ALL ABOUT KIDS:
Factsheets about Georgia’s Children

January 2023
Dear Policymaker, Child Advocate, and Friend,

Welcome to our 2023 edition of All About Kids: Factsheets on Georgia’s Children. Throughout this book, we offer an array of data and research on topics across the spectrum of child policy, all designed to be easy-to-find and easy-to-use as you work on policies and legislation for children and families. We hope that you will find this helpful.

We at Voices for Georgia’s Children (Voices) and the Georgia Statewide Afterschool Network (GSAN) are at your disposal to assist with any child-related policy work or questions you may have!

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

Most sincerely,
Caitlin, Katie, Polly and Melissa

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About Voices for Georgia’s Children

Voices for Georgia’s Children believes every child can thrive when given the opportunity. Through research and analysis, public education, and convening and engaging with decision-makers, we advance laws, policies, and actions that improve the lives of children – particularly those furthest from opportunity. Our work is framed in a holistic “whole child” perspective that allows us to identify how different policies impact children and 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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Two-Generation “2Gen” Approach

2Gen: An Overview

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 separately. 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.

Impact of 2Gen Approaches

Improving access to childcare could address an estimated $1.75 billion economic loss to the state by reducing missed work and increasing economic opportunities for parents of young children.2

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.3

Children with college savings between $1 and $499 are 3 times more likely to go to college and 4 times more likely to graduate.4

*Household income below 100% of the federal poverty level. See HHS Poverty Guidelines for more info.

www.georgiavoices.org
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.

**Quality Care for Children**

Quality Care for Children’s Boost Child Care Initiative aims to increase the success of low-income parents and their children. Boost Child Care Initiative includes:

- Increasing state investment in child care subsidies to improve Georgia’s workforce
- Eliminate the Childcare and Parent Services (CAPS) eligibility gap
- Extending subsidy eligibility to parents attending college

*Note: The Quality Care for Children’s Boost Child Care Initiative is not affiliated with the Georgia Statewide Afterschool Network BOOST Grant.*

**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 or school attendance and graduation

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

*This is not a comprehensive list of 2Gen models in Georgia. Other examples include Home Visiting, Child Care Access Means Parents in School (CCAMPIS), and Nana grants.*
INSERT BANK
TAB:
EARLY CARE AND LEARNING
A child's early years are critical for later health and development. Missing key milestones during this crucial period may indicate developmental delays. It is critical to know what to expect during the early stages of a child's development, since early detection and intervention can help kids stay on track. Between birth and age 5, a child’s brain develops more than at any other time in life.

95% of brain growth happens before kindergarten.

### THE FIRST YEAR OF LIFE

**0-3 months**
- Holds head up when on stomach
- Begins to smile
- Learns to briefly calm self (e.g., brings hand to mouth and suck on hand)

**3-6 months**
- Copies movements and sounds
- Begins to babble
- Rolls from stomach to back

**6-9 months**
- Begins to sit with support
- Plays peek-a-boo
- Knows familiar faces

**9 months to 1 year**
- Crawls and pulls to stand
- Uses simple gestures (e.g., shakes head, waves)
- Responds to simple spoken requests

### THE SECOND YEAR OF LIFE (AGES 1 TO 2 YEARS)

- Knows several words
- Points to show something is interesting
- Plays simple pretend
- Mama
- Cat
- Dada

### THE THIRD YEAR OF LIFE (AGES 2 TO 3 YEARS)

- Finds objects that are hidden
- Engages in conversation
- Begins to run
- Follows instructions with 2-3 steps

### THE FOURTH YEAR OF LIFE (AGES 3 TO 4 YEARS)

- Cooperates with other children
- Dresses self
- Sings songs or poems from memory
- Plays roles (e.g., parent, teacher, animal)

Note: It is important to remember that children may develop skills on slightly different timelines. Therefore, developmental milestone achievements may not fully align with the provided time frames and may be met at slightly different times.

www.georgiavoices.org
Quality early care and learning are essential to the growth and development of Georgia’s youngest learners. Multiple studies have shown how quality early care and learning impact outcomes for young children in their early years and well beyond.

**WHAT IS QUALITY?**

Elements of quality early care should:

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

**QUALITY INITIATIVES IN GEORGIA**

**Georgia Early Learning and Development Standards**

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

The GELDS are a continuum of skills, behaviors, and concepts that children develop throughout this time of life, divided by age group.

The GELDS have **FIVE** domains of learning:

- **PHYSICAL DEVELOPMENT AND MOTOR SKILLS (PDM)**
- **SOCIAL AND EMOTIONAL DEVELOPMENT (SED)**
- **APPROACHES TO PLAY AND LEARNING (APL)**
- **COMMUNICATION, LANGUAGE, AND LITERACY (CLL)**
- **COGNITIVE DEVELOPMENT AND GENERAL KNOWLEDGE (CD)**

Each domain is organized into strands, standards, and age-appropriate indicators.

**Early Education Community Partnerships Team**

DECAL is continuing its investment in community outreach and engagement through the Early Education Community Partnerships (EECP) Team. This team is composed of six Community Coordinators assigned to each DECAL administrative region of the state. These Community Coordinators share information about DECAL resources and collaborate with community organizations to improve learning outcomes for young children.

The EECP Team also engages with local stakeholders to coordinate the delivery of available services for young children and their families, with priority given to efforts that expand access to high-quality care through Georgia’s Quality Rated Child Care system. Specific efforts led by regional Community Coordinators include working with community stakeholders to align systems for children ages birth to 8, fostering public awareness of early education services, serving as a local resource and referral for all DECAL programs and services, and convening regional birth-to-eight teams and child care engagement networks.

www.georgiavoices.org
Quality Rated is a voluntary tiered 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.

To become Quality Rated, programs must score well on portfolios with self-reported information and classroom observations conducted by trained assessors. Star rated programs receive packages with training, materials, and equipment.

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

Benefits for Parents and Families

QualityRated.org is a trustworthy resource that helps families find high-quality child care and Pre-K programs.

Parents can use the FREE, online search tool to access information about specific programming, including safety and inspection reports, weekly rates, and ages served. To find Quality Rated programs, 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.

Percentage of Eligible Programs that are Quality Rated per County

Of the 4,450 state eligible child care programs, more than 2,855 are Quality Rated.

Star Rating Statewide Count

1,128 ⭐

1,190 ⭐⭐

537 ⭐⭐⭐

Rev. 08/2022
Sources: bit.ly/3HRdJWC
The Childcare and Parent Services (CAPS) program assists families with low-income with the cost of child care while they work, go to school or training, or participate in other work-related activities. Subsidies can be used 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.

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

FUNDING FOR CAPS
CAPS is funded by state and federal dollars.

Federal Funding
Federal funding is provided from the Child Care and Development Fund (CCDF) and is administered by the Department of Early Care and Learning (DECAL). Georgia typically receives approximately $230 million in federal child care subsidy funds. However, with available pandemic-related federal stimulus funding available, DECAL has been able to increase funding for CAPS by $165M for a limited time. DECAL used these funds to support an expansion of CAPS priority and eligibility populations, increase provider payment amounts and eliminate family fees to temporarily reduce the financial burden on families, as well as increase the tiered reimbursement that quality rated providers receive (see below for more details).

State Funding
In State Fiscal Year 2022, Georgia appropriated and made available approximately $56 million for CAPS.

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
- Disability status
- 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 (e.g., family with substantiated Child Protect Services case closed within the last 12 months, caregiver other than biological or adoptive parents has taken over full-time care of child)
- Student parent (effective as of May 1, 2022)

While federal and state funding temporarily allowed DECAL to expand priority groups and serve additional families, continued, and increased, investments are crucial to reaching eligible but not served individuals. For example, the limited funding for the state’s child care subsidy program means that it is only able to support a small percentage of the children and families who qualify for it (approximately five to seven percent in 2022).
INCOME ELIGIBILITY

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 $76,443 a year.

To qualify for the Very Low Income priority group, a family of four cannot make more than $41,625 a year.²

*This threshold was set at 85% of the SMI November 1, 2022 through December 15, 2022, due to funding from the American Rescue Plan Act and expanded CAPS to serve 10,000 additional children. Families currently enrolled in CAPS are not affected by these changes and can still remain in the program as long as their income does not exceed 85% SMI and they meet other eligibility requirements.

PARENT APPROVED ACTIVITIES

Parents who receive CAPS must complete 24 hours per week of approved activities to stay eligible for the CAPS scholarship.²

Approved activities can include:¹⁰

Employment
Paid employment or volunteering at Head Start or Early Head Start facilities

Education
Participation in middle or high school, GED programs, vocational training programs, technical college, technical credits, associate degree and bachelor’s 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 per 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 per 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.¹²

CHANGES TO THE CHILD CARE DEVELOPMENT FUND (CCDF)

In FY 2022, CCDF mandatory and matching federal funds totaled approximately $73.5 million,* which included an approximate $17 million permanent increase authorized by the American Rescue Plan Act.¹³

As of September 17, 2018, parent fees were significantly reduced, not to exceed 7% of family income.¹⁴

All providers serving children receiving CAPS subsidies are required to participate in Quality Rated.¹⁵

*The $73.5 million appropriation does not include pandemic-related one-time funding amounts for DECAL.
Georgia’s Pre-K Program has served more than 1.8 million students since it began in 1992. This voluntary, free program is open to all four-year-olds in Georgia, regardless of parental income. The program continues to be nationally recognized for its success.

2021-2022 Participation
During the 2021-2022 school year, Georgia’s Pre-K had:

- **73,177** students in **3,762** classes operating in **159** counties in **1,838** locations

At the end of the year, **2,592 kids** were on the waitlist.

Georgia’s Pre-K programs are located in both public school systems (45%) and private centers (55%).

Program Structure

- Maximum of 22 kids per classroom
- Full day program that runs 180 days per year
- Lead and assistant teachers must meet credential requirements
- Curriculum is based on the Georgia Early Learning and Development Standards (GELDS)

Program Highlights

- In 2020-2021, Georgia ranked 8th best in the nation for access to pre-k for four-year-olds.
- More than half of Georgia’s pre-k providers are Quality Rated, a voluntary, quality rating system for early and child care programs.

www.georgiavoices.org
From 2011 to 2015, the Georgia Department of Early Care and Learning and the Frank Porter Graham Institute conducted a multi-year evaluation to understand the short- and long-term benefits of Georgia’s Pre-K. The study followed children from Georgia’s Pre-K through third grade and found children:

- Are more prepared for kindergarten compared to four-year-olds who did not attend a Georgia Pre-K program.
- 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 were shown to be sustained through the end of first grade.

Funding for Georgia’s Pre-K Program

Georgia’s Pre-K Program is funded by the Georgia Lottery. $401 million lottery dollars were allocated to Georgia’s Pre-K for FY23.

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

In 2016, the Georgia General Assembly approved a $34 million increase for pre-k salaries. Georgia’s current pre-k salaries are as follows:

- Assistant Teacher: $16,190.35
- 4-year degree, Lead Teacher: $38,820.73
- 4-year degree & certified, Lead Teacher: $38,820.73
- Master’s Degree, Lead Teacher: $43,343.04
Children entering kindergarten with school readiness skills are more likely to experience academic success and better lifetime well-being than their peers.¹

What is School Readiness?
A child’s readiness for school includes:²

- 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, family, community, schools, and the services to which they have access.

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.³ Environmental exposures, such as health risks, financial strain, conflict, and neighborhood safety, impact a child’s future opportunities — including school readiness and grade promotion.⁴ 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.⁵

Georgia’s Commitment to School Readiness
Georgia Department of Early Care and Learning (DECAL) administers several programs to increase early readiness skills so students can enter kindergarten ready to learn, including:

**Georgia’s Pre-K Program**

MORE THAN 1.8 MILLION students have been served by Georgia’s Pre-K Program since it began in 1992.⁶

Children in Georgia’s Pre-K program showed significant growth across all learning domains, including:³

- Math skills
- Language and literacy skills
- Social-emotional skills

Evaluations have found that children enrolled in the Georgia Pre-K program:²

- 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.

Dual language learners in Georgia’s Pre-K program showed growth across all skills in English and most skills in Spanish.²

**Summer Transition Programs**¹⁰ ¹¹ ¹²

DECAL offers both Rising Kindergarten and Rising Pre-K Summer Transition programs as additional supports for high-risk students, including: ³⁸⁷ classes at ²⁹⁴ program sites

- 6-week intensive summer program
- Child’s family must be at or below 85% of the state median income
- A transition coach is in each class to help families
- Low student-to-teacher ratio

www.georgiavoices.org
Georgia’s Summer Transition Program

Georgia Department of Early Care and Learning, Bright from the Start’s Rising Pre-K and Rising Kindergarten Summer Transition Programs (STP) are intensive six-week academic programs to support children and prepare them for pre-k and kindergarten.

Rising Kindergarten Summer Transition Program

Eligibility Requirements for Rising Kindergarten:¹

1. Child did not attend a Georgia’s Pre-K or Head Start program during the 2021-2022 school year, OR
2. Child attended a Georgia’s Pre-K or Head Start program, but did not attend the entire school year, OR
3. Child attended a Georgia’s Pre-K or Head Start program the entire school year and falls into one of the following priority groups:
   • Child identified as needing additional academic support
   • Dual language learner (home language is a language other than English)
   • Foster care placement
   • Child’s family is without permanent housing (homeless as defined by McKinney-Vento Homeless Assistance Act)
   • Child has an Individualized Education Program (IEP)

2021-2022 Participation²

3,816 children at 237 locations in 61 counties which operate 315 classes

These programs are located in both public school systems (35%) and private centers (65%).

Program Structure³

Maximum of 12 kids per classroom
Full day program
A lead and assistant teacher per class
Provides/assists in coordinating care before and after school as needed through CAPS

Transition Coach⁴

Summer transition program requires a half-time transition coach for every class, who is responsible for:

Identifying 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

ECL-6
Rising Pre-Kindergarten Summer Transition Program

Eligibility Requirements for Rising Pre-Kindergarten:
1. Child is attending Georgia’s Pre-K or Head Start in Fall 2022, AND
2. Child’s home language is Spanish

2021-2022 Participation

720 children at 57 locations in 20 counties which operate 72 classes

These programs are located in both public school systems (26%) and private centers (74%).

Program Structure

- Maximum of 10 kids per classroom
- Instruction is provided in both English and Spanish
- Teacher training to work with Dual Language Learners (DLL)
- At least one teacher AND the transition coach must be fluent in Spanish

Dual Language Learners

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

Research from the Frank Porter Child Development Institute indicated that:

1. Spanish-speaking DLLs are less likely than their peers to enroll in early care, directly affecting school readiness skills.
2. Both the English and Spanish language skills of participating children increased during the program.
3. The program helped children become more comfortable with school routines and increased independence.
4. While children made significant gains, a meaningful gap remained between DLLs and their peers.

In 2022, the Rising K and Pre-K Summer Transition Programs combined hosted:

4,536 children at 294 locations

The total budget* for both Summer Transition Programs is: $10.8 MILLION.

Approximately $2,380 being spent PER CHILD

*budget funded by the Georgia Lottery and federal dollars
Farm to Early Care and Education

Georgia’s Early Care and Education (ECE) programs serve more than 330,000 children, many of whom may consume 1-3 meals and 2 snacks a day onsite.¹

Why Farm to Early Care and Education?
Research shows Farm to School initiatives improve children’s health and nutrition.² Most of these programs start in K-12 schools, but children can be reached earlier with Farm to Early Care and Education (FTECE).

Top Reasons Providers Choose to Participate in FTECE
- Teach children where food comes from and how it is grown
- Improve child health
- Provide children with experiential learning

STRATEGIES THAT WORK

- Parent education and engagement
- Meal planning and preparation
- Curriculum where kids touch and taste food
- Gardening with kids
- Fruit and vegetable boxes for home consumption

FTECE SUPPORTS
- 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
- Development of motor skills
- Fosters life skills, social skills, and self-esteem
- Promotes physical activity
- Reduced diet-related diseases among children
- Reduced food waste

FTECE and Agriculture
FTECE benefits children, as well as supports Georgia farmers. FTECE encourages childcare providers to:
- Purchase and serve fresh, nutritious, local foods for their children
- Host on-site farmers markets for parents and staff
- Develop partnerships with local farms for experiential learning

VOICES RECOMMENDATIONS
- Allocate funding to reimburse ECE programs when meals incorporate local foods.
- Develop and fund a pilot for ECE providers to purchase larger quantities of food from local farmers.

www.georgiavoices.org
Georgia’s **Evidence-Based Home Visiting (EBHV) Program**, under the Georgia Department of Public Health, provides new parents the supports they may need when having a baby. EBHV gives at-risk pregnant women, new moms, and families with children 0-5 years old the skills they need to raise healthy children.\(^1\) The overall goals of home visiting programs are to:\(^2\)  
- increase healthy pregnancies,  
- improve parenting skills,  
- improve child health and development,  
- strengthen family connectedness to community support, and  
- reduce child abuse and neglect.

**In 2021, 22,863 home visits were conducted for 1,925 Georgia families.**\(^3\)

### ELEMENTS OF AN EVIDENCE-BASED HOME VISIT\(^4\)

- Weekly to monthly visits, based on the families’ needs  
- Visits last 1 to 1.5 hours  
- Answering questions about child development  
- Promoting engaged, positive parenting practices  
- Screening for developmental delays, parent depression, and domestic violence  
- Making referrals to community resources  
- Encouraging perinatal and well-child visits  
- Supporting parents’ education and employment goals

### WHO IS ELIGIBLE FOR EBHV?\(^5\)

To be eligible, parents must be in need of ongoing support and meet some of the following criteria:

- Low-income  
- First-time parent  
- Younger than 21 years old  
- Lack employment or stable housing  
- Low educational attainment  
- Lacking access to prenatal care  
- Experienced child abuse or neglect  
- History of, or ongoing, substance abuse or mental health challenges  
- Is receiving or has received special education services  
- Has veteran or active military members in the family

### FUNDING FOR EBHV\(^6\)

The federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) program is the primary funding source for home visiting; additional funding streams include Title V, Child Abuse and Neglect Prevention, and other state dollars.

[www.georgiavoices.org](http://www.georgiavoices.org)
Outcomes after receiving home visiting services:

For children:
- 99% had no reports of maltreatment
- 97% spent quality time with a caregiver (e.g., read a story, sang songs)
- 90% were screened for developmental delays at the appropriate time
- 100% of those referred to early interventions services for developmental delays received services in a timely manner

For primary caregivers:
- 92% received postpartum care
- 94% were screened for depression
- 89% were using safe sleep practices
- 96% were screened for intimate partner violence
- 74% maintained health insurance for at least 6 months of the year

RECOMMENDATIONS

- Create and fund an interagency workgroup (overseen by DPH) to map current state home visiting efforts, identify national best practices, and develop and execute a strategic plan to increase the availability of home visiting throughout the state.
- Continue to fund existing Georgia home visiting programs at current levels; this includes (pending passage of the proposed federal MIECHV reauthorization) setting aside funds for a possible state match for MIECHV-funded programs.

 Sources: bit.ly/3v5xv92

*This chart is a non-comprehensive list of the Georgia Department of Public Health EBHV programs across the state.²
Insert Bank Tab: Quality Out-of-School Time
Demand for Afterschool in Georgia

327,853 or 18% of Georgia's school-aged children participated in afterschool programs in 2020.

But

633,481 or 42% of Georgia's school-aged children would enroll if a program was available in their community.

That's a 16% increase in the demand for afterschool programs since 2004.

33% of children in afterschool are from low-income households.

238,265 of Georgia's children are alone and unsupervised between the hours of 3pm and 6pm.

The Top Three Roadblocks to Afterschool Program Participation

- Programs are too expensive: 55%
- No safe way to get their child to and from programs: 52%
- Lack of available programs: 35%

Percentage of parents reporting they did not enroll their child in an afterschool program because of these reasons.
**WHY 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**

70% of Georgia parents say that afterschool programs help parents keep their jobs.

94% of Georgia parents are satisfied with their child's afterschool program.

79% of Georgia parents agree that afterschool programs provide working parents peace of mind.

87% of Georgia parents report their child's afterschool program provides a safe environment.

