIDS DON’T HAVE HEALTH INSURANCE**

- Children do not receive the check-ups needed to identify life-threatening conditions.

- Children who take prescribed medications for chronic conditions, such as asthma or ADHD, are suddenly forced to stop taking them.

- Delayed medical visits can change routine health care into crisis health care.

- Doctors and hospitals are forced to either provide care at no cost or deny services.

**www.georgiavoices.org**

Sources: [https://tinyurl.com/2Ways2020](https://tinyurl.com/2Ways2020)
Parent and Guardian Coverage

The health of parents contributes to a healthy environment for children. However, nearly one in five Georgia adults with child dependents, or 371,600 people, lack healthcare coverage.¹

Gaining healthcare coverage is associated with:³

- Improved physical and mental health status
- Greater financial stability

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**HOW PARENTS AND GUARDIANS OBTAIN HEALTHCARE COVERAGE**

<table>
<thead>
<tr>
<th>Employer-Sponsored Coverage*</th>
<th>Individual/Small Group Market Insurance</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>42% of private sector employers offer employer-sponsored health coverage.</td>
<td>$487 the average marketplace premium in Georgia⁸</td>
<td>$653 is the max a family of four can earn every month to be eligible for Parent/Caretaker Medicaid.⁶</td>
</tr>
</tbody>
</table>

Subsidies are available for parents/guardians who make between $25,750 and $103,000 for a family of 4.⁵

This is the only way for parents/guardians to receive Medicaid if they are not pregnant, aged, blind, or disabled.**¹⁷

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*This includes the State Health Benefits Plan, offered to employees of the State.
**Supplemental Security Income (SSI) is available for adults with certain disabilities.

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- Pregnant women are eligible for Right from the Start Medicaid through their pregnancy and up to 60 days following the child’s birth, if they have incomes at or below 220% of the federal poverty level, or $27,478 for an individual.¹¹

- Planning for Healthy Babies offers family planning services for women between 18 and 44 who have incomes at or below 200% of the federal poverty level, or $24,890 for an individual. For mothers who are eligible for family planning services and who delivered a very low birth weight baby, inter-pregnancy care services are also offered for up to two years.¹¹

www.georgiavoices.org
## THE STATE’S PROPOSED CHANGES TO HEALTH COVERAGE IN GEORGIA

<table>
<thead>
<tr>
<th>Proposed Waiver</th>
<th>Who is Impacted</th>
<th>What It Would Change</th>
<th>Take Note!</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1115</strong></td>
<td>Adults aged 19-64 with incomes up to 100% of FPL ($25,750 for a family of 4)</td>
<td>To receive coverage, individuals would be required to work, be in school, or be engaged in certain types of community service for <strong>at least 80 hours per month</strong>.</td>
<td>Caring for young children is not an eligible activity to meet the work requirement for Medicaid eligibility.</td>
</tr>
<tr>
<td>a.k.a. “Georgia Pathways”</td>
<td></td>
<td>Beneficiaries would be required to pay <strong>monthly premiums</strong> if their incomes are above 50% FPL, or <strong>$12,750</strong> for a family of 4.</td>
<td></td>
</tr>
<tr>
<td><strong>1332</strong></td>
<td>All individuals seeking coverage through individual and small group markets.</td>
<td>The 1332 waiver would: 1. <strong>Create a reinsurance program</strong> to stabilize individual and small market costs and reduce premiums for consumers by an average of 10%; 2. <strong>Make subsidies available for non-Qualified Health Plans</strong>, which may lack comprehensive coverage of the essential health benefits; and 3. <strong>Replace the federal exchange website</strong> where only Qualified Health Plans are sold.</td>
<td>This would mean that Qualified Health Plans (QHPs) and non-QHPs may be sold alongside one another. Non-QHPs may lack coverage for essential health benefits like emergency services, hospitalization, and mental health treatment. While the absence of essential health benefits coverage in non-QHPs may initially save families money on premiums, they can wreak financial havoc later on when faced with unforeseen health care needs.</td>
</tr>
</tbody>
</table>

### QUALIFIED HEALTH PLANS VS. NON-QUALIFIED HEALTH PLANS

Non-QHPs could **lack** coverage for any of these Essential Health Benefits:

1. outpatient care
2. emergency services
3. hospitalizations
4. prenatal and newborn care
5. mental health and substance use disorder services
6. prescription drugs
7. rehabilitative services
8. laboratory services
9. preventive and wellness services, and
10. pediatric services

Sources: [https://tinyurl.com/ParentGuardianCoverage2020](https://tinyurl.com/ParentGuardianCoverage2020)
Georgia’s Crisis in Child and Adolescent Behavioral Health

THE PROBLEM:
More than 40% of children ages 3-17 have trouble accessing the mental health treatment and counseling they need.

Behavioral Health is at the core of the majority of the problems we see in education, juvenile justice, and child welfare. And the challenges don’t stop there - they continue into adulthood.

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

Counts without a licensed psychologist
Counts without a licensed social worker
Counts without both

of Georgia’s 159 counties

76
do not have
a licensed psychologist

52
do not have
a licensed social worker

45
do not have
a licensed psychologist
OR
a licensed social worker

Social Workers
CURRENTLY:
1 FOR EVERY 2,475 STUDENTS

NEEDED:
1 FOR EVERY 250 STUDENTS

School Psychologists
CURRENTLY:
1 FOR EVERY 2,475 STUDENTS

NEEDED:
1 FOR EVERY 700 STUDENTS

School Nurses
CURRENTLY:
1 FOR EVERY 1,088 STUDENTS

NEEDED:
1 FOR EVERY 750 STUDENTS

www.georgiavoices.org
WHY WE NEED BEHAVIORAL HEALTH SERVICES

Untreated behavioral health illness in children and adolescents can lead to:

- Drug and alcohol abuse
- Violent or self-destructive behavior
- Low educational attainment
- Much lower rates of employment in adulthood

WHAT WE NEED:

1. All children and adolescents have access to behavioral health services.
2. Schools are equipped to meet the need early and effectively.
3. Georgia has the workforce to help children and adolescents with behavioral health needs.

WHAT NEXT:

We need to fully implement Georgia’s Comprehensive three-year System of Care State Plan for child and adolescent health and support the work of Behavioral Health Innovation Commission to develop policy which can improve children’s behavioral health outcomes.

Sources: [https://tinyurl.com/CrisisRefsy22019](https://tinyurl.com/CrisisRefsy22019)
Youth Suicide in Georgia

Suicide was the second leading cause of death for Georgia children aged 10-17, in 2016.

GEORGIA YOUTH SUICIDES, AGES 5-17

Source: Georgia Bureau of Investigation, Child Fatality Review Unit

<table>
<thead>
<tr>
<th>Year</th>
<th>Attempted Suicide</th>
<th>Attempted Suicide Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>63</td>
<td></td>
</tr>
</tbody>
</table>

BREAKDOWN OF 2018 YOUTH SUICIDE DATA

Source: Georgia Bureau of Investigation, Child Fatality Review Unit

GEORGIA STUDENT HEALTH SURVEY

Source: Georgia Department of Education

In 2019, 108,494 students reported having seriously considered harming themselves.

61,978 students reported having harmed themselves.

The number of children in Georgia who visited emergency rooms for reasons related to suicide doubled between 2008 and 2018.

www.georgiavoices.org
Suicide is a complex human behavior with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves
- People who have previously attempted suicide
- People with medical conditions
- People with mental/substance use disorders
- People who are LGBT

**Comprehensive Prevention Strategies**

<table>
<thead>
<tr>
<th>Identify and assist persons at risk</th>
<th>Gatekeeper training, suicide screening, teaching warning signs, referral to professional help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase help-seeking</td>
<td>Self-help tools and outreach campaigns</td>
</tr>
<tr>
<td>Ensure access to effective treatment</td>
<td>Safety planning, evidenced-based treatment, and reducing financial, cultural, and logistical barriers to care</td>
</tr>
<tr>
<td>Support safe care transitions and organizational linkages</td>
<td>Formal referral protocols, interagency agreements, cross-training, follow-up contacts, rapid referrals, and patient and family education</td>
</tr>
<tr>
<td>Respond effectively to individuals in crisis</td>
<td>Mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support programs</td>
</tr>
<tr>
<td>Provide immediate and long-term postvention</td>
<td>Protocols to respond effectively and compassionately after a suicide, supports for people bereaved by suicide</td>
</tr>
<tr>
<td>Reduce access to means of suicide</td>
<td>Educate families, distributing gun safety locks, changing medication packaging, and installing barriers on bridges</td>
</tr>
<tr>
<td>Enhance life skills and resilience</td>
<td>Skills training, mobile apps, and self-help materials</td>
</tr>
<tr>
<td>Promote social connectedness and support</td>
<td>Social programs for specific population groups</td>
</tr>
</tbody>
</table>

Sources: [https://tinyurl.com/YouthSuicide19](https://tinyurl.com/YouthSuicide19)
Snapshot of Child and Adolescent Behavioral Services in Georgia

Telehealth Behavioral Health Pilot in Lamar County Schools (DPH lead, interagency participation)

County with schools trained in PBIS (DOE)

Child Advocacy Center of Georgia (CACG)

SBHCs with behavioral health services

Project AWARE Locations

County with DBHDD Substance Abuse Clubhouse

County with Project APEX (DBHDD); school-based behavioral health services

County with DBHDD Mental Health Clubhouse locations

School districts using the Georgia Partnership for Telehealth network

- 2 Behavioral Health Pilots
- PBIS
- CACGA
- Project LAUNCH
- Project AWARE
- PBIS
- CACGA location
- DBHDD Substance Abuse and Mental Health Clubhouses

www.georgiavoices.org
CURRENT CHILD & YOUTH BEHAVIORAL HEALTH PROJECTS IN GEORGIA

**EARLY CHILDHOOD**

**DECAL’s Inclusion and Behavior Support Unit**
Promotes healthy social-emotional development in young children with disabilities or challenging behaviors through supports to early childhood professionals, families, and children.

**CHRIS180’s New Generation**
Equips parents and caregivers of children 0-12 with strategies to strengthen familial relationships and improve responses to challenging behaviors.

**SCHOOL-BASED ACCESS**

**Project APEX**
Increases school-based behavioral health capacity through Community Service Boards (CSBs) and several private providers. They both develop partnerships with local schools to provide behavioral health services. Funding: DBHDD State Funds.

**Project AWARE**
Built capacity of state and local educational agencies to increase awareness of mental and substance abuse issues through student screenings and school staff trainings. Grant funding ended September 2019, but to sustain project goals, several school districts have been trained in, and are implementing frameworks, tools and strategies (e.g., Youth Mental Health First Aid, Sources of Strength, Suicide Prevention) to improve mental health outcomes among Georgia’s youth.

**SBHCs**
School-Based Health Centers: Improve children’s access to health services. 10 SBHCs provide mental and behavioral health services through on-site services in partnership with community providers. Funding: Foundation grants for start-up costs, insurance billing for sustainability.

**PBIS**
Positive Behavior Intervention Supports in schools: Facilitates positive school climate and timely identification of behavioral health needs for students. A network of 1100+ schools and programs representing 50% of Georgia local educational agencies continue implementation with fidelity. Funding: DOE state funds PBIS specialists in each Regional Educational Service Agency.

**TELEMEDICINE & TELEHEALTH**

**DPH**
Department of Public Health: Identified need for mental and behavioral health telehealth services. DPH is leading an interagency pilot to augment on-site school-based health services with behavioral health via telehealth. Funding: DPH state funds provided equipment.

**GPTH**
Georgia Partnership for Telehealth: 49 schools have telehealth equipment to be used for behavioral health services through the GPTH network. Funding: GPTH grant; school budget for staff time; Medicaid.

**OUT-OF-SCHOOL TIME**

**Club Houses**
Mental Health Resiliency Club Houses: DBHDD supports six clubhouses statewide to provide supportive services, e.g., educational, social, and employment support geared to engage youth and assist them in managing behaviors and symptoms.

**ASYD**
After School and Youth Development Quality Standards: A tool designed to help ensure afterschool and youth development programs and provide environments that benefit youth socially, emotionally, and academically. Funding: DFCS, DOE, DECAL

**PEER SUPPORT**

**Specialists**
Parent and Youth Certified Peer Specialists: Parent and Youth Certified Peer Specialists (CPS’s) assist parent and youth with mental health and substance use conditions by providing direct peer support from a foundation of lived experience. Funding: DBHDD state budget for the training and certification of Peer Specialists; Service interventions reimbursed through DBHDD and DCH (Medicaid).

Sources: [https://tinyurl.com/BHSnapshot2019](https://tinyurl.com/BHSnapshot2019)
School-Based Health Centers in Georgia

School-Based Health Centers (SBHCs) place critically needed services like medical, behavioral, dental, and vision care directly in schools to reduce access barriers for children, families, and school personnel.

SBHCs can quickly become self-sustainable when start-up funds are available. Currently, 17 of 49 states, and the District of Columbia, have allocated state-run funds for administering SBHC grants.

State-level funding equips SBHCs to grow and flourish. States that provide start-up funds for SBHCs have an average of 70 centers, while those that do not have an average of 30 centers.

A PROBLEM OF ACCESS: THE NEED FOR SCHOOL-BASED HEALTH CENTERS

Children in Georgia are currently uninsured

More than 40% of children 3-17 have trouble accessing the mental health treatment and counseling they need

More than 28% of counties don’t have a licensed social worker or psychologist

Children in Georgia stay home sick more than 6 days a year

Georgia’s current rank in overall child well-being

THE BENEFITS OF SCHOOL-BASED HEALTH CENTERS

Health

Increased access to primary, oral, and behavioral health care

Increased use of mental health and substance abuse services

Decreased emergency room use and hospitalization for children with asthma

Decreased prescription drug use

Education

Increased attendance and GPA for students utilizing mental health services

Decreased drop out rates and school discipline referrals

Cost Savings

Decreased cost of:

- Pediatric health care for Medicaid, PeachCare, and private insurers

- Emergency room use and hospitalizations

- Pharmacy and transportation costs

- Time away from work for parents

[www.georgiavoices.org]
SUCCESS IN GEORGIA

Whitefoord SBHC
- **50% reduction** in average cost per child to Medicaid for children with SBHC access
- Annual expense per Medicaid-covered child decreased from **$2,360 to $899**

Turner SBHC
- **More than 200** patient visits a month, on average
- **First in the country** to initiate Hallways to Health, a program to address childhood obesity, student emotional health and school staff wellness
- Received a state grant to:
  - **Increase** student physical activity
  - **Reduce barriers** to healthy lunches for teachers
- Offers primary care, oral health, and behavioral health

Tiger Creek SBHC
- **More than 300** patient visits a month, on average
- Open to the **entire community**, including adults
- Offers primary care and oral health
- Screens and refers for mental health

More than **65,000** children, families, and school personnel currently benefit from services at **47** SBHCs in Georgia.

State Funding for SBHCs
- **37%** of states currently provide funding for SBHCs.

Grants provide another funding opportunity for SBHCs.

Current SBHC grants in Georgia:
- **NIH Grant** to study the impact and benefits of SBHCs in suburban and rural areas of Georgia
- **PARTNERS for Equity in Child and Adolescent Health**: allocates planning grants to communities in Georgia. 46 have been awarded since 2010.

RECOMMENDATIONS TO STRENGTHEN SBHCs

- Increase Federally Qualified Health Center’s capacity to include mental health services in existing school-based health centers and establish new comprehensive school-based health centers in high-need rural areas.

- Create a School-Based Health Technical Assistance Hub to facilitate communication between healthcare and education entities and coordinate investments to improve outcomes in rural communities.

Sources: [https://tinyurl.com/SBHCsga2020](https://tinyurl.com/SBHCsga2020)
School-Based Health: What’s Happening in Georgia

Project APEX (school-based mental health services)

Comprehensive SBHCs

Limited On-site Services (overseen by a Community Health center)

Counties with Telehealth Services

Medical Mobile Unit
Dekalb and Chatham’s Medical Mobile units serve 4 schools

Project AWARE* (universal mental health screenings)
*funding ended September 2019, but a number of school-based practices, frameworks, and initiatives (i.e. sources of strength, youth mental health first aid) will continue

Limited On-Site Services (behavioral health services)

Sources: https://tinyurl.com/SBHinGa2019

www.georgiavoices.org
Voices for Georgia’s Children conducted an analysis of Georgia’s child and adolescent behavioral health workforce* in order to inform strategic decisions aimed at improving the preparation, practice, and support of the workforce. The following represent key findings and recommendations from that analysis.