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

**REFERENCES:**


Support for Afterschool in Georgia

GEORGIA PARENT SATISFACTION WITH AFTERSCHOOL PROGRAMS¹

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>Safe Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>82%</td>
<td>73%</td>
</tr>
<tr>
<td>2009</td>
<td>87%</td>
<td>89%</td>
</tr>
<tr>
<td>2014</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>2020</td>
<td>94%</td>
<td>87%</td>
</tr>
</tbody>
</table>

GEORGIA PARENTS REPORT A RANGE OF BENEFITS OF AFTERSCHOOL PROGRAMS²

- 91% Interacting with peers and building social skills
- 70% Building life skills
- 71% Engaging in STEM or computer science learning opportunities
- 79% Peace of mind for working parents
- 83% Receiving healthy snacks and meals

SUPPORT EXTENDS BEYOND JUST PARENTS WHO ARE SERVED BY AFTERSCHOOL PROGRAMS³

- 86% of parents in Georgia support public funding for afterschool programs
- 77% parents agreed nationally that Congress should provide additional funding for afterschool programs to operate during virtual school days due to the COVID-19 pandemic

Strong support for public funding for afterschool across the political spectrum

<table>
<thead>
<tr>
<th>Party</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democrats</td>
<td>87%</td>
</tr>
<tr>
<td>Independents</td>
<td>87%</td>
</tr>
<tr>
<td>Republicans</td>
<td>83%</td>
</tr>
</tbody>
</table>

REFERENCES:

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

OST-2
The Landscape of Afterschool in Georgia

The Georgia Department of Education (GaDOE) and the Georgia Division of Family and Children Services (DFCS) FUND 276 afterschool and summer learning organizations serving 1146 program sites across the state.

In 2021, $83.4 MILLION in FEDERAL FUNDING and $4.7 MILLION in STATE FUNDING has been invested in these programs to serve young people ranging from Pre-K to High School.

83 COUNTIES are served by more than 1 program but 44 OF 159 COUNTIES do not have any government funded programs.

Sources:
1. Georgia Statewide Afterschool Network. Building Opportunities for Out Grantee Master Site List. Collected and processed by GSAN.
2. Georgia Department of Education. 21st Century Community Learning Centers (CCLC) Sites. Open Records Request (July 2022). Processed by GSAN.

Visit GSAN’s Website www.afterschoolga.org

MILLION in FEDERAL FUNDING
MILLION in STATE FUNDING

Number of funded programs per county

- 0
- 1-10
- 11-20
- 21-35
- 36-50
- 51-75
- 76-100
- 101+
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.

In FY21, Georgia awarded over $41 MILLION for 21st CCLC programming.

Out of the 331 program sites that serve Georgia’s children:

- 58% are located in schools
- 40% are located in community based organizations
- 2% are located in institutions of higher education

16,680 kids participated in 21st CCLC in Georgia in FY21.

Demographics of students served by 21st CCLC in Georgia:

<table>
<thead>
<tr>
<th>AGE</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>66%</td>
</tr>
<tr>
<td>Middle</td>
<td>23%</td>
</tr>
<tr>
<td>High</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACIAL MAKEUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Other/Not Reported</td>
</tr>
</tbody>
</table>

66% of 21st CCLC sites are in urban areas

34% of 21st CCLC sites are in rural areas

89% are eligible for free or reduced lunch

115 of the programs operate over the summer.
Georgia’s 21st CCLC programs offer students the equivalent of at least 45 additional school days.

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

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

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

75% of those who participated in 21st CCLC improved/maintained an A, B, or C in their English grades.

80% of those who participated in 21st CCLC improved/maintained an A, B, or C in their math grades.

Due to the COVID-19 public health emergency, this data was not collected for FY20 and FY21. This academic data is from FY19.

21st CCLC not only provides programming for kids, but for families as well. In the 2020-2021 school year, 11,519 parents attended 1,049 events ranging from:

- GED Prep
- Movie Nights
- Sporting Events

98% of parents are satisfied with their child’s 21st CCLC program.

94% of children are satisfied with their 21st CCLC program.

For more information, visit GSAN’s website: www.afterschoolga.org

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

SOURCES

2. Georgia Department of Education, FY21 21st CCLC Sites Open Records Request Oct 1, 2020
3. Georgia Department of Education, FY21 21st CCLC Student Demographics Data Collection Request Oct 20, 2020
Quality Afterschool: What it is & Where Georgia is Heading

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:

- **High quality afterschool and summer learning programs support academic acceleration. Students have opportunities to develop positive relationships with caring adults and peers, foster cooperative learning, and develop good decision-making skills. Regular participation leads to:**
  - Improved School Day Attendance
  - Gains in Reading and Math
  - Improved Work Habits and Classroom Behavior
  - Increased Graduation Rates
  - Cognitive, Social, and Emotional Development
  - Improved Health and Nutrition
  - Development in Positive Decision-making Skills, Self-control, and Self-awareness
  - Reduction in Risky Behaviors Such as Substance Use and Misuse
GEORGIA AFTERSCHOOL & YOUTH DEVELOPMENT
(ASYD) QUALITY STANDARDS

A collaboration between the Georgia Statewide Afterschool Network (GSAN) and GUIDE, Inc., the Georgia Afterschool & Youth Development (ASYD) Initiative is supported by the Georgia Division of Family and Children Services and the Georgia Departments of Education, Public Health, Early Care and Learning, and Behavioral Health and Developmental Disabilities. The Georgia ASYD Quality Standards, released in December 2015, are Georgia’s first quality standards for afterschool programming and provide a framework for afterschool providers to evaluate and continuously improve the quality of their programming. The Georgia ASYD Initiative provides training, coaching, and resources to providers across the state to support their quality improvement journey.

GEORGIA AFTERSCHOOL & YOUTH DEVELOPMENT (ASYD) CONFERENCE

The biennial Georgia ASYD Conference serves youth development professionals across the state of Georgia. Hosted by The Georgia ASYD Initiative, this engaging conference provides three dynamic days of research-based best practices; information, tools and resources framed by Georgia’s ASYD Quality Standards; over 70 workshops to choose from; and opportunities for networking and partnership formation.

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

QUALITY SUPPORTS

GSAN brings free to low-cost training opportunities and technical assistance that supports more robust and formalized quality improvement practices. Through curated resources from the most respected and well-known leaders of youth development experts in the state, toolkits, activity guides, and content specific resources are made easily accessible and downloadable to youth program providers. Professionals have the opportunity for collaboration and quality improvements through peer learning cohorts led by subject matter experts throughout the year and Quality Coaches are also engaged to support youth programs.

For more information on Quality Supports in Georgia, go to www.afterschoolga.org


CONTACT US | For more information on afterschool in Georgia go to www.afterschoolga.org
What are the Georgia Afterschool & Youth Development (ASYD) Quality Standards?

The Georgia ASYD Quality Standards, released in December 2015, are Georgia’s first quality standards for afterschool and summer learning programs and provide a framework for programs and professionals to evaluate and continuously improve the quality of their programming. The Georgia ASYD Initiative provides training, coaching, and resources to providers across the state to support their quality improvement journey.

The Anatomy of the ASYD Quality Standards

QUALITY ELEMENTS

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.

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.

Each standard aims to encourage positive short-term and long-term outcomes in youth based on best practices found through this research.

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

SELF-ASSESSMENT, NOT PUNISHMENT:

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

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.

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

OST-6
Afterschool Issues

Afterschool Supports Healthy Lifestyles

Georgia ranked **24th in the nation for childhood obesity** (2020-2021).\(^1\)
Of children aged 10 – 17 years old,\(^2\),\(^3\)

<table>
<thead>
<tr>
<th>OVERWEIGHT</th>
<th>OBESE</th>
<th>MALES WERE OBESE</th>
<th>FEMALES WERE OBESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>16.8%</td>
<td>20.8%</td>
<td>12.7%</td>
</tr>
</tbody>
</table>

**360,210** of Georgia's children were food insecure – lacking reliable and regular access to food in 2020.\(^4\)

**Hungry children are likely to have:**\(^5\)
- Lower grades
- Higher rates of absenteeism and tardiness
- Higher chances of repeating a grade

Youth lack physical activity opportunities:
- **27%** of children ages 6 - 11 and **16.8%** of children ages 12 - 17 are physically active for at least 60 minutes daily.\(^6\),\(^7\)
- **60.4%** live near a park or playground area\(^8\)
- **41.2%** of high school students spend three or more hours a day playing video games or using a computer\(^9\)

Impact of Afterschool

Afterschool and summer learning programs are critical partners in supporting the health of Georgia's youth by providing access to nutritious foods, keeping kids physically active, and promoting healthy habits.

**GEORGIA PARENTS IN 2019**\(^10\)

- **83%** said their child’s afterschool program offers a healthy meals and/or snacks
- **86%** said their child’s afterschool program offers opportunities for physical activity

Youth who actively participate in high quality afterschool programs show less prevalence of obesity when compared to their non-participating peers.\(^13\)

**Afterschool provides opportunities for:**\(^14\)
- Snacks and meals
- Nutrition education
- Additional time for physical activity
- Safe space and materials
- Structured activities
- Adult support
- Team sports leading to:
  - conflict resolution skills
  - decreased stress
  - improved communication

**Regular physical activity and healthy eating leads to:**\(^15\)
- Strong bones and muscles
- Improved cardiopulmonary fitness
- Reduced symptoms of anxiety and depression
- Decreased likelihood of serious health conditions as an adult (heart disease, Type II diabetes, and cancer)
- Higher academic achievement
- Improved classroom behavior
- Improvement in indicators of cognitive skills (concentration, memory, and verbal skills)

For references, go to [www.afterschoolga.org/afterschool-issues](http://www.afterschoolga.org/afterschool-issues).
Afterschool Builds Georgia’s STEM Workforce

STEM careers in Georgia are expected to grow 13% by 2027.1

Georgia students performing at or above the National Assessment of Education Proficiency in math (2022):2

34% OF 4TH GRADERS
24% OF 8TH GRADERS

INEQUALITIES IN OPPORTUNITIES LEAD TO RACIAL ACHIEVEMENT GAPS IN GEORGIA

Afterschool provides opportunities for:

- Enriching STEM activities such as computer science, coding, and robotics
- Critical foundational skills
- Communication skills
- Working collaboratively
- Fostering confidence
- Exposure to career pathways

Regular participation leads to:10,11

- Significant gains in math achievement
- Positive results in reading achievement
- Increase in STEM knowledge and skills
- Higher chances of graduation
- Higher chances of pursuing a STEM career

For references, go to www.afterschoolga.org/afterschool-issues.
Afterschool Improves Literacy in Georgia

6 out of 10 children (63%) completing third grade in Georgia were not prepared to meet the literacy challenges of the next grade level (2021)\(^1\)

This leads to a cycle of low literacy\(^2, 3\):
- Struggle with learning and fall behind
- Discipline problems
- Perform poorly in 8th grade math
- Higher chances of becoming teen parents
- Higher chances of dropping out of high school
- More likely to spend time in prison
- Struggle with unemployment
- Poor health & shorter life expectancy

1 million Georgia adults have low literacy and earn 30% less than adults with a HS diploma\(^4\)

72% chance of being at lowest reading level for children with parents with low literacy levels\(^6\)

Costs the state $1.26 billion in social services and lost tax revenue annually\(^5\)

National Assessment of Educational Progress (NAEP) Reading (2022)\(^7\)

SUMMER IS CRUCIAL

2-3 months reading skills loss for low income children\(^8\)

2/3 of the achievement gap in reading between low and middle income children by 9th grade due to summer learning loss\(^9\)

Impact of Afterschool

Afterschool and summer learning programs provide students with the additional supports they need to help build a strong foundation in literacy, including reading, writing and critical thinking skills.

7 out of 10 parents report that their children's programs provide opportunities for reading or writing and homework assistance.\(^10\)

21st CCLC programs in Georgia

77% of regular attendees improved their grade or maintained an A, B, or C grade in ELA (2019)\(^11\)

One 21st CCLC program served 60 students

100% of regularly attending middle school students increased at least one letter grade in ELA & 97% promoted to next grade\(^12\)

Afterschool provides opportunities for:\(^13, 14\)
- Project based learning opportunities
- Strong literacy foundation
- Group activities
- Peer-to-peer learning
- Critical thinking skills
- Communications skills

Regular attendance lead to:\(^15, 16\)
- Significant gains in reading skills
- Improved grades
- Improved attendance
- Improved attitude towards school
- Higher chances of graduation

For references, go to www.afterschoolga.org/afterschool-issues.
Adolescence (ages 10 – 19) is a vital time in building cognitive, social, and emotional skills. Marked by:

- Opportunity for positive growth
- Possibility of recovery from negative childhood experiences
- Increased sensitivity to their environment

In 2019, more than 10,615 Georgia youth were under the supervision of the Georgia Department of Juvenile Justice (DJJ) and approximately 1,357 of these youth were confined.

- Georgia is 1 of only 3 states that processes 17 year olds through the adult system regardless of offense
- High cost of youth confinement at $91,000 per bed per year
- 50% of screened youth referred for a more thorough mental health assessment
- Disproportionate responses to misbehaviors in schools and in public safety for similar offenses

Black youth are more than 5.6 times as likely to be detained or committed to youth facilities compared to White youth.

Youth from low income families are 4 times as likely to be disciplined compared to their peers.

Implicit biases related to race, gender, ethnicity, geography, and income have pushed countless youth into the juvenile justice system, and increased their likelihood of involvement with the justice system as an adult.

Georgia Juvenile Justice Reform Act of 2013

In 2013, the Juvenile Justice Reform Act was passed with the aim to improve public safety, decrease costs, and preserve and strengthen family relationships to allow youth to live in safety and security. Strategies implemented include increased use of evidence-based programs, treating youth in the community rather than in secure facilities, and utilizing the Juvenile Justice Incentive Grant Program to decrease recidivism.

GEORGIA 2013 – 2018 STRATEGY RESULTS

- Reduction in short-term secure confinement: 45%
- Reduction in secure detention: 40%
- Reduction in overall commitment to DJJ: 22%

More than 10,000 youth have received evidence based treatment programming in their home communities.
Impact of Afterschool

All high quality afterschool and summer learning programs can serve as prevention programs and those that use evidence-based and trauma-informed practices can also support intervention and diversion.

Afterschool provides:
- Safe and supervised environments
- Enrichment activities
- Opportunities to build positive decision-making and social-emotional skills
- Meaningful relationships with caring adults and peers\(^1\)
- Protective factors that contribute to positive developmental experiences
- Mitigation of the effects of risk factors\(^12,13\)

Regular participation leads to:
- Reduction in crime and juvenile delinquency\(^14\)
- Decreased reports of misconduct in school and disciplinary incidents
- Reduction in risky behaviors such as substance use and misuse\(^15,16\)
- Self-control and self-awareness
- Increased school attendance
- Improved work habits and classroom behaviors
- Gains in reading and math
- Increased graduation rates\(^17,18\)

Recommendations

Afterschool and summer learning programs keep youth safe, provide necessary developmental supports, build protective factors, and provide opportunities for positive relationships thereby decreasing a young person’s chances of interacting with the juvenile justice system. To ensure these supports are available to all young people GSAN makes the following recommendations:

- **Create incentive grants for afterschool programs to use trauma-informed practices** and evidence-based programs to build protective factors.
- **Expand state funding to afterschool and summer learning programs** to increase access and ensure affordability.
- **Expand trauma-informed training** to afterschool and youth development professionals.
- **Strengthen partnerships at all levels** between community-based afterschool programs, mentoring programs, school districts, juvenile courts, and other community partners to align services for young people.
- **Increase funding and accessibility of evidence based wraparound models** to keep youth in their homes, placements, and communities.
- **Expand trauma awareness and implicit bias training** for public safety officers and law enforcement personnel that engage with children in any way.
- **Expand the jurisdiction of juvenile courts to encompass children under 18** and eliminate provisions that automatically transfer (without juvenile court approval) certain youth to adult courts.
- **Increase funding and accessibility of behavior aide services and extend them to afterschool and youth development professionals**, in addition to families and classroom teachers, so they can help youth learn behavior modification techniques, supervise behaviors, and de-escalate situations.

For more information on afterschool in Georgia, go to [www.afterschoolga.org](http://www.afterschoolga.org).
For references, go to [www.afterschoolga.org/afterschool-issues](http://www.afterschoolga.org/afterschool-issues).
Afterschool Addresses the Impact of COVID-19

COVID-19 stay-at-home orders and school closures impacted the lives of 10 million Georgians, including Georgia’s over 1.7 million students.1,2

COVID-19 IMPACT ON YOUTH

A majority of Georgia’s students have experienced adjusting to distance learning and using online resources.

In Metro Atlanta, about 21,000 fewer students in ELA and 29,000 fewer in math are on track for grade-level proficiency.3

A nationwide survey of school-aged kids:

- 27% reported feelings of anxiousness
- 23% reported feelings of stress
- 22% reported feelings of unhappiness4

In Georgia, 24% of adults report being in households with children who felt down, depressed or hopeless for most of the week.5

The virus disproportionally impacted youth of color and youth from low-income households.

73% of programs serving the majority of children from higher-income families were open, compared to just 38% of programs serving the majority of children from low-income families in summer of 2020.6

GEORGIA CHILDREN AFFECTED BY LOSS OF EMPLOYMENT

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIAN</td>
<td>38%</td>
</tr>
<tr>
<td>BLACK</td>
<td>62%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>71%</td>
</tr>
<tr>
<td>WHITE</td>
<td>50%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>56%</td>
</tr>
</tbody>
</table>

56% of Georgia households with children lost some form of employment income by November 2020. This number increases to 62% among Black households and 71% among Hispanic households.7

Fortunately, 93% of Black parents and 94% of Latinx parents are satisfied with their child’s afterschool program.8
COVID-19 Impact on Afterschool and Summer Learning Programs

In 2020, the Georgia Department of Labor business layoff and closure numbers reported **569 losses** from afterschool or childcare programs.⁹

The average number of students served per program decreased from 933 to 368.¹¹

<table>
<thead>
<tr>
<th>TRAJECTORY OF AFTERSCHOOL PROGRAM OPERATIONS IN THE US¹⁰</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPRING 2020</td>
</tr>
<tr>
<td>Completely Closed</td>
</tr>
<tr>
<td>Physically closed &amp; offering virtual programming</td>
</tr>
<tr>
<td>Physically open in some capacity</td>
</tr>
<tr>
<td>Number of respondents</td>
</tr>
</tbody>
</table>

57% of program providers are concerned about being able to hire enough staff, while 51% are concerned about funding and their long term future.¹²

Impact of Afterschool

In Georgia, for every child in an afterschool program, 2 more are waiting to get in, with **238,265 children alone and unsupervised** after school.¹³

Afterschool Programs stepped up to support youth, families, and communities by¹⁴:

- Providing a safe and well-supervised learning environments
- Providing childcare for essential workers
- Offering positive and supportive relationships
- Supporting adolescent brain development and social emotional learning

**BY SUMMER 2020**

- 53% of programs adapted to support students for full-day virtual learning¹⁵
- 95% of summer programs were able to open in some capacity¹⁶
- 53% of programs provided some form of meal assistance¹⁷
- 52% of programs connected families with community resources¹⁸

www.afterschoolga.org | References: www.afterschoolga.org/afterschool-issues
Summer can be a time of great opportunity but many youth – especially those from disadvantaged backgrounds – lose access to resources available during the school year, do not have access to programs in their community, and suffer summer learning loss.

Most students lose 2 months of math skills & low-income students lose an additional 2-3 months of reading skills.

2/3 of the achievement gap in reading between low and middle income children by 9th grade is due to summer learning loss.

Only 1 in 7 students qualifying for free or reduced lunch receive summer meals.

High quality summer programs can stem learning loss, close educational and opportunity gaps and:

- Broaden students’ horizons
- Include a wide variety of activities
- Help youth build skills
- Foster cooperative learning
- Promote healthy habits

Summer Learning in Georgia

Why Summer Learning?

Summer Learning by the Numbers

46% of Georgia families report that their child participated in a summer program in 2019.

53% of Georgia families would have enrolled their child in a summer program if one were available.

93% of Georgia parents are satisfied with their child’s structured summer experience.

88% of Georgia parents support public funding for summer learning opportunities.
What do Georgia parents look for in a summer program?6

- 99% safety of environment
- 99% knowledgeable and caring staff
- 96% opportunities to build life skills
- 91% physical activity opportunities
- 83% opportunities to experience the outdoors
- 81% prevent learning loss

Barriers to summer program enrollment7

- Family does other things during the summer: 40%
- Programs are too expensive: 36%
- Issues with location or transportation: 20%
- No summer programs available in their community: 13%

Support for summer learning is strong and bipartisan in Georgia8

- 89% Democrats
- 91% Independents
- 89% Republicans

For more information on afterschool in Georgia, go to www.afterschoolga.org.

6. Ibid.
7. Ibid.
8. Ibid.
The Building Opportunities in Out-of-School Time (BOOST) grants program is a collaborative partnership between the Georgia Department of Education and the Georgia Statewide Afterschool Network. Funded through the American Rescue Plan Act, BOOST allocates $85 million in grants to afterschool and summer learning in Georgia. The three-year grants, renewed annually, are awarded to organizations that operate comprehensive out-of-school time (OST) programming year-round, over the summer months, or after school during the academic year, with the goal of providing evidence-based afterschool and summer enrichment programming for youth most impacted by the COVID-19 pandemic.