<table>
<thead>
<tr>
<th>FINDINGS</th>
<th>RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of a strategic, integrated and formal approach to our education, training, and licensure:</td>
<td></td>
</tr>
<tr>
<td>• Lack of sufficient opportunities</td>
<td>Pilot a training program that ensures the workforce has a path from degree to licensure with relevant evidence-based therapy training.</td>
</tr>
<tr>
<td>• Lack of system connectivity</td>
<td></td>
</tr>
<tr>
<td>• Difficult path to licensure</td>
<td>Expand residency and post-degree certification opportunities.</td>
</tr>
<tr>
<td>Graduates lack certain skills, training, and confidence</td>
<td>Streamline trauma training of existing workforce and child serving systems.</td>
</tr>
<tr>
<td>• Evidence-based therapies</td>
<td>Offer scholarships or sponsor cohorts of practitioners to be trained in targeted therapies and obtain CEUs.</td>
</tr>
<tr>
<td>• Administrative skills</td>
<td></td>
</tr>
<tr>
<td>Lack of consistent, reliable, and quality data on the demographics and practice settings of the currently active behavioral health workforce</td>
<td>Implement a Minimum Data Set (MDS) Survey to collect data on the workforce at licensure renewal.</td>
</tr>
<tr>
<td>Administrative burdens and other barriers to effective practice hinder providers’ ability to practice in and relocate to Georgia:</td>
<td>Compile an annual report from data collected in the MDS Survey with geographic and demographic data.</td>
</tr>
<tr>
<td>• Lack of clarity around telehealth</td>
<td>With available data, map the distribution of the workforce.</td>
</tr>
<tr>
<td>• Inadequate non-emergency medical transportation</td>
<td>Implement tele-consultation, -supervision, -learning, and tele-therapy demonstration projects to determine effective models for improving access to care and cost analysis for expandsion.</td>
</tr>
<tr>
<td>• Lack of evidence-based standards for Medicaid reimbursement rates</td>
<td>Conduct research on setting evidence-based reimbursement rates, including a full business model cost analysis in targeted settings.</td>
</tr>
<tr>
<td>• Lack of connectivity between crisis care and follow up care</td>
<td>Improve integration of Georgia’s Crisis and Access Line (GCAL) with the systems that provide follow up care (e.g., care coordination services within Care Management Organizations)</td>
</tr>
<tr>
<td>The array for Georgia’s APRNs is more limited than comparable states.</td>
<td>Research expanding the authorization of Psychiatric Nurses to fully leverage their education, training, and capabilities</td>
</tr>
<tr>
<td>Lack of clarity about license reciprocity with other states.</td>
<td>Create a publicly available list of licensure reciprocity standards and the states from which Georgia accepts licenses for incoming professionals (particularly salient to support military spouses).</td>
</tr>
</tbody>
</table>

**Support**

| INCENTIVE PROGRAMS ARE AVAILABLE, BUT ONLY FOR SOME PRACTITIONER TYPES AND PROVIDERS OFTEN FACE ELIGIBILITY AND ADMINISTRATIVE BARRIERS. | EXPAND THE PROFESSIONS IN LOAN REIMBURSEMENT PROGRAMS OFFERED BY THE STATE TO INCLUDE ADDITIONAL MENTAL HEALTH PROFESSIONALS. |

*The analysis covered core behavioral health providers including psychiatrists, pediatricians, psychologists, psychiatric nurses, social workers, marriage and family therapists, and professional counselors.

www.georgiavoices.org
Support

General assembly passed legislation that will help alleviate provider shortages by:

- Requiring equal reimbursement for telemedicine and in-person services among payers.
- Allowing out-of-state physicians and psychologists to provide services through telemedicine.
- The Department of Early Care and Learning expanded its Inclusion and Behavior Support Unit into a multi-tiered system in an effort to strengthen coordination and promotion of resources, strategies, and supports for early childhood professionals, programs, and families.

Scope and Practice Environment

The General Assembly’s House Infant and Toddler Social and Emotional Health Study Committee included a deep-dive into young children’s behavioral health workforce challenges.

Georgia philanthropists created Resilient Georgia, a statewide coalition dedicated to creating an integrated behavioral health system, is working to develop a platform to share and coordinate trauma-informed resources and training.

The Department of Behavioral Health and Developmental Disabilities provides peer support services through the Georgia Mental Health Consumer Network and has seen a significant increase in the number of certified peer specialists in the state.

Georgia Medicaid now allows reimbursement for certified peer support services.

Education and Training

In partnership with the Inter-agency Directors Team and System of Care State Plan, Voices is piloting Trauma Informed Universities (TIU), a multi-year initiative that engages master’s-level programs (social work, counselor, nursing) to embed a trauma-focused seminar into their student training.

Voices is researching barriers to post-degree certification and engaging partners to develop and sustain a model to increase certified professionals in Georgia.

The Department of Education has trained over 20,000 educators in mental health awareness, including Youth Mental Health First Aid and ANGST: Raising Awareness around Anxiety.

Access to Dental Care in Georgia

**14.6%**

or more than **330,000**

of children in Georgia did not have a dental care visit in the last 12 months.

### MAJOR CHALLENGES FACING KIDS AND DENTISTS

#### Availability of Care

<table>
<thead>
<tr>
<th>Dentists</th>
<th>Hygienists</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 per 2,241 Georgians</td>
<td>1 per 1,599 Georgians</td>
</tr>
</tbody>
</table>

Georgia has **190** dental care shortage areas.*

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

#### Transportation

On average, Medicaid and PeachCare beneficiaries have to travel **15 more miles** for dental care than their non-Medicaid peers.

#### Medicaid Reimbursement for Services

Reimbursement as a % of fees charged:

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>47.4%</td>
<td>80%</td>
</tr>
</tbody>
</table>

**28%** of Georgia dentists accept public insurance (Medicaid or PeachCare).

#### Language

Medicaid patients are required by federal law to have access to translation services arranged for and paid for by the provider.

**38%** of dental schools in the U.S. report that students were not adequately prepared to manage Limited English Proficient patients.

[www.georgiavoices.org](http://www.georgiavoices.org)
BENEFITS OF IMPROVED DENTAL HEALTH

IMPROVED HEALTH OUTCOMES
Link between poor oral health and:
• Trouble eating and speaking
• Diabetes
• Pain
• Pre-term low birth weight

COST SAVINGS FOR KIDS, FAMILIES, AND THE STATE
• Reduction of future dental visits and related costs
• One study found that preventative dental care could save Georgia $51.1 million annually in Medicaid costs
• Reduction in emergency department visits for non-traumatic dental problems

IMPROVED EDUCATION AND LIFE OUTCOMES
• Improved attendance
• Improved academic performance
• Improved self-esteem and employability
• Reduced pain and suffering

POLICY RECOMMENDATIONS

Increase dental workforce in shortage areas throughout Georgia by:
• Educating and raising awareness about the ability of dental hygienists practicing in settings such as schools and nursing homes

Incentivize and increase Medicaid acceptance rates among dentists by:
• Increasing Medicaid reimbursement rates for dental services like exams, cleanings, fluoride, sealants, and treatments of caries.
• Reducing administrative barriers that hinder dentists from accepting Medicaid.

Increase access to dental services through schools by:
• Leveraging comprehensive school-based health centers as a vehicle for providing dental care.

Sources: https://tinyurl.com/DentalCare2019
Childhood Illnesses in Georgia

ALARMING STATISTICS

More than 16% of 2-year-olds in Georgia lacked the recommended immunizations in 2017. When parents choose to not vaccinate their children, they are putting children at risk for life-threatening diseases that were once rare or eliminated in the United States.

PERTUSSIS

Known for uncontrollable, violent coughing which makes it difficult to breathe

- Highly contagious and sometimes deadly for infants
- Most deaths are infants under 3 months

134 cases of pertussis in Georgia in 2018

1980s saw a dramatic increase in the number of diagnosed pertussis cases

48,277 cases of pertussis in nationwide outbreak in 2012

MEASLES

Known for a rash of small, raised red spots that begins on the face and spreads down the body

- Very contagious; Can be contracted through airborne particles, which can stay active for up to 2 hours in the air or on objects
- Killed an estimated 90,000 people globally in 2016

10 states had confirmed outbreaks of measles, including Georgia in 2019

2000 the year measles was declared eliminated in the United States

20% of infected individuals show no symptoms, but can infect others

MUMPS

Known for swelling in the salivary glands

Outbreaks typically occur in close-contact settings, such as schools or college campuses

Complications can include hearing loss, inflammation of the brain, pancreas, and spinal membranes

125 confirmed cases in Georgia in 2018, up from 17 cases in 2016

2008 the year there were 3 large outbreaks of measles as a result of contact with unvaccinated persons

99% drop in cases of mumps since the introduction of the vaccine in 1967

Sources: https://tinyurl.com/ChildhoodIllness2019
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Vaccines and Vaccine Safety

**Vaccines save lives!** Vaccines build immunity to a disease by imitating an infection which causes the body to create antibodies and defensive white blood cells. The defensive white blood cells remain in the body and fight the disease if the body encounters it in the future.

### WHY ARE VACCINES IMPORTANT?

<table>
<thead>
<tr>
<th>Diseases Protected Against</th>
<th>Diseases Caused by Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>Measles</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Pertussis</td>
</tr>
<tr>
<td>Influenza</td>
<td>Pneumococcal Disease</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Mumps</td>
</tr>
<tr>
<td>Rubella</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>Hib</td>
<td>Diphtheria</td>
</tr>
</tbody>
</table>

*Prior to vaccination, these diseases killed thousands of children. Vaccines create an opportunity to completely eradicate these diseases.*

### SO WHAT’S THE CONCERN?

- Despite evidence of vaccines being safe and effective, some parents are choosing not to vaccinate their children.
- When children are not vaccinated, they are at risk of life-threatening diseases including diseases that were once rare or completely eradicated.

### VACCINES ARE SAFE!

- Side effects are minimal (i.e. slight discomfort and redness for short time).
- Serious side effects such as allergic reaction are extremely rare.
- Benefits of vaccines significantly outweigh any risks.

### VACCINES AND AUTISM

Vaccines do **NOT** cause autism!

Since 2003, 9 studies from the Centers for Disease Control confirmed the mercury-based ingredient thimerosal is not linked to autism.

A study of more than 95,000 children found that the measles-mumps-rubella (MMR) vaccine did not increase a child’s risk of autism.

66,000 doctors and specialists with the American Academy of Pediatrics stress vaccines are safe, necessary to save lives and do not cause autism.

www.georgiavoices.org
<table>
<thead>
<tr>
<th>Disease</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>Virus that spreads from person to person via contact with an infected person’s feces; also more rarely spreads through sneezing or coughing. Lives in infected individual’s throat and intestines but can enter the brain and spinal cord and result in paralysis or death. Vaccine developed 1955.</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Serious disease caused by bacteria that produce toxins. Causes muscle stiffness and spasms, paralysis, and breathing problems. Treatment usually requires hospitalization. Between 10-20% of cases result in death. Vaccine first introduced in late 1940s.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Respiratory infection caused by a virus. Every year since 2010, between 12,000 and 48,000 children under the age of 18 have been hospitalized by the flu. Vaccine first approved for military use in U.S. in 1945 and all citizens in 1946.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Liver infection caused by the hepatitis B virus. Spread via blood and other bodily fluids. Vaccine first became commercially available in 1982 in the U.S.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Liver disease caused by hepatitis A virus that can be contracted from contaminated food, drinks, stool or sexual contact. Vaccine developed in 1995.</td>
</tr>
<tr>
<td>Rubella</td>
<td>Spreads through sneezing and coughing. Especially dangerous to pregnant women and fetuses. Vaccine first available in 1969.</td>
</tr>
<tr>
<td>Hib</td>
<td>Harms the immune system and causes brain damage and hearing loss and is sometimes fatal. Prior to vaccine development, Hib was the leading cause of bacterial meningitis for children under age 5. Vaccine first licensed in 1987.</td>
</tr>
<tr>
<td>Measles</td>
<td>Very contagious and can be contracted through airborne particles. The virus can stay active for up to 2 hours in the air or on objects. Especially serious for young children. Vaccine first available in 1963.</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Highly contagious and sometimes deadly for infants. Known for uncontrollable, violent coughing which makes it difficult to breathe. Vaccine developed in 1930s and used widely by the mid-1940s.</td>
</tr>
<tr>
<td>Pneumococcal Disease</td>
<td>Bacterial disease that results in ear and sinus infections, pneumonia and sometimes meningitis. Especially dangerous for children and can affect the brain and spinal cord. Vaccine first used in U.S. in 1977.</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Spread from person to person or other direct contact. Symptoms include severe diarrhea and vomiting which can lead to severe dehydration requiring hospitalization. Vaccine was approved by the FDA in 2006 and a second was introduced in 2008.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Contagious disease that cannot be treated. Symptoms include salivary gland swelling, fever and aches and fatigue. Vaccine licensed in the U.S. in 1967.</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Can be serious or even deadly for infants, adults and immunosuppressed. Symptoms include itchy rash, blisters, and fever. Vaccine first licensed for use in the U.S. in 1995.</td>
</tr>
</tbody>
</table>

Sources: [https://tinyurl.com/Vaccines2019](https://tinyurl.com/Vaccines2019)
Benefits of Physical Education

Physical activity is crucial for a person’s well-being. Because children are continuously developing, both physically and emotionally, they are greatly affected by the benefits of physical activity. Schools play a vital role in providing the opportunity for physical activity, with both recess and physical education (P.E.) classes.

WHERE GEORGIA STANDS

15.3% of Georgia’s youth ages 10-17 are overweight
16% of Georgia’s youth ages 10-17 are obese

RECOMMENDATIONS ON PHYSICAL ACTIVITY

It is recommended that children and adolescents aged 6 to 17 years have 60 minutes or more of physical activity each day.

Approximately 1 in 4 middle and high school students do not meet the recommended 60 minutes of physical activity.

Physical education benefits students by:

- Increasing their level of physical activity
- Improving grades and standardized test scores
- Helping stay on-task in the classroom

Terms to Know

<table>
<thead>
<tr>
<th>Terms to Know</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>A BMI at or above the 85th percentile</td>
</tr>
<tr>
<td>Obese</td>
<td>A BMI above the 95th percentile</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>Found by dividing a person’s weight in kilograms by the square height in meters. For children, weight status is determined by using age- and sex-specific percentile for BMI</td>
</tr>
<tr>
<td>P.E.</td>
<td>A course to help students develop health-related fitness, physical competence, cognitive understanding, and positive attitudes toward physical activity.</td>
</tr>
<tr>
<td>Contact Hour</td>
<td>A measure representing an hour of scheduled instruction given to students.</td>
</tr>
</tbody>
</table>
The Georgia Performance Standards for Physical Education are based on the National Physical Education Standards developed by the National Association for Sport and Physical Education (NASPE). The Standards reflect what a physically educated student should know and be able to do at each grade level (K-12). Six standards, with accompanying elements, are provided for each grade level.

### RECOMMENDATIONS

Children and adolescents should do 60 minutes or more of physical activity daily. As part of their daily physical activity, they should engage in vigorous activity on at least three days per week. Additionally, preschoolers should engage in at least 60 minutes and up to several hours per day of unstructured physical activity, and shouldn’t be sedentary for more than 60 minutes a day (except when sleeping).

Our children should be guaranteed:

1. A minimum of three hours per week of physical education, distinct from health class, throughout the school year for all grade levels (K-12).
2. A minimum of 30 minutes of recess per day for grade levels K through eight.
3. Participation in recess and physical education classes that cannot be withheld for punitive reasons, such as discipline and/or poor academic performance.

---

### Grades | P.E. Requirement
---|---
K-5 | Minimum of 90 contact hours of instruction at each grade level in health and P.E.
6-8 | Schools must provide a P.E. class, but it is not required so there is no minimum requirement on how many hours of instructions a student must receive.
9-12 | One semester of health (.5 credit) and one semester of P.E. (.5 credit) is required for graduation.

Sources: http://tinyurl.com/VoicesPERefs Rev. 3/2019
Benefits of Recess and Physical Activity

Research overwhelmingly shows that recess and physical activity have a positive impact across multiple domains.

**Recess allows children to participate in unstructured physical activity, which can lead to:**

**LEARNING AND ACADEMIC PERFORMANCE**

- Higher grades for students performing below grade
- Higher recall rate of vocabulary words (compared to those without recess)
- **6%** Increase in standardized test scores for schools that build physical activity into lessons

A 2013-2015 study of Cobb County elementary and middle schools students found that maintained or improved fitness was associated with higher academic performance in:

- **Math**
- **Reading**
- **Science**

**SOCIAL AND EMOTIONAL DEVELOPMENT**

- Increases brain development in areas associated with attention, information processing, storage, retrieval, coping, and positive affect
- Increases opportunity for development of social, intrapersonal, and communication skills

**CLASSROOM ENGAGEMENT AND PRODUCTIVITY**

- Increase in on-task behaviors
- **20.5%** Reduction in time spent on non-academic tasks
- Reduce inappropriate behaviors, such as distracting other students

**PHYSICAL ACTIVITY AND FITNESS**

- **One-third** of Georgia’s children aged 10-17 were overweight or obese in 2017.
- Recess provides a critical opportunity to boost physical activity among children.
- Increases opportunity for development of cognitive and motor skills

Sources: [https://tinyurl.com/RecessRefs2019](https://tinyurl.com/RecessRefs2019)

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Youth E-cigarette Use in Georgia

E-cigarettes are electronic devices that heat a liquid and produce an aerosol or mix of small particles in the air for people to inhale. E-cigarette aerosol usually contains nicotine, flavorings and other chemicals.¹

**FACTS ABOUT E-CIGARETTES AND E-CIGARETTE USE**

- Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control.¹
- Young people who use e-cigarettes are more likely to smoke cigarettes in the future.¹

E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “tank systems,” and “electronic delivery systems.”¹

Using an e-cigarette is sometimes called vaping or JUULing.¹ JUUL is a brand of e-cigarette. A single JUUL pod (the liquid nicotine refill) contains as much nicotine as a pack of 20 regular cigarettes.¹

**NATIONAL TRENDS**

- **5.3 million** 6th to 12 grade students used e-cigarettes in 2019, up from 3.6 million in 2018³
- **1 in 10** middle school students reported in 2019 that they used e-cigarettes within the past 30 days³

**GEORGIA TRENDS**

- **1 in 4** Georgia high school students reported that they had ever used e-cigarettes⁴

Among Georgia high school students:

- 3.4% were daily e-cigarette smokers⁵
- 12.7% say they have smoked within the last 30 days.⁵ Of these:
  - 17.5% are white
  - 6.1% of black students
- Males are twice as likely to smoke e-cigarettes⁵

More than **1 in every 4** high school students reported they used e-cigarettes in the past 30 days³

E-cigarettes are more popular among Georgia high school youth than other types of tobacco and have inspired more overall youth tobacco use as well.⁴,⁵

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E-CIGARETTE PREFERENCE AMONG GEORGIA HIGH SCHOOL STUDENTS

**Rechargeable; refillable; or tank e-cigarettes:** 18.3%
**Disposable:** 3.5%
**Both:** 4.4%

HOW YOUTH ARE ACQUIRING AND USING E-CIGARETTES

**Nearly 80%**
say a friend or family member is a reason why they started to vape

84% are purchasing e-cigarettes at a gas station or convenience store

Among high school students who use e-cigarettes:

**Nicotine Only:** 10.6%
**Marijuana, THC or Hash Oil, or THC wax:** 8.6%

HIGH SCHOOL STUDENTS’ PERCEPTIONS

One in four believes e-cigarettes were more acceptable in society than cigarettes.

Almost a third reported that they believed e-cigarettes were less harmful than cigarettes.

26.6% reported that they believed e-cigarettes are less addictive than cigarettes.

Sources: [https://tinyurl.com/ECigsVaping2020](https://tinyurl.com/ECigsVaping2020)
# Substance Use and Non-Substance Disorders

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

**Non-Substance Disorder**  
Behavioral addictions that lead to significant psychosocial and functional impairments

## SUBSTANCES USED BY YOUTH

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

* Legislation passed in 2017 that expanded the conditions for which cannabis oil can be prescribed to include Tourette’s syndrome, Autism Spectrum Disorder, Epidermolysis bullosa, Alzheimer’s disease, Human immunodeficiency syndrome, Autoimmune disease and Peripheral neuropathy.

[www.georgiavoices.org](http://www.georgiavoices.org)
**NON-SUBSTANCE DISORDERS**

<table>
<thead>
<tr>
<th>Pathological Gambling</th>
<th>Description</th>
<th>Impact on Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathological gambling and betting that causes significant problems in a child’s life. Pathological gambling is formally recognized and can be clinically treated.</td>
<td>Addiction to regulated and non-regulated gambling and betting that causes significant problems in a child’s life. Pathological gambling is formally recognized and can be clinically treated.</td>
<td>Loss of means to protect well-being (e.g., money, school materials, food, etc.); stress and guilt associated with loss and debt; damaged relationships; and increased risk for mental health disorders, crime, substance use, and risky behaviors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problematic Internet Use</th>
<th>Description</th>
<th>Impact on Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problematic Internet Use encompasses gambling, internet enabled sexual behavior, online gaming, and excessive internet use that causes youth to neglect other areas of life important to healthy development and functioning.</td>
<td>Problematic Internet Use encompasses gambling, internet enabled sexual behavior, online gaming, and excessive internet use that causes youth to neglect other areas of life important to healthy development and functioning.</td>
<td>Pain and numbness in hands and wrists; dry eyes or strained vision; back aches and neck aches; severe headaches and sleep disturbances; and pronounced weight gain or weight loss</td>
</tr>
</tbody>
</table>

**GEORGIA HIGH SCHOOL STUDENT USE OF SUBSTANCES WITHIN THE LAST MONTH**

*Source: Georgia Dept. of Education, 2019*

<table>
<thead>
<tr>
<th>Substance</th>
<th>Use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>24%</td>
</tr>
<tr>
<td>e-Cigarette (Vaping)</td>
<td>13%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>13%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>10%</td>
</tr>
<tr>
<td>Pain Relievers*</td>
<td>4%</td>
</tr>
</tbody>
</table>

*DFCS reports an 81% increase in children entering the foster care system due to substance abuse between FY13 and FY17. Further, juvenile courts that operate a family treatment court report a 31% increase in the number of caregivers with opioid use disorder between FY14 and FY16.*

Sources: [https://tinyurl.com/SubstanceUse2019](https://tinyurl.com/SubstanceUse2019)
Fentanyl is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain.

Illegally made and distributed fentanyl has been on the rise in several states.

Heroin is an illegal opioid.

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

Addiction (termed substance dependence by the American Psychiatric Association) is defined as a brain disease that leads to compulsive substance use despite harmful consequences.

**NEONATAL ABSTINENCE SYNDROME**

Neonatal Abstinence Syndrome (NAS) is a set of clinical withdrawal signs and symptoms present in a newborn infant who was exposed to illegal or prescription drugs while in the mother’s womb.

The long-term effects of NAS may include learning disabilities and delayed motor skills.

**762**
confirmed cases of NAS in Georgia in 2017

**$16,225**
the average hospital charge for an infant with withdrawal symptoms

More than one in three infants with NAS were born to mothers 25-29 years of age.

**36%**
of children who entered foster care in 2018 did so due to parental substance abuse.

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GEORGIA’S RESPONSE

- Georgia’s opioid-focused legislation and prevention efforts have led to an improvement in the state’s nationwide opioid overdose deaths ranking, dropping from 11 to 36th.
- In 2017, Georgia developed a standing order allowing pharmacists across the state to dispense naloxone/narcan, an opioid overdose reversal drug.
- The Opioid and Substance Misuse Unit is working to develop and implement a sustainable, collaborative and multi-disciplinary approach, by forming eight workgroups and one supporting committee on Multi-cultural Inclusion: Prevention Education; Maternal Substance Use; Data and Surveillance, Prescription Drug Monitoring Program, Treatment and Recovery; and Control and Enforcement; Harm Reduction and Hospice. Each workgroup outlined strategic next steps for the state.
- The General Assembly passed legislation to establish the Department of Community Health as an oversight agency for drug treatment and rehabilitation programs, which will ensure that policies and procedures are standardized.
- Non-profit organizations like the Atlanta Harm Reduction Coalition and the Georgia Overdose Prevention Project raise funds to offset the cost of naloxone/narcon.

Sources: [https://tinyurl.com/OpioidAbuse2020](https://tinyurl.com/OpioidAbuse2020)

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**OPIOID DEATHS IN GEORGIA**

From 2010 and 2018, the number of opioid-involved overdose deaths increased by **70%** in Georgia, from 514 to 876 deaths. In fact, in 2014, Georgia saw more deaths related to drug overdose than from motor vehicle crashes.

Opioid-involved overdoses accounted for **5,014** emergency room visits and **2,345** hospitalizations.
Learning Disabilities in Children

The symptoms of learning disabilities are a diverse set of characteristics which affect development and achievement. All children can exhibit some of these symptoms at some point in their development. A person with a learning disability has a variety of these symptoms, which do not disappear as they grow older.

**SPECIFIC LEARNING DISABILITIES (SLD)**

Specific Learning Disabilities affect the understanding or use of language, written or spoken.

**Nearly 35%**

of all children receiving special education have a SLD.

Some of the most frequently displayed symptoms of a learning disability include:

- **short attention span**
- **poor memory**
- **inability to discriminate between letters, numerals or sounds**
- **difficulty with hand-eye coordination**
- **sensory difficulties**

**MOST COMMON LEARNING DISABILITIES THAT AFFECT LEARNING**

- **Dyslexia**: disorder that affects reading, spelling, comprehension, writing, and recall
- **Attention Deficit/Hyperactivity Disorder (ADHD)**: disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development
- **Dyscalculia**: poor comprehension of math symbols and numbers
- **Dysgraphia**: difficulty with writing, spacing, spelling, and composition
- **Visual Perceptual/Visual Motor Deficit**: a person may miss subtle differences in shapes or letters. They may also experience difficulty holding writing instruments or poor hand-eye coordination
- **Auditory Processing Disorder**: a person does not recognize subtle differences in sounds in words and difficulty blocking out background sound or determining a sounds origin

79,277

children across Georgia’s 200+ school districts have been diagnosed with a SLD.

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**Dyslexia**

Dyslexia is a language-based learning disability which results in difficulties with specific language skills including reading, writing, and pronouncing words. It is classified as a SLD under the Individuals with Disabilities Act. It can affect:

- speech and language
- reading comprehension and word recognition
- spelling and word substitutions
- social and emotional development

**Dyslexia and intelligence are NOT related.**

Early screening and intervention positively impacts a child’s development and success in the classroom.

### POLICY RECOMMENDATIONS

- Screen for potential language deficiencies prior to age six (e.g. remembering letters of the alphabet or rhyming).
- Provide training for ALL new teachers through the schools of education, relating to identifying dyslexia/reading problems and knowing how to teach students reading skills.
- Embrace the Cox Campus’ “Read Right from the Start” program that provides instruction to existing teachers on how to teach reading.
- Work with the new Sandra Dunagan Deal Center for Early Language and Literacy to ensure that the dyslexia piloted legislation from 2019 is well implemented and well evaluated.
- Expand early screening by building the expertise of educators and healthcare professionals to detect the early signs of a learning disability.
- Empower students and families to prepare students for a transition to postsecondary education or employment, address socio-emotional learning, increase access and build capacity for learning institutions, and invest in research.
- Cultivate and create informed educators to create supportive classrooms, partner to eliminate discipline disparities, expand research on youth involvement in the justice system.

Sources: [https://tinyurl.com/LearningDisorders2020](https://tinyurl.com/LearningDisorders2020)  
Rev. 12/2019
Autism and Autism Spectrum Disorder (ASD) are used interchangeably to describe a group of complex disorders of brain development that impact how people communicate, interact, and behave. Behaviors associated with ASD can be evident in children as early as 18 months. These difficulties present themselves in a range of behaviors and in varying severity.

### DIAGNOSIS OF ASD

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

**Persistent deficits in social communications and interactions:**
- Social-emotional reciprocity
- Nonverbal communicative behaviors used for social interaction
- Developing, maintaining, and understanding relationships

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

### PREVALENCE OF ASD IN GEORGIA

91,914 children in Georgia, ages 3-17, are diagnosed with autism.

Factors related to apparent increase in prevalence:
- Improved diagnosis criteria
- Environmental influences, such as parental age at conception, prematurity, and birth-weight.

### STATE ACTIVITIES ON ASD

In 2018, the state legislature appropriated $10.7 million toward services for children ages 0 to 21 with ASD.

### Behavioral Analysts in Georgia

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
<th>STATEWIDE COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBA - Doctoral</td>
<td>53</td>
</tr>
<tr>
<td>BCBA - Master’s/Graduate</td>
<td>537</td>
</tr>
<tr>
<td>BCaBA - Bachelor’s</td>
<td>39</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>475</strong></td>
</tr>
</tbody>
</table>

**BCBA:** Board Certified Behavioral Analyst  
**BCaBA:** Board Certified Assistant Behavioral Analyst

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## TREATING THE CORE SYMPTOMS OF ASD

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABA</strong></td>
<td>Applied Behavioral Analysis</td>
</tr>
<tr>
<td><strong>VB</strong></td>
<td>Verbal Behavioral Therapy</td>
</tr>
<tr>
<td><strong>PRT</strong></td>
<td>Pivotal Response Treatment</td>
</tr>
<tr>
<td><strong>ESDM</strong></td>
<td>Early Start Denver Model</td>
</tr>
<tr>
<td><strong>Floortime</strong></td>
<td>Floortime</td>
</tr>
<tr>
<td><strong>RDI</strong></td>
<td>Relationship Development</td>
</tr>
<tr>
<td><strong>TEACHH</strong></td>
<td>TEACHH Autism Program</td>
</tr>
<tr>
<td><strong>SCERTS</strong></td>
<td>Social Communication/Emotional</td>
</tr>
</tbody>
</table>

Sources: [https://tinyurl.com/AutismRef2019](https://tinyurl.com/AutismRef2019) Rev. 12/2019
Childhood Lead Poisoning

Lead is a heavy metal found in the earth’s crust that does not break down in the environment. When someone inhales or swallows lead, they can suffer serious health consequences, up to and including death.

**CHILDHOOD LEAD POISONING**

Childhood lead poisoning is defined by the presence of 5 or more micrograms per deciliter or more of lead within the body. Children under age 6 are at the greatest risk of lead poisoning.

Lead accumulates in the bones

Prenatal exposure can cause miscarriage, premature birth, and damage to baby’s brain, kidneys, and nervous system.

In 2018, 109,755 of Georgia’s children were screened for lead poisoning. Of those, 2,333 children had lead poisoning.

All children enrolled in Medicaid or PeachCare for Kids are supposed to be tested for lead poisoning at age 12 months, 24 months, and - if they haven’t yet been tested - between 36 and 72 months. Enrolled children and their families are also offered certain related screening services, like a lead risk assessment questionnaire, at six and nine months of age.

**EFFECTS OF LEAD POISONING**

Children’s bodies absorb lead more easily, affecting brain and other physical development, like in organs and the nervous system. Even low levels of lead can result in:

- Speech, language, and behavioral problems
- Lower IQ
- Learning disabilities and Attention Deficit Disorder
- Nervous system damage

**DID YOU KNOW?**

Higher levels of lead - also called elevated blood lead levels - can cause coma, convulsions, mental retardation, seizures, and death. Elevated blood lead levels can require expensive medical treatment and exacerbate health conditions like asthma.
PROTECT YOUR FAMILY

1. Make a plan with your child’s doctor.
2. Find the lead in your home using a licensed lead inspector.
3. Clean up lead dust.
4. Eat foods high in calcium, iron, and vitamin C. These vitamins and minerals help keep lead out of the body.

REPORTING LEAD HAZARDS IN YOUR HOME

Landlords and home sellers are required to provide information on any known lead-based painting hazards in homes built before 1978.

Sellers must provide a 10-day period for the buyer to test the home for lead.

WHAT TO DO IF YOUR CHILD HAS LEAD POISONING

1. Make a plan with your child’s doctor.
2. Find the lead in your home using a licensed lead inspector.
3. Clean up lead dust.
4. Eat foods high in calcium, iron, and vitamin C. These vitamins and minerals help keep lead out of the body.