**Intended Impacts**

BOOST grants support youth’s academic acceleration, connectedness and well-being, utilizing a whole child approach to:

- **Expand access to serve more youth**, with an emphasis on children and communities most impacted by the pandemic.
- **Reduce barriers**, such as lack of transportation and enrollment costs, to ensure access for all.
- **Increase programmatic quality** and expand or enhance supports and services offered.

In 2021, Georgia awarded over $27 million to support 101 grantees who collectively served over 72,000 youth via afterschool and over 78,000 youth via summer programming.

The BOOST grants program currently supports youth-serving organizations in 72 of Georgia’s 159 counties with more funds reserved to expand to additional rural communities in 2023.

**Target Populations**
- Youth receiving free or reduced-price lunch
- Youth with disabilities
- Youth experiencing homelessness
- Youth experiencing foster care
- English language learners
- Migratory youth

[Map of Georgia showing BOOST Site Counties and No BOOST Site Counties]
Grantee Composition

Community-Based Organizations

97 community-based organizations that collectively serve over 74,000 youth annually.

Statewide Organizations

4 statewide organizations that serve youth year-round and collectively serve over 89,000 youth annually.
The Georgia Department of Early Care and Learning’s SHARE Grant funded through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), helped support child care providers caring for and supporting school-age children (ages 5–12 years) throughout the school year and those providing summer academic and social enrichment programs for school-age youth.

As of February 2022, over $3.7 million was awarded to over 1,350 grantees.

Analysis of SHARE grant recipients includes data from 1,382 applications.

<table>
<thead>
<tr>
<th>School-Age Capacity Range (Licensed &amp; License-Exempt Centers)</th>
<th>Payment Tiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-25</td>
<td>$1720</td>
</tr>
<tr>
<td>26-50</td>
<td>$2150</td>
</tr>
<tr>
<td>51-100</td>
<td>$2795</td>
</tr>
<tr>
<td>101-200</td>
<td>$3440</td>
</tr>
<tr>
<td>201 and greater</td>
<td>$4300</td>
</tr>
<tr>
<td>All Family Child Care Learning Homes</td>
<td>$1075</td>
</tr>
</tbody>
</table>

SHARE Grants were provided to programs in 122 out of 159 Georgia counties.

Collectively, these sites served 48,067 school-age youth in March 2021.
Transportation Services

To Program
- Provided: 39.5%
- Not Provided: 59.9%

Home
- Provided: 90.6%
- Not Provided: 8.7%

Most Commonly Provided School-Age Programming Content
- Crafts
- Academic Enrichment
- Literacy/Reading Skills
- Social Emotional Learning
- Health & Wellness
- Sports & Recreation

Greatest School-Age Classroom Needs
- Supplies & Materials: 90.6%
- Furniture & Equipment: 55.4%
- Curriculum: 52.1%
- Qualified Staff: 41.6%
- Training & Coaching: 40.8%
- Space: 16.6%
- Other: 3.7%

Average Hourly Wage of School-Age Staff
- $7.25 – $9.24: 25.3%
- $9.25 – $11.24: 6%
- $11.25 – $13.24: 8.6%
- $13.25 – $15.24: 17.5%
- $15.25 – $17.24: 37.1%
- $17.25 or more: 4.1%

Intended Use of SHARE Funds
- School-age materials and supplies: 90%
- Retaining or Hiring Staff: 57.1%
- School-age furniture & equipment: 54.3%
- School-age training & curriculum: 50.4%
- Tuition relief for school-age families: 27.7%

Quality Supports Provided to Grant Recipients

All SHARE grant recipients attended a required Best Practices in School-Age Care training and had the opportunity to attend 4 additional trainings focused on developing high quality activities and environments and building resiliency in youth. Recipients were also provided opportunities to participate in Small Group Coaching focused on the Georgia ASYD Quality Standards.

- Over 2,000 professionals attended virtual trainings
- Small Group Coaching provided to 50 participants from 39 programs through 8 cohorts (1 cohort for family child care centers)
- Coaching participants received 5 coaching sessions aligned to the Georgia Afterschool & Youth Development (ASYD) Quality Standards and created an action plan utilizing the ASYD Self-Assessment tool
- External evaluations were completed using the School-Age Program Quality Assessment for 10 programs

Best Practices in School-Age Care
- 1,238 live participants, 638 viewed on-demand
- 587 evaluation respondents

Aggregate Rating for All Trainings
- 1,238 live participants, 638 viewed on-demand
- 587 evaluation respondents

- (5) Excellent: 79%
- (4) Good: 21%
- (3) Average: 1.78%
- (2) Fair: 19.15%
- (1) Poor: 78.52%

www.afterschoolga.org
Afterschool & Summer Learning Programs
Supporting the Behavioral Health Needs of Georgia’s Youth

The 2017-2018 National Survey of Children’s Health: 24% of Georgia’s youth aged 3 – 17 years had one or more mental, emotional, developmental, or behavioral problem.1

High Quality Afterschool and Summer Learning Programs

- Provide supportive environments & incorporate healthy habits into routine²
- Promote positive behavioral factors like positive decision-making skills, self-control, and self-awareness⁶
- Offer protective factors that improve youth outcomes & mitigate the effects of risk factors³, ⁴
- Provide opportunities to learn from mentors⁷
- Help overcome Adverse Childhood Experiences & reduce chances of developing substance use disorders⁵
- Lead to improved work habits and classroom behavior, gains in reading and math, and increased school attendance and graduation rates⁸, ⁹

These programs are an ideal opportunity to foster positive behavioral health, which increase a child’s sense of well-being, supports healthy relationships, and enables children to achieve their full academic potential.¹⁰, ¹¹

Spring 2019 Behavioral Health Round Table Discussions

Georgia Statewide Afterschool Network hosted 5 Behavioral Health round table discussions with 37 Afterschool & Summer Learning providers to identify strategies, tools, and resources to address program challenges in supporting youth’s behavioral health needs.

What We Heard

Behavioral Health Issues Observed
- Attention seeking behavior
- Defiant behavior and testing boundaries
- Physical and verbal altercations

Obstacles to Supporting Youth
- Lack of behavioral health knowledge, understanding, and training
- Program capacity stretched too thin
- Lack of access to a list of referral services and organizations

Resources Needed
- Training and professional development
- Education and awareness
- Vetted master list of services, partners and referral organizations

Successful Strategies
- Raise awareness and knowledge
- Include families in services and intervention methods
- Offering youth choice, nurturing relationships, supportive age appropriate environments, and enriching activities

For references, go to www.afterschoolga.org/afterschool-issues/
INSERT BANK TAB:
PHYSICAL HEALTH
How Medicaid and PeachCare Money Work

**Georgia Dollars:** $3,170,826,744

**Federal Match:** $8,190,749,389

**Total Amount:** $11,361,576,133

### 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 Care Management Organization (CMO) per member per month to manage care/costs

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

#### CHILDREN SERVED
- **Mainly 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

#### CHILDREN SERVED
- 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 custody

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

#### CHILDREN SERVED
- Children under age 19 with income limits per the chart below as well as newborns born to mothers enrolled in any Medicaid program

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

#### KEY REQUIREMENTS
- Medicaid Income Limits
  - **AGE** | **FPL** | **INCOME (for 4)**
  - 0 until 1 | 210% | $58,275
  - 1 until 6 | 154% | $42,735
  - 6 until 18 | 138% | $38,295
- PeachCare Income Limits
  - 0 until 18 | 247% | $68,543

[www.georgiavoices.org](http://www.georgiavoices.org)
# The Facts About Medicaid and PeachCare

## Medicaid

<table>
<thead>
<tr>
<th>WHAT IS IT?</th>
<th>Medicaid is a jointly funded, Federal-State medical assistance program for low-income individuals and families.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW IS IT FUNDED?</td>
<td>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 66.02% for the Federal Fiscal Year 2023. In 2020, the Families First Coronavirus Response Act (FFCRA) authorized a 6.2 percentage point increase to the federal Medicaid match rate to offset the economic impact of the pandemic and to prevent coverage loss. The enhanced federal match rate will expire at the end of the quarter in which the public health emergency ends.</td>
</tr>
<tr>
<td>WHO DOES IT COVER?</td>
<td>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.</td>
</tr>
<tr>
<td>WHAT DOES IT COVER?</td>
<td>In Georgia, Medicaid covers primary, preventive, specialty, dental, and vision care. In addition, the insurance covers hospitalization, emergency room visits, prescription medications, mental health care, and non-emergency medical transportation.</td>
</tr>
</tbody>
</table>

## PeachCare for Kids®

| 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 76.21% for the Federal Fiscal Year 2023. |
| 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 $68,543 for a family of four. |
| 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. |
Georgia has 176,000 kids who lack health insurance. That makes us 4th highest in the number of uninsured kids in the nation.¹ As of the drafting of this factsheet, the Public Health Emergency is slated to end January 2023, ending the continuous coverage requirement and potentially putting hundreds of thousands of children and families at risk of losing health care coverage.²

**Coverage Win for Georgia’s Kids**

In 2021, the Georgia General Assembly passed legislation requiring the state to implement Express Lane Eligibility (ELE) for the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). This allows the state to use SNAP and TANF eligibility data to automatically enroll or renew eligible children in Medicaid or PeachCare for Kids® (PeachCare). **This should allow close to 70,000 of Georgia’s previously uninsured children to gain coverage.** ELE implementation began in October 2022.

**Ways Georgia Can Insure More Kids and Keep Them Covered**

In addition to Express Lane Eligibility for SNAP/TANF, use all other available data to renew coverage for children on Medicaid/PeachCare (known as “ex parte” renewals). This markedly reduces the paperwork burden on families and the state, by having the state use already verified data in its possession (e.g., Georgia Department of Labor, Internal Revenue Service (IRS), Georgia Department of Driver Services), to process renewals before requiring families to submit any additional data. This could significantly reduce the number of children who are eligible for Medicaid, but unnecessarily lose coverage due to the burden of complicated Medicaid renewals.

**Guarantee Medicaid/PeachCare for children for 12 continuous months.** This prevents kids from losing coverage due to temporary surges in family income, such as seasonal overtime.

**WHO DOESN'T HAVE HEALTH INSURANCE IN GEORGIA?**

Latino children are almost 3x as likely to lack health insurance as White children in Georgia.

**Insurance Status Among Children in Georgia, by Race and Ethnicity³**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% Insured</th>
<th>% Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Black</td>
<td>94%</td>
<td>6%</td>
</tr>
<tr>
<td>Latino</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>Asian/Native Hawaiian/Pacific Islander</td>
<td>94%</td>
<td>6%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Other/Multiracial</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

www.georgiavoices.org
How are Georgia’s Children Covered?

Most children in Georgia who have health insurance are covered through their parent’s employer-sponsored insurance or through Medicaid or PeachCare, public coverage offered by the state.

### Public Insurance

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>PeachCare for Kids**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,509,485 children</td>
<td>217,39885 children</td>
</tr>
<tr>
<td>average enrollment of children in Medicaid in 2021²</td>
<td>average enrollment of children in PeachCare in 2021³</td>
</tr>
</tbody>
</table>

*Created in 1998, PeachCare for Kids® is the name of Georgia’s State Children’s Health Insurance Program.

### Private Insurance

<table>
<thead>
<tr>
<th>Employer-Sponsored Insurance</th>
<th>Individual / Small Group Marketplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,220,300 children⁴</td>
<td>107,500²</td>
</tr>
</tbody>
</table>

### Uninsured

176,000

Georgia children do not have health insurance⁴

= approximately 50,000 kids
Benefits of School-Based Health Centers

School-Based Health Centers (SBHCs) place critically needed health-related services directly in schools to reduce access to barriers for children, families, and school personnel.1,2

School-Based Health Center
Offers primary care services through a staffed primary care provider (e.g., nurse practitioner or physician assistant)

Comprehensive School-Based Health Center
Offers primary care, behavioral health and other expanded services, including health education, dental, and vision services

The Need for School-Based Health Centers in Georgia3,4,5,6

176,000 children in Georgia do not have health care coverage

130,000 children, on average, in Georgia stay home sick more than 6 days a year. Chronic conditions (e.g., asthma) and other health-related challenges (e.g., dental pain) are likely causes of chronic absenteeism.

45% of children 3-17 struggle to, or are not able to, access needed mental health treatment and counseling

THE BENEFITS OF SCHOOL-BASED HEALTH CENTERS7

More than 100,000 children, families, and school personnel currently benefit from services at 102 SBHCs (growing from two in 2013) in Georgia.

Health8,9
Increased:
• Access to primary, oral, and behavioral health care
• Use of mental health and substance abuse services
• Access to the flu vaccination

Decreased:
• Emergency room use and hospitalization for children with asthma
• Prescription drug use

Education10,11,12
Increased:
• Attendance and GPAs for students utilizing mental health services

Decreased:
• Drop out rates and school discipline referrals
• Faculty and staff absences due to illness

Cost Savings13
Decreased:
• Drop out rates and school discipline referrals
• Faculty and staff absences due to illness

How This Looks in Georgia:
• Turner SBHC initiated Halls to Health, a program that addresses childhood obesity and student emotional health.
• Tiger Creek SBHC offers services to the entire community, including adults.
• Albany Area Primary Health Care SBHC offers eye exams and glasses to all students within the Dougherty County School System.

How This Looks in Georgia:
• Turner SBHC prioritizes school staff wellness and utilized state grant funding to reduce barriers to healthy lunches for teachers.

How This Looks in Georgia:
• Whitefoord SBHC reported a 50% reduction in average cost per child to Medicaid for children with SBHC access, and a 62% reduction in annual expense per Medicaid-covered child.

www.georgiavoices.org
Sustaining School-Based Health Centers

SBHCs can quickly become self-sustaining when start-up funds are available. Georgia has allocated $125 million of federal funding to support planning and startup of new SBHCs.

Funding for SBHCs

17 states and Washington, D.C. have an ongoing funding mechanism to support SBHCs.14

Philanthropic partners 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.15
- **PARTNERS for Equity in Child and Adolescent Health**: allocates planning grants to communities in Georgia. 46 have been awarded since 2010.16
- **The Georgia Department of Education’s Office of Whole Child Supports**: offers SBHC planning grants to expand school-based health services to rural communities.17
- **Medical College of Georgia**: supports a SBHC in a middle School in Athens, GA.18

Recommendations to Strengthen School-Based Health Centers

- Continue to increase state funding to Federal Qualified Health Centers to support the development and expansion of school-based health services throughout the state, especially in high-need, rural areas.
- Ensure that school-based health centers are comprehensive and facilitate access to behavioral health services.
- Ensure effective telehealth practice and outcomes, including emphasis on quality control, maintaining pandemic-related telehealth flexibilities, and provider reimbursements (e.g., insurance reimbursement for consultation and services provided via telephone, video chat, and the like).
School-Based Telehealth in Georgia

A school-based telehealth (SBTH) program uses telecommunications technology to connect children in need of acute or specialty care services to a healthcare provider at a distant site.¹

**THE NEED FOR SCHOOL-BASED TELEHEALTH**

More than 130,000 children in Georgia stay home sick more than 6 days a year.²

65 counties do not have a pediatrician.¹

115,000 children live in households that do not own a vehicle.³

**BENEFITS OF SCHOOL-BASED TELEHEALTH**

- Increased children and families’ access to health education, especially for the management of chronic health conditions (i.e. diabetes and asthma)⁵⁻⁶
- Reduced barriers to healthcare in rural communities²⁻⁸
- Reduced student absenteeism due to illness⁹

**BARRIERS TO IMPLEMENTATION**

- Engaging and sustaining relationships with healthcare providers or specialists
- Insufficient training or staff capacity
- Lack of continuity in care
- Lack of oversight and access to technical assistance
- Low program enrollment due to parental concerns about privacy and lack of understanding about telehealth

**SCHOOL-BASED TELEHEALTH MODELS**

- **Private Providers**
  - School-based Telehealth Program
  - Provider Network
  - FQHC/Local Hospital
  - FQHC/Local Hospital

Likelihood of Success

*all models require equipment valued at a minimum of $10,000

www.georgiavoices.org
RECOMMENDATIONS* FOR SUCCESSFUL SCHOOL-BASED TELEHEALTH PROGRAMS

FOR POLICYMAKERS

• Continue to ensure quality, streamline school access to qualified telehealth providers and develop and encourage best practices.

• Increase opportunities for telehealth programs to be implemented within a comprehensive health system, including state funding for comprehensive school-based programs throughout the state.

• (Medicaid) Expand health care locations able to conduct presumptive eligibility to include SBHCs or SBTH programs.

FOR DISTRICTS OR SCHOOLS

• If possible, develop a school-based telehealth program within an existing or planned school-based health center.

• Engage and enlist the support of key stakeholders before planning begins.

• Allocate time and resources to continuously market the program and recruit and enroll students.

• Ensure an adequate number of trained personnel to provide services and manage the program’s administrative components.

• Ensure all children, regardless of insurance status, are served through the SBTH program.

*for an in-depth look at these recommendations, refer to https://tinyurl.com/SBTHinGAResport
The impact of parents’ health on their child is lifelong and severe. It can have a long-lasting impact on cognitive ability and socio-emotional development, and can significantly deteriorate a family’s financial situation.

**HOW GEORGIA PARENTS AND CAREGIVERS ARE (OR ARE NOT) COVERED**

Nearly one in six Georgia adults with child dependents, or 345,100 people, lack healthcare coverage.¹

<table>
<thead>
<tr>
<th>WHO IS UNINSURED?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• 39% of Hispanic or Latino adults</td>
<td></td>
</tr>
<tr>
<td>• 39% of unemployed adults</td>
<td></td>
</tr>
<tr>
<td>• 23% of working adults with incomes less than 138% FPL ($38,295 for a family of four)</td>
<td></td>
</tr>
</tbody>
</table>

**COVERAGE SUBSIDIES AVAILABLE FOR GEORGIA PARENTS AND CAREGIVERS**

![Coverage Subsidies Chart]

Pregnant Women Medicaid (see below) is also available for pregnant women and new moms who have incomes up to 220% FPL.

**Medicaid**

Parent/Caretaker Medicaid is for people with child dependents whose incomes are 35% of the federal poverty level, or $7,836/year for a family of four.² This is the only way for parents/guardians to receive Medicaid if they are not pregnant, aged, blind, or disabled.**

**Georgia Pathways**

Provides coverage for people whose incomes are below 100% of the federal poverty level, or $26,200/year for a family of four, and that are ineligible for other types of Medicaid. Individuals are required to report 80 hours per month of qualifying activities.

As of the drafting of this factsheet, Georgia Pathways implementation is paused.

**Subsidized Coverage on the Individual/Small Group Marketplace**

Subsidies are available on healthcare.gov for parents/guardians regardless of household income. Prior to the American Rescue Plan and Inflation Reduction Acts, subsidies were capped at 400% FPL. The average marketplace premium in Georgia is $394/month.²

**Employee Sponsored Coverage**

In Georgia, less than half of private-sector employers offer employer-sponsored coverage, but most people who have employer-sponsored coverage make more than 400% FPL, or $104,800/year for a family of four.² Fewer than 15% of people who make less than 100% FPL have employer-sponsored coverage.

**EXTENDED MEDICAID COVERAGE FOR NEW MOMS**

In 2022, Georgia extended coverage for new moms under Right from the Start Medicaid for Pregnant Women from six months postpartum to up to 12 months. This extension will improve the health of both mother and baby. Georgia’s pregnancy-related death rate is one of the highest in the nation and Black women are 2.3x more likely to die from pregnancy-related complications than White women.⁹

**www.georgiavoices.org**
Poor oral health is one of the leading causes of school absenteeism in Georgia. 1

26% of children in Georgia did not have a dental check-up in the last 12 months. 2

That’s more than 590,000 children.

<table>
<thead>
<tr>
<th>WHO IS AT RISK OF POOR ORAL HEALTH?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated tooth decay is 50% more common in children in families with low-income compared to children in families with higher income. 3</td>
</tr>
<tr>
<td>Hispanic children have a higher prevalence of tooth decay compared to non-Hispanic children. 4</td>
</tr>
<tr>
<td>Children in rural communities have a higher prevalence (60%) of tooth decay compared to children in urban communities (48%). 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Availability of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22</strong> counties in Georgia have no dentists. 6</td>
</tr>
<tr>
<td>Dentists: 1 per 2,053 Georgians 7</td>
</tr>
<tr>
<td>Hygienists: 1 per 2,227 Georgians 7</td>
</tr>
</tbody>
</table>

Georgia has 190 dental care shortage areas. 16 Federal regulations stipulate that in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds 5,000 to 1 or 4,000 to 1 for areas with unusually high needs.