Sources: https://tinyurl.com/ChildhoodLeadPoisoning2020
Swimming Pool Safety

Drowning is the second leading cause of unintentional death for children ages 1-17 years old in Georgia.\(^1\) There were 30 drowning deaths among children in that age group in 2018.\(^2\) There were 239 emergency room visits the same year for drowning and submersion.\(^3\) While the biggest drowning threat for children is unexpected, unsupervised access to water, thousands of children are treated in the emergency room every year for water-related injuries.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated ER-Treated Injuries</th>
<th>Younger than 5</th>
<th>5-14 Years</th>
<th>&lt;15 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>4,400</td>
<td>1,600</td>
<td>5,900</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>4,200</td>
<td>1,800</td>
<td>6,000</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>4,600</td>
<td>1,500</td>
<td>6,000</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>4,400</td>
<td>1,400</td>
<td>5,800</td>
<td></td>
</tr>
</tbody>
</table>


In addition to adult supervision, fences, drains, and clean water are critical to pool safety.

Per Georgia law, fences must:
- Be at least 4 feet tall.
- Have a well-maintained gate that is self-closing and self-latching.
- Completely surround the pool. Houses can be considered the 4th side of the gate, but the homeowner must install a pool alarm on all exterior doors leading to the pool.

Per Georgia law:
- Suction outlets must have been tested and meet approved standards.
- The main drain must be visible through the water from the pool edge.
- All drain covers and grates must meet appropriate standards.

The Georgia Department of Public Health (DPH) is the state agency that ensures public swimming pools are clean, healthy and safe.

DPH mandates that children, 3 years and younger, and those not potty trained, wear a swim diaper.\(^7\)

Swim diapers are not leak proof. Diarrhea-causing germs may be delayed from leaking into the water for a few minutes, but these germs still contaminate the water.\(^8\)

Pool inspections are critical to maintaining healthy water quality in public swimming pools.

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Germs that cause water illnesses can be spread in recreational settings when swallowing water that has been contaminated with fecal matter. Appropriate levels of disinfectants kill most germs within minutes, but some can survive for days.

### Time to Kill or Inactivate Germs in Chlorinated Water*

<table>
<thead>
<tr>
<th>Germ</th>
<th>Germ Side Effects Can Include:</th>
<th>Time¹¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>E. coli</em> O157:H7 Bacterium</td>
<td>Watery or bloody diarrhea, fever, abdominal cramps, nausea, vomiting, and kidney failure</td>
<td>Less than 1 minute</td>
</tr>
<tr>
<td><strong>Hepatitis A virus</strong></td>
<td>Fever, Fatigue, Loss of appetite, Nausea, Vomiting, Abdominal pain, Dark urine, Diarrhea, Clay-colored stool, Joint pain, Jaundice</td>
<td>About 16 minutes</td>
</tr>
<tr>
<td><strong>Giardia Parasite</strong></td>
<td>Diarrhea, Gas, Greasy stools that tend to float, Stomach or abdominal cramps, Upset stomach or nausea/vomiting, Dehydration (loss of fluids)</td>
<td>About 45 minutes</td>
</tr>
<tr>
<td><strong>Crypto Parasite</strong></td>
<td>Watery diarrhea, Stomach cramps or pain, Dehydration, Nausea, Vomiting, Fever, Weight loss</td>
<td>About 10.6 days</td>
</tr>
</tbody>
</table>

* 1 part per million (ppm) free chlorine at pH 7.5 or less and a temperature of 77°F (25°C) or higher. Source: CDC

---

**SWIMMING POOLS IN GEORGIA**

The Georgia Department of Public Health (DPH) is the state agency that ensures public swimming pools are clean, healthy and safe. To ensure minimum standards are met, DPH regularly inspects public swimming pools. Public swimming pools must have:

- A clearly labeled emergency shutoff valve
- A trained operator perform a minimum of 2 weekly visits and document conditions
- Regular collection of water samples to test

### DPH’s 7 PREVENTION STEPS FOR HEALTHY AND SAFE SWIMMING

1. Don’t swim when you have diarrhea.
2. Shower before you enter the pool.
3. Don’t swallow the water you swim in.
4. Do not pee in the water and always report fecal matter.
5. Don’t swim if pool drain covers are missing, broken, or can’t clearly be seen.
7. Report hazards to your local health department or environmental health office.

Children in Georgia who are overweight or obese

When given access to adequate nutrition, the impact is clear: children perform better in school, are healthier, and have the chance to become productive adults. However, children who are not provided adequate, healthy food often experience poor education performances and are more likely to experience mental health problems. These children are also at greater risks for health issues later in life like diabetes, high blood pressure, hyper-tension, heart disease, arthritis, and some types of cancer.

Children under 18 with limited or uncertain access to adequate food

Food insecurity affects more than 500,000 children of who live in the state of Georgia.

16% of Georgia’s youth ages 10-17 years are obese.

Children in Georgia who are overweight or obese

*Overweight is at or above 85th percentile of healthy BMI, and obese is at or above 95th percentile

Yearly Cost to the US Economy

Cost of Hunger $130.5 billion

Cost of Obesity $149 billion

* Women, Infants, and Children (WIC) program

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<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Children Impacted in Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CACFP</strong></td>
<td>Provides reimbursements for nutritious meals. Programs that can receive CACFP include child care centers, afterschool care programs, childcare homes, emergency shelters, and adult care centers.</td>
<td>145,731 average daily participation</td>
</tr>
<tr>
<td><strong>NSLP</strong></td>
<td>Provides nutritionally balanced, low-cost or free lunches to children in public and nonprofit private schools, and residential child care institutions.</td>
<td>1,190,338 total participation</td>
</tr>
<tr>
<td><strong>SBP</strong></td>
<td>Provides cash subsidies to public or non-profit private schools and residential child care institutions for the purpose of providing meals that meet federal nutrition requirements. Meals are provided to eligible children for free or at a reduced cost.</td>
<td>646,452 total participation</td>
</tr>
<tr>
<td><strong>NSLP/SBP</strong></td>
<td>Provides that same meal service that is available during the regular school year in order to reach hungry kids in the community during the summer. This program is provided through either the NSLP or SBP.</td>
<td>101,394</td>
</tr>
<tr>
<td><strong>SFSP</strong></td>
<td>Provides reimbursement for healthy meals and snacks served to children from low-income areas during summer months when school is not in session</td>
<td>93,839 average daily attendance</td>
</tr>
<tr>
<td><strong>SMP</strong></td>
<td>Provides milk to children in schools and childcare institutions and other eligible organizations which do not participate in other federal meal service programs. The program reimburses programs for milk served. SMP is also available to children in half-day pre-kindergarten and kindergarten programs where school meal programs are not available.</td>
<td>134,661 half-pints served</td>
</tr>
<tr>
<td><strong>SNAP</strong></td>
<td>Provides nutrition benefits to supplement the food budgets of low-income individuals and families.</td>
<td>342,000 households with children</td>
</tr>
<tr>
<td><strong>WIC</strong></td>
<td>Provides supplemental food assistance, health care referrals, and nutrition education for low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age five.</td>
<td>217,695</td>
</tr>
</tbody>
</table>

*All data represents average daily participation for FY 2018 except for SNAP data. SNAP data is from FY 2017 and represents the number of households with children receiving SNAP.*

Sources: [https://tinyurl.com/ChildFoodPrograms2019](https://tinyurl.com/ChildFoodPrograms2019)
ACExs and Childhood Stress

Adverse Childhood Experiences (ACEs) are an experience of serious adversity or terror, or the emotional or psychological response to that experience. Examples of ACEs include:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Incarceration of a parent
- Mental illness in a household member
- Substance abuse within the household
- Violence between parents
- Separated or divorced parents

ACEs can have negative impacts later in life, such as poor mental and physical health, lower academic achievements, and substance abuse. ACEs - along with experiencing community violence, racism, and other negative life events - can cause toxic stress. Toxic stress is the “excessive activation” of the stress-response system and can have long-term effects.

PREVALENCE OF ACEs IN GEORGIA

Nearly 6 in 10 Georgians reported having experienced at least one ACE.

In 2016, Georgia collected data from adults about ACEs they experienced as children, documenting the prevalence of the above eight types of ACEs in the state. Other types of ACEs not included in this research are experiencing neglect and having a family member attempt or die by suicide.

42% have experienced 0 ACEs
58% have experienced at least 1 ACE
2-3 ACEs 20%
4+ ACEs 17%

Responses to Stress

Positive Stress Response
Characterized by brief increases in heart rate and mild elevations in hormone levels - normal and essential to development

Tolerable Stress Response
Activates body’s alert systems to a greater degree and is the result of more severe, longer-lasting difficulties

Toxic Stress Response
Occurs when a child experiences strong, frequent, and prolonged adversity

Impact of ACEs

Children with ACEs are at increased risk of negative outcomes in multiple areas of their lives:

Health
- Substance use (alcohol, tobacco, and other drugs)
- Risk-taking behaviors (gang membership and violent crime)
- Sexual victimization violence
- Economic hardship (unemployment, poverty, and homelessness)

Behavioral Health
- Mental illness
- Behavioral health challenges

Education
- Decreased concentration
- Decreased memory
- Decreased language ability

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RECOMMENDATIONS

Research shows that one trusted and caring adult in the life of a child can make all the difference in preventing or mitigating ACEs. These recommendations build protective factors around families. In order to adequately tackle ACEs and toxic stress, an adequate support system for each child should be at the center of any child policy platform. In addition, policies must focus on a child’s developmental needs from birth.³

**Early Care and Learning**
- Create an environment where the effects of toxic stress are buffered with appropriate supports to help children adapt and enhance cognitive and social development

**Early Intervention**
- Increase access to health care and home visiting support to promote healthy development and provide early diagnoses, appropriate care, and intervention when problems emerge

**Parental Health**
- Address parental mental and behavioral health to minimize, or even prevent a child’s exposure to traumatic environments

**Afterschool and Summer Learning Programs**
- Increase funding and prevalence for quality afterschool and summer learning programs like the Boys and Girls Clubs and YMCAs to increase access and ensure affordability

**Foster Youth Care**
- Maximize implementation of the federal Family First Prevention Services Act
- Develop procedures that enable continuity of behavioral health and primary care while youth are in foster care and after they’re transitioning out of the system

**Juvenile Justice and School Discipline**
- Provide environments that are safe and services that do not increase the level of trauma that youth and families experience
- Train Public Safety Officers who engage with children in child development and trauma awareness

**Workforce and Systems Development**
- Train caregivers and child-serving professionals on the effects of trauma and stress on children and youth to ensure they respond appropriately to behaviors and initiate effective interventions

**Nutrition**
- Increase funding for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Sources: https://tinyurl.com/ACESChildhoodStress2020
Family First Prevention Services Act

Family First Prevention Services Act: An Overview

The Family First Prevention Services Act (FFPSA) changes the child welfare system by allowing states to use federal funds under Title IV of the Social Security Act to support families and prevent foster care placements. There are two main components of the act:

1) optional foster care prevention services and programs, and
2) required changes to congregate care.

Foster Care Prevention Services and Programs

FFPSA allows states the option to use existing Title IV-E funds for prevention services and programs to keep families together and prevent children from entering foster care.

Eligibility is not dependent on family income

SERVICES AND PROGRAMS

- Mental health services
- Substance abuse prevention and treatment services
- In-home parenting programs

WHO IS ELIGIBLE?

- Children who are candidates for foster care, but who can safely remain at home
- Children in foster care who are pregnant or parenting
- Parents or kin caregivers of the children

How does a state obtain funding for services or programs?

- State must maintain a written prevention plan for child and collect data on programs and services administered.
- Services or programs must be trauma-informed.
- Services or programs must be based on promising, supported, or well-supported practices.

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Congregate Care

FFPSA limits foster care payments for group homes (NON-foster family placements) to 2 weeks. This was **REQUIRED** beginning October 1, 2019. However, states may choose to postpone the effective date for up to two years. Children will have to be placed in foster homes for all placements longer than 2 weeks UNLESS the child is placed in one of the following:

- A Qualified Residential Treatment Program (QRTP).
- A setting specializing in providing prenatal, postpartum, or parenting supports for youth.
- If a child is 18, a supervised setting in which child is living independently.

**Qualified Residential Treatment Program (QRTP)**

QRTPs must meet the following requirements:

- Use a trauma-informed treatment model
- Registered or licensed nursing and clinical staff onsite
- Facilitates family outreach and participation
- Documents family integration into the treatment process
- Provides discharge planning and family-based supports for at least 6 months after discharge

Licensed and accredited by one of the following:

- The Commission on Accreditation of Rehabilitation Facilities
- The Joint Commission on Accreditation of Healthcare Organizations
- The Council on Accreditation
- Other nonprofit accrediting organization approved by the Secretary

**IMPORTANT CONSIDERATIONS FOR GEORGIA**

- If Georgia postpones effective date of congregate care changes, it must also delay requesting prevention funds for the same amount of time.
- States will define eligible “candidates” for preventive services. Gathering and analyzing data on Georgia’s current child welfare population may help the state determine how broadly to define candidates for purposes of FFPSA.
- Offering state funding to providers now to meet the requirements of evidence-based programs or QRTP may help providers make necessary transitions in time to comply with the law.
- The federal government will provide 50% of the funding for prevention services and programs until October 1, 2026. Beginning October 1, 2026, federal funding will equal the Federal Medical Assistance Percentage, which is currently 67.3% in Georgia.

Sources: [https://tinyurl.com/FFPSAReferences](https://tinyurl.com/FFPSAReferences)
The Federal Foster Care Program, also called Title IV-E, helps provide safe and stable out-of-home care for children until they are able to safely return home, placed permanently with adoptive families or placed in other planned arrangements.

In FY 2018, the Department of Human Services received $100,143,079 and the Department of Juvenile Justice received $1,495,178 of federal funding for Title IV-E.

Funding activities include:
- Monthly maintenance payments for daily care and supervision of eligible children
- Administrative costs to manage the program at the state level
- Training of staff and foster care providers
- Title IV-E Child Welfare Education Program provides stipends for competitively selected MSW and BSW senior students to prepare them for competent professional child welfare practice.

### TOP REASONS A CHILD IS IN FOSTER CARE

- **Neglect**
- **Drug Abuse**
- **Inadequate Housing**
- **Abandonment**
- **Incarceration**

13,718 kids are in Georgia’s foster care system

### FAMILY FIRST PREVENTION SERVICES ACT

The Family First Prevention Services Act reformed Title IV-E to fund prevention services to families who are at risk of entering the child welfare system.

The changes will help keep children safely with their families and avoid the traumatic experience of entering foster care, emphasizes the importance of children growing up in families, and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their needs.

www.georgiavoices.org

Sources: https://tinyurl.com/TitleIVEReferences

### NEW PREVENTION ACTIVITIES

- 12 months of mental health services & substance abuse treatment
- In-home parent skill-based programs
- Mandatory prevention plan for a child to remain safely at home
- No time limit for family reunification
- Trauma-informed services*

*Must be modeled after the California Evidence Based Clearinghouse for child welfare.
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Maltreatment and Brain Development

Brain development is impacted by both our genetics and our experiences. As children grow, their brains develop basic functions first (breathing) before progressing to more sophisticated functions (complex thought).

**HEALTHY BRAIN DEVELOPMENT**

**Early Brain Development**
- Before and after birth, neurons are created and form connections
- The brainstem and midbrain develop first, governing functions necessary for life, like heartbeat, breathing, eating, and sleeping

**Young Child Brain Development**
- Formation of synapses occur at a high rate
- Higher function brain regions (governing emotion, language, and abstract thought) develop gradually and at different rates throughout childhood and adolescence/early adulthood
- By age 2, a child has formed 100 trillion synapses
- Synapses are eliminated as experiences deem them unnecessary (pruning)
- By age 3, a child’s brain is 90 percent of its adult size

**Adolescent Brain Development**
- Prior to puberty, there is a growth spurt in the areas of the brain governing planning, impulse control, and reasoning
- While these areas develop, teenagers can act impulsively, make poor decisions, and take increased risks (all normal behaviors for this stage)
- More pruning and myelination occurs in the teenage years
- Growth and transformation of the limbic system

**OTHER FACTORS IMPACTING DEVELOPMENT**

**Responding to Stress**
- The timing and type of stress determines the impact on the brain.
  - **Positive Stress** - moderate, brief, and generally normal part of life
  - **Tolerable Stress** - more severe and long-lasting difficulties; can be damaging unless the stress is time-limited and buffered by relationships with adults that help the child adapt
  - **Toxic Stress** - strong, frequent, and prolonged activation of body’s stress response system that disrupts healthy development

**Sensitive Periods**
- Windows of time in development when certain parts of the brain may be more susceptible to certain experience (e.g. strong attachments to caregivers formed during infancy)

**Memories**
- Systems of neurons that have been repeated and strengthened

**PARTS OF THE BRAIN**

- **Neuron** - a unique type of cell found in the brain and body that is specialized to process and transmit information
- **Brain Stem** - one of the four major parts of the brain. It monitors basic, vital functions such as heartbeat, body temperature, and digestion. The brain stem is the first part of the brain to develop.
- **Midbrain** - the part of the brain that regulates auditory and visual processing, motor control, arousal, and alertness
- **Synapse** - the site between neurons where the transmission of messages occurs
- **Pruning** - the selective elimination or “weeding out” of non-essential synapses based on a child’s specific experiences
- **Myelination** - the strengthening of necessary connections between neurons
- **Limbic System** - a network of brain structures that governs emotions and memory
Functions of the different parts of the brain

- **Prefrontal Cortex:** regulation
- **Amygdala:** fear
- **Frontal Lobe:** executive functions and developmental milestones
- **Limbic System:** brain reward system
- **Temporal Lobe:** social interactions

Effects of Maltreatment

**On Behavior, Social, and Emotional Functioning**
- Permanent fear response to certain triggers, even when they pose no actual threat
- Fear response is automatically triggered without conscious thought
- Destabilization of emotion and stress regulation

**Confirmed Child Victims of Maltreatment in Georgia, by Age**

<table>
<thead>
<tr>
<th>Year</th>
<th>0 to 4</th>
<th>5 to 10</th>
<th>11 to 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>4907</td>
<td>6265</td>
<td>7480</td>
</tr>
<tr>
<td>2013</td>
<td>4866</td>
<td>6510</td>
<td>7570</td>
</tr>
<tr>
<td>2014</td>
<td>6038</td>
<td>7692</td>
<td>8305</td>
</tr>
<tr>
<td>2015</td>
<td>7714</td>
<td>9586</td>
<td>9596</td>
</tr>
<tr>
<td>2016</td>
<td>5948</td>
<td>7609</td>
<td>8046</td>
</tr>
</tbody>
</table>

Policy and Practice Considerations

Prevention and early intervention remain the most effective methods for minimizing the effect of maltreatment on development. Other promising trends include:

- Trauma informed care and evidence-based practices
- Family-centered practice and case planning, including parent-child interaction therapy
- Individualized services for children and families
- Child advocacy centers offering interviews, assessments, and services in a child-friendly environment
- The promotion of evidence-based practices

Sources: [https://tinyurl.com/MaltreatmentBrainRefs2019](https://tinyurl.com/MaltreatmentBrainRefs2019)
Homelessness and Children in Georgia

Homeless children and youth are defined as individuals who lack a fixed, regular, and adequate nighttime residence. In FY2018, approximately 41,089 students in Georgia were considered homeless.

Being homeless doesn't always mean sleeping outside.

73% of the students who reported experiencing homelessness said they were staying with extended family or friends.

Georgia has a growing population of students experiencing homelessness. These students are more likely to:
- be suspended
- miss school
- fall far behind in reading and math

MCKINNEY-VENTO HOMELESS ASSISTANCE ACT

The primary piece of federal legislation focused on addressing the needs of homeless people in the United States. It was first signed into law in 1987, and has been amended and reauthorized several times.

MCKINNEY-VENTO EDUCATION FOR HOMELESS CHILDREN AND YOUTH PROGRAM

The section of the McKinney-Vento Homeless Assistance Act dealing with problems faced by homeless youth with enrolling, attending, and succeeding in school. The program requires state education agencies to ensure that each homeless child has equal access to the same free and appropriate public education as their peers.

MCKINNEY-VENTO COUNT OF HOMELESS STUDENTS IN GEORGIA*

*Data is most likely underreported. Other estimates suggest there were between 45,000 and 74,000 homeless youth in Georgia in 2013.

DISPARITIES IN THE MAKEUP OF HOMELESS STUDENTS

Black students make up a disproportionate amount of Georgia's homeless student population.
EXAMPLES OF MCKINNEY-VENTO PROGRAMS

BARTOW COUNTY

The district’s McKinney-Vento program engages parents, school staff, and community partners through the Bartow “Give A Kid A Chance” program. It provides back to school supplies; haircuts; hearing, vision, and dental screenings; books; and other resources to McKinney-Vento students.

$43,858

ATLANTA PUBLIC SCHOOLS

Atlanta Public Schools has partnered with the Atlanta Housing Authority (AHA) to provide 50 housing vouchers to children and families that are identified as homeless based on the McKinney-Vento definition of homelessness.

$93,698

CHATTOOGA COUNTY

The district’s Homeless Liaison worked closely with Family Connection, as well as 20 community agencies and numerous community volunteers, to provide school supplies, food, and hygiene products as well as informational resources to approximately 400 McKinney-Vento students.

$42,298

RISK FACTORS AND CAUSES OF CHILD AND YOUTH HOMELESSNESS

Economic Problems
- Child and family poverty
- Employment issues
- Lack of health insurance
- Lack of affordable housing

System Involvement
- Involvement with foster care or the juvenile justice system
- Transitioning out of foster care and residential or institutional facilities

Family Problems
- Abuse/neglect and trauma
- Single or youth parents
- Mental illness
- Substance abuse

Population at Higher Risk
- Racial/ethnic minorities and LGBTQ youth are disproportionately affected by child homelessness

POLICY RECOMMENDATIONS

Increase public awareness of the scope and impact of homelessness on children and families

Improve program design and service delivery to meet unique needs of homeless children and families

Inform state and local policies and plans to address the needs of homeless children and families.

- Increase the availability and equitable distribution of quality and affordable housing.
- Support policies, including rent subsidies, which protect families and children from unsafe housing, hardship, baseless evictions, and unjustified fees and penalties.
- Identify and disseminate successful models of interagency coordination across child welfare, homelessness, and housing networks.
- Improve access to educational opportunities that will ensure success for children and youth who are homeless.
- Prevent youth who age out of foster care and unaccompanied youth from becoming homeless.
- Collect data on housing status to increase knowledge of the scope of homelessness.
Child Sexual Abuse

Child sexual abuse is the exploitation of a child for the sexual gratification of an adult or caregiver. Sexual abuse includes:

<table>
<thead>
<tr>
<th>Touching Offenses:</th>
<th>Non-touching Offenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fondling</td>
<td>• Child Pornography</td>
</tr>
<tr>
<td>• Sodomy</td>
<td>• Indecent Exposure</td>
</tr>
<tr>
<td>• Rape</td>
<td></td>
</tr>
<tr>
<td>• Intercourse</td>
<td></td>
</tr>
<tr>
<td>• Masterbation</td>
<td></td>
</tr>
</tbody>
</table>

Approximately **1 in 10** children is sexually abused by the time they turn 18.

A report of alleged child abuse is made in Georgia every **3.6 minutes**.

Who are the Perpetrators?

People who sexually abuse children look just like everyone else. Abusers can be neighbors, religious leaders, teachers, family members, or anyone who works with children.

- **90%** of children know their abuser
- **One-third** are abused by family members.

DID YOU KNOW?

- Gay individuals are not more likely to sexually abuse children than straight individuals. In fact, most men who abuse boys self-identify as straight.
- There is absolutely no research that says a transgender person is more likely to sexually abuse children than someone who is not transgender.
- Although men are consistently shown to commit the majority of child sexual abuse, women are the abusers in approximately 11% of cases.
- In 2018, Georgia mandated age-appropriate sexual abuse and assault awareness education for all students K-9.

The majority of children who are sexually abused DO NOT tell anyone about it. Many children are afraid of getting in trouble, worried about what people will think of them, or simply do not understand what is happening to them.

www.georgiavoices.org
Victims of Child Sexual Abuse

Children and youth who are more at risk of being sexually abused:

- Females
- Youth with physical, emotional or cognitive disabilities
- Children living in single parent households
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

Children who have been sexually abused are more likely to:

- Show physical aggression
- Experience behavioral health problems
- Attempt suicide
- Become delinquent
- Perform poorly in school
- Abuse alcohol or other drugs
- Become pregnant

Labeling Youth as Sexual Predators

Juveniles represent **one-fourth** of all sex offenders known to police and **one-third** of known offenders against other juveniles.

**40-80%** of juveniles sex offenders have **themselves been victims of sexual abuse**. These children are often responding to their own trauma.

However, the likelihood that juvenile sex offenders will reoffend later in life is relatively low with a 7-13% recidivism rate within five years. In addition, interventions for juvenile sex offenders have shown to be particularly effective.

How Can I Help?

1. Encourage community members to learn how they can prevent child sexual abuse. For example, consider taking a Darkness to Light Stewards of Children training. Learn more at www.d2l.org.

2. Educate adults, youth, and children about the harm caused by treating others as sexual objects.

3. Develop relationships with your local, state and federal representatives, and educate them about child sexual abuse and exploitation.

If you suspect that a child is being abused, call the Division of Family and Children Services at **1-855-GACHILD** immediately to report.

Sources: [https://tinyurl.com/ChildAbuseRef2019](https://tinyurl.com/ChildAbuseRef2019)
Juvenile Justice Update

In 2012, then-Governor Nathan Deal reappointed the Special Council on Criminal Justice Reform. He asked members to study Georgia’s juvenile justice system and craft recommendations to improve public safety and reduce costs. With the help of the Pew Center on the States, a non-partisan research organization, the Council produced a sound set of research-based recommendations. These recommendations were combined with previous legislative efforts led by Representative Wendell Willard, chairman of the House Judiciary Committee. The resulting legislation reorganizes, revised and modernized Title 15, Chapter 11 of the Official Code of Georgia Annotated, a section of our law known as the juvenile code.

<table>
<thead>
<tr>
<th>SYSTEMS CHANGE AND NEW APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>New mandate for juvenile courts and DJJ</td>
</tr>
<tr>
<td>To improve public safety and decrease costs by preserving and strengthening family relationships in order to allow each child to live in safety and security.</td>
</tr>
</tbody>
</table>

Examples of new policies and practices

- Increased use of evidence-based programs
- Treating youth in the community rather than in secure facilities
- Juvenile Justice Incentive Grant Program, which aims to reduce recidivism

<table>
<thead>
<tr>
<th>SIGNS OF PROGRESS FROM 2013 TO 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>36% reduction in secure confinement</td>
</tr>
<tr>
<td>11% reduction in secure detention</td>
</tr>
<tr>
<td>46% reduction in overall commitments to DJJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECURE AND NON-SECURE RESIDENTIAL POPULATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
</tr>
<tr>
<td>1,797 Secure</td>
</tr>
</tbody>
</table>

www.georgiavoices.org
OVERVIEW OF GEORGIA’S JUVENILE JUSTICE PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Administered by</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>JJIG</td>
<td>Juvenile Justice Incentive Grants</td>
<td>To maximize the impact on public investment on public safety by reducing the number of out-of-home placements of youth through the use of evidence-based programs.</td>
</tr>
<tr>
<td>CSG</td>
<td>Community Service Grant</td>
<td></td>
</tr>
</tbody>
</table>

FUNDING OF JJIG AND CSG

<table>
<thead>
<tr>
<th>Program</th>
<th>Administered by</th>
<th>Purpose</th>
<th>Initial*</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>JJIG</td>
<td>Juvenile Justice Incentive Grants</td>
<td>Criminal Justice Coordinating Council</td>
<td>$5 million</td>
<td>$7.8 million</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>State Federal</td>
<td>$1 million</td>
</tr>
<tr>
<td>CSG</td>
<td>Community Service Grant</td>
<td>Department of Juvenile Justice</td>
<td>$1.6 million</td>
<td>$3.4 million</td>
</tr>
</tbody>
</table>

Total

- Initial: $7.6 million
- FY17: $12 million

Cost Savings of JJIG and CSG

<table>
<thead>
<tr>
<th>Cost per year for out-of-home placement</th>
<th>$90,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of youth diverted in FY17 with a successful outcome</td>
<td>1,388</td>
</tr>
<tr>
<td>Potential cost to taxpayers from 2012 to 2018</td>
<td>$130 million</td>
</tr>
<tr>
<td>Actual cost to taxpayers in FY17**</td>
<td>$12 million</td>
</tr>
</tbody>
</table>

IMPLEMENTATION OF JJIG AND CSG

Between JJIG and CSG, all of Georgia’s counties are eligible to receive evidence-based services.

- 98% of Georgia’s at-risk youth population resided in a JJIG and CSG-served county.
- 75% of youth served through JJIG and CSG were minorities.

Note: Data is from 2017 as 2018 data is not yet available.

More than 8,000 youth have received evidence-based services through JJIG or CSG since FY14.

JJIG and CSG OUTCOMES IN GEORGIA

<table>
<thead>
<tr>
<th>Out-of-Home Placements</th>
<th>Program Completion</th>
<th>School Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>-57%</td>
<td>65%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Reduction in out-of-home placements in 2018 compared with FY12 baseline
Successful completion rate in 2017 for youth in JJIG and CSG programs
Youth who were actively enrolled in or had completed school in 2017

In FY18, JJIG served 1,390 moderate- or high-risk juveniles and nearly 70% of them successfully completed their evidence-based programs.

Sources: [https://tinyurl.com/JJUpdate](https://tinyurl.com/JJUpdate)
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/legal custodian
• Runaway
• Committed an offense applicable only to a child
• Wanders or loiters about the streets, highway, or any public place, between the hours of 12:00 A.M and 5:00 A.M.
• Disobeys the terms of supervision contained in a court order which has been directed to such child, who has been adjudicated a CHINS
• Patronized any bar where alcoholic beverages are being sold, unaccompanied by his or her parent parent/guardian/legal custodian, or who possesses alcoholic beverages
• Committed a delinquent act and is in need of supervision but not in need of treatment or rehabilitation

Included in this factsheet are two diagrams illustrating pathways for Children in Need of Services (CHINS), Delinquency Process, and a short glossary of juvenile justice terminology.

Georgia CHINS Process

Complaint
Child's parent, guardian or legal custodian, or by a DFCS employee, a school official, a law enforcement officer, a guardian ad litem, or an attorney

Temporary Custody
Law enforcement can exercise temporary custody over the child for up to 12 hours

Notify Court
If notified, it is then charged with determining the child's placement.

Released to Parents/Guardian or Legal Custodian

DJJ Custody
If a youth is placed in a secure or nonsecure DJJ facility (for no longer than 24 hours), then
1) a DAI must be conducted
2) one of the following must apply: child is alleged runaway, habitually disobedient; and/or failed to appear

Within 72 Hours

Released to Parents/Guardian or Legal Custodian

DFCS Custody
If a youth is placed in foster care, the child is required to have a case plan.

Within 5 Days

Released to Parents/Guardian or Legal Custodian

Continued Custody Hearing
The court must determine whether there is probable cause to believe that the child has committed a status offense or is otherwise in need of services. The hearing must decide placement and next steps.
Continued Custody Hearing (continued)

**PLACEMENT**

- There is no probable cause.
- Released to Parents/Guardian or Legal Custodian
- There is probable cause that the child committed a status offense or is in need of services. The court must decide to place in **least restrictive custody**.
- DJJ Custody: For up to 72 hours, for the purpose of allowing time to arrange for another appropriate placement.
- DFCS Custody: For the purposes of foster care placement.

**NEXT STEPS**

- Order a CHINS Petition and schedule an adjudication hearing.
- Refer to a community-based risk reduction program
- If youth is held in state custody: the petition must be filed within 5 days of Continued Custody Hearing.
- If youth is held with parent/guardian/legal custodian OR never taken into custody: the petition must be filed within 30 days of Continued Custody Hearing.
- If youth is held in state custody, the petition must be filed within 5 days of Continued Custody Hearing.
- If youth is held with parent/guardian/legal custodian OR never taken into custody: the petition must be filed within 30 days of Continued Custody Hearing.

**Court Issues Summons**

This goes to the child, parent/guardian/legal guardian, DFCS or other public agencies or necessary parties. The summons requires the person to come to court for the adjudication to participate in the hearing.