<table>
<thead>
<tr>
<th>Public Insurance Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>On average, Medicaid and PeachCare beneficiaries had to travel <strong>15 more miles</strong> for dental care than their non-Medicaid peers. 2</td>
</tr>
<tr>
<td><strong>28%</strong> of Georgia dentists accepted public insurance (Medicaid or PeachCare) in 2017. 11</td>
</tr>
<tr>
<td>Children with fee-for-service Medicaid* (33%) are less likely to receive dental care compared to children in managed care. 17</td>
</tr>
<tr>
<td>Medicaid reimburses <strong>63.1%</strong> of fees charged. Private insurance reimburses about <strong>80%</strong> of fees charged. 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid patients are required by federal law to have access to translation services arranged and paid for by the provider. 12 13 14</td>
</tr>
<tr>
<td><strong>38%</strong> of dental schools in the U.S. report that students were not adequately prepared to manage Limited English-proficient patients. 15</td>
</tr>
</tbody>
</table>

*Fee-for-Service covers children who are legally blind or have a disability. Managed care covers children who are in foster care, some juvenile justice programs, or their family’s income does not exceed program limits.

www.georgiavoices.org
BENEFITS OF IMPROVED DENTAL HEALTH

IMPROVED HEALTH OUTCOMES
Routine dental care is linked to:
• Improved eating and speaking
• Improved diabetes outcomes
• Reduced dental pain
• Improved pregnancy outcomes, including fewer low birthweight babies

COST SAVINGS FOR KIDS, FAMILIES, AND THE STATE
• Reduction of future dental visits and related 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 by:
• Educating and raising awareness about the ability of dental hygienists to practice in settings such as schools and nursing homes.
• Encouraging local public health clinics to provide dental services.

Increase access to dentists for children on Medicaid 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.
• Establishing goals to increase dental access for Fee-for-service member children (i.e., a minimum percent of children receiving services annually).
• Monitoring the number of dental providers that are accepting new patients and actively participate in Medicaid Fee-for-Service and CMO dental networks.

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

Rev. 12/2022
Sources: bit.ly/3Gcl9CE
Vaccines save lives! Prior to vaccinations, diseases injured or killed thousands of children. The development of vaccines created an opportunity to completely eliminate such diseases.

HOW DO VACCINES WORK?

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 SHOULD CHILDREN GET VACCINATED?

Vaccines protect against 25+ serious, and often life-threatening, diseases in the U.S. The majority appear on the recommended childhood immunization schedule. Vaccines protect everyone, but especially those most vulnerable immune systems, including:

- Newborns
- People with Cancer / Weak Immune Systems
- Transplant Patients

VACCINE SAFETY

Vaccines are safe. While there can be side effects, they are usually minimal (e.g., slight discomfort and redness at the injection site). Serious side effects such as allergic reactions are extremely rare. The benefits of vaccines significantly outweigh the risks.

SO WHAT’S THE CONCERN?

Despite ample evidence of vaccines being safe and effective, some parents are choosing to not 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 AVAILABLE TO CHILDREN

- Diphtheria*
- Hepatitis A*
- Hepatitis B*
- Hib*
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles*
- Meningococcal (Meningitis)*
- Mumps*
- Pertussis* (Whooping cough)
- Pneumococcal Disease*
- Polio*
- Rotavirus
- Rubella*
- SARS-COV-2 (COVID-19)
- Tetanus
- Tuberculosis
- Varicella (chickenpox)

*Vaccines that are required for school or childcare attendance in Georgia.

Bolded vaccines appear on the Child and Adolescent Immunization Schedule.

VACCINES DO NOT CAUSE AUTISM

Since 2003, 9 studies from the Centers for Disease Control (CDC) confirmed the mercury-based ingredient thimerosal is not linked to autism. The CDC stresses vaccines are safe, necessary to save lives, and there is no link between vaccines and 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.

www.georgiavoices.org
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<thead>
<tr>
<th>Illness</th>
<th>Description</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>Poliovirus spreads from person to person via contact with an infected person’s feces; a less common spread can occur 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. Some common ways to contract poliovirus are through contaminated food and unsanitary water. Vaccine developed in 1955.</td>
<td>13-14, 15</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Serious disease caused by a bacterium, called Clostridium tetani, that produce toxins. Some common ways to contract the bacteria that causes tetanus are through contaminated wounds and burns. Causes muscle stiffness and spasms, paralysis, and breathing problems. Treatment usually requires hospitalization. Vaccine first introduced in late 1940s. Tetanus has an approximately 11% fatality rate, and an even higher fatality rate among unvaccinated persons.</td>
<td>16-22</td>
</tr>
<tr>
<td>Influenza</td>
<td>Respiratory illness 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 licensed for all civilians in the U.S. during 1945.</td>
<td>23-24</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Liver infection caused by hepatitis A virus. Can be contracted from contaminated food, drinks, stool or sexual contact. Vaccine developed in 1995.</td>
<td>25-26</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Liver infection caused by the hepatitis B virus. Spread when blood and other bodily fluids of an infected person enter an uninfected person. Vaccine first became commercially available in 1981 in the U.S. Some common ways to contract the hepatitis B virus are through sexual contact, mother to child during pregnancy, sharing needles, and needle sticks.</td>
<td>27-32</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>
<td>33-35</td>
</tr>
<tr>
<td>Hib</td>
<td>Haemophilus influenzae type b is a bacteria that infects the lining of the brain. 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 five. Can cause severe infections of the lining of the brain and spinal cord (mencephalitis) and the bloodstream. Vaccine first licensed in 1987.</td>
<td>36-41</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 licensed in 1963.</td>
<td>42-43</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>
<td>44-45</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>
<td>46-47</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Spread through hand-to-mouth 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>
<td>48-49</td>
</tr>
<tr>
<td>Mumps</td>
<td>Contagious disease with most common outbreaks occurring among groups of people who have prolonged, close contact (e.g., sharing eating and drinking utensils, kissing, heavy breathing, sports, close quarters with a person who has mumps). Symptoms include salivary gland swelling, fever and aches and fatigue. Vaccine licensed in the U.S. in 1967.</td>
<td>50-51</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>
<td>52-53</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Can cause difficulty breathing and lead to heart failure, paralysis or even death. Vaccine was developed in the early 1920s and widely used by the 1930s. Most commonly spread from person to person through coughing or sneezing.</td>
<td>54-55</td>
</tr>
</tbody>
</table>
**Human Papillomavirus**
- Spread primarily through skin to skin contact (e.g., sexual contact, cut, abrasion, or small tear in skin).
- Most infections go away on their own, some can cause certain types of cancer in both men and women.
- Children can receive the vaccine (administered in two doses) around ages 11-12, or around 15 (administered in three doses).
- Nearly all men and women will get HPV at some point in their lives.

**Tuberculosis**
- A bacteria spread through the air (cough, speak, sing) from one person to another.
- Symptoms can include a cough lasting three weeks or longer, chest pain, and coughing up blood.
- Can be detected through two tests: a blood test or a skin test.

---

**WHY HAVEN’T I HEARD OF SOME OF THESE DISEASES?**

Because vaccines **WORK!**
Many of these diseases have been wiped out or are very rare, thanks to vaccines!
Research overwhelmingly shows that physical activity, both structured and unstructured, has a positive impact on academic performance, classroom engagement and productivity, social-emotional development, physical health, and fitness. Early Childcare and Education (ECE) programs and K-12 schools play a critical role in providing unstructured (e.g., recess, free play) and structured (Physical education (P.E.) teacher-led) physical activity opportunities. 

WHERE GEORGIA STANDS

16.4% of youth ages 10-17 are overweight.

18% of youth ages 10-17 are obese.

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

TERMS TO KNOW

Body Mass Index: 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.

Overweight: A BMI at or above the 85th percentile but below the 95th percentile.

Obese: A BMI above the 95th percentile.

IMPACT OF PHYSICAL ACTIVITY AND PLAY

Both structured and unstructured movement impact the following areas:

Learning and Academic Performance

Improved grades and standardized test scores.

Higher recall rate of vocabulary words (compared to those without recess).

Higher grades for students performing below grade level.

Classroom Engagement and Productivity

Helping stay on-task in the classroom.

Decreases inappropriate behaviors, such as distracting other students.

Promotes executive function growth (e.g., planning, organization, flexibility) among young children.

Average composite of 20 students’ brains taking the same test after sitting quietly or taking a 20 minute walk.

After 20 minutes of Sitting Quietly

After 20 minutes of Walking

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In 2022, with the signing into law of House Bill 1283, Georgia took important steps to safeguard recess for students. House Bill 1283:

- Ensures that Georgia’s kindergarten through fifth grade students have access to recess
- Encourages schools to provide an average of 30 minutes a day

### Social and Emotional Development

- Increases opportunity for development of social, intrapersonal, and communication skills, especially for young children\(^{17,18}\)
- Increases brain development in areas associated with attention, information processing, storage, retrieval, coping, and positive affect\(^{19}\)
- Promotes self-regulation and fosters coping techniques among young children\(^{20,21}\)

### Physical Health and Fitness

- Increases opportunity for development of cognitive and motor skills\(^{22}\)
- Builds strong bones and muscles\(^{23}\)
- Reduces the risk of developing health conditions (e.g., heart disease, Type 2 diabetes)\(^{24}\)

### Win for Georgia’s Kids

In 2022, with the signing into law of House Bill 1283, Georgia took important steps to safeguard recess for students. House Bill 1283:\(^{25}\)

- Ensures that Georgia’s kindergarten through fifth grade students have access to recess
- Encourages schools to provide an average of 30 minutes a day

### Recommendations

- Ensure that neither physical activity nor recess opportunities are withheld for disciplinary reasons
- Design built environments utilizing elements that encourage physical activity for youth and adults
- Increase access to afterschool and summer learning programs that support healthy and active lifestyles through opportunities for formal and informal physical activity and recreation

Sources: bit.ly/3WdeYDT
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.

**FACTS ABOUT TOBACCO 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 and smokeless tobacco (chew or dip) are more likely to smoke cigarettes in the future.²

E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” “carts,” “tank systems,” and “electronic nicotine delivery systems.”³ ⁴ Using an e-cigarette is sometimes called vaping or JUULing.⁵ JUUL is a brand of e-cigarette. A single JUUL pod (the liquid nicotine refill) contains as much nicotine as an entire pack of cigarettes (20).⁶ Consequently, JUUL and other vaping devices can potentially be more addictive.

**TRENDS AMONG GEORGIA HIGH SCHOOL STUDENTS**

Nearly 80% said a friend or family member is the reason why they started to vape.⁷

Frequency at which Georgia high school students consume nicotine:

- 3.4% were daily e-cigarette smokers.²
- 10% say they have smoked e-cigarettes within the past 30 days.¹⁰
- 3% smoked cigarettes in the past 30 days.¹¹
- 5% say they smoked other tobacco products (e.g., cigars, smokeless tobacco, hookah).¹²

High school students’ perceptions about e-cigarettes:

- One in four believed e-cigarettes were more acceptable in society than cigarettes.¹³
- 26.6% reported that they believed e-cigarettes are less addictive than cigarettes.¹⁴
- 44% believed that there is little to no risk in smoking one or more packs of cigarettes a day.¹⁵

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23,995 (6%) reported that they have smoked a cigarette in the past

HOW YOUTH ARE ACQURING AND USING E-CIGARETTES AND TOBACCO

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

24% of high school students report using alcohol, drugs, tobacco, or drugs at home, school, friend’s house, or in a car.

Recommendations

• Increase tax on tobacco products.
  - To combat youth access to cigarettes, raise the tobacco tax from 37 cents to the national average of $1.91.

• Ban flavored e-cigarette products, including disposable devices and refillable pods.

• Include vaping in the Smoke-free Air Act.

• Invest in youth-centered smoking cessation programs.

Georgia’s General Assembly passed legislation in 2020 that applies a 7% excise tax to vape products and raises the legal smoking age from 18 to 21.
When given access to adequate nutrition, the impact is clear: children are healthier and perform better in school. However, children who are not provided adequate, healthy food often perform poorly in school 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, hypertension, heart disease, arthritis, and some types of cancer.

**CHILD HUNGER IN GEORGIA**

Food insecurity affects approximately 360,210 of Georgia’s children under the age of 18.

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<tr>
<td><strong>Summer Food Service Program (SFSP)</strong></td>
<td>56,900 average daily attendance</td>
</tr>
<tr>
<td>Reimburses for healthy meals and snacks served to children from low-income areas during summer months when school is not in session.</td>
<td></td>
</tr>
<tr>
<td><strong>Supplemental Nutrition Assistance Program (SNAP)</strong></td>
<td>301,000 households with children</td>
</tr>
<tr>
<td>Provides a nutrition-designated electronic benefit card to supplement food budgets of individuals or families with low-income.</td>
<td></td>
</tr>
<tr>
<td><strong>Women, Infants, and Children (WIC)</strong></td>
<td>202,200 total participation</td>
</tr>
<tr>
<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></td>
</tr>
</tbody>
</table>

---

1. Pandemic-related USDA waivers, which provide increased program flexibility and reduce barriers, may be a factor in the decreased participation compared to previous years (e.g., required applications, universal meals).

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Food insecurity affects approximately 360,210 of Georgia’s children under the age of 18.\(^1\) When given access to adequate nutrition, the impact is clear: children are healthier and perform better in school.\(^2\) On the other hand, children who are not provided with adequate, healthy food often perform poorly in school, are more likely to experience mental health problems, and are at greater risks for health issues later in life.\(^3\)

The federal government funds seven food and nutrition programs which support children and adults within academic settings, afterschool programs, care facilities, and at home. Such programs have proven to support child health and development, all while addressing long-standing inequities (e.g., food insecurity, disparate chronic health outcomes).\(^4\)\(^,\)\(^5\)

### What Should Children and Youth Be Eating?

The *Dietary Guidelines for Americans 2020-2025* is published by the United States Department of Agriculture. The guidelines provide advice on what to eat and drink to meet nutrient needs, promote health, and prevent chronic disease, and are broken down by life stage:\(^6\)\(^,\)\(^7\)

<table>
<thead>
<tr>
<th>AGES</th>
<th>VEGETABLE (CUP/DAY)</th>
<th>FRUIT (CUP/DAY)</th>
<th>GRAINS (CUP/DAY)</th>
<th>PROTEIN (CUP/DAY)</th>
<th>DAIRY (CUP/DAY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 to 8 years old</td>
<td>1 to 2.5</td>
<td>1 to 2</td>
<td>3 to 6</td>
<td>2 to 5.5</td>
<td>2 to 2.5</td>
</tr>
<tr>
<td>9 to 13 years old</td>
<td>1 to 2.5</td>
<td>1.5 to 2</td>
<td>5 to 9</td>
<td>4 to 6.5</td>
<td>3</td>
</tr>
<tr>
<td>14 to 18 years old</td>
<td>2.5 to 4</td>
<td>1.5 to 2.5</td>
<td>6 to 10</td>
<td>5 to 7</td>
<td>3</td>
</tr>
</tbody>
</table>

*Servings vary on each child and their individual caloric intake.*

### Nutritious Foods Support

- Immune system responses\(^8\)
- Eyesight\(^2\)
- Cognitive Development\(^8\)
- Bone health\(^2\)

### Nutritious Foods Protect Against\(^13\)

- Dental cavities
- Heart disease
- Chronic illness (e.g., type 2 diabetes, obesity)
- Iron deficiency

### Benefits of Nutrition Education\(^10\)\(^,\)\(^11\)

- Nurturing eating habits and behaviors
- Empowering individuals by increasing nutrition and health knowledge
- Supporting individuals in informed decision-making about food and beverage consumption

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# Nutritious Food for Households

Two federally-funded feeding programs provide food purchasing benefits as well as nutrition education to participating households.

## Programs Designed to Support Child Nutrition

<table>
<thead>
<tr>
<th>Program and Participant Eligibility Criteria</th>
<th>Food Benefits</th>
<th>Health &amp; Nutrition Resources</th>
<th>Enrollment in Georgia</th>
</tr>
</thead>
</table>
| **Supplemental Nutrition Assistance Program (SNAP)**  
  *Georgia*  
  - Resident of the state of Georgia  
  *Non-citizen Individuals*  
  - Lived in the United States for at least 5 years, or  
  - Receives disability-related assistance or benefits, or  
  - Children under 18  
  *Income*  
  - Lives at or below 130% of federal poverty income guidelines, depending on household status and deduction calculations  
| Monthly benefits to purchase fresh fruits, vegetables, and frozen, canned, and shelf stable items  
| Nutrition education  
| 301,000 households with children |
| **Women, Infants, and Children (WIC)**  
  *Women, Infants, and Children*  
  - Pregnant, breastfeeding, and non-breastfeeding postpartum women  
  - Infants and children up to age five  
  *Income*  
  - Living at or below 185% of the federal poverty income guidelines  
  - Participating in another assistance program may make an applicant automatically income-eligible for WIC (e.g., SNAP, Medicaid)  
  *Nutrition Risk*  
  - Applicants must be determined to be at “nutrition risk” by a health professional or a trained health official  
| Nutritiously balanced food packages  
| Breastfeeding supports  
| 202,200 total participants  
| This accounts for roughly 49% of those who are eligible for WIC |

## Policy Recommendations to Support SNAP and WIC

### State Only:

- Strategically engage community organizations and benefit enrollment staff to understand and eliminate barriers to SNAP and WIC
- Ensure state agencies are fully leveraging data to ease enrollment for all eligible households (e.g., Adjunctive Eligibility - using Medicaid or SNAP data to facilitate WIC enrollment)
- Explore and enact opportunities to leverage virtual tools to support physicians in WIC program operations (e.g., electronic prescription, referral systems, electronic health data contracts)
- Explore an extension of the WIC FMNP farmers’ market season

### State and Federal:

- Increase culturally and linguistically inclusive resources within SNAP and WIC

### Federal Only:

- Leverage technology to increase access to, utilization of, the WIC FMNP for farmers and WIC participants (e.g, remote trainings, electronic WIC FMNP benefits)
- Increase culturally inclusive foods within WIC food packages
**Nutritious Food for Early Education, School, & Afterschool**

Five federally-funded feeding programs provide nutritionally balanced meals and snacks to children within early care and education programs, schools, and afterschool programs. Eligibility for participation is based on income, from 130% of the federal poverty line (free) to 185% of the federal poverty line (reduced priced).

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Pandemic-related USDA waivers, which provide increase program flexibility and reduce barriers, may be a factor in the decreased participation compared to previous years (e.g., required applications, universal meals)

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<th>POLICY RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Only:</strong></td>
</tr>
<tr>
<td>• Ensure state agencies are fully leveraging data to ease enrollment for eligible students (e.g., Direct Certification - using Medicaid data to facilitate NSLP enrollment)</td>
</tr>
<tr>
<td>• Leverage available data to strategically recruit CACFP-eligible programs (e.g., low-income, low food access areas)</td>
</tr>
<tr>
<td><strong>State and Federal:</strong></td>
</tr>
<tr>
<td>• Provide funding for transportation grants to fund innovative approaches and mobile meal trucks to increase summer meal access</td>
</tr>
<tr>
<td>• Promote local food procurement by connecting food systems to child care programs and simplifying procurement processes for CACFP operators</td>
</tr>
<tr>
<td><strong>Federal Only:</strong></td>
</tr>
<tr>
<td>• Increase food access by changing the area eligibility requirement from 50 percent to 40 percent of the children eligible for free or reduced-price meals</td>
</tr>
<tr>
<td>• Streamline CACFP program requirements, reduce paperwork, and maximize technology to improve program access (e.g., streamline CACFP and SFSP applications, virtual monitoring)</td>
</tr>
<tr>
<td>• Allow all CACFP participant programs to be reimbursed for an additional meal (typically a snack or supper), as was previously allowed</td>
</tr>
<tr>
<td>• Increase nutritious food access for family child care homes and afterschool programs by allowing them to receive a higher reimbursement rate (regardless of location)</td>
</tr>
</tbody>
</table>
INSERT BANK
TAB:
BEHAVIORAL HEALTH
Many children and youth face behavioral health challenges. Nationally, 2 in 10 children have one or more emotional, behavioral, or developmental conditions. Undiagnosed, untreated, or inadequately treated conditions can result in poor immediate and lifelong outcomes, including significant impact to a child’s education. Children with Attention-Deficit / Hyperactivity Disorder (ADHD), autism, or developmental delays are twice as likely to be chronically absent compared to kids without these conditions.

When looking at Georgia’s counties:

- 78 do not have a licensed psychologist
- 53 do not have a licensed social worker
- 45 do not have a licensed psychologist OR a licensed social worker

The Role of Schools

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

<table>
<thead>
<tr>
<th></th>
<th>What We Have:</th>
<th>What We Need:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers</td>
<td>1 for every 2,043 students</td>
<td>1 for every 250 students</td>
</tr>
<tr>
<td>School Psychologists</td>
<td>1 for every 2,269 students</td>
<td>1 for every 500 students</td>
</tr>
<tr>
<td>School Nurses</td>
<td>1 for every 1,017 students</td>
<td>1 for every 750 students</td>
</tr>
</tbody>
</table>

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WHY WE NEED BEHAVIORAL HEALTH SERVICES

Untreated behavioral health illness in children and adolescents can lead to:13 14

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

Recommendations

- Sustain and expand support for the Georgia Apex Program to continue advances in school-based mental health.
- Ensure full implementation of the Behavioral Health Care Workforce Database and develop strategies to address identified provider shortages and diversify the workforce.
- Allocate more funding to strengthen crisis support and intervention services, including continued implementation of 988 and mobile crisis services for children and adolescents.

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 and Reform Commission to develop policy which can improve children’s behavioral health outcomes.

Sources: bit.ly/3hGdXKd
Please note that some services and supports are only available in a certain school district or school and are not countywide.

Georgia Department of Education (GaDOE) and Regional Educational Service Agencies (RESAs) coordinated 1,304 Mental Health Awareness Trainings (MHAT) for 32,444 educators and school staff, including:

- Trauma 101
- Brain 101
- Trauma to Resilience
- Secondary Traumatic Stress
- Psychological Safety

Please note this list is not comprehensive.
### SCHOOL-BASED ACCESS

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Georgia Apex Program</strong></td>
<td>Increases school-based behavioral health capacity through partnerships between community-based providers and local schools and school districts. Both develop partnerships with local schools to provide behavioral health services. Funding: DBHDD state funds.</td>
</tr>
<tr>
<td><strong>Project Aware</strong></td>
<td>Builds capacity of state and local educational agencies to increase awareness of mental and substance abuse issues through student screenings and school staff trainings. Grantees will assist in developing a statewide framework to provide training to school and community professionals to identify students with mental health needs and connect youth and families to community resources. <em>Project Aware is currently partnering with Bibb, Hall and Houston County Schools for grant period 2020-2025. During the previous grant period (2014-2019), Muscogee, Newton, and Spalding County Schools received funding.</em></td>
</tr>
<tr>
<td><strong>Youth Mental Health First Aid</strong></td>
<td>Provides individuals who interact with youth with skills for helping an adolescent who is experiencing a mental health or addiction challenge or is in crisis.</td>
</tr>
<tr>
<td><strong>Sources of Strength</strong></td>
<td>Targets strengthening multiple sources of support, changing social norms and school culture. This program is designed to prevent suicide, violence, bullying and substance abuse by encouraging connections between peers and adults.</td>
</tr>
<tr>
<td><strong>School-Based Health Centers (SBHCs)</strong></td>
<td>Improve children’s access to health services. 102 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, and the Georgia Department of Education.</td>
</tr>
<tr>
<td><strong>Positive Behavior Interventions and Supports (PBIS)</strong></td>
<td>Facilitates positive school climate and timely identification of behavioral health needs for students. A network of 1,400+ schools and programs representing 62% of Georgia local educational agencies continue implementation with fidelity. Funding: DOE state funds, PBIS specialists in each Regional Educational Service Agency.</td>
</tr>
<tr>
<td><strong>Telemedicine &amp; Telehealth</strong></td>
<td>Provides children and families with access to needed primary, acute, and specialty care on a school campus through telecommunication technologies.</td>
</tr>
<tr>
<td><strong>School-based Telehealth (SBTH)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Georgia Partners for Telehealth (GPTH)</strong></td>
<td>172 schools have telehealth equipment to be used for behavioral health services through the GPTH network. Funding: GPTH grant; school budget for staff time; Medicaid.</td>
</tr>
<tr>
<td><strong>Out-of-School Time</strong></td>
<td>Mental Health Resiliency Club Houses: 13 clubhouses statewide, supported by DBHDD, to provide supportive services, e.g., educational, social, and employment support geared to engage youth and assist them in managing behaviors and symptoms. DBHDD supports three prevention clubhouses that were designed to provide prevention services to youth ages 12-17 at high-risk for alcohol and drug abuse to address challenges they face in their communities. They are located in Norcross, LaGrange, and Dawsonville. The Clubhouses use peer mentors, evidence-based programming, and interactive activities to build coping, decision-making, and life skills.</td>
</tr>
</tbody>
</table>

Sources: bit.ly/3FKb1zf

Rev. 11/2022
School-based mental health programs increase much-needed access to mental health support by eliminating barriers to care such as transportation, provider availability and proximity, and cost.

**THE NEED FOR SCHOOL-BASED MENTAL HEALTH**

Nearly 73,000 students in 6th through 12th grade reported having seriously considered attempting suicide.¹

45% of Georgia’s children aged 3-17 had difficulty accessing or were unable to access needed mental health treatment and counseling.²

1 in 6 children aged 2 to 8 years old has a diagnosed mental, behavioral, or developmental disorder.³

**Multitiered System of Supports**

Comprehensive school-based mental health increases the chance that teachers and clinicians will identify students with untreated mental health needs and avoid misdiagnoses. Students who appear to have a mental health disorder but are actually experiencing another challenge (e.g., family instability, severe hunger, trouble with vision) are more likely to be properly tested.

**Challenges Providers Experience**

- Limited qualified workforce who will accept the salary (lower than other jobs in the field)
- Clinician burnout (i.e. from heavy caseloads and secondary trauma)
- Blurred roles in schools and extra demands on clinicians’ time (hindering billable time, which is important for program sustainability)
- Lack of transportation for afterschool and summer services
- Stigma around mental health treatment
- Limited parental involvement

**Factors that Boost Program Success**

Using both insurance billing and grant funding (This allows programs to be comprehensive, providing interventions in all three tiers.)

School buy-in

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Recommendations

State Agencies and Leadership

• Extend telemedicine reimbursement provisions to support increasing access (including summer services) and family engagement.
• In addition to Express Lane Eligibility for SNAP/TANF, use all other available data to renew coverage for children on Medicaid/PeachCare (known as “ex parte” renewals).
• Share school-based mental health program outcomes annually.
• Support integrated school-based health (physical and mental health).
• Reimburse school-based mental health services consistently.
• Simplify/streamline insurance billing.
• Explore reasonable alternatives to the state salary schedule such that state behavioral health professionals are competitive in their field.
• Consider mobilizing school counselors, school psychologists, and school social workers to provide therapeutic services by allocating funding to hire more of each profession to reduce the student to professional ratio. Develop awareness campaigns to promote community-level mental health resources, including CSBs, and to reduce cultural- and identity-based stigma (e.g., Black, Hispanic, adolescent males).

Providers

• Increase peer-to-peer support opportunities for youth and families (e.g., sources of strength program, establishing family federation chapters).
• Support clinicians to ease the burden and prevent burnout (e.g., secondary trauma supports, billing programs to minimize administrative burdens).
• Promote free clinical supervision toward licensure and incentives, like federal loan forgiveness.
• Partner with afterschool and summer learning programs.
• Partner with Regional Education Service Agencies (RESAs), School Climate Specialists, and school Positive Behavioral Interventions and Supports (PBIS) coordinators.
• Continue to use telehealth to enhance access to services.

Schools

• Work with providers to submit community plans to draw down federal funding (e.g., HRSA grants).
• Leverage district and school-level funds to support program costs.
• Include providers in school meetings and groups (e.g., staff meetings, student support teams) and leverage providers for teacher trainings and professional development.

Additional Resources:
Supporting Children’s Mental Health in Georgia Schools: How Three School-Based Mental Health Providers Serve Students, Voices for Georgia’s Children
Youth Behavioral Health in Georgia Two Years into the COVID-19 Pandemic: Perceptions of Need, Services, and System of Care Obtained through Youth and Caregiver Focus Groups, Voices for Georgia’s Children
Behavioral Health Needs in Afterschool & Summer Time: Equipping Programs to Support Georgia’s Youth, Georgia Statewide Afterschool Network
Georgia — through cross-agency collaboration efforts, the work of partners, and recent policy and practice changes — has made steady progress in reducing barriers to behavioral health services and supports.

**Recent Accomplishments**

- Created a school-based mental health workforce pipeline program that provides school-based graduate training opportunities (within Georgia Apex programs).
- Embedded trauma training into the practicum program of five schools of social work and one counseling program, in partnership with the Interagency Directors Team and System of Care State Plan (training students, as well as supervising licensed providers).
- Passed key legislation to help alleviate provider shortages, allowing Georgia to enter into interstate compacts for physicians to practice medicine and psychologists to practice telemedicine in the state, and requiring equal reimbursement for telemedicine services among insurers.
- Passed the Mental Health Parity Act (MHPA), requiring the creation of the Behavioral Health Care Workforce Database, the development of a cancelable loan program for behavioral health professionals, and a study reimbursement rates for child and adolescent behavioral health services across public and private insurers (i.e., Medicaid, PeachCare for Kids, State Health Benefit Plan) and medical necessity denials.

**Mental Health Parity Act (MHPA)**

The Mental Health Parity Act (MHPA) improves access to behavioral health services beyond the components that strengthen the workforce. Other provisions include:

- Ensuring limitations for behavioral health services are no greater than those for physical health services;
- Requiring care management organizations to spend 85% of premium revenues on medical claims and efforts to improve quality of care;
- Creating the Multi-Agency Treatment for Children (MATCH) team, which has the potential to help increase access to community-based services and supports for children with complex and unmet treatment needs; and,
- Increasing training and support for co-responder programs.

**CHALLENGES FACING THE CHILD AND ADOLESCENT BEHAVIORAL HEALTH WORKFORCE**

**The Access Challenge**

Despite these improvements, access to behavioral health services and supports remains a challenge for Georgia’s children and families.

**Factors Affecting Access to Needed Mental Health Care**

- Stigma
- Difficulty navigating the behavioral health system
- Lack of insurance or time off
- Cost
- Lack of transportation

**Select Workforce Challenges**

- **72**
  Georgia counties do not have a psychiatrist

- **25%**
  of Georgia adults reported unmet behavioral healthcare needs

- **67%**
  of youth with major depression reported not receiving mental health services

- More than **96%**
  of Georgia’s counties are designated as Mental Health Professional Shortage Areas (MHPSAs)

---

*Mental health shortage area designations are based on the number of providers relative to the population; the population to provider ration must be at least 30,000-to-1 (20,000-to-1 if there are unusually high needs in the community.*
**Additional Workforce Challenges**

- Graduates lack certain skills, training, and confidence in evidence-based therapies and administrative skills.\(^4\)
- Psychiatric nurses have a more limited scope of practice than in comparable states.\(^7\)

**The Cultural Competency Challenge**

If families can overcome these hurdles, then they face a second, major barrier – the lack of adequate, appropriately trained and culturally and linguistically competent behavioral health professionals.

**Georgia’s Increasingly Diverse Population**

- 14% of Georgia’s residents speak a language other than English at home.\(^4\)
- Asian and Hispanic populations have increased by 53% and 32%, respectively, while White individuals make up barely over half of the population.
- More than 10% of Georgia’s population is foreign-born, which is an almost 40% increase from 1990.\(^2\)

**Recommendations**

**Scope and Practice Environment**

- Encourage the practice of combining primary health and mental health care in one setting and ensure payer reimbursement for such integrated care.
- Streamline insurer provider certification, prior authorization, and billing practices and increase reimbursement rates to encourage more providers to accept public and private health insurance and maintain employees.
- Expand authorization and capacity of psychiatric nurses to include additional prescriptive abilities and the ability to practice independently.

**Education and Training**

- Expand and standardize culturally responsive care training for the behavioral health workforce.
- Develop a registered behavior technician (RBT) program within the Technical College System of Georgia to help meet the state’s need for a larger autism and behavioral health workforce.
- Intentionally encourage, recruit, and support diverse and rural students to pursue mental and behavioral health careers (e.g., Georgia Department of Education’s Georgia HOSA (Health Occupations Students of America)).

**Support**

- Create a subcommittee of the Healthcare Workforce Commission to identify ways to integrate foreign-trained health professionals into Georgia’s healthcare workforce, including creating a licensure pathway and allowing temporary licenses.
- Dismantle barriers to licensing for behavioral health professionals, including funding to support required supervised hours.
- Increase funding to support additional staffing within the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

**In-Depth Child and Adolescent Behavioral Health Workforce Resources**

- An Analysis of Georgia’s Child and Adolescent Behavioral Health Workforce
- Sustaining Georgia’s Child and Adolescent Workforce Through Supervision
- Licensing Barrier for Foreign-Trained Behavioral Health Professionals
- Whole Child Primer, 3rd Edition

Rev. 12/2022
Sources: bit.ly/3G8N1r4
Suicide was the third leading cause of death for Georgia children aged 5-17 in 2021.¹

**GEORGIA YOUTH SUICIDES, AGES 5-17**
Source: State Child Fatality Review Panel

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>55%</td>
<td>29%</td>
<td>16%</td>
</tr>
<tr>
<td>2020</td>
<td>60%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>2019</td>
<td>60%</td>
<td>28%</td>
<td>12%</td>
</tr>
<tr>
<td>2018</td>
<td>63%</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td>2017</td>
<td>43%</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td>2016</td>
<td>51%</td>
<td>30%</td>
<td>19%</td>
</tr>
<tr>
<td>2015</td>
<td>51%</td>
<td>30%</td>
<td>19%</td>
</tr>
<tr>
<td>2014</td>
<td>30%</td>
<td>33%</td>
<td>37%</td>
</tr>
<tr>
<td>2013</td>
<td>36%</td>
<td>46%</td>
<td>18%</td>
</tr>
<tr>
<td>2012</td>
<td>32%</td>
<td>55%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**BREAKING DOWN THE 2021 DATA**

- **RACE**
  - White: 55%
  - Black: 29%
  - Other: 16%

- **GENDER**
  - Male: 67%
  - Female: 33%

- **AGE**
  - 5 to 9: 1%
  - 10 to 14: 65%
  - 15 to 17: 34%

- **METHOD**
  - Firearm: 47%
  - Hanging: 46%
  - Other: 7%

**GEORGIA STUDENT HEALTH SURVEY**
Source: Georgia Department of Education

In 2022:
- **73,000** students reported having seriously considered harming themselves
- **43,905** students reported having harmed themselves

*The Georgia Student Health Survey was not administered during the 2020-2021 school year. Instead, GaDOE developed a brief Student Wellness Survey to highlight non-academic barriers to learning.

The number of children in Georgia who visited emergency rooms for reasons related to suicide nearly tripled between 2008 and 2021.²

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1. Suicide was the third leading cause of death for Georgia children aged 5-17 in 2021.  
2. Breaking down the 2021 data.  
3. The Georgia Student Health Survey was not administered during the 2020-2021 school year. Instead, GaDOE developed a brief Student Wellness Survey to highlight non-academic barriers to learning.
WARNING SIGNS OF SUICIDAL BEHAVIOR

These signs may mean that someone is at risk for suicide. Risk is greater if the behavior is new, or has increased, and if it seems related to a painful event, loss, or change. Risk is also greater with the presence of multiple warning signs.4

- Talking about wanting to die or kill oneself
- Seeking or having lethal means, such as firearms or medication, to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Displaying extreme mood swings
- Putting affairs in order or saying goodbye
- Sudden cheerful mood after depression
- Losing interest in enjoyable things
- Difficulty dealing with life issues

PROTECTIVE FACTORS TO PREVENT SUICIDE

According to the Centers for Disease Control and Prevention, protective factors buffer individuals from suicidal thoughts and behaviors.5

- Ongoing quality healthcare for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support
- Family and community support and connection
- Development of strong skills for non-violent conflict resolution and problem solving
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

<table>
<thead>
<tr>
<th>Comprehensive Prevention Strategies</th>
<th>Example Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and assist persons at risk</td>
<td>Gatekeeper training, suicide screening, teaching warning signs, referral to professional help (e.g., 988 Suicide and Crisis Lifeline, MyGCAL Line and App)</td>
</tr>
<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 post-vention</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>

Source: Suicide Prevention Resource Center
**Youth 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 AND MISUSED 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, 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 and 2018 that expanded the conditions for which cannabis oil can be prescribed to include post-traumatic stress disorder, intractable pain, 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>Disordered Eating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious and sometimes fatal disorders (i.e., Anorexia Nervosa, Bulimia Nervosa, Binge-Eating) that involve a disruption in an individual’s eating behaviors and thoughts about food and body weight. Common behaviors may include being extremely restrictive in the amount and type of food consumed or binge-purge cycles, which involve binge eating followed by purging episodes through vomiting, laxatives, diuretics, fasting or excessive exercise.</td>
<td>Serious and sometimes fatal disorders (i.e., Anorexia Nervosa, Bulimia Nervosa, Binge-Eating) that involve a disruption in an individual’s eating behaviors and thoughts about food and body weight. Bone and muscle deterioration; brittle hair and nails; low blood pressure; slowed breathing and pulse; lethargic or sluggish; development of acid reflux disorder; worn tooth enamel; chronically inflamed and sore throat; and damage to major organs, including possible multi-organ failure.</td>
</tr>
</tbody>
</table>

**Did You Know?**

- **Alcohol, marijuana, and tobacco products** are the most commonly used substances among adolescents.  

- More than 17,000 Georgia high school students reported using marijuana in the last 30 days.

- Georgia has the 5th highest marijuana possession arrest rate in the nation and a Black person is 3 times more likely to be arrested for possession than a White person.

- In the 2022 Georgia Health Student Survey, 26% of girls and 11% of boys reported avoiding food, vomiting, or using laxatives to lose weight in the last 30 days.

- In the last month, Georgia students say they have used the following substances:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>10%</td>
</tr>
<tr>
<td>e-Cigarette (Vaping)</td>
<td>9%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>9%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>4%</td>
</tr>
<tr>
<td>Pain Relievers</td>
<td>4%</td>
</tr>
</tbody>
</table>

The Georgia Student Health Survey is offered annually. “The last month” refers to the month prior to the students completing the survey. This measure is used to assess alcohol and drug use among youth and can be compared to national data from the Youth Risk Behavior Surveillance System (YRBSS).
Opioid Misuse in Georgia

**WHAT ARE OPIOIDS?**
Opioids are a class of drugs that act in the nervous system to produce feelings of pleasure and pain relief. They can be generally classified into three categories:

<table>
<thead>
<tr>
<th>Prescription Opioids</th>
<th>Fentanyl</th>
<th>Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can be prescribed by doctors to treat moderate to severe pain, but can have serious risks and side effects.</td>
<td>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.</td>
<td>Heroin is an illegal opioid.</td>
</tr>
<tr>
<td>Common types are:</td>
<td>Illegally made and distributed fentanyl has been on the rise in several states.</td>
<td>Heroin use has increased across the U.S. among men and women, most age groups, and all income levels.</td>
</tr>
<tr>
<td>- oxycodone (OxyContin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- hydrocodone (Vicodin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- morphine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- methadone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**OPIOIDS AND GEORGIA’S CHILDREN**
Opioid misuse and addiction can negatively impact children and adolescents’ lives in multiple ways. Parental misuse, during pregnancy, or otherwise can lead to unintended consequences for their children, including health challenges at birth, inadequate supervision, or other experiences which could negatively affect a child’s short- or long-term wellbeing. Youth opioid misuse may result in addiction, potentially impacting a child’s academic performance, brain development, or life span.

**Impact of Parental Misuse**
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.

- **762** confirmed cases of NAS in Georgia in 2017, and **20%** were attributed to opioids.
- **More than 1 in 3** infants with NAS were born to mothers 25–29 years of age.
- **43%** of children who entered foster care in 2021 did so due to parental substance abuse.

**Youth Misuse**
In 2022, among middle and high school students:

- **Nearly 20,000** reported taking a prescription drug painkiller that was not prescribed for them, within the last 30 days.
- **Approximately 9,200** reported using heroin within the last 30 days.

[www.georgiavoices.org](http://www.georgiavoices.org)
Opioid-involved overdoses accounted for 7,954 emergency department visits and 2,822 hospitalizations.

**SELECT EXAMPLES OF GEORGIA’S RESPONSE**

- In 2017, a standing order was developed allowing pharmacists across the state to dispense naloxone/Narcan, an opioid overdose reversal drug.
- The Opioid and Substance Misuse Unit is implementing 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 Criminal Justice Coordinating Council (CJCC) received funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to create the Georgia Opioid Affected Youth Initiative competitive grant opportunity that supports strengthening opioid misuse and overdose data collection, overdose prevention training, treatment and recovery services and more.
- Secured $636 million from the multi-state opioid settlement with three major pharmaceutical distributors to strengthen state and local prevention efforts.