**Adjudication Hearing**

- Within 3 months (and every 6 months until the disposition is complete)
- If youth was released or not held in state custody: the hearing must be held within 60 days of filing the petition.

**Disposition Hearing**

Potential dispositions include: remain at home with or without conditions; probation; community service; restitution; or after or evening school programming.

**Under no circumstances may a disposition order for a child in need of services place the child in a DJJ facility.**

**Review Hearing**

The court must periodically review the case as long as the disposition order is in effect.

Sources: [https://tinyurl.com/JJRoadmap2019](https://tinyurl.com/JJRoadmap2019)
Georgia Juvenile Justice Process

Complaint
Citizen of Law Enforcement Investigation

Temporary Detention or Released to Parents/Guardians

Detention/Probable Cause Hearing
Must be held within 72 hours if detained or 48 hours if no arrest warrant. Youth have the same right to bail as adults.

Petition Filed
By anyone with knowledge of facts. Within 72 hours if detained or, if not detained, within 30 days of receipt of complaint.

Adjudication
If detained, must be within 10 days of when petition is filed or within 60 days if not detained. Court finds whether allegations in petition are sure beyond a reasonable doubt.

Predisposition Investigation
Court may schedule a disposition on a later date to allow time to investigate appropriate placements or outcomes.

Disposition Hearing
If youth is detained, no more than 30 days after adjudication. Judge decides outcome of case.

90 Day Short Term Placement
Judge may order a stay in a YDC for up to 90 days.

Commitment to DJJ
For up to two years. DJJ has discretion on placement.

Probation
Child remains with parent/guardians at home. Probation officer assigned to supervise while in community.

Restitution/Fines
Court may determine amount.

Post-Disposition
A child has the right to appeal case. Upon motion of DJJ and after a hearing, the court may extend DJJ custody for up to two years.

Dismissal Charges dismissed.

Informal Adjustment
Diversion to alternative programs. Probation officer may monitor child. Discretion to proceed to adjudication is retained until program completion.

Dismissal Charges dismissed.

Dismissal Charges dismissed.

Superior Court Jurisdiction
Prosecutorial Discretion
No Juvenile Court Jurisdiction

Juveniles 13-17 who have committed certain violent felonies including murder, rape, armed robbery with a firearm, aggravated child molestation, aggravated sodomy, aggravated sexual battery and voluntary manslaughter.

Criminal Proceedings in Superior Court
Trial as adult.

Transfer Hearing
A juvenile court hearing to consider transfer of the proceedings if the child is over 13 and the crime is punishable by death or life imprisonment.

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Other
Mandatory school attendance or completion, community service, counseling, suspension, or prohibit issuance of driver's licence.
Definitions

**Adjudication Hearing**: Fact-finding proceeding to determine whether the facts alleged in the petition or other pleadings are true. This is the juvenile court equivalent to a trial in civil cases. Standard of proof is clear and convincing evidence in dependency, CHINS (Children in Need of Services) and TPR (Termination of Parental Rights) proceedings; standard is beyond a reasonable doubt in delinquency proceedings.

**Case Plan**: Document developed in a dependency case by DFCS, in conjunction with parents/guardian/legal custodians and child (when appropriate), which states the reasons a child is brought into protective custody and the exact steps which must be taken by everyone involved to alleviate the conditions of dependency and allow the parent to provide a safe and stable home for the child.

**Community-based risk reduction program**: Programming that allows a youth adjudicated with a delinquent offense to remain in their home community and receive cognitive behavioral treatment to reduce their risk of recidivating in the future. These are also uses in CHINS cases as well during custody hearings. (O.C.G.A. 11-14-414).

**Detention Assessment Instrument (DAI)**: A standardized and validated tool, required prior to detention, that measures the youth’s risk to reoffend and risk to flee before court proceedings occur. The DAI was implemented in 2000 to provide greater structure and consistency, focus the use of detention resources on high risk youth, reduce inappropriate detention by identifying youth who can be safely released, and establish a basis for DJJ to monitor detention assessment operations. The DAI is completed by DJJ staff at the time a youth is arrested or picked up by law enforcement.

**Disposition Hearing**: Proceeding to determine what placement is best suited to the protection and physical, mental, and moral welfare of a child adjudicated dependent, delinquent, or “child in need of services.”

**Guardian ad litem**: Officer of the court who is appointed to represent the best interest of the child in abuse and neglect proceedings, custody proceedings, and sometimes in delinquency or unruly proceedings. May be an attorney or layperson. Often referred to as “G.A.L.”

**Informal Adjustment**: An informal adjustment is given by a judge as an alternative to a formal petition in juvenile court. If conditions are met, the Judge is able to informally adjust and erase the case from the youth’s record.

**Least Restrictive Custody**: The level of custody which safeguards the child’s best interests and protect the community (i.e. release to parent, foster care, other court-approved placement that is not secure, or secure residential facility).

**Nonsecure Facility**: Nonsecure residential facilities are community residential facilities that provide 24-hour care in a residential setting that are not hardware secured. These nonsecure community residential programs include group homes, emergency shelters, wilderness/outdoor therapeutic programs, and other placements that provide 24-hour care in a residential setting.

**Post-Disposition**: Treatment that is received after the case has been disposed of.

**Predisposition Investigation**: A predisposition investigation, or PDI, is ordered by the court to get more information from a youth and family in order to determine what services or assistance is needed to help a youth move forward and stay out of the juvenile justice system.

**Probation**: Probation is the release from detention, subject to a period of good behavior under supervision.

**Prosecutorial Discretion**: Prosecutorial discretion is the authority of an agency or officer to decide what charges to bring and how to pursue each case.

**Secure Facility**: Secure facility is defined as a hardware secure residential institution operated by or on behalf of DJJ and shall include a youth development center or a regional youth detention center.

**Transfer Hearing**: A hearing in juvenile court to determine whether jurisdiction over a juvenile case should remain in juvenile court or be transferred to adult court. In Georgia, these are commonly referred to as “440 cases” which encompass the most serious offenses such as murder rape, aggravated assault, etc.

**Regional Youth Detention Center (RYDC)**: Regional Youth Detention Centers provide temporary, secure care and supervision to youth who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement. In addition, youth who have been committed to the custody of DJJ are sometimes placed in an RYDC while awaiting treatment in a community program or a long-term facility.

**Youth Development Campus (YDC)**: A Youth Development Campus provides secure care, supervision and treatment services to youth who have been committed to Department of Juvenile Justice custody for short- and long-term programs. Every YDC provides education, vocational programming, health and mental health treatment, food services, resident counseling, substance abuse treatment/counseling and family visitation.

Rev. 12/2018
THE JUVENTILE DETENTION ALTERNATIVES INITIATIVE: AN OVERVIEW

History
The Juvenile Detention Alternatives Initiatives (JDAI) was developed by the Annie E. Casey Foundation in December of 1992. It was developed in response to the growing number of youth being held in secure detention across the country for non-violent acts. It currently operates in 40 states, including Georgia, and is housed within the Council of Juvenile Court Judges.

Purpose
To help jurisdictions reduce their reliance on secure detention while ensuring public safety through the establishment of more effective and efficient systems that accomplish the purposes of juvenile detention.

Objectives
- To eliminate the inappropriate or unnecessary use of secure detention
- To minimize failures to appear and incidents of delinquent behavior
- To improve conditions in secure detention facilities
- To redirect public finances from building new facility capacity to responsible alternative strategies
- To reduce racial, ethnic, and gender disparities
- Collaboration between major juvenile justice agencies, governmental entities, and community organizations
- Use of accurate data to diagnose the system’s problems and identify real solutions
- Objective admissions criteria and instruments to replace subjective decisions that inappropriately place children in custody
- Alternatives to detention to increase the options available for arrested youth
- Case processing reforms to speed up the flow of cases so that youth don’t languish in detention
- Reducing the use of secure confinement for “special” cases like technical probation violations
- Deliberate commitment to reducing racial disparities by eliminating biases and ensuring a level playing field
- Improving conditions of confinement through routine inspections

HISTORY OF JDAI IN GEORGIA
In 2015, a state-level committee was established by Governor Nathan Deal and the Georgia Criminal Justice Reform Council to improve the delivery of juvenile justice services and expand JDAI efforts throughout Georgia. The committee, called the State Steering Committee for JDAI, consists of juvenile court judges and representatives from stakeholder organizations. While some communities instituted JDAI as far back as 2003, statewide rollout of JDAI began in 2016 after an initial phase of assessment.

www.georgiavoices.org
IMPLEMENTATION OF THE JDAI IN GEORGIA

Currently, six counties in Georgia are JDAI sites and all have completed JDAI Readiness and System Assessments. As of 2017, one additional county has completed JDAI Readiness and System Assessments.

![Map showing JDAI sites in Georgia]

JDAI NATIONWIDE OUTCOMES

As of 2016, there were 197 JDAI sites in the United States, representing 300 local jurisdictions and 10 million youth ages 10 to 17. Recent data gathered from these sites suggests the following trends for JDAI-involved areas:

<table>
<thead>
<tr>
<th>Trend</th>
<th>Indicator</th>
<th>Pre-JDAI Baseline</th>
<th>2016 Data</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced reliance on juvenile detention</td>
<td>Average Daily Population (ADP)</td>
<td>8,780</td>
<td>4,967</td>
<td>-43%</td>
</tr>
<tr>
<td></td>
<td>Annual Admissions</td>
<td>188,948</td>
<td>95,939</td>
<td>-49%</td>
</tr>
<tr>
<td>Reduced commitments to state custody</td>
<td>State Commitments</td>
<td>17,457</td>
<td>7,432</td>
<td>-57%</td>
</tr>
<tr>
<td>Reduced juvenile crime</td>
<td>Felony Petitions</td>
<td>79,391</td>
<td>48,770</td>
<td>-39%</td>
</tr>
<tr>
<td></td>
<td>Delinquency Petitions</td>
<td>42,562</td>
<td>29,770</td>
<td>-31%</td>
</tr>
<tr>
<td>Remaining challenges with racial equity and overrepresentation of youth of color</td>
<td>Percent of ADP that are youth of color</td>
<td>75%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of annual admissions that are youth of color</td>
<td>70%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of state commitments that are youth of color</td>
<td>70%</td>
<td>83%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: [https://tinyurl.com/JDAIRefs2019](https://tinyurl.com/JDAIRefs2019)
Raising the Age in Georgia

Georgia is one of only three states (along with Texas and Wisconsin) that processes all 17-year-olds as adults in the criminal justice system, sending them to adult court rather than through the juvenile justice system.12

In recent years, several states have raised the maximum age of juvenile court jurisdiction from 17 up to 18 (or older) to reflect the growing body of research which shows that brain development at age 17 is at a fundamentally different stage than that of an adult.

In 2018, 6,661 17-year-olds were arrested in Georgia.1

Only 5% of these arrests were for violent crimes.

123 counties in Georgia had fewer than 50 arrests of 17-year-olds in 2018.

Even if Georgia raises the age to 18, youth as young as 13 with certain violent felonies may still be tried as adults. Such crimes include murder, rape, armed robbery committed with a firearm, aggravated child molestation, aggravated sodomy, aggravated sexual battery, and voluntary manslaughter.

IMPROVING PUBLIC SAFETY THROUGH EVIDENCE-BASED PROGRAMS

Data shows lower level offenders, when confined with higher level offenders, emerge from incarceration more inclined to conduct criminal activity.14 Evidence-based alternatives to detention have been proven to reduce the likelihood of criminal activity.5 Georgia has already taken steps to improve public safety. To date, Georgia has seen a 40% reduction in juvenile incarceration since 2013.3
Juvenile court is preparing juveniles for adulthood recognizing that they are still children. Georgia’s Juvenile Justice Incentive Grants (JJIG) and Community Services Grants fund the delivery of six evidence-based programs proven effective for juveniles: Functional Family Therapy, Thinking for a Change, Aggression Replacement Training, Multisystemic Therapy, Seven Challenges, and Brief Strategic Family Therapy. Together the two grants make these therapies available to juvenile court jurisdictions encompassing 98% of Georgia’s youth.5

JJIG served 1,390 youth at moderate or high risk to reoffend in 2018, and 70% successfully completed their evidence-based programs.5

93% of youth served by one of the grants were actively enrolled or had completed high school (in 2017)5

resulting in a 57% reduction in out-of-home placements in JJIG-participating counties5

The Georgia Department of Juvenile Justice (DJJ) is the 181st school district in the state. Georgia Preparatory Academy is the middle and high school within the DJJ school system with 30 campuses across the state in detention and transitional centers. Additionally, Pathways to Succeed is an adult education program that offers GED instruction and testing. The Connections Graduate Program focuses on re-entry, work skills development, and post secondary options.3

JUVENILE VS. ADULT SYSTEM

Compared to the adult criminal justice system, juvenile court and juvenile court-ordered plans take a more holistic approach, using a youth’s naturally high capacity for change and growth to redirect behavior into more healthy and socially positive outcomes. In short, responding to a 17-year-olds’ misbehavior in developmentally appropriate ways can reduce the likelihood that the child will commit offenses as an adult.19

The juvenile justice system makes use of:

- Mental health treatment/substance abuse counselors
- Evidence-based programs that aid in social skills development, cognitive restructuring, problem-solving skills, and crisis management
- Career development and job readiness training
- Education opportunities

Juvenile court is preparing juveniles for adulthood recognizing that they are still children.

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BRAIN DEVELOPMENT OF A 17-YEAR-OLD

17-year-olds are still in the adolescent phase of brain development, where their executive functioning skills are not yet fully developed. Executive function allows for self-control, regulating emotions, and understanding different points of view.

Studies show that, when compared to adults, 17-year-olds are:
- less capable of impulse control
- less able to regulate their emotions
- less able to consider the consequences of their actions
- more easily influenced by their environment
- more likely to change course if given the right support

Offending rates typically peak during teenage years and decline in the early 20s.

The U.S. Supreme Court* finds adolescents are more capable of change than adults and should be given the opportunity to rehabilitate.

*Graham v. Florida (2010)

FAST FACTS

- Nationally, youth are 36 times more likely to commit suicide in an adult facility than a juvenile facility.

- In 2018, 3,211 Georgia youth in detention were provided mental health treatment.

- From 2014-2018, more than 8,000 youth have received individual or group therapy through evidence-based models delivered by the Georgia juvenile justice system.
States that have recently raised the age have experienced no or minimal cost increases while lowering arrest and detention rates.

**CONNECTICUT**
Raised the age in **2007**

In the first year, Connecticut:
- Saved $2 million
- Decreased reliance on confinement

**NORTH CAROLINA**
Raise the age law effective in **December 2019**

- 16 and 17-year-olds will now go into the juvenile court system
- Reduced reliance on detention facilities, generating cost savings to put toward increased youth population

In the first month, lawmakers anticipated:
- **1,683 complaints** by law enforcement; but there were **only 407**.
- **60 arrests** of 17-year-olds; but there were **78**.
  - Only 3-4% were for more serious crimes, which were automatically transferred to adult court.

**State Juvenile Arrests Drop After Raising the Age**

Connecticut, Illinois, and Massachusetts have seen significant drops in juvenile arrests after raising the age up to 18.

Sources: [https://tinyurl.com/RTAReferences2020](https://tinyurl.com/RTAReferences2020)
Approximately 40% of gang members in the United States are 18 years old or younger.\(^2\)

**What is a Gang?**

Georgia law states a “criminal street gang” is any organization, association, or group of three or more persons who engage in criminal gang activity (e.g., rape, racketeering, criminal trespass, or any offense that involves violence, use of a weapon, or possession of a weapon, among others).

A gang can be established by a common name or identifying signs, symbols, tattoos, graffiti, attire, or other distinguishing characteristics.\(^1\)

**What is Youth Violence?**

Youth violence is the intentional use of force or power by 10- to 24-year-olds to threaten or harm others.\(^4\)

Committing youth violence increases the risk for:\(^5\)

- Academic challenges and school drop-out
- Behavioral and mental health difficulties
- Substance use
- Depression
- Suicide

**RISK FACTORS**

Risk factors for youth violence and gang membership include:\(^8,9\)

- child abuse and neglect
- academic problems or school discipline issues
- lacking parental involvement
- poverty
- aggressive, violent, or delinquent behavior
- alcohol or drug use
- mental health problems
- exposure to violence outside the home, including racial prejudice
- parent criminality and/or parent-child separation

The more risk factors, the greater a youth’s chances of committing youth violence, including through gang membership.\(^7\)

Among Georgia’s middle and high school students, in the 2018-2019 school year, it was reported that:\(^6\)

- **67,471** were in a physical fight on school property
- **1 in 12** felt unsafe on their way to or from school
- **More than 1 in 10** reported being bullied within the last month
PROTECTIVE FACTORS

Most youth who commit violence, including through gangs, lack positive supports from parents, schools, peers, and their community.7,11

The more protective factors a youth is exposed to, the lower their chances of committing youth violence or gang involvement.