**Recommendations**

- Increase state funding for treatment and prevention efforts, including youth-focused opioid misuse awareness campaigns and evidence-based positive youth development and resilience programs (e.g., Strengthening Families, Prevention Clubhouses).
- Ensure annual collection and reporting of opioid-related data, including NAS/Neonatal Opioid Withdrawal Syndrome (NOWS), youth misuse, and fatal and non-fatal overdoses.
- Leverage internet-based learning networks (e.g., Maternal Health ECHO) to provide healthcare providers consultation, training, and collaboration opportunities for treating NAS/NOWS, pregnant women with opioid misuse challenges, and to increase awareness of family-centered treatment and recovery support services.
- School Districts: Allocate a portion of Elementary & Secondary School Emergency Relief (ESSER) funding to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to teachers, school nurses, and counselors to increase identification of youth opioid misuse and improve access to services and supports.
Autism Spectrum Disorder

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.\(^1\) Behaviors associated with ASD can be evident in children prior to two years old, however most signs and symptoms begin to appear between 2-3 years old.\(^2\) Therefore, early intervention services are crucial, as they are more effective when they are provided early in life.\(^3\) Additionally, early diagnosis and intervention for autism have long-term positive effects on symptoms and skills.\(^4\) Unfortunately, accessing early intervention and autism services can be difficult, with barriers including the availability of qualified and adequately trained professionals, the lack of transportation, and gaps in healthcare coverage.

**Diagnosing Autism Spectrum Disorder**
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:\(^5\)

**Persistent deficits in social communications and interactions:**
\begin{itemize}
  \item Ability to engage in social interactions between two or more people
  \item Nonverbal communicative behaviors used for social interaction
  \item Developing, maintaining, and understanding relationships
\end{itemize}

AND

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

**Autism Spectrum Disorder in Georgia**

\[49,303\] children in Georgia, ages 3-17, were diagnosed with autism in 2019-2020\(^6\)

**Factors related to apparent increase in prevalence:**\(^7\)
\begin{itemize}
  \item Improved diagnosis criteria
  \item Environmental influences, such as parental age at conception, prematurity, and birth weight
  \item Increased awareness and earlier screenings
\end{itemize}

**Behavioral Analysts in Georgia**\(^8\)

Applied Behavior Analysis is an evidence-based therapy used for people with autism and other developmental disorders that supports language and communication, attention and memory, and behavior concerns.\(^2\)

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
<th>Doctoral (BCBA)</th>
<th>Master’s/Graduate (BCBA)</th>
<th>Bachelor (BCaBA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEWIDE COUNT</td>
<td>79</td>
<td>1,178</td>
<td>60</td>
<td>1,317</td>
</tr>
</tbody>
</table>

BCBA: Board Certified Behavior Analyst  
BCaBA: Board Certified Assistant Behavior Analyst  

[www.georgiavoices.org](http://www.georgiavoices.org)
POLICY RECOMMENDATIONS

- Increase workforce capacity to serve, and availability crisis services and supports for, individuals with dual diagnoses (i.e., behavioral health disorder and intellectual/developmental disability).
- Require public and private insurers to allow ABA therapy upon autism diagnosis from primary care physician or child psychiatrist while waiting for a psychological evaluation.
- Develop a registered behavior technician (RBT) program within the Technical College System of Georgia to help meet the state’s need for a larger autism and behavioral health workforce.
- Review, and if necessary, strengthen policies, procedures, state licensing provisions and quality monitoring of residential treatment and respite care for children and youth with behavioral health conditions, including serious emotional disturbance, substance use disorders, and autism.
- Assess gaps in coordination of services through Babies Can’t Wait (Department of Public Health) and Preschool Special Education Program (Georgia Department of Education), then structure and fund programs adequately.
- Encourage schools to partner with community providers of autism services to increase availability of supports in academic settings.
- Promote early identification educational opportunities for new and existing child care workforce members to better serve infants and young children aged 0-4 and their caregivers.
Babies Can’t Wait (BCW) is Georgia’s early intervention program available to children ages zero to three years old with disabilities and developmental delays. Through BCW, a team of multidisciplinary healthcare professionals assesses, educate, and implement a family service plan to help ensure children receive every opportunity to fulfill their potential.¹

A child’s brain develops extremely rapidly from birth to age three. This is a critical window of opportunity to detect and address developmental delays before they become significant barriers to healthy development. BCW staff work closely with physicians and healthcare providers to identify children showing signs of developmental disabilities or delays, so that needed supports can be provided early on – and long-term development challenges can be prevented or mitigated.

WHO QUALIFIES FOR SERVICES?

Babies Can’t Wait serves children from birth until age 3 who have a diagnosed developmental delay or chronic health condition that results in a developmental delay.² BCW services provide support and resources to assist family members/caregivers to enhance children’s learning and development in the child’s natural environment (e.g., home or community setting).³, ⁴

Anyone can refer a child to Babies Can’t Wait including, but not limited to:

- Parents
- Childcare Providers
- Doctors

A free developmental evaluation is available to families to determine eligibility for services and supports under the program.²

HOW THE PROGRAM IS FUNDED

Babies Can’t Wait

receiving federal funds from the Office of Special Education Programs, Individuals with Disabilities Education Act, and state funds, and is housed within the Georgia Department of Public Health.

HOW SERVICES ARE PAID FOR²

First, services are billed to the child’s health insurance (where applicable and with parent permission)

A sliding fee is determined based on income and family size

BCW program serves as a payor of last resort, if needed

CHILDREN SERVED BY BABIES CAN’T WAIT

26,000 children were served in FY 2021-2022³

The number of children that are referred and eligible is increasing each year²

It’s likely that more children are in need of services than BCW can currently serve, given existing constraints.

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**RECOMMENDATIONS TO STRENGTHEN THE BABIES CAN’T WAIT PROGRAM**

- Work closely with local agency staff, stakeholders, and community partners to assess and address staff/program recruitment and retention issues.
- Streamline coordination and follow-up coordination/communication between referral source (e.g., physician) and program staff across the state.
- Continue to recruit providers to serve in all districts at numbers that meet the demand for services.
- Continue to offer telehealth as a platform for providing services to parents/caregivers where possible.
- Continue to explore whether there are early intervention services provided by the state which could be billed to Medicaid and/or private insurance (e.g., provider-to-provider consultations to coordinate services). If feasible, this would allow greater flexibility for IDEA Part C grant funds to support case management.

Babies Can’t Wait is a federally regulated program under the Individuals with Disabilities Education Act, specifically, Part C of the law. The program is to be a statewide, coordinated, multidisciplinary inter-agency system that provides early intervention services for infants and toddlers, and coordinates developmental, educational, and community supports for those children. However, eligibility criteria may vary state to state.

Sources: bit.ly/3FJ2A7B
INSERT BANK
TAB:
PROTECTION
AND SAFETY
Adverse Childhood Experiences (ACEs), or early negative experiences, can lead to negative impacts later in life, such as poor mental and physical health, lower academic achievements, and substance abuse. In the research discussed here, ACEs refer to these experiences:

- Homelessness
- Involvement in child welfare system
- Medical trauma
- Natural disasters
- Neglect (physical/emotional)
- Discrimination (including racism and sexism)
- Community violence

ACEs, along with other negative life events, can cause high levels of stress, or toxic stress, which can also have long-term effects on a child’s development.

**IMPACT OF ACEs**

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

- Poor health, including mental health
- Substance abuse
- Depression
- Risky behavior
- Difficulty concentrating or making decisions
- Poor academic achievement
- Employment problems

**PREVALENCE OF ACEs IN GEORGIA**

Nearly 3 in 5 surveyed Georgians reported having experienced at least one ACE.

In 2016 and 2018, Georgia collected data from adults about ACEs they experienced as children. (ACEs not included in this research are experiencing neglect and having a family member attempt or die by suicide.)

40% have experienced no ACEs
60% have experienced at least 1 ACE

1 ACE
22%
2 ACEs
12%
3 ACEs
8%
4+ ACEs
18%

While the likelihood of having four or more ACEs did not vary significantly by race or ethnicity in Georgia, White respondents were about 8 times as likely to have experienced no ACEs as Black respondents, according to 2016 BRFSS data.

ACEs Among Adults 18 Years and Older, Georgia Behavioral Risk Factor Surveillance System, 2020

Data on Disparities

- Incarceration: 6%
- Sexual Abuse: 8.4%
- Mental Illness: 12.2%
- Domestic Violence: 15%
- Physical Abuse: 20.9%
- Emotional Abuse: 24.5%
- Divorce: 26.7%
- Substance Abuse: 27%

*The Department of Public Health is analyzing updated data, which is expected in December 2022.

In 2020, 14.3% of Georgians surveyed reported having experienced at least four ACEs.

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**POLICY RECOMMENDATIONS**

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.

**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)

**Stable Housing**

- Improve Georgia’s renter protection laws to reduce incidents of unsafe housing and eviction (FFPSA)

Thanks to these partners for their collaboration on this factsheet:

Rev. 11/2022
Sources: bit.ly/3YB6LLb
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. Georgia began phased implementation of FFPSA in Fall 2021. There are two main components of the act:

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

Family First services will be offered in Chatham, Cherokee, DeKalb, and Richmond counties in the beginning of 2023. Services will include Multisystemic Therapy and Functional Family Therapy, two evidence-based treatments to address behaviors of youth at risk for out-of-home placement.

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**Foster Care Prevention Services and Programs**

<table>
<thead>
<tr>
<th>WHO IS ELIGIBLE?</th>
<th>SERVICES AND PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who are candidates for foster care, but who can safely remain at home</td>
<td>Mental health services</td>
</tr>
<tr>
<td>Children in foster care who are pregnant or parenting</td>
<td>Substance abuse prevention and treatment services</td>
</tr>
<tr>
<td>Parents or kin caregivers of the children</td>
<td>In-home parenting programs</td>
</tr>
<tr>
<td>Eligibility is not dependent on family income</td>
<td></td>
</tr>
</tbody>
</table>

For more details on who is eligible for these services and programs, see the definition for candidacy on [Blueprint for Family First](#). The Prevention Plan identified BSFT, FFT, MST, HFA, and PAT for inclusion in 5 year plan.

**How does a state obtain funding for services or programs?**

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

Half of the cost of prevention services, training, and related administrative tasks can be covered by Title IV-E funds.

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If Georgia postpones the effective date of congregate care changes, it must also delay requesting prevention funds until the same date.

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Congregate Care

Starting September 30, 2021, FFPSA limits foster care payments for group homes for up to two weeks only. Although FFPSA limits federal reimbursement for foster care maintenance payments for group homes, the limitations do not currently impact the ability to place youth in group homes if it is determined to be the most appropriate placement.¹

Qualified Residential Treatment Programs

QRTPs must meet the following requirements:²

- Use a trauma-informed treatment model
- Have a registered or licensed nursing and clinical staff onsite
- Facilitate family outreach and participation
- Document family integration into the treatment process
- Provide discharge planning and family-based supports for at least 6 months after discharge
- Be licensed and accredited by one of the following:
  - Commission on Accreditation of Rehabilitation Facilities
  - Joint Commission on Accreditation of Healthcare Organizations
  - Council on Accreditation
  - Other nonprofit accrediting organization approved by the Secretary
- Meet the treatment needs of children as determined by an assessment within 30 days of placement
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.¹

In FY 2023, the Department of Human Services received $92,141,472 and the Department of Juvenile Justice received $5,311,353 of federal funding for Title IV-E.³

Funding activities include:
- Monthly maintenance payments for daily care and supervision of eligible children⁴
- Administrative costs to manage the program at the state level⁵
- Training of staff and foster care providers⁶
- 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**²
- Neglect (47%)
- Caregiver drug abuse (43%)
- Inadequate housing (20%)
- Caregiver’s inability to cope due to illness or other reason (11%)
- Parental incarceration (10%)
- Physical abuse (10%)
- Child’s behavioral health condition (10%)

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

**FAMILY FIRST PREVENTION SERVICES ACT**²

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.

**New Prevention Activities**² include:
- 12 months of mental health services and 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 an approved Title IV-E Prevention Services Clearinghouse activity.

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Child Maltreatment’s Impact on Brain Development

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

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or other person in a child-serving role (e.g., minister, teacher, etc.). There are four common types of abuse: physical, sexual, emotional, and neglect.

**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
- Delayed developmental milestones
- Diminished executive functions like memory, attention, impulse control, etc.
- Decreased response to positive feedback or rewards
- Social interactions made more difficult

**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>2018</td>
<td>4978</td>
<td>3456</td>
<td>2644</td>
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<tr>
<td>2017</td>
<td>4568</td>
<td>3456</td>
<td>2449</td>
</tr>
<tr>
<td>2016</td>
<td>8046</td>
<td>7609</td>
<td>5948</td>
</tr>
<tr>
<td>2015</td>
<td>9596</td>
<td>9586</td>
<td>7714</td>
</tr>
</tbody>
</table>

**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

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Trauma-induced changes to the brain can result in varying degrees of **cognitive impairment** and **emotional dysregulation** that can lead to a host of problems, including difficulty with attention and focus, learning disabilities, low self-esteem, impaired social skills, and sleep disturbances.

- Child Welfare Information Gateway, Supporting Brain Development in Traumatized Children and Youth

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

### HEALTHY BRAIN DEVELOPMENT

#### Early Brain Development

- Before and after birth, neurons are created and form connections
- The brainstem and midbrain fully develop first, governing functions necessary for life like heart rate, 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) grow rapidly in the first three years
- By age two, a child has formed 100 trillion synapses
- Synapses are eliminated as experiences deem them unnecessary (i.e. pruning)
- By age 3, a child’s brain is nearly 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
- Limbic system grows and transforms
PARTS OF THE BRAIN

Prefrontal Cortex: regulation

Amygdala: fear

Limbic System: brain reward system

Frontal Lobe: executive functions and developmental milestones

Temporal Lobe: social interactions

TERMS TO KNOW

**Amygdala:** brain’s emotional reaction center associated with behavioral function and survival instincts (e.g. fight or flight)

**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
Homelessness and Children in Georgia

Homeless children and youth are defined as individuals who lack a fixed, regular, and adequate night time residence.

31,768
K-12 students in Georgia were homeless in 2021.¹

Approximately 36,000 children under age six were homeless in 2019, with more than 1,500 served in Early Care and Education environments.²

Being homeless doesn’t always mean sleeping outside. Of the students who reported experiencing homelessness, 72% said they were staying with extended family or friends.³

COVID-19 AND HOMELESSNESS IN GEORGIA

The COVID-19 pandemic has increased housing insecurity in Georgia, which directly impacts children. As of July 2022, more than one in seven Georgia families with children were late on their rent or mortgage payment, according to the U.S. Census Household Pulse Survey.⁴ As of July 2022, approximately 67% of Georgia families with children reported that they were “very likely” to have to leave their current home in the next two months due to eviction.⁵

WHO IS HOMELESS IN GEORGIA?

Black students make up a disproportionate amount of Georgia’s homeless student population.⁶

IMPACT OF CHILD AND YOUTH HOMELESSNESS

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

RISK FACTORS FOR CHILD AND YOUTH HOMELESSNESS

- Child and family poverty
- Employment issues
- Lack of health insurance
- Lack of affordable housing
- Abuse/neglect and trauma
- Single or youth parents
- Mental illness
- Substance abuse
- LGBTQ+ youth
- Involvement with foster care or the juvenile justice system
- Transitioning out of foster care and residential or institutional facilities

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The Carrollton City School District combined its efforts with community to provide McKinney-Vento youth with school supply boxes and assistance for families in transition.

CARROLLTON CITY SCHOOLS

The district used American Rescue Plan funds to identify and support 1,454 students to remain in their schools of origin at a 42% success rate.

$54,801

COBB COUNTY

The district used American Rescue Plan funds to identify and support 1,454 students to remain in their schools of origin at a 42% success rate.

$104,157

MUSCOGEE COUNTY

The district dedicated a week to allow students to attend college and career fairs, complete financial aid application, conduct scholarship searches, and prepare for college admission tests. They also used funds to deliver school supplies and uniforms to homes, shelters, and hotels and granted parents access to the on-campus store and computer lab.

$86,193

MCKINNEY-VENTO COUNT OF HOMELESS STUDENTS IN GEORGIA*

*The COVID-19 pandemic may have impacted data collection and homelessness may be higher than recorded.

In FY 21, the Georgia Department of Education subgranted more than $3.1 million for homelessness initiatives in 46 school districts.

EXAMPLES OF 2020-2021 MCKINNEY-VENTO PROGRAMS

All are Grant Year 2020/21 examples.
POLICY RECOMMENDATIONS

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

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

- Expand funding for and awareness of Find Help Georgia, a DFCS needs-based triage system for family support services that links families with DFCS-partnered, local organizations to help find resources for housing, food access, and other basic needs. Increase the availability and equitable distribution of quality and affordable housing.
- Improve Georgia's renter protection laws to reduce incidents of unsafe housing and eviction.
- Increase the availability and equitable distribution of quality and affordable housing and support policies, including rent and mortgage subsidies, which protect families and children from unsafe housing, hardship or baseless evictions, and untenable fees and penalties.
- Support policies that facilitate housing opportunities for people with past evictions, criminal histories and mental health issues.
- Improve access to educational opportunities that will ensure success for children and youth who are homeless.
- Create and fund community-based resources, such as drop-in centers and job-training, to prevent youth who age out of foster care and unaccompanied youth from becoming homeless.
- Collect data on housing status to increase knowledge of the scope of homelessness.
- Conduct more research to identify interrupters of multi-generational homelessness.

Improve program design and service delivery to meet unique needs of homeless children and families.
Child sexual abuse is the exploitation of a child for the sexual gratification of an adult or caregiver. Sexual abuse includes both touching and non-touching offenses.1

Approximately 1 in 10 children is sexually abused by the time they turn 18.2

Of the children removed from their home in 2021, *3% were for reasons of sexual abuse.4

Child sexual abuse is often underreported.3 As such, these data points likely underestimate how frequently this occurs.

**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 interacts with children.5, 6

90% of children know their abuser

One-third are abused by family members.

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.2

**DID YOU KNOW?**

- The sexual preference of a perpetrator does not make them more likely to sexually abuse children.1
- There is no research that says a transgender person is more likely to sexually abuse children than someone who is not transgender.5
- Although men are consistently shown to commit the majority of child sexual abuse, women are also abusers.10
- In 2018, Georgia mandated age-appropriate sexual abuse and assault awareness education for all students K-9.11

**Who are the Victims?**

Children and youth who are more at risk of being sexually abused:13

- 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:14

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

*A child may be removed for more than one reason.

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**Touching Offenses:**

- Fondling
- Sodomy
- Rape
- Intercourse
- Masturbation

**Non-touching Offenses:**

- Child pornography
- Indecent exposure
Juveniles represent one-fourth of all sex offenders and one-third of known offenders against other juveniles.¹⁵

40-80% of juvenile sex offenders have themselves been victims of sexual abuse. These children are often responding to their own trauma.¹⁶

Juvenile sex offenders are unlikely to commit another sex offense later in life.¹⁷ Studies universally confirm that juvenile sex offense recidivism is relatively low with an estimated rate of 7%.¹⁸ In addition, interventions for juvenile sex offenders have shown to be a particularly effective.¹⁹

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.
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.

In 2021, 91,648 of Georgia’s children were screened for lead poisoning. Of those, 3,209 children had lead poisoning measuring 3.5 μg/dL or more.

What is Childhood Lead Poisoning?

Georgia law requires, and the Centers for Disease Control and Prevention (CDC) recommends, intervention for children with a blood lead level presence of 3.5 μg/dL (micrograms per deciliter). Children’s bodies absorb lead more easily, affecting brain and other physical development in organs and the nervous system. Children under age 6 are at the greatest risk of lead poisoning. Even low levels of lead can result in:

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

Higher levels of lead - also called elevated blood lead levels - can cause coma, convulsions, intellectual disabilities, developmental disabilities, seizures, and death. Elevated blood lead levels can require expensive medical treatment and exacerbate health conditions. Prenatal exposure can cause miscarriage, premature birth, and damage to baby’s brain, kidneys, and nervous system.

DISPARITIES ON LEAD EXPOSURE

According to 2021 Georgia Department of Public Health data, childhood lead poisoning is more prevalent in Asian, Black, and Multiracial children than White children.

Where is Lead Found?