Protective factors like:
- Parental involvement
- Family support system
- Coping and interpersonal skills
- Positive social connections
- Peer support
- Academic achievement
- Reducing alcohol and drug use

Given this, prevention strategies are aimed at increasing these crucial supports in a youth’s life: security, connectedness, and safety.

PREVENTION STRATEGIES

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>APPROACH</th>
<th>SOME GEORGIA OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote family environments that support healthy development</td>
<td>Early childhood home visitation</td>
<td>DPH and DFCS home visiting and parental skill-building, DJJ’s Parenthood Project, and Strengthening Families Georgia</td>
</tr>
<tr>
<td></td>
<td>Parenting skill and family relationship programs</td>
<td></td>
</tr>
<tr>
<td>Provide quality education early in life</td>
<td>Preschool enrichment with family engagement</td>
<td>Georgia Pre-K, Head Start, CAPS, and Quality Rated Child Care</td>
</tr>
<tr>
<td>Strengthen youth’s skills</td>
<td>Universal school-based programs</td>
<td>Georgia Apex Program, Youth Mental Health First Aid and Teen Mental Health First Aid (tMHFA), Positive Behavioral Interventions and Supports, and comprehensive school-based health centers</td>
</tr>
<tr>
<td>Connect youth to caring adults and activities</td>
<td>Mentoring programs</td>
<td>Boys and Girls Club, 21st Century Community Learning Centers, DBHDD’s Resiliency Support Clubhouses, DFCS’s Afterschool Care Program, YMCAs, and 4-H</td>
</tr>
<tr>
<td></td>
<td>Afterschool programs</td>
<td></td>
</tr>
<tr>
<td>Create protective community environments</td>
<td>Modify the physical and social environment</td>
<td>Community-oriented policing, afterschool programs and community centers like the @PromiseCenter, Front Porch Community Resource Center, Juvenile Detention Alternatives Initiative, norms change programs like CureViolence (happening in some Southwest Atlanta neighborhoods)</td>
</tr>
<tr>
<td></td>
<td>Reduce exposure to community-level risks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Street outreach and community norm change</td>
<td></td>
</tr>
<tr>
<td>Intervene to lessen harms and prevent future risk</td>
<td>Treatment to lessen the harms of violence exposures</td>
<td>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); DJJ’s evidence-based programs for cognitive restructuring, problem-solving, and crisis management; DJJ’s Georgia Preparatory Academy, Pathways to Succeed, and Connections Graduate Programs, offering educational and vocational opportunities; and mental health and substance abuse treatment through DJJ</td>
</tr>
<tr>
<td></td>
<td>Treatment to prevent problem behavior and further involvement in violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital-community partnerships</td>
<td></td>
</tr>
</tbody>
</table>
**MULTI-TIER SYSTEM OF SUPPORTS FOR GANG AND YOUTH VIOLENCE PREVENTION AND INTERVENTION**

1. **Tier One:** Targeted enforcement and prosecution through a gang accountability court. May account for 4-8% of offenders.

2. **Tier Two:** Intensive treatment, like group therapy, family therapy, mentoring, and cognitive-behavioral therapy.8

3. **Tier Three:** Less intensive levels of the same interventions as used for Tier Two.

4. **Tier Four:** Primary prevention strategies, like school-based, mentoring, and afterschool programs.9

---

**RECOMMENDATIONS**

**PREVENTION**

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

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

- Increase the number of mental health and social work professionals in schools, and train other personnel in recognizing trauma and Mental Health First Aid.

**INTERVENTION**

- Strengthen partnerships between community-based afterschool programs, school districts, juvenile courts, and other community partners to align services for young people, perhaps through Local Interagency Planning Teams (LIPTs) or truancy prevention programs

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

- Promote the use of mentoring programs in communities (e.g. partner with local chambers of commerce, rotary clubs, chapters of 100 Black Men, Big Brothers Big Sisters, or other civically focused organizations).

- Increase employment apprenticeships.

**RESTORATION**

- Raise the maximum age of juvenile court jurisdiction up to 18.

- Increase access to evidence-based practices for mental and behavioral health in schools.

- Increase access to educational and work remediation.

- Expand and develop effective juvenile gang accountability courts.
WHAT CAN AFTERSCHOOL PROVIDE? \(16, 17, 18\)

- Trauma-informed practices to help kids overcome trauma and adverse experiences and reduce their chance to develop substance use disorders and other health conditions.
- Safe, supervised environments to explore new interests and build confidence in their abilities.
- Quality relationships with caring and supportive mentors.
- Opportunities for positive peer interaction like how to reach consensus and work collaboratively.
- Academic instruction for remediation, enrichment, or enhancement.
- Problem-solving and critical thinking skills through interactive learning experiences.

AFTERSCHOOL OUTCOMES \(18, 19, 20, 21\)

Regular participation in high quality afterschool programs leads to a reduction in crime and juvenile delinquency:

- Decrease in number of arrests and gang activity.
- Decrease in drug, tobacco, marijuana, and alcohol use.
- Decrease in likelihood of selling drugs.
- Decreased reports of misconduct in school and disciplinary incidents, including aggression, noncompliance, and conduct problems.
- Decreased likelihood of dropping out of school.

Regular participation in high quality afterschool programs leads to improved behavior and decision-making skills:

- Gain self-control and confidence.
- Develop strong social skills.
- Build healthy relationships with adults and peers.
- Improved school day attendance.
- Improved work habits and classroom behavior.
- Gains in reading and math.
- Increased graduation rates.

Sources: https://tinyurl.com/GangViolenceRefs2020
Positive Behavioral Interventions and Supports

What is Positive Behavioral Interventions and Supports?

Positive Behavioral Interventions and Supports, or PBIS, 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 multi-tiered 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.

Tier 1: Standards-based instruction, universal screening, progress monitoring, and direct behavioral instruction provided to all students

Tier 2: Designed for students who are accessing, but not responding to Tier 1 supports

Tier 3: Intensive/Individualized support systems provided for students who exhibit patterns of severe or extreme behavior

*Courtesy: Georgia Department of Education

GEORGIA SCHOOLS TRAINED IN PBIS

STAR CLIMATE RATINGS

www.georgiavoices.org
In PBIS schools, 11,746 fewer students were assigned out-of-school suspension in 2018 than in 2014.

As a state, we are becoming increasingly aware that serious misbehavior most often has an underlying cause related to an unmet need. With that growth and understanding, in 2018, the Georgia General Assembly passed legislation requiring that, before a student in preschool through third-grade is expelled or assigned out-of-school suspension for more than five days of the school year, a “response to intervention” (RTI) must be provided to the child. RTI is a framework of identifying and addressing the academic and behavioral needs of students through the Multi-Tiered System of Supports (MTSS).

Sources: https://tinyurl.com/PBISRefs2019
State Agency Salaries for Child-Serving Workers

Child-serving state agency workers help Georgia’s children and families get support for their most basic needs.

Child-Serving Agency Entry-Level Salaries

- $40,000
- $35,000
- $30,000
- $25,000
- $20,000
- $15,000
- $10,000
- $5,000
- $0

DFCS Child Welfare Worker
DBHDD Licensed Clinician (e.g. LPC, LCSW)
DFCS Food Stamps and Family Medicaid Worker
DECAL Pre-K Teacher (with a 4+ year degree)
DJJ Probations Officer
DPH Registered Nurse

Georgia Department of Behavioral Health and Developmental Disabilities

Clinicians and social workers at Community Service Boards, which are safety net mental health providers based in communities, provide direct services to youth in the community and sometimes in schools. These services include individual, group, and family therapy.

- Associate-level Clinician (e.g. LAPC, LMSW) - Base-Level Salaries (as of 2019) - $29,400
- Licensed Clinician (e.g. LPC, LCSW) - $32,418

www.georgiavoices.org
Georgia Division of Family and Children Services (DFCS)

Child Welfare
Child welfare workers provide investigative and comprehensive case management for children experiencing abuse or neglect. They assess safety concerns, identify physical, education, and behavioral needs of the child, parents, and foster parents, and ensure these needs are effectively addressed.

<table>
<thead>
<tr>
<th>Position</th>
<th>Base-Level Salaries (as of 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Specialist I, Entry Level</td>
<td>$35,388</td>
</tr>
<tr>
<td>Social Services Specialist II, Mid Level</td>
<td>$38,927</td>
</tr>
<tr>
<td>Social Services Specialist III, Advanced Level</td>
<td>$42,101</td>
</tr>
<tr>
<td>Social Services Specialist, Supervisor</td>
<td>$47,101</td>
</tr>
</tbody>
</table>

In 2019, the turnover rate of child welfare workers increased from 27 to 34 percent.

Office of Family Independence
Office of Family Independence workers process food stamp and Family Medicaid cases. They determine applicant eligibility and process applications.

<table>
<thead>
<tr>
<th>Program</th>
<th>Base-Level Salaries (as of 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Support 1 (One Program)</td>
<td>$27,000</td>
</tr>
<tr>
<td>Economic Support 2 (Two Programs)</td>
<td>$29,000</td>
</tr>
<tr>
<td>Economic Support 3 (Three Programs)</td>
<td>$34,000</td>
</tr>
<tr>
<td>Economic Support Supervisor</td>
<td>$36,000</td>
</tr>
</tbody>
</table>

In 2019, the turnover rate of food stamp and Family Medicaid eligibility workers was 17 percent.

Georgia Department of Early Care and Learning
Georgia Pre-K teachers teach 4- and 5-year-old children, 5 days a week, 180 days per year. The school-day is 6.5 hours, and sometimes longer to provide before- and after-school care.

<table>
<thead>
<tr>
<th>Position</th>
<th>Base-Level Salaries (as of 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K Teacher, Lead, 4+ -year degree</td>
<td>$30,316</td>
</tr>
<tr>
<td>Pre-K Teacher, Lead, Certified T4</td>
<td>$38,821</td>
</tr>
<tr>
<td>Pre-K Teacher, Lead, Certified T5</td>
<td>$40,343</td>
</tr>
</tbody>
</table>

Georgia Department of Juvenile Justice (DJJ)
DJJ Community/Social Services Probation Officers are responsible for youth on probation and in state custody.

<table>
<thead>
<tr>
<th>Position</th>
<th>Base-Level Salary (as of 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation Officer, Entry Level</td>
<td>$29,399</td>
</tr>
</tbody>
</table>

Georgia Department of Public Health (DPH)
DPH Registered Nurses provide nursing care, including for populations with special needs during natural disasters and emergencies.

<table>
<thead>
<tr>
<th>Position</th>
<th>Base-Level Salaries (as of 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse, Entry Level</td>
<td>$37,275</td>
</tr>
<tr>
<td>Registered Nurse, Working Level</td>
<td>$47,648</td>
</tr>
<tr>
<td>Registered Nurse, Advanced Level</td>
<td>$65,221</td>
</tr>
<tr>
<td>Registered Nurse, Supervisor</td>
<td>$81,898</td>
</tr>
</tbody>
</table>

In 2017, the turnover rate of registered nurses was 15 percent.

Sources: https://tinyurl.com/FedDollars2019
In State Fiscal Year 2020, federal funds will go to nine state agencies serving Georgia’s children:

<table>
<thead>
<tr>
<th>STATE AGENCY</th>
<th>SFY 2020 BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCH Department of Community Health</td>
<td>$7,768,765,416</td>
</tr>
<tr>
<td>DHS Department of Human Services</td>
<td>$1,095,263,066</td>
</tr>
<tr>
<td>DPH Department of Public Health</td>
<td>$395,951,809</td>
</tr>
<tr>
<td>DBHDD Department of Behavioral Health &amp; Developmental Disabilities</td>
<td>$149,566,334</td>
</tr>
<tr>
<td>DECAL Department of Early Care and Learning</td>
<td>$404,798,159</td>
</tr>
<tr>
<td>DOE Department of Education</td>
<td>$2,098,482,487</td>
</tr>
<tr>
<td>CJCC Criminal Justice Coordinating Council</td>
<td>$94,263,997</td>
</tr>
<tr>
<td>DOD Department of Defense</td>
<td>$64,471,581</td>
</tr>
<tr>
<td>DJJ Department of Juvenile Justice</td>
<td>$7,804,205</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$12,079,367,054</strong></td>
</tr>
</tbody>
</table>

**Federal Funding by Policy Area**

- **78% Health and Human Services**
  - DBHDD Department of Community Health
  - Department of Human Services
  - Department of Public Health

- **1.4% Public Safety**
  - Criminal Justice Coordinating Council
  - Department of Defense
  - Department of Juvenile Justice

- **20.7% Education**
  - Department of Early Care and Learning
  - Department of Education
### STATE PROGRAMS RECEIVING FEDERAL FUNDING

<table>
<thead>
<tr>
<th><strong>Health and Human Services</strong></th>
<th><strong>$ 9,409,546,625</strong></th>
</tr>
</thead>
</table>
| **DBHDD**                    | **Community Mental Health Services Block Grant**  
**Medical Assistance Program (Medicaid)**  
**Sub. Abuse Prevention and Treatment Block Grant**  |
| **DCH**                      | **Medicaid Assistance Program (Medicaid)**  
**State Children’s Insurance Program**  |
| **DHS**                      | **Medicaid Assistance Program (Medicaid)**  
**Social Services Block Grant**  
**Temporary Assistance for Needy Families**  
**CAPTA, Child Care and SNAP**  
**Title IV-E: Adoption Assistance and Foster Care**  
**Title IV-B: Promoting Safe and Stable Families**  
**Title IV-D: Child Support Enforcement**  |
| **DPH**                      | **Infants and Toddlers with Disabilities Grant**  
**Maternal and Child Health Services Block Grant**  
**Temporary Assistance for Needy Families**  
**Preventive Health and Health Services Block Grant**  
**Women, Infants, and Children Program**  
**Immunizations and Vaccines for Children Grant**  |

<table>
<thead>
<tr>
<th><strong>Public Safety</strong></th>
<th><strong>$ 166,539,783</strong></th>
</tr>
</thead>
</table>
| **CJCC**                     | **Temporary Assistance for Needy Families**  
**Family Violence Prevention and Services Act**  
**Edward Byrne Memorial Justice Assistance Grant**  
**Residential Substance Abuse Treatment for Prisoners**  
**Paul Coverdell Forensic Science Improvement Grants**  
**Juvenile Justice and Delinquency Prevention**  
**VOCA Victim Assistance Formula**  
**VOCA Victim Compensation Formula**  
**Sexual Assault Services Formula Grant**  
**STOP Violence Against Women Formula Grant**  |
| **DOD**                      | **STARBASE**  
**National Guard Youth Challenge and Job Challenge**  
**United States Department of Agriculture**  |
| **DJJ**                      | **Education**  
**National School Lunch Program**  
**Re-Entry/2nd Chance**  
**Residential Substance Abuse Treatment**  
**Title IV-E: Foster Care**  |

<table>
<thead>
<tr>
<th><strong>Education</strong></th>
<th><strong>$ 2,503,280,646</strong></th>
</tr>
</thead>
</table>
| **DECAL**                    | **Child and Adult Care Food Program**  
**Child Care and Development Block Grant**  
**Child Care Development Fund**  
**Head Start**  
**National School Lunch Program**  
**Preschool Development Grant**  
**Race to the Top: Early Learning Challenge Grant**  
**State Administrative Expenses for Child Nutrition**  
**Team Nutrition Grants**  |
| **DOE**                      | **21st Century Community Learning Centers**  
**Career and Technical Education**  
**Charter Schools**  
**Child Nutrition Discretionary Grants**  
**Comprehensive Literacy Development**  
**Education for Homeless Children and Youth**  
**Education for Migratory Children**  
**English Language Acquisition State Grants**  
**Fresh Fruits and Vegetables Program**  
**Grants for State Assessments and Related Activities**  
**Maternal and Child Health Services Block Grant**  
**Mathematics and Science Partnerships**  
**Migrant Education Coordination Programs**  
**National Assessment of Educational Progress**  
**National School Lunch Program**  
**Race to the Top: Early Learning Challenge Grant**  
**Rural Education**  
**School Breakfast Program**  
**School Improvement Grants**  
**Special Education Grants**  
**Special Education Grants to States**  
**Special Milk Program for Children**  
**State Administrative Expenses for Child Nutrition**  
**Student Support and Academic Enrichment Program**  
**Substance Abuse and Mental Health Services**  
**Supporting Effective Instruction State Grant**  
**Title I Grants to Local Education Agencies**  
**Title I Neglected and Delinquent Children and Youth**  |

### 2019 Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Family/Household Size</th>
<th>100%</th>
<th>200%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$12,490</td>
<td>$24,980</td>
<td>$49,960</td>
</tr>
<tr>
<td>2 people</td>
<td>$16,910</td>
<td>$33,820</td>
<td>$67,640</td>
</tr>
<tr>
<td>3 people</td>
<td>$21,330</td>
<td>$42,660</td>
<td>$85,320</td>
</tr>
<tr>
<td>4 people</td>
<td>$25,750</td>
<td>$51,500</td>
<td>$103,000</td>
</tr>
</tbody>
</table>

Source: Department of Health and Human Services

### Federal and State Program Eligibility based on Federal Poverty Guidelines

Certain federal programs use the federal poverty guidelines to determine eligibility. The following chart details specific programs and the maximum yearly income a family of 4 can earn to remain eligible.