**Water**

This can be caused by corrosion of plumbing materials (e.g. pipes and fixtures). Homes, schools, childcare programs, and other buildings built before 1986 are more likely to have lead pipes, fixtures and solder.

**Paint**

Older homes and buildings are more likely to have lead-based paint. While the use of lead in residential paints was banned in 1978, lead is present in many buildings built prior to that date.

**Toys and Other Items**

May be present in those imported from other countries.

**Soil**

Yards and playgrounds may become contaminated from exterior lead-based paint flakes, industrial sources, or even contaminated sites. Also, lead is naturally occurring and can be found in high concentrations in some areas.

**Small metal objects**

Which can be swallowed by children.

**Herbal or folk remedies**

Greta and azarcon, which are traditional Hispanic medicines, as well as other traditional medicines from India, China, Bhutan and others can contain lead.
PROTECT YOUR FAMILY

• Have your child tested
• Get your home checked for lead hazards
• Test your water
• Clean regularly
• Remove shoes or wipe off soil before entering house

Wins for Georgia’s Kids

• In 2022, Georgia signed into law a lower lead poisoning threshold, which aligns with the most current CDC recommendation, of 3.5μg/dL.17, 18 Additionally, this legislation supports the Georgia Department of Public Health in:
  • hiring additional lead inspectors statewide to investigate cases of lead exposure;
  • educating families on exposure reduction; and,
  • engaging with property owners to reduce and eliminate lead sources.

• The Clean Water for Georgia Kids Program supports schools and early care and education (ECE) programs through testing, communications, and providing low-cost recommendations on how to remove lead from drinking and cooking water. This program is funded by Environmental Protection Agency and free to participants.19

There is still work to do.

POLICY RECOMMENDATIONS

• Explore and establish funding opportunities to support ECE programs in lead pipe and fixture mitigation and remediation efforts.

• Expand Georgia law to include blood lead level monitoring and mitigation strategies for women of childbearing age (DPH) and children under six years of age.

• Develop and implement multi-year lead test and mitigation strategies in built environments and drinking water at schools, childcare facilities, and other non-home locations where children spend time.* Explore federal and other public or private funding mechanisms to cover costs.

• Expand partnerships to increase blood lead level testing sites (e.g., clinics, labs, point of care). (DPH)

• Encourage Care Management Organizations (CMOs) to increase well-child visits and mandatory Medicaid child lead screenings.** Ensure that Medicaid / DCH is accurately monitoring and reporting lead screening. (DCH)

• Assess and address built environment for each child whose blood lead level is equal to or greater than the CDC action level, especially for children under 3 years old. (DPH, GEPD)

*Lead testing and mitigation strategies for drinking water may consider the Georgia Lead Poisoning Prevention Act of 1994, which addresses lead-based paint.

**Medicaid federally requires that every state provides at least 80% of Early and Periodic Screening, Diagnostic and Treatment recipients with timely medical screens, including lead screening for under age six.20 Federal data show that from 2015 to 2019, Medicaid lead screening rates steadily declined in Georgia (from approximately 108,000 to 96,000) for ages 0-6.21 Note: Medicaid reported that this data was incorrectly reported so numbers will vary.22

Rev. 11/2022
Sources: bit.ly/3YEOVHm
Swimming Pool Safety

THE IMPORTANCE OF SWIMMING POOL SAFETY

Drowning is the sixth leading cause of unintentional death for children ages 1-17 years old in Georgia.¹ In 2021, 31 children in that age group drowned,² and there were 153 emergency room visits drowning and submersion.³ **Most drownings of children ages 1 to 4 happen in swimming pools.**

WATER-RELATED INJURIES IN THE U.S.

While the biggest threat to children around unexpected, unsupervised access to water is drowning, every year thousands of children are treated in the emergency room for non-fatal water-related injuries.⁴

### Estimated ER-Treated Injuries

<table>
<thead>
<tr>
<th>Year</th>
<th>Younger than 5</th>
<th>5-14 years</th>
<th>Total &lt;15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>4,400</td>
<td>1,300</td>
<td>5,800</td>
</tr>
<tr>
<td>2019</td>
<td>5,100</td>
<td>1,200</td>
<td>6,300</td>
</tr>
<tr>
<td>2018</td>
<td>4,900</td>
<td>1,500</td>
<td>6,400</td>
</tr>
</tbody>
</table>

*Source: U.S. Consumer Product Safety Commission: National Electronic Injury Surveillance System*

SWIMMING POOL RULES AND REGULATIONS

The Georgia Department of Public Health (DPH) is responsible for ensuring public swimming pools are clean, healthy and safe. In addition to adult supervision, there are laws in place regarding fencing, pool drains, and clean water that are critical to pool safety.

**Public Pool Barriers**⁵

- All outdoor swimming pools and spas shall have a barrier (e.g., fence, safety cover, wall, building wall, or a combination) which completely surrounds or covers the pool or spa, and obstructs access.
- Top of the barrier should be at least 4 feet high.
- Pedestrian access gates should be self-closing and self-latching; other gates should have a self-latching device.

**Public Pool Drains**⁶

- 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.

**Clean Water**

Children, 3 years and younger, and those not toilet-trained, are required to wear a swim diaper in a public swimming pool.⁷

**HOWEVER, IT IS IMPORTANT TO KNOW:**

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

[www.georgiavoices.org](http://www.georgiavoices.org)

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¹[Georgia Department of Public Health](https://www.georgia.gov)
²[Georgia Department of Public Health](https://www.georgia.gov)
³[Georgia Department of Public Health](https://www.georgia.gov)
⁴[Georgia Department of Public Health](https://www.georgia.gov)
⁵[Georgia Department of Public Health](https://www.georgia.gov)
⁶[Georgia Department of Public Health](https://www.georgia.gov)
⁷[Georgia Department of Public Health](https://www.georgia.gov)
⁸[Georgia Department of Public Health](https://www.georgia.gov)
WHY POOL INSPECTIONS ARE IMPORTANT

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.

<table>
<thead>
<tr>
<th>Germ</th>
<th>Symptoms Can Include</th>
<th>Time It Takes to Kill or Inactivate Germs in Chlorinated Water</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>E. coli</em> O157:H7 Bacterium</td>
<td>Watery or bloody diarrhea, fever, abdominal cramps, nausea, and vomiting</td>
<td>Less than 1 minute</td>
</tr>
<tr>
<td>Hepatitis A virus</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><em>Giardia</em> Parasite</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><em>Crypto</em> Parasite</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

<table>
<thead>
<tr>
<th>Germ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time It Takes to Kill or Inactivate Germs in Chlorinated Water</td>
</tr>
</tbody>
</table>

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:

DPH’s 7 PREVENTION STEPS FOR HEALTHY AND SAFE SWIMMING

- Closely supervise children in the water.
- Don’t swim when you have diarrhea.
- Shower before you enter the pool.
- Don’t swallow the water you swim in.
- Do not urinate in the water and always report fecal matter.
- Don’t swim if pool drain covers are missing, broken, or can’t clearly be seen.
- Report hazards to your local health department or environmental health office.

Sources: bit.ly/3BLuw9F
INSERT BANK
TAB:
JUVENILE
JUSTICE AND
SCHOOL
DISCIPLINE
Juvenile Justice Reform Act of 2013
In 2012, members of the Special Council on Criminal Justice Reform studied Georgia’s juvenile justice system and crafted recommendations to improve public safety and reduce costs. These recommendations and resulting legislation, the Juvenile Justice Reform Act of 2013, reorganized, revised, and modernized Title 15, Chapter 11 of the Official Code of Georgia Annotated, a section of our law known as the Juvenile Code.

In addition to improving public safety and reducing costs, the new code aimed to strengthen family relationships in order to allow each child to live in safety and security.

Policies and practices include:
- 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

DJJ Mission Statement: Adopted in 2020, the Georgia Department of Juvenile Justice transforms young lives by providing evidence-based rehabilitative treatment services and supervision, strengthening the well-being of youth and families, and fostering safe communities.1

Signs of Progress from 2013 to 20192

- 54% reduction in short-term secure confinement
- 43% reduction in secure detention
- 19% reduction in overall commitments to DJJ

Georgia Youth in Secure Residential Facilities
The Department of Juvenile Justice has two secure residential facilities for juveniles in custody:

- Regional Youth Detention Centers (RYDCs) provide temporary, secure care and supervision to youth who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement.3
- Youth Development Campuses (YDCs) provide secure care, supervision, and treatment services to youth committed to DJJ custody for the short and long-term.4

An average of 230 youth monthly were in residential treatment facilities statewide.5

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IMPLEMENTATION OF JJIG AND CSG

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

- These grants provide funding and technical support for juvenile courts to deliver evidence-based treatment programming for juvenile offenders in their home communities.
- 70% of youth served through JJIG and CSG in FY19 were Black. Black youth made up 52% of juvenile arrests in 2019.²

More than 12,000 youth have received evidence-based services through JJIG or CSG from FY14 to FY21.¹⁰

JJIG and CSG OUTCOMES IN GEORGIA¹¹

<table>
<thead>
<tr>
<th>Out-of-Home Placements</th>
<th>Program Completion</th>
<th>School Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>78% JJIG</td>
<td>72% JJIG</td>
<td>95% JJIG</td>
</tr>
<tr>
<td>69% CSG</td>
<td>81% CSG</td>
<td>91% CSG</td>
</tr>
</tbody>
</table>

Reduction in out-of-home placements in 2021 compared with FY21 baseline
Successful completion rate in 2021 for youth in JJIG and CSG programs
Youth who were actively enrolled in or had completed school in 2021

In FY21, JJIG served 821 and CSG served 438 at-risk youth across Georgia.
## JJIG and CSG Evidence-Based Programs

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JJIG Program</strong></td>
<td></td>
</tr>
<tr>
<td>Botvin LifeSkills Training</td>
<td>Group-based intervention that addresses the social and psychological factors that contribute to substance use, delinquency, and violence</td>
</tr>
<tr>
<td>Brief Strategic Family Therapy</td>
<td>Individual-based family intervention that addresses adolescent behavior problems, family functioning, and prosocial behaviors</td>
</tr>
<tr>
<td>Connections Wraparound</td>
<td>Individual-based family intervention for probated youth that addresses emotional and/or behavior problems, and uses youth and family teams to coordinate services</td>
</tr>
<tr>
<td>Multidimensional Family Therapy</td>
<td>Individual-based family intervention that addresses substance abuse, delinquency, and behavioral/emotional problems, while promoting positive attachments to pro-social supports</td>
</tr>
<tr>
<td>Multi-Systemic Therapy</td>
<td>Intensive individual-based family intervention that addresses the environmental factors that impact chronic and/or violent youth offenders</td>
</tr>
<tr>
<td>Aggression Replacement Training</td>
<td>Group-based intervention that addresses aggression and violence by improving moral reasoning and social skill competency</td>
</tr>
<tr>
<td>Functional Family Therapy</td>
<td>Individual-based family intervention that addresses delinquency, violence, substance use, and/or disruptive behavior disorders by reducing risk factors and increasing protective factors</td>
</tr>
<tr>
<td>Thinking for a Change</td>
<td>Group-based intervention that addresses the criminogenic thinking of offenders by developing, problem-solving, and social skills</td>
</tr>
</tbody>
</table>

| **JJIG and CSG Program**                   |                                                                             |
| High Intensity Team Supervision            | Community-based, in-home detention placement alternative for community supervised youth |
| Georgia Interstate Compact for Juveniles   | Processes incoming and outgoing supervision transfer from other states, as well as the return of runaways, accused delinquents, absconders or escapees |
| Adult detention facility monitoring        | Annual inspection by DJJ at the 173 adult detention facilities that temporarily hold or detain juveniles |
| Gang Prevention                            | Specialized gang training for employees to serve in the Community Security Risk Group, which enhances the identification, tracking and support to DJJ gang-affiliated youth that enter the Georgia juvenile justice system |

## Other Services and Programs

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Tracking Program</td>
<td>Tracking services provides intensive surveillance and monitoring allowing juvenile offenders to remain at home pending further court action</td>
</tr>
<tr>
<td>High Intensity Team Supervision</td>
<td>Community-based, in-home detention placement alternative for community supervised youth</td>
</tr>
<tr>
<td>Georgia Interstate Compact for Juveniles</td>
<td>Processes incoming and outgoing supervision transfer from other states, as well as the return of runaways, accused delinquents, absconders or escapees</td>
</tr>
<tr>
<td>Adult detention facility monitoring</td>
<td>Annual inspection by DJJ at the 173 adult detention facilities that temporarily hold or detain juveniles</td>
</tr>
<tr>
<td>Gang Prevention</td>
<td>Specialized gang training for employees to serve in the Community Security Risk Group, which enhances the identification, tracking and support to DJJ gang-affiliated youth that enter the Georgia juvenile justice system</td>
</tr>
</tbody>
</table>
The passage of the comprehensive Juvenile Justice Reform Act of 2013 updated Georgia’s forty-year-old juvenile justice statute, resulting in improved responses to young offenders. To date, this thoughtful and data-driven approach has reduced recidivism, saved taxpayer dollars, improved public safety and helped misbehaving youth get back on track to success.

Georgia classifies offenders as juveniles if they are under the age of 17. It is one of only three states that processes all 17-year-olds as adults (see Raising the Age of Juvenile Court Jurisdiction factsheet). Superior Court has jurisdiction over 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.

A child may come into contact with the juvenile justice system through a delinquency or a Child in Need of Services (CHINS)* complaint. The following is a map of the delinquency process.

*For more information regarding the CHINS process, see the Georgia Juvenile Justice Process for Children in Need of Services factsheet.

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Terms to Know:

**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 delinquency dependency and CHINS (Children in Need of Services); standard is beyond a reasonable doubt in delinquency proceedings. (OCGA 15-11-181; OCGA 15-11-441; OCGA 15-11-582)

**Community-based risk reduction program**: Programming designed to identify children and families at risk of future court-involvement for the purpose of developing and implementing intervention actions or plans and providing services and resources. (OCGA 15-11-38)

**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 or court intake staff at the time a youth is arrested or picked up by law enforcement.

**Disposition Hearing**: Proceeding to determine which 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”. In Delinquency and CHINS cases, the disposition proceeding will also determine if the child is in need of treatment, rehabilitation, or supervision and may include community service and/or restitution. (OCGA 15-11-210; OCGA 15-11-600; OCGA 15-11-442)

**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.” (OCGA 15-11-2(35))

**Informal Adjustment**: An informal adjustment is the disposition of a case other than by formal adjudication and disposition. (OCGA 15-11-2(39)) It often involves referral to a community-based risk reduction program.

**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 obtain 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. (OCGA 15-11-590) During this time, a Guardian Ad Litem may be appointed to represent the best interest of the child.

**Probation**: Probation is the release from detention, subject to a period of good behavior under supervision of a course officer. (OCGA 15-11-601)

**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. (OCGA 15-11-561)

**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.
Georgia Juvenile Justice Process for Children in Need of Services (CHINS)

A "Child in Need of Services" under Georgia law means a child who is in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation AND meets one of the following criteria: (O.C.G.A . 15-11-2)

- 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

Under Georgia law, a parent, guardian, legal custodian, children meeting certain criteria may be brought before the court as a Child in Need of Services (CHINS). In these cases, services are provided in an attempt to divert the child away from delinquency*. The following is a map of the CHINS process.

*For more information regarding the delinquency process, please visit our Georgia Juvenile Justice Process for Delinquency Cases factsheet.

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Within 3 months (and every 6 months until the disposition is complete) Custody Placement
A child remains in custody if there is probable cause that the child committed a status offense or is in need of services. The court must place child in the least restrictive custody.

Department of Juvenile Justice
Child may be placed in DJJ custody for up to 72 hours, for the purpose of allowing time to arrange for another appropriate placement.

Division of Family and Children Services
Child may be placed in DFCS custody for the purposes of foster care placement.

Within 5 days from hearing date CHINS Petition

72 hours

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 10 days of filing petition if youth is in state custody. Within 60 days if released.

Disposition** Hearing
Under no circumstance may a disposition order for a child in need of services be to place a child in a DJJ facility.

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

**Potential dispositions include: remain at home with or without conditions; probation; community service; restitution; or after or evening school programming. These are often a condition of probation.

Terms to Know:
Case Plan: If a child is alleged or adjudicated to be a child in need of services and is placed in foster care, the child shall be required to have a case plan which addresses the child and parents’ strengths and needs, the problems contributing to the child’s behaviors, identification of the least restrictive placement for the child, and an assessment of services available to the child.

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). (OCGA 15-11-404)

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. (OCGA 15-11-2(49))

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. (OCGA 15-11-2(67))

Released to Parents/Guardians or Legal Custodian
30 days from filing of complaint

72 hours

Rev. 12/2022
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.¹

*www.georgiavoices.org*

**States that have not yet raised the age**

**States that have raised the age since 2006**

---

**In 2021, in Georgia:**

- **3,018** 17-year-olds were arrested.²
- Only **6%** of these arrests were for violent crimes.³
- 145 counties had **fewer than 50 arrests** of 17-year-olds.⁴

---

If Georgia raises the age of juvenile court jurisdiction to 18, youth as young as 13 charged 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.

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**WHY RAISE THE AGE OF JUVENILE COURT JURISDICTION?**

A growing body of research shows 17-year-olds are still in the **adolescent phase** of brain development, a fundamentally different stage than that of an adult. Executive function skills, which allow for self-control, regulating emotions, and understanding different points of view,⁵ are not yet fully developed. When compared to adults, 17-year-olds are:⁶

- 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

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The U.S. Supreme Court* finds adolescents are **more capable of change** than adults and should be given the **opportunity to rehabilitate**.⁸

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*Graham v. Florida (2010)*

*Voices for Georgia’s Children*
Juvenile courts and juvenile court-ordered plans take a more holistic approach to rehabilitation when compared to the adult criminal justice system. By using a youth’s naturally high capacity for change and growth, we can redirect behavior into more healthy and socially positive outcomes. In short, responding to a 17-year-old’s misbehavior in developmentally appropriate ways can reduce the likelihood that the child will commit offenses as an adult.\(^9\)

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
- Diversion programs
- Accountability courts

**Juvenile courts prepare youth for adulthood while recognizing they are still children.**

**REDUCING DETENTION RATES WHILE IMPROVING PUBLIC SAFETY**

Evidence-based alternatives to detention have been proven to reduce the likelihood of criminal activity.\(^10\) By employing these strategies, Georgia has seen a 42% reduction in juvenile incarceration since 2013.\(^11\)

Georgia’s Juvenile Justice Incentive Grants (JJIG) and Community Service Grants fund the delivery of evidence-based programs proven effective for juveniles: Functional Family Therapy, Thinking for a Change, Aggression Replacement Training, Multisystemic Therapy, Botvin LifeSkills Training, Brief Strategic Family Therapy, and Connections Wraparound.\(^12\) Together these grants make these therapies available to juvenile court jurisdictions encompassing 99% of Georgia’s at-risk youth population.\(^13\)

**JJIG IN 2021**

- Served 1,259 youth at moderate or high risk to reoffend\(^14\)
- 71% successfully completed their evidence-based programs\(^15\)
- 93% were actively enrolled in or had completed high school\(^16\)
- 66% reduction in out-of-home placements in JJIG-participating counties\(^17\)

**CSGs IN 2021**

- Served 438 youth at moderate or high risk to reoffend\(^18\)
- 74% successfully completed their evidence-based programs\(^19\)
- 91% were actively enrolled in or had completed high school\(^20\)
- 69% reduction in out-of-home placements in JJIG-participating counties\(^21\)
**OUTCOMES FROM RAISING THE AGE**

States that have recently raised the age as part of their juvenile justice reform efforts have experienced no or minimal cost increases while lowering arrest and detention rates.