<table>
<thead>
<tr>
<th>Program</th>
<th>Maximum Yearly Income (Family of 4)</th>
<th>Maximum % of Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare and Parent Services - Low Income Priority Group</td>
<td>$25,750</td>
<td>100%</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program</td>
<td>$33,475</td>
<td>130%</td>
</tr>
<tr>
<td>Pregnancy Medicaid</td>
<td>$56,650</td>
<td>220%</td>
</tr>
<tr>
<td>Women, Infants, Children</td>
<td>$47,638</td>
<td>185%</td>
</tr>
<tr>
<td>Medicaid (Children up to 1 year)</td>
<td>$54,075</td>
<td>210%</td>
</tr>
<tr>
<td>Medicaid (Children ages 1-5)</td>
<td>$39,655</td>
<td>154%</td>
</tr>
<tr>
<td>Medicaid (Children ages 6-18)</td>
<td>$35,535</td>
<td>138%</td>
</tr>
<tr>
<td>PeachCare (Children 0-18)</td>
<td>$63,603</td>
<td>247%</td>
</tr>
<tr>
<td>Marketplace (Health Insurance) Premium Tax Credit</td>
<td>$103,000</td>
<td>400%</td>
</tr>
</tbody>
</table>
Federal and State Program Definitions

**Childcare and Parent Services (CAPS):** The Childcare and Parent Services (CAPS) program offers low-income families subsidies to pay for quality child care, afterschool and summer programs for children up to age 12 and for children up to age 17 with special needs.

**Marketplace (Health Insurance) Premium Tax Credit:** Individuals and families with incomes at 100 - 400% FPL who purchase health insurance through the Health Insurance Marketplace, can receive federal premium tax credits to reduce their monthly insurance premium payments.

**Medicaid:** Medicaid in the U.S. 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.

**Peachcare for Kids™:** PeachCare for Kids™ is a comprehensive health care program for uninsured children (under age 19) living in Georgia, whose parents earn too much to qualify for Medicaid, but not enough to pay for private coverage.

**Supplemental Nutrition Assistance Program (SNAP):** SNAP offers nutrition assistance to millions of eligible, low-income individuals and families through electronic benefit cards.

**Women, Infants, Children (WIC):** Women, Infants, and Children provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Sources: [https://tinyurl.com/FPGuidelines2018](https://tinyurl.com/FPGuidelines2018)
The census is a count of all people living in the United States (not just citizens).

22% or 2.2 million Georgians live in areas considered hard-to-count (HTC) by the US Census Bureau.

Your count is PRIVATE, SECURE, and SAFE.

1. Laws require all information taken to be private and secure for 72 years. Individual results will be released in 2092.
2. Every census employee takes a lifetime oath, breaking it is subject to prison time and a $250,000 fine.
3. The information collected cannot be used against you by any government agency or court.

In 2016, every 1% undercount in Georgia cost our state $68.6 MILLION.

Who’s at Risk of not being Counted?

- Young children (0–5 years)
- Individuals of color
- Those living in poverty
- Those with limited English
- Immigrants
- Those living in rural areas
- College students

Want to know more about the census or get involved?
Visit: EVERYONECOUNTSGA.ORG
What does the census do?
The census helps governments help people. The count helps determine legislative districts, city council districts, school districts, and federal funding that goes towards programs affecting healthcare, food, education, transportation and many other areas impacting how Georgians live their lives.

The 2010 census provided funding over 10 years for Georgia totalling $15.9 BILLION annually, which is distributed across many federal programs.

Georgia receives more than $2300 per person annually in federal funding directly related to census count allocations.

<table>
<thead>
<tr>
<th>Program</th>
<th>People impacted in GA</th>
<th>Number Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid &amp; CHIP</td>
<td>1.8 Million</td>
<td>1.8 Million</td>
</tr>
<tr>
<td>SNAP</td>
<td>1.5 Million</td>
<td>1.5 Million</td>
</tr>
<tr>
<td>WIC</td>
<td>190,000</td>
<td>190,000</td>
</tr>
<tr>
<td>School Lunch</td>
<td>1.2 Million</td>
<td>1.2 Million</td>
</tr>
<tr>
<td>Special Education /IDEA</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Head Start</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Title IV-E Foster Care</td>
<td>14,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>300,000</td>
<td>300,000</td>
</tr>
</tbody>
</table>

Georgia ranked 31st in response rate in Census 2010.

More People Counted = More Representatives in Congress

<table>
<thead>
<tr>
<th>Census 2000</th>
<th>Georgia Gained 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census 2010</td>
<td>Georgia Gained 1</td>
</tr>
</tbody>
</table>
| Census 2020 | We won’t know until you participate on April 1!

2019 | 2020 | APRIL 1 CENSUS DAY! | 2021

August: Conduct in-field address canvassing
March 23rd: Internet self-response begins
Mid-April: Non-responding homes get paper census form
May 13-July: Non-response door-to-door visits begin
March 31: Deliver redistricting results to states
It is essential that everyone in Georgia be counted in Census 2020 since the federal government uses these counts to determine funding for education and programs like SNAP, WIC, and CAPS. The count must be accurate so your schools can be supported!

In 2015, Georgia received $1.6 billion federal dollars for education-related programs.

- **National School Lunch Program**: $500 million, 1.2 million students
- **Title I Grants**: $500 million, 1,500 schools
- **Special Education (IDEA)**: $300 million, 200,000 students
- **Head Start Early Head Start**: $200 million, 20,000 students

Georgia has 2.5 million kids (birth-18).

Georgia ranks 34th in education in the U.S.

- 50% of 3-4 year olds are not in school.
- 63% of 3rd graders are not proficient in reading.
- 69% of 8th graders are not proficient in math.
- 18% of high school students are not graduating on time.

REFERENCES: tinyurl.com/y5j6mhh3

LEARN MORE: EVERYONECOUNTSGA.ORG
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An accurate count in Census 2020 is vital to positively impact the communities and families afterschool providers operate in and serve.

**WHAT IS CENSUS 2020?**
The census is a complete count of all people living in the United States that happens every 10 years. The results will:

1. Direct federal funding given to every state for programs like Medicaid & CHIP, SNAP & WIC, and Head Start.

2. Determine your government representation on both the federal and state levels.

3. Build Georgia’s communities for things like infrastructure, business hospitals, and schools.

**IMPACT ON AFTERSCHOOL**
In 2016, Georgia received $1.6 billion of federal dollars directly impacting afterschool from 2010 census counts.

- **$330 MILLION** TANF
- **$515 MILLION** Title I Grants
- **$115 MILLION** CAPS
- **$120 MILLION** Child and Adult Care Food Program
- **$530 MILLION** National School Lunch Program

**AFTERSCHOOL CAN HELP**

**Spread the Message**
You are a trusted voice in your community. This means you can let people know the census is coming, why it’s important, and dispel fears.

**Teach your Program**
What you teach often gets relayed to caregivers. Lessons and activities are available for use here: www.census.gov/schools.

**Offer any Resources**
You can pass out census materials, provide a place for people to complete their census, help with language barriers, and so much more!

References: https://tinyurl.com/y66odz3v

LEARN MORE: EVERYONECOUNTSGA.ORG
(This page intentionally left blank.)
An accurate count in Census 2020 is essential to positively impact health care, ensuring we meet the needs of our communities. Census 2020 will influence two areas:

1. **Federal funding for health programs**
   - In federal dollars, Georgia received **$15.8 BILLION** in 2015 from 2010 census counts.
   - More than **50%** went to public health programs like MEDICAID, MEDICARE, PEACHCARE/CHIP, SNAP & WIC HEALTH CENTERS.

2. **Population data** directing where resources, community services, and hospitals should go.
   - 14% of Georgia’s kids **did not have** dental care in the last year.
   - 60% of Georgia’s kids **don’t receive the behavioral health services** they need.
   - 15% of Georgia’s kids **did not receive any medical care** in the last year.

**Georgia’s county healthcare shortage**
- 23 have NO dentist
- 76 have NO licensed psychologist
- 79 have NO OB-GYN
- 63 have NO pediatrician
- 9 have NO doctor

**Census 2020**

References: [https://tinyurl.com/y5v2fsx8](https://tinyurl.com/y5v2fsx8)
Undercounting Young Children
CENSUS 2020

Young Children (Birth - 5) had the highest undercount rate of any age group in Census 2010. A million young children were not counted in the 2010 census.

The 2010 census also had low response rates in some areas more than others, and groups like young children are particularly at risk of not being counted in Census 2020 in these locations.

Georgia has 166,058 children (Birth - 5) living in “Hard to Count” (HTC) areas where a low percentage of residents completed and returned their 2010 census form. That is more than 25% of the total population of young children in the state.

These maps show the concentration of Young Children (Birth - 5) living in Hard to Count (HTC) areas, meaning areas with the lowest rate of mailing back their 2010 census forms.

[Map showing concentration of young children in HTC areas]
## GEORGIA COUNTIES YOUNG CHILDREN (BIRTH – 5) IN HTC AREAS

<table>
<thead>
<tr>
<th>County</th>
<th>Birth–5 Pop. in HTC Areas</th>
<th>Birth–5 Total Pop.</th>
<th>% of Birth–5 Pop. in HTC Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atkinson</td>
<td>582</td>
<td>582</td>
<td>100%</td>
</tr>
<tr>
<td>Bacon</td>
<td>755</td>
<td>755</td>
<td>100%</td>
</tr>
<tr>
<td>Baker</td>
<td>127</td>
<td>127</td>
<td>100%</td>
</tr>
<tr>
<td>Baldwin</td>
<td>221</td>
<td>2209</td>
<td>10%</td>
</tr>
<tr>
<td>Barrow</td>
<td>370</td>
<td>5423</td>
<td>7%</td>
</tr>
<tr>
<td>Berrien</td>
<td>1112</td>
<td>1112</td>
<td>100%</td>
</tr>
<tr>
<td>Bibb</td>
<td>3663</td>
<td>10820</td>
<td>34%</td>
</tr>
<tr>
<td>Bleckley</td>
<td>242</td>
<td>679</td>
<td>36%</td>
</tr>
<tr>
<td>Brantley</td>
<td>1112</td>
<td>1112</td>
<td>100%</td>
</tr>
<tr>
<td>Brooks</td>
<td>476</td>
<td>881</td>
<td>54%</td>
</tr>
<tr>
<td>Bryan</td>
<td>551</td>
<td>2444</td>
<td>23%</td>
</tr>
<tr>
<td>Bulloch</td>
<td>1096</td>
<td>4126</td>
<td>27%</td>
</tr>
<tr>
<td>Camden</td>
<td>302</td>
<td>3900</td>
<td>8%</td>
</tr>
<tr>
<td>Candler</td>
<td>653</td>
<td>653</td>
<td>100%</td>
</tr>
<tr>
<td>Carroll</td>
<td>1352</td>
<td>7401</td>
<td>18%</td>
</tr>
<tr>
<td>Charlton</td>
<td>727</td>
<td>727</td>
<td>100%</td>
</tr>
<tr>
<td>Chatham</td>
<td>2495</td>
<td>18861</td>
<td>13%</td>
</tr>
<tr>
<td>Chattahoochee</td>
<td>140</td>
<td>952</td>
<td>15%</td>
</tr>
<tr>
<td>Cherokee</td>
<td>478</td>
<td>14693</td>
<td>3%</td>
</tr>
<tr>
<td>Clarke</td>
<td>1567</td>
<td>6839</td>
<td>23%</td>
</tr>
<tr>
<td>Clay</td>
<td>204</td>
<td>204</td>
<td>100%</td>
</tr>
<tr>
<td>Clayton</td>
<td>13729</td>
<td>21257</td>
<td>65%</td>
</tr>
<tr>
<td>Clinch</td>
<td>594</td>
<td>594</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>Birth–5 Pop. in HTC Areas</th>
<th>Birth–5 Total Pop.</th>
<th>% of Birth–5 Pop. in HTC Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cobb</td>
<td>11931</td>
<td>47842</td>
<td>25%</td>
</tr>
<tr>
<td>Colquitt</td>
<td>132</td>
<td>3303</td>
<td>4%</td>
</tr>
<tr>
<td>Columbia</td>
<td>337</td>
<td>9182</td>
<td>4%</td>
</tr>
<tr>
<td>Cook</td>
<td>133</td>
<td>1134</td>
<td>12%</td>
</tr>
<tr>
<td>Crawford</td>
<td>419</td>
<td>655</td>
<td>64%</td>
</tr>
<tr>
<td>Crisp</td>
<td>123</td>
<td>1516</td>
<td>8%</td>
</tr>
<tr>
<td>DeKalb</td>
<td>24302</td>
<td>53127</td>
<td>46%</td>
</tr>
<tr>
<td>Dodge</td>
<td>1111</td>
<td>1111</td>
<td>100%</td>
</tr>
<tr>
<td>Dooly</td>
<td>314</td>
<td>549</td>
<td>57%</td>
</tr>
<tr>
<td>Dougherty</td>
<td>212</td>
<td>6372</td>
<td>3%</td>
</tr>
<tr>
<td>Douglas</td>
<td>3676</td>
<td>8968</td>
<td>41%</td>
</tr>
<tr>
<td>Early</td>
<td>450</td>
<td>666</td>
<td>68%</td>
</tr>
<tr>
<td>Echols</td>
<td>213</td>
<td>213</td>
<td>100%</td>
</tr>
<tr>
<td>Emanuel</td>
<td>394</td>
<td>1505</td>
<td>26%</td>
</tr>
<tr>
<td>Evans</td>
<td>793</td>
<td>793</td>
<td>100%</td>
</tr>
<tr>
<td>Fannin</td>
<td>426</td>
<td>967</td>
<td>44%</td>
</tr>
<tr>
<td>Floyd</td>
<td>1143</td>
<td>5955</td>
<td>19%</td>
</tr>
<tr>
<td>Forsyth</td>
<td>1362</td>
<td>13296</td>
<td>10%</td>
</tr>
<tr>
<td>Fulton</td>
<td>24530</td>
<td>62728</td>
<td>39%</td>
</tr>
<tr>
<td>Glynn</td>
<td>278</td>
<td>5029</td>
<td>6%</td>
</tr>
<tr>
<td>Gwinnett</td>
<td>23680</td>
<td>60963</td>
<td>39%</td>
</tr>
<tr>
<td>Hall</td>
<td>1921</td>
<td>12977</td>
<td>15%</td>
</tr>
<tr>
<td>Hancock</td>
<td>175</td>
<td>262</td>
<td>67%</td>
</tr>
</tbody>
</table>
### GEORGIA COUNTIES YOUNG CHILDREN (BIRTH - 5) IN HTC AREAS

<table>
<thead>
<tr>
<th>County</th>
<th>Birth-5 Pop. in HTC Areas</th>
<th>Birth-5 Total Pop.</th>
<th>% of Birth-5 Pop. in HTC Areas</th>
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Source: censushardtocountmaps2020.us/