**NORTH CAROLINA: OUTCOMES FROM YEAR TWO**

- As of December 2019, 16 and 17-year-olds in North Carolina go into the juvenile court system.\(^{22} 23\)

- The number of criminal complaints received dropped by 5.4% from 2020 to 2021.\(^{24}\)

- 91% of offenses committed by 16 and 17-year-olds were non-violent; more than half were minor offenses.\(^{25}\)

**RAISING THE AGE: EFFECT ON JUVENILE ARRESTS**

Connecticut, Illinois, and Massachusetts have seen significant drops in juvenile arrests after raising the age up to 18.\(^{26}\)

**FAST FACTS**

- Nationally, youth are 36 times more likely to commit suicide in an adult facility than a juvenile facility.\(^{27}\)

- In 2020, the average daily caseload of youth in Georgia receiving mental health services was 656.\(^{28}\)

- 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.\(^{29}\)

- Data show lower level offenders, when confined with higher level offenders, emerge from incarceration more inclined to conduct criminal activity.\(^{30}\)

**PREPARING FOR THE FUTURE**

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 29 campuses across the state in detention and transitional centers. An online version of the Georgia Preparatory Academy is available for youth under DJJ supervision who are unable to return to public high school. Additionally, **Pathway to Success** 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.\(^{31}\)
The more risk factors a young person experiences, the greater their chance of committing youth violence, including through gang membership; however, exposure to protective factors reduces this chance. 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>Georgia Programs and Supports Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote family environments that support healthy development</td>
<td>• Early childhood home visitation • Parenting skill and family relationship programs</td>
<td>DPH and DFCS home visiting and parental skill-building, and Strengthening Families Georgia</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>Wrapping children who are at risk of becoming gang-involved with an array of supportive services</td>
<td>• Cognitive behavioral treatment</td>
<td>Cobb County Juvenile Court R.I.S.I.N.G. Program diverts participants from the juvenile justice system by offering a specialty court that has been developed based on an accountability court structure.</td>
</tr>
<tr>
<td>Connect youth to caring adults and activities</td>
<td>• Mentoring programs • Afterschool programs</td>
<td>Boys and Girls Club, 21st Century Community Learning Centers, DBHDD’s Prevention Clubhouses, DFCS’s Afterschool Care Program, YMCAs, and 4-H</td>
</tr>
<tr>
<td>Create protective community environments</td>
<td>• Modify the physical and social environment • Reduce exposure to community-level risks • Street outreach and community norm change</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>Intervene to lessen harms and prevent future risk</td>
<td>• Treatment to lessen the harms of violence exposures • Treatment to prevent problem behavior and further involvement in violence • Hospital-community partnerships</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 Success and Connections Graduate Programs, offering educational and vocational opportunities; and mental health and substance abuse treatment through DJJ</td>
</tr>
</tbody>
</table>

**Multi-Tiered System of Supports for Gang and Youth Violence Prevention and Intervention**

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

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

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

**Tier Four:** Primary prevention strategies, like school-based programs, mentoring, and afterschool programs.
PREVENTION
- Ensure that training on trauma-informed care and implicit/explicit bias is provided to all stakeholders who engage with children in any way (e.g., law enforcement, school resource officers, school faculty and staff, child care and afterschool providers, DJJ staff, child welfare and foster care settings.)
- Increase the number of mental health and social work professionals in schools.
- Expand federal and state funding to afterschool and summer learning programs to increase access and ensure affordability.
- Ensure that school codes of conduct are evidence-based, trauma-informed, free of bias, and include input from local child-serving stakeholders (i.e. mental health providers, social workers, juvenile courts).

INTERVENTION
- Increase funding for restorative programs for children and youth (e.g., Children in Need of Services (CHINS), Juvenile Incentive Grant Program, and Community Service Grants Program).
- Strengthen partnerships between community-based afterschool programs, school districts, juvenile courts, and other community partners to align services for young people through Local Interagency Planning Teams or truancy prevention programs.
- Promote the use of mentoring and apprenticeships programs (e.g. partner with local chambers of commerce, rotary clubs, chapters of 100 Black Men, Big Brothers Big Sisters, or other civically focused organizations).

RESTORATION
- Raise the maximum age of juvenile court jurisdiction up to 18.
- Expand and develop effective juvenile gang accountability courts, including wraparound services that support the youth and the youth’s family.
- Increase access to evidence-based practices for mental and behavioral health in schools.
- Increase access to educational and work remediation.
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 39 states, including Georgia, and is housed within the Council of Juvenile Court Judges.¹

The purpose of the JDAI is to reduce secure confinement through the use of alternatives that ensure public safety while accomplishing the objectives of secure confinement.²

**Objectives of JDAI**
- 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

**Strategies of JDAI**
- 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

**JDAI NATIONWIDE OUTCOMES**³
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>Indicator</th>
<th>Pre-JDAI Baseline</th>
<th>2016 Data</th>
<th>% Change</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Population (ADP)</td>
<td>8,780</td>
<td>4,967</td>
<td>-43%</td>
<td>Reduced reliance on juvenile detention</td>
</tr>
<tr>
<td>Annual Admissions</td>
<td>188,948</td>
<td>95,939</td>
<td>-49%</td>
<td>Reduced commitments to state custody</td>
</tr>
<tr>
<td>State Commitments</td>
<td>17,457</td>
<td>7,432</td>
<td>-57%</td>
<td>Reduced juvenile crime</td>
</tr>
<tr>
<td>Felony Petitions</td>
<td>79,391</td>
<td>48,770</td>
<td>-39%</td>
<td>Remaining challenges with racial equity and overrepresentation of youth of color</td>
</tr>
<tr>
<td>Delinquency Petitions</td>
<td>42,562</td>
<td>29,770</td>
<td>-31%</td>
<td></td>
</tr>
<tr>
<td>Percent of ADP that are youth of color</td>
<td>75%</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of annual admissions that are youth of color</td>
<td>70%</td>
<td>76%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of state commitments that are youth of color</td>
<td>70%</td>
<td>83%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

www.georgiavoices.org
In 2015, former Governor Nathan Deal and the Georgia Criminal Justice Reform Council established the State Steering Committee for JDAI. The committee consisted of juvenile court judges and representatives from stakeholder organizations and was tasked with improving the delivery of juvenile justice services and expanding JDAI efforts throughout the state. While some communities instituted JDAI as far back as 2003, statewide rollout of JDAI began in 2016 after an initial phase of assessment.

Seven counties in Georgia are JDAI sites and all have completed JDAI Readiness Assessments.
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.¹

PBIS schools apply a multi-tiered approach (pictured below²) 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. In turn, teachers and staff enjoy a more welcoming environment where they may focus on instruction as opposed to discipline.³

PBIS in Georgia

In 2007, the Georgia Department of Education (GaDOE), Division for Special Education Services, established the Positive Behavior Support Unit to provide professional learning and technical assistance in tiered behavioral supports to address the high rates of exclusionary disciplinary practices used in Georgia K-12 schools, including the disproportionate rates of suspension of students within disabilities.⁴ In PBIS-trained schools, **11,746 fewer students** were assigned out-of-school suspension in 2018 than in 2014.⁵

### Number of Georgia Schools Trained in PBIS Tier 1

<table>
<thead>
<tr>
<th>Year</th>
<th>PBIS Tier 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>182</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>240</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>290</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>392</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>466</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>566</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>851</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>1,117</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>1,361</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>1,519</td>
<td></td>
</tr>
</tbody>
</table>

The GaDOE is backlogged due to the COVID-19 pandemic and has not prepared reports for 2019 to present. GaDOE reported that, as of September 15, 2022, 1,424 schools were trained in PBIS and seeking support from GaDOE.

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INSERT BANK TAB: BUDGET AND WORKFORCE
Child-serving state agency workers help Georgia’s children and families get support for their most basic needs.

**State Agency Salaries for Child-Serving Workers**

Clinicians and social workers at Community Service Boards (CSBs), 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. The following salary information is specific to DBHDD (hospitals and community-based providers) and does not include the CSBs. However, many CSBs use the state salary structure, through their respective average starting salaries will likely vary.

**Department of Behavioral Health and Developmental Disabilities**

Clinicians and social workers at Community Service Boards (CSBs), 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. The following salary information is specific to DBHDD (hospitals and community-based providers) and does not include the CSBs. However, many CSBs use the state salary structure, through their respective average starting salaries will likely vary.

**Base-Level Salaries (as of 2022):**

- **Associate Level Clinician (e.g. LAPC, LMSW):** $51,230
- **Licensed Clinician (e.g. LPC, LCSW):** $54,960

**Note:** These salary increases are a result of funding approved by the Georgia state legislature during the 2022 legislative session to adjust for cost-of-living and/or provide pay increases to state agency employees, teachers, and nurses.

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BW-1
Department of Human Services, 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, educational, and behavioral needs of the child, parents, and foster parents, and ensure these needs are addressed.

Social Services Specialist I, Entry Level
Social Services Specialist II, Mid Level
Social Services Specialist III, Advanced Level
Social Services Specialist, Supervisor

Base-Level Salaries (as of 2022):

<table>
<thead>
<tr>
<th>Position</th>
<th>Bachelor Degree</th>
<th>Masters Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Specialist I, Entry Level</td>
<td>$40,388</td>
<td>$43,927</td>
</tr>
<tr>
<td>Social Services Specialist II, Mid Level</td>
<td>$43,927</td>
<td>$47,101</td>
</tr>
<tr>
<td>Social Services Specialist III, Advanced Level</td>
<td>$47,101</td>
<td>$52,101</td>
</tr>
<tr>
<td>Social Services Specialist, Supervisor</td>
<td>$52,101</td>
<td>$56,811</td>
</tr>
</tbody>
</table>

Office of Family Independence
Office of Family Independence workers process SNAP/Food Stamp and Family Medicaid cases. They determine applicant eligibility and process applications.

Economic Support 1 (One Program)
Economic Support 2 (Two Programs)
Economic Support 3 (Three Programs)
Economic Support Specialist Supervisor

Base-Level Salaries (as of 2022):

<table>
<thead>
<tr>
<th>Program</th>
<th>Bachelor Degree</th>
<th>Masters Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Support 1 (One Program)</td>
<td>$32,000</td>
<td></td>
</tr>
<tr>
<td>Economic Support 2 (Two Programs)</td>
<td>$34,000</td>
<td></td>
</tr>
<tr>
<td>Economic Support 3 (Three Programs)</td>
<td>$39,000</td>
<td></td>
</tr>
<tr>
<td>Economic Support Specialist Supervisor</td>
<td>$41,000</td>
<td></td>
</tr>
</tbody>
</table>

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.

Pre-K Teacher, 4-year degree
Pre-K Teacher, 4-year degree & Certified
Pre-K Teacher, Master’s degree

Base-Level Salaries (as of 2022):

<table>
<thead>
<tr>
<th>Position</th>
<th>Bachelor Degree</th>
<th>Masters Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K Teacher, 4-year degree</td>
<td>$32,315</td>
<td></td>
</tr>
<tr>
<td>Pre-K Teacher, 4-year degree &amp; Certified</td>
<td>$40,820</td>
<td></td>
</tr>
<tr>
<td>Pre-K Teacher, Master’s degree</td>
<td>$45,343</td>
<td></td>
</tr>
</tbody>
</table>

Department of Juvenile Justice (DJJ)
DJJ staff are responsible for youth under DJJ supervision, both in detention facilities and on probation in communities.

Probation Officer I, Entry Level
Juvenile Corrections Officer I, Entry Level
Juvenile Probation Specialist, Entry Level

Base-Level Salaries (as of 2022):

<table>
<thead>
<tr>
<th>Position</th>
<th>Bachelor Degree</th>
<th>Masters Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation Officer I, Entry Level</td>
<td>$37,130</td>
<td></td>
</tr>
<tr>
<td>Juvenile Corrections Officer I, Entry Level</td>
<td>$37,730</td>
<td></td>
</tr>
<tr>
<td>Juvenile Probation Specialist, Entry Level</td>
<td>$42,000</td>
<td></td>
</tr>
</tbody>
</table>

Department of Public Health (DPH)

DPH Registered Nurses provide nursing care, including for populations with special needs during natural disasters and emergencies.

Registered Nurse, Level 1
Registered Nurse, Level 2
Registered Nurse, Level 3
Registered Nurse, Supervisor

Midpoint Salary Range (as of 2022):

<table>
<thead>
<tr>
<th>Position</th>
<th>Bachelor Degree</th>
<th>Masters Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse, Level 1</td>
<td>$51,182</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse, Level 2</td>
<td>$58,547</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse, Level 3</td>
<td>$66,168</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse, Supervisor</td>
<td>$74,758</td>
<td></td>
</tr>
</tbody>
</table>

1 Salaries were effective April 1, 2022
2 Amounts shown reflect the midpoint salary ranges for the positions listed.
In State Fiscal Year 2023, federal funds will go to nine state agencies serving Georgia’s children:

<table>
<thead>
<tr>
<th>STATE AGENCY</th>
<th>SFY 2023 BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCH Department of Community Health</td>
<td>$9,473,345,840</td>
</tr>
<tr>
<td>DHS Department of Human Services</td>
<td>$1,066,499,726</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>$149,263,138</td>
</tr>
<tr>
<td>DECAL Department of Early Care and Learning</td>
<td>$475,649,841</td>
</tr>
<tr>
<td>DOE Department of Education</td>
<td>$2,096,148,714</td>
</tr>
<tr>
<td>CJCC Criminal Justice Coordinating Council</td>
<td>$101,677,799</td>
</tr>
<tr>
<td>DOD Department of Defense</td>
<td>$93,371,709</td>
</tr>
<tr>
<td>DJJ Department of Juvenile Justice</td>
<td>$10,760,962</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$13,865,669,538</strong></td>
</tr>
</tbody>
</table>

*Reported budget totals do not include Federal COVID-19 relief funds.

How Federal Dollars are Used in Georgia

Federal Funding by Policy Area

80% Health and Human Services
- DBHDD Department of Community Health
- DHS Department of Human Services
- DPH Department of Public Health

1% Public Safety
- CJCC Criminal Justice Coordinating Council
- DOD Department of Defense
- DJJ Department of Juvenile Justice

19% Education
- DECAL Department of Early Care and Learning
- DOE Department of Education
<table>
<thead>
<tr>
<th>Active Grant Program</th>
<th>Funding Source</th>
<th>Description</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Projects Fund</td>
<td>American Rescue Plan Act (ARPA)</td>
<td>Provides grants to support broadband infrastructure projects. Approximately 70,000 locations are estimated to be served by funded projects.</td>
<td>$250 million</td>
</tr>
<tr>
<td>Coronavirus State and Local Fiscal Recovery Funds</td>
<td>ARPA</td>
<td>Addresses negative economic impacts of the public health emergency, and increases investment in water, sewer, and broadband infrastructure.</td>
<td>$4.8 billion</td>
</tr>
<tr>
<td>Georgia Investments in Housing Grants</td>
<td>ARPA</td>
<td>Supports nonprofits that are 501(c)(3) or 501(c)(19) tax-exempt organizations who provide affordable housing and aid individuals experiencing homelessness.</td>
<td>$100 million</td>
</tr>
<tr>
<td>Governor’s Emergency Education Relief Fund</td>
<td>Coronavirus Aid, Relief, and Economic Security (CARES) Act/Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act</td>
<td>Provides support through grants to local educational agencies (LEAs), institutions of higher education (IHEs), and other education related entities with emergency assistance.</td>
<td>$47 million</td>
</tr>
<tr>
<td>Homeowner Assistance Fund</td>
<td>ARPA</td>
<td>Aids homeowners who have experience financial hardship due to the pandemic with mortgage payments, homeowner’s insurance, utility payments, and other specified purposes.</td>
<td>$354 million</td>
</tr>
<tr>
<td>Improving Neighborhood Outcomes in Disproportionality Impacted Communities</td>
<td>ARPA</td>
<td>Supports projects that promote improved health and safety outcomes (e.g., green spaces, recreational facilities, sidewalks).</td>
<td>$250 million</td>
</tr>
<tr>
<td>Judiciary Grant</td>
<td>ARPA</td>
<td>Used to combat violent crime and help support the Georgia judiciary’s recovery from COVID-19 with funding to address court backlogs in cases with a primary focus on serious violent felonies.</td>
<td>$110 million</td>
</tr>
</tbody>
</table>
# STATE PROGRAMS RECEIVING FEDERAL FUNDING

## Health and Human Services

<table>
<thead>
<tr>
<th>Agency</th>
<th>Programs</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBHDD</td>
<td>Community Mental Health Services Block Grant, Medical Assistance Program (Medicaid)</td>
<td>$11,085,060,513</td>
</tr>
<tr>
<td></td>
<td>Sub. Abuse Prevention and Treatment Block Grant</td>
<td></td>
</tr>
<tr>
<td>DCH</td>
<td>Medicaid Assistance Program (Medicaid)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State Children’s Insurance Program</td>
<td></td>
</tr>
<tr>
<td>DHS</td>
<td>Medicaid Assistance Program (Medicaid), Social Services Block Grant, Temporary Assistance for Needy Families, CAPTA, Child Care and SNAP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Title IV-E: Adoption Assistance and Foster Care, Title IV-B: Promoting Safe and Stable Families, Title IV-D: Child Support Enforcement</td>
<td></td>
</tr>
<tr>
<td>DPH</td>
<td>Infants and Toddlers with Disabilities Grant, Maternal and Child Health Services Block Grant, Temporary Assistance for Needy Families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventive Health and Health Services Block Grant, Women, Infants, and Children Program, Immunizations and Vaccines for Children Grant</td>
<td></td>
</tr>
</tbody>
</table>

## Public Safety

<table>
<thead>
<tr>
<th>Agency</th>
<th>Programs</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CJCC</td>
<td>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*</td>
<td>$205,810,470</td>
</tr>
<tr>
<td></td>
<td>Juvenile Justice and Delinquency Prevention, VOCA Victim Assistance Formula, VOCA Victim Compensation Formula, Sexual Assault Services Formula Grant, STOP Violence Against Women Formula Grant</td>
<td></td>
</tr>
<tr>
<td>DOD</td>
<td>STARBASE, National Guard Youth Challenge and Job Challenge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>United States Department of Agriculture</td>
<td></td>
</tr>
<tr>
<td>DJJ</td>
<td>Education, National School Lunch Program, Re-Entry/2nd Chance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residential Substance Abuse Treatment, Title IV-E: Foster Care</td>
<td></td>
</tr>
</tbody>
</table>

*denotes grants that do not benefit children but contribute to the total federal funds received

## Education

<table>
<thead>
<tr>
<th>Agency</th>
<th>Programs</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECAL</td>
<td>Child and Adult Care Food Program, Child Care and Development Block Grant, Child Care Development Fund, Head Start, National School Lunch Program</td>
<td>$2,574,798,555</td>
</tr>
<tr>
<td></td>
<td>Preschool Development Grant, Race to the Top: Early Learning Challenge Grant, State Administrative Expenses for Child Nutrition, Team Nutrition Grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

*Some grants/programs benefit populations other than children
The U.S. Federal Poverty Guidelines determine financial eligibility for certain federal programs. The poverty guidelines are published in January by the U.S. Department of Health and Human Services, and are designated by the year in which they are issued (i.e. guidelines issued in January 2022 are the 2022 poverty guidelines).1

### 2022 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>$13,590</td>
<td>$27,180</td>
<td>$54,360</td>
</tr>
<tr>
<td>2 people</td>
<td>$18,310</td>
<td>$36,620</td>
<td>$73,240</td>
</tr>
<tr>
<td>3 people</td>
<td>$23,030</td>
<td>$46,060</td>
<td>$92,120</td>
</tr>
<tr>
<td>4 people</td>
<td>$27,750</td>
<td>$55,500</td>
<td>$111,000</td>
</tr>
</tbody>
</table>

In Georgia, the rate of Black, Hispanic, and Native Americans individuals living under the poverty line is **twice** that of White individuals.

### Georgia Total Population by Race/Ethnicity

In Georgia, the rate of Black, Hispanic, and Native Americans individuals living under the poverty line is **twice** that of White individuals.

### 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>$41,62518</td>
<td>150%22</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program</td>
<td>$36,07519</td>
<td>130%23</td>
</tr>
<tr>
<td>Pregnancy Medicaid</td>
<td>$61,05020</td>
<td>220%24</td>
</tr>
<tr>
<td>Women, Infants, Children</td>
<td>$51,33821</td>
<td>185%25</td>
</tr>
<tr>
<td>Medicaid (Children up to 1 year)</td>
<td>$58,27522</td>
<td>210%26</td>
</tr>
<tr>
<td>Medicaid (Children ages 1-5)</td>
<td>$42,73523</td>
<td>154%27</td>
</tr>
<tr>
<td>Medicaid (Children ages 6-18)</td>
<td>$38,29524</td>
<td>138%28</td>
</tr>
<tr>
<td>PeachCare (Children 0-18)</td>
<td>$68,54325</td>
<td>247%29</td>
</tr>
<tr>
<td>Marketplace (Health Insurance) Premium Tax Credit</td>
<td>$111,00030</td>
<td>400%31</td>
</tr>
</tbody>
</table>

[www.georgiavoices.org](http://www.georgiavoices.org)
**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. [See Voices’ CAPS factsheet for more details](https://bit.ly/3QjzW0C).

**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. [See Voices’ How Medicaid and PeachCare Money Work factsheet for more details](https://bit.ly/3QjzW0C).

**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. [See Voices’ How Medicaid and PeachCare Money Work factsheet for more details](https://bit.ly/3QjzW0C).

**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. During 2022, Georgia WIC is transitioning benefits from paper vouchers to an electronic benefit transfer (EBT) card